

NHS Orkney Board

23 February 2023

Purpose of Meeting

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

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

Our **Corporate Aims** are:

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

Quorum:

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

Orkney NHS Board

There will be a virtual meeting of **Orkney NHS Board** on
Thursday 23 February 2023 at 10:00am.

Meghan McEwen
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of Interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of Previous Meetings Held on 15 December 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	National Assault Pledge	Chair	OHB2223-63	To <u>ratify</u> the commitment
6.2	Orkney Partnership Board Vice Chair Report	Chair	OHB2223-64	To <u>note</u> the update provided
6.3	Board Assurance and Blueprint for Good Governance	Chair	OHB2223-65	To <u>note</u> the current work and formally <u>adopt</u> the Blueprint

Item	Topic	Lead Person	Paper Number	Purpose
6.4	Governance Committee Membership	Chair	OHB2223-66	To <u>approve</u> the amendments to committee membership
7	Strategy			
7.1	Public Health Annual Report	Interim Director of Public Health	OHB2223-67	To <u>review</u> the content of the report and <u>consider</u> the range of actions it can take to improve health and reduce inequalities
7.2	Information Governance Strategy – update on implementation	Director of Finance	OHB2223-68	To <u>note</u> the update on implementation of the Strategy
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2223-69	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
8.2	Public Health Update	Interim Director of Public Health	OHB2223-70	To receive an <u>update and assurance</u> around current issues
8.3	Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on 4 October 2022	Joint Clinical and Care Governance Committee Chair	OHB2223-71	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 2 December 2022	Area Clinical Forum Chair	OHB2223-72	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
9	Workforce			
9.1	Staff Governance Committee Chairs Report	Staff Governance Committee Chair	Verbal	To <u>note</u> the verbal update due to meeting timings
10	Organisational			

Item	Topic	Lead Person	Paper Number	Purpose
Performance				
10.1	Financial Performance Report	Director of Finance	OHB2223-73	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	OHB2223-74	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 24 November 2022	Finance and Performance Committee Chair	OHB2223-75	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	OHB2223-76	To <u>review</u> the corporate risks which have been agreed by the Executive Management Team.
12	Any Other Competent Business			
13	Items for 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 2023/24*	Chair		To <u>note</u> the timetables
13.3	Record of Attendance*	Chair		To <u>note</u> attendance record

Open Forum – Public and Press Questions and Answers session

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

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 15 December 2022** at **10:00am**

Present

Meghan McEwen, Chair
 Davie Campbell, Vice Chair
 Michael Dickson, Interim Chief Executive
 Mark Doyle, Director of Finance
 Martha Gill, Non-Executive Board Member
 Rona Gold, Non-Executive Board Member
 Issy Grieve, Non-Executive Board Member
 Steven Heddle, Non-Executive Board Member
 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
 Lorraine Hall, Interim Director of Human Resources
 Sara Lewis, Consultant in Public Health
 Mary Moore, Director of Nursing, Midwifery, and Allied Health Professionals
 Keren Somerville, Head of Finance
 Emma West, Corporate Services Manager

Presentation – NHS Education for Scotland (NES) Rehabilitation of Patient Fellowship

Rona Harcus and Lianne Henry - Occupational Therapists joined the meeting to provide members with an overview of their recent NES Rehabilitation of Patient Fellowship project and outcomes. The fellowship was based on exploring and promoting wellbeing in rehabilitation.

Board members commended the work on the project and gave thanks for all the hard work, for providing an interpretation from a patient perspective and the excellent leadership qualities demonstrated.

It was noted that a bid to Endowments regarding additional equipment would be welcomed.

B76 Welcome and Apologies

Apologies were noted from Des Creasey, Mark Henry and Louise Wilson.

B77 Declarations of interests

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

B78 Minutes of previous meetings held on 25 August 2022

The minute of the meeting held on 25 August 2022 was accepted as an accurate record of the meeting and was approved.

B79 Matters Arising

No matters of interest were raised.

B80 Board Action Log

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

Governance

B81 Governance Committee Membership – OHB2223-46

The Corporate Services Manager presented the report advising that following the appointment of Rona Gold, to the role of Non-Executive Director from the 1 September 2022 a further review of committee membership had been undertaken 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 was provided for approval.

Decision / Conclusion

The Board noted the appointment of Rona Gold to the role Non-Executive Board Member from the 1 September 2022 for a four-year period and approved the reviewed and updated Governance Committee Membership as detailed.

B82 Integration Joint Board – Annual Performance Report 2021/22 – OHB2223-47

Steven Brown presented the Integration Joint Board (IJB) Annual Performance report, highlighting information on performance against the core suite of Performance Indicators for 2021/22 and the Ministerial Strategic Group indicators which had both helpfully been provided by Public Health Scotland. The report had also been presented at IJB and Policy and Resources.

The Chair noted that conversations around workforce were to continue and significant challenges around recruitment were a fundamental challenge in Orkney.

Decision / Conclusion

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

B83 Orkney Partnership Board Vice Chair Report and minute from meeting held on 29 June 2022 – OHB2223-48

The Vice Chair presented the report highlighting two thematic groups which had been identified at the Orkney Partnership Board on 27 September 2022. Sustainable Development included the priority given to net zero and economic development focus. The second topic was poverty and cost of living, working to streamline support systems and implement a “cash first” strategy for assisting those in need.

The Board had been asked to support the thematic groups established at the meeting on 27 September and affirm its commitment to working in partnership where doing so would benefit the community and advance NHS Orkney’s goal of becoming an anchor

institution.

Members noted that there had been significant improvements to the process and improvements to how the organisation had been operating since the draft parliamentary response which would be amended to reflect the changes.

Decision / Conclusion

The Board supported the thematic groups identified along with the Community Planning Parliamentary response.

It was agreed that a presentation around the cost of living would be presented to a future meeting of the Board.

B84 Health and Safety Executive Update – OHB2223-49

The Interim Director of Human Resources presented the report which provided an update on the Prohibition and Improvement Notice for the Mental Health Transfer Room which had been noted as served and completed formally on the 2 August 2022 and the Health and Safety Improvement Notices from October 2021 were closed off as complete at the meeting on the 29 September 2022.

It was noted from the report that the Interim Chief Executive requested the Interim Director of Human Resources to take the executive oversight necessary to help NHS Orkney comply with the notices following the initial inspection in October 2021.

The Executive Management Team (EMT) approved a workforce health and safety structure to support the organisation progress and embed a safety culture.

Members were assured that the management system for recording incidents/events (DATIX) were constantly used as a tool that supports learning and continuous improvement.

The Interim Director of Human Resources provided verbal assurance that several policies, processes and procedures were updated at the Area Partnership Forum and a visual dashboard had been created and signed off at the Health and Safety Committee.

Decision / Conclusion

The Board noted the Health and Safety Executive update provided and the status of the Health and Safety Improvement Notices and the Prohibition Notice for the Mental Health Transfer Room.

Members approved the continuation of the Interim Director of Human Resources watchful brief on the Health and Safety committee.

B85 Draft Orkney Winter Plan 2022/23 – OHB2223-50

The Chief Officer delivered the Draft Orkney Winter Plan 2022/23 which addressed the predicted pressures of winter.

The plan had been 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 had been 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.

The Chief Officer informed members that higher rates of flu had been expected over the winter and potential impacts from Covid-19. He reiterated that delivery of the plan required strong leadership and collaborative working across the health and social care system at the most senior level. The organisation had to be frugal with regards to workforce and noted the heavy reliance on agency and locum staff. The impacts from the cost of living crisis resulted in adverse effects on mental, physical health and wellbeing which would lead to an increased demand for services.

All local authorities had been asked to plan for potential power outages during January and February 2023.

An additional resource of approximately £50,000 would be awarded to NHS Orkney over the winter period to assist with additional pressures.

The Chief Officer assured members that Mental Health Services festive out of hours arrangements had been put in place.

Members discussed communication methods for services which had experienced heavy pressures in relation to potential waiting times. It was agreed that public messaging had to be consistent with set frequency and rhythm to ensure they would be informative, relevant and constructive.

In relation to the established wellbeing group which provided support for colleagues, I Grieve asked for examples of actions the board had taken to support this. The Interim Director of Human Resources assured members that work had been completed to seek colleagues views, suggestion boxes had been placed throughout various departments and work had also been completed with colleagues in the community. Fuel/food poverty collection boxes had been suggested, actively working to promote activity levels and the potential of mindfulness sessions.

Decision/Conclusion

Members noted the Draft Orkney Winter Plan for 2022/23.

Strategy

B86

NHS Orkney Communications Framework – OHB2223-51

The Chief Executive presented the framework which was a result of an Azets audit report on Internal and External Communication published in February 2021. The report had previously been considered by the Executive Management Team, Area Partnership Forum and Staff Governance Committee.

I Grieve queried whether or not the patient representative group would be re-established as part of external communications whereby the Chief Executive assured members that the group was at the front and centre and despite challenges the intention was to re-energise the group and hear different voices and lived experiences to ensure a balanced weight of voices.

S Johnston raised concern that work on Planning with People had not been mentioned in the report and that he welcomed advisory committee work input to ensure the inclusion of a clinical voice. The Interim Director of Human Resources assured members that the Planning with People strategy had almost been finalised which

would ensure processes and structures were in place to engage with the Orkney community.

Decision / Conclusion

The Board noted the framework as approved by the Staff Governance Committee

Clinical Quality and Safety

B87 Healthcare Associated Infection Reporting Template – OHB2223-52

The Director of Nursing, Midwifery, and Allied Health Professionals 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 changes and updates to hospital guidelines with regards to Covid Lateral Flow testing. There had been a pause in all asymptomatic testing for patients and staff, except for pre-elective immunocompromised surgical admissions. It remained highly recommended for masks to be worn in health care settings.

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.

B88 Public Health Update – Vaccination Programmes – OHB2223-53

The Consultant in Public Health presented the report which provided an update on the delivery of the Scottish Vaccination and Immunisation Programme.

The report detailed the Winter Vaccination Program 2022/23 which included seasonal influenza and Covid19 boosters which were available for those most at risk and those who provided care for others. Other vaccines detailed in the report were Pertussis (whooping Cough), Herpes Zoster, Pneumococcal and the Monkeypox Vaccination Programme.

The Pneumococcal immunisation programme had been paused for the duration of the accelerated Winter Vaccination Programme. The uptake rate for all childhood immunisation programmes for Quarter 1 (April-June 2022), apart from Rotavirus, were above the Scottish average and above the 95% target.

The Chair commended the continued on-going work and noted the uptake levels of vaccinations and that it was a testament to external communications.

Decision / Conclusion

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

B89 Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on 5 July 2022 – OHB2223-54

The Chair of the Joint Clinical and Care Governance Committee (JCCGC) presented the Chair's report from the meeting held on the 4 October 2022. The report highlighted the following:

- 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.
- Members received the Mental Health Assurance report including recent service delivery progress and challenges.
- The Interim Standing Operational Procedure for the use and staffing of the Mental Health Transfer Bed was provided. Members welcomed the positive improvements made, although acknowledging the challenges that remained, and took assurance from the information provided in both reports.

I Grieve asked whether social care reports could be brought to the committee. The Chair of the JCCGC explained that this had been an area for discussion and that it was vital to learn how care was provided in non-consultant led services such as Children's Services and Primary Care and to ensure processes had been set up to recognise that.

Decision / Conclusion

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

B90

Area Clinical Forum Chairs report and minute from meeting held on 5 August and 7 October 2022 – OHB2223-55

S Johnston, Chair of the Area Clinical Forum, presented the report highlighting the following items which had been discussed by the Area Clinical Forum at their meeting on the 7 October and 7 December 2022:

- The Area Clinical Forum noted serious concerns as a result of the Primary Care Improvement fund (PCIF) allocation, with NHS Orkney allocated £0.00 for the upcoming year. There were concerns that this would influence recurring funding, and could ultimately have an impact on services provided, as well as low staff morale and the potential to fail to deliver what is expected within the Primary Care Improvement plan.
- Members were advised that Hospital Electronic Prescribing and Medicines Administration (HEPMA) had a defined timeline for the implementation of the web based prescribing tool. It was expected that implementation would begin in February 2023.
- No nominations had been received for the Area Medical Committee (AMC) Chair or additional representative from each of the sub-committees. An increase in substantive medical staff will improve stability and the ability to fulfil the various non-clinical elements of work, including the office bearers of the advisory committees. 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.
- Members were advised that Steven Johnston had been re-elected as Chair of the Area Clinical Forum from 1 January 2023 and continued as a non-executive member following Ministerial approval. A Vice-Chair had not been appointed with no nominations received.
- Members discussed the new SIGN endorsed NICE guidelines on Shared Decision making which linked to Realistic Medicine. Members felt it important that the guideline was widely disseminated to clinicians and arrangements had been put in place to discuss at each of the advisory committees and the Quality Forum.

Decision / Conclusion

The Board noted the update provided, adopted the approved minutes and restated the commitment to supporting clinical engagement.

B91 **NHS24 Assurance Report – OHB2223-56**

The Chief Officer presented the report highlighting that as part of winter planning to increase resilience across ferry linked isles it was proposed to implement NHS24 across the isles in line with patients on the Orkney mainland.

A wholesale move to NHS24 across the ferry-linked isles would have allowed for a more seamless service, enabling NHS24 to gain an improved understanding of the geography and provide additional support from mental health and pharmacist colleagues. An initial proposal of how the service would work that still allowed patients to see their own GP on island, if available, after being initially triaged, had been developed with NHS24 colleagues.

Members were advised there had been strong resistance to the proposal from both clinicians and communities. At the current time it had been agreed to postpone the proposed implementation in order to work through, with clinicians and communities, what the risks were 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.

Decision / Conclusion

The Board noted the report and welcomed further engagement with island communities around this issue.

Workforce

B92 **Staff Governance Committee Chairs Report and minutes of meetings held on the 8 June and 24 August and 23 November 2022 – OHB2223-57**

J Kenny, Chair of the Staff Governance Committee presented the report providing an update from the Staff Governance Committee meeting held on the 24 August and 23 November 2022 highlighted the following:

- Members raised concern around the low rates of staff appraisals across the organisation and sought further information to understand the current position and barriers. The concerns had been escalated to the Interim Chief Executive and the Executive Management Team.
- Members were provided with a 6-monthly report on induction compliance noting that the appropriateness of the current online delivery method would continue to be monitored. The move to TURAS and work to complete this by staff was welcomed.
- Members reviewed the Board iMatter Report and noted areas to celebrate along with those that required improvement.

The Interim Director of Human Resources assured members that appraisals had been added to all Executive Director objectives and the Senior Management Team would ensure that managers understood their roles in staff appraisals. The Staff Governance Committee had tracked the progress and had expected an upward trend in appraisals.

I Grieve thought that iMatter responses showed lack of Board visibility, the Board Chair assured members that work had been progressed on this matter and a walk around schedule was due to start in February 2023 where an Executive/Non-Executive Director would hear about what matters to staff and to ensure clear leadership.

Decision / Conclusion

The Board took assurance from the report and adopted the approved minutes.

Organisational Performance

B93 Financial Performance Report – OHB2223-58

The Director of Finance presented the report which provided an analysis of the financial position for the period 1 April 2022 to 31 October 2022. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the 7 months reflected an overspend of £2.316m and there was an anticipated year end outturn of £3.856m overspend as highlighted in the financial recovery plan and caveated by several assumptions including:

- The non-delivery of £1.5m of recurring and non-recurring savings
- A break even position on operational budgets
- The Financial Sustainability Office continued to work closely with IJB colleagues to identify if any of the savings target of £750k could be released in 2022/23
- Inflation continued to cause a significant challenge for the Board and would remain under continuous review
- Prescribing costs would remain under review
- Board anticipated Covid costs would be within the available budget £1.4m for Board Services and £2.4m for IJB delegated services

Members were advised that the assessment of the year-end position would 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.

Members were advised that the in-year position was 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.

Decision / Conclusion

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

B94 Performance Management Report – OHB2223-59

The Director of Finance presented the report advising that performance improvements were visible in many areas, although achievements of the standards remained adversely affected by the pandemic. New targets had been announced nationally to eliminate long waits and plans were implemented to deliver against these. The report highlighted that 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.

J Taylor raised concern around the Treatment Time Guarantee (TTG) as at the end of September 2022 29% of patients had been waiting longer than 12 weeks for treatment and 36% at the end of the quarter had waited over 12 weeks. It was agreed that narrative would be provided regarding the Theatre Improvement Group.

Decision / Conclusion

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

B95 Chairs Report Finance and Performance Committee and minutes of meetings held on the 28 July and 22 September 2022 – OHB2223-60

D Campbell, Chair of the Finance and Performance Committee presented the Chair's report from the meeting held on the 22 September and 24 November 2022. The report highlighted the following:

- 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.
- When Boards switched back to a three-year planning cycle, the Scottish Government would revisit the Escalation Framework and evaluate their financial standing.
- The Scottish Government approved NHS Orkney's request for funding for improvements to the public sector's energy efficiency and decarbonisation.

The Chair noted that the Scottish Government Grant to decarbonise NHS Orkney's estate was excellent news and NHS Orkney was already ahead of other Boards in Scotland and staff delivering the projects were highly engaged and passionate about the agenda.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 28 July and September 2022.

Risk and Assurance

B96 Corporate Risk Register – OHB2223-61

The Chief Executive presented the report which provided an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period. Members were advised that no risks had been further escalated and there was a broadly stable picture across the organisation.

Decision / Conclusion

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

B97 Audit and Risk Committee Chair's Report and minute of meeting held on 23 June and 6 September 2022 OHB2223-62

J Taylor, Chair of the Audit and Risk Committee, presented the report, highlighting the following items from the meeting on the 6 September and 6 December 2022:

- Members welcomed the 86.2% attendance of mandatory Information Governance training and that attendance at Information Governance meetings had improved.
- 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 informed that NHS Orkney had earned a high assurance rating and a very favourable assessment from the ICO. They concluded that there was a high degree of certainty that policies and practises are in place and ensured data protection compliance.

The Board Chair acknowledged the success of the Information Commissioner's Report.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meetings held on the 23 June and 6 September 2022.

B98 Any other competent business

No other competent business was raised.

Items for noting

B99 Board Reporting timetables 2022/23

Members noted the dates of future meetings.

B100 Record of attendance

Members noted the record of attendance.

B101 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 25 January 2023

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	On Agenda
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 April 2023	Director of Nursing and Acute	Rescheduled

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	National Assault Pledge
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:

- Ratification

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 Board is asked to:

- **Ratify** the Boards commitment to sign up to the National Assault pledge: Violence and Aggression towards NHS staff, as agreed virtually

2.2 Background

Violence and Aggression towards NHS staff is unfortunately increasing and the pledge seeks agreement from all Health Boards to adopt a campaign and assault pledge that has been developed in a multi-agency partnership, led by Police Scotland, and to embed this locally.

Over 18,000 assaults on staff were reported in the last year, according to FOI data from Health Boards. A recent BMA survey also showed 76% respondents had been subjected to at least one incident of racist behaviour in the past two years.

NHS Scotland have joined the YSM campaign, led by Police Scotland which launched on the 15 November 2022 with all partners signing up to the assault pledge and commitment to promote the communications campaign.

The aim of this partnership is to develop an integrated approach to tackling violence and aggression. Other partners include the Fire Service, British Transport Police SERCO and the Federation of Grocers.

2.3 Assessment

John Burns signed the 'assault pledge' on behalf of NHS Scotland. However, it is important for all NHS Boards to participate in the campaign and an NHS working group has been adapting the communications materials for use in NHSScotland environments. This group consists of colleagues with experience in marketing, communications, violence and aggression, and health and safety.

The materials are focused on both encouraging reporting from staff, and messages aimed at the public to deter violence and aggressive behaviour.

Standardising of codes on the DATIX system to make reporting more robust are also being supported.

2.3.1 Financial

There is no additional financial impact to signing up to the pledge

2.4 Recommendation

- **Decision** – to ratify the virtual approval

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Your Safety Matters

National Partners Assault Pledge

Across Scotland we are committed to ensuring your safety at work. Violence or any form of abusive behaviour are not part of the job and will not be tolerated. We take incidents seriously and care about the impact that they have on your physical and emotional well-being. We encourage you to report them.

As a partnership we are committed to:

- Minimising any form of violence and abuse from the workplace.
- Ensuring a safe, healthy and respectful workplace environment, free from violence and abuse.
- Encouraging you to report any forms of violence or abusive behaviour directed towards you when carrying out your duties.
- Ensuring that you are offered appropriate support if you have been affected by violence or abusive behaviour. This can include a referral to Victim Support Scotland.
- Educating our communities on the impacts faced by frontline workers.

#NOTPARTOFTHEJOB

OFFICIAL

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Orkney Partnership Board Vice Chairs Report
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Meghan McEwen, Board Chair

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Finance and Performance Committee and Joint Clinical and Care Governance Committee were asked to consider the final draft Orkney Community Plan/Local Outcomes Improvement Plan (LOIP) 2023-30 insofar as it applies to NHS Orkney. This Plan may still be subject to minor amendment following consideration by other partner organisations insofar as it applies to them.

The plan was circulated to the committees virtually due to timescales, with final sign off by the Orkney Partnership Board due on the 14 March 2023.

2.2 Background

The Community Empowerment (Scotland) Act 2015 places a duty on community planning partnerships to prepare and publish a Local Outcomes Improvement Plan (LOIP) setting out the local outcomes that a partnership has prioritised for improvement.

The current Orkney Community Plan/LOIP 2021-23 is a two-year emergency Covid Recovery Plan that will expire at 31 March 2023.

The Orkney Partnership Board decided that the new Orkney Community Plan/LOIP should have three strategic priorities as follows:

- Cost of Living
- Sustainable Development
- Local Equality

The Orkney Partnership Board agreed that the Plan should be for seven years, 2023 to 2030, so that the end of the Plan will match the target date it has set for the county to reach net-zero carbon emissions.

2.3 Assessment

The Orkney Partnership Board decided that the new Orkney Community Plan/LOIP should have three strategic priorities: Cost of Living, Sustainable Development and Local Equality. The Board agreed that the Plan should be for seven years, 2023 to 2030, so that the end of the Plan will match the target date it has set for the county to reach net-zero carbon emissions. Each strategic priority will be assigned by the Board to a delivery group to develop Delivery Plans. The Delivery Groups will report to, and be held accountable by, the Board.

The draft Orkney Community Plan/LOIP 2023-30 was approved by the Orkney Partnership Board on 14 December 2022 and, alongside the draft Orkney Council Plan 2023-2028, was published for public consultation. The consultation period ended on 20 January 2023, the draft Plan was amended in response to feedback received, and a final draft Orkney Community Plan/LOIP 2023-30 drawn up.

2.4 Recommendation

Awareness

The Board is asked to note that the plan so far as it applied to NHS Orkney, has been considered by the Finance and Performance Committee and Joint Clinical and Care Governance Committee before final sign off by the Orkney Partnership Board in March 2023.

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Board Development and Assurance Framework
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Meghan McEwen, Board Chair

This is presented to the Board for:

- This report relates to a:**

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

- ## 2.1 Situation

Page 1 of 3

assurance information that is relevant, accurate and timely relating to a wide range of activities including:

- Service delivery
- Safety and quality standards
- Innovation and Transformational Change
- Workforce
- Education, training, and development
- Finance

The Assurance framework and information system should include information on the management of current information and the progress being made to deliver change across the healthcare system.

NHS Orkney does not have an Assurance Framework and uses a mix of business cycle planning, risk frameworks, and annual reporting requirements to determine the agendas and focus of the Board and governance committees.

Following discussions with the Chief Executive, Director of Finance, and Corporate Services Manager it became apparent that an assurance framework and the work to strengthen the assurance information systems within our governance committee structures remained a priority, but the capacity and expertise within the organisation was lacking to undertake a major piece of development work.

2.2 Background

The Royal College of Physicians Edinburgh (RCPE) have successfully facilitated a Quality Governance Collaborative for four years and have expanded their work to include individual Board cohorts and working with international healthcare systems.

The Board Chair approached the RCPE to explore opportunities for support and facilitation of good governance principles, and the development of an assurance framework with the College.

Regular updates were provided to the Board at In Committee sessions as the conversations developed, and a more inclusive opportunity emerged.

Given the small nature of the system in Orkney, and our commitment to integrating services to deliver our core aims of optimising health, optimising care, and optimising cost the RCPE proposed a whole health assurance framework to incorporate aspects into the assurance framework. This would assist in the continuing development of the Joint Clinical and Care Governance Committee, and in simplifying a complex governance landscape. Clarity is required to reduce the duplication of reports to committees and to support committee members to understand their role when presented with a paper, report, proposal, or information.

2.3 Assessment

At an NHS Orkney Board In Committee session in October a decision was taken to proceed with the work with the RCPE to develop a whole health assurance framework. The first session took place in January, and communication with stakeholders is being developed.

2.4 Recommendation

The Board note the work with the RCPE and commit to undertaking the necessary work to develop a whole health assurance framework.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Governance Committee Membership
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
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 nomination by Staff Side Members to elect Ryan McLaughlin as Employee Director and co-chair of the Area Partnership Forum, and approval for Board membership by the Cabinet Secretary with a start date of 01/02/2023.
- **Approve** the reviewed and updated Governance Committee Membership as detailed

- **Approve** the Chairs and Vice Chairs for each of the Governance committees as detailed.

2.2 Background

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

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

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

2.3 Assessment

Following the appointment of the new Employee Director and a further review to allow all Non Executives time to carry out their duties within their current time commitment the membership approved previously, further changes have been proposed.

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.

Chairs and Vice-Chairs of Committees

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

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

- **Decision – To approve** the reviewed and updated Governance Committee Membership as detailed including appointment to Chairs and Vice Chair roles

3 List of appendices

The following appendices are included with this report:

- Appendix No 1: Governance Committee Membership – From 1 April 2023

ORKNEY NHS BOARD**Chair:** Meghan McEwen**Vice-Chairperson:** Davie Campbell**STANDING COMMITTEES: April 2023-March2024****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

Lead Officer – Director of Finance**Current Members:**

Jason Taylor, Chair
 Issy Grieve, Vice-Chair
 Martha Gill, Employee Director
 Steven Heddle

Updated Members:

Jason Taylor, Chair
 Issy Grieve, Vice-Chair
 Ryan McLaughlin, Employee Director
 Rona Gold

Finance and Performance Committee:

Four non executive members including the Local Authority member

Lead Officer – Director of Finance**Current Members:**

Davie Campbell, chair
 Des Creasey, vice-chair
 Steven Johnston
 Steven Heddle

Updated Members:

Des Creasy Chair
 Steven Heddle – Vice Chair
 Steven Johnston
 Meghan McEwen

Integration Joint Board:

Three non executive members

Current Members:

Issy Grieve, chair
 Davie Campbell
 Meghan McEwen - interim

Updated Members:

Issy Grieve
 Davie Campbell
 Meghan McEwen

Deputies: Joanna Kenny Meghan McEwen	Deputies: Joanna Kenny Rona Gold
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 Rona Gold	Updated Members: Steven Johnston, Chair Rona Gold, Vice Chair Davie Campbell
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 Des Creasey	Updated Members: Joanna Kenny, Chair Ryan McLaughlin, Vice Chair Jason Taylor Des Creasy
Remuneration Committee: Five non executive members including the Chair of the Board, and in normal circumstances the Employee Director and Chair of the Staff Governance Committee <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Meghan McEwen, Chair Steven Heddle, Vice Chair Martha Gill, Employee Director Davie Campbell	Updated Members: Davie Campbell, Chair Steven Heddle, Vice Chair Ryan McLaughlin Employee Director Joanna Kenny Meghan McEwen

6.4.1

<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, Director of Finance	Updated members: Davie Campbell, Chair Issy Grieve, Vice Chair Meghan McEwen Mark Doyle All other Trustees to attend in rotation
Orkney Alcohol and Drugs Partnership:	
Joanna Kenny Des Creasey – Deputy	No change required
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Ryan McLaughlin	No change required
Area Clinical Forum:	
Steven Johnston, chair	No change required
Orkney Partnership Board:	
Meghan McEwen	Meghan McEwen Deputy: Rona Gold
Ethical Advice Group:	
Jason Taylor	No change required

6.4.1

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	Remuneration Committee Orkney Partnership Board Integration Joint Board -Voting Member Finance and Performance Committee Endowment Fund Sub-Committee
Steven Heddle	Finance and Performance Committee Remuneration Committee, Vice Chair Audit and Risk Committee	Remuneration Committee – Vice Chair Finance and Performance Committee
Steven Johnston	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee	No Change
Ryan McLaughlin		Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Nonvoting member
Davie Campbell	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Endowment Fund Sub Committee, Chair	Remuneration Committee Chair Integration Joint Board, voting member Endowment Fund Sub-committee chair Joint Clinical and Care Governance Committee
Joanna Kenny	Staff Governance Committee, Chair Integration Joint Board, Deputy Orkney Alcohol and Drugs Partnership	Staff Governance Committee, Chair Remuneration Committee Integration Joint Board, Deputy Orkney Alcohol and Drugs Partnership

6.4.1

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	No change
Jason Taylor	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group	No Change
Rona Gold	Joint Clinical and Care Governance Committee Integration Joint Board - Deputy	Joint Clinical and Care Governance Committee Audit and Risk Committee Integration Joint Board - Deputy
Des Creasey	Finance and Performance Committee, Vice Chair Staff Governance Committee ADP Deputy	Finance and Performance Committee – Chair Staff Governance Committee ADP deputy

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Public Health Annual Report 2021-2022
Responsible Executive/Non-Executive:	Sara Lewis, Interim Director of Public Health
Report Author:	Hannah Casey, Public Health Manager

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Annual Operation Plan
- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The annual public health report provides the board with an update on key public health activities focused on the 2021-2022 financial year.

2.2 Background

The annual public health report includes information on local health protection activity, and where available data for local vaccination rates and uptake of screening is discussed and the key areas of the public health priorities for Scotland are covered.

2.3 Assessment

The report demonstrates the increase in health protection activity with an increase in the number and variety of notifiable infections being seen with the easing of restrictions for the COVID-19 pandemic. This workload was managed alongside significant COVID-19 case numbers commencing in autumn 2021 which continued in waves with gradually increasing peaks into the spring of 2022. During this time many outbreaks in various settings were managed. This workload was managed with support from the Health Improvement Team.

Where the report includes performance data Orkney is compared to the Scottish average where data is available, performance across the Scottish vaccination programmes is generally good. Uptake for all components of the childhood immunisation programme is above the Scottish average. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

Within the Scottish adult screening programmes, the uptake rates for the Abdominal Aortic Aneurysm, Bowel Cancer and Breast Cancer screening programmes were above the national targets. The Cervical Screening programme uptake rates for women aged 25-49 years and 50-64 years at 76.2% and 77.2% were higher than the Scottish average at 66.3% and 74.4% respectively but below the Scottish standard of 80%.

Where available data for the pregnancy and newborn screening programme indicates a high uptake has been achieved.

COVID-19 has both exposed and exacerbated health inequalities, the report outlines the health improvement activity that continued throughout the pandemic period to address wider issues in public health.

2.3.1 Quality/ Patient Care

It is recognised that significant challenges are being faced in delivering health and social care. It will be important to maintain a robust public health response, along with effective communication, vaccination, and screening delivery, to reduce the impact on the health and wellbeing of the population in Orkney.

2.3.2 Workforce

Staff have been extremely flexible in supporting the health protection response to COVID-19 and this has impacted on health improvement work. Additional staff were recruited to support contact tracing during this period.

2.3.3 Financial

Additional funding was made available from Scottish Government to support vaccination and Test and Protect activity.

2.3.4 Risk Assessment/Management

The COVID-19 pandemic continues alongside an increasing amount of health protection activity. The department continues to prioritise the response to the pandemic whilst moving into business as usual.

2.3.5 Equality and Diversity, including health inequalities

It is recognised that the pandemic has exacerbated existing inequalities in health, tackling this will be important as we move out of the pandemic period.

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

The report covers activity undertaken and no specific consultation has occurred in relation to the report.

2.3.8 Route to the Meeting

Staff of the public health department have contributed to the report.

2.4 Recommendation

Discussion

The report highlights some key areas for public health action, including the likely ongoing impact of COVID-19 and the projects and programmes delivered to reduce inequalities and improve the health and wellbeing of the population of Orkney.

3 List of appendices

The following appendices are included with this report:

Appendix 1: NHS Orkney Public Health Annual Report 2021-2022

Public Health Annual Report 2021/22



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Foreword

The COVID-19 pandemic has presented unprecedented challenges for colleagues across the NHS, social care, and the wider local system. Public Health have been at the forefront of our efforts to protect Orkney residents and limit the spread of the virus, working tirelessly over the period to respond to an ever-changing situation.

I'm immensely proud of the way the team pulled together, stepping out of their core roles, to help manage the pandemic. This included working with members of the public who were anxious when trying to implement changing guidance into their everyday lives, managing outbreaks involving vulnerable people and local businesses, and supporting professionals across the system with advice, guidance and up to date data.

The annual report this year highlights some of the data demonstrating the pandemic's journey in Orkney alongside the other communicable diseases experienced by our residents as lock down measures were lifted and our residents began to return to a more normal social life. I applaud the work of the staff across the NHS and our partners who have worked together to deliver the large scale COVID-19 and influenza vaccination programmes.

Staff have demonstrated determination, resilience, and flexibility in their ability to respond to the changing priorities and pressures throughout this year. It is only through their dedicated hard work that the department has been able to deliver a response to the pandemic as well as remobilise and continue to deliver the services, projects and programmes discussed in this report.

Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health
- Immunisation

To be effective Health Protection is a multi-disciplinary activity, we work with Primary Care, The Balfour, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that we maintain an integrated approach to the health of the public across Orkney.

Infectious Diseases

Public Health receives notifications for a number of notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Many but not all notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, he/she should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory the laboratory should notify the health board.

Diseases are notified so that the health board is aware of where in the community significant diseases are being found. Having this information lets the public health department take steps to control the spread of infectious diseases and to protect the community.

During 2021-22 there were 99 individuals with notifiable infectious diseases (excluding COVID-19) reported to the public health team, an increase on the 58 reported the year before. The data in Table 1 below showing a significant decrease in cases during the 2020-21 period demonstrates the impact of the mitigations used to manage the COVID-19 pandemic on all infectious diseases.

When compared to the 2019-20 data increases have been seen in cases of cryptosporidiosis, Shiga toxin-producing E. coli (STEC), and Giardiasis.

Diagnosis	Case Numbers by year		
	2019-20	2020-21	2021-22
Acute Hepatitis E	0	0	1
Campylobacteriosis	49	26	34
Clostridium difficile associated disease (CDAD)	6	10	7
Cryptosporidiosis	0	2	8
E.coli infection (non STEC)	34	12	30
E.coli STEC	2	2	7
Giardiasis	1	2	3
Hepatitis B	2	0	0
Hepatitis C	1	1	1
iGAS (invasive Group A streptococcus	1	0	0
Legionnaires Disease	0	0	1
Listeriosis	0	1	0
Measles	1	0	0
Mumps	9	0	0
Neisseria meningitidis	0	0	1
Mycobacterium (Non Tuberculous)	3	0	2
Noroviral gastroenteritis	3	0	2
Pertussis	12	0	0
Salmonellosis	4	0	1
Seasonal Influenza	0	1	1
Tuberculosis	0	1	0
Total	128	58	99

Source NHS Orkney HP Zone clinical system

Table 1: Numbers of notifications of infectious diseases reported by financial year 2019-20 to 2021-22

Cryptosporidiosis

Cryptosporidiosis is the diarrhoeal disease caused by the microscopic parasite *Cryptosporidium*. The parasite can infect a variety of animals, e.g. cattle, sheep, rodents, cats and dogs, but also birds, fish and reptiles. Most human cases of cryptosporidiosis are due to two species; *Cryptosporidium hominis*, which mainly infects humans, and the zoonotic species *Cryptosporidium parvum*, which also infects domestic animals, in particular young calves, and lambs.

In humans, the infection can be without any symptoms, however, healthy individuals often develop a diarrhoea that spontaneously resolves over a couple of weeks. By contrast, patients with impaired immune system may develop profuse, watery diarrhoea.

Transmission is faecal-oral by ingestion of infectious oocysts, by direct contact with infected persons or animals or through drinking contaminated water such as from lochs and streams or from contaminated supplies, swimming in contaminated water, eating contaminated food such as raw vegetables and salads. *Cryptosporidium* oocysts can survive for months in moist soil or water and survive harsh environmental conditions (e.g. heat, cold) for extended periods of time.

Water distribution systems are particularly vulnerable to contamination with *Cryptosporidium*, which can survive most disinfection procedures such as chlorination. For this reason, in addition to the

routine surveillance undertaken to try to identify the source of infection we inform Scottish Water of the location of cases of cryptosporidiosis.

Shiga toxin producing *Escherichia coli*

Shiga toxin producing *Escherichia coli* (STEC) are a group of toxin-producing bacteria capable of causing gastrointestinal illness in humans. The incubation period for STEC infection is usually three to four days, seldom less than one day or more than eight days but has been occasionally reported to be as long as 14 days. The infectious dose required to cause illness is low with fewer than 1,000 cells sufficient. Clinical presentation ranges from asymptomatic infection to mild non-bloody diarrhoea, through bloody diarrhoea, abdominal pain, and occasionally fever. Serious outcomes of infection can include haemolytic uraemic syndrome (HUS) which has been shown to be a major cause of acute renal failure in children in Scotland. HUS develops in approximately 10-15% of *E. coli* O157 cases, with the highest rates in those under 15 years or over 65 years of age. HUS mortality is reported to be between 3% and 5%, and death due to HUS is nearly always associated with severe extrarenal disease, including severe central nervous involvement.

STEC are widespread in the environment and can colonise the gastrointestinal tract of wild, farmed, and domesticated animals and birds and be shed in their faeces. Cattle, sheep, and goats are considered to be the main reservoir of infection, although STEC causes no clinical signs of infection in the animal. Shedding of STEC by cattle is dynamic with individual farms having periods of apparent absence and periods of high prevalence. Studies in Scotland have estimated a prevalence of *E. coli* O157 at farm level of approximately 20%, with modelling suggesting that whilst only 20% of farms are positive for *E. coli* O157 at any given time, approximately 80% may harbour infection at some point during the year. Several factors have been postulated to influence farm level prevalence. Within *E. coli* O157 positive herds there is heterogeneity in shedding, with a small number of high level or “supershedders”, such that it has been estimated that about 80% of transmission arises from the 20% most infectious cattle.

Infection can occur from the consumption of water or food which is contaminated. Fruit or vegetables can be contaminated if they come in contact with soil, animal faeces or manure which contains STEC. The use of water for irrigation of food crops and washing of fruit and vegetables has also been identified as a transmission route for STEC. A number of STEC outbreaks have been reported in the literature due to contaminated salads or vegetables, including slaw garnish, watercress, lettuce, sprouts, white radish and handling raw leeks and potatoes.

Meat may be contaminated with STEC during the slaughter process with several meat related outbreaks being reported including the largest outbreak of *E. coli* O157 in Scotland, outbreaks due to beef burgers and others due to cooked meats.

Faecal contamination during the milking of cattle, sheep and goats can result in STEC contamination of raw milk, and there have been several STEC outbreaks associated with drinking raw milk or the consumption of unpasteurised cheese.

Transmission to humans can occur as a result of direct contact with STEC-contaminated faecal material, from handling or petting animals or by exposure to faecally contaminated soil or vegetation during recreational or occupational activities. There have been a number of outbreaks associated with environmental exposure.

Giardiasis

Giardiasis is a diarrhoeal disease caused by infection with the protozoan parasite *Giardia duodenalis*. The parasite is transmitted by direct contact with infected animals such as: cattle, cats and dogs. It can also be transmitted from other people.

The consumption of food or water contaminated with faeces from infected animals can cause infection too, Swimming in contaminated water, such as lochs or rivers, may also cause infection. Once a person has been infected with *Giardia*, the parasite lives in the intestines and is passed in stool. Once outside the body, *Giardia* can sometimes survive for weeks or even months.

Symptoms include smelly diarrhoea, abdominal cramps, flatulence, smelly burps, bloating and weight loss. The disease usually resolves in about a week if treated.

COVID-19

During 2021 to 2022 the COVID-19 pandemic continued to stretch the Public Health Department with the changing nature of the situation, and the move to business as usual. Test and Protect was one of the key interventions to reduce the impact of COVID-19 on the health of our population, and on the wider social and economic harms caused by the pandemic. The primary goal of test and protect was to reduce population wide transmission of the virus. The use of testing including both symptomatic and asymptomatic testing and the focus for contact tracing changed throughout the pandemic period in response to the changing epidemiology and as new evidence emerged.

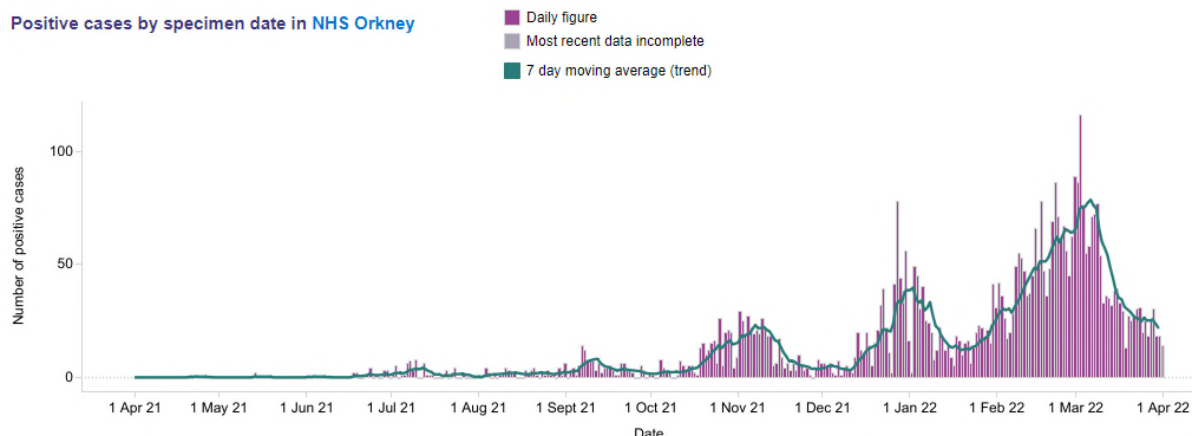


Figure 1: Positive cases by specimen date in NHS Orkney April 2021 to March 2022

Source: PHS Daily Dashboard accessed 21/10/22

In April 2021 an additional five staff had been recruited to support the local and national contact tracing service, through a system of mutual aid resource was targeted to where it was needed in the country.

In June 2021 the first significant COVID-19 outbreak was experienced in Orkney (Figure 1), related to the hospitality industry, resulting in health improvement resources being redirected to support the health protection team. The uprise in COVID-19 cases seen nationally in August and for Orkney in September proved challenging to manage across the country. Significant changes were made to the handling of cases for contact tracing with a reduction in the amount of information recorded and increased reliance on individuals identifying their own contacts. At this time local health protection

activity also increased in relation to cruise ships and the management of cases and contacts on board.

In October Orkney experienced a large increase in case numbers, which continued during the first half of November before declining. Following the easing of societal restrictions and the increase in social gatherings in the run up to the festive period a further rise in case numbers commenced in December. During this time Test and Protect experienced substantial and sustained pressure. Contact tracing moved to FOCUS at the end of December, meaning contact tracing now had a focus on people who had been flagged as having visited a high risk setting and outbreaks where vulnerable people may be affected. The work was supported by a digital solution for contact tracing low risk cases.

On 23rd November a small number of cases of a new Beta variant lineage were reported by South Africa to the international genomic database. The variant had concerning mutational characteristics, 32 spike mutations, which could increase the risk of reinfection and possibly cause other unfavourable changes in the epidemiology of COVID-19. The WHO designated Omicron as a SARS-CoV-2 Variant of Concern. Omicron BA.1 had a mutation that leads to S gene target failure in a widely used PCR testing platform available at the UK Gov Lighthouse Laboratories. S-gene target failure (SGTF) had been identified as a reasonable proxy for identifying Omicron BA.1. Omicron BA.2 did not have SGTF, and the absence of SGTF was used as a proxy for Omicron BA.2. Into the New Year Orkney experienced a significant increase in case numbers. The increase was linked to the Omicron variant, and its subvariants BA.1 and BA.2. At this time, we began to see reinfections occurring accounting for just under 10% of cases.

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

Situations

During the time frame of this report 65 situations were managed by the health protection team.

COVID-19

There were 50 situations related to the management of COVID-19 cases and outbreaks associated with various settings including vessels (10), schools, pre-school and out of school activities (9), care settings including hospital, care homes and care at home (14), workplaces (4), social events (10), and public transport (3).

Water

Fourteen situations managed related to water issues, including private water supplies, public water supplies and blue-green algae bloom. Managing water issues is undertaken in partnership with our Orkney Island Council and Scottish Water colleagues as required.

Avian Influenza

Birds infected with the most serious strain of bird flu, called highly pathogenic avian influenza (HPAI) show various symptoms however some species such as ducks, geese and swans can carry the avian influenza virus and spread it without showing any signs of illness.

Dead wild birds should be reported to Defra if the following are found

- One or more dead birds of prey
- Three or more dead gulls or wild waterfowl (swans, geese, and ducks,
- Five or more dead birds of any species.

A dead wild swan found in a garden returned a positive result for HPAI. At this time there were reports of dead birds in other locations, public messaging was used to remind members of the public of the risk of avian influenza and what to do if sick or dead birds are found.

Vaccine Preventable Diseases

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 2). 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.

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 been fewer 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. 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. Since lockdown no further cases have been seen.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2021 remained low.
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 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.
Influenza	During 2021-2022 Influenza season activity remained at baseline or low levels.

Table 2: Vaccine Preventable Disease

Vaccination is one of the most cost-effective public health interventions to safeguard present and future health and wellbeing. The high vaccination uptake rates across Scotland and in Orkney correlate with low numbers of outbreaks of vaccine preventable diseases.

Childhood Immunisation Programme

Children born in Scotland can expect to have 10 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 15 separate injections. These injections protect children from a number of potentially life-threatening illnesses including diphtheria, tetanus, Pertussis (whooping cough), polio, *haemophilus influenzae* type B (Hib), Hepatitis B, pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), Meningococcal type B (Meningitis B) measles, mumps and rubella.

In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) -vaccinations are offered to children in relevant at-risk groups.

Uptake rates for childhood immunisation programmes for year ending 31st March 2022 in Orkney are available in Table 3. Compared with the Scottish average, the uptake rates for all vaccinations are higher than the Scottish average.

Uptake by 12 months	Orkney	Scotland
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	97.8%	96.3%
Pneumococcal (PVC) primary course	97.3%	96.4%
Rotavirus primary course	96.8%	94.0%
Meningococcal B (MenB) primary course	96.8%	95.6%
Uptake by 24 months		
6-in-1 primary course	98.5%	97.1%
Measles, mumps & rubella (MMR) 1	96.4%	94.4%
Hib/MenC	96.4%	94.3%
PCV Booster	95.4%	94.3%
MenB booster	95.9%	93.9%
Uptake by 5 years		
6 in 1	98.6%	97.4%
MMR 1	97.6%	96.0%
Hib/MenC	97.6%	95.6%
Diphtheria, tetanus, pertussis (whooping cough), polio (4 in 1 Booster)	96.7%	92.7%
MMR2	96.2%	92.2%
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 3: Childhood vaccination uptake rates for NHS Orkney April 21 to March 22 and Scottish average.

Human Papillomavirus Immunisation Programme

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine helps to protect against the main cause

of cervical cancer and has been offered to girls in secondary schools since 2008. Following advice from the Joint Committee on Vaccination and Immunisation (JCVI) the programme was extended to adolescent boys during the 2019/20 academic year.

Research undertaken by a collaboration of researchers from within NHS Scotland, and the Universities of Aberdeen, Edinburgh, Glasgow Caledonian and Strathclyde has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer by almost 90%.

The school immunisation programme utilises a mixed model delivery approach with young people being invited to attend primary care for vaccinations in the isles practices and the programme being delivered in schools on the mainland. Those who miss the vaccination at the initial offer will be reoffered throughout their school career.

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.

The uptake rate for 2021/22 was 90.4% comparable with the uptake rate in previous years.

Herpes Zoster (Shingles) Immunisation Programme

The Herpes Zoster Immunisation Programme started in 2013. 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.

The 2021/22 shingles vaccination programme is ongoing running from 1st September 2021 to 31 August 2022 provided the offer of the vaccine (Zostavax®) to individuals aged 70 years (defined by the patients age at 1 September 2021) (routine) and those aged 71-79 years who had not previously been vaccinated (opportunistic) defined by the patients age on 1st September 2021. 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 uptake figures for 2021/22 campaign for Orkney are for those age 70 years 51.7% (Scottish average 45.1%) and the catch up cohort aged 71-79 years 73.3% (Scottish average 63.08%).

The vaccination programme for Shingrix (non-live) vaccine, indicated for people with severe immunosuppression for whom Zostavax® is contraindicated, commenced on 1st September 2021 uptake data for this programme are not yet available.

HPV Programme MSM

The HPV vaccine is available in Scotland for men who have sex with men (MSM) 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.

COVID-19 vaccination Programme

The COVID-19 vaccination programme commenced at the end of 2020 in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI) focussing on the protection of health and social care staff and systems. The secondary priorities included vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in public services. The vaccination programme was delivered using a phased approach as vaccine supply became available.

In the UK three primary vaccines targeting the S protein of the original SARS-CoV-2 strain were authorised for supply; two use an mRNA platform (Pfizer BioNTech COVID-19 BNT162b2 vaccine and Moderna mRNA-1273 COVID-19 vaccine) and one uses an adenovirus vector (AstraZeneca COVID-19 ChAdOx1-S vaccine/Vaxzevria®).

By April 2021 the vaccination programme had moved into the Final Phase 2 with the offer of vaccination being made in descending age order to

- All those aged 40-49 year
- All those aged 30-39 years
- All those aged 18-29 years

The offer of vaccination for pregnant women began in May 2021.

Planning for the COVID-19 booster campaign and influenza vaccination programme commenced in earnest in June 2021. JCVI advised an earlier start to the winter vaccination programme bringing it forward to the beginning of September, to maximise protection in those most vulnerable to serious COVID-9 ahead of the winter months. A synergistic approach was to be taken to the delivery of COVID-19 and flu vaccination to maximise the uptake of both vaccines.

By March 2022 a further spring vaccination programme had commenced with booster vaccinations being offered to individuals aged 75 years and over and those who were immunosuppressed being eligible for vaccination at 24 weeks following their last dose. All children aged 5 years and over were eligible for vaccination with a booster for children who were immunosuppressed from 12 weeks since their last vaccination.

COVID-19 vaccination uptake rates

The response to the COVID-19 vaccination programme across Orkney was good resulting in high uptake rates. The percentage uptake of booster or dose 3 vaccinations can be seen in Figure 2.

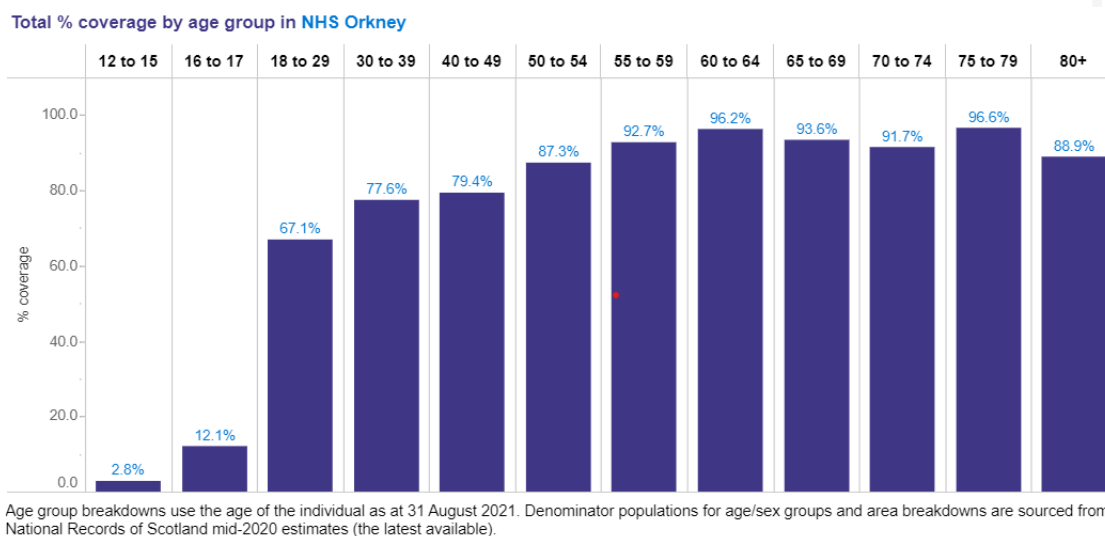


Figure 2: Booster or dose 3 vaccination uptake across Orkney.

Seasonal Influenza Vaccination Campaign

There are 3 types of seasonal influenza viruses – A, B and C. The most effective way to prevent the disease and/or severe complications is vaccination. Safe and effective vaccines have been used for over 60 years. Type C influenza cases occur much less frequently than A and B which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

The key objectives of the adult influenza vaccination programme 2021/22 were

- To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum.
- To plan to deliver the programme building on lessons learnt from previous years and our experience of COVID-19, recognising that arrangements may need to be adapted with vital resources correctly positioned to deliver the programme at scale.
- To further increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy).
- To extend the national programme to offer vaccination to social care staff who deliver direct personal care, unpaid and young carers, Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on COVID-19 testing) including support staff, teachers pupil facing support staff, prison population and prison officers who deliver direct detention services, secondary school pupils and all those aged 50-64 years old. Some of those aged 50-64 are otherwise eligible due to underlying health conditions or their employment.
- To encourage greater uptake amongst frontline health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on COVID-19 testing) including support staff, who are delivering patient front facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.

The childhood influenza vaccination programme was offered to preschool children, primary school children and children aged 6 months to two years of age in clinical risk groups

All uptake rates except for secondary school children are above the Scottish average. The childhood influenza cohorts and the adults age 65 years and over uptake rates all exceeded the national targets set (Table 4).

Influenza vaccination Uptake Rates	Orkney	Scotland	Target
Pre-school (2 to <5)	67.8%	62.0%	65%
Primary school children	79.1%	72.5%	75%
Secondary School Children	51.8%	52.5%	
Age 65 years and over	85.7%%	90.3%	75%
18-49 years at risk (excluding healthy pregnant women and carers)	52.1%	48.9%	75%
Pregnant and not in a clinical at-risk group	64.9%	58.6%	75%
50-64 years	74.1%	64.6%	

Table 4: Influenza vaccination uptake rates for NHS Orkney 21/22 season and the Scottish average

In conclusion vaccination delivery across the Scottish immunisation programmes works well. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

Screening

National screening programmes are population level services that identify healthy people who may be at increased risk of a disease or condition. If an increased risk of a disease is identified the individual can then be offered information, further tests, and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening can reduce the risk of developing a condition or its complications, but it cannot offer a guarantee of protection. In any screening programme there is a minimum of false positive results and false negative results.

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Retinopathy (DRS) and Pregnancy & Newborn (PNBS).

Screening Governance

The National Screening Oversight Board was established in spring 2020, during the year 2020/21 the National Screening Oversight Function (NSOF) was established and a work plan for 2021/2022 was developed.

The NSOF is comprised of three different components, the National Screening Oversight Board (NSOB), the Director of Screening, and the National Screening Oversight Team (NSO Team). The NSOF provides assurance and oversight at the national level across the national screening programmes. It reports to the Scottish Screening Committee, and through that Committee, to Scottish Government and Board Chief Executives. Figure 3 below sets out the governance of the screening system in Scotland. The Public Health Department feeds in to the NSOF through representation of the Board Screening Coordinator (BSC) (Consultant in Public Health) on the Board Coordinator Groups for each of the Programmes.

The NSOF is not involved in oversight of the operational delivery of the screening programmes, operational oversight is at a regional level for the Abdominal Aortic Aneurysm (AAA) and Cervical Screening Programmes through the AAA Screening Programme Collaborative and the Cervical Screening Monitoring Group of which the BSC is a member. Local oversight groups have been established for the Diabetic Eye Screening (DES) and Pregnancy and Newborn Screening programmes which report by exception to the Quality Forum and through the Public Health report to the Joint Clinical and Care Governance Committee. Further oversight of the cancer Screening care pathways including for the Bowel Screening Programme is through the Cancer Care Delivery Group.

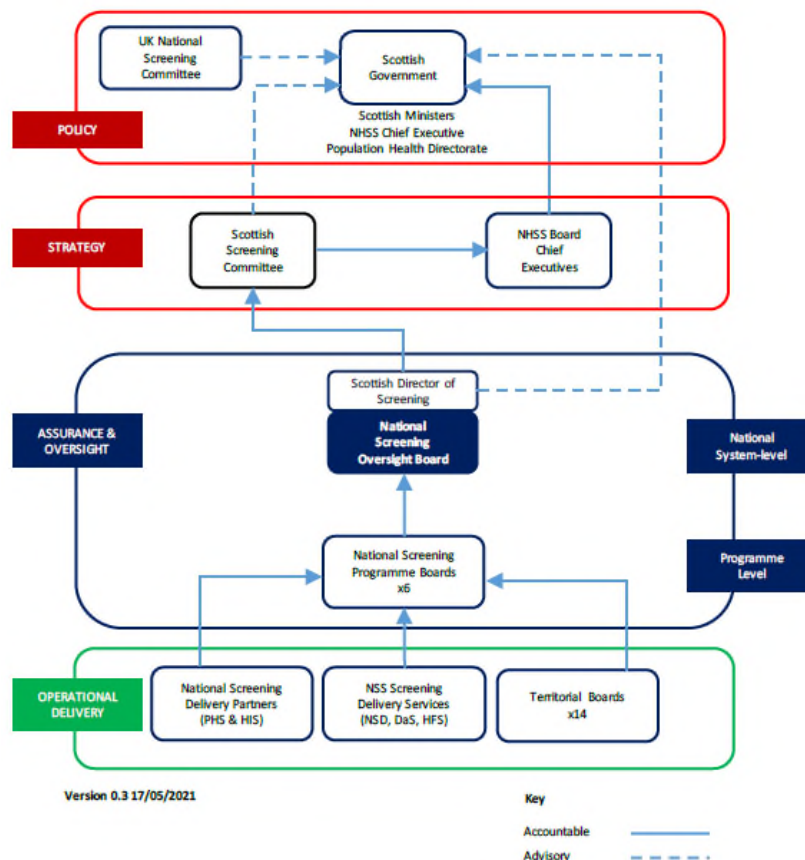


Figure 3: Screening Governance

Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0cms to 5.4cms).

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. During the period April 2021 to March 2022 because of COVID-19 screening mitigation appointment times were increased to 20 minutes per patient to accommodate the social distancing required in the waiting area and additional cleaning time. During the time of this report the team visited Orkney four times in June 21, July 21, November 21 and March 22.

The uptake target for the AAA screening programme, is the percentage of eligible men tested before age 66 years and 3 months and had a screening result of positive, negative, or non-visualisation, the Essential target is $\geq 75\%$ and Desirable target of $\geq 85\%$. Table 5 below shows the uptake has been above the Desirable target since the programme restarted in July 2020.

Financial year	2019-20	2020-21	2021-22
Number men appointed (percentage attended)	248 (81.8%)	153 (89.5%)	234 (85.4%)

Table 5: Uptake rates for AAA screening for the periods 2019-20, 2020-21 and 2021-22

For the period 1st April 2021 to 31st March 2022 the men who are eligible to access the programme are men who turned age 66 years in the financial year, those born between 1st April 1955 to 31st March 1956. Provisional data indicates of those who attended 181 men were discharged, four men given a three-month recall, 11 men a 12 month recall and four men an immediate recall. No men were referred to vascular services.

Audit activity

Standard 7a.1 of the Scottish AAA Standards states that

“the screening and surveillance history of men, who died of a ruptured aneurysm, is reviewed and discussed by the collaborative screening centre multidisciplinary team.”

Standard 7a.2 states that “the mortality rate due to ruptured abdominal aneurysm among men who were screened negative and discharged from the programme is recorded and an action plan implemented”

Across Scotland an audit is being undertaken by the screening collaboratives of all men who have died from an AAA or who have suffered an AAA and survived. The findings of the audit will be reported in due course.

Incidents

Two national abdominal aortic aneurysm screening incidents have occurred.

1. It was reported by an NHS Board that when they had to cancel a clinic the participants recall dates had been changed to a later date. The normal practice would be to apply a temporary deferment with an appropriate journal/entry note. The number of participants in all Health Boards who have had their recall dates changed since the start of the programme has been identified, no men in Orkney have had their recall dates changed.
2. Following user acceptance testing it was identified that a very small number of surveillance participants may have been excluded from the screening programme after two fail to scan results and discharged to the care of their GP. The pathway issue in the IT system has been reviewed and affected men identified, no Orkney residents have been affected.

Scottish Bowel (Colorectal) Cancer Screening Programme

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2021 was 71% for Orkney residents against a national performance of 67%, the national target is 60%.

Of those tested 74 individuals received positive results an increase on the 56 from the previous year. There was an increase in test positivity rate from 2.1% in 2020 to 2.3%

For the bowel screening programme, the focus of work is on managing colonoscopy capacity across Scotland. The trends in waiting time from patient referral (due to a positive screening test result) to the first colonoscopy procedure following the referral are monitored. Within Orkney colonoscopy capacity is managed through clinical prioritisation, the Senior Charge Nurse for Theatre makes sure those who are most urgent are prioritised and additional lists are held whenever capacity allows to minimise waiting times.

Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years plus 364 days could continue to be screened if they arranged an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age.

The screening service was paused during the COVID-19 pandemic along with the other national adult screening programmes. Due to the need for social distancing the programme recommenced with a soft restart which continued into 2021. By March 2022 the slippage in the programme was reducing and uptake was above that experienced prior to the pandemic.

The ability to self-refer for women aged over 71 years plus 364 days was temporarily paused when the programme restarted, the pause remained in place throughout the period of this report.

In March 2021 the Report of the Major Review of the Scottish Breast Screening Programme was published. The review considered

- Future requirements and population need
- Expected standards of delivery
- Basis of call/recall processes (GP practice calling)
- Location of screening
- Workforce requirements
- Evidence base for current SBSP policies in relation to age parameters & self-referral, radiology reading, workforce practice
- Technology – IT and new technology potential
- Addressing health inequalities, tackling known barriers to screening, and improving access to ensure those in greatest need benefit fully.

The review made recommendations in five areas including: access, workforce, technology and equipment, standards, and data. The BSC took part in work led by The Scottish Breast Screening Programme Board to prioritise the recommendations. A Modernisation group is to be established to further progress the work/scoping for the Breast Screening Review recommendations.

The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen. A mobile unit visits Orkney every three years. The service is supported by the NHS Orkney Surgical team and Breast care Nurses who see breast screening ladies to pass on results, discuss multi-disciplinary team decisions and further treatment. All women recalled for review attend the Breast Screening Centre in Aberdeen.

The Breast Screening Service visited Orkney for 18 weeks commencing on 7th June 2021. Local media was used including an interview on Radio Orkney to promote the service, to inform on the reasoning behind the pause on self-referrals and to promote breast awareness. During the visit the uptake rate at 82% exceeded the key performance indicator achievable rate of over 80%. The positivity rate was 0.6%.

Scottish Cervical Screening Programme

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to all with a cervix aged 25-64 years every five years. Cervical screening saves around 5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

- Is or has been sexually active
- Smokes, as this affects the cells in the cervix

Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Women are offered a smear test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test, where appropriate. The test is designed to identify any cervical changes in women who otherwise have no symptoms, at this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer.

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the cytology (smear) test that examines cells under a microscope. From 30th March 2020, HPV testing replaced cervical cytology in Scotland as the primary screening test in the Scottish cervical screening programme. Cytology-based tests continue to be used when high-risk HPV is found in a sample. Implementing testing for HPV reduces the frequency of screening all eligible persons between the ages of 25 to 64 years aged with a negative result. Invitations for screening are now issued every 5 years instead of every three years.

The latest uptake data available for cervical screening is for the 2020-21 period. In Orkney the uptake rates amongst women of 25-49 years and 50 – 64 years are consistently higher at 76.2% and 77.2% than the uptake for Scotland at 66.3%, and 74.4% respectively but below the Scottish standard of 80%.

Incidents

Two national Scottish cervical screening programme incidents have occurred

No-cervix exclusion

A national screening incident was identified in which individuals were inappropriately excluded from screening following a subtotal hysterectomy the management of which is ongoing. National guidance states that people who have had a total hysterectomy (i.e., complete removal of cervix) can be excluded from screening but anyone who has had a sub-total hysterectomy should continue to be screened regularly if they are within the eligible age range for screening. NHS Orkney continues to engage in the overall incident management and to undertake actions as agreed by the adverse event management team. This work is supported by General Practices, the Obstetrics and Gynaecology team and the NHS Grampian multidisciplinary team.

Work is to be undertaken to audit the records of all women excluded from the cervical screening programme.

Non-referral of adhoc smears

The Scottish Cervical Call Recall System (SCCRS) is the central IT system that supports the Cervical Screening Programme. Routine Cervical Screening Samples should be reported on the Sample Taker Module of SCCRS. SCCRS will then automatically generate a referral to Colposcopy if the result and management entered by the Laboratory deems that to be appropriate. A letter will be sent to the participant and their GP.

A national incident has been identified where patients being seen at gynaecology appointments had a routine cervical screening sample taken however this was logged on the Colposcopy Module of SCCRS as opposed to the Community Sample taker Module. The laboratory reported a result which should have generated an automatic referral to Colposcopy however because the sample was recorded in the Colposcopy module SCCRS did not generate a direct referral and no results letters to the patients were generated.

Health Boards were asked to review the process for logging opportunistic cervical screening tests taken at Gynaecology via Colposcopy departments and consider whether local training was required, and a national communication was circulated to remind user of the differences in the SCCRS modules (Colposcopy and Community Sample Taking).

An audit was undertaken across Scotland of women affected, no women in Orkney were identified.

Scottish Diabetic Eye Screening (DES) Programme

People with type 1 or type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an eye screen. Diabetic Eye Screening (DES) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eyesight. Left untreated diabetic retinopathy can cause blindness or serious damage.

Since January 2021 revised screening intervals have been implemented in line with the United Kingdom National Screening Committee recommendation which advised screening tests for diabetics at low risk of sight loss to change from one to two yearly. The change has been phased in with some patients being transferred to two yearly intervals immediately and others being transferred after their next screening test. Optical Coherence Tomography (OCT) has also been added to the programme. An OCT scan is sometimes needed to detect macular oedema (MO) which is the leading cause of moderate sight loss in people with diabetes. OCT is now delivered by the DES team in Orkney instead of ophthalmology. Previously patients would have waited up to 12 weeks for their scan following referral to ophthalmology. Now the scans are reviewed by the visiting Ophthalmologist within the following month.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eyesight
- Taking medication as prescribed
- Attending DES appointments

Following the pause in screening a new database was implemented to support the DES programme OPTIMIZE, performance data will not be available until system verification has been completed.

Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and IV)
- Down's syndrome
- Foetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timeous treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the baby/child.

Newborn Hearing Screening Programme (NHSP)

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps.

The latest data available is for 2019/20. The data demonstrates

- 100% of babies were offered and completed screening.
- Of those screened 137 out of 138 (99.28%) completed the screening process within 4 weeks (corrected age).
- Fewer than 5 babies required onward referral to audiology for a diagnostic assessment.
- 100% of babies were offered and attended for diagnostic audiology assessment within four weeks.
- No babies were identified with confirmed moderate or greater permanent hearing loss in better ear.
- No babies were identified with confirmed unilateral hearing loss, mild bilateral loss, temporary conductive loss or auditory neuropathy spectrum disorder.

NHS Lothian has published the British Academy of Audiology review report of the NHS Lothian Paediatric Audiology Service. The review and its findings are being considered by the Scottish Audiology Leads. The local service will be reviewed against the recommendations to ensure any learning informs service delivery.

Newborn Blood Spot Screening

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. Performance data for the period 2021/22 is outlined below

- 186 babies were screened.
- No babies screened were too old for Cystic Fibrosis (CF) screening
- 10 (5.28% above the Scottish average of 4.26%) samples required to be repeated for avoidable reasons; 7 (3.76%) insufficient sample and 3 (1.61%) the sample was unsuitable.
- Four samples were submitted with missing information for example date of sample missing or incorrect
- 100% of samples were received with the CHI number included on the bloodspot card
- 87% of samples were taken between 4-5 completed days of life, below the Scottish average of 89.6% and the Essential criteria level of $\geq 90\%$. (There can be a clinical indication for taking samples out with the usual time frame)
- 74.7% of samples were received by the laboratory in Glasgow within the ideal time of no later than three working days after the sample was taken. This was below the Scottish average of 88.6% and the Essential criteria level of $\geq 96\%$
- If a sample has a Thyroid-stimulating hormone (TSH) result of between 8mU/L and 19.9mU/L a repeat sample is required. This sample should be taken 7-10 days after the initial sample. All repeat samples were taken >15 days after the initial sample
- For babies born at 32 weeks gestation a repeat sample should be taken on day 28 of life or discharge home, whichever is sooner. In Orkney 100% of samples were taken on day 28, above the Desirable level of $\geq 99\%$

The reporting of sickle cell results in the Newborn Bloodspot Screening programme moved from GPs to the Child Health System on 1st November and this is now managed by the child health team within the Public Health Department.

Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome

A screening test for Down's syndrome, Edwards' syndrome and Patau's syndrome is available between weeks 10 and 14 of pregnancy. It is a combined test because it combines an ultrasound scan with a blood test. The blood test can be carried out at the same time as the 12 week scan.

Blood tests combined with scans which measure the fluid at the back of the baby's neck to determine the "nuchal translucency". The woman's age and the information from the two tests are used to work out the chance of the baby having one of the syndromes. Obtaining a nuchal translucency measurement depends on the position of the baby and is not always possible. If this is the case a blood test called the quadruple test will be offered between weeks 14 and 20 of pregnancy.

During the period April 2021 to March 2022 6 quadruple tests were offered.

From September 2020 women who have received a higher-chance result that their baby may have Down's syndrome, Edwards' syndrome or Patau's syndrome will be offered a choice of having

- No further tests
- Non-Invasive Prenatal Screening Test (NIPT)
- Diagnostic tests: chorionic villus sampling (CVS) or amniocentesis

NIPT provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect where an abnormal number of chromosomes is present in each cell, if NIPT returns a positive result woman will be offered a diagnostic test or they can choose to have no further testing.

During 2021/22 fewer than 5 samples were submitted for NIPT.

Resilience

In addition to protecting the health of the population, the public health department has a significant role in ensuring the NHS is resilient with the capacity to withstand or recover quickly from difficulties. Emergency planning and resilience work is undertaken in partnership with all departments across the organisation and with partner agencies. During the 2021 to 2022 period the focus of activity has been on:

Face Fit Testing Resilience

In an effort to future proof the face fit testing programme the Resilience Officer has engaged the services of specialist trainers to train a cohort of clinical and non-clinical staff as face fit testers. This has included upskilling staff in the use of Portacount equipment so that the Board can deliver what is termed “quantitative” testing. The equipment measures the presence of particulates between the mask and the subjects face against an ambient background reading and provides a numerical figure on the efficiency of a specific mask type against the shape of the wearers face. This equipment allows back-to-back re-testing of staff into a product that fits their face shape. The use of a range of face fit testing methods is designed to lessen the need to recall staff for testing thereby reducing abstraction from frontline service delivery.

The programme is being further extended to include the use of Powered Hood Respirators for a small number of staff who cannot be face fit tested into current masks types. Specialist trainers are due to return to the Board to complete this training with a cohort of recently appointed dedicated trainers.

By increasing the range of face fit testing methods, the Board is mitigating against the risk of manual “qualitative” testing where positive cases of COVID 19 amongst staff has resulted in the loss of taste and smell which in turn impacts on the effectiveness of the process. In addition, this will ensure that the Board is resilient in terms of face fit testing in the face of new and emerging High Consequence Infectious Diseases.

Peoplesafe Project

As part of the Board’s drive towards safer working environments for staff, the Resilience Officer and Health and Safety Team have been rolling out the Peoplesafe personal alarm project. These are small, personalised alarms available for use in a range of services and departments, particularly those staff members lone working in remote locations. The devices have GPS locators that can connect to satellites and roaming sim cards that connect to the strongest available mobile telephone signal. The devices have been tested in the outer isles and remoter locations on mainland Orkney to establish coverage.

The user can request a pre-set call-back from the Alarm Receiving Centre (ARC) whilst attending calls to establish their welfare. The alarm also has a panic button which alerts the ARC that the user requires assistance. The ARC controller then triages the calls and escalates accordingly. In addition, the device recognises when a user has been involved in an incident such as a vehicle accident/slip trip or fall and will automatically trigger an alarm notification.

Community facing staff across the workforce are currently being trained in the use of the devices and following evaluation, it is anticipated that other NHS Boards and partner agencies will dovetail with and replicate the Peoplesafe project to support their staff working in remote locations.

Business Continuity Planning

Business Continuity Plans (BCPs) are now in place across the organisation and testing of individual plans is underway. Some service areas have requested deferment of testing to support the remobilisation of services with the priority focus on patient backlogs and service resumption due to the pandemic. COVID-19 has impacted on the ability of plan holders to exercise planned testing of BCPs, however staff absence due to self-isolation or positive tests for COVID -19, relocation of services, agile working or redesign of the delivery including the use of technology to support patient facing consultations has provided live testing of plans. Learning from this live testing has been noted.

Other service areas have focussed on the loss of access to applications and databases as specific test areas over the short, medium and longer term to replicate the impact of a cyber-attack and long-term service recovery processes.

On the 25th of September 2021 as part of an IT network upgrade NHS Orkney took the opportunity to test the IT disaster recovery process replicating a deliberate fail-over. IT staff physically walked the floor visiting all the critical services to ensure that applications had successfully restored, and 17 additional services areas/departments underwent confirmatory checks during the upgrade.

Chemical Biological Radiological and Nuclear (CBRN) Response

On the 9th /10th of November 2021 the national trainer visited the Board and reviewed the CBRN decontamination equipment, Emergency Department (ED) response procedures and trained additional trainers in Donning and Doffing into what is termed Personal Respiratory Protective Suits or PRPS. The current Major Incident Plan documents the CBRN procedures, however a detailed stand-alone plan is being developed for The Balfour to support the Boards response. Liaison has taken place with Scottish Ambulance Service (SAS) and Scottish Fire and Rescue Service regarding resource sharing to support the decontamination process both off site and at the hospital. On this basis the Boards CBRN response will benefit from an integrated multi-organisational approach.

The new CBRN plan has been designed in sections that are relevant to specific users; for example, Incident Response/Personal Protective Equipment/Incident Response Cards/Activation and Stand Down. This allows the user to focus on the section that relates specifically to their role as opposed to having a more general overview of the whole plan.

Lockdown

A Controlled Movement and Access Procedures Group (CMAP) was set up to collate the information both for a Lockdown Policy Document and to develop a site-specific plan for The Balfour. The plan is designed to support staff in initiating a Lockdown at the external boundary, the hospital building or specific areas with the hospital such as containment within the main public foyer. Lockdown may be required for a host of reasons such as specific threats to the hospital facility, CBRN incidents or individuals who present a risk to patients or staff members. The Policy and Lockdown Plan for The Balfour have now been formally approved and adopted by the Board. This plan updates and replaces a more generic document.

Resilience Support to the Pandemic Response

Over the last year the Officer has supported the Board's pandemic response by working collaboratively with multi-agency partners and as a member of Orkney Local Emergency Co-ordinating Group. This has involved the development of a framework for mass testing of the

community, supporting the deployment of the Mobile Testing Units to Orkney as well as support to the incident management teams set up to manage outbreak. Partner agencies have resourced and supported NHS Orkney in the delivery of the COVID-19 vaccination programme across the Board area with the provision of administration support and marshalling staff support. The value of this contribution cannot be understated.

Health Improvement and Recovery

During the Pandemic period the Health Improvement Team were required to provide surge capacity to ensure a timely and effective health protection response to the pandemic in Orkney and through mutual aid across Scotland. The redeployment of staff impacted on their ability to deliver the full portfolio of core work.

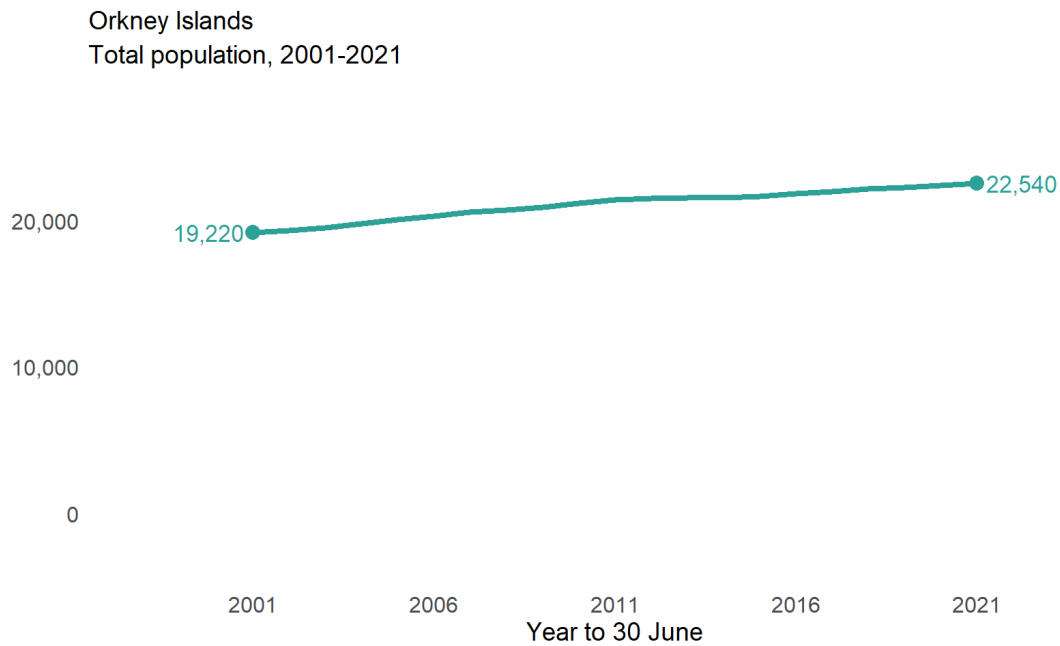
COVID-19 has both exposed and exacerbated inequalities, it was essential that some health improvement activity could continue during the pandemic period to address wider issues in public health. The Scottish Government published six priorities for public health in 2018 which were the starting point for priority setting throughout this period. The priorities are:

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

Since this time, the Public Health department work has been framed around these priorities with emphasis given to priorities of smoking cessation, financial inclusion and diet and healthy weight. In addition, demographical and epidemiological information available to Public Health in Orkney is used to support the targeting and prioritisation of resources for the health of the population in Orkney. Not all of the work completed in 2020/21, such as work to restore partnership working during recovery and renewal phase of the COVID-19 pandemic, will be reflected in this report.

Demographics

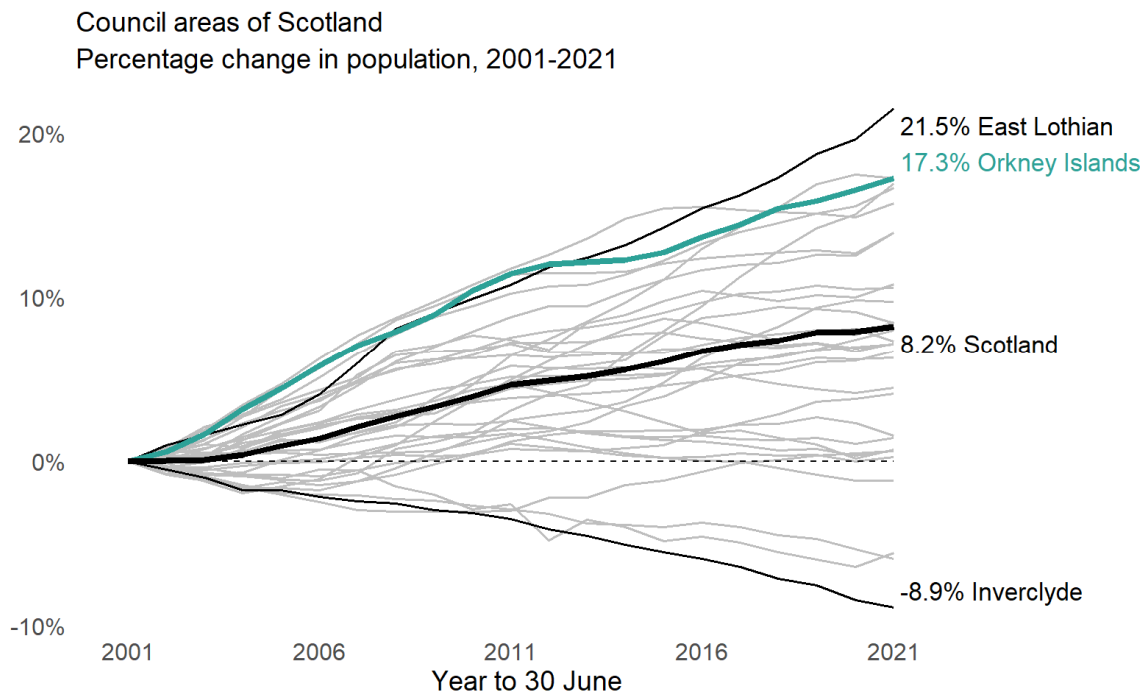
The population in Orkney was estimated to have increased by 0.6% between June 2020 and June 2021 and whilst Orkney remains the Council area with the lowest population in Scotland, it has shown a trend towards small increases since 2001(Graph 1).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 1: Mid-year Population Estimates - Orkney Islands

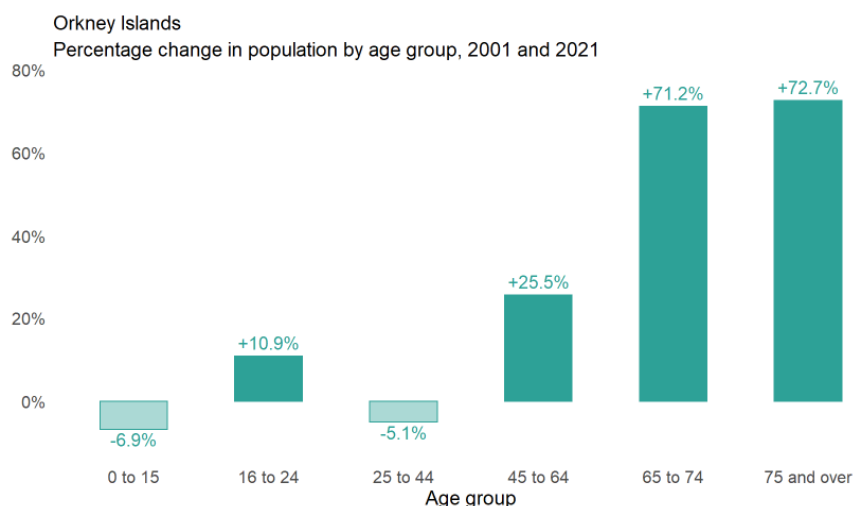
There was a 17.3% increase in the population from 2001 to 2021, the second highest change across all council areas in Scotland (Graph 2).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 2: Percentage Change in Population between 2001-2021 by Council Area in Scotland

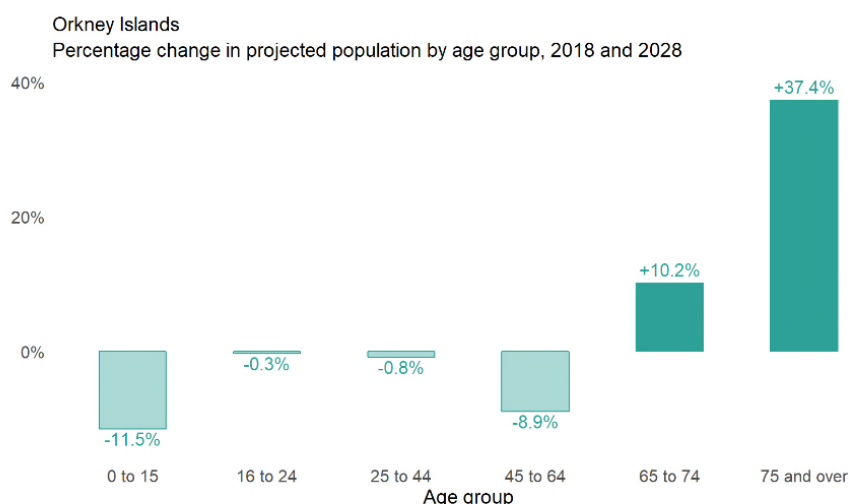
The age profile in Orkney is already unequally weighted with the 16- to 24-year-old age range being the smallest age group. Whilst the 16- to 24-year-old age group has demonstrated a small increase in population change since 2001, it is the older age groups in which the increase in population is most evident in which the 65 to 74 and 75 and over age groups have both increased by more than 70% between 2001 and 2021 (graph 3).



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 3: Percentage Change in Population between 2001-2021 – Orkney Islands

Through population projections, the population increase for Orkney Islands is expected to be 0.5% between 2018 and 2028 with an increase through net migration of 4.7% balanced through natural loss. The population increase skew towards the 65 and over age groups is expected to continue (Graph 4).

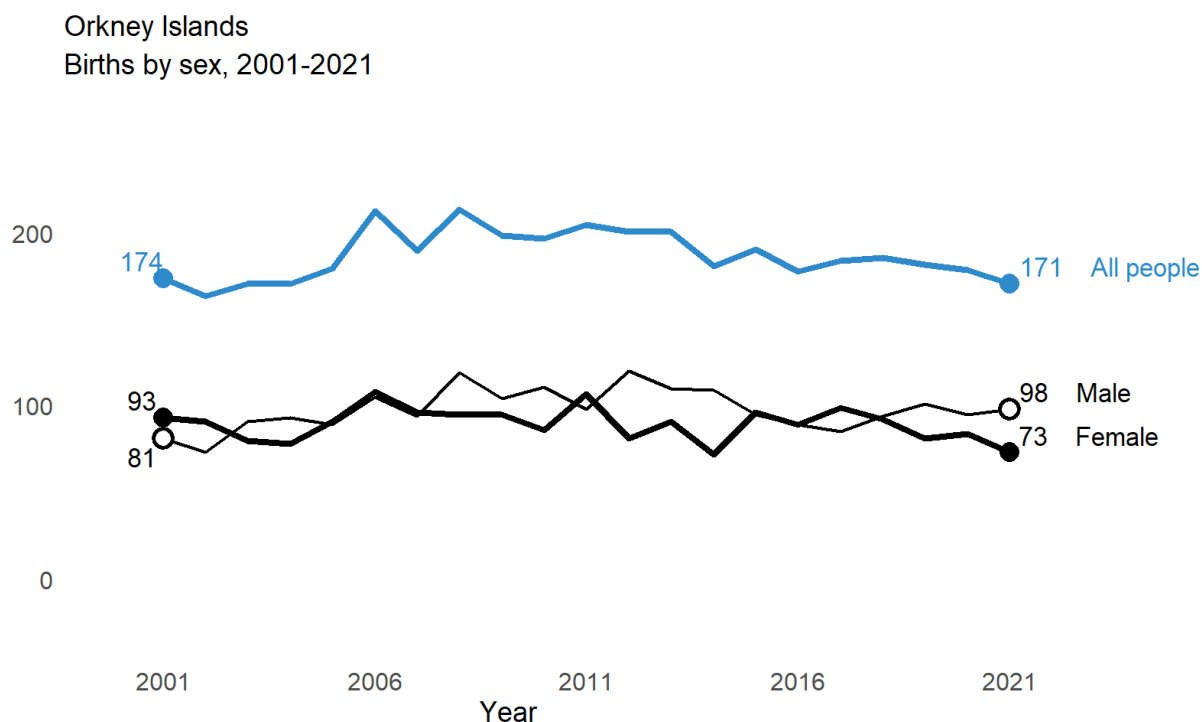


Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 4: Projected Percentage Change in Population between 2018-2028 – Orkney Islands

It is important that resources in Orkney continue to be planned with consideration of the increasingly aging population demographic as well as appreciating the pressures that continued population loss of a younger demographic could have on individuals' and population health, particularly in areas of Orkney where sustaining services may become challenging.

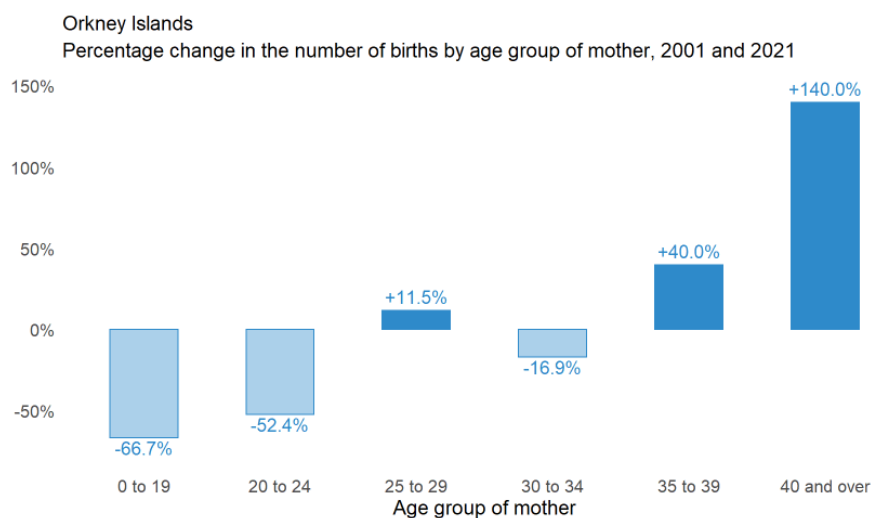
During 2021, there were 171 births in Orkney which is a decrease of 4.5% from 2020. Graph 5 shows a small downward trend from approximately 2010.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 5: Births in Orkney from 2001-2021

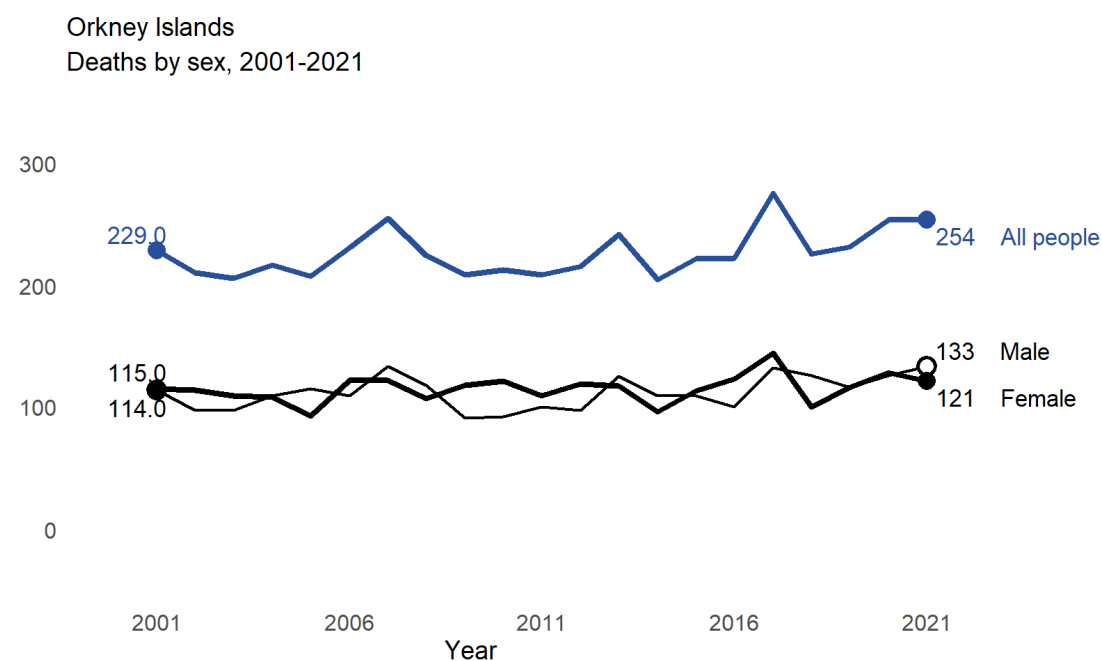
Additionally, there has been a change towards an older age profile of childbearing in Orkney from 2001 to 2021 with decreases evident in all age groups under 25 years old (Graph 6). Age can impact fertility as well as older childbearing can increase maternal and infant health risks. This trend may have implications on maternal and infant health services.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 6: Percentage change in number of births by age of mother in Orkney between 2001-2021

During 2021 there were 254 deaths in Orkney which is the same as in 2020 (Graph 7).



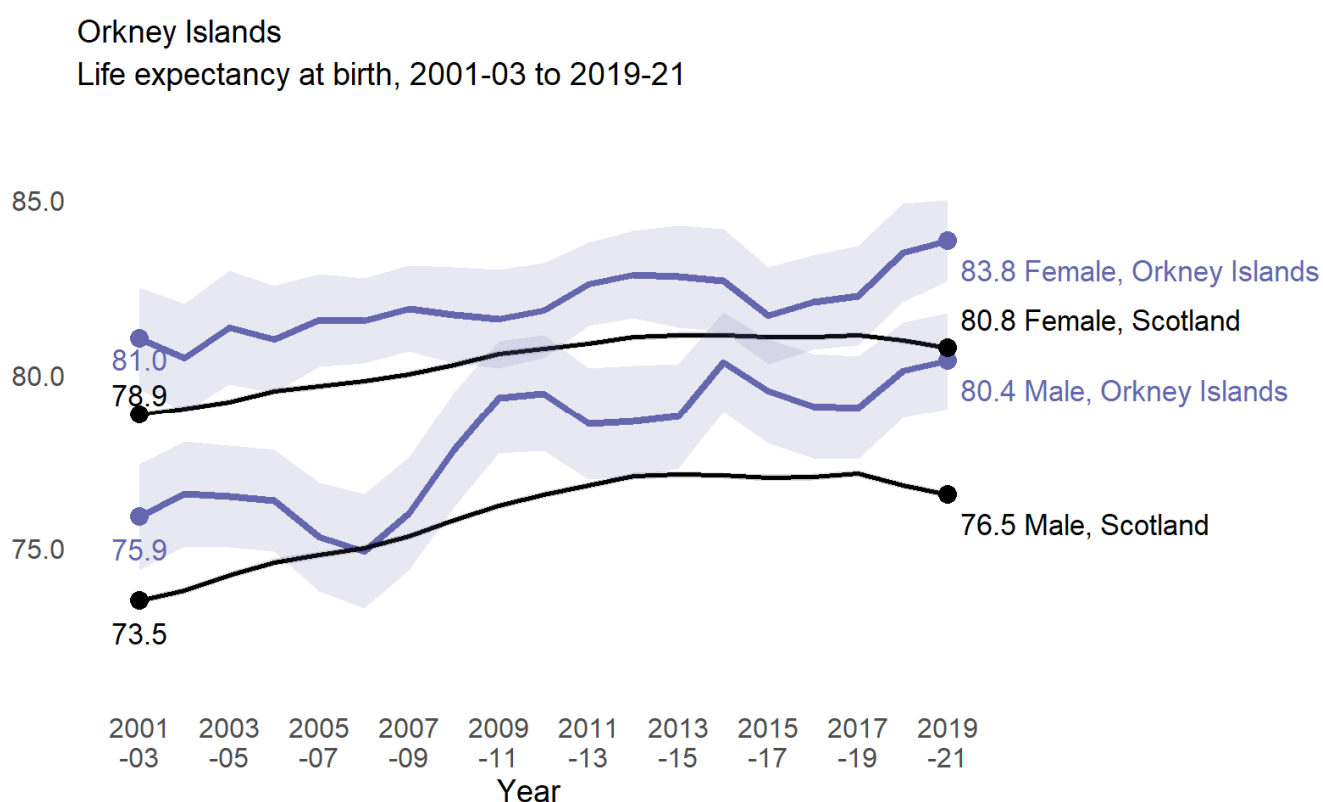
Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

Graph 7: Deaths in Orkney 2001- 2021

The 80-84 age group accounted for the highest number of deaths during 2021, with the majority of deaths recorded in the age groups over 70 years old. The leading causes of death recorded in 2021 for males were ischaemic heart disease, followed by cardiovascular disease and cancer of the prostate. For females, the leading cause of death was dementia and Alzheimer's Disease, followed by

cerebrovascular disease and ischaemic heart disease. As inequalities, lifestyle factors such as smoking and access to screening programmes can all impact heart disease, dementia and cancer this demonstrates the importance of continued Public Health work in Orkney to improve the health and wellbeing of Orkney's population through prevention and early intervention.

Finally, life expectancy across Scotland has now started to fall, having been static since 2012 and this has become the focus of recent work in Public Health Scotland to both understand this and to work towards a Scotland where everybody thrives. Orkney's life expectancy at birth has remained higher than the Scottish average for both male and females since 2009 (Graph 8) but follows a similar trend to the national level life expectancy despite data fluctuations.



Source: National Records of Scotland, Orkney islands Council Area Profile [Orkney Islands Council Area Profile \(nrs.scot.nhs.uk\)](https://nrs.scot.nhs.uk/orkney)

Graph 8: Life Expectancy at Birth – Orkney

Public Health work will continue to work to reduce health inequalities and improve the health of the people in Orkney in keeping with national direction and working in partnership with Scottish Government and Public Health Scotland as well as partners in Orkney. This report gives an oversight of this work in 2021/22.

Priority 1 – Place

The environment in Orkney is a strong natural asset which can support health and wellbeing of the population in many ways, including interaction with green spaces (such as gardens and parks) and blue spaces (such as the coasts and rivers). There are many aspects which contribute to a health promoting place and for the purposes of this report, the areas of work within Public Health during

2021/22 have been focussed on. These were to develop sustainability practices, reducing inequalities within the cancer screening programmes and to promote sexual health and wellbeing.

Sustainable Development

The 2030 Agenda for Sustainable Development was adopted by all United Nations Member States (including the UK) in 2015. Promoting sustainability as well as use of green and blue spaces is increasingly prominent on NHS Orkney's agenda. NHS Orkney formed a Sustainability Steering group which has Public Health representation and engagement. A concept for producing more usable green space on NHS Orkney property to promote health and fulfil obligations to the community of Orkney as an 'Anchor' organisation was developed and funding identified. Recognising NHS Orkney as an 'Anchor' institution acknowledges that NHS Orkney activities have a wide impact on social, economic and environmental outcomes in Orkney due to the way in which this organisation delivers health services. This concept was submitted and recognised at the European Rural and Isolated Practitioners Association conference in poster format and through oral presentation (Figure 4).

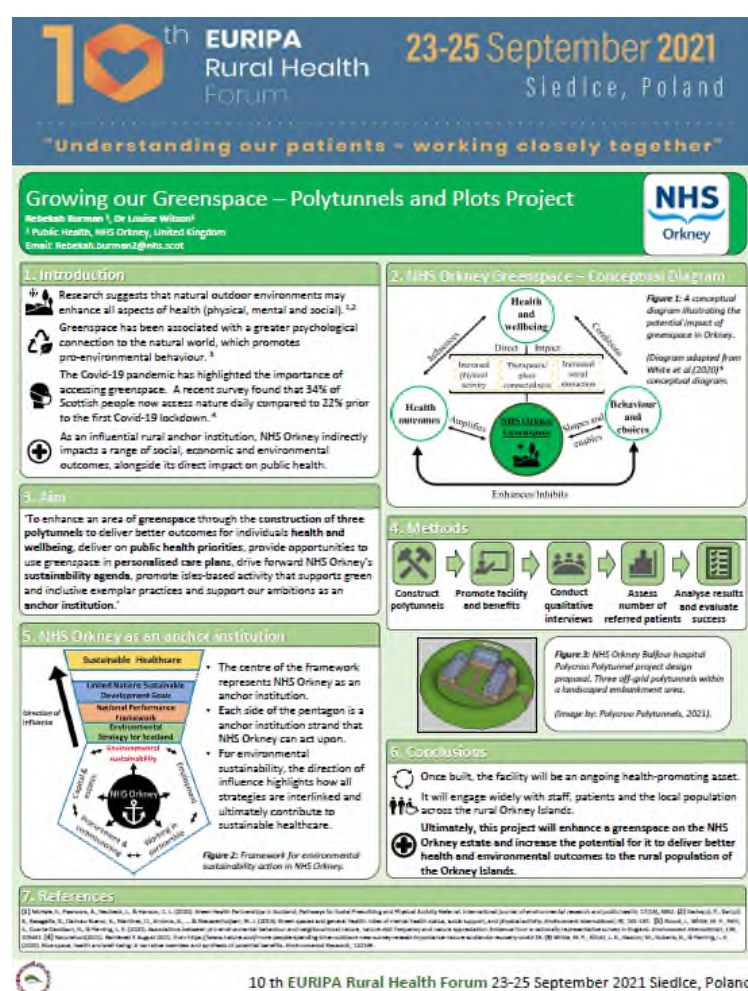


Figure 4: Poster presentation for ERIPA conference

In 2022, work began to construct an inclusive polytunnel facility using high quality, durable, sustainable materials that supports inclusive procurement from within the community. The project, which includes the development of green social prescribing pathways, is due for completion in 2022.

Screening Inequalities

The Cancer Screening Inequalities Fund is a Scottish Government fund available for projects aimed at increasing the uptake of cancer screening programmes with those experiencing deprivation and health inequalities. Currently within Orkney, there are two projects funded through this. One related to cancer screening inequalities that people with learning disabilities may experience and the other to potential barriers of cervical screening uptake that women who have experienced intimate partner violence may experience.

NHS Orkney and NHS Shetland Public Health Teams are partnering to deliver a project to improve cancer screening and HPV immunisation for people with learning disabilities and autism across both island groups through identification of barriers to cancer screening and HPV immunisation. During 2021/22 this has included preparing to conduct an audit of the current data relating to uptake of cancer screening for people with learning disabilities and autism in these island groups and beginning recruitment for interviews with people with learning disabilities and autism, family carers and health and social care staff. These interviews intend to gather views and experience on cancer screening. Originally, focus groups were planned to gather this information however, recruitment in March 2020 had little engagement which was considered to be due to COVID-19 concerns. Interviews were subsequently offered with an increased engagement response through this approach.

NHS Orkney's Public Health Team has developed partnerships with Women's Aid Orkney and Orkney's Rape and Sexual Assault Service to implement a project which aims to reduce the risk of cervical cancer in women who have experience of intimate partner violence (IPV) and sexual violence in a remote and rural setting. Cervical screening is a procedure which is used to detect Human Papilloma Virus (HPV) to identify individuals at risk of cervical cancer. Therefore, this project will be achieved through identification of current cervical screening uptake rates for women who are being supported by Orkney Rape and Sexual Assault Service and identification of the barriers and facilitators for accessing cervical screening in women who have experienced intimate partner violence (IPV). This two-year project is sharing learning with a concurrent project in NHS Dumfries and Galloway.

Sexual Health and Wellbeing

The Nordhaven Clinic, which is a service commissioned through NHS Orkney Public Health, is situated in Skerryvore GP practice and has continued to offer STI testing, access to contraception including emergency contraception, pregnancy testing and sexual health related advice. The Nordhaven Clinic also offers Orkney's needle exchange service commissioned through the alcohol and drug partnership. The co-location of these services is supportive of access to sexual health advice and blood borne virus testing through the needle exchange service.

Access to condoms by post and HIV self-testing kits by post has continued to be available through the Nordhaven Clinic website. When condoms are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings. This is to allow equitable access for condoms across Orkney in a discrete and confidential manner.



Priority 2 – Child Health

Child health is a broad health improvement priority which spans and interacts with other priorities. Elements such as child healthy weight are considered under priority 6 and child poverty under priority 5. Delivering child immunisations and screening programmes are important public health actions to maintain child health and wellbeing chances at both an individual and population level.

Vision screening

Through a service level agreement (SLA) with NHS Highland, an Orthoptist service visits Orkney annually to offer pre-school orthoptic vision screening as part of the See4School programme to all pre-school children across Orkney. The test is carried out by specialist Orthoptists, is non-invasive and takes less than 10 minutes per child. The screening allows any sight problems to be detected early and treatment can commence to give better outcomes.

Across Orkney, including children resident on many of its outer islands, children were offered pre-school orthoptic vision screening in the year 2021-2022. Out of 449 children, 413 children were seen by an Orthoptist at either their school or through an appointment in the Outpatients' Department within The Balfour. Of these 413 children, 72 were referred on for further investigation and/ or treatment.

Priority 3 – Mental Wellbeing

Poor mental health is an important public health priority relating to both adult's, children's and young person's health. Throughout the COVID-19 pandemic, residents in Orkney have had access to the NHS Grampian Psychological Resilience Hub which offered support to anyone who were struggling with the impact of COVID-19 on their psychological wellbeing and required additional support for their mental health.

The Hub staff provided short-term support to help manage feelings that have become difficult due to the impact of COVID-19 this which could have included tips, techniques, guidance, signposting to useful information and advice on where to access longer-term support if needed. This hub closed to new referrals in April 2022.

Additionally, NHS Orkney social media continued to reflect national mental wellbeing campaigns to provide the population with access to advice and information. This includes running the 'Right Care, Right Place' campaign which directed individuals to national support services for mental health support such as breathing space, and the 'Clear Your Head' resource which was launched by Scottish Government during the COVID-19 pandemic to support people who are feeling worried, lonely and uncertain.

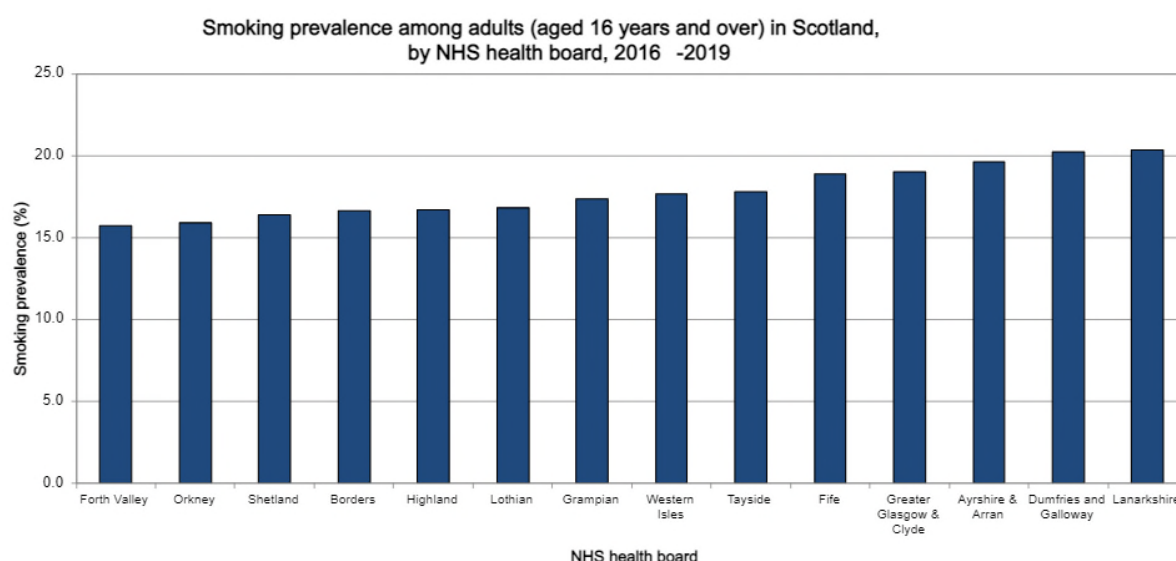
As the Health Improvement face to face training continued to be suspended during 2021/22, suicide prevention training and mentally healthy workplace training did not resume delivery. Online access

to health improvement training, including mental wellbeing related resources, was advertised to multi-agency partner organisations.

Priority 4 – Smoking

The Scottish Government is committed to achieving a smoking prevalence among the adult population in Scotland of 5% or lower by 2034 through Prevention (creating an environment where young people do not want to smoke), Protection (protecting people from second-hand smoke) and Cessation (helping people to quit smoking).

Between 2016-2019, the smoking prevalence in Orkney among adults aged 16 years and over was 15.9% which was the second lowest health board region in Scotland (Graph 9). This remains well above the 5% prevalence target for 2034.



Source: ScotPHO [Adult smoking in Scotland - ScotPHO](#)

Graph 9: Smoking Prevalence Among Adults in Scotland by NHS Health Board 2016-2019

Young people continue to start smoking in Orkney. In the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) completed with young people in Orkney, 6% of 15-year olds identified themselves as regular smokers (Figure 5).

87%	of 13 year olds reported they had never smoked
69%	of 15 year olds reported they had never smoked
13%	of 13 year olds reported they had ever smoked
31%	of 15 year olds reported they had ever smoked
3%	of 13 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)
9%	of 15 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)
-	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)
6%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)

Source: SALSUS Survey 2018 – Local Summary – Orkney Council [Summary findings for Orkney Council \(www.gov.scot\)](https://www.gov.scot/publications/salus-survey-2018/local-summary/orkney-council/pages/summary-findings-for-orkney-council.aspx)

Figure 5: Smoking Prevalence in Orkney from SALSUS survey 2018

Smoking is a major risk factor for numerous health conditions such as stroke, various cancers, coronary heart disease, peripheral vascular disease and many respiratory conditions. Additionally, the burden of disease due to smoking is unequally spread across society. Despite the reduced prevalence in Orkney compared to other areas, smoking remains a public health concern for Orkney due to the impacts of these conditions for the individual, their families and the community.

Stop Smoking Services in Orkney are delivered to the public for free via two service providers – Community Pharmacies and Public Health (in partnership with Primary Care). Community Pharmacies deliver all components of the cessation support including prescription of pharmacotherapy, advice, guidance, and support. NHS Orkney Public Health specialist smoking cessation advisors are trained to provide specialist behavioural support, advice, guidance and encouragement. Primary Care colleagues who take responsibility for all elements of pharmacotherapy prescription are critical to the successful delivery of this service. NHS Orkney Public Health Stop Smoking Service operates under the identity ‘Quit Your Way Orkney’ (QYWO).

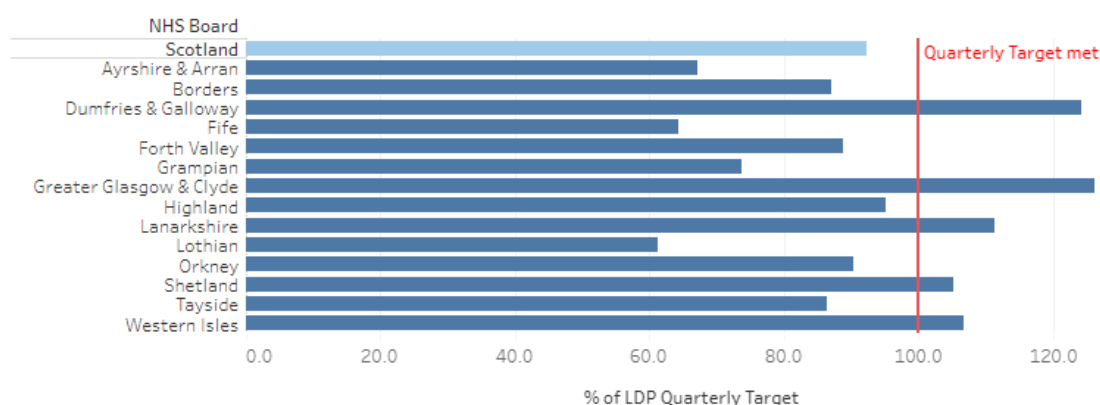
At the end of June 2021, a warning was issued informing of a supply shortage of the Pfizer smoking cessation pharmaceutical ‘Champix’ (also known as varenicline). NHS Stop Smoking Services in Scotland were advised to explore the possibility of giving individual’s already using Champix enough supply to complete their 12-week programme. Upon this notification the Quit Your Way Orkney team and Primary Care colleagues worked together to rapidly identify all individuals currently using Champix for their quit attempt and the local supplies of Champix available. Primary Care colleagues were able to generate prescriptions to enable the local supply to be distributed and consequently, all those service users already using Champix for a quit attempt were able to complete their quit using Champix.

Since the announcement in late June 2021 Champix has been unavailable to anyone initiating a quit attempt with smoking cessation services in Orkney. Consequently, since June 2021 Nicotine Replacement Therapy (NRT) is the only smoking cessation pharmaceutical that has been available.

Quit Your way Orkney – smoking cessation service

Quit Your Way Orkney is NHS Orkney's smoking cessation service. It is a free, specialist stop smoking service offering one to one support including support to stop smoking during pregnancy. The Local Delivery Plan (LDP) target for NHS Orkney in 2021/22 is to sustain and embed 31 successful smoking quits at 12 weeks post quit in the 60% most deprived SIMD areas within Orkney. Public health Scotland have currently only released data relating to stop smoking services performance against the LDP target for Quarter 1 of 2021/22. In this time frame, NHS Orkney achieved 7 quits which is 90.3% of the quarters target. Graph 10 shows NHS Orkney's performance in the annual LDP target for 2021/22 compared to other Scottish health boards. Whilst NHS Orkney is performing comparably to Scotland in the first quarter of the year, there is likely to be a reduction in performance against this target throughout the year 2021/22 due to a reduced staff capacity to deliver the service experienced at this time.

12-week quits as a % of the LDP Quarterly Target



Source: PHS [Dashboard - NHS stop smoking services - Local delivery plan standard, 2021/22 \(quarter 1\) - NHS smoking cessation local delivery plan standard quarterly - Publications - Public Health Scotland](#)

Graph 10: 12-week quits as a % of the LDP Annual Target across Scotland.

A key aspect of achieving the LDP target is to increase appropriate referrals into the service. Promotional materials were developed and work to engage relevant partners commenced in 2020/21 (Figure 6). Individuals in Orkney can access the Quit Your Way Orkney service through 'Click to be contacted' making it easy to gain access to the service. Further information is available through the updated Quit Your Way Orkney website pages embedded within NHS Orkney's website.



Figure 6: 'Quit your Way Orkney' service leaflet

Despite challenges from trained smoking cessation staffing levels for various reasons and the impact from COVID-19 work, the Quit Your Way Orkney service has continued to deliver a specialist smoking cessation service throughout 2021/22.

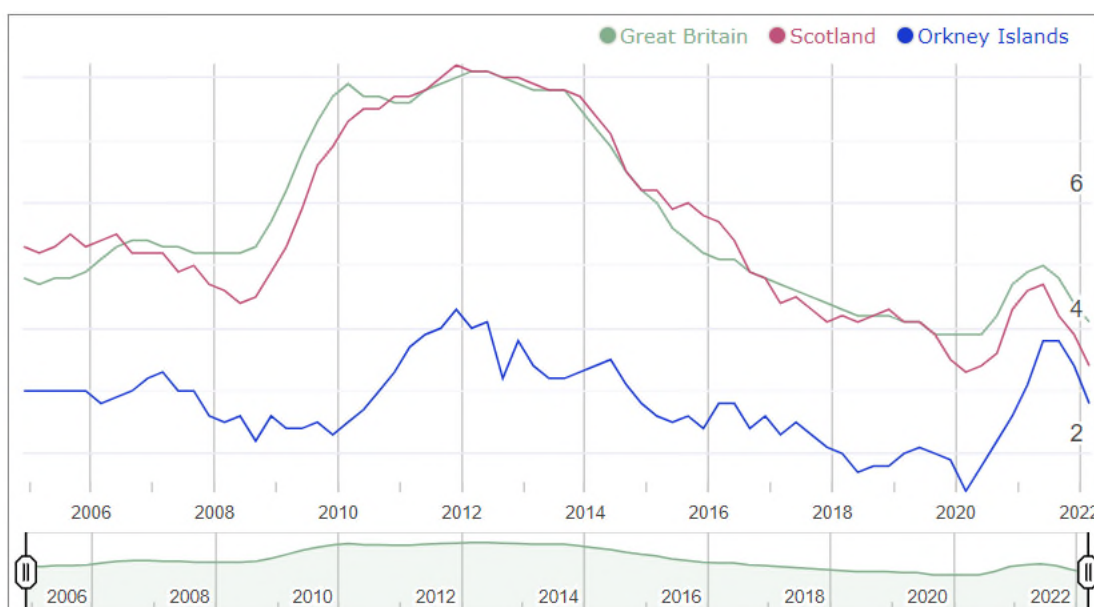
Quit Your Way Orkney continued to operate on a fully remote basis with the service being provided by phone or video call and supplemented with email and SMS support, where requested. Remote delivery removes the need to attend a physical location for support creating an equal experience for all regardless of their geographical location in Orkney. Feedback from service users reflects that remote delivery is more accessible due to the lack of travel time in addition to appointment time meaning a service user can utilise work breaks or other suitable time to attend appointments as well as remote service delivery prevents service users incurring the financial costs of attending appointments. Although there are still risks to staff safety with a remote service delivery model, the change to remote service provision has mitigated for some the risks associated with staff lone working in-person.

From a sustainability perspective, remote service delivery has reduced both service user and staff journeys therefore reducing the contribution to climate change from reduction in use of fossil fuels and production of pollution. Further to this, sanitation of the clinic room and equipment between appointments is no longer required which reduces both the energy usage and waste production relating to the cleaning resources.

Actions to tackle alcohol misuse are reported through the Alcohol and Drugs Partnership.

Priority 5 – Financial Inclusion

In many ways Orkney performs well against economic indicators. Orkney data can fluctuate due to the small population, however the rate of those aged 16 and over who are 'unemployed' within the economically active population has remained below the Scottish average for many years and between April 2021 and March 2022 was 2.8%, lower than 3.4% reflected for Scotland as a whole (Graph 11).



ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Graph 11: All people in Orkney Islands who are 16 year and over Economically Active and Unemployed (model based using a statistical model developed by ONS to provide estimates of unemployment at a local authority level despite the very small numbers this is based on)

Job density is the level of jobs per resident aged 16-64. A job density of 1.0 would mean there is one job for each resident in this age range. In 2020 the job density in Orkney was 0.98, above the Scottish average of 0.80. The trend for Orkney over time is for job density to be above the Scottish average (Graph 12).



ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/labour-market-profile)

Graph 12: Job Density in Orkney Islands

Whilst Orkney has relatively low levels of unemployment and positive availability of jobs, this information does not fully describe the labour market. Interestingly, part-time work (those working for 30 or fewer hours per week) is more prevalent in Orkney than in other areas of Scotland with 45% of all jobs in Orkney during 2020 being recorded as part-time, compared to the Scottish average of 33.2% (Table 6). This may be reflective of a higher level of second jobs within an island community. It should be noted that this data does not include farm-based agriculture which is an important aspect of Orkney's workforce.

Employee jobs (2020)

	Orkney Islands (Employee Jobs)	Orkney Islands (%)	Scotland (%)	Great Britain (%)
Total Employee Jobs	10,000	-	-	-
Full-Time	6,000	60.0	66.8	67.9
Part-Time	4,500	45.0	33.2	32.1

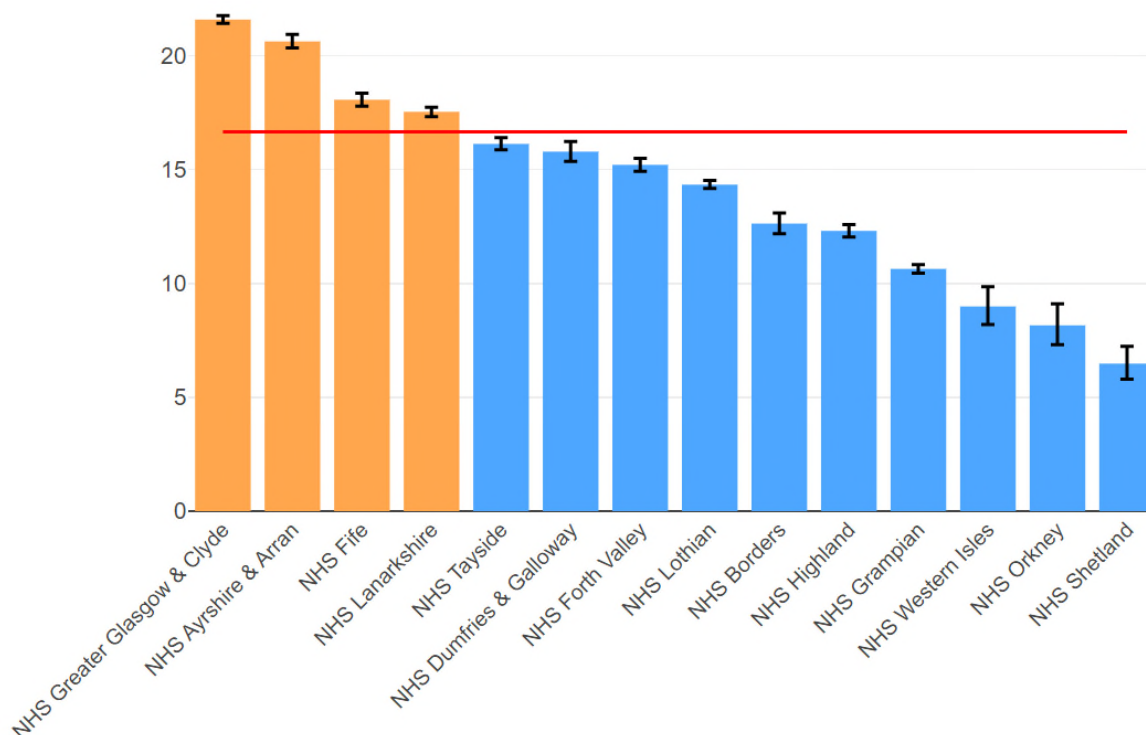
ONS Labour market data [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/labour-market-profile)

Table 6: Employee Jobs Part Time and Full Time in 2020 for Orkney Islands

People within Orkney who have work, even full-time work, may still experience economic difficulty. Whilst Orkney has less children identified as living in a low income family than other health boards across Scotland in 2016, there remains 8.2% children in low income families in Orkney which are families in receipt of out of work benefits or child tax credits as income reported as less than 60% of the UK median (Graph 13).

Legend

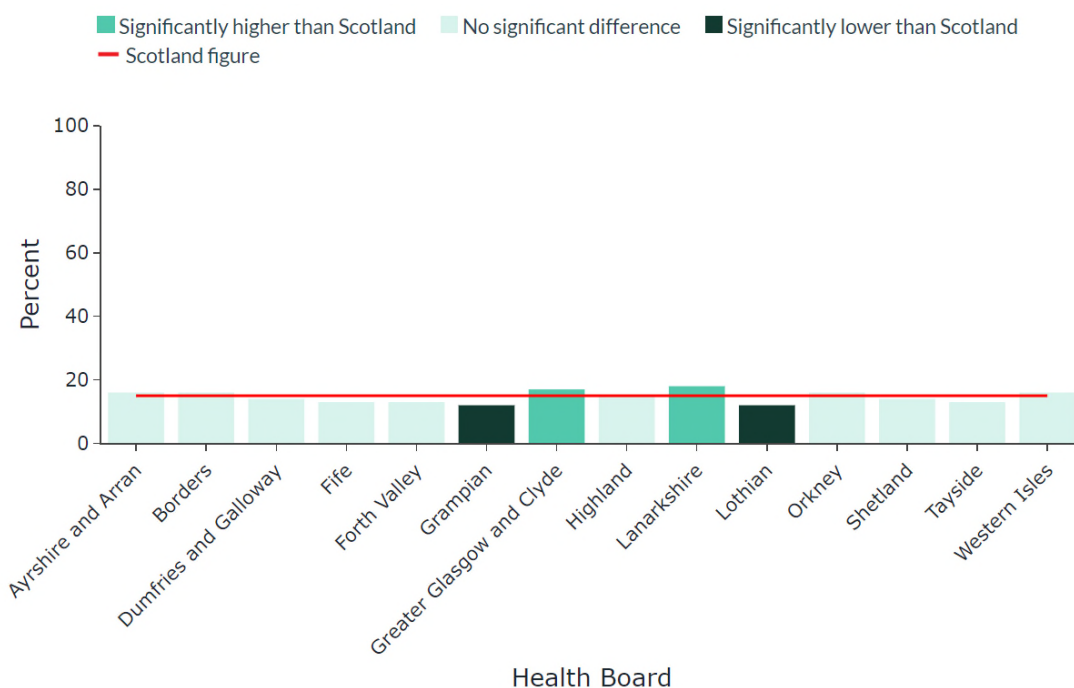
- Better than comparator ■ Not different to comparator
- Worse than comparator ■ No differences can be calculated



Source: ScotPHO [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/)

Graph 13: Children in Low Income Families (Health boards compared against Scotland, 2016)

Caring for a sick, disabled or frail person will also limit a person's ability to increase their income, therefore unpaid carers may be economically disadvantaged. In the Scottish Health Survey, 16% of people in Orkney (over the age of four) identified themselves as unpaid carers (Graph 14).



Source: Scottish Household Survey [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-household-survey/)

Graph 14: Percentage of people in health board areas across Scotland who identify themselves as providing regular help or care for any sick, disabled or frail person between 2016-2019

Whilst performing relatively well against economic and wellbeing indicators, Orkney's remoteness and relative expense of living impacted by this mean work to mitigate the impacts of poverty in Orkney has continued in Public Health during 2021/22 with the development of the 'Money Counts' project with partner organisations.

'Money Counts' project

The COVID-19 pandemic has produced financial uncertainty and insecurity. A number of partner organisations across Orkney have approached NHS Orkney's Public Health Team requesting training for how to support and signpost people who they have contact with and may be experiencing financial insecurity. Whilst there is e-learning available, it was decided to adopt 'Money Counts' from NHS Highland which is a project which involved developing an advice leaflet and related training to give practitioners and service providers knowledge and confidence to signpost individuals at risk to appropriate support. This project aimed to reduce the need for emergency food aid by helping people access any existing financial entitlements and advice on income maximisation.

The 'Worrying about Money?' leaflet was developed by the Independent Food Aid Network, Orkney Citizen's Advice Bureau, Social Security Scotland and NHS Orkney Public Health Team with contribution from THAW Orkney, VAO, OIC Scottish Welfare Fund, Orkney Blide Trust and NHS Grampian Psychological Support Hub. It is a step-by-step guide that begins with the financial problems someone might be facing, explains the options available to these individuals and finishes with the contact information for organisations who can help in each situation for people living in Orkney (Figure 7).

The leaflet was launched in Orkney with an online event in October 2021 which featured key stakeholder speakers providing an overview of the leaflet and ensuring stakeholders were aware of how to access this. Additionally, the context to rising food insecurity and poverty in Orkney including the specific challenges faced by the islands was discussed.

Step 1: What's the problem?

I suddenly have no money

- Lost job/reduced hours
- Lost money/unexpected expense
- Disaster (e.g. flood or fire)
- Relationship breakdown
- Money stopped
- Sanctioned (benefit payments stopped - see option 5)

See options **1 2 5 6**

I am waiting on a benefit payment/decision

- Made a new claim for benefit
- Benefit payment is delayed
- Waiting for a benefit decision

See options **1 4**

My money doesn't stretch far enough

- Deciding between food/fuel/mobile credit
- Low income or zero hours contract
- Statutory Sick Pay too low to cover costs
- Not sure if eligible for support
- Change of circumstance (e.g. new baby/bereavement/illness/left partner)

See option **2**

I have debt

- Rent or Council Tax arrears
- Gas or electricity
- Credit or store cards
- Personal loans and overdrafts
- Owe friends and family
- Benefit repayments

See option **3**

Step 2: What are some options?

1 Scottish Welfare Fund

People on low incomes may be able to get a **crisis grant** from the Council.

This is a payment to help you cope during an emergency or disaster, or due to unexpected expenses. Crisis grants do not have to be paid back (not a loan).

4 Benefit Advance

If you have made a new claim for benefit and are in financial hardship while you wait for your first payment, you may be able to get an advance to afford things like rent or food. It's important to get advice before taking out an advance. Benefit advances must be paid back, and the money will be taken from your future benefit payments (a loan).

2 Maximise Your Income

Anyone who is struggling financially can get a benefit check and speak to an advisor for free and confidential advice.

A **benefit check** can ensure that you are receiving all the money you're entitled to, especially if your circumstances have changed recently. Speaking to an advisor could also help you **find cheaper deals** on things like gas and electricity and **make sure you're not missing out** on things like school clothing grants or free school meals.

5 Hardship Payment

If you have been sanctioned, you may be able to request a hardship payment from the Jobcentre. Hardship payments are not always paid immediately, and they're not available to everyone. Hardship payments of Universal Credit need to be paid back (a loan), but hardship payments of Job Seekers Allowance or Employment Support Allowance do not (not a loan).

3 Debt Advice

Debt can happen to anyone. Free advice and support can help you find ways to manage your debts and reduce how much you pay each month.

6 Challenge a Decision

You can challenge a benefit decision if your benefit has been stopped / sanctioned / reduced / refused or you have been overpaid. Most benefit decisions need to be challenged within one month.

Step 3: Where can I get help with these options?

Step 3: Where can I get help?

For free and confidential advice on all these options

Orkney Citizens Advice Bureau

Advice and information on day-to-day issues, and detailed support on specialist topics including benefits, debt, money, housing and more

01856 875 266
bureau@orkneycab.casonline.org.uk
www.orkneycommunities.co.uk/CAB

Help with options: **1 2 3 4 5 6**

Other Support

To Report a Scam
Orkney Trading Standards
01856 873 535 | tradingstandards@orkney.gov.uk

Police Scotland
Call 101 or drop into the Kirkwall Police Station

THAW Orkney
Information, advice and support on energy costs and energy efficiency
01856 878 388 | info@thaworkney.co.uk
www.thaworkney.co.uk

Orkney Blide Trust
Charity for adults with mental health difficulties, including anxiety and depression
01856 874 874 | www.blidetrust.org.uk

NHS Grampian Psychological Support Hub
For anyone in Grampian or Orkney who is struggling with the impact of the COVID-19 pandemic on their psychological wellbeing
www.gcah.org.uk/mental-health

Breathing Space
Confidential helpline for anyone feeling low, anxious or depressed
0800 83 85 87 | www.breathingspace.scot

Turn2US
Information and support about welfare benefits and charitable grants
0808 802 2000 | www.turn2us.org.uk/Get-Support

Home Energy Scotland
Free, impartial energy efficiency advice to help save on bills and stay warm at home
0808 808 2282 | www.homeenergyscotland.org

Shelter
Free housing advice
0808 800 4444 | scotland.shelter.org.uk

Worrying About Money?

Financial advice and support is available if you're struggling to make ends meet

Follow these steps to find out where to get help in Orkney



Supported by






For information on financial entitlements

Scottish Welfare Fund
Crisis grants to cover the cost of an emergency
swf@orkney.gov.uk
www.bit.ly/orkneyswf

Discretionary Housing Payments
To help keep up with rent payments or with one-off rent deposit/removal costs. Available to those receiving Housing Benefit and/or the housing costs element of Universal Credit.
01856 873 535 (extension 2116)
benefits@orkney.gov.uk
www.bit.ly/orkneydhp

Social Security Scotland
You may be eligible for support from Social Security Scotland. For example, Scottish Child Payment, Best Start Grant and Best Start Foods can help with the costs of having a child.
mygov.scot/benefits
0800 182 2222 (freephone)

Updated on 03/09/21
Share your experience of using this guide:
www.bit.ly/moneyadvicefeedback

Figure 7: Worrying About Money? leaflet

Highland Money Counts Partnership developed training relating to this work and Orkney was also given permission to adopt and adapt this for delivery. The training is a one-hour session designed to help frontline staff and volunteers to best use the 'Worrying About Money?' leaflet to support people struggling with money worries or financial crisis. The objectives are to provide participants with an increased understanding of poverty and its impact as well as an increased understanding of the financial advice and support services available both locally and nationally. This gives participants increased confidence to support people to access advice and appropriate services.

Over February and March 2022, six sessions were delivered that were open to all frontline staff and volunteers in Orkney and two sessions were delivered to staff groups who requested a session for their team accumulating to fifty participants in the training. These participants were from a range of voluntary sector and statutory organisations. Evaluation reflected positively in terms of increased confidence to talk to someone about money and increased awareness of how to access support services for money worries.

Priority 6 – Healthy Weight and Physical Activity

Maintaining healthy weight and reasonable physical activity levels can be protective factors for health across the life course. Poor diet, being overweight or obese are risk factors to the health and wellbeing of people in Orkney due to the association with non communicable diseases and long-term conditions. These factors are all affected by the wider determinants of health in our economic, social and environmental structures.

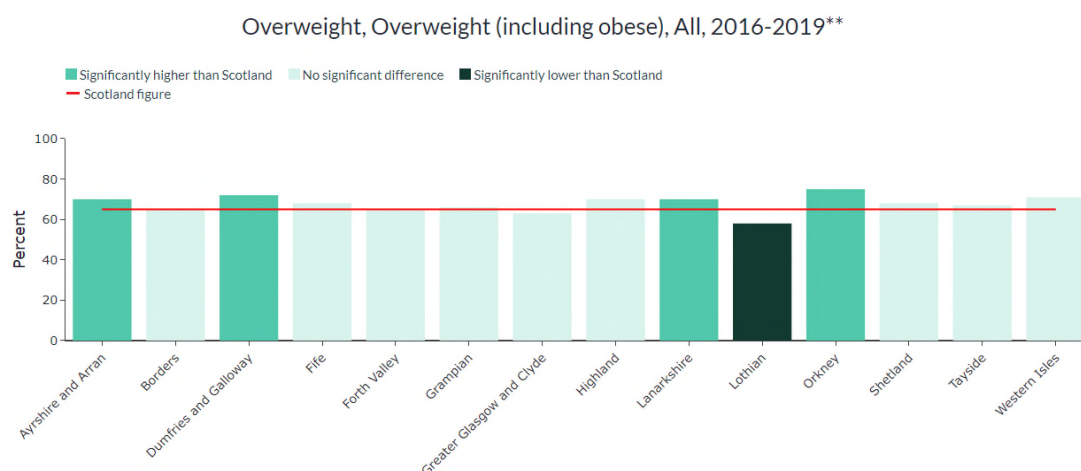
At Primary 1, 73.7% of Orkney's children are considered to be of a healthy weight (Graph 15). Whilst this is above the national average currently, Orkney's data has been lower than the national average for many years. The most recent data comparisons could be skewed as during the COVID-19 pandemic, not all health boards participated in the Primary 1 measurement collection.



Available from [Dashboard - Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2020 to 2021 - Primary 1 Body Mass Index \(BMI\) statistics Scotland - Publications - Public Health Scotland](#)

Graph 15: Primary 1 BMI by Area of Residence in Scotland 2020/21

Within the adult population in Orkney the levels of healthy weight are significantly reduced to the point in which 75% of the population are either overweight or obese compared with the Scottish average of 65% (Graph 16).

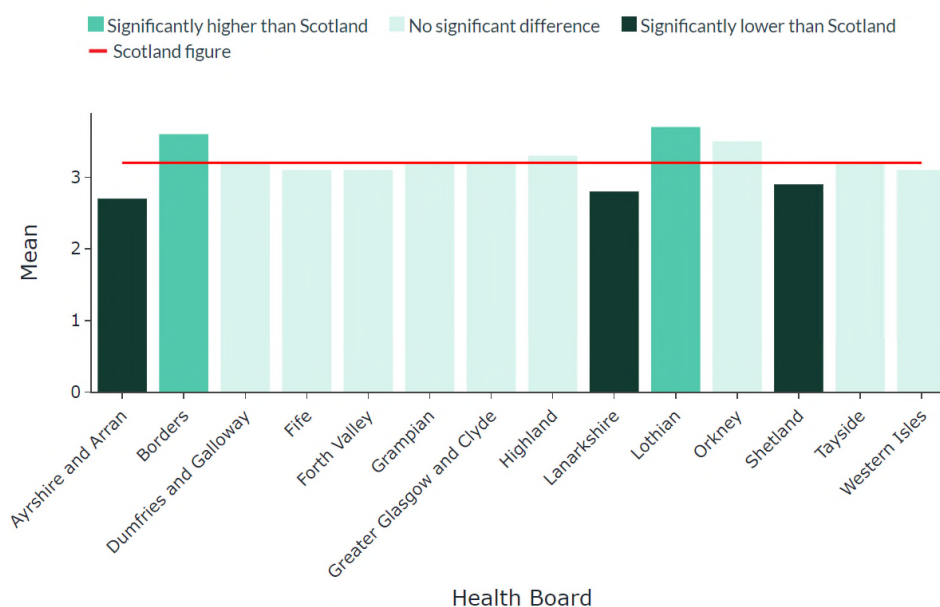


Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)

Graph 16: Overweight and Obese levels by Area of Residence from Scottish Household Survey Data from 2016-2019

Factors that impact on maintaining of healthy weight include a healthy diet and physical activity levels. Within Orkney, the average daily portions of fruit and vegetables consumed is 3.5 (Graph 17), short of the recommended five, although above the national reported average.

Fruit & vegetable consumption (mean daily portions), All, 2016-2019**

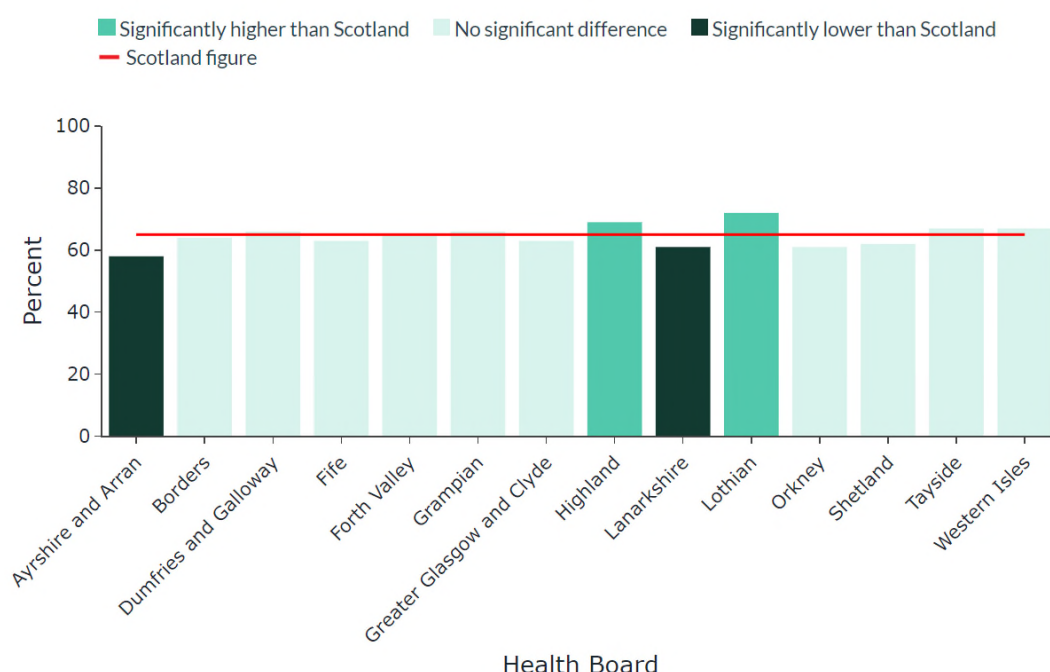


Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)

Graph 17: Mean Daily Fruit and Vegetable Consumption by Area of Residence from Scottish Household Survey Data from 2016-2019

Additionally, only 61% of the local population are meeting the physical activity level recommendations (Graph 18) which is below the national reported average.

Summary activity levels, Meets recommendations, All, 2016-2019**



Source: Scottish Household Survey Dashboard 2021 [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-household-survey/)

Graph 18: Physical Activity Levels by Area of Residence from Scottish Household Survey Data from 2016-2019

During 2021/22, NHS Orkney Public Health team have focussed the work relating to healthy weight and physical activity on implementation of the national standards for weight management services and the Type 2 Diabetes Framework.

Implementation of the Child and Adult Healthy Weight Standards and Type 2 Diabetes Framework

In 2019, Public Health Scotland published 'Standards for the Delivery of Tier 2 and Tier 3 Weight management Services in Scotland' outlining standards of care for both children and adults based on evidence for effective weight management interventions. The Scottish Government has funded service improvement work across Scotland, including in Orkney, to support services to develop and meet the standards set out in this document. Within Orkney, there is considerable challenge to delivering equitable and quality services within a remote and rural island context. In October 2021, NHS Orkney Public Health with the support of Public Health Scotland, led a multi-agency Health Inequalities Impact Assessment based on the implementation of the Standards and Framework which highlighted the challenges of the equitable implementation of service delivery within the remote and rural setting of Orkney.

Adult weight management pathways for Tiers 2,3 and 4 have been developed to define the optimal service pathway for individuals in Orkney in accessing the right support. The adult pathways have been approved by the relevant clinical advisory committees within NHS Orkney and have been

shared with Primary Care colleagues. In addition to formalising and communicating weight management pathways, the multi-disciplinary capability within the service has been augmented through the appointment of a Health Psychologist Trainee to work with individuals attempting weight loss alongside their dietetic intervention.

The Health Psychologist Trainee established NHS Orkney's Health Psychology service in November 2021. The service is aimed at adults (≥ 18 years) presenting with a BMI > 25 , and no diagnosed mental health conditions or use of recreational drugs. Eligibility for the treatment is determined at initial assessment. Treatment formulations are tailored to the individual patients, often including evidence-based modification of health behaviours and subsequent skills, emotional regulation, and fostering self-efficacy and confidence. Therapeutic skills employed include motivational interviewing (MI), principles from acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT), and compassion focused therapy (CFT). The Trainee Health Psychologist receives clinical supervision from the organisation's lead for Clinical Psychology, as well as a Clinical Health Psychologist. The service is currently trialling a dual referral pathway, offering weight management support in conjunction with NHS Orkney's dietetic service, as well as supporting patients referred into the service by GPs for behavioural weight management support. Though the service is primarily angled to support patients to effectively manage their weight, patients diagnosed with diabetes can also be referred into the service to receive support in managing their condition, targeting adherence to diet, treatment, and subsequent health behaviours.

In February 2022, the development of a physical activity pilot project began in partnership with Orkney Islands Council and the Pickaquoy Centre. This project aims to enable participants in the weight management service to access all leisure facilities across Orkney through free to participant Active Life membership. Additionally, participants in this pilot project will receive support from the Dietitian, the Trainee Health Psychologist as well as from the sports centre's Fitness Advisors as appropriate. This includes offering progress check-ins, a clear focus around goal setting and answering any queries or concerns. The project remains in the development stages with a pilot project launch aimed for 2022.

It is vital that healthcare professionals are aware of available services relating to weight management in Orkney to ensure individuals whom they have contact with are well informed of the support available to them. However, weight management can be a challenging topic of conversation due to weight stigma. Training relating to the sensitivity of this conversation and the cycles of behaviour change can support practitioners to have these conversations. A training needs analysis relating to both child and adult healthy weight was completed to identify potential training gaps. Both analyses had a good response from a variety of staff across relevant services in Orkney and identified a gap in training provision. In response, staff within the Public Health Department have delivered Health Behaviour Change training based on the 'MAP – Motivation, Action, Prompts' course developed by NHS Education for Scotland (NES) to relevant staffing groups. To ensure a rapid response to the training needs locally, training from an external agency was procured and staff identified for courses with this agency.

To support the implementation of healthy weight standards, a systematic review focusing on successful weight management interventions in rural and remote locations is currently being conducted by the Trainee Health Psychologist. A systematic literature search and screening of

identified papers has been completed, and data to inform the summary is currently being extracted with the project to be completed during 2022. In addition, a mixed-methods research project was conducted to feed into the adult healthy weight needs assessment being completed. The project included quantitative data collection by means of a survey, focusing on capability, opportunity, and motivation to engage in healthful behaviours, as well as barriers of weight management service engagement, weight stigma, and the role of the NHS in facilitating a weight management service. Qualitative data collection included the use of focus groups which were employed to further explore motivators and barriers to weight management service engagement (COM-B based), as well as specific weight management components that would lead to greater health improvement. Results are due to be reported in 2022.

In addition to the work relating to Tier 2 and 3 weight management services presented above, Type 2 Diabetes specific work has continued to implement the Type 2 Diabetes Framework published by the Scottish Government in 2018.

Pre-diabetes is diagnosed in Primary Care if a person's blood sugar levels are elevated to a level which would suggest the person is at risk of developing Type 2 Diabetes. This is an important stage in which an individual could be supported to reduce their risk of developing Type 2 Diabetes through education regarding lifestyle factors and support to potentially modify their risk factors through lifestyle changes. The 'Let's Prevent' app is now accessible to anyone who lives in Orkney through their GP. This app is accessible across devices and encourages individuals to plan their small lifestyle change to promote their health. It has facilities such as an activity tracker, peer support and expert advice as well as access to information relating to pre-diabetes.

Conclusion

Broader Public Health work during 2021/22 has been impacted by staffing changes and the pressure of the COVID-19 pandemic on the department. Staff have demonstrated determination, resilience, and flexibility in their ability to response to the changing priorities and pressures throughout this year. It is only through their dedicated hard work that the department has been able to remobilise and continue to deliver the services, projects and programmes discussed above. This work will continue into 2022/23 with new projects planned for implementation during this time to further the effort to reduce inequalities and improve the health and wellbeing of the population in Orkney.

NHS Orkney

Meeting:	Orkney NHS Board
Meeting date:	Thursday, 23 February 2023
Title:	Information Governance Strategy – Update on Implementation
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Gordon Robinson, Head of IG/Data Protection Officer

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney Board approved the Information Governance Strategy in August 2022, the purpose of this report is to provide awareness to the board on the progress of implementation of said strategy.

2.2 Background

NHS Orkney's vision is to establish & maintain the highest standard of information governance in the design and delivery of services. The key deliverables of the Information Governance Strategy are:

- Access & Availability of personal data
- Privacy by Design
- Data Security
- Data Sharing & Processing
- Training
- Incident Management

The key initiatives, deliverables and commitments from the strategy are attached as appendix 1.

2.3 Assessment

The Information Governance Department supported by the wider organisation has begun the implementation of this strategy.

Data Protection Screening Checklists have been implemented by project teams and departments, supporting privacy by design from project conception. These checklists automatically launch further assessments when required, including enhanced assessment against the Age Appropriate Design Code when children & young people's data is involved in the data process.

The organisation is continuing to identify processing activities and information assets with now over 600 information assets and 200 processing activities being monitored in the OneTrust privacy management system. All activities and assets that are introduced to the organisation are selected, screened, assessed, and have privacy information created as required by the Strategy. The organisation is working hard to bring all legacy activities and assets to the same level of scrutiny.

Data Protection assessments are now required before the commencement of any supplier relationship where data sharing will occur. The procurement team have been trained and granted access to the privacy management system enabling them to have visibility of assessments and ensure these have been completed before supply of services.

Mandatory data protection training is now at 88.4% and a training needs analysis has been undertaken for roles with data sharing responsibilities. It is planned to implement specialist enhanced training during financial year 23/24.

Local devolution of information requests from members of the public has not yet been implemented. A system to assist GPs to respond to information requests called iGPR has been implemented in some practices.

2.3.1 Quality/ Patient Care

Healthcare data must be available and of sufficient quality at the point of care. A robust information management, security & governance culture is vital to impact positively on the delivery of quality care and services.

2.3.2 Workforce

Information is required for all functions of NHS Orkney; the implementation of this strategy supports our workforce to efficiently use resources maintain staff health and wellbeing.

2.3.3 Financial

NHS Orkney will be required to invest in training and enhanced systems to support the implementation of this strategy.

2.3.4 Risk Assessment/Management

The measures this strategy underpins enable NHS Orkney to manage information risk and comply with relevant data protection legislation.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been completed and is available along with the strategy in the NHS Orkney Strategy, Policy and Procedures MS Teams Channel.

2.3.6 Communication, involvement, engagement and consultation

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

- Information Governance Committee
- Senior Information Risk Owner

2.3.7 Route to the Meeting

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

- Information Governance Department 8 February 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Document title Information Governance Strategy Key Initiatives, Deliverables & Commitments

Appendix 1

INFORMATION GOVERNANCE & DATA SECURITY IN ACTION

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



KEY INITIATIVES

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

KEY DELIVERABLES

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

KEY COMMITMENTS

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Healthcare Associated Infection Reporting Template
Responsible Executive/Non-Executive:	Sam Thomas, Director of Nursing, Midwifery, Allied Health Professionals and Acute Services
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

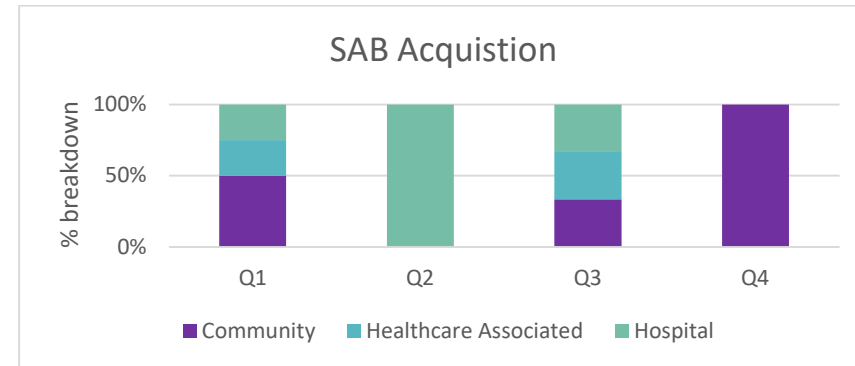
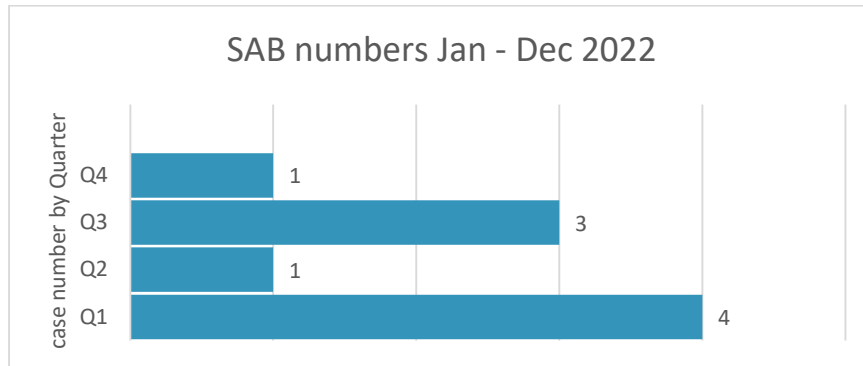
2.1 Situation

At the end of the Local Delivery target year, NHS Orkney have failed to meet the target of three cases for SABs and CDIs. The year has been challenging with more cases than usual, for NHS Orkney. However, this is something that is being seen across the country. We aim to have as few as possible.

This year there have been recurrences of infection which impact on numbers and patients who have required long term devices that cannot be changed or removed, due to underlying illnesses. The board should be assured that patients are discussed with the Consultant Microbiologist on receipt of positive bacteraemia's to ensure correct and timely treatment and every case is investigated by the IP&C team, referred back to Clinicians for input and discussed. This allows lessons to be learnt where they exist and shared for improvement. This year there were no cases where any preventative lessons required to be shared.

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, with the expectation that we will try and achieve zero where possible.

There is 1 case for Quarter 1 2023 and is still under investigation, update in next HAIRT.

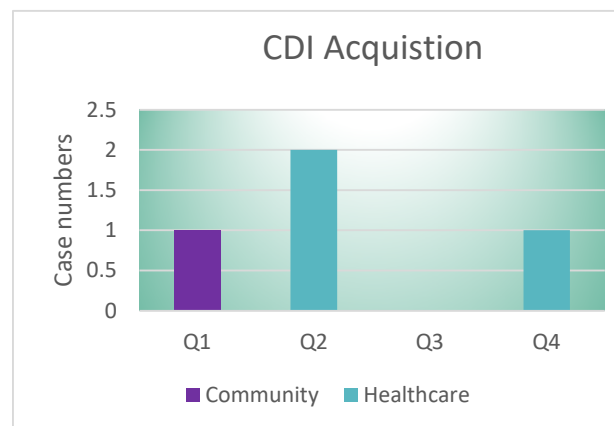
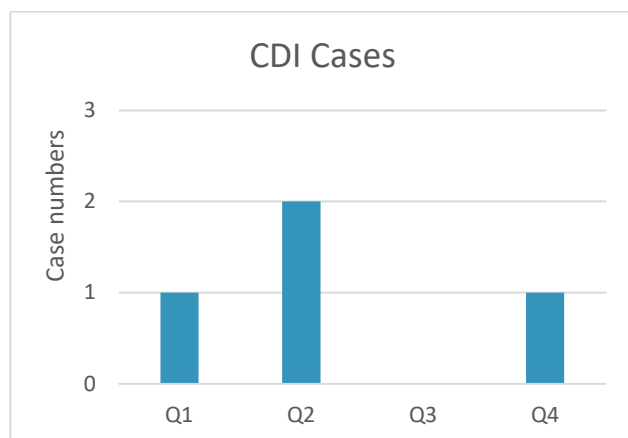
NHS Orkney have not achieved the target of 3 at the end of the LDP target year. This seems to be a similar situation across Scotland with SAB numbers seeing an increase. Locally, we have had a total of 9 cases.

Community cases = 4. Two respiratory infections, one skin and soft tissue, one unknown source

Healthcare associated infection = 2. One abscess related but had healthcare input within 30 days of isolate, and one device related.

Hospital acquired = 3. All device related (long term devices).

LDP Standard 1st Jan 2022 -31st Dec 2022 for *Clostridioides difficile* Infection – TARGET 3

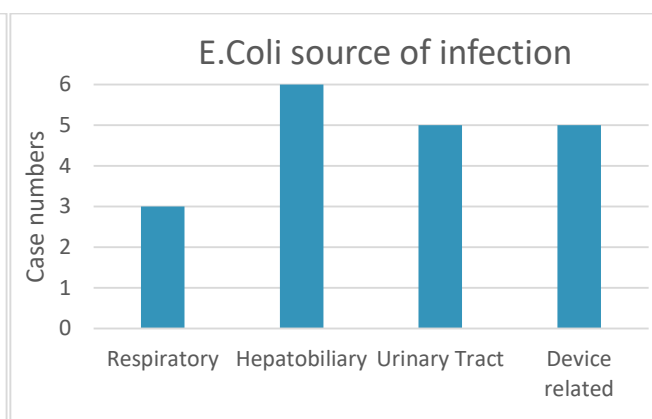
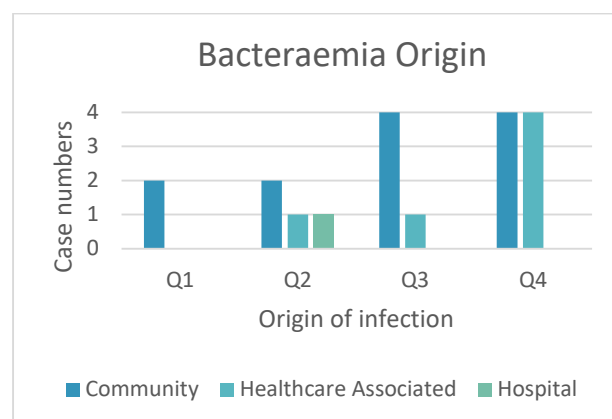


Clostridioides difficile Infection

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.

To date for Quarter 1 (2023), one case is currently under investigation with clinicians.

Escherichia Coli (E.Coli) Bacteraemia 1st Jan 2022 - 31st Dec 2022

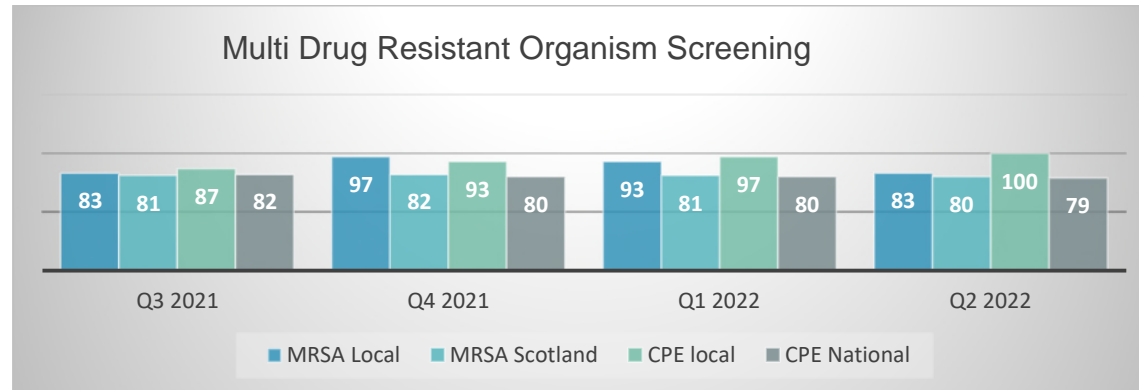


E.Coli Bacteraemia

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.

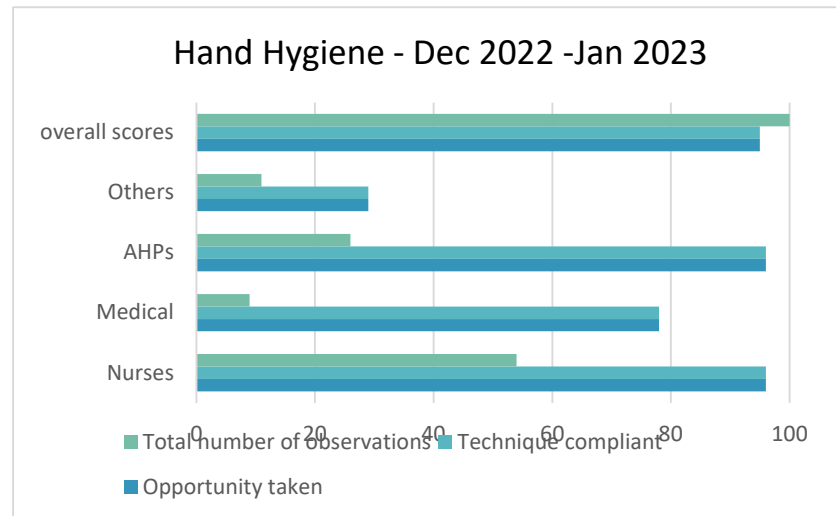
There are 3 cases currently under clinician review for Q1 2023.

Multi Drug Resistant Organism National Screening

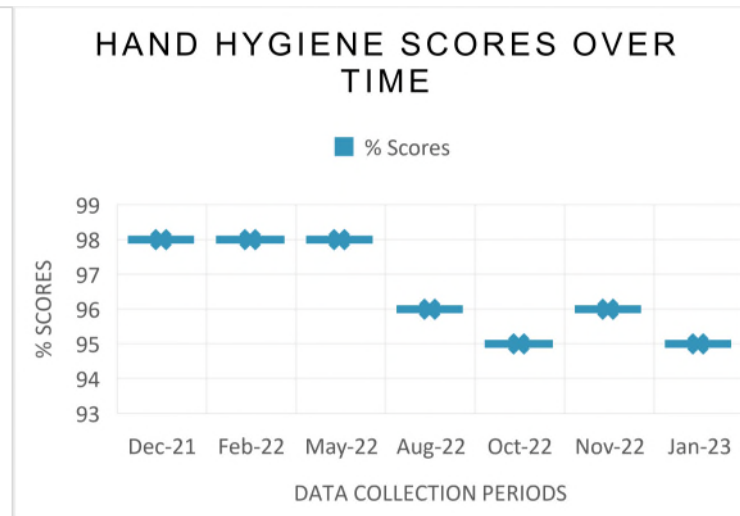


No national update since September 2022

Hand Hygiene October - November 2022

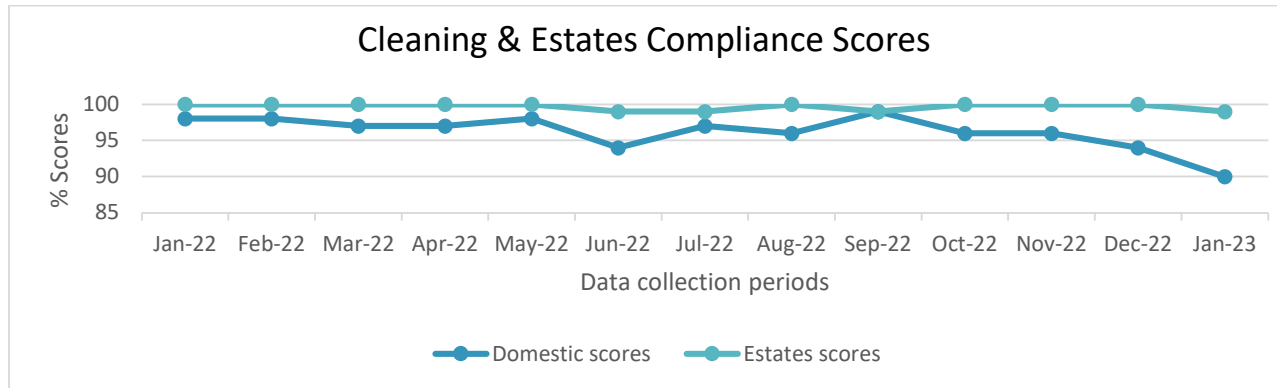


Running totals for hand hygiene



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.

Domestic and Estates Environmental Scores

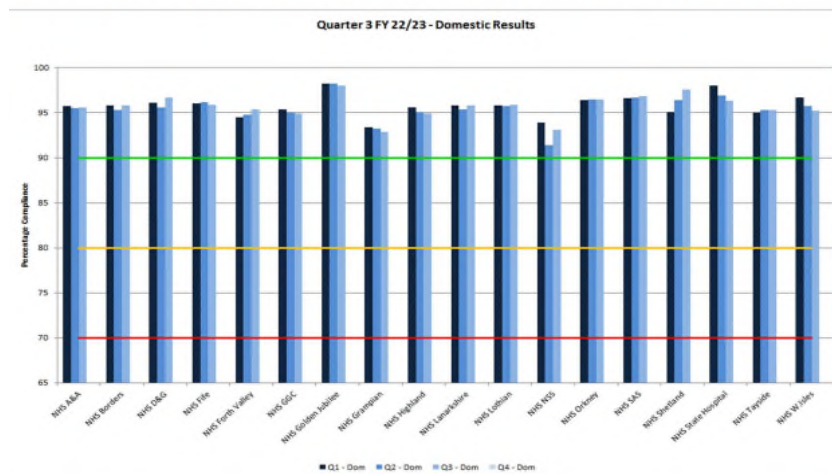


The environment is crucial to prevention/transmission of infection and both Domestic Teams and Estates/RFM have maintained an outstanding level of cleanliness within care settings.

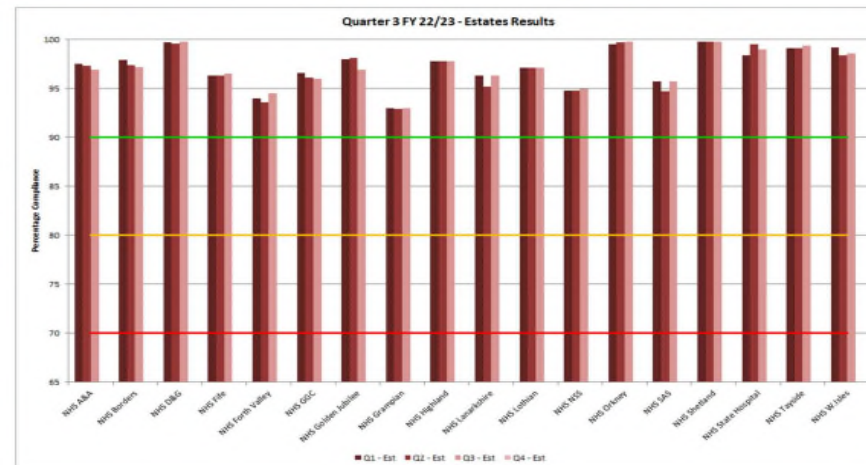
National Domestic Cleaning Services Monitoring Tool

Additionally, in January we received the national data available through the quarterly report which is attached below.

Domestic Cleaning Services Monitoring Tool – NHS Boards' Performance



Estates Fabric Monitoring Tool – NHS Boards' Performance



Health Board	1 st Quarter Apr - June 2022/23	2 nd Quarter July - Sept 2022/23	3 rd Quarter Oct - Dec 2022/23	4 th Quarter Jan - March 2022/23
NHSSCOTLAND	95.4	95.3	95.3	
NHS Ayrshire and Arran	95.7	95.5	95.6	
NHS Borders	95.8	95.3	95.8	
NHS Dumfries and Galloway	96.1	95.6	96.7	
NHS Fife	96.0	96.2	95.9	
NHS Forth Valley	94.5	94.8	95.4	
NHS Greater Glasgow and Clyde	95.4	95.0	94.9	
NHS Golden Jubilee	98.2	98.2	98.0	
NHS Grampian	93.4	93.2	92.9	
NHS Highland	95.6	95.1	94.9	
NHS Lanarkshire	95.8	95.4	95.8	
NHS Lothian	95.8	95.7	95.9	
NHS NSS SNBTS	93.9	91.4	93.1	
NHS Orkney	96.4	96.5	96.5	
NHS Scottish Ambulance Service	96.6	96.7	96.8	
NHS Shetland	95.1	96.4	97.6	
NHS State Hospital	98.0	96.9	96.3	
NHS Tayside	95.0	95.3	95.3	
NHS Western Isles	96.7	95.7	95.2	

Health Board	1 st Quarter Apr - June 2022/23	2 nd Quarter July - Sept 2022/23	3 rd Quarter Oct - Dec 2022/23	4 th Quarter Jan - Mar 2022/23
NHSSCOTLAND	96.7	96.4	96.5	
NHS Ayrshire and Arran	97.5	97.3	96.9	
NHS Borders	97.9	97.4	97.2	
NHS Dumfries and Galloway	99.7	99.6	99.8	
NHS Fife	96.3	96.3	96.5	
NHS Forth Valley	94.0	93.6	94.5	
NHS Greater Glasgow and Clyde	96.6	96.1	96.0	
NHS Golden Jubilee	98.0	98.1	96.9	
NHS Grampian	93.0	92.9	93.0	
NHS Highland	97.8	97.8	97.8	
NHS Lanarkshire	96.3	95.2	96.3	
NHS Lothian	97.1	97.1	97.1	
NHS NSS SNBTS	94.8	94.8	95.0	
NHS Orkney	99.5	99.7	99.8	
NHS Scottish Ambulance Service	95.7	94.7	95.7	
NHS Shetland	99.8	99.8	99.8	
NHS State Hospital	98.4	99.5	99.0	
NHS Tayside	99.1	99.1	99.4	
NHS Western Isles	99.2	98.4	98.6	

Central Decontamination Unit

CDU have again achieved their Accreditation in January 2023, where there were no non-conformities raised. This is the third year in a row the team have achieved zero non-conformities or Datixs raised. This is a massive achievement for the team and a huge congratulations was offered to the CDU Manager, Gary Drever and the fantastic team – well done to all.



Quality Assurance Environmental and Clinical Practice audits

All quality assurance audits within the Balfour are up to date. Most areas are generally good with most areas scoring amber or green results.

Common themes are dust in high areas including ceiling fans. There is ongoing work to ensure a planned programme of maintenance (PPM) for areas such as these, that fall between our Estates team and the Robertson's Facilities Management team. Some rectification work has already been undertaken and until a PPM is in place these issues are being highlighted on an ongoing basis.

Domestic/Patient cleaning schedules sign off – Inconsistently completed by all staff groups. Aiming to discuss this at the next Domestic/Infection Control team meeting. The transition from paper-based schedules to electronic signing of sheets has been a little problematic with access to sign off, being highlighted to Domestic team and SCNs as and when identified.

OPD A remains an issue with no ownership for improvement on the QA audit. Environmental cleaning within OPD B is a long-standing issue, has been raised with Domestic team.

The Infection prevention and Control team have been in contact with the supplier of the sharps bins in use throughout the organisation. A representative is due to visit this year to offer an external audit of use, in the board and to ensure our overall compliance. A date for this visit is yet to be confirmed.

IP&C ward and department QA scores.

Patient Rooms	Maty LDRP Room	Patient Treatment Areas	Patient Bay	HDU Space	Waiting, Corridors, Toilets etc	Touch Down, Equip & Corridors etc	Clean Utility & Consumables	Dirty Utility & Waste Holds	Linen	Finishing Kitchens & Lounges	Clinical Practice	Changing Room							
09/12/2022																			
19/10/2022																			
22/09/2022																			
20/12/2022																			
28/09/2022																			
21/12/2022																			
04/10/2022																			
06/10/2022																			
30/09/2022																			
19/10/2022																			
14/10/2021																			
03/10/2022																			
24/10/2022																			
Patient Placement	Hand Hygiene	Respiratory Hygiene	PPE	Management of Care Equipment	Control of Environment	Safe Management of Linen	Management of Blood, Body Fluids	Safe Disposal of Waste	Occupational Exposure	Comm, Info & Education	Staff Covid Questions								
28/09/2022																			
Environmental Cleaning	Patient Environment - Anaesthetic Rooms	Patient Environment - Operating Theatres	Patient Environment - Scrub Room	Patient Environment - Recovery Room	Patient Environment - Corridor	Patient Environment - Disposal Room	Prep Room	Hand Hygiene	PPE	Asepsis & Blood & Body Fluid Management	Multi Purpose Room	Patient Equipment	Dirty Utilities & Waste Holds	Linen, Staff Changing and Storeroom	Training, Estates & Governance	Staff Rest Area	COVID Questions		
29/12/2022																			

Key

95% and above for inpatients and 90% for outpatients - Green

80% -94% Amber

79% and below - Red

Care Home Support Visits

The Care Home Support Group continue to meet on an ongoing basis where there is information of guidance to share and discuss.

Since Christmas there have been outbreaks of infection within care homes with various pathogens of infection identified. The IP&C Team visit care homes on a weekly basis as a minimum and offer support and guidance on an ongoing basis as requested.

SARS-CoV-2 (Covid-19) Update

A small cluster of SARS-CoV-2 infections were identified within IP2 at the end of November and into the start of December. An Incident Management Team was formed to assess the extent of the cluster and to ensure the needs of patients and staff were met.

All information was reported to Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) team within Public Health Scotland as is required for this type of hospital cluster. With Covid-19 restrictions now deescalating in the community, there is an increased risk to patients within ward areas. Encouraging patients to wear masks when care is be delivered or visitors are in visiting has been problematic since the start of the pandemic, despite staff advice and information leaflets.

Challenges still exist through the changes to the SG guidance for enhanced facemask wearing, which has changed from “mandatory” to “strongly recommended”. The message is becoming confusing for staff as healthcare services and social care service guidance, together with out of work guidance, becomes misaligned. An NHS Orkney direction is being sought through the Executive Management Team.

Exception Reporting to Scottish Government

No further exception reports submitted following the SARS-CoV-2 highlighted above.

Author: Mrs Sarah Walker, Infection Prevention & Control Manager - 02/02/2023

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Public Health Update Report
Responsible Executive/Non-Executive:	Sara Lewis Interim Director of Public Health
Report Author:	Sara Lewis, Interim Director of Public Health

1 Purpose

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

This is presented to the Board for:

- Discussion

This report relates to an:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

As we move through the pandemic period there is uncertainty about the trends in respiratory infections being observed alongside other infection pressures. Over the Christmas period a sustained increase in COVID-19 infections was seen alongside extraordinary influenza activity levels, this followed an earlier than usual seasonal increase in Group A streptococcal (GAS) infections. As a result of this a National Incident Management Team (NIMT) covering all pathogens has been meeting weekly to facilitate coordination of the public health response.

2.2 Background

Surveillance of respiratory disease pathogens is a key public health activity as infection is associated with increased morbidity and mortality particularly among those at risk of complications including the elderly, young children, those with chronic health problems and pregnant women. Respiratory infection can be caused by several pathogens, monitoring requires the use of several surveillance systems to describe the onset, severity, and impact. A collaborative approach is required using sampling and laboratory data from hospitals and the community, alongside the monitoring of healthcare contacts made by people with respiratory symptoms (NHS 24, community pharmacies, primary care, and hospital admissions). This work is undertaken at local, regional, and national levels.

With the removal of restrictions for COVID-19 there has been an increase in the number and variety of other winter infections being seen – including Group A streptococcus (GAS), influenza, and non-influenza respiratory pathogens including adenovirus, seasonal coronaviruses, human metapneumovirus (HMPV), human parainfluenza virus (HPIV), *Mycoplasma pneumoniae*, respiratory syncytial virus (RSV) and rhinovirus. The latter mostly cause mild upper respiratory tract symptoms, such as the common cold, but in susceptible individuals they can lead to more severe complications.

GAS is a type of bacteria commonly found in the throat, skin and anogenital tract and can cause a diverse range of skin, soft tissue and respiratory tract infections. Scarlet fever is a common childhood infectious disease caused by GAS, usually occurring in children under 10 years of age. It presents as a rash, often accompanied by a sore throat. Most GAS infections are relatively mild illnesses that clear up on their own without the need for antibiotics. In Scotland, scarlet fever is not a notifiable infectious disease and is monitored by proxy using laboratory reports of upper respiratory tract samples positive for GAS.

GAS is transmitted by close contact between individuals, through respiratory droplets and direct skin contact.

In very rare occasions, the bacteria can present as invasive GAS (iGAS). Invasive GAS is found in normally sterile sites, such as blood or cerebrospinal fluid. Under the Public Health (Scotland) Act 2008, cases of iGAS are notifiable.

Seasonal Influenza is a highly infectious disease caused by a virus. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non productive cough, sore throat and rhinitis. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children. There are 3 types of seasonal influenza viruses – A, B and C. Type C influenza cases occur much less frequently than A and B, which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

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 respiratory infection people should follow good tissue etiquette and hand hygiene practices and avoid others if they feel unwell.

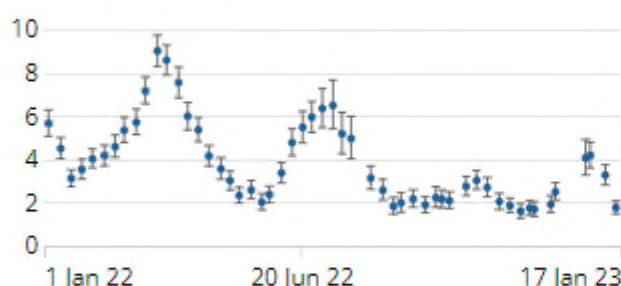
2.3 Assessment

COVID-19

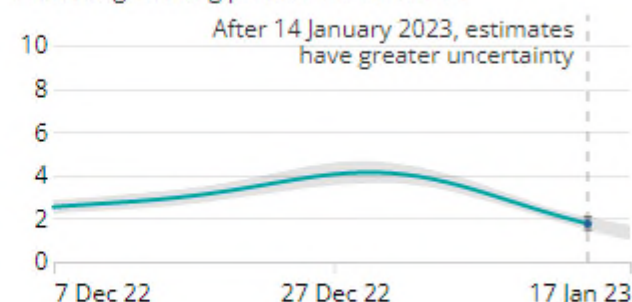
Since the 28th of September, a pause on asymptomatic health and social care testing has been in place, which has contributed to a significant reduction in the number of reported positive cases of COVID-19. With the change in testing practice it has become more difficult to monitor levels of disease. The Office for National Statistics (ONS) publishes results from the COVID-19 Infection Survey which aims to estimate how many people test positive for COVID-19 infection at a given point. The ONS survey results are currently the best understanding of community population prevalence. The Survey has shown a decrease in the percentage of people testing positive for COVID-19 over recent weeks.

Scotland

Percentage testing positive for COVID-19



Percentage testing positive for COVID-19



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

Figure 1: ONS COVID-19 Infection Survey data 1st -23rd January 2023

Wastewater testing conducted on incoming wastewater samples collected by Scottish Water at the Kirkwall wastewater treatment works shows the COVID-19 positivity detections are consistent with the ONS surveillance data (Figure 2) with a rise in cases after the Festive period.

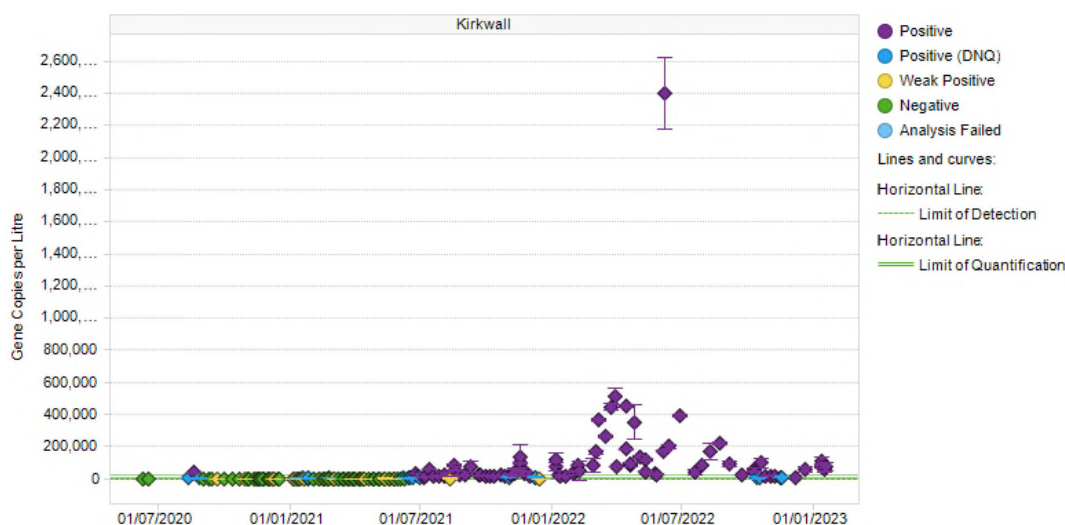


Figure 2: Orkney Kirkwall wastewater sampling data July 2020-January 2023

Source: [RNA Monitoring \(sepa.org.uk\)](https://sepa.org.uk)

Group A streptococcus (GAS)

The UK Health Security Agency (UKHSA) reported an increase of iGAS infections in England in a briefing note released on 2nd September 2022.

PHS released an alert on 1st December 2022 regarding unseasonal patterns of group A streptococcal (GAS) infections in Scotland and indicating a significant rise in iGAS cases.

On 6th December, PHS sent a letter to all childcare providers offering advice and pointing to NHS Inform for public guidance. Locally, this was also forwarded on to the Department of Education. A meeting was also held with members of the Department of Education to discuss the situation, discuss case management and outbreak management should it be required and to provide reassurance.

In Orkney GAS case numbers showed a similar pattern to the rest of Scotland with cases starting to be seen in June 2022 peaking at 15 cases in the month of December 2022. This was a much higher number than previously seen, beyond those seen in the previous four years (Figure 3). It isn't known if the increase in case numbers in December 2022 resulted from a change in health seeking and increased testing in the community as a response to media coverage of Gas and iGAS infections as well as actual increases in circulation of infections, because Scarlet Fever isn't notifiable it is often clinically diagnosed without testing and not reported.

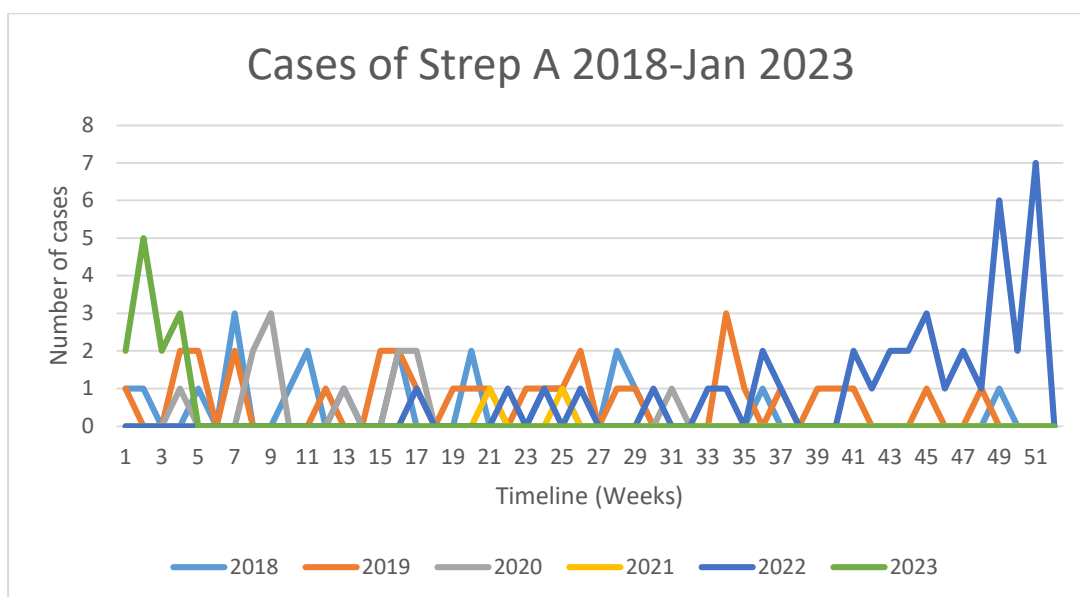


Figure 3: NHS Orkney GAS cases January 2018 to January 2023

Cases of iGAS are less susceptible to the ascertainment issues for GAS as described above. The case numbers seen across Scotland have remained within the range reported during peaks in previous years. In Orkney over the previous nine years case numbers have ranged from zero to less than five per annual year, the case numbers seen this winter season are currently within the range of those previously reported in a peak year however they have been seen within a seven week period.

Influenza

On the 23rd of November, Public Health Scotland (PHS) reported national influenza incidence had moved from Low to Moderate, the incidence continued to increase sharply increasing from Moderate to Extraordinary activity level by 22nd December.

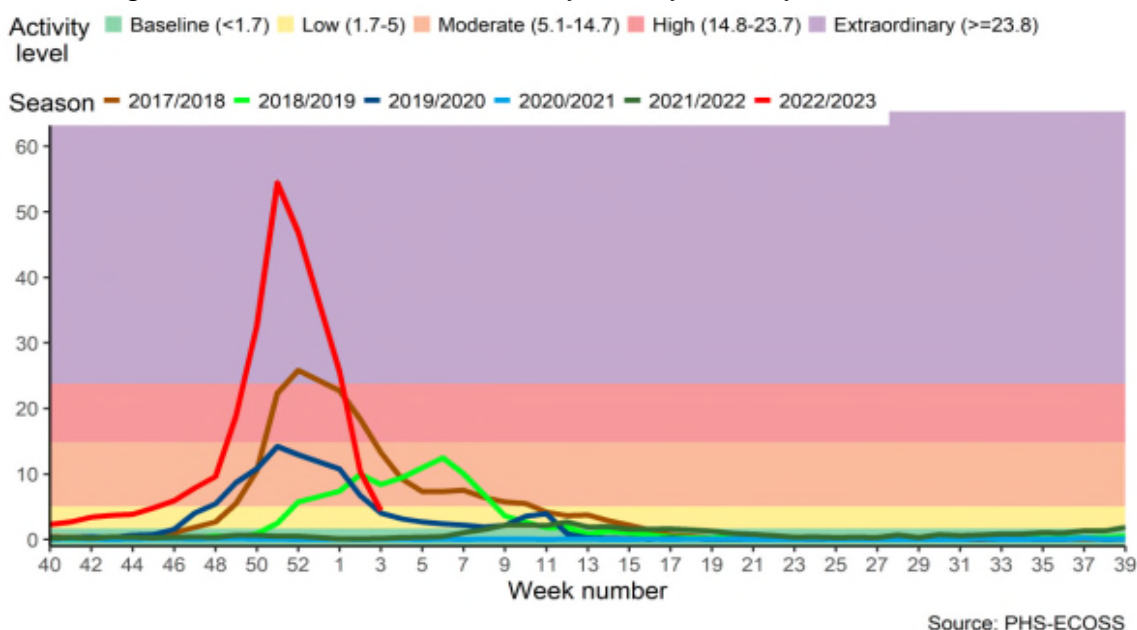


Figure 4: Influenza activity levels 2017/18 to 2022/23

Orkney influenza activity levels moved from Baseline to Moderate in week 52 remaining at Moderate until returning to Baseline activity levels in week 03 (Figure 5). However, we cannot become complacent the activity to date has been mainly caused by influenza type A, influenza type B tends to appear later in the season.

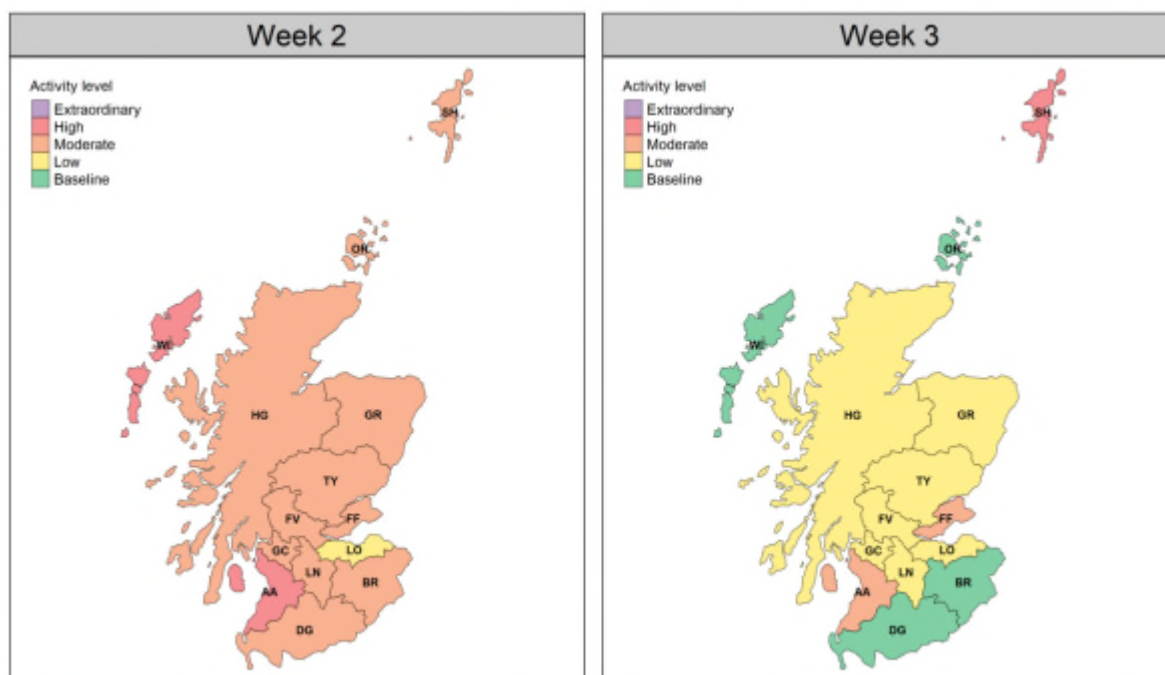


Figure 5: Map of activity levels for influenza activity by NHS Board for season 2022/23

Vaccination remains the best defence to protect ourselves, our patients, and our loved ones from influenza and COVID-19. We continue to see small weekly increases in uptake rates (Figure 6), the programme will complete on 31st March 2023.

Cohort	NHS Orkney			
	Number Uptake	Population	Percentage Uptake	Percentage Point Change since 16/01/2023
Older Adult Care Home Resident (COVID-19 Booster)	74	77	96.1%	-0.1
Older Adult Care Home Resident (Adult Flu Vaccine)	74	77	96.1%	-0.1
65+ Cohort (COVID-19 Booster)	4,829	5,286	91.4%	0.1
65+ Cohort (Adult Flu Vaccine)	4,714	5,486	85.9%	0.0
50-64 Cohort (COVID-19 Booster)	3,847	4,854	79.3%	-
50-64 Cohort (Adult Flu Vaccine)	3,649	5,317	68.6%	-
Frontline Health and Social Care Workers (COVID-19 Booster)	539	1,029	52.4%	0.5
All Health and Social Care Workers (Adult Flu Vaccine)	746	1,485	50.2%	0.5
Frontline Health Care Workers (COVID-19 Booster)	207	322	64.3%	0.4
All Health Care Workers (Adult Flu Vaccine)	426	722	59.0%	0.6
Frontline Social Care Workers (COVID-19 Booster)	332	707	47.0%	0.5
All Social Care Workers (Adult Flu Vaccine)	325	771	42.2%	0.5
At risk individuals aged 5 to 64 (COVID-19 Booster)	2,066	2,798	73.8%	0.0
At risk individuals aged 18 to 64 (Adult Flu Vaccine)	2,218	3,253	68.2%	0.2

Figure 7: NHS Orkney Winter Vaccination Performance
Source PHS 29th January 2023

Respiratory Syncytial Virus (RSV)

Following unusually high activity levels in the spring and summer of 2022 RSV levels have remained within the range for previous seasons so far this winter (Figure 8).

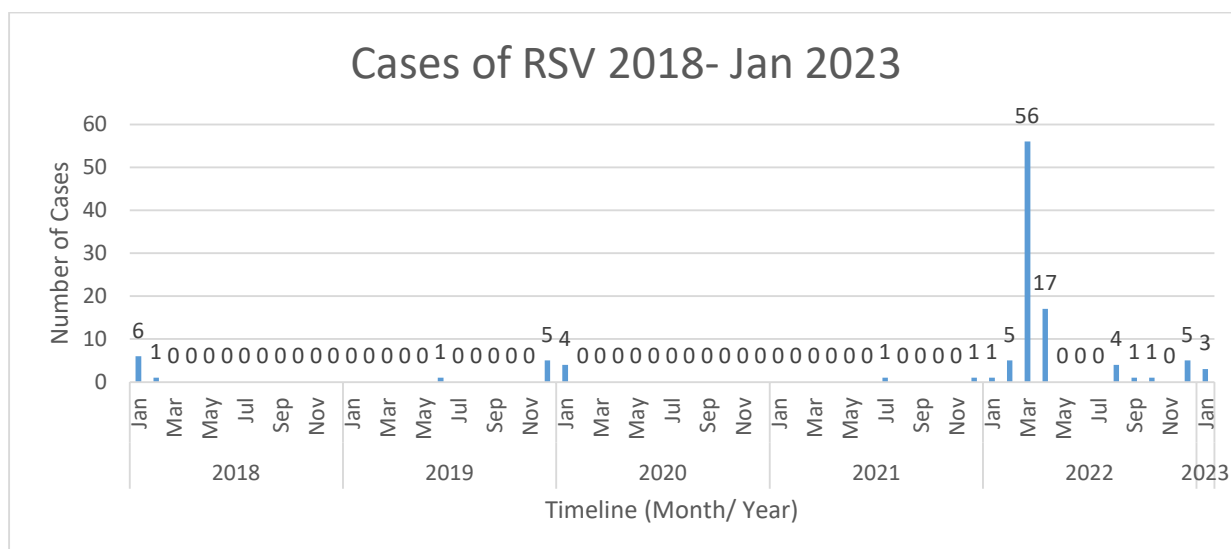


Figure 8: NHS Orkney RSV case numbers 2018-2022

The Health Protection Team works actively with local GPs, the Department of Education, Care Home and Care at Home services and others to monitor local patterns of infection.

As the data demonstrates there has been sustained pressure on the health protection team throughout the winter period necessitating ongoing support from our health improvement team colleagues.

2.3.1 Quality/ Patient Care

It was recognised that this winter period would 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

The public health workforce is facing some additional pressures with the Consultant in Public Health currently undertaking additional duties as Acting Director of Public Health. Recruitment is underway for additional Consultant in Public Health/Medicine hours and to fill vacant posts including Resilience Officer and Administration Officer

There are continued challenges in developing a sustainable permanent workforce for vaccination delivery. 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 the VAM workforce and some of the testing activities, vaccination programme delivery and some health improvement activity.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

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

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

Report produced by the Public Health Department.

2.3.8 Route to the Meeting

Approval by Executive Director

2.4 Recommendation

The paper provides awareness for members on the levels of respiratory pathogens within the Orkney population

- Reported case numbers have peaked and are now reducing but that may change as the season progresses
- Vaccination uptake rates overall are good, with small week on week improvements being seen.

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, 23 February 2023
Title:	Chairs Report – Joint Clinical and Care Governance Committee
Responsible Executive/Non-Executive:	Monique Sterrenburg, Interim Deputy 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 24 January 2023 and agreed the following key areas and agenda items that were reported to the Board meeting.

- Approval of the Terms of Reference and Work plan
- Work around the High Dependence Unit

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

Approval of the Terms of Reference and Work plan

Members received and approved the updated Committee Terms of Reference and Workplan following review and amendment at the Development session on the 29 November 2022. The committee continues to adapt and develop its remit to best suit the need of Health and Social Care across Orkney. Although there is still work to do, progress is being made with gaps in our assurance being filled.

A discussion was held as to whether a carer representative should be appointed to the committee, but it was agreed that more work was required around the practicalities and remit before progressing, to ensure that this role provided robust value to both the committee and the representative.

Work around the High Dependence Unit

The Interim Deputy Medical Director provided an update, through the work of the Quality Forum, around HDU provision. Members were advised that there was a focus on staffing and education, to ensure that staff kept up competencies while

working in a relatively small system with limited exposure. This involved training existing staff and recruiting new staff to enable them to work across services. Short, Medium and Long term planning was in place with robust conversations taking place with the Critical Care Team in Aberdeen to ensure that there was no detriment to patients.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Staff training and recruitment was being progressed in HDU to enable staff had the required competencies to work across services.

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

The Terms of Reference were adapted slightly to strengthen the commitment to reducing 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 Interim Medical Director continues to meet with staff of a regular basis regarding the HDU matter.

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 24 January 2023

2.4 Recommendation

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

3 List of appendices

- Minute from meeting held on the 4 October 2022

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 4 October 2022 at 13.00**

Present Steven Johnston, Chair
Meghan McEwen, Vice Chair
Rachael King, Vice Chair
Rona Gold, Non-Executive Board member
Lindsay Hall, Integration Joint Board Member
Jean Stevenson, Integration Joint Board Member
Gail Anderson, Third Sector Representative
Ivan Taylor, Integration Joint Board Member

In Attendance Stephen Brown, Integration Joint Board Chief Officer
Michael Dickson, Interim Chief Executive
Mark Henry, Medical Director & Interim Director of Acute Services
Sara Lewis, Consultant in Public Health (item C64)
Wendy Lycett, Principal Pharmacist (item C63)
Anthony McDavitt, Director of Pharmacy
Dawn Moody, Associate Medical Director
Mary Moore, Interim Director of Nursing
Judy Sinclair, Clinical Governance and Quality Improvement Manager
Emma West, Corporate Services Manager
Anna Wheelan, Service Manager, Strategy and Partnership (C57)
Diane Young, Service Manager – Mental Health (Items C62)

C51 Welcome and Apologies

Apologies had been received from J Lyon and L Wilson.

C52 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

C53 Minute of meeting held on 5 July 2022

The minute of the Joint Clinical and Care Governance Committee meeting held on 5 July 2022 was accepted as an accurate record of the meeting and approved.

C54 Matters Arising

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

C55 Action Log

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

Governance

C56 Whistleblowing Quarterly report – JCCGC2223-29

The Medical Director presented the report advising that NHS Orkney were required to monitor Whistleblowing concerns and performance against the key performance indicators. There had been no concerns raised under the Whistleblowing standards during the second quarter of 2022/23 and performance against the key

performance indicators was detailed in the paper.

It was highlighted that there was a risk in relation to NHS Orkney's access to confidential contacts as that has now reduced from 3 staff members to 2. Through the Joint Whistleblowing Steering Group discussions continued to take place around a more collaborative approach across to the 2 Boards which would enable staff to have access to confidential contacts in either area, this was now included in NHS Orkney processes. It was noted that any concerns raised would be managed in a confidential manner with specific focus on this within Whistle Blowing concerns and protections in place.

Assurance was sought that there were similar arrangements in place within Social Care settings and the Chief Officer confirmed that there were, and these would continue to be strengthened and aligned in collaboration with health colleagues.

Decision / Conclusion

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

Strategy

C57 Local Child Poverty Action Report 2021-22- JCCGC2223-30

The Chief Officer clarified that the report was the action report for 2021/22 consisting of a retrospective review and actions taken to date, and the Child Poverty Strategy as presented previously was a forward looking document.

A Whelan presented the report advising that That Local Child Poverty Action Reports (LCPARs) must be submitted to the Scottish Government as soon as practicable following the end of the reporting year. The LCPAR 2021/22 included a report on the consultation and development work which informed the strategy. Reporting against the targets in the strategy would commence in 2022/23, using the 2021/22 data as a baseline against which future progress was measured and reported.

The report was provided for consideration by the Committee, especially around aspects applying to NHS Orkney and for submission to the Scottish Governance following a recommendation of approval.

R King raised a concern over the potential for reporting to be very quickly outdated due to the rapidly developing situation and pressures. She welcomed the qualitative evidence which was greatly appreciated by those receiving the report and gave thanks to the families that had provided this.

It was noted that capturing feedback on the difference being made and impact on families and young people could be difficult to measure and the importance of mechanisms being in place to gather and robustly monitor data nationally and locally was stressed.

Decision / Conclusion

The Committee approved the report and recommended submission to the Scottish

Government which would be highlighted to the Board via the Chairs report.

Clinical Quality and Safety

C58 Quality Forum Chairs Report and approved minutes

The Medical Director presented a verbal update from the July and August meetings of the Quality Forum, with a focus on improved learning from DATIX, Significant Adverse Events and complaints, along with falls prevention and clinical record keeping.

Concern had been raised around a possible reduction in quality of care due to a reduction in staffing levels and this was being monitored closely in relation to the safe staffing act and tools.

Decision / Conclusion

The Committee noted the update provided and took assurance from the information contained in the meeting notes. It was noted that further discussions around realistic medicine with a local focus linked to the clinical strategy would be welcomed.

C59 Mental Health Assurance Report JCCGC2223–32

The Chief Officer presented the report identifying and recognising the increased demand for Mental health Services following the pandemic and more recently the impact of the cost of living crisis. The report highlighted the following:

- A current overview of staffing was provided including the recruitment of a permanent part time consultant psychiatrist and progress against the posts approved by the IJB in October 2021.
- There continued to be a high volume of urgent referrals to the duty service, which were dealt with daily, but this had an impact on general caseload and waiting times.
- The use of the mental health transfer bed within the Balfour could also contribute detrimentally to waiting times, as the out of hours service was provided from within existing staffing numbers, an options appraisal for the delivery of this service was being undertaken
- There continued to be ongoing challenges regarding the CAMHS data sets required by Scottish Government. Regarding Orkney, this was due to the limitation of Electronic Patient Recording Systems and the training of staff in the use of existing systems. NHS Orkney were in the process of rolling out an updated EPMS, with a proposal to start in December 2022.
- The short life task force had now evolved into the Suicide Prevention Task Force which met monthly with wide representation to ensure that systems and processes were monitored reviewed and updated for all patients at risk and to ensure appropriate treatment and support. Reporting would be through the Chief Officers Group of the Public Protection Committee.

Members noted the importance of gathering feedback from staff leaving the service to enable this to influence future recruitment and retention, noting that retention and recruitment were separate issues with separate solutions and capturing this data was essential to strengthening both areas.

Regarding the Working Time Regulations members were assured that this was now monitored robustly through payroll to ensure compensatory rest as per the regulations.

Decision / Conclusion

The Committee thanked the D Young and the team for all the improvements made to date, the assurances the report provided to the committee, and the continued work to take forward services.

It was agreed that a 6 monthly Mental Health assurance report would be provided to the Committee.

C60 Care Home and Care at Home Assurance Update JCCGC2223-33

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 July 2022 and fulfilled the statutory requirement around assurance.

Members were advised that changes in the use of face coverings in social care settings and care homes had changed, allowing for a relaxation of the rules, reassurance was provided that these measures would be acted upon and shared as appropriate, actively stepping up again if or when required.

Care home residents alongside health and front facing social care staff were the highest priority for vaccination for COVID-19 and Influenza. All eligible care home residents had been given these vaccinations and the roll out to front facing Health and Social Care staff was underway.

There remained ongoing challenges around the recruitment and retention of substantive staff both locally and nationally, additional staff to meet needs was typically sourced from relief and agency staff along with substantive staff completing additional hours.

R King questioned whether there was a requirement to separate care home and care at home, to better reflect the differences between the services and the use of third sector provision. It was noted that the third sector were included in this group and represented at meetings to enable this specific focus.

Decision / Conclusion

The Committee reviewed the report, took assurance from the content.

It was noted that reporting requirements arose from a specific legislative ask, in recognition of this separate reports would not be appropriate via the Covid-19 related Nurse Director responsibilities which were being reported but it was hoped to have separate reporting on the quality and safety of care proved in Care Home and Care at Home services to the Committee in the future. This would be discussed further at the upcoming development session.

C61 Chief Social Work Officer Annual Report - JCCGC2223-34

The Committee had received the Chief Social Work Officers Annual Report 2021/22, providing assurance that social work and social care services were being delivered to an acceptable standard locally. The following matters were raised:

- There was a requirement for clear data, especially around children's services to actively gain assurance in this area across several reporting areas.
- Clarity was provided around the 18 years to 26 year age range to ensure that corporate parenting responsibilities were being discharged appropriately
- There was a requirement to build the reporting of success measures when designing and delivering support services.

Decision / Conclusion

The Committee reviewed the report, took assurance from the content, and agreed to retain the focus on learning from Significant Adverse events in future reporting.

Policy

C62 Mental Health Transfer bed – Standard operating Procedure - JCCGC2223-34

The Mental Health Service Manager presented the Standard Operating Procedure (SOP) which strengthened both process and monitoring and was available for use. It was noted that a SOP would not normally be presented at a Governance Committee level but due to significant activity in this area as a result of the Health and Safety Executive Recommendations it was felt appropriate on this occasion to ensure the committee had oversight.

The Chief Officer advised that work had been undertaken to understand the transfer bed activity, which had increased significantly in length of wait, due to pressures on services nationally. Staffing for these increased periods had a significant implication which then affected waiting times across the service. Work continued to establish how this provision could be managed moving forward, working collaboratively with acute colleagues around a pragmatic solution.

Decision / Conclusion

The Committee welcomed the update and took assurance that the document had been shared as appropriate to influence and embed safe and effective patient care.

Medicines Management

C63 Area Drugs Therapeutic Committee (ADTC) Chairs report and approved minutes – JCCGC2223-36

The Principal Pharmacist presented the report and approved minutes, noting that a quorate meeting had been held in August and included a discussion around membership and current vacant posts.

Members were advised that the Medical Director and Director of Pharmacy shared the role of Chair to enable meeting to progress but there remained vacant positions within the committee for a community pharmacist and public representative.

The papers highlighted the following areas

- The structure and process of how key information from ADTC meetings should be disseminated was discussed
- An updated list of Emergency Medicines and stock holding locations was presented to and approved by the committee
- Local guidance outlining patient access, the treatment pathway and service delivery has been produced to align with the requirements of National Guidance
- Reports continued to be received from the ADTC Subgroups

Decision / Conclusion

The committee noted the update provided and welcomed the improved resilience of the group.

Population Health

C64 **Public Health Update - JCCGC2223-37**

The Consultant in Public Health presented the update highlighting the following:

- Covid-19 measures continued to be relaxed and testing and contact tracing had been reduced in line with the Scottish Government strategic aim.
- Seasonal influenza and covid vaccinations were being offered to all suitable groups with residents and staff in care homes and front line health and social care workers being the first group to be offered vaccinations.
- Since 6 May 2022 public health agencies across the United Kingdom had been responding to an outbreak of monkeypox, there were no new cases in Scotland since the 20 September 2022 and the Nordhaven service continued to offer pre-exposure prophylaxis vaccination to those who meet the eligibility criteria
- The current rise in cost of living was challenging for many people who were living in, or at risk of poverty across the country. Work in Orkney across the Public Health priorities would be important towards reducing the impact of this crisis on our community and a number of initiatives were being implemented

Decision / Conclusion

The committee noted the information contained with the Public Health update and welcomed the work in relation to the cost of living crisis.

Risk and Assurance

C65 **Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-38**

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:

- 509 - sustainability of the current medical workforce model – members were advised of new appointments made and the resulting reduction in reliance on locums which had both an impact both financially and in sustained quality impact

Decision / Conclusion

The committee welcomed the update provided.

C66 **Cross Committee Assurance Reports**

No issues had been raised from other Governance Committees

C67 **Emerging Issues**

Winter planning

Further information was expected and would be shared in due course

Fostering and adoption

The formal report and action plan would be brought to a future meeting of the committee, assurance was provided that no children were at immediate risk

C68 **Any other Competent Business**

No other business items were raised

C69 **Items to be brought to the attention of the IJB, Board or other Governance Committees**

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

- Mental Health update including the positive progress in this area and the Mental Health Transfer Bed procedure

Items for Information and noting

C70 **Schedule of meetings 2022/23**

Members noted the schedule of future meetings.

C71 **Record of attendance**

Members noted the record of attendance

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Chairs Report – Area Clinical Forum to Board
Responsible Executive/Non-Executive:	Steven Johnston, Chair, Area Clinical Forum
Report Author:	Steven Johnston, Chair, Area Clinical Forum

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 Area Clinical Forum met on the 07 February 2023 and agreed the following key areas and agenda items that should be reported to the Board:

- Consultant Psychiatry provision
- Clinical Accommodation

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

Consultant Psychiatry provision

NHS Orkney had recent difficulty recruiting a consultant psychiatrist but did manage to secure 0.5 WTE. NHS Grampian withdrew from their SLA to provide additional support to NHS Orkney and therefore the remaining 0.5 WTE remains uncovered. This matter was raised to the ACF by the GP-subgroup as it equates to half of the time where GPs have no option to contact a specialist and would be left to make decisions regarding psychiatry themselves or defer a decision. There are a number of other specialties who also require advice on a regular basis. It was observed that other medical and surgical specialties would be unlikely to tolerate this position – parity between physical and mental health is important. An interim solution needs to be swiftly established, with a more permanent solution subsequently put in place to alleviate the additional strain put on our staff and patients across Orkney who utilise the service.

Accommodation

Since the outbreak of the COVID-19 Pandemic a number of services moved back into clinical accommodation at the old Balfour site in order to help comply with social distancing rules. These restrictions continue to ease and this, in combination with risks associated with continuing to occupy the old buildings, led to a deadline being set to vacate the old Balfour site by the end of March 2023. The Lead AHP led a piece of work to help coordinate the move and continues to meet with AHP staff on a regular basis in the build up to the move. The willingness and goodwill of staff to adapt their working patterns to allow the change was noted. TRADAC have raised concerns about readiness for the move coupled with the issue of patients failing to turn up for appointments, equating to 1.6 rooms per day worth of activity.

2.3.1 Quality/ Patient Care

The limited access to Consultant Psychiatry poses a risk that a clinician in need of urgent advice cannot get a timely response and lead to a delay in care or reduced quality of care. If there is insufficient clinical accommodation there could be delays in appointments.

2.3.2 Workforce

The situation for some AHPs has been difficult and poor morale has been highlighted.

2.3.3 Financial

The closure of the old Balfour site will reduce running cost and allow for plans to progress with the disposal or sale.

2.3.4 Equality and Diversity, including health inequalities

Physical Health and Mental Health should be equal.

2.3.5 Route to the Meeting

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

- Area Clinical Forum – 07 February 2023

2.4 Recommendation

These matters have been brought to the attention of the Board for noting and to seek assurance that satisfactory progress will follow in time.

- Awareness

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Area Clinical Forum meeting held on 02 December 2022

Orkney NHS Board

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

Present: Steven Johnston – ADC, Chair
 Kirsty Cole, GP Sub Committee
 Sylvia Tomison, NAMAC
 Penny Martin, TRADAC
 Rona Harcus, TRADAC

In Attendance: Isobel Grieve, Non-Executive Director
 Freddie Pretorius, Committee Support
 Emma West, Corporate Services Manager
 Morven Gemmill, Lead Allied Health Professional
 Mary Moore Interim Director of Nursing, Midwifery and Allied Health Professions
 Lyndsey Steel, Lead General Practice Pharmacist

Welcome

The Chair opened the meeting noting that Nigel Pendrey would be retiring from his dental post very soon. He thanked Nigel for his contribution to the ADC and ACF over many years and on behalf of the committee, wished him well in his retirement.

1 Apologies

Apologies were received from Moira Flett, Dawn Moody, Nigel Pendrey, and Mark Henry.

2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

3 Minute of meeting held on 07 October 2022

The minute from the meeting held on the 7 October 2022 was accepted as an accurate record and was approved.

4 Matters Arising

No items were raised by members under Matters Arising.

5 Area Clinical Forum Action Log

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

6 Log of Items Escalated

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

7 Chairs Reports:

7.1 Board

8.4.1

The October meeting of the Board had been cancelled. The ACF matters due to be raised would be carried over to the December meeting.

7.2 ACF Chairs Group

There had been no recent meetings of the ACF Chairs group

8 Governance

8.1 Reappointment of Chair of the ACF and Vice Chair Discussion

The Corporate Services Manager presented the paper seeking approval from the Committee to reappoint Steven Johnston in the role of Area Clinical Forum Chair for a period of two years from the 1 January 2023.

Correspondence was sent to all members on the 21 October 2022 advising that the current Chair appointment was due to end and giving opportunity for all members of the forum to put themselves forward as candidates for the position if they so wish. No further notes of interest were received, so it was proposed that Steven Johnston be reappointed as Chair of the Area Clinical Forum for a further 2-year period from 1 January 2023.

There was an ask from the Chair for any Vice Chair nominations to come forward as the role continued to be vacant and provided an excellent opportunity for both succession planning for the Committee and career development for the candidate.

It was stressed to members that the role of Vice Chair could be filled by any active clinician through the professional advisory structure.

There was an understanding from members that while employees of NHS Orkney would be able to job plan around additional commitments, other contracted professionals, such as general practitioners and independent dentists may not have as much ease in integrating the extra commitment to their job plan.

Decision/Conclusion

Members approved the reappointment of Steven Johnston as Chair of the Area Clinical Forum and welcomed further discussion around the supporting of clinicians to undertake office bearer roles across the organisation.

8.2 ACF Proposed Future Meeting Dates and Reporting Timetable – 2023/24

Members had been provided with the proposed meeting dates of the Area clinical Forum for 2023/24 for approval.

Decision/Conclusion

Members noted and approved the proposed timetable for 2023/24.

8.3 Area Medical Committee Reformation – Update

A meeting of the AMC had been scheduled but unfortunately, and due to lack of members, was not quorate. Discussion had taken place around administrative support for the Hospital-Sub Committee before further attempts were made to reform the AMC as this had been lacking following staff changes.

8.4.1

Members agreed that the Hospital Sub Committee should receive the same level of committee support as the GP Sub, and that this should carry forward to the AMC as there was not capacity for clinicians to have this level of administration within their workload.

It was suggested that the remuneration and support arrangements as agreed for the GP Sub Committee be used by the Hospital Sub Committee, as committee support was explicitly mentioned in the constitution, or as an appendix.

Members stressed to the value of having Executive Director attendance and Strategic input at committee meetings as it allowed for valuable discussion and faster progression with issues.

It was put to members for consideration that the meetings could be held out of office hours to avoid conflicting with clinical time and requirements. Members shared a general consensus that a meeting held at 17:00-18:00 could be suitable, however, executive attendance would need confirmed for these times, as well as seeking the views of the wider medical workforce.

Decision/Conclusion

Members approved the decision to further consider the provision of administrative support for Hospital-Sub Committee before further attempts were made to reform the AMC.

Members approved the decision raise the matter to the Board to re-affirm the Executive commitment to the Professional Advisory Committees.

Once the above matters were progressed, members agreed to the proposal to have the Chair of the two sub committees alternate in the Chair of AMC as an interim arrangement until a permanent Chair can be found.

8.4 ACF representative for HCSA ACT Implementation Team Meeting

The paper highlighted the implementation of the Safe Staffing Act event to be held on Tuesday 31 January 2023. The ACF chair would not be able to attend, and a deputy was sought.

Decision/Conclusion

S Tomison volunteered to deputise as a representative of the Area Clinical Forum.

9 Realistic Medicine Update - Shared Decision Making

Members welcomed the guidance and the intention for it to be discussed at Quality Forum. It was requested that the communications issued surrounding this be shared to all clinicals across the organisation and suggested it should be tabled for discussion at each of the advisory committee meetings for discussion. Further to this document communications to the public on 'Realistic Outcomes' would also be appreciated to ensure our patients have reasonable expectations and that patient-facing staff are able to make best use of their time.

Decision/Conclusion

Members noted the update provided and agreed to discuss at each of the advisory committees.

10 Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF)

The Medical Director was currently absent, resulting in progress being slower than expected

8.4.1

Members raised concerns that this was an important piece of work and should not be postponed further if possible.

Decision/Conclusion

The Chair agreed to discuss this with Judy Sinclair, Clinical Governance Manager, to see if it would be appropriate for the Interim Medical Director to pick up.

Members noted the update provided.

11 Development Sessions

11.1 Topic for Next Session: 10 March 2023

Members suggested the following topics for the next ACF development session:

- HAGQIF
- Sustainability/Climate Change

A final decision would depend on the outcome of discussions with the Clinical Governance Manager.

L Steel withdrew from the meeting at 13:40

12 Professional Advisory Committees

12.1 Area Dental Committee – ADC

There were no ADC meetings held over this period and no report was submitted.

12.2 Area Pharmaceutical Committee – APC

There were no APC meetings held over this period and no report was submitted.

12.3 GP Sub-Committee

The Chair provided a verbal update highlighting the below:

Phlebotomy Service

A letter had been written to the Medical Director from the Chair of the GP Sub Committee regarding the withdrawal of primary care phlebotomy provision for secondary care patients. It was stressed that there has been extended discussions with GP practices' remaining patients whilst a solution could be found. However, with the building pressure on primary care, a notice period has now been served to NHSO. The Interim Director of Nursing, Midwifery and AHPs responded with the following:

- The phlebotomy service would be nurse led
- A business case was in development for phlebotomy including children's phlebotomy, childhood vaccinations, and transfusions for non-inpatient's
- There was intent to recruit to the required posts when available
- It was expected that the child vaccination service would be fully transferred by 1 March 2023

8.4.1

Members noted that this was not a new or emerging issue created by GP's, but had been a long-standing issue, which by any other boards review, would be considered unacceptable. It was felt that there was a continued, although acknowledged risk, to patient health and wellbeing if results were not followed up or investigations not carried out due to communication issues.

Decision/Conclusion

It was agreed that communication to secondary care colleagues should commence, and progress should continue to be advised.

Members noted the included minutes from meetings held on 21 September and 19 October 2022.

12.4 Hospital Sub-Committee

There was no report submitted for this period.

Members noted the minutes from the meeting held on the 18 August 2022.

12.5 NAMAC

The November meeting of NAMAC had not been quorate with the next meeting scheduled for January 2023.

There was no report submitted for this period. The next meeting in in January.

Decision/Conclusion

Members noted the minutes from the meetings held on the 27 July and 31 August 2022.

12.6 TRADAC

There had been no recent meetings of TRADAC

13:55 - P Martin withdrew from the meeting

Decision/Conclusion

Members noted the minute from the meeting held on the 29 August 2022.

13 Any Other Business

Information Management & Technology (IM&T)

Lyndsay Steel highlight the lack of an IM&T post in NHSO. The role was specifically funded by Scottish Government, however, following the post becoming vacant in 2016, it had not been reappointed to.

Members were in agreement that should an IM&T be appointed as it would aid in alleviating many of the stresses and frustration of technology in clinical space.

It was emphasised that the IM&T role would act as a liaison between the NHS Board and the contracted practitioners.

Decision/Conclusion

8.4.1

Members agreed that appointment to the role should be progressed, and The Chair would clarify whether funding is set aside for the position.

14 Items to be Brought to the Attention of:

14.1 Board

- Reformation of the Area Medical Committee
- ACF Chair and Vice Chair
- Realistic Medicine - Shared Decision Making

14.2 Governance Committees

There were no items to be raised.

15 Items to be Communicated with the Wider Clinical Community

There were no items to be raised.

16 For Information and Noting

16.1 Key Legislation Issued – ACF2223-24

Members noted the key legislation issued since the last meeting.

16.2 Correspondence

No correspondence had been received.

16.3 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

16.4 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 14:07

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
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/directive

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 January 2023.

2.2 Background

The revenue position for the 10 months reflects an overspend of £3.4m. We are currently forecasting an overspend outturn of £4.104m for 2022/23. The latest forecast outturn is in line with previous expectations, there are ongoing demands and pressures in the system, 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. However, this is proving difficult due to increased pressures on service provision and therefore, we are not anticipating any additional savings over and above those already tracked in 2022/23.

It is important to note that at month 10, the numbers remain heavily caveated and based on several assumptions. These assumptions continue to be updated:

- 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.
- The £4.104m overspend outturn also assumes no further savings delivered against savings targets.
- 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 for the Board services and 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 be removed prior to the 31st March 2023.

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 £6.9m original 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. Unfortunately, at this stage, there has been no agreement from the IJB to release any reserves to savings. 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 10 are:

- Pharmacy and drug costs to date - £562k overspend
- Estates and Facilities - £332k overspend
- Hospital Services - £873k overspend

- External Commissioning - £39k overspend

There are some offsetting underspends to date which include:

- Support Services - £168k 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 Board proposes a capital to revenue transfer of £250k.

The Board completed sale of the property in Evie in August, we have now confirmed with the Scottish Government that proceeds on sale can be retained by the Board in 2022/23. The Board continues with plans for the redevelopment of King Street.

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 10, per Appendix 1.

Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.418m is detailed in Appendix 2.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
OU students backfill - Q1 & 2 academic year 2022/23			55,000	55,000
PFG Commitment - School Nursing Posts		56,120		56,120
Mental health After Covid Hospitalisation			6,902	6,902
Mental Health Pharmacy & Technician Recruitment		12,642		12,642
New Medicines Fund		734,091		734,091
Discovery Tool			(2,842)	(2,842)
Top Slice - Ayrshire & Arran - Quarriers Units			(6,665)	(6,665)
Board contribution to global sum		(23,035)		(23,035)
GP Sustainability Payment 2022-23			52,551	52,551
Return of funding			(1,006,000)	(1,006,000)
	0	779,818	(901,054)	(121,236)

Summary Position

At the end of January, NHS Orkney reports an in-year overspend of £3.4m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £1.395m is attributable to Health Board budgets, with an overspend of £2.005m 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 M9		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(654)	Hospital Services	15,077	12,532	13,405	(873)	(6.97)	(1,008)
(464)	Pharmacy & Drug costs	3,367	2,806	3,367	(562)	(20.03)	(700)
4	Orkney Health and Care (IJB)	27,001	22,898	22,903	(5)	(0.02)	0
(34)	External Commissioning	10,375	8,651	8,690	(39)	(0.45)	(166)
(306)	Estates and Facilities	7,668	6,348	6,681	(332)	(5.24)	(393)
37	Support Services	9,447	7,380	7,212	168	2.28	274
(0)	Covid-19 (Board)	1,653	1,245	1,245	0	0.00	0
0	Covid-19 (IJB)	(873)	(900)	(900)	(0)	0.00	0
1,332	Reserves	2,348	1,542	0	1,542	n/a	1,850
(1,037)	Savings Targets (Board)	(4,809)	(1,149)	0	(1,149)	n/a	(4,809)
(135)	Additional Savings Target (Board)	(180)	(150)	0	(150)	n/a	(180)
0	Savings Achieved (Board)	2,583		0	0	n/a	3,427
(1,800)	Savings Targets (IJB)	(2,400)	(2,000)	0	(2,000)	n/a	(2,400)
0	Savings Achieved (IJB)	0		0	0	n/a	0
(3,057)	Total Core RRL	71,256	59,202	62,602	(3,400)	(5.74)	(4,104)
	Non Cash Limited						
(0)	Ophthalmic Services NCL	256	193	193	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,755	1,456	1,456	0	0.00	0
	Non-Core						
0	Annually Managed Expenditure	50	0	0	0		0
0	Depreciation	2,700	2,171	2,171	0	0.00	0
0	Total Non-Core	2,750	2,171	2,171	0	0.00	0
(3,057)	Total for Board	76,017	63,022	66,422	(3,400)	(5.40)	(4,104)

Hospital Services

- Wards and Theatres, £334k overspend

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, £54k 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, £287k overspend

Medical agency and locum costs continue to increase, resulting in significant overspend in this area.

- Laboratories, £264k 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 £562k, this is mainly attributable to overspending, high cost drugs.

X-Ray and Audiology

Radiology is currently overspending due to reliance on agency staff.

Internal Commissioning - IJB

The Internally Commissioned health budgets report a net overspend of £2.005m (including £2.000m unachieved savings and £0.005m operational overspend), 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 overspent within prescribing 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.
- Community Nursing currently continues to operate with a number of vacancies.
- Mental Health is significantly overspent in a number of areas, the year to date overspend is £174k.
- Following a review of the IJB Scheme of Delegation, Maternity Services transferred back to the Board non-delegated budgets for 2022/23 onwards. At the same time, the reserves relating to maternity services were also transferred to the board.

The table below provides a breakdown by area:

Previous Month Variance M9	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(1,837)	Integration Joint Board	1,781	1,993	4,102	(2,109)	(2,527)
(45)	Children's Services	1,445	1,205	1,232	(27)	(34)
(36)	Primary Care, Dental & Specialist Nurses	12,106	9,999	9,984	15	21
138	Health & Community Care	4,715	3,932	3,790	142	162
(16)	Pharmacy Services	4,554	3,770	3,795	(25)	(23)
(1,796)	Total IJB	24,601	20,898	22,903	(2,005)	(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 £332k to date, there are significant staffing cost pressures throughout the services. Additional cost pressure funding has been provided this year to support the ongoing increases in energy costs.

Support Services

Support Services is currently reporting an underspend of £168k to date.

Covid 19 Spend

NHS Orkney has recorded £2.441m spend to date attributable Covid 19, of this £1.425m is attributable to Health Board spend and £1.195m to the HSCP (including £0.405 attributable to the Local Authority). At month 10, £1.195m of the IJB Covid reserves has been utilised.

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £1.299m
- H&SCP £2.000m

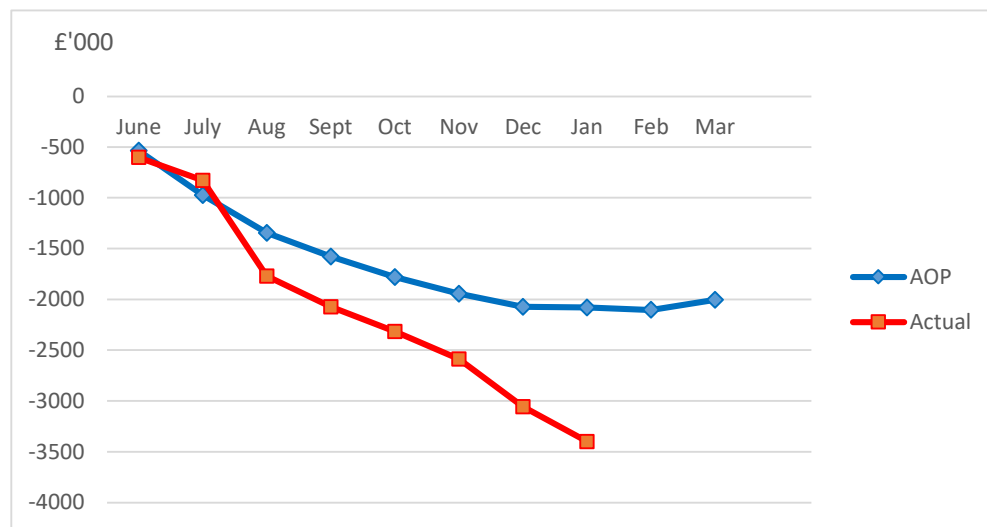
Unallocated Funds

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 Financial Recovery Plan trajectory for 2022/23 and assumes that anticipated allocations will be received.



Forecast Position

As outlined above, the Board is forecasting a £4.104m 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 reflects 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.

2.4 Recommendation

- **note** the reported overspend of £3.4m to 31 January 2023
- **note** the year end forecast of £4.104m for 2022/23
- **note** the forecast non-delivery of the savings target
- **note** the narrative to the year end assumptions and outturn

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Louise Anderson, Waiting Times Coordinator/ 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/day cases in the majority of specialities by September 2022
- 18 month waits for inpatient/day cases in the majority of specialities by September 2023
- One year for inpatient/day cases 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 18 weeks RTT, Psychological Therapies and the 62 day Cancer standard. Performance against the 4 hour Emergency Department standard remains consistent and the 31 day cancer standard continues to meet the LDP standard. Psychological Therapies is performing well at 100% being seen within 18 weeks.

This report contains information from both published and internal data sources. All standards which have no update to report have been moved to Appendix 1 to ease readability. Summary management information continues to be circulated weekly to Board members and average speciality waiting times are posted monthly on the NHS Orkney website.

2.3.1 Quality/ Patient Care

Although the performance standards included within this report are largely numerical in nature they are founded on the principle that meeting target performance levels will secure better outcomes for people given evidence that long waits have a detrimental impact on health and well-being outcomes over the immediate and longer term.

2.3.2 Workforce

Balancing pressures of increased demand for services and reduced capacity was a theme from discussions with staff during Remobilisation planning meetings. Staff reported finding it disappointing to not be able to respond more quickly to referrals and challenging balance taking time to improve ways of working and find new solutions to waiting list pressures with providing clinical care.

2.3.3 Financial

The reduction in clinic and theatre throughput resulting from Flu/COVID-19 pandemic has meant that less activity is being delivered for the money spent.

2.3.4 Risk Assessment/Management

There are no new risks relating to performance to highlight.

2.3.5 Equality and Diversity, including health inequalities

Ensuring timely access to 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 Communication, involvement, engagement and consultation

There are no consultation requirements associated with this item.

2.3.7 Route to the Meeting

This report has been prepared for the purposes of the Board and has not been shared through other forums.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1: Performance Targets with No Update to Report

NHS Orkney – Board Performance Report (February 2023)

SUMMARY (Published Data)

91.2%

Week ending 29th Jan 2023

86.1% (week ending
22/01/2023)

4 Hour Emergency
Department
Standard



63%

September 2022

62% (June 2022)

12 Week
Outpatient
Standard



64%

September 2022

68% (June 2022)

Treatment Time
Guarantee



85.7%

November 2022

89.3% (October 2022)

18 Weeks Referral
to Treatment



100%

September 2022

100% (June 2022)

31 Day Cancer
Standard



75%

September 2022

50% (June 2022)

62 Day Cancer
Standard



78%

June 2022

74.6% (March 2021)

Access to CAMHS



100%

September 2022

92% (August 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 – 91.2% (week ending 29th January 2023)

Update - As at week ending 29th January 2023, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 91.2%. There were 136 attendances and 15 breaches. Performance in regards to the 4 hour A&E target is remaining on average around the 90% mark as shown in Figure 1. As indicated in figure 2, the numbers attending ED have consistently been above the confidence level but since the last report we have not seen any occasions where this level reached the upper confidence level.

Figure 1: ED Waiting Times (% patients seen within 4 hours)

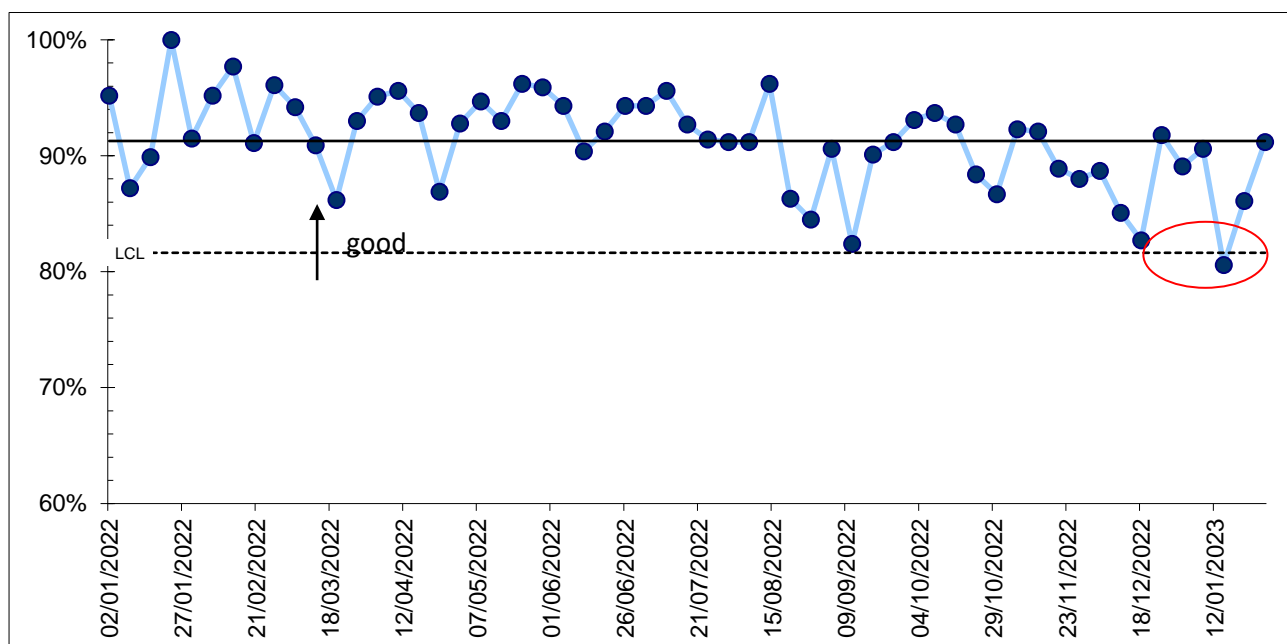
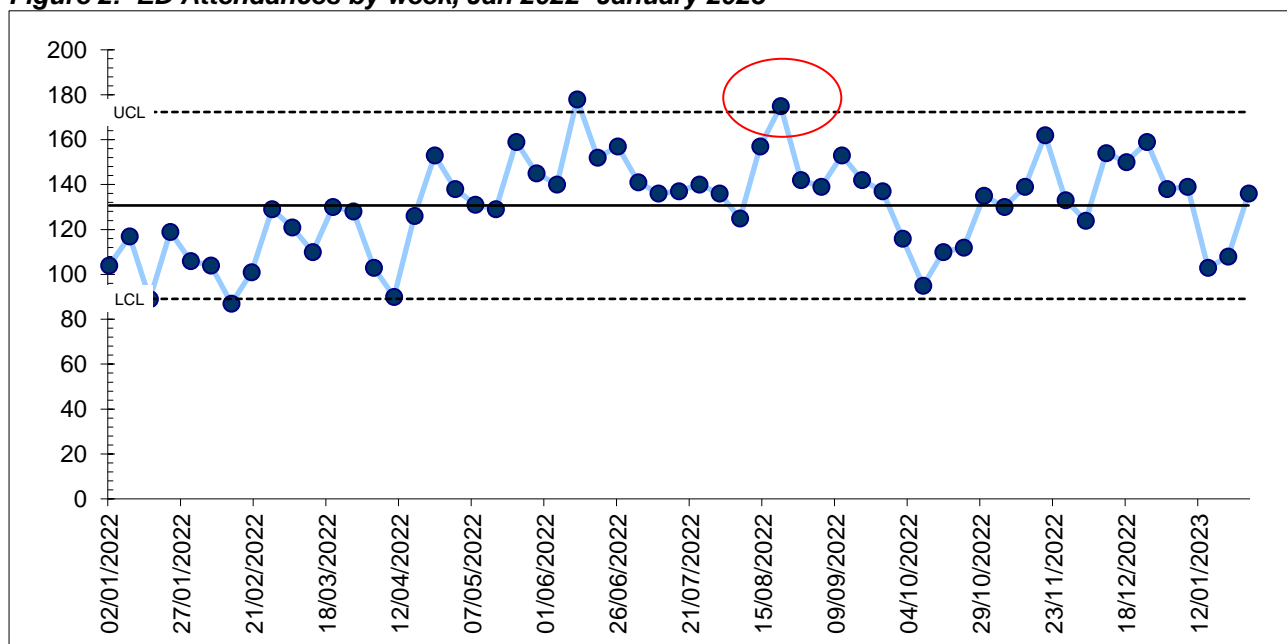


Figure 2: ED Attendances by week, Jan 2022- January 2023



2. 18 Week Referral to Treatment

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

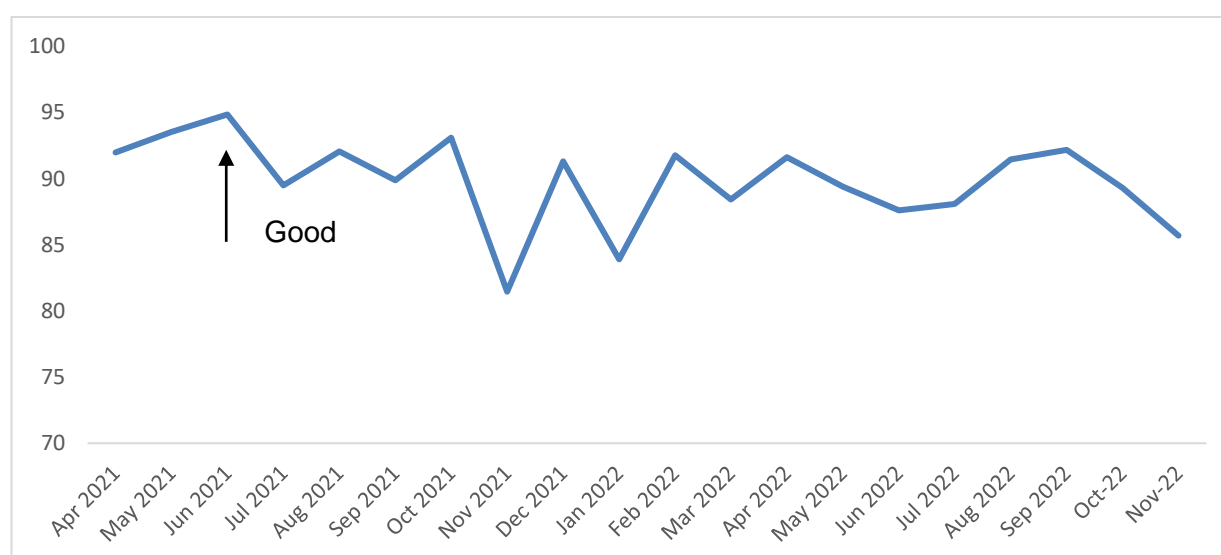
Performance against standard – 92.2% (month ending September 2022)

Update – During November 2022, there were 824 completed patient journeys; of which 113 were over 18 weeks.

Table 1 – 18 week pathways:

Month	Completed patient journeys	Patient journeys within 18 weeks
November 2022	824	85.7%
October 2022	727	89.3%
September 2022	656	92.2%

Figure 3: 18 week referral to treatment performance – NHS Orkney



3. 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 July – September 2022)

Performance against standard (62 days) – 75% (quarter July – September 2022)

Update – Data from Quarter 2, July – September 2022 details 10 eligible referrals to the 31 day standard; all 10 started treatment within 31 days. The maximum amount of days wait was 10 days. Of the 8 eligible referrals to the 62 day standard; 6 started treatment within 62 days. The maximum amount of days wait was 91 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.

4. Mental Health

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

Performance against standard – 100% (month ending September 2022)

Update - Published figures from September 2022, shows 6 patients were seen. All of these were seen within 18 weeks.

There were 33 patients still waiting at the end of September 2022; all of these had been waiting less than 18 weeks. In comparison, 24 patients were waiting at the end of August 2022; of these 22 (92%) had been waiting less than 18 weeks.

During September 2022, there were 32 referrals received. The quarter total was 63.

5. 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 – 83.3% (quarter July – September 2022)

Update – Published figures show that during the quarter (July - September 2022) there were 7 referrals to the service. There were 6 completed waits, of which 5 (83.3%) waited less than 3 weeks. This is an area where NHS Orkney continues to perform well.

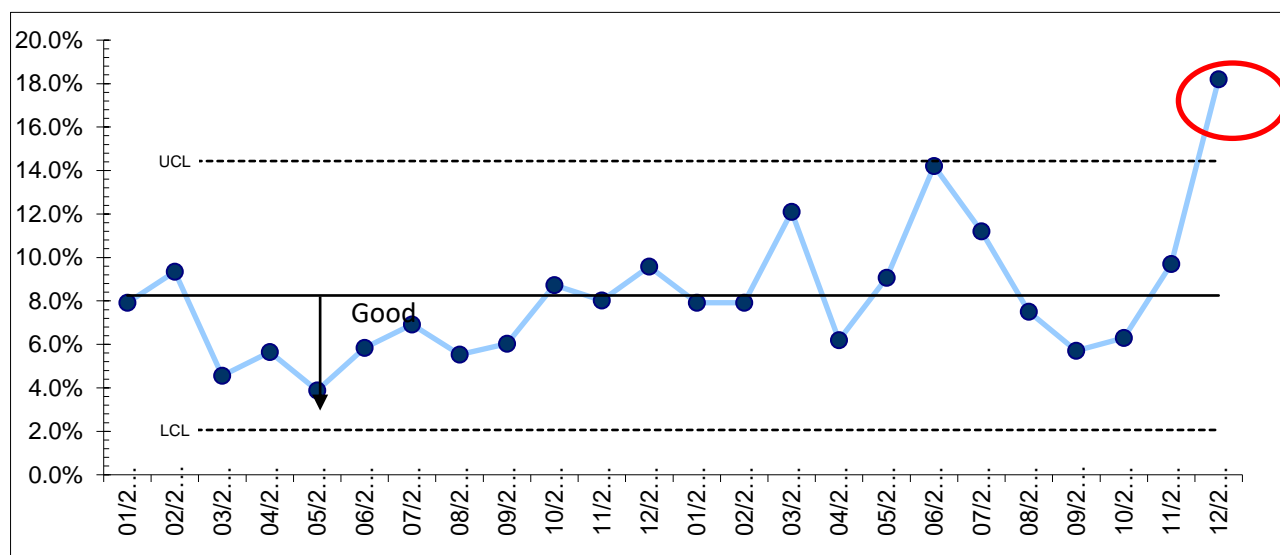
6. Cancelled Operations

Cancellation rate – 18.2% (December 2022)

The total number of planned operations across NHS Orkney during December 2022 was 225. 41 operations were cancelled in December 2022. The majority (21) of the operations were cancelled by the hospital due to capacity of non-clinical reasons. The remainder were either cancelled by the patient (6), by the hospital due to clinical reasons (2) or another reason (12). Cancellation percentage for December 2022 is 18.2%. Monthly performance is shown in Figure 4 below.

Special cause variation during December 2022 is linked to a number of internal factors relating to staff availability within the theatres.

Figure 4: Cancelled Operations, all reasons, Balfour Hospital – January 2021 to December 2022



7. Delayed Discharges

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

The latest published figures (December 2022) indicate that there were 161 Bed Days Occupied by Delayed Discharges during the reporting period and at Census there were 7 people delayed. In comparison to November 2022, the number of bed days occupied is a 42% increase. The majority of these were classed as a 'standard delay' (due to health & social care or patient & family related). The number of code 9 delays decreased between November 2022 and December 2022 from 58 to 46 delays. The number of delays at census point has increased from 4 in November.

Performance over time is shown in Figure 5, (Total Number of Delays at the Monthly Census) and Figure 6, (Bed Days Occupied). Both graphs indicate special cause variation early in 2021 and more recently in July 2022 for the bed days occupied. Both graphs also indicate the levels of special cause variation was significantly below the lower confidence level during June 2021.

Figure 5: Total Number of People Delayed in Discharge from Hospital as at Monthly Census, Balfour Hospital. January 2021 to December 2022.

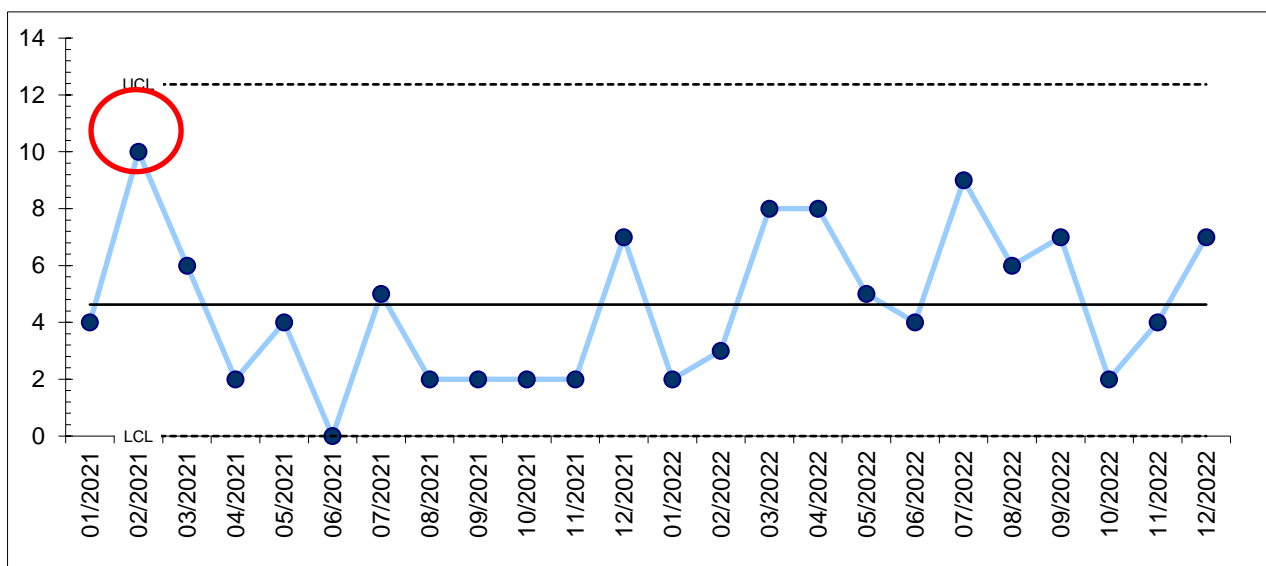
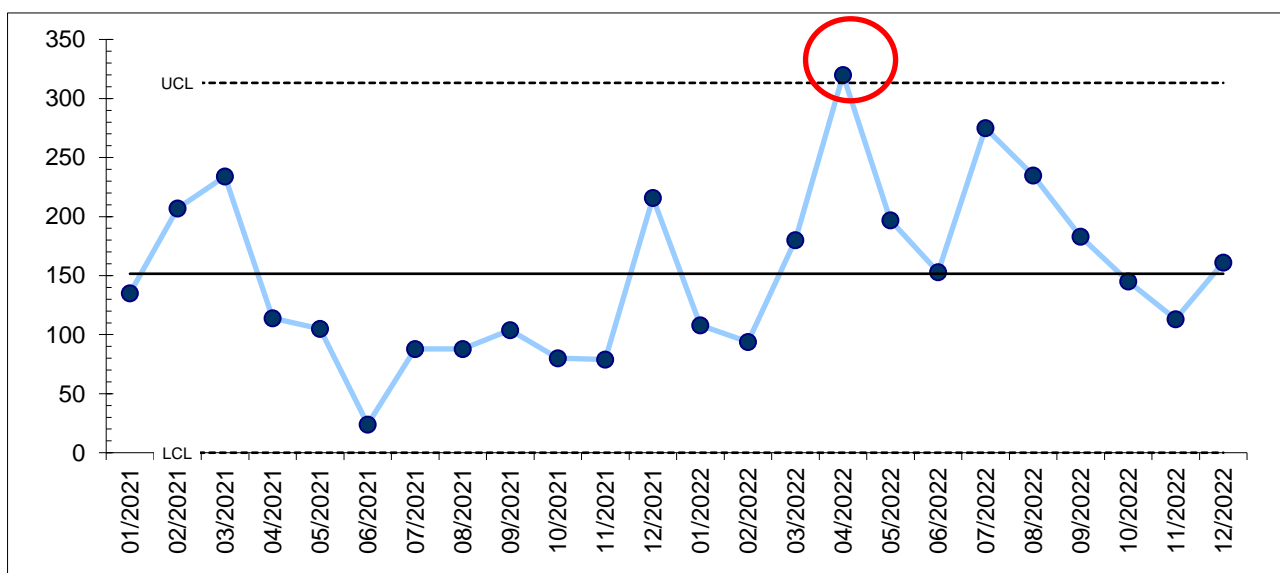


Figure 6: Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2021 to December 2022.



8. Access to MSK Services

Performance – 68.98% (As at September 2022)

In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 5 and 6 below.

Update – At the end of quarter 3 2022 (September), there had been 270 referrals for an MSK new outpatient appointment. There has been an increase in the paediatric referrals from AHPs. More patients are being seen; with a new MSK Physio and Podiatrist employed. It is hoped their work will be reflected in the figures for quarter 4 2022. More patients can also now be seen as the service has reverted back to pre-Covid appointment times.

Table 2: 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 September 2022	527	52 (9.9%)
As at June 2022	464	50 (10.8%)
As at March 2022	435	55 (12.6%)
As at December 2021	462	27 (5.8%)
As at September 2021	501	53 (10.6%)

Table 3: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: ISD)

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at September 2022	187	129 (68.98%)
As at June 2022	230	159 (69.1%)
As at March 2022	220	150 (68.2%)
As at December 2021	242	170 (70.2%)
As at September 2021	256	151 (59%)

Figure 7. Number of patients waiting, All AHP MSK specialties

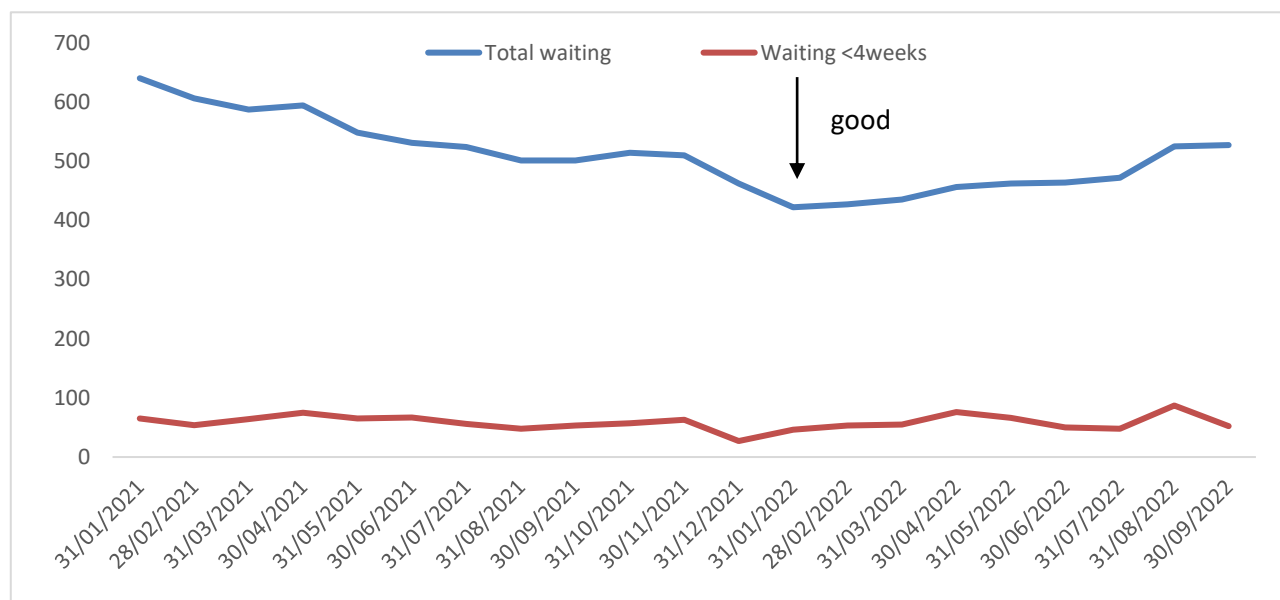
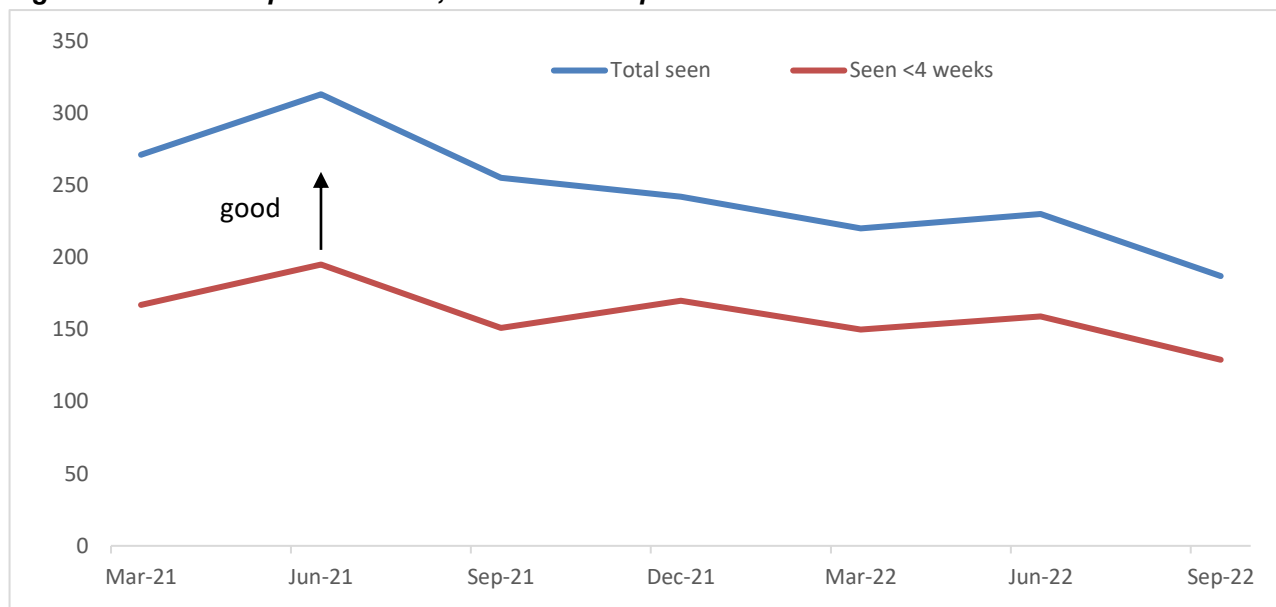


Figure 8. Number of patients seen, All AHP MSK specialties

Appendix 1: Performance Measures with No Update to Report

9. Outpatients

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

Performance against standard – 63% (quarter ending September 2022)

No update to report – 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 4 - 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 5 - 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 9: Performance in outpatients – The Balfour, 2020 – 2022

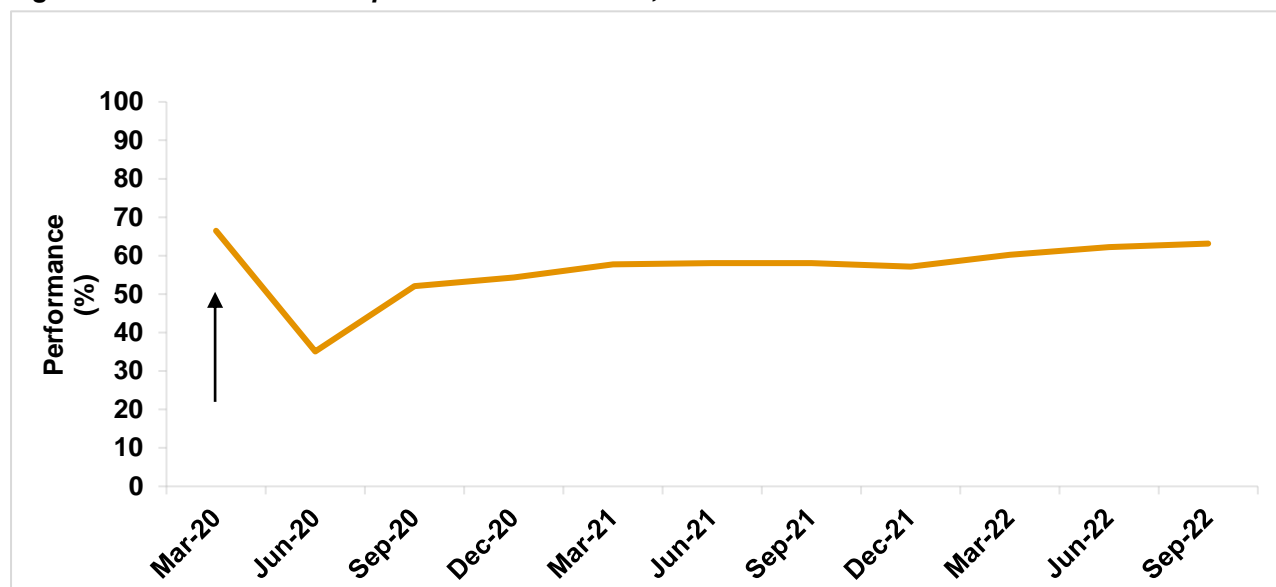
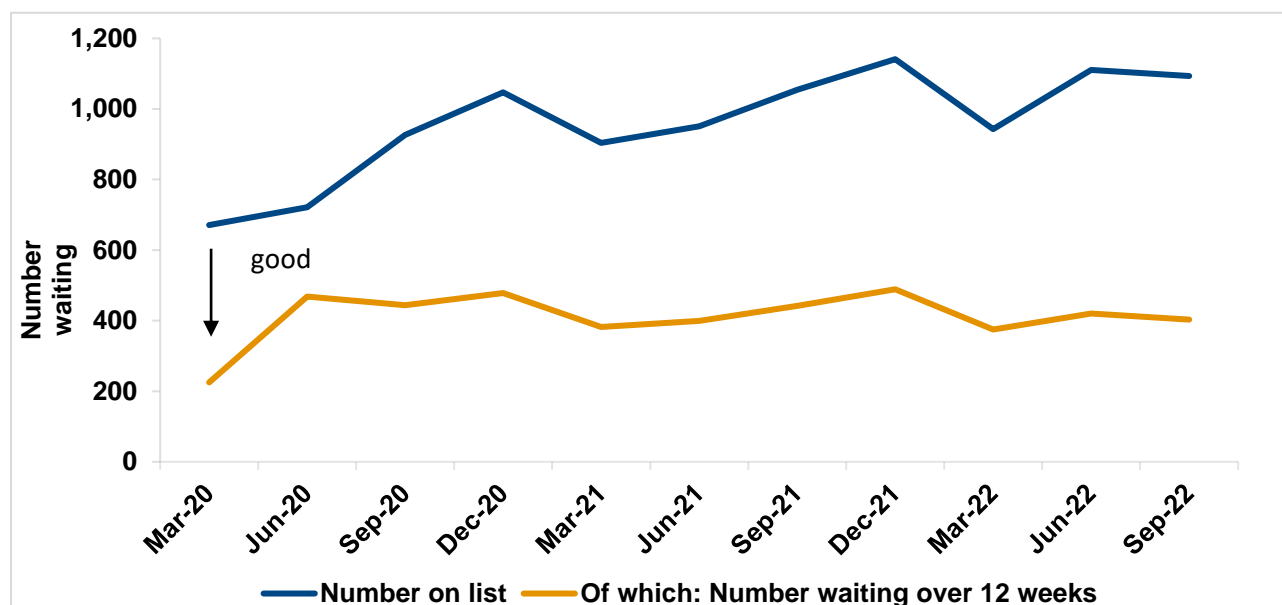


Figure 10: Outpatient waiting times – The Balfour, 2020-2022



10. Treatment Time Guarantee (TTG)

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

Performance against standard – 64% (quarter ending September 2022)

No update to report - 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 6 - 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 7 - 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 11: Performance in inpatients – The Balfour, 2020 – 2022

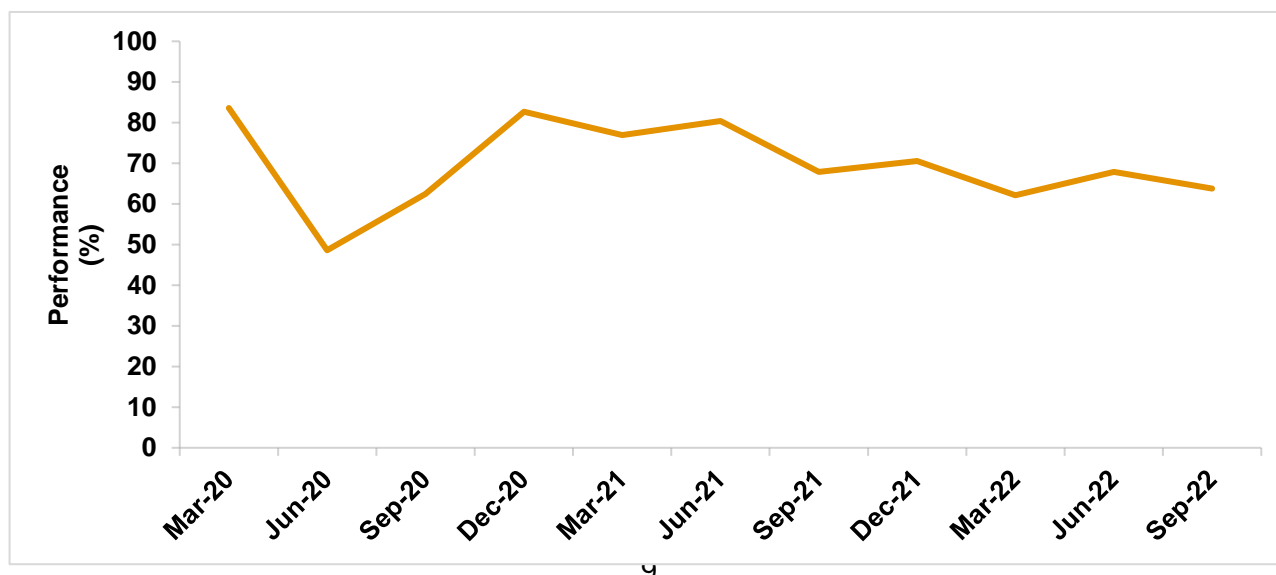
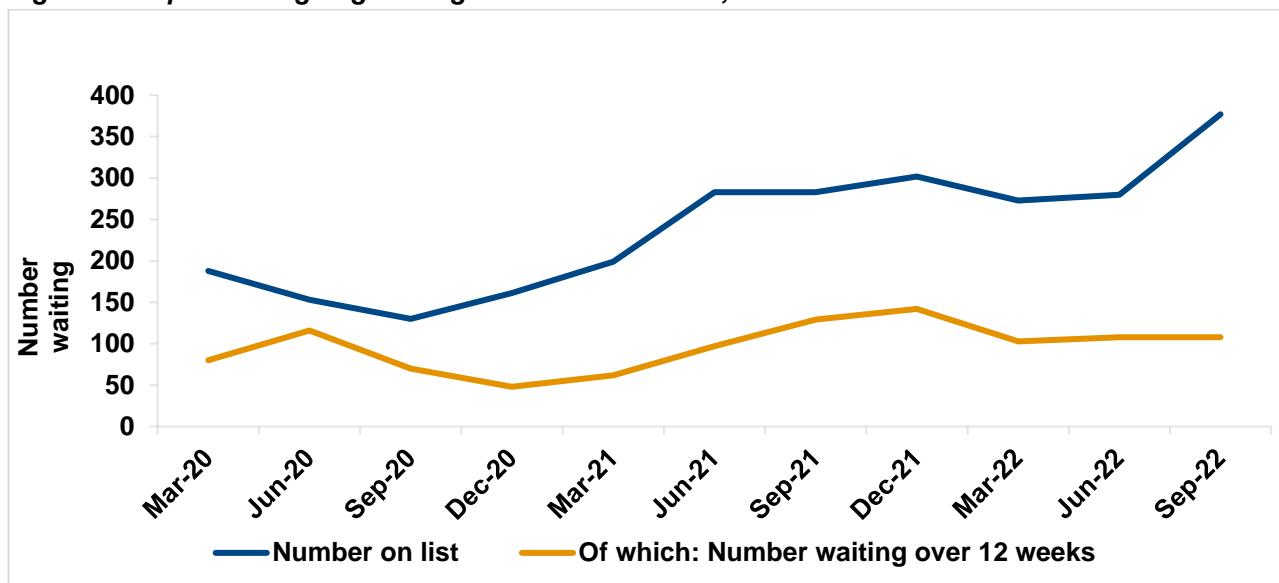


Figure 12: Inpatient ongoing waiting times – The Balfour, 2020-2022



11. 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.

12. IVF Treatment

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

Performance against standard – 100% (quarter July – September 2022)

No update to report – 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.

13. Detect Cancer early

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

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.

14. 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)

No update to report – 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.

15. 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.

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. Diagnostics

Performance – 50% (month end – September 2022)

No update to report - 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 13 provides an overview of the distribution of waiting times for the 6 of the 8 key diagnostic tests stated below, given that MRI scans and Barium studies are not currently 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 13: Distribution of waits as of September 2022 – key diagnostics tests, The Balfour

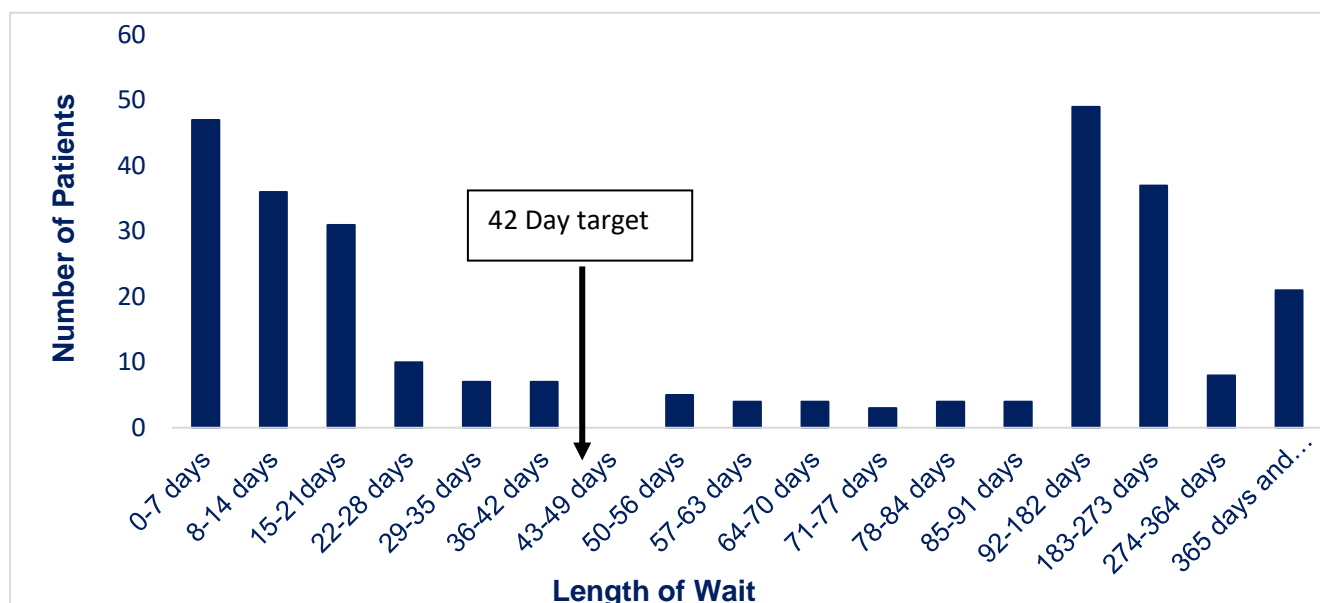
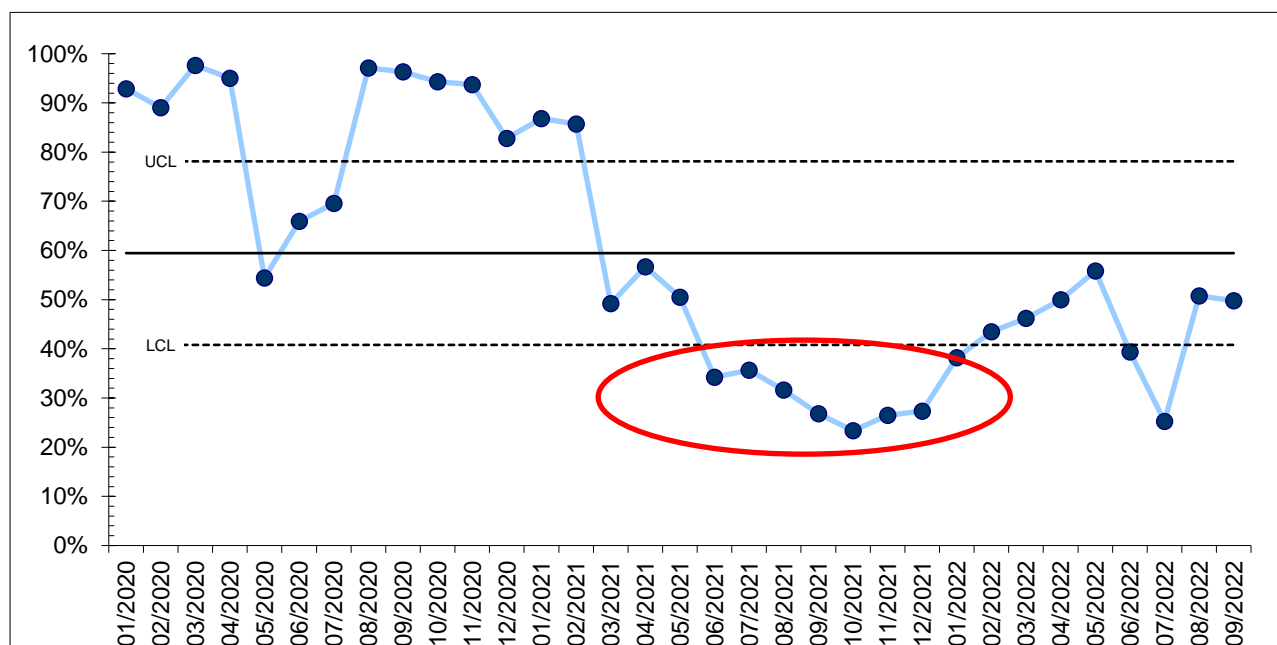


Figure 14: Percentage of patients waiting within 6 weeks for a key diagnostic test as at September 2022, The Balfour



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
Title:	Chairs Report - Finance & Performance Committee
Responsible Executive/Non-Executive:	David Campbell, Non-Executive Director
Report Author:	David Campbell, Non-Executive Director

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

The Finance & Performance Committee met on the 26 January 2023 and agreed the following key areas and agenda items that should be reported to the Board:

- Financial Position
- The Three-Year Financial Plan being amended to a Five-Year Plan
- Financial Sustainability Office Update
- Update on the Sustainability Steering Group

2.2 Background

The Finance and Performance 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

Financial Position

Members reviewed the financial position in detail, noting the current savings target and predicted end of year position, the current position would be reported to the Board at the February meeting.

Three-Year Plan Financial plan amended to a Five-Year Plan

As required by the Scottish Government NHS Orkney had produced a three-year financial recovery plan; The three-year plan was presented to the committee, however, the realistic opportunity to be able to provide these savings over three years was unfeasible, and five-year financial planning was being explored.

Members agreed that should the three-year plan be unachievable; a five-year plan would be explored to allow a more reasonable timescale.

Financial Sustainability Office Update

Members received the update noting the savings target and those currently achieved or tracked. It was noted that gaps and Interim arrangements in Executive Management had required some savings schemes identified to be rolled forward into 2023/24.

Sustainability Steering Group

Many areas reported to the group were on target such as the electric vehicle fleet, decarbonising the estate, and further efforts to be innovative with waste management.

Members were made aware of the Green Theatre project which assessed ways to be sustainable within a theatre environment.

There was a further commitment to making these initiatives a priority due to the potential to increase the quality of patient care, create long term savings, and reduce the impact on the environment.

2.3.7 Route to the Meeting

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

- Finance & Performance Committee, 25 January 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Finance & Performance Committee meeting held on 24 November 2022

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 24 November 2022** at **9:30** via **MS Teams**

Present: Des Creasey, Non-Executive Director (Vice Chair)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Steven Heddle, Non-Executive Director
Steven Johnston, Non-Executive Director

In Attendance: Louise Anderson, Waiting Times Coordinator (Item F62)
Malcolm Colquhoun, Head of Estates and Facilities (Items F65 and F66)
Ian Johnson, Resilience Officer (Items F63 and F64)
Carrie Somerville, Programme Manager FSO (Items F62 and F68)
Keren Somerville, Head of Finance
Emma West, Corporate Services Manager (Items F60 & F61)
Harmony Bourn, Committee Support

F55 Apologies

Apologies were noted from D Campbell, M Henry, M Moore, and S Brown.

F56 Declarations of Interests - agenda items

No declarations of interest were raised regarding agenda items.

F57 Minutes of the Meeting held on 22 September 2022

The Minute of the meeting held on 22 September 2022 were accepted as an accurate record of the meeting and approved.

F58 Matters Arising

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

F59 Action Log

There were no actions for review on the action log.

Governance

F60 Finance and Performance Committee Terms of Reference – FPC2223-28

The Corporate Services Manager presented the paper seeking approval of the amended Terms of Reference for the Finance and Performance Committee for 2022/23.

Members were advised that a development session had been held on 20 October 2022 to review the document. The main amendments included updates to job titles, clarification on deputy arrangements, and strengthening of cross-committee assurance mechanisms.

Decision/Conclusion

The Committee approved the updated Finance and Performance Committee Terms of Reference 2023/24.

F61 Finance and Performance Committee Business Cycle and Workplan – FPC2223-29

The Corporate Services Manager presented the paper seeking approval of the amended Finance and Performance Committee Business Cycle and Workplan for 2022/23. The amendments included:

- Modifications to reflect current practice around longer-term financial planning
- Inclusion of reporting around the Digital Strategy
- The addition of regular reporting on the work of the Financial Sustainability Office
- Strengthening links with the Integration Joint Board Audit and Risk Committee by regular review of approved minutes
- The addition of a Chairs report from the Sustainability Steering Group

Further discussion was required around the cross-committee assurance of the financial aspects of the workforce report, and this would be built into regular reporting as appropriate.

Decision/Conclusion

The Committee approved the Finance and Performance Committee Business Cycle and Workplan 2023/24.

Performance Management

F62 Performance Report – FPC2223-30

The Planning, Performance, and Risk Manager and the Waiting Times Coordinator presented the paper for noting advising of the intention to undertake a full overview of the document, identifying areas of untimely returns, and providing further assurance where there were gaps in data. This review would also look to reflect past and future performance trends as requested by members.

It was noted that there was no current update on the Children's and Adolescent Mental Health Services as the data was incomplete. The Interim Chief Executive agreed to review this as the accountable officer to mitigate any further risks and delays.

Following a query from S Heddle about whether barium swallows were conducted in Orkney, the Waiting Times Coordinator agreed to verify and report back to the next committee meeting.

The Waiting Times Coordinator reiterated the targets set by the Cabinet Secretary in July 2022 to eliminate long waits. The longest patient waiting over 104 weeks had been removed from the Golden Jubilee waiting list and there were no other

reported waits over 104 weeks. Patients requiring treatment by the December 2022 and September 2023 targets were in Dentistry and visiting Grampian services.

Decision/Conclusion

Members noted the update provided and welcomed the review of reporting going forward.

F63 Integrated Emergency Planning Update – FPC2223-31

The Resilience Officer presented the paper and highlighted the key points from the report:

Winter Planning:

- The Winter Planning Programme was progressing through joint working between the Board, associated Health and Social Care Partnerships, and other key partners.

Industrial Action:

- Joint planning meetings were taking place within NHS Orkney and NHS Shetland regarding the risk of National Industrial Action.
- Forthcoming action from Scottish Ambulance Service (SAS) was expected on 25 and 28 November 2022, although there was uncertainty around the number of staff this would affect. An update was expected at the next national meeting.
- There was a requirement to provide a daily sit rep to the Scottish Government DG Health and Social Care Meeting.

National Power Outages:

- The National Assessment for power outages was high, although the local risk for Orkney was low given that Orkney produces power that is exported to the National Grid.
- An NHS Orkney Subgroup had been established and the Resilience Officer continues to attend the Oleg Group and multiple groups held by the Scottish and Southern Electricity Network.

Decision/Conclusion

The Committee noted the update provided.

F64 NHS Orkney's Resilience Planning Group Chair's report and minutes held on 31 August 2022 – FPC2223-32

The Resilience Officer presented the paper and highlighted the key points from the report:

- Currently 80% of NHS Orkney's Business Continuity Plans had been reviewed, with plans to complete the remaining reviews by the end of December.

- The Chemical Biological Radiological and Nuclear (CBRN) Decontamination Unit and Plan could not be initiated due to a lack of trained personnel to carry out decontamination procedures. Two staff had volunteered along with a trained staff member, however, a minimum of six staff were required to operate the unit. Currently, the CBRN Decontamination Unit is reliant on SAS and a team from the mainland.
- The Major Incident Plan was in draft form and required sign-off by appropriate staff members. A Sub-group had been established to test aspects of the plan.
- A decision was required to either keep the NHS Emergency Trailer and review the equipment carried or to dispose of it due to the availability of necessary equipment carried out by other agencies. Discussions were ongoing around the decision.

Decision/Conclusion

The Committee noted the update provided.

The Resilience Officer agreed to readvertise the vacancy for volunteers, and committee members agreed to engage with teams to encourage staff to volunteer.

F65 Energy Consumption Report – FPC2223-33

The Head of Estates and Facilities presented the paper highlighting that although NHS Orkney continued to reduce the size of the estate and the consumption of energy, the cost of energy had increased and was anticipated to continue to increase by up to 40% by early 2023.

The Director of Finance highlighted several assumptions raised at a recent Corporate Finance Network Meeting which included the increasing energy costs which would be factored into the Three-Year Plan going forward.

In response to a query from S Johnston about reduced energy consumption across the estate out with the Balfour, the Head of Estates and Facilities clarified that the rest of the estate ran off electricity and kerosene and this was being addressed.

S Johnston suggested raising awareness among staff around energy savings or identifying potential energy wastage. The Planning, Performance, and Risk Manager agreed to engage with the FSO to include a message in the FSO Communication Plan.

Decision/Conclusion

The Committee noted the update provided.

F66 Scottish Government Grant - FPC2223-34

The Head of Estates and Facilities presented the paper and commended all staff involved in the programme of work which sought investment in public sector energy efficiency and decarbonisation improvements. The application submitted by NHS Orkney to the Scottish Government had been successful and the Board had been awarded £3,986,750.

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.

S Johnston praised staff involved in the programme and highlighted the potential benefits entailed including decarbonisation, financial efficiencies, and NHS Orkney becoming a leader of clean energy in the community. The Director of Finance clarified that any original capital funding allocated to estate maintenance would be reviewed and reallocated.

Decision / Conclusion

The Committee commended the Head of Estates and Facilities and all staff involved in the programme and suggested that the Board share the good news story with the local press.

Financial Management and Control

F67 Financial Performance Report – FPC2223-35

The Director of Finance provided the financial position for 1 April 2022 to 31 October 2022, reflecting an overspend of £2.316m and a forecast outturn of £3.856m at year-end which had been reported to the Scottish Government. The forecasted outturn was anticipated to reduce through work carried out by the FSO.

The year-end position assumed non-delivery of £1.5m of the anticipated £4.9m of recurring and non-recurring savings. The £3.856m overspend assumed no further savings targets and assumed a break-even position on the operational budgets. The FSO continued to work closely with IJB colleagues to identify if any of the savings' targets of £750k could be released in 2022/23, including an ongoing review of the reserves. It was noted that inflation continued to cause significant challenges and discussions were underway with other Health Boards to monitor SLA activity and the impact of Covid on these costs. It was noted that prescribing costs could fluctuate significantly and remained under review, and it was assumed that Covid costs would be contained within the available budget.

Achieving savings of £3.4m of the £7.319m savings target was anticipated. The main areas of overspend were Pharmacy and drugs, Estates and Facilities, and Hospital Services, particularly agency spend. The Board was on target to deliver against its Capital Resource Limit and a paper would be taken to the Board providing an update on plans for King Street development.

The Director of Finance summarised an in-year overspend of £2.316m, with £0.917m attributable to Health Board budgets and £1.399m attributable to the Integrated Joint Board. It was highlighted that the Scottish Government had intended to review unutilised IJB reserves, and discussions were underway with the Chief Officer to release the reserves and reduce overspend. It was clarified that IJB reserves could be reallocated, and conversations were underway between the FSO and the Chief Officer.

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.

F68 Financial Recovery Plan Update - FPC2223-36

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 7, efficiencies and achieved savings of £2m had been recognised; of this, £661k was recurring and £1.340m was non-recurring. In addition, further savings of £314k recurring and £1,148k non-recurring had been identified and were being tracked for achievement throughout 2022/23.

S Heddle queried whether the Executive Sponsors could provide a narrative around underachieved savings. The Planning, Performance, and Risk Manager highlighted that the FSO Programme Board had been established as a reporting route to discuss operational challenges and financial targets. The Project Manager had enabled several controls and gained an understanding of activity going through the Medical Staffing Office which would help toward targeting the locum spend savings.

Decision/Conclusion

Members noted the update provided and took assurance around progress and further work required.

F69 Three-Year Financial Review Timescales – FPC2223-37

The Director of Finance presented the paper and highlighted a letter received from the Scottish Government regarding expectations for the Three-Year 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. The Scottish Government would also revert to a three-year planning cycle and return to a position where Boards could overspend by 1% of their revenue resource funding.

A paper would be presented to the In-Committee meeting of the Board on 15 December 2022 which would propose building in inflation rates, increasing energy costs, and pay rate increases into the Three-Year Financial Plan. It was anticipated that the Scottish Government would announce its budget on 15 December 2022 and a further plan reflecting the budget would be presented to the Board thereafter.

It was highlighted that a national approach to PPE Test and Protect would be funded in 2023/24 and beyond through recurring funding although any additional Covid costs would need to be met from the Core Revenue Resource Limits. The Scottish Government expected Boards to create a local governance arrangement to reflect the sustainability and value collaboration and this would be achieved locally through the FSO.

The Director of Finance remained in close discussions with the Scottish Government around the financial position and a plan would be submitted in the New Year.

Decision/Conclusion

Members noted the update provided and took assurance around progress and timescales.

Workforce

F70 Workforce Update

The Vice-Chair provided an update and noted the process had commenced. The Vice-Chair had engaged with the Staff Governance Committee and the Interim Director of Human Resources, and a further update would be provided to the Finance and Performance Committee in due course.

Decision/Conclusion

Members noted the update provided and welcomed a paper to the next meeting of the Committee.

Risk

F71 Finance and Performance Corporate Risk Register for Review – FPC2223-38

The Director of Finance presented the Finance Corporate Risk Register and highlighted the risks around the three financial targets: Revenue Resource Limit, Capital Resource Limit, and Cash Target.

The Risk Register was updated in October 2022 which reflected the plans submitted to the Scottish Government in September 2022. The Director of Finance and the Head of Finance met with the Scottish Government to discuss the feedback provided and actions that had been taken forward internally and externally.

Conclusion/Decision

Members noted the update provided and took assurance around the actions taken to address the risks.

F72 Agree key items to be brought to the Board or other Governance Committees' attention

- Three-Year Financial Plan
- The Scottish Government Grant provided to decarbonise NHS Orkney's Estate

F73 Any Other Competent Business

No other competent business was raised.

Items for information and noting only

F74 Schedule of Meetings

10.3.1

Members noted the schedule of meetings for 2022/23

F75 **Record of attendance**

Members noted the record of attendance.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 February 2023
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.

A 3 tier risk management system 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:

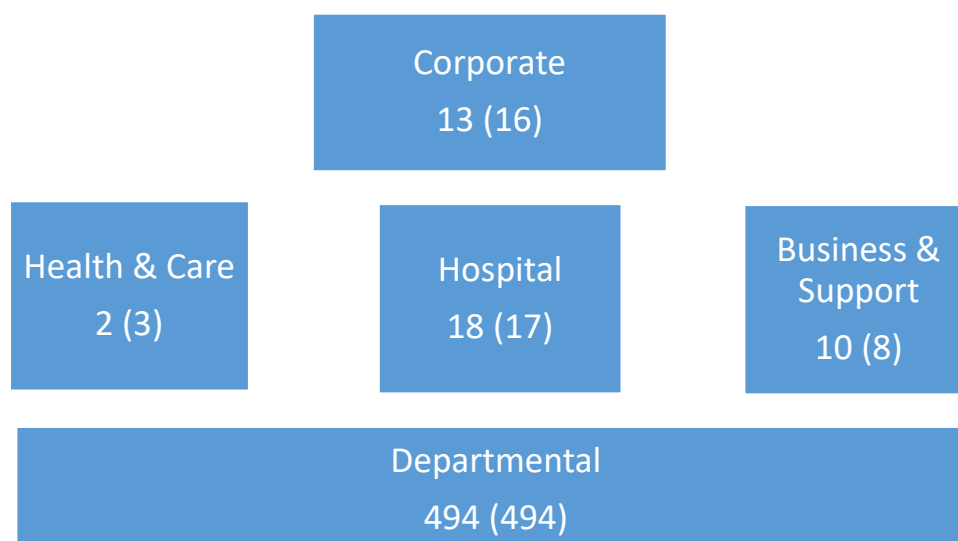
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

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 January 2023, 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 13 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 evident 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 two corporate risks 725 and 726 that both related to the findings of the HSE visit and NHS Orkney's ability to comply with the requirements of regulations in regard to Manual Handling and Violence and Aggression were deescalated to the Business and Support Operational Tier 2 Risk Register. This was due to the improvement notices having been completed resulting in the consequences and likelihood of both risks being reduced and the overall risk ratings for both risks reduced from 20 to 12.

Following a review in December 2022 the corporate risk 551 that related to the DHI Listening Exercise was closed, this was a result of the work now being part of business as usual and included in the Staff Governance Action Plan.

The risk rating of risk number 655, in relation to senior leadership was decreased from 10 to 8 to reflect that the Director of Nursing, Midwifery, AHPs and Acute Services is now in post and the establishment of a Silver Command.

The highest level of corporate risk relates to the corporate financial position, where there is considerable improvement ongoing with reporting to the Finance and Performance Committee.

There was one new risk added to the Tier 2 Hospital Risk Register in relation to the closure of HDU beds and two risks deescalated, as mentioned above, to the Tier 2 Business and Support register and 1 risk in relation to digital records closed 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 January 2023 and Table 2 provides the last reported position for reference. As can be seen there has been a decrease in risk exposure at a corporate level as a result of the de-escalation, reduction in risk ratings and the closure of Corporate Risks and the additional risks within the Hospital and Business & Support registers.

Risk Exposure – Tables 1 & 2:

January 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	94	39	0	153	28.0%
Health & Care	25	0	9	0	34	6.2%
Hospital	65	158	28	0	251	46.0%
Business & Support	0	67	41	0	108	19.8%
TOTAL EXPOSURE	110	319	117	0	546	100.0%
% of Total	20.1%	58.4%	21.4%	0.0%		

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%		

2.3.1 Quality/ Patient Care

Corporate risks aligned to the Joint Clinical and Care Governance committee are being reported at each Committee meeting and there are two new risks in this area to highlight.

1121 – *Closure of HDU Beds for Safe Practice*: This is a new risk that has been added to the Hospital Risk Register due to the temporary closure of HDU and the impact this has on other departments and teams within the Balfour. This risk is reviewed routinely and escalated appropriately.

1122 – *Delay in Hospital Discharges*: Maintaining patient flow in the Balfour is being adversely impacted by delays in discharge of medically fit patients from hospital. This is being partially mitigated through collaborative discharge planning and escalation as appropriate however further work is necessary to fully mitigate, this risk is reviewed monthly and escalated appropriately. This risk supersedes risk 458 following a review of the risk assessment by the Interim Director of Acute Services, Patient Flow Co-ordinator and Healthcare Staffing Lead Nurse.

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 365 relating to the Health and Care Staffing Scotland Act and this workstream is a key deliverable for 23/24 and is referenced in the Annual Delivery Plan and 3-year Workforce Plan.

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.

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	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. Update Dec 2022 - Further review of NHS Orkney position will be undertaken in the new year to identify current position and any continued mitigation required.

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.	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. Update Nov 2022 - Work continues in this area, latest update was submitted to Scottish Government on the 30th Sept 2022. Feedback received and met with SG in October- we await templates from SG regarding the 3 year planning timeline commencing 2023/24. Update Jan 2023 - Still awaiting templates from Scottish Gov. Draft plan submitted to Board and will be presented at F&P end of January 2023.
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: 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. Update Jan 2023 - Central Analysis Programme half completed - currently working on Unified Threat Management Devices - test one operational and going through test process - first remote site Garson and this will be implemented after testing completed and then further roll out to other sites - this will be completed by end of March 2023

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	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. Update Dec 2022 - Due to recent levels risk currently remains the same, to be reviewed for the March 2023 Board where risk may be able to be reduced further.
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 NHS Orkney 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 NHS Orkney is now part of the Orkney Island's Sustainable Recovery Delivery Group. November 2022 - Application funding approved by Scottish Government of £4M over the next 2 financial years. Work begins April 2023 which will result in NHS Orkney 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 Update Dec 2022 - Due to recent levels risk currently remains the same, to be reviewed for the March 2023 Board where risk may be able to be reduced further.
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	8	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.	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. Update Dec 2022 - Following the start of the Director of Nursing, Midwifery, AHPs and Acute Services and the establishment of a Silver Command consequence of risk reduced and overall risk rating reduced from 10 to 8 will the next stage to remove risk once new CEO in post.
Risk ID: 923 Data Security - Control of Access to Clinical & Non-Clinical Personal Data	Director of Finance	15	4	IT Access request process Information Security Policy	July 2022: Working with HR to establish AD Manager System to audit and manage active directory - initial meeting arranged July to discuss process. Update Oct 2022 - HR working on gaps in data and coordination with IT to pass data onto them. Update Nov 2022 - Data still incomplete, meeting organised with IT and HR to resolve issue and ensure data quality improved. Update Jan 2023 - HR working to improve their data quality - IT progressing work with access to other applications.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
Strikes (Minimum Service Levels) Bill 2022-23 (HC Bill 222) https://publications.parliament.uk/pa/bills/cbill/58-03/0222/220222.pdf	A Bill to make provision about minimum service levels in connection with the taking by trade unions of strike action relating to certain services.
National Carers Strategy https://www.gov.scot/publications/national-carers-strategy/	A Scottish Government publication sets out a range of actions to ensure unpaid care are supported fully in a joined up and cohesive way, covering areas including: living with COVID-19; valuing, recognising and supporting carers; health and social care support; social and financial inclusion; and the position on young carers.
Delivering Value Based Health and Care: A Vision For Scotland https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/	A Scottish Government publication sets out the challenges the health and social care system is facing and how practising realistic medicine can deliver a more sustainable system. It includes six commitments on what the Scottish Government will do to support health and care professionals deliver care that people value.
Delivery of psychological therapies and interventions: national specification – Consultation https://www.gov.scot/publications/delivery-psychological-therapies-interventions-national-specification/	A Scottish Government consultation seeks views on the draft specification for psychological therapies and interventions. Psychological therapies and interventions are evidence-based approaches (based on facts) that can improve health by helping people make changes to their thinking, behaviour, and relationships to reduce distress, treat mental health difficulties, help manage emotions, and improve wellbeing. Comments by 17 March 2023.
Adult Secondary Mental Health Services Consultation https://www.gov.scot/publications/quality-standards-adult-secondary-mental-health-services-consultation/documents/	A Scottish Government consultation seeks views on draft quality standards for adult secondary mental health services. The standards are structured around themes that emerged from engagement with people with lived experience of using adult secondary mental health services and the workforce. The themes are: access; assessment,

Topic	Summary
	care planning, treatment and support; moving between and out of services; workforce; and governance and accountability. Comments by 17 March 2023.
Updated guidance to medical practitioners for death certification and reporting deaths to the Procurator Fiscal during the recovery from COVID-19 disease pandemic https://www.copfs.gov.uk/about-copfs/news/change-in-reporting-of-care-home-covid-19-deaths-to-the-procurator-fiscal/	Updated guidance from the Lord Advocate, in consultation with the Chief Medical Officer, Police Scotland and National Records Scotland, on the reporting of COVID-19 related deaths. It is no longer necessary to report to the Procurator Fiscal the deaths of all care home residents or workers who may have contracted COVID-19 in the course of their employment or occupation.
Gender Recognition Reform (Scotland) Bill 2022 (SP Bill 13) https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill/stage-3	A Bill for an Act of the Scottish Parliament to reform the grounds and procedure for obtaining gender recognition, and for connected purposes.

Circulars

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

Reference:	Date of Issue:	Subject:
CMO(2022)40	21.12.2022	Re: updated guidance to medical practitioners for death certification and reporting deaths to the procurator fiscal during the recovery from COVID-19 disease pandemic
DL(2022)37	21.12.2022	Public holiday for the coronation of King Charles III – Monday 8 May 2023
CMO(2022)41	22.12.2022	Group A streptococcus cases in the UK – case definition, and guidance
DL(2022)38	22.12.2022	NHS Scotland health boards and special health boards – blueprint for good governance second edition
DL(2022)39	28.12.2022	Temporary increase to NHS Scotland mileage rate
PCS(SDIA)2022/01	28.12.2022	Scottish Distant Islands Allowance
DL(2023)01	16.01.2023	Extant guidance on infection prevention and control, face mask and face covering use and patient testing for COVID-19 infection
DL(2023)02	17.01.2023	NHS health boards and special health boards: Remuneration Increase 2022-23: Chairs And Non-Executive Members
CMO(2023)01	30.01.2023	Derogation from reporting seasonal influenza deaths to COPFS
DL(2023)03	06.02.2023	NHSScotland Assure: key stage assurance reviews (KSAR) – commissioning and handover
DL(2023)04	09.02.2023	Carry forward of annual leave from 2022-23 to 2023-24

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

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		Attending	
D Campbell	Vice Chair	Attending	Attending	Attending		Attending	
D Creasey	Non Executive Board member	Attending	Attending	Attending		Apologies	
C Dare	Non Executive Board Member	Attending	Attending				
C Evans	Non Executive Board Member	Attending	Attending	Apologies			
M Gill	Employee Director	Attending	Attending	Attending		Attending	
I Grieve	Non Executive Board Member	Attending	Attending	Attending		Attending	
R Gold	Non Executive Board Member					Attending	
S Heddle	Non Executive Board Member		Attending	Attending		Attending	
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending		Attending	
J Kenny	Non Executive Board member	Attending	Attending	Attending		Attending	
J Stockan	Non Executive Board member	Attending					
J Taylor	Non Executive Board member	Attending	Attending	Attending		Attending	
	Executive Board Members:						
M Dickson	Interim Chief Executive	Attending	Attending	Apologies		Attending	
M Doyle	Director of Finance	Attending	Attending	Attending		Attending	
M Henry	Medical Director	Attending	Attending	Attending		Apologies	
L Wilson	Director of Public Health	Attending	Attending	Apologies		Apologies	

13.3

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		Attending		
L Hall	Interim Director of HR	Attending	Attending	Attending		Attending		
S Lewis	Consultant in Public Health			Attending		Attending		
M Moore	Interim Director of Nursing, Midwifery and AHPs	Attending	Attending	Apologies		Attending		
E West	Corporate Services Manager	Attending	Attending	Attending		Attending		