

NHS Orkney Board

22 June 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 hybrid meeting of **Orkney NHS Board** on **Thursday 22 June 2023**
at **12:30 pm**.

Meghan McEwen

Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 27 April 2023	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	Board Chair and Chief Executive Report to Board	Chief Executive Chair	OHB2324-15	To <u>reflect on</u> progress and <u>share</u> key messaging
7	Annual Accounts	<u>Not to be made public until laid before Parliament</u>		
7.1	NHS Orkney Annual Accounts for year ended 31 March 2023	Director of Finance	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee
7.2	2022/23 Annual Audit Report from External Auditor	External Auditor	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee
8	Governance			
8.1	Governance Committee Annual	Corporate Services	OHB2324-16	To <u>provide</u> a summary of the assurance process and

Item	Topic	Lead Person	Paper Number	Purpose
	Reports for 2022-23 <ul style="list-style-type: none"> • Audit and Risk • Joint Clinical and Care Governance • Finance and Performance • Remuneration • Staff Governance • Area Clinical Forum 	Manager		note the Governance Committee Annual Reports
8.2	Senior Leadership Team – Terms of Reference and engagement	Chief Executive	OHB2324-17	To <u>approve</u> the Terms of Reference for the SLT and take <u>assurance</u> around the structure
8.3	Chief Executive and Executive Team Portfolios	Chief Executive	OHB2324-18	To <u>update</u> the Board on realignment of portfolios and <u>take assurance</u> on alignment with corporate priorities.
9	Strategy			
9.1.1	Whistleblowing Standards – Annual Report 2022/23	Medical Director	OHB2324-19	To <u>take assurance</u> from the annual report
9.1.2	Whistleblowing Champion – Assurance Statement	Whistle Blowing Champion	OHB2324-20	To <u>take</u> assurance from the report
9.2	Clinical Strategy implementation	Medical Director	OHB2324-21	To <u>take assurance</u> on the proposed approach to implementation and monitoring progress and impact
10	Clinical Quality and Safety			
10.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2324-22	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting

Item	Topic	Lead Person	Paper Number	Purpose
10.2	Area Clinical Forum Chairs report and minutes from meetings held on 7 February 2023	Area Clinical Forum Chair	OHB2324-23	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Person Centred			
11.1	Patient Experience	Medical Director	<u>Deferred</u>	To seek <u>assurance</u> on future reporting of patient experience metrics
11.2	Planning with People Guidance	Chief Executive	OHB2324-24	To <u>note</u> the guidance issued to support Boards in engaging with members of the public and public involvement.
12	Workforce			
12.1	NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23	Head of People and Culture	OHB2324-25	To <u>approve</u> the report for publication on the recommendation of the Staff Governance Committee
12.2	Staff Governance Committee Chairs report and minute from meeting held on the 22 February 2023	Staff Governance Committee Chair	OHB2324-26	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
13	Organisational Performance			
13.1	Financial Performance Report	Director of Finance	OHB2324-27	To <u>review</u> the in year financial position and <u>note</u> the year to date position
13.2	Capital Plan	Director of Finance	OHB2324-28	To <u>approve</u> the Capital Plan as recommended by the Finance and Performance Committee
13.3	Performance Management	Chief Executive	OHB2324-29	To <u>scrutinise</u> the report and <u>seek assurance</u> on

Item	Topic	Lead Person	Paper Number	Purpose
	Report			delivery
13.4	Finance and Performance Committee Chair's Report and minute of meeting held on 23 March 2023	Finance and Performance Committee Chair	OHB2324-30	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
14	Risk and Assurance			
14.1	Corporate Risk Register	Chief Executive	OHB2324-31	To <u>review and approve</u> the new set of corporate risks which have been agreed by the Executive Management Team.
14.2	Audit and Risk Committee Chair's Report and minute of meeting held on 7 March and 2 May 2023	Audit and Risk Committee Chair	OHB2324-32	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
15	Any other competent business			
16	Items for Information			
16.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
16.2	Board Reporting Schedule 2023/24*	Chair		To <u>note</u> the timetables
16.3	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 27 April 2023** at
10:00 am

Present

Meghan McEwen, Chair
 Davie Campbell, Vice Chair
 Laura Skaife-Knight, Chief Executive
 Des Creasey, Non-Executive Board Member
 Rona Gold, Non-Executive Board Member
 Issy Grieve, Non-Executive Board Member
 Mark Henry, Medical Director
 Steven Johnston, Non-Executive Board Member
 Joanna Kenny, Non-Executive Board Member
 Ryan McLaughlin, Employee Director
 Jason Taylor, Non-Executive Board Member
 Sam Thomas, Director of Nursing, Midwifery, AHP and Acute

In Attendance

Steven Brown, Chief Officer, Integration Joint Board
 Lorraine Hall, Interim Director of Human Resources
 Sara Lewis, Acting Director of Public Health
 Carrie Somerville, Planning, Performance and Risk Manager
 Keren Somerville, Head of Finance
 Emma West, Corporate Services Manager

B1 Presentation – Orkney Money Matters

Harry Johnston, Voluntary Action Orkney joined the meeting to provide Board members with an update on Orkney Money Matters. The project aimed to embed an 'advice-and-cash-first' referral approach and pathway for individuals who had experienced financial insecurity.

Frameworks had been developed to support closer working between key organisations and promote the referral pathway.

The Board thanked H Johnston for taking the time to attend the meeting and for his informative presentation which demonstrated a great example of multidisciplinary working. Members offered support to the project and suggested how links could be strengthened with NHS processes.

B2 Welcome and Introduction – Laura Skaife-Knight – Chief Executive

L Skaife-Knight, Chief Executive thanked everyone for their warm welcome and informed members she was delighted to be in post and privileged to lead NHS Orkney. She thanked Michael Dickson for his strong leadership throughout his appointment.

B3 Welcome and Apologies

Apologies were noted from M Doyle, S Heddle and M Sterrenburg.

B4 Declarations of interests

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

B5 Minutes of previous meetings held on 23 February 2023

The minute of the meeting held on 23 February 2023 was accepted as an accurate record of the meeting and was approved.

B6 Matters ArisingPatient Representative Group

The Chief Executive provided assurance that the Executive Team were in the process of reviewing portfolios to ensure that they were fit for purpose. An update would be provided at the next Board meeting.

NHS 24 Assurance Report

The Chief Officer assured members that meetings with Community Councils had taken place as agreed and work continued to review and progress.

B7 Board Action Log

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

Governance**B8 Code of Corporate Governance – OHB202324 - 01**

The Corporate Services Manager introduced the Code of Corporate Governance 2023/24. The updated version had been presented to the Audit and Risk Committee on the 7 March 2023 with a recommendation of Board approval.

J Taylor informed members that inconsistencies had been identified with regards to the Internal Audit appointment process. A panel meeting had been scheduled for the 28 April to ensure compliance with the Code of Corporate Governance.

Members discussed the future scheduling of reviewing the Code of Corporate Governance and agreed, subject to conversations and audit and risk it would remain as an annual update for the current cycle. It was agreed that a broader review of the Code would be completed for 2024/25 ensuring a more cohesive approach was taken across portfolios.

Decision / Conclusion

The Board approved the Code of Corporate Governance subject to minor amendments and agreed that the final version would be approved virtually.

B9 Integration Joint Board Vice Chair and Chair appointments – OHB2324-02

The Chair presented the report providing the Board with information on appointments to the Chair and Vice Chair positions of the Integration Joint Board. Members were advised that the Chair of the Integration Joint Board rotated between NHS Orkney and Orkney Islands Council, this had now reverted to Orkney Islands Council and Rachael King had been elected as Chair, Issy Grieve was nominated as Vice Chair.

I Grieve accepted the nomination of Vice Chair; Board Members approved this.

Members were also asked to consider whether any changes in membership were required to the non-voting roles. It was agreed Sara Lewis, Acting Director of Public Health attends.

Decision / Conclusion

The Board approved the appointment of Issy Grieve as Vice Chair from May 2023.

B10 Orkney Partnership Board – Vice Chairs Report – OHB2324-03

The Chair presented the report noting that the Orkney Partnership Board had met on the 14 March 2023 and informed members that they were asked to approve the Local Outcomes Improvement Plan (LOIP). Reports from previous working groups had been closed off and new workings groups had been established.

Decision / Conclusion

The Board noted the update from the Community Planning Partnership and the minutes from the 14 December 2022.

Strategy

B11 NHS Orkney Plan on a Page - OHB2324-04

The Chief Executive presented the report advising members of the five high level priorities and key actions of focus within the Plan on a Page 2023/24, to enable staff to deliver the best care and services to the local community. Executives would lead priorities and implement a transparent communication strategy and a quarterly reporting system.

Decision / Conclusion

The Board noted and supported the priorities identified within the Plan on a Page for 2023/24 prior to publication.

Clinical Quality and Safety

B12 Healthcare Associated Infection Prevention and Control Report - OHB2324-05

The Director of Nursing, Midwifery, Allied Health Professionals and Acute Services presented the report advising there had been an increase in E.Coli Bacteraemia (ECB). Work had been on-going to identify any commonalities in risk factors with a view to highlight areas for learning and strengthen preventative measures.

J Taylor queried the non-escalation of Clinical Practice audits in some areas and was assured that this had been highlighted and work was underway to ensure ownership and responsibility was consistently applied. Staff engagement had been challenging in some areas due to the multidisciplinary groups sharing space, this had also been addressed.

Members were advised that there had been no outbreaks of Norovirus or Covid-19 in care homes.

Hand hygiene scores were lower than expected, members were assured that there

had been discussions with teams to ensure that the correct procedures were always followed. Members were reminded that hand hygiene should be demonstrated throughout all levels of the organisation and clinical settings.

Decision / Conclusion

The Board noted the report including the performance for surveillance undertaken.

The Chief Executive acknowledged the exceptional work carried out in care homes and the positive audit of the Central Decontamination Unit (CDU) and requested a letter to be sent to the team on behalf of the Board as well as a visit from Board members.

B13 Public Health Report – OHB2324-06

The Acting Director of Public Health presented the report which provided data relating to tobacco use in Orkney and related public health activity.

Members were advised that Orkney smoking cessation LDP target had been ambitious under the model of delivery of smoking cessation services locally.

The NHS Orkney Public Health team had engaged with partners to develop a collaborative approach to smoking cessation support across Orkney which included workshop modelling to review and improve service delivery.

Data monitoring at service level had increased to support understanding of referral and treatment pathways, to support access to the service.

Decision / Conclusion

The Board took assurance from the report including the work around the smoking cessation.

B14 Chairs Report Joint Clinical and Care Governance Committee Chairs report and minute of meeting held on the 24 January 2023 – OHB2324-07

The Chair of the Joint Clinical and Care Governance Committee presented the report from the meeting held on the 4 April 2023. The report highlighted the following:

- Members had received the Mental Health assurance report which noted the sustained and increased demand across services, alongside recruitment challenges and the subsequent impact of increased waiting lists and service gaps. The Mental Health Transfer Bed had been the key challenge which caused significant impact on service delivery. Successful increases to funding and recruitment across various posts were positively noted.
- Members welcomed the Care at Home/Care Home Assurance report and the detailed Director of Pharmacy Annual report
- Members received an update on adult screening programmes and noted the overall screening programmes in Orkney performed well and had met the essential and/or desirable update rates with few exceptions.

Committee Membership had been approved at the meeting of the Integrated Joint Board on the 19 April 2023.

J Taylor expressed that it would be helpful to understand which actions had been taken to address areas of weaknesses with regards to lower uptake rates in Adult Screening Programmes. The Acting Director of Public Health assured members that areas of inequalities had been identified across the screening programmes and action plans were being developed.

Decision / Conclusion

The Board noted the update provided and the approved minutes.

Workforce

B15 Staff Governance Committee Chairs Report and minute of meeting held on the 23 November 2022 - OHB2324-08

The Chair of the Staff Governance Committee presented the report providing an update from the Staff Governance Committee meeting held on the 22 February 2023 highlighted the following:

- Members approved the updated Health and Safety policy and stressed the need for staff to be aware of safety related policies and understand the role of Health and Safety colleagues
- Members approved the introduction of a Health and Safety Control Book System to provide an accessible platform to support and educate managers
- Members noted the challenge around training and induction figures, and the introduction of a new training dashboard to improve attendance and monitoring of compliance moving forward.

I Grieve requested further information around iMatter, the Interim Director of HR informed members that the iMatter 2023 schedule had commenced, discussions with the Chief Officer had taken place to define key contacts from Orkney Islands Council.

The Chief Executive confirmed executive objectives would be set including training and appraisals and emphasised the importance of staff engagement and feedback.

Members were assured there had been a robust discussion held around training and induction figures and the actions planned to improve matters including the release of staff on a regular basis to undertake training.

Decision / Conclusion

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

Organisational Performance

B16 Finance Performance Report – OHB2324-09

The Head of Finance presented the report which provided analysis of the financial position for the period up to 28 February 2023. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the 11 months reflected an overspend of £3.777m and there was an anticipated year end outturn of £4.104m overspend as highlighted in the

financial recovery plan and caveated by several assumptions as detailed in the report.

Members were advised that the assessment of the year-end position would continue to be monitored as well as seeking clarity on the overall IJB position and Covid 19 spend/funding assumptions.

Members were advised that all NHS Health Boards were experiencing high levels of supplementary staffing to facilitate supply and demand. A process had been put in place in alignment with the Scottish Governments review of the use of agency workers whilst delivering safe and sustained services.

Decision / Conclusion

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

B17 Capital Plan 2023/24 – OHB2324-10

The Head of Finance presented the report which set out NHS Orkney's Capital Plan for 2023/24. NHS Orkney anticipated funding of £3.9m over 2023/24 – 2024/25 for its Decarbonisation project across the estate.

In 2022/23 NHS Orkney's formula allocation increased from £0.978m to £1.026m, it was anticipated that the formulae allocation for 2023/24 would be £1.026m, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.

Members queried the lack of information provided throughout the report in relation to the Decarbonisation plan and requested further detail due to the significant amount of expenditure attached.

Decision / Conclusion

The Board agreed further details would be presented to the Senior Management Team and the Finance and Performance Committee before being re-submitted to the Board for final approval.

B18 Performance Management Report – OHB2324-11

The Planning, Performance and Risk Manager presented the report advising that improvements had been seen in relation to 18 weeks RTT, performance against the 4 hour Emergency Department standard and the 31 day cancer standard. Psychological Therapies were performing well at 100% being seen within 18 weeks.

I Grieve queried why there had been no update on Alcohol Brief Interventions (ABIs) since 2019/20.

Post meeting note

The collection and reporting of ABI data was paused to allow staff to focus on the COVID pandemic response during 2020/21 and 2021/22. Public Health Scotland would ask for validation of 2022/23 ABI figures towards the end of May, with an aim to publish the 2022/23 annual ABI report in July or August.

With regards to delayed discharges, members were assured that services were under significant pressure however work had been undertaken to address this.

Being a small Board, a person - centred approach was often taken in the Emergency Department, considering the whole system and patient journey to ensure Orkney applies a tailored approach within recognised targets.

The Chair noted that there had been an increase in cancelled operations between January 2022 and February 2023 and suggested work could be done with Communications to try and minimise this.

Decision / Conclusion

The Board reviewed the report, took assurance from the information provided and welcomed the updated dashboard to future meetings.

B19 Chairs Report Finance and Performance Committee and minutes of meetings held on the 6 December 2022 – OHB2324-12

The Chair of the Finance and Performance Committee presented the report from the meeting held on the 23 March 2023. The report highlighted the following:

- An update had been provided on the financial position for 2022/23
- Members had received an update on the work of the Financial Sustainability Office (FSO) and Integrated Joint Board colleagues to identify if any of the savings target of £750k could be released in 2022/23. A strategic template had been presented at EMT that would bring together areas of key focus for the executive leads.
- The Committee noted the update provided around Climate Change which included further decarbonising of estates across Orkney.

The Board Chair emphasised that for future planning cycles, NHS Orkney as a strategic partner would be more representative in the planning stages of the Local Outcomes Improvement Plan (LOIP).

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 6 December 2022.

Risk and Assurance

B20 Corporate Risk Register – OHB2324-13

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.

Decision / Conclusion

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

B21 Chairs Report Audit and Risk Committee and minute of meeting held on the 6 December 2022 – OHB2324-14

The Chair of the Audit and Risk Committee presented the report from the meeting held on the 7 March 2023. The report highlighted the following:

- Members were advised that a detailed External Audit Plan and strategy for the Board would be presented to the Committee in May 2023
- Members received the Safeguarding Report and recommendations had been agreed and dates established for the completion of these which would be monitored through the Committee
- Members raised concern around the need for contingencies and risk associated with Director/Senior Manager absence. It was agreed that contingencies that were in place had to be strengthened to respond to future absences.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 6 December 2022.

B22 Any other competent business

No other competent business was raised.

Items for noting

B23 Key Documentation issued

Members noted the key legislation issued.

B24 Board Reporting timetables 2023/24

Members noted the dates of future meetings.

B25 Record of attendance

Members noted the record of attendance.

NHS Orkney Board Action Log Updated 14 June 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 June 2023	Medical Director	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 June 2023	Medical Director/Director of Nursing and Acute	On agenda
01-2023/24	<u>Plan on a Page</u> Quarterly reporting to Board on actions	Board Meeting 27 April 23	August 2023	Chief Executive	On track
02-2023/24	<u>Capital Plan</u> To be resubmitted to Board following review, comment and feedback by SMT and Finance and Performance Committee	Board Meeting 27 April 23	June 2023	Head of Finance	On agenda

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 22 June 2023
Title:	Board Chair and Chief Executive Report to Board
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-Knight, Chief Executive
Report Author:	Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

This report has been provided to update the Board on key external/internal events and activities from April-June 2023, including:

- National context
- CEO and Chair diaries – including meetings with external stakeholders and partners
- CEO 100-day plan update
- Wider local community engagement
- Systems and Governance
- Sustainability

2.2 Background

2.2.1 National context

As Chair and CEO at NHS Orkney we have attended a number of meetings with other Health Board Chairs and CEOs to hear from Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care the national priorities for the NHS, which of course impact our local priorities here in Orkney.

The four big areas of focus are:

1. Recovery – including returning to pre-COVID levels of activity and addressing our waiting lists (including our longest waiters)
At NHS Orkney, we are now exceeding pre-COVID activity levels for our elective and outpatient activity and are focused on addressing our waiting lists and backlogs, including the areas where we have waits which are longer than we would wish for our patients. For context, at NHS Orkney, we have 1,366 outpatients in total on waiting lists for appointments (590 have been waiting over 12 weeks), 326 inpatients awaiting treatment (205 of these patients have been waiting over the 12-week Treatment Time Guarantee standard) and 205 patients waiting for various diagnostic tests/scans (94 of these patients have been waiting over six weeks). We will return to discuss performance and the work we are doing in this area later on the agenda under the Performance Management Report.
2. Delivery and performance – having operational grip
Our Executive Team have a refreshed focus on operational performance and have clear plans to make the required improvements in the areas in which we are currently performing below the national standards. We continue to perform well when it comes to the 31-day decision to treat cancer standard (100% performance) and 18-week Referral to Treatment (elective) standard (just over 85% against the 90% standard). Our performance has dipped over the last year when it comes to consistently providing timely unscheduled (emergency) care to our patients. Our performance continues to range between 80-90%, and remains an area of focus so we can more consistently ensure our patients receive timely care. We continue to work with our local authority partners to minimise the number of delayed discharges, recognising that we don't want there to be such delays for any of our patients and the impact this has on flow and capacity at The Balfour. We consistently see circa 20% of our bed base being affected by delayed discharges and we continue to work in partnership recognising we need to see improvements in this area. We would like to thank our local community for their excellent support in recent weeks when our services have been under significant pressure and our beds full, and our staff for their hard work and focus on the delivery of safe and compassionate care during these busy times.

Our performance against the Treatment Time Guarantee Standard is at 50% presently and remains an area of focus (as above) and 43% for the 12-week Outpatient standard - with longer waits than we would like in a number of specialties – including Pain Services, Ophthalmology and Rheumatology (challenges in these

specialties are the reason why we are slightly beyond the 18-week RTT standard too). For Pain Services, we have a plan to improve our performance and for the latter two services we are reliant on support from NHS Highland and NHS Grampian, and we are in contact to discuss a range of options for these patients, including for Ophthalmology using capacity at the Golden Jubilee in a different way. There are also particular challenges with waiting times for mental health assessments, physiotherapy, speech and language services and autism assessments, to give some examples, which we continue to have oversight of too, recognising these are areas in which improvements are necessary for our patients.

The final area we are giving our focus to is our 62-day cancer performance, with the latest performance at 25%, which means of four patients that three patients have not received timely treatment (the standard is for 95% of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral). While numbers are small, it doesn't matter, one breach is one too many for our cancer patients. Those three breaches relate to the urology and colorectal pathways. We are in discussion with NHS Grampian, our main referral centre, to discuss options to ensure more timely care for our cancer patients.

3. Staff health and wellbeing – valuing, supporting, and listening and investing in your health and wellbeing

As we enter the next phase of recovery from the pandemic and the next, exciting chapter of NHS Orkney, consistent with the priorities in our Board-approved 2023/24 Plan on a Page we want a renewed focus on the work we are doing to support staff health and wellbeing, to value and recognise the great work Team Orkney is doing and to have clear mechanisms throughout the year to listen and act on your feedback. All of these things are work in progress, with updates and exact details and timescales to follow in the coming months.

4. Early planning for this coming winter

All Health Boards have committed to working with local authority partners to plan early for winter so we can learn from last year, put in place the ways of working, bed capacity and schemes that are necessary to maximise safety and to ensure timely care and to ensure we retain flow. This work is underway in Orkney with draft plans due to come through internal and system governance routes in the months to come.

2.2.2 Chair and CEO diaries – including meetings with external stakeholders and partners

In May 2023, we were pleased to hold the first quarterly informal briefing session which was attended by the elected members, Leader and the Chief Executive at Orkney Islands Council and the NHS Orkney Board. This gave an opportunity to share latest updates and priorities, discuss opportunities for more joint working and key issues as we seek to further strengthen and deepen relationships between our organisations.

Our Chief Executive joined Chief Executives from NHS Shetland and NHS Western Isles to give evidence at the Health and Social Care and Sport Parliamentary Committee in May. The Committee is taking evidence from all 14 geographical NHS boards and four NHS special boards to receive an update on performance and an overview of key challenges being faced by each Board. The transcript and video from the meeting has

been published in full via: [Meeting of the Parliament: HSCS/23/05/2023 | Scottish Parliament Website](#)

Our Chief Executive has had introductory meetings with a range of external partners and key stakeholders, including Liam McArthur, Scottish Liberal Democrat MSP for Orkney, Alistair Carmichael, Liberal Democrat MP for Orkney and Shetland, Morven Brooks, Chief Executive at Voluntary Action Orkney, Gillian Skuse, Chief Executive, Age Scotland Orkney, Oliver Reid, Chief Executive at Orkney Islands Council, Caroline Lamb, Chief Executive of NHS Scotland and Director General for Health and Social Care, John Burns, Chief Operating Officer for NHS Scotland, Leah Seator, Editor at The Orcadian, and Rob Flett, Assistant News Editor at BBC Radio Orkney, with further meetings and visits to the Isles planned in the weeks and months to come.

Our Chair met with Cabinet Secretary in March and April 2023, Orkney Islands Council, North of Scotland Board Chairs, National Board Chairs, Gary Robinson Chair of NHS Shetland, North of Scotland Transforming Cancer Care Prehabilitation group, TAGRA (a national group that looks after the NRAC formula), Public Sector Reform Team at Scottish Government, Robert Gordon University, James Stockan, Leader of Orkney Islands Council and Orkney Pride Tribe.

2.2.3 Chief Executive's 100-day plan update

Over the last nine weeks, our Chief Executive has held several drop-in sessions at different times of the day, attended various team meetings and completed walkabouts in and out of hours (including over the weekend) to meet staff based in The Balfour and in the community, including some joint visits with Oliver Reid, Chief Executive at Orkney Islands Council.

There are a number of clear themes emerging from these sessions both in terms of what we do well at NHS Orkney that we need to do more of, and opportunities for improvement.

These include:

- Honest conversations and timely communication
- Staff being more involved in decision-making and more clinically-led decisions
- Making it easier to understand how decisions are made, who leads on what and where to go for support
- Simplifying how we do things (our systems, processes and decision-making)
- Leading with kindness and being kind and respectful to one another (living our values)
- Staff feeling valued and recognised
- Putting people first – including staff development and wellbeing

A number of changes are underway in response to this feedback, some of which are later on today's Board agenda, including strengthened internal communications (monthly CEO briefings have started and rolling CEO drop-in sessions have been communicated), Executive Team portfolios have been refreshed and a new Senior Leadership Team which will enable clinically-driven decisions at NHS Orkney has been proposed.

Our Chief Executive will publish a 100-day summary report detailing what she has heard in her first three months from staff, partners and external stakeholders, and what we will be doing in response to this feedback in the months to come. This will be published in August following approval at the next public Board meeting.

2.2.4 Wider local community engagement

This month is Pride Month. At NHS Orkney, we are committed to creating a safe and inclusive culture for everyone. We are giving careful thought to our approach and to doing so much more moving forward when it comes to listening to and responding to the views of our patients, local community (including those from our LGBTQ+ community), and staff as part of our work to strengthen our engagement with everyone so we truly become a listening organisation. Later on today's Board agenda we will discuss the recently-published Planning with People Guidance and our emerging thoughts at NHS Orkney for how we strengthen patient and local community engagement in the remainder of this year and beyond so that local voices and needs can be heard and acted on and ultimately shape our services and strategy.

2.2.5 Systems and Governance

The excellent Board Development Work we are undertaking with the Royal College of Physicians Edinburgh is moving along at pace. There have been several good projects identified to address areas in our assurance system that warrant further inquiry. We will provide high-level updates on those pieces of work as they progress.

2.2.6 Sustainability

A new rhythm of scrutiny around our financial position has been established with regular confirm and challenge sessions across the organisation. These sessions reflect the rigour and scrutiny needed to provide assurance on our five-year financial savings plan.

Our Endowments Fund took the decision to completely divest of all fossil fuel investments. We also have a significant amount of investment going in to decarbonise our primary care estate.

2.3 Recommendation

- Awareness – For information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Governance Committee Annual Reports 2022/23
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:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

Report summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

2.3.1 Route to the Meeting

The Annual reports have been approved by the individual Governance Committees and submitted to the Audit and Risk Committee.

2.4 Recommendation

Assurance

- To **take assurance** from the Governance Committee Annual Reports that individual Committee remits have been fulfilled in line with Terms of Reference.

3 List of appendices

The following appendices are included with this report:

- Area Clinical Forum Annual Report 2022/23
- Audit and Risk Committee Annual Report 2022/23
- Joint Clinical and Care Governance Committee Annual Report 2022/23
- Finance and Performance Committee Annual Report 2022/23
- Remuneration Committee Annual Report 2022/23
- Staff Governance Committee Annual Report 2022/23

Audit and Risk Committee

Annual Report 2022/23

Approval Record		Date
Audit and Risk Committee		30 May 2023
Board		22 June 2023
Location and Access to Documents		
Location of master document		Corporate Services folder – G:Drive
Location of backup document		Meetings folder – G:Drive
Location of E&D assessment		n/a
Post holder(s) names at last review		
Chair		Jason Taylor
Vice Chair		Issy Grieve
Lead Executive		Mark Doyle
Committee Support		Rachel Ratter

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1 Executive Summary

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

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

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

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

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

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

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Audit and Risk Committee is Jason Taylor, Non-Executive Board Member and Whistleblowing Champion.

The Vice-Chair of the Audit and Risk Committee is Issy Grieve, Non-Executive Board Member and Chair of the IJB.

2.2 Committee Members

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

- Martha Gill, Employee Director (until September 2022)
- Ryan McLaughlin, Employee Director (from March 2023)
- Steven Heddle, Non-Executive Board Member (from June 2022)

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

2.3 Other Attendees

- External Audit representative
- Internal Audit representative
- Chief Executive of NHS Orkney
- Director of Finance NHS Orkney
- Head of Finance
- Planning, Performance and Risk Manager

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

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on seven occasions during the period from 1 April 2022 to 31 March 2023:

- 3 May 2022
- 31 May 2022
- 23 June 2022
- 06 September 2022
- 11 October 2022 – Development Session
- 06 December 2022
- 07 March 2023
- 27 March 2023 – Development Session

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

3.2 Business Cycle and Work Plan

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

The business cycle and work plan for 2022/23 is attached as **Appendix 3**.

The Committee considered sixty-one items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

The Committee will scrutinise the Annual Accounts (2022/23) at meetings in May and June 2023 prior to submission to Orkney NHS Board.

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

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

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

Annual Performance Review and Development Session

The Audit and Risk Committee Chair, Lead Officer and Corporate Services Manager reviewed the Committee Terms of Reference and Programme of Business on 11 October 2022 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee approved these amendments at the meeting on the 6 December 2022.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

The Risk, Controls and Assurance Framework was stepped down as work required; to be picked up through whole Board assurance work.

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

There were no issues raised by the other Governance Committees via Cross Committee Assurance Report.

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

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

Staff Governance Committee

- Members noted the significant emphasis on training requirements throughout the governance statement and other report and asked that this be considered as part of oversight of the audit plan for 2022/23 along with strengthening the elements around workforce in the planned audits.

Integration Joint Board

- Integration Joint Board Internal Audit Report

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

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

- The success in progressing audit recommendations during 2021/22 and the hard work by staff and teams to action these
- Members noted that attendance at meetings of the Information Governance Committee had improved
- It was agreed that the amendments to Internal audit plan and reasoning behind these would be reported to the Board
- Integration Joint Board Internal Audit report

- The positive report from the Information Commissioner's Office
- External Audit Indicative Strategy
- Safeguarding Report
- Contingences and risk associated with Director/Senior Manager sickness absence

4.5 Concerns

The main concerns of the Audit and Risk Committee in 2022/23 included:

Concerns around Senior and Executive absences and interim arrangements and the adverse effect this has had on progressing business

The current financial pressures impacting the organisation as a whole

Challenges around workforce capacity adversely affecting the ability of all staff to engage in all areas of business

4.6 Successes

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

- Progress made in the area of Information Governance and the positive report from the Information Commissioner's office
- Audit work completed in year including timely progressing of recommendations and oversight of these by the Committee
- The effectiveness of the Joint Internal Audit completed across Health and Social Care

4.7 Improvements for 2023-24

The Audit and Risk Committee are looking to focus on the following areas of improvement for 2023-24:

- Broadening the Audit Planning process, including input from the Governance Committees of the Board and consideration toward how views of front line staff can be incorporated within this process.
- Further development and understanding of corporate risk across the organisation and a stronger focus on risk within the committee

Conclusion

As Chair of NHS Orkney Audit and Risk Committee during financial year 2022/2023, I am satisfied that the business undertaken and frequency of meetings has allowed us to fulfil our remit as laid out in both our Terms of Reference and the Code of Corporate Governance.

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

I believe that the Audit and Risk Committee had an appropriate skill mix to allow it to carry out its duties, and did so in a rigorous manner, playing its role in providing effective scrutiny and challenge to the work undertaken by NHS Orkney.

In reviewing and scrutinising the work undertaken across the whole of NHS Orkney's Committee structure, I can confirm that adequate governance and internal control arrangements were in place throughout NHS Orkney over the course of the last reporting period.

I would thank staff and committee members for all of their work and input over the last 12 months.

Jason Taylor

Chair

On behalf of NHS Orkney Audit and Risk Committee

Audit and Risk Committee

Terms of Reference

Approval Record	Date
Board	TBC
Audit and Risk Committee	1 March 2022
Last Change and Approval Date	April 2020
Last Review Date	12 November 2021
Next Formal Review Date	4 October 2022
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Jason Taylor

Vice Chair	Issy Grieve
Lead Executive	Mark Doyle
Committee Support	Emma West

1 Purpose

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

On behalf of NHS Orkney Board, The Audit and Risk Committee has a dual role of providing:

- An Audit Function: ensuring that the organisation operates effectively and meets statutory objectives.
- A Risk Assurance Function: ensuring that adequate structures are in place to undertake activities which underpin effective risk management.

2 Composition

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

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

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

Committee membership will be reviewed annually.

3 Attendance

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

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

4 Quorum

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

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

5 Meetings

The Audit and Risk Committee will meet at least four times per annum.

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

Extraordinary meetings may be called by:

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

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

6 Remit

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

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

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

7 Best Value

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

8 Authority

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

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

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

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

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

9 Reporting Arrangements

The Audit and Risk Committee reports to Orkney NHS Board.

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

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

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

<i>Updated</i>	<i>19 January 2021</i>
<i>Annual Development Session Review</i>	<i>10 November 2021</i>
<i>Committee Approved</i>	<i>1 March 2022</i>
<i>Next Formal Review</i>	<i>4 October 2022</i>

Appendix 2

NHS Orkney - Audit and Risk Committee Attendance Record - Year 1 April 2022 to 31 March 2023:

Name:	Position:	3 May 2022	31 May 2022	23 June 2022	6 Sept 2022	6 Dec 2022	7 March 2023
Members:							
J Taylor	Chair	Attending	Attending	Attending	Attending	Attending	Attending
I Grieve	Vice Chair	Attending	Attending	Attending	Attending	Attending	Attending
Ryan McLaughlin	Employee Director						Attending
M Gill	Employee Director	Attending	Attending	Attending	Attending		
C Dare	Non-Executive Board Member	Apologies	Attending	Apologies			
S Heddle	Non-Executive Board Member			Attending	Attending	Attending	Attending
In Attendance:							
C Bichan	Head of Assurance and Improvement	Attending	Apologies				
M Dickson	Interim Chief Executive	Attending	Apologies	Attending	Attending	Apologies	Apologies
M Doyle	Director of Finance	Attending	Attending	Attending	Attending	Attending	Apologies
K Somerville	Head of Finance	Attending	Attending	Attending	Attending	Attending	Attending
E West	Corporate Services Manager	Attending	Attending	Attending	Attending	Apologies	Apologies
Internal Audit: Azets							
D Eardley	Chief Internal Auditor	Attending	Attending	Apologies	Attending	Apologies	Apologies
M Swann	Associate Director	Attending		Apologies	-	Attending	Attending
P Kelly	Audit Director			Apologies	-	-	-
External Audit: Audit Scotland / KPMG							
G Woolman	Audit Director - AS		Attending	Attending			
C Gardiner	Senior Audit Manager - AS	Attending	Attending	Attending			
Rashpal Khangura	Director - KPMG						Attending
Matthew Moore	Senior Manager - KPMG						Attending
Attending for specific item							

Name:	Position:	3 May 2022	31 May 2022	23 June 2022	6 Sept 2022	6 Dec 2022	7 March 2023
				All Board Members invited to attend- Annual Accounts			

Denotes no requirement to attend



Appendix 3

Audit and Risk Committee Business Cycle and Work Plan 2022/23

1 Business Cycle

Meeting	Items of Business	Responsible Officer
3 May 2022	Internal Audit	
	• Draft Internal Audit Opinion	Internal Auditor
	• Draft Internal Audit Annual Report 2021/22	Internal Auditor
	• Annual Internal Audit Plan 2022/23 – for final approval	Internal Auditor
	Service Audit Reports	
	• NHS National Services Scotland Service Audit Reports	Director of Finance
	Annual Governance Statement	
	• Draft Directors' Subsidiary Statement on Governance	Director of Finance
	Governance	
	• Audit and Risk Committee Annual Report 2021/22	Chair
31 May 2022	• Governance Committee Annual Reports 2021/22	Chair
	• Governance Committee Work Plans 2022/23	Chair
	• Litigation 6-monthly Report (1/2)	Director of Finance
	Internal Audit	
	• Internal Audit Annual Report 2021/22 – for final approval	Internal Auditor
	Annual Governance Statement	
	• Directors' Subsidiary Statement on Governance – for final approval	Director of Finance
	• Orkney Health Board Endowment Fund Governance Statement	Endowment Fund Chair / Treasurer

	<ul style="list-style-type: none"> Draft Audit and Risk Committee Governance Statement 2021/22 Draft Annual Audit Assurance Statement 2021/22 	Chair
31 May 2022 (con't)	Annual Accounts <ul style="list-style-type: none"> Draft NHS Orkney Annual Accounts documentation 2021/22 Orkney Health Board Endowment Fund Annual Accounts 2021/22 Governance <ul style="list-style-type: none"> Code of Corporate Governance annual review (including Governance Committee Terms of Reference and Standing Financial Instructions) 	Director of Finance Endowment Fund Treasurer Corporate Services Manager / Head of Finance
	Private meeting with Internal and External Auditors	Members
23 June 2022	Annual Accounts <ul style="list-style-type: none"> NHS Orkney Annual Accounts documentation 2021/22 External Audit <ul style="list-style-type: none"> Annual Audit Report from External Auditor 2021/22 	Director of Finance External Auditor
6 September 2022	Information Governance <ul style="list-style-type: none"> Information Governance 6-monthly Assurance Report (1/2) Governance <ul style="list-style-type: none"> Property Transaction Monitoring Annual Compliance Report Litigation 6-monthly Report (2/2) 	Director of Finance Director of Finance Director of Finance
11 October 2022	Development Session: Annual Review of Core Committee Documentation <ul style="list-style-type: none"> Schedule of meetings Terms of reference Business Cycle and Workplan Risks, Controls, and Assurance Framework 	Chair

6 December 2022	External Audit	
	<ul style="list-style-type: none"> Draft External Audit Plan for 2023/24 	External Auditor
	Governance	
	<ul style="list-style-type: none"> Standing Financial Instruction Annual Waiver Report 	Director of Finance / Head of Finance
7 March 2023	Internal Audit	
	<ul style="list-style-type: none"> Draft Annual Internal Audit Plan 2022/23 	Internal Auditor
	Information Governance	
	<ul style="list-style-type: none"> Information Governance 6-monthly Assurance Report (2/2) 	Director of Finance
4 April 2023	Development Session: Committee Effectiveness Self Evaluation Training needs	Chair

2 Work Plan for 2022/23

2.1 Every Meeting

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

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

2.2 Regular Intervals

The Committee shall consider at regular intervals:

- Reports from the Chief Internal Auditor against the Annual Internal Audit Plan
- Progress reports from the appointed External Auditor together with consideration of specific reports

- Specific internal and external audit reports and action plans
- Counter Fraud Services Quarterly Reports
- Fraud Liaison Officer report
- Payment Verification Reports

2.3 Every six months

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

2.4 Annually

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

- Approval of terms of reference and a work plan for all Governance Committee meetings for the forthcoming year
- Review with the appointed External Auditor, the Audit Planning Memorandum including fees and reporting arrangements
- Review of Annual Accounts for Exchequer and Patients Funds
- Review previous year's Report to Members on the audit of NHS Orkney
- Review of NHS Orkney's Losses and Compensation payments
- Review of the effectiveness of co-operation between internal and external audit
- Annual report from the Chief Internal Auditor relating to the previous year and interim report from the External Audit
- Review of annual Internal Audit Statement of Internal Control
- Review of the changes to the Code of Corporate Governance
- Approval of Annual Report of the Audit Committee
- Approval of Internal Audit Plan
- Review compliance with Property Transaction Monitoring requirements for onward submission to the Scottish Government Health Directorate

2.5 Ad Hoc Business

- NHS National Services Scotland, Service Audit Reports
- Risks raised through exception reporting by Governance Committees
- Best Value
- Outcomes and action taken following National Fraud Initiative (NFI) exercises
- Reports on noncompliance with the Code of Corporate Governance

2.6 Annual Development Session

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

<i>Updated</i>	<i>24 September 2021</i>
<i>Annual Development Session Review</i>	<i>8 October 2021</i>
<i>Committee Approved</i>	<i>1 March 2022</i>
<i>Next Formal Review</i>	<i>October 2022</i>

Appendix 4

Audit and Risk Committee Record of Business 2022/23

Date of Meeting	Report Number	Report Title
03/05/2022	ARC2223-01	Progress Report
	ARC2223-02	Draft Internal Audit Annual Report 2021/22
	ARC2223-03	Draft Internal Audit Annual Report 2022/23
	ARC2223-04	Internal and External Audit recommendations follow-up report
	ARC2223-05	Draft Directors' Subsidiary Statement on Governance
	ARC2223-06	Information Governance Group Chair's Report and approved minutes
	ARC2223-07	Information Governance Committee Annual Report 2021/22
	ARC2223-08	Risk and Assurance Report
	ARC2223-09	6 Monthly Litigation Report
	ARC2223-10	Audit and Risk Committee Annual Report 2021/22
	ARC2223-11	Joint Clinical and Care Governance Committee Annual Report 2021/22
	ARC2223-12	Finance and Performance Committee Annual Report 2021/22
	ARC2223-13	Remuneration Committee Annual Report 2021/22
	ARC2223-14	Staff Governance Committee Annual Report 2021/22
	ARC2223-15	Governance Committee Terms of Reference and Workplans 2022/23
31/05/2022	ARC2223-16	Internal Audit Annual Report 2021/22
	ARC2223-17	Internal Audit Plan 2022/23
	ARC2223-18	Waiting Times
	ARC2223-19	Internal and External Audit recommendations follow-up report
	ARC2223-20	Directors' Subsidiary Statement on Governance

	ARC2223-21	Draft Audit and Risk Committee Annual Assurance Statement
	ARC2223-22	Orkney Health Board Endowment Fund Governance Statement
	ARC2223-23	Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division
	ARC2223-24	NHS Orkney Draft Annual Accounts for year ended 31 March 2022
	ARC2223-25	Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2022
23/06/2022	ARC2223-26	IT Services Audit Report
	ARC2223-27	Practitioner and Counter Fraud Services Audit Report (non COVID payments)
	ARC2223-28	Representation Letter
	ARC2223-29	NHS Orkney Annual Accounts for year ended 31 March 2022
	ARC2223-30	2021/22 Annual Audit Report from External Auditor
	ARC2223-31	Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division
06/09/2022	ARC2223-32	Internal Audit Progress Report
	ARC2223-33	Internal Audit Recommendations
	ARC2223-34	Information Governance Committee Chairs Report and Approved Minute
	ARC2223-35	Counter Fraud Services Quarterly Report
	ARC2223-36	Patient Exemption Checking - Annual Reporting Package 2021/22
	ARC2223-37	Risk and Assurance Report
	ARC2223-38	6-Monthly Litigation Report
	ARC2223-39	Property Transaction Monitoring Annual Compliance Report
06/12/2022	ARC2223-40	Number Skipped
	ARC2223-41	Internal Audit Progress Report
	ARC2223-42	IJB Adjustment
	ARC2223-43	Internal and External Audit Recommendations

	ARC2223-44	Information Governance Committee Chairs Report and Approved Minute
	ARC2223-45	Counter Fraud Services Quarterly Report
	ARC2223-46	Risk and Assurance Report
	ARC2223-47	Audit and Risk Committee Core Documents
07/03/2023	ARC2223-48	Code of Corporate Governance
	ARC2223-49	Governance Committee Workplans 2023/24
	ARC2223-50	Annual Audit Plan 2022/23
	ARC2223-51	Internal Audit Progress Report
	ARC2223-52	Procurement Internal Audit Report
	ARC2223-53	Joint Working Arrangements Internal Audit Report
	ARC2223-54	Safeguarding Internal Audit Report
	ARC2223-55	Clinical Governance Internal Audit Report
	ARC2223-56	Internal and External Audit Recommendations
	ARC2223-57	Annual Accounts Timetable
	ARC2223-58	Information Governance approved minutes
	ARC2223-59	Information Governance 6-monthly Assurance Report (2/2)
	ARC2223-60	Counter Fraud Services Quarterly Report
	ARC2223-61	Risk and Assurance Report

Joint Clinical and Care Governance Committee

Annual Report 2022/23

Approval Record	Date
Joint Clinical and Care Governance Committee	4 April 2023
Audit and Risk Committee	2 May 2023
Board	22 June 2023
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Steven Johnston
Vice Chairs	Rachael King & Joanna Kenny
Lead Executives	Stephen Brown & Mark Henry
Committee Support	Heidi Walls

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1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Joint Clinical and Care Governance Committee is Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum.

The Vice-Chair of the Joint Clinical and Care Governance Committee for NHS Orkney is Meghan McEwan, Chair of the Orkney NHS Board (from 5 July 2022).

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

2.2 Committee Members

In addition to the members mentioned within item 2.1, the following individuals were voting members of the Joint Clinical and Care Governance Committee in 2022/23:

- Rona Gold, NHS Orkney, Non-Executive Board Member (from 4 October 2022)

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

- John Richards, Elected Member of the IJB (until 5 April 2022)
- Steve Sankey, Elected Member of the IJB (until 5 April 2022)
- Jean Stevenson, Elected Member of the IJB (from 5 July 2022)
- Ivan Taylor, Elected Member of the IJB (from 5 July 2022)

Deputies for the elected Orkney Islands Council members were agreed.

Public and Third Sector Representatives

- Gail Anderson, Third Sector Representative (until 4 October 2022)
- Morven Brooks, Third Sector Representative (from 10 October 2022)

2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement (until 5 April 2022)
- Mark Henry, Medical Director and Interim Director of Acute Services (Health Governance Lead)

- Stephen Brown, IJB Chief Officer and Executive Care Governance Lead
- Michael Dickson, Interim Chief Executive
- Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families, and Criminal Justice
- Anthony McDavitt, Director of Pharmacy (from 5 July 2022)
- Mary Moore, Director of Nursing, Midwifery and Allied Health Professions and Acute Services (until 4 October 2022)
- Samantha Thomas, Director of Nursing, Midwifery and Allied Health Professions and Acute Services (from 24 January 2022)
- Mary McFarlane, Interim Director of Pharmacy (until 5 April 2022)
- Dawn Moody, Associate Medical Director Primary Care
- Dr Louise Wilson, Director of Public Health and Acting Medical Director and Clinical Governance Lead

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

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on four occasions from 1 April 2022 to 31 March 2023 and held two development sessions:

- 05 April 2022
- 05 July 2022
- 04 October 2022
- 29 November 2022 – Development Session
- 24 January 2023
- 21 March 2023 – Development Session

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

3.2 Business Cycle and Work Plan

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

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

The business cycle and workplan for 2022/23 is attached as **Appendix 3**.

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Joint Clinical and Care Governance Committee reviewed its Terms of Reference and Business Plan at the development session on 29 November 2022 and ratified the changes at the meeting on 24 January 2023 to ensure that all areas within the Committee remit were being reported on appropriately.

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

3.5 Governance Review

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

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

4 Risks, Concerns and Successes

4.1 Risks

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

There were no risks to be escalated to the Board, IJB or the Audit and Risk Committee during 2022/23.

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

The following issues were raised by other Governance Committees to the Joint Clinical and Care Governance Committee:

Finance and Performance Committee

- Performance Management Report - performance data and particular areas of concern
- Members sought stronger cross committee assurance between the Joint Clinical and Care Governance Committee and the Finance and Performance Committee and requested for a standing agenda item titled 'Matters to raise to Joint Clinical and Care Governance Committee' to be added to the agenda going forward. Committee members agreed

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

There were no issues raised to other Governance Committees during 2022-23

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

- Joint Clinical and Care Governance Committee Annual Report
- Mental Health Assurance Report
- Performance Report
- Dementia report including the positive messages and celebrating success

- Recommendation of approval of the Orkney Child Poverty Strategy
- Mental Health update including the positive progress in this area and the Mental Health Transfer Bed procedure
- Approval of the Terms of Reference and Workplan
- The current work around the High Dependency Unit

4.5 Concerns

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

- Potential gaps in assurance across areas such as primary care, AHP services, social care and social work.
- Capturing and following up on actions from inspection reports
- Challenges around achieving meaningful Public, Patient and/or Carer representation.
- The Area Drug and Therapeutics Committee which feeds into JCCGC continues to struggle for quorum.

4.6 Successes

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

- Further development of the Mental Health Assurance report which outlined progress against a number of agreed parameters in Mental Health, in addition to an updated procedure on the use of the Mental Health Transfer Bed.
- Good multidisciplinary, inter-agency working in care homes with regard to COVID-19, to protect some of the most vulnerable in our community.

4.7 Improvements for 2023-24

The Joint Clinical and Care Governance Committee are looking to focus on the following areas of improvement in 2023/24:

- Reestablishment of the link with the Cancer Care Delivery Group and monitoring of the Effective Cancer Management Framework Action Plan.
- Development of sources of assurance for social care including a Care Home Assurance Report and a Care at Home Assurance Report in addition to the formation of a Social Work and Social Care Governance Group.
- Consideration of the safety, effectiveness and person-centredness of wider elements of care, rather than the consultant led secondary care services.

- Carry out a progress check against the Clinical Strategy, following its implementation in 2022 and carry this out annually thereafter.
- Oversee the recommencement of the work around the Healthcare Assurance and Governance Quality Improvement Framework.
- Continue to reduce duplication and strengthen cross-committee assurance.

5 Conclusion

The Joint Clinical & Care Governance Committee continued to have a full and busy agenda throughout 2022/23 and I am hugely grateful to every member of the committee for their contribution. We continue to work hard to identify and close any gaps in assurance across our Health & Social Care (H&SC) system in Orkney and whilst it is clear we have some way to go, there has undoubtedly been progress in the right direction. Care must be taken not to take this point as strong criticism, as we reflect that our efforts to Integrate our H&SC services are more ambitious than many other areas in Scotland. The Committee have plans to further that progress with the aspects outlined above, most notably with plans for better links and reporting across Social Care and Social Work. As we clarify and build the groups which feed into JCCGC, we will strengthen the assurance we provide to the IJB and NHSO Board that our H&SC services are safe, effective and person-centred. The committee agenda is being consciously adapted to try and ensure we have parity of the information coming from the Healthboard and the Local Authority. Our Workplan and Terms of Reference have been updated to reflect these changes and will no doubt continue to be adapted as we make further progress.

The year past continued to be difficult due to a number of gaps and interim arrangements across our leadership but a number of new appointments and developments carries with it a great deal of potential to support and develop the committee further in 2023/24. We've observed good attendance from our members and seek to ensure that the representation is appropriate for the items on our agenda moving forward.

An important component of JCCGC is the views of patients, service users and carers. The committee wish to see such representation within the Committee, ensuring that the role and contribution of anyone involved is clear and meaningful. Further work is required to get this right, not just for JCCGC but more widely across NHSO and OIC.

We face significant challenges in the delivery of, and in governing, high quality and continuously improving Health & Social Care in Orkney. The Covid-19 Pandemic, BREXIT and the poverty-inducing cost of living crisis have had, and continue to have, an adverse effect on the population of Orkney and we must strive to have the right governance arrangements in

place to counter these as best possible and reduce inequalities. We will undoubtedly have to adapt further still due to the health impacts of climate change but also change the way we work to ensure our H&SC service provision doesn't continue to contribute to further damage to our planet. For JCCGC looking ahead, there will be a role in ensuring the care we provide is sustainable care.

Despite these difficulties, we still have a tremendous Health & Social Care workforce at the backbone of our two organisations, who provide for the people of Orkney every single day.



Steven Johnston
Chair NHS Orkney Joint Clinical and Care Governance Committee

Appendix 1

Terms of Reference 2022/23

1 Purpose

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

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

2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

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

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

Committee membership will be reviewed annually.

3 Chair and Vice Chairs

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

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

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

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

4 Attendance

In addition, there will be in attendance:

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

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

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

5 Quorum

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

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

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

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

6 Meetings

The Committee will meet at least quarterly.

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

A minimum of two development workshops/activities will be held each year. These may be attended by both members and advisors.

7 Conduct of Meetings

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

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

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

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

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

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

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

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

8 Remit

Person-Centred

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

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

Safe (Clinical and Care Governance and Risk Management)

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

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.

- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

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

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

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

Population Health

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

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

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

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

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

9 Best Value

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line

with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

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

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

10 Authority

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

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

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

11 Reporting Arrangements

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

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

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

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

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

The Committee will review the Terms of Reference annually.

<i>Updated</i>	<i>20 December 2021</i>
<i>Annual Development Session Review</i>	<i>20 December 2021</i>
<i>Committee Approved</i>	<i>5 April 2022</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2022</i>



Appendix 2

Attendance Record – Year 1 April 2022 to 31 March 2023:

Name:	Position:	5 April 2022	5 July 2022	4 October 2022	24 January 2023
Members:					
S Johnston	Chair	Attended	Attended	Attended	Attended
J Kenny	Vice Chair, Non Executive Board Member	Apologies			
M McEwen	Vice Chair		Attended	Attended	Attended
R King	Vice Chair, Integration Joint Board Vice Chair	Attended	Attended	Attended	Attended
G Anderson	Third Sector Representative	Attended	Attended	Attended	
R Gold	Non Executive Board Member			Attended	Apologies
J Richards	Elected Orkney Islands Council Member	Attended			
S Sankey	Elected Orkney Islands Council Member	Apologies			
J Stevenson	Elected Orkney Islands Council Member		Attended	Attended	Attended
I Taylor	Elected Orkney Islands Council Member		Attended	Attended	Apologies
In Attendance:					
C Bichan	Head of Assurance and Improvement	Attended			
S Brown	IJB Chief Officer (Executive Care Governance Lead)	Attended	Attended	Attended	Attended
M Brooks	Third Sector Representative			-	-
M Dickson	Interim Chief Executive	Apologies	Apologies	Attended	Apologies
M Henry	Medical Director	Apologies	Attended	Attended	M Sterrenburg (deputy)
J Lyon	Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice	Attended	Attended	Apologies	Attended
A McDavitt	Director of Pharmacy		Attended	Attended	Attended
M McFarland	Interim Director of Pharmacy	Attended			
D Moody	Associate Medical Director Primary Care	Attended	Apologies	Attended	Apologies
M Moore	Interim Director of NMAHP	Attended	Attended	Attended	
S Thomas	Director of NMAHP				Attended

Name:	Position:	5 April 2022	5 July 2022	4 October 2022	24 January 2023
L Wilson	Director of Public Health	Attended	Attended	S Lewis (deputy)	S Lewis (deputy)
Committee Support	Corporate Services	H Walls	H Walls	E West	E West
Attending for specific agenda item					
Deputy	Non Executive Board Member	I Grieve	-		D Creasey
Deputy	Elected OIC Member	H Woodbridge		L Hall	L Hall
		L Bradford	G Coghill	W Lycett	
		M Swannie		J Sinclair	J Sinclair
		D Young		A Whelan	
				D Young	
	Denotes attendance not required				

Appendix 3

1 Business Cycle for 2022/23

Meeting	Items of Business	Lead Officer
5 April 2022	Committee Annual Report	Chair
	Quality Forum Annual Report	Quality Forum Chair
	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs
	Approval of Core documentation amendments: <ul style="list-style-type: none"> • Terms of Reference • Business Cycle / Work Plan 	Chair
	Dementia Annual Report	Chief Officer
5 July 2022	Health Complaints Performance Annual Report	Medical Director
	Social Work and Social Care Service User Experience Report	Chief Officer
	Annual Report on Adults with Incapacity	Director of Nursing, Midwifery and AHPs
	Learning from Clinical Incidents Annual Reports	Medical Director
	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs
4 October 2022	Mental Health Assurance Report	Chief Officer
	Partnership Equality and Diversity Annual Report	Equality and Diversity Manager
	Winter Plan	Head of Assurance and Improvement
	Pharmacy Annual Report	Director of Pharmacy
	Chief Social Work Officer Annual Report	Chief Social Work Officer

24 January 2023	Biennial Report on Adult Support and Protection	Chief Social Work Officer
	Child Protection Annual Report	Chief Social Work Officer

2 Work Plan for 2022/23

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted (agenda headings in bold):

- Apologies for Absence
- Declarations of Interest
- Minutes of the previous meeting for approval
- Matters Arising
- Action Log
- **Governance**
- Whistleblowing – Performance against Key Performance Indicators
- **Strategy**
- Reports as appropriate
- **Clinical Quality and Safety**
- Regional Clinical Services Update Report
- Quality Forum Chairs Report and minutes from meetings
- Care Home and Care at Home Assurance Report
- **Policies for Approval**
- Policies as appropriate
- **Medicines Management**
- Area Drugs and Therapeutics Committee Chair's report and minutes
- **Person Centre Care**
- Health Complaints Performance Report
- Social Work and Social Care Service Users Experience Report
- **Population Health**
- Public health update report
- **Organisational Performance**
- Planning and Delivery Report
- Performance Report
- **Risk and Assurance**
- Corporate Risks Aligned to the Clinical and Care Governance Committee
- **Committee Chairs Reports and Minutes of Committee Meetings as required**
- Area Clinical Forum
- Ethical Advice Support Group
- Orkney Cancer Care Delivery Group
- Emerging Issues

AOCB

Agree items to be brought to board or Governance Committees
Attention

2.2 Ad Hoc Business

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

2.3 Annual Development Session

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

<i>Updated</i>	<i>11 March 2022</i>
<i>Annual Development Session Review</i>	<i>20 December 2021</i>
<i>Committee Approved</i>	<i>5 April 2022</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2022</i>

Appendix 4


**Joint Clinical and Care Governance Committee
Record of Business 2022 – 23**

Date of Meeting	Report Number	Report Title
05/04/2022	JCGGC 2223-01	JCCGC Virtual Business Log 2021/2022
	JCGGC 2223-02	Draft Joint Clinical and Care Governance Committee Annual Report 2021/22
	JCGGC 2223-03	Whistleblowing Performance against Key Performance Indicators
	JCGGC 2223-04	Quality Forum Chair's Report and minutes from meetings held 8 February 2022 and 8 March 2022
	JCGGC 2223-05	Quality Forum Annual Report
	JCGGC 2223-06	Mental Health Assurance Report
	JCGGC 2223-07	Neurodevelopmental Pathway Report
	JCGGC 2223-08	Health Complaints Feedback Report Quarter 2 and 3
	JCGGC 2223-09	People's Experience Report
	JCGGC 2223-10	Public Health Update Report
	JCGGC 2223-11	Planning and Delivery update
	JCGGC 2223-12	Performance Report
	JCGGC 2223-13	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
05/07/2022	JCGGC 2223-14	Whistleblowing Performance against Key Performance Indicators
	JCGGC 2223-15	Orkney Child Poverty Strategy 2022 - 2026
	JCGGC 2223-16	Infection Control Annual Report
	JCGGC 2223-17	Care Home and Care at Home Assurance Report



	JCGGC 2223-18	Dementia Annual Report April 2021 – March 2022
	JCGGC 2223-19	Learning from Clinical Incidents Annual Report
	JCGGC 2223-20	Duty of Candour Annual Report
	JCGGC 2223-21	Health Complaints Feedback Report Quarter 4
	JCGGC 2223-22	Health Patient Experience Annual Report
	JCGGC 2223-23	Social Work and Social Care Services' Experience Report Quarter 1
	JCGGC 2223-24	Annual Social Work and Social Care Services' Experience Report 2021/22
	JCGGC 2223-25	Public Health Update
	JCGGC 2223-26	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
	JCGGC 2223-27	Area Clinical Forum Chairs Report
	JCGGC 2223-28	Ethical Advice and Support Group – Annual Chairs Report
	JCGGC 2223-29	Whistleblowing Quarterly Report
04/10/2022	JCGGC 2223-30	Local Child Pverty Action Report 2021/22
	JCGGC 2223-31	NUMBER SKIPPED
	JCGGC 2223-32	Mental Health Assurance Report
	JCGGC 2223-33	Care Home and Care at Home Assurance Report
	JCGGC 2223-34	Chief Social Work Officer Annual Report
	JCGGC 2223-35	Mental Health Transfer Bed - Standard Operating Procedure
	JCGGC 2223-36	Area Drugs Therapeutic Committee (ADTC) Chairs Report and Approved Minutes
	JCGGC 2223-37	Public Health Update
	JCGGC 2223-38	Corporate Risks aligned to the Joint Clinical and Care Governance Committee

24/01/2023	JCGGC 2223-39	Whistleblowing Quarterly Report
	JCGGC 2223-40	Terms of Reference and Workplan
	JCGGC 2223-41	Public Representative - Role Descriptor
	JCGGC 2223-42	Quality Forum - Approved Minutes
	JCGGC 2223-43	Biennial Report on Adult Support and Protection
	JCGGC 2223-44	Orkney Cancer Care Delivery Group - Approved Minutes
	JCGGC 2223-45	Public Health Update
	JCGGC 2223-46	Corporate Risks aligned to the Joint Clinical and Care Governance Committee



Finance and Performance Committee

Annual Report 2022/23

Approval Record	Date
Finance and Performance Committee	23 March 2023
Audit and Risk Committee	2 May 2023
Board	22 June 2023
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Davie Campbell
Vice Chair	Des Creasey
Lead Executive	Mark Doyle
Committee Support	Freddie Pretorius

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1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

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

The Vice-Chair of the Finance and Performance Committee is Des Creasey, Non-Executive Board Member.

2.2 Committee Members

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

- Michael Dickson, Interim Chief Executive
- Mark Doyle, Director of Finance
- Steven Johnston, Non-Executive Board Member
- Steven Heddle, Non-Executive Board Member (from 28 July 2022)

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

2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement (ended 26 May 2022)
- Stephen Brown, Chief Officer, Integration Joint Board
- Pat Robinson, Chief Finance Officer, Integration Joint Board (ended 28 July 2022)
- Keren Somerville, Head of Finance

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

All Board members have the right to attend meetings

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

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on eight occasions during the period from 1 April 2022 to 31 March 2023:

- 26 May 2022
- 28 July 2022
- 22 September 2022
- 20 October 2022 - Cancelled
- 24 November 2022
- 26 January 2023
- 16 February 2023
- 23 March 2023

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

3.2 Business Cycle and Work Plan

The Finance and Performance Committee has worked to this cycle throughout the year. The business cycle 2022/23 is attached as **Appendix 3**.

The Committee considered forty-seven items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

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

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Finance and Performance Committee Chair, Director of Finance, Corporate Services Manager and Committee Support reviewed the Terms of Reference and Business Cycle, and the Committee approved these on 24 March 2022 to ensure that all areas within the Committee's remit were being reported on appropriately.

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

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

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

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

*Risk, Controls and Assurance Framework was stepped down as work required; to be picked up through RCPE whole Board assurance work.

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

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

Staff Governance Committee

- Quarterly Workforce Report, Quarter 1 April – June 2022. Concerns were raised regarding the current establishment against headcount
- Quarterly Workforce Report, October – December 2022. Concerns were raised surrounding use of NHS Orkney bank staff versus agency/locum staff and the financial costs associated

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

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

Joint Clinical and Care Governance Committee

- Performance Management Report - performance data and particular areas of concern
- Members sought stronger cross committee assurance between the Joint Clinical and Care Governance Committee and the Finance and Performance Committee and requested for a standing agenda item titled 'Matters to raise to Joint Clinical and Care Governance Committee' to be added to the agenda going forward. Committee members agreed.

Integrated Joint Board

- It was agreed that the Pharmacy paper provided would also be shared with the IJB

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

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

- NHS Orkney Climate Change Agenda 'Post meeting note' - the route for effective ongoing engagement
- Financial Recovery Plan - current position
- NPD contract update
- The ongoing work around Pharmacy and Prescribing
- Discussions held around the current and projected financial position and savings
- To note the policies that had been approved and the Strategy that was recommended for approval.
- Three-Year Financial Plan
- The Scottish Government Grant provided to decarbonise NHS Orkney's Estate
- 5 Year Financial Plan – 2023/24
- Patient Travel Policy
- Procurement Annual Internal Audit Report
- LOIP – Community Planning
- Climate Change and Sustainability

4.5 Concerns

The main concerns of the Finance and Performance Committee in 2022/23 were around:

- Levels of unachieved savings especially in relation to recurring savings
- Executive Management Team engagement regarding savings plan due to leadership gaps and interim arrangements affecting ownerships and escalation
- How the committee and Board would delivered against targets whilst also dealing with the ongoing Covid-19 Pandemic especially during the early period of the year

4.6 Successes

The Finance and Performance Committee has been successful in meeting the following achievements during 2022/23:

- Implementation and governance structures surrounding the Financial Sustainability Office
- Work to implement the move from the three-year financial planning to five-years
- Programme board energy efficiency programme
- Positive steps around governance sustainability, incorporating the Climate agenda

4.7 Improvements for 2023-24

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

- Engaging with Executive Directors, supporting collaborative working to drive forward savings
- Cross Committee relationship building
- Stronger cross assurance link and clarity of reporting required with the IJB

5 Conclusion

NHS Orkney has had yet another challenging financial year in 2022/23. The establishment of the Financial sustainability office has created additional resource to assist in the board with its focus on achieving balance. The level of recurring savings is still the main concern for the Finance and Performance Committee and is at the forefront of our discussions and plans for 2023-24 onwards. However delivering substantial savings in this current climate is an incredible achievement.

We have extremely challenging but exciting times ahead; ambitious but achievable savings plans that we need to continue to work on collectively with difficult decisions attached to them. We have a new 5 year plan and are in the early stage of delivery. The Finance & Performance Committee will have a crucial part in the process going forward in scrutinising and adding reassurance to the Board. The committee's strong executive leadership and high level of papers received from all staff is a huge factor to the committee's success. Achieving financial balance and continuing with the board's exciting net zero plans will be at the forefront of the committee's agendas in the year ahead.

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

A handwritten signature in black ink, appearing to read 'Davie Campbell', is centered within a light gray rectangular box.

Davie Campbell

Chair

On behalf of the NHS Orkney Finance and Performance Committee

Appendix 1

Finance and Performance Committee Terms of Reference 2022-23

1 Purpose

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

The committee will provide cross committee assurance to the Integration Joint Board in relation to performance on delegated functions.

2 Composition

The membership of the Committee shall consist of:

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

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

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

3 Attendance

In addition, there will be in attendance:

- Head of Finance
- Chief Finance Officer
- Director of Acute Services
- Medical Director
- Director of Nursing, Midwifery, and Allied Health Professionals
- Head of Assurance and Improvement

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

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

4 Quorum

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

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

5 Meetings

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

6 Remit

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required
- Take forward the sustainability agenda

- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property)
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value, ensuring that this assurance is included as an explicit statement in the Committee's Annual Report
- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken
- To ensure better understanding between service provision and financial impact and to allow the Board to demonstrate that it provides value for money.
- To ensure adequate risk management is employed in all areas within the remit of the Committee
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- To develop an annual cycle of business
- To ensure robust arrangements are in place in relation to digital transformation and cyber security providing assurance to the Board in this regard
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning
- To have oversight of Climate Change and Sustainability Governance, including the transition to a net-zero emissions service

7 Best Value

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

8 Authority

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

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

9 Reporting Arrangements

The Finance and Performance Committee reports to Orkney NHS Board.

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

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

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

<i>Updated</i>	<i>25 February 2022</i>
<i>Annual Development Session Review</i>	<i>5 November 2021</i>
<i>Committee Approved</i>	<i>March 2022</i>
<i>Next Formal Review</i>	<i>20 October</i>

Appendix 2

Finance and Performance Committee

Attendance Record - Year 1 April 2022 to 31 March 2023:

Name:	Position:	26 May 2022	28 July 2022	22 September 2022	20 October 2022 (Cancelled)	24 November 2022	26 January 2023	16 February 2023	23 March 2023
Members:									
D Campbell	Chair	Attended	Attended	Apologies		Apologies	Attended	Attended	Attended
D Creasey	Vice Chair	Attended	Attended	Attended		Attended	Attended	Attended	Attended
M Dickson	Interim Chief Executive	Apologies	Attended	Apologies		Attended	Apologies	Attended	Attended
M Doyle	Director of Finance	Attended	Attended	Attended		Attended	Attended	Attended	Apologies
S Johnston	Non-Executive Director	Attended	Attended	Attended		Attended	Attended	Attended	Attended
S Heddle	Non-Executive Director		Apologies	Attended		Attended	Apologies	Attended	Attended
In Attendance:									
C Bichan	Head of Assurance and Improvement	L Anderson Deputy	N/A	N/A		N/A	N/A	N/A	N/A
S Brown	Chief Officer, Integration Joint Board	Apologies	Attended	Apologies		Apologies	Apologies	N/A	N/A
M Henry	Medical Director	Apologies	Apologies	Apologies		Apologies	Apologies	N/A	N/A
M Moore	Interim Director of Nursing	Apologies	Apologies			Apologies	N/A	N/A	N/A
P Robinson	Chief Finance Officer, Integration Joint Board	Attended	Attended			N/A	N/A	Attended	N/A
K Somerville	Head of Finance	Attended	Attended	Attended		Attended	Attended	N/A	Attended

Name:	Position:	26 May 2022	28 July 2022	22 September 2022	20 October 2022 (Cancelled)	24 November 2022	26 January 2023	16 February 2023	23 March 2023
J Kenny	Non-Executive Director	N/A	Attended	N/A		N/A	N/A	N/A	N/A
A McDavitt	Director of Pharmacy	N/A	Attended			N/A	N/A	N/A	N/A
E West	Corporate Services Manager	N/A	Attended	N/A		Attended	Attended	N/A	N/A
Committee Administrator	Corporate Services	Alison Hardie	Harmony Bourn				Attended	N/A	Attended
Attending for specific agenda item									
L Wilson	Director of Public Health	Attended	N/A						
E Graham	Resilience Officer	Attended	N/A	N/A		N/A	N/A	N/A	N/A
C Somerville	Programme Manager FSO	Attended	Attended	N/A		N/A	N/A	N/A	Attended
L Anderson	Waiting Times Coordinator	N/A	Attended	Attended		Attended	N/A	Attended	N/A
M Colquhoun	Head of Estates and Facilities	N/A	Attended	Attended		Attended	Attended	N/A	N/A
Sharon Smith	NPD Contracts Manager	N/A	N/A	N/A		Attended	N/A	N/A	N/A
Moray Watt	Authority Financial Advisor	N/A	N/A	Attended		N/A	N/A	N/A	N/A
Richard Rae	IT Manager	N/A	N/A	Attended		N/A	N/A	N/A	N/A
Tereasa Marwick	Compliance Officer	N/A	N/A	Attended		N/A	N/A	N/A	N/A
Ian Johnson	Resilience Officer	N/A	N/A	Attended		N/A	N/A	N/A	N/A
Denotes no Attendance Required				N/A		Attended	N/A	N/A	N/A

Appendix 3

Finance and Performance Committee Business Cycle and Work Plan 2022-23

1 Business Cycle

Meeting	Items of Business	Responsible Officer
26 May 2022	Integrated Emergency Planning update	Resilience Officer
	Updated Standing Financial Instructions	Director of Finance
28 July 2022	Capital Plan	Director of Finance
	Property and Asset Management Strategy Update	Head of Estates and Facilities
	Workforce Projections Report	Director of HR
22 September 2022	eHealth update	IT Manager
20 October 2022	Development Session: Annual Review of Core Committee Documentation	Chair
	<ul style="list-style-type: none"> Schedule of meetings Terms of reference Business Cycle and Workplan Risks, Controls, and Assurance Framework 	
24 November 2022	Integrated Emergency Planning update	Resilience Officer
	Update against Workforce Projections Report	Director of HR
	Financial Plan review and Assumptions going forward	Director of Finance

	Regional Delivery Plan	Director of Finance
	Sign off the Operational Plan development process and timetable	Director of Finance
26 January 2023	Feedback from Operational Plan	Director of Finance
	Update against Workforce Projections Report	Director of HR
16 February 2023	Special meeting to review: Regional Delivery Plan	Director of Finance
	Operational Plan, and its various elements,	Director of Finance
	Financial Plan for coming financial year	Director of Finance
2 March 2023	Development Session: Committee Effectiveness Self Evaluation	Chair
23 March 2023	Operational Plan and sign off letter from Scottish Government	Director of Finance
	Sign off Financial Plan	Director of Finance
	Sign off delegated budget - Integration Joint Board	Director of Finance
	Update against Workforce Projections Report	Director of HR
	Finance and Performance Committee Annual Report	Chair

2 Work Plan for 2022-23

2.1 Every Meeting

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

- Minutes of previous meeting
- Finance and Performance Committee Action log

- Financial Performance Management Report
- Performance Management Report
- Risk register
- Delegated Services Performance Report (IJB commissioned services)
- 5-year Financial Recovery Plan Report (FSO)

2.2 Quarterly Intervals

The Committee shall consider on a quarterly basis:

- Chair's Report - Enabling Technology Programme Board and minutes
- Chair's Report - NHS Orkney's Resilience Planning Group and minutes
- Workforce Projections Report
- Capital Report
- Climate Change/Sustainability Report
- New Balfour Hospital NPD Project Semi-Annual Operations Review

2.3 Every six months

- Update on the 3-year financial plan
- Pharmacy 6-Monthly Update Report
- Performance Management 6-Monthly Report – National standards/national data

*** Areas and services requiring further scrutiny can be asked to provide 6-monthly update reports for assurance as the committee require*

2.4 Ad Hoc Business

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

2.6 Annual Development Session

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format, and frequency of reporting to ensure it is effective

- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes, and administration arrangements)
- Agree Development Plan for future year

<i>Updated</i>	<i>24 September 2021</i>
<i>Annual Development Session Review</i>	<i>5 November 2021</i>
<i>Committee Approved</i>	<i>24 March 2022</i>
<i>Next Formal Review</i>	<i>20 October 2022</i>

Appendix 4

Finance and Performance Committee Record of Business 2022-23

Date of Meeting	Report Number	Report Title
26/05/22	FPC2223-01	Integrated Emergency Planning Update - summary
	FPC2223-02	Resilience Planning Group Chair's Report
	FPC2223-03	Performance Management Report
	FPC2223-04	Financial Performance Report
	FPC2223-05	Financial Recovery Plan Update
	FPC2223-06	Standing Financial Instructions
	FPC2223-07	Banking Arrangements
28/07/22	FPC2223-08	Performance Report
	FPC2223-09	NHS Orkney Climate Change Agenda – update
	FPC2223-10	NPD Contract Update
	FPC2223-11	Pharmacy and Prescribing, Primary Care Drugs Budget and Spend
	FPC2223-12	Subject Access Request (SAR) Policy
	FPC2223-13	Records Management Policy
	FPC2223-14	Freedom of Information Policy
	FPC2223-15	Information Governance Policy
	FPC2223-16	Information Governance Strategy
	FPC2223-17	Financial Performance Report
	FPC2223-18	Financial Recovery Plan Update
	FPC2223-19	Capital Plan for 2022/23 – update
22/09/22	FPC2223-20	Performance Report
	FPC2223-21	NPD Contract Update

	FPC2223-22	Property and Asset Management Strategy Update
	FPC2223-23	Digital Roadmap Progress Update
	FPC2223-24	Technology Enabled Care, Board Chairs Report and Approved Minutes
	FPC2223-25	Finance FPR Narrative
	FPC2223-26	Financial Recovery Plan Update
	FPC2223-27	Cross Committee Assurance Report - Staff Governance
20/10/22		CANCELLED
24/11/22	FPC2223-28	Finance and Performance Committee Terms of Reference
	FPC2223-29	Finance and Performance Committee Business Cycle and Workplan
	FPC2223-30	Performance Report
	FPC2223-31	Integrated Emergency Planning Update
	FPC2223-32	NHS Orkney Resilience Planning Group Report and Approved Minutes
	FPC2223-33	Energy Consumption Report
	FPC2223-34	Scottish Government Grant
	FPC2223-35	Finance FPR Narrative
	FPC2223-36	Financial Recovery Plan Update
	FPC2223-37	Three Year Financial Review Timescales
26/01/23	FPC2223-38	Finance and Performance Committee Risk Register for Review
	FPC2223-39	Performance Report
	FPC2223-40	SKIPPED NUMBER
	FPC2223-41	Finance FPR Narrative
	FPC2223-42	Financial Sustainability Office
	FPC2223-43	Three Year Financial Plan
	FPC2223-44	Technology Enabled Care, Board Chairs Report and Approved Minutes
16/02/23	FPC2223-45	

	FPC2223-46	
	FPC2223-47	
	FPC2223-48	

Remuneration Committee

Annual Report 2022/23

Approval Record		Date
Remuneration Committee		22 March 2023
Audit and Risk Committee		2 May 2023
Board		22 June 2023
Location and Access to Documents		
Location of master document		Corporate Services folder – G:Drive
Location of backup document		Meetings folder – G:Drive
Location of E&D assessment		n/a
Post holder(s) names at last review		
Chair		Meghan McEwan
Vice Chair		Steven Heddle
Lead Executive		Lorraine Hall
Committee Support		Nicola Muir

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1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

Committee Membership

2.1 Committee Leadership

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

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

2.2 Committee Members

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

- Davie Campbell, Non-Executive Board Member
- Martha Gill, Employee Director (until 21 November 2023)
- Ryan McLaughlin, Employee Director (from 1 February 2023)

2.3 Other Attendees

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

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

It should be noted for completeness that at the Board meeting held on the 23 February 2023 it was agreed to make changes to the composition of the Committee in line with best practice effective from 1 April 2023.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee had scheduled as part of its workplan to meet on three occasions during the period 1 April 2022 to 31 March 2023. Four additional meetings in year took place to cover the full requirements of the Committee in connection with included Executive Recruitment, Acting up and Appointment processes.

- 13 July 2022
- 22 September 2022 (extraordinary meeting)
- 12 October 2022
- 15 November 2022 (extraordinary meeting)
- 21 November 2022 (extraordinary meeting)
- 20 January 2023
- 15 March 2023 (additional meeting to cover business matter prior to year end)

In addition to the meetings above, David Garbutt, NHS Education for Scotland, lead a training session on 18 November 2022. This session was open to all non-executive board members and focused on performance appraisal, Executive Director objectives and the role and remit of the Remuneration Committee.

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

3.2 Business Cycle and Work Plan

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

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

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

The business cycle and workplan for 2022/23 is attached as **Appendix 3**.

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Committee held a development session on the 12 October 2022 and reviewed the Committee Terms of Reference, Business Plan and Governance Assurance Framework to ensure that all areas within the Committee remit were being reported on appropriately.

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

3.5 Induction

Two new members to the Committee received their Induction, delivered by the Interim Director of Human Resources into the workings, role and remit of the Committee on the 7 March 2023.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

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

4.2 Concerns

The main concerns of the Remuneration Committee's in 2022/23 were around:

- Ensuring all Executive Objectives are consistent using the TURAS platform

4.3 Successes

The Remuneration Committee has been successful in meeting the following achievements during 2022/23:

- Ensuring all new members received an appropriate induction
- Received training from NES
- Aligning Committee work to the relevant best practice guidance
- Supporting the process of appointing a new Chief Executive
- Strengthening clarity of expectations around evidence of executive performance.

4.4 Improvements for 2023-24

The Remuneration Committee are looking to focus on the following areas of improvement for 2023-24:

- Ensure work is underway with clinical colleagues through the Local Negotiating Committee to attract and support quality discretionary point applications
- Build upon progress to date and continue to explore all training opportunities available
- Ensure that all Executive appraisals are available on TURAS
- Continue to articulate expectations clearly around reporting and engagement with executive colleagues
- Monitoring of Risk Management
- To embed a continuous improvement approach around reporting

5 Conclusion

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

As a result of the work undertaken during the period this report covers, I can confirm that adequate and effective scrutiny and monitoring arrangements were in place throughout NHS Orkney. I would like to take this opportunity to wish the new Chair of the Committee all the best for the upcoming year.

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

Meghan McEwen

Chair

On behalf of the NHS Orkney Remuneration Committee

Appendix 1
Remuneration Committee Terms of Reference

1 Purpose

NHS Orkney is required to have a Remuneration Committee (herein referred to as the Committee) whose main function is to review the objectives and performance of executives and senior management cohorts, ensuring the application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government.

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

2 Composition

The Remuneration Committee shall consist of:

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

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

3 Attendance

In addition, there will be in attendance:

- Chief Executive
- Director of Human Resources

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

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

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

Quorum

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

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

5 Meetings

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

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

6 Remit

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

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

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

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

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

To oversee the arrangements for the payment of “Discretionary Points” to locally employed consultant staff, including making final decisions on awards and subsequent payment in individual cases based upon professional advice and in accordance with current guidance issued by the Scottish Government.

7 Best Value

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee’s Annual Report.

8 Confidentiality and Committee Decisions

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

9 Minutes and Reports

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

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

10 Authority

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

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

Reporting Arrangements

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

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

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

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

<i>Updated</i>	<i>12 November 2021</i>
<i>Annual Development Session Review</i>	<i>19 November 2021</i>
<i>Committee Approved</i>	<i>13 January 2023</i>
<i>Next Formal Review</i>	<i>12 October 2022</i>

Appendix 2

NHS Orkney - Remuneration Committee Attendance Record - Year 1 April 2022 to 31 March 2023:

Name:	Position:	13 July 2022	22 September (Extraordinary Meeting)	12 October 2022 (Annual Review)	15 November 2022 (Extraordinary Meeting)	21 November 2022 (Extraordinary Meeting)	20 January 2023	15 March 2023 (Additional Meeting + (Development Session))
Members:								
M McEwen	Chair	Present	Present	Present	Present	Present	Present	Present
S Heddle	Vice Chair	Present	Present	Present	Present	Apologies	Present	Apologies
M Gill	Employee Director	Present	Present	Present	Present	Present		
R McLaughlin	Employee Director							Present
D Campbell	Non-Executive Director	Present	Apologies	Present	Present	Present	Present	Present
In Attendance:								
M Dickson	Interim Chief Executive	Present	Present	Apologies			Present	Apologies
L Hall	Interim Director of HR	Present	Present	Present	Present	Present	Present	Present
N Muir	Committee Support	Present	Present	Present	Apologies	Present	Present	Apologies
L Johnstone	Committee Support	Present						
R Ratter	Senior Corporate Services Officer			Present				
E West	Corporate Services Manager				Present			
C Drever	Committee Support						Present	Present
Attending as Deputy:								
Joanna Kenny	Non-Executive Director		Present (Deputy for: D Campbell)				Present (Deputy for: M Gill)	

Appendix 3

Remuneration Committee Business Cycle and Work Plan 2022/23

1 Business Cycle

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

<p>12 October 2022</p>	<p>Development Session: Annual Review of Core Committee Documentation</p> <ul style="list-style-type: none"> • Schedule of meetings • Terms of reference • Business Cycle and Workplan • Risks, Controls, and Assurance Framework 	<p>Chair</p>
<p>14 December 2022</p>	<p>Receive recommendations of the allocation of discretionary points for consultant staff and timetable for progressing.</p>	<p>Interim Director of Human Resources</p>
	<p>Review and approve implementation of the 2020/2021 performance related pay (on receipt of NPMC letter) and Discretionary Points for Medical Director.</p> <p>Seek assurance that the performance of Executive Directors is being actively managed by reviewing reports from the Chair and Chief Executive and seeking assurance that the mid review process has been carried out robustly for other members of the senior manager cohort.</p>	<p>Interim Director of Human Resources</p> <p>Chief Executive / Chair</p>
<p>2 March 2023</p>	<p>Development Session: Committee Effectiveness Self Evaluation</p>	<p>Chair</p>

Appendix 4

Remuneration Committee Record of Business 2022/23

Date of Meeting	Report Number	Report Title
13/07/2022	RC2223-01	Severance Payments and Settlement Arrangements 2020/21
	RD2223-02	ESM and NPMC Timetable 2021/22
	RC2223-03	Annual Report on Executive Vacancies and Interim Cover
	RC2223-04	2021/22 Executive Directors - End of Year Performance Review
	RC2223-05	Remuneration Committee Annual Report 2021/22
22/09/2022	RC2223-06	2022/23 Executive Directors - Draft Objectives
	RC2223-07	Director Recruitment
	RC2223-08	Director Remuneration
12/10/2022		Review of Core Documentation
15/11/2022		Director Recruitment Discussion
21/11/2022		Director Recruitment Discussion
20/01/2023	RC2223-09	2022/23 Executive Directors - Draft Objectives
	RC2223-10	2022/23 Executive Directors - Mid-Year Performance Review
	RC2223-11	Remuneration Committee Annual Development Session Documentation
	RC2223-12	Director Remuneration
15/03/2023	RC2223-13	Interim Director Arrangements
	RC2223-14	Additional Responsibility Arrangements

Appendix 5

Remuneration Committee

Governance Assurance Framework 2022/23

1 Purpose

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

2 Process

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

3 Aim

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

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

4 Key

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

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

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

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	without adequate authorisation.	<p>salary arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive manager starting salary arrangements.</p> <ul style="list-style-type: none"> • Remuneration Committee approves all new executive manager start salaries before payment. • Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee. 	<ul style="list-style-type: none"> • The Committee received copies of SGHSCD guidance on start salary arrangements and clear reports summarising content and impact. • The Committee received report from the Interim Director of Human Resources containing proposal for start salaries and authorised any salaries. 	
	Pay increases and non consolidated performance payments are applied without reference to appropriate guidance or without adequate authorisation.	<ul style="list-style-type: none"> • Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on pay increases and non consolidated payments contained in HDL(2006)23, CEL(2007)4 and CEL(2007)22 so that they can provide 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> - • The Committee received copies of SGHSCD guidance on executive manager pay increases and non consolidated performance arrangements and a clear report 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>effective challenge, scrutiny and performance monitoring of NHS Orkney executive manager performance arrangements.</p> <ul style="list-style-type: none"> • Remuneration Committee approves the application or any pay increases or non-consolidated payments before payment. • Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee. 	<p>summarising the content and local impact.</p> <ul style="list-style-type: none"> • The Committee received a report setting out the annual pay increases for executive-managers and authorised any increases. 	
	Executive manager relocation expense packages are not adequately controlled.	<ul style="list-style-type: none"> • NHS Orkney has a clear relocation expenses policy. • Remuneration Committee members are kept up to date with the policy. • The Remuneration Committee receives reports on executive manager expense claims that are within policy (i.e. up to £8,000). 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <p>-</p> <ul style="list-style-type: none"> • Any relocation expense packages for executive managers were explicitly identified in the start salary report presented by the Interim Director of Human Resources 	Committee not currently being sighted on annual policies and updates. Workplan and Business Cycle amended to include reports and updates at every meeting, as required through APF report and Staff Governance Workplan.

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

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<ul style="list-style-type: none"> • Remuneration Committee receives reports from the Interim Director of Human Resources on all planned executive manager recruitment covering background to vacancy, evidence that post has been evaluated at advertised level, relevant guidance from policy or Code of Corporate Governance, selection tools and interview panel arrangements and proposed advertising method. Committee approve the report prior to advertising. • Where the Board is proposing to use long term secondments to cover an executive manager vacancy the accommodation and travel costs are identified and reported to the Committee. 		
Any decision to use public money to fund premature retirements	NHS Orkney agrees severance payments to executive managers without reference to	<ul style="list-style-type: none"> • Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on 	The minutes of the Remuneration Committee provide evidence that: -	Committee not up to date with guidance on severance payments, or Agenda for Change

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
severance or redundancy payments stands up to deliver best value	appropriate guidance or without adequate authorisation or makes unlawful payments	<p>severance payments set out in Section 16 of Agenda for Change Handbook so that they can provide effective challenge and scrutiny to any proposals brought before them.</p> <ul style="list-style-type: none"> • Remuneration Committee receives reports from the Interim Director of Human Resources on any proposed redundancy or severance settlement to executive managers. The reports contain costed options that include all elements of costs e.g. notice. • Committee approval is granted before any payment is made. • Payroll control processes are in place to prevent unauthorised payments being processed. • The Committee acts in accordance with DL(2019)15 NHS Scotland Guidance on Settlement and Severance Agreements 	<ul style="list-style-type: none"> • Remuneration Committee received Agenda for Change Handbook – Section 16 – Redundancy pay • Annual audit of severance payments was conducted. • Interim Director of Human Resources prepared and presented an annual report for the committee summarising all severance payments that have been made, whether they were approved and whether the amount agreed by the Committee corresponds with the amount paid out. 	<p>Handbook in general. Members felt this should be incorporate into the Remuneration Committee Induction process, and the wider Non-Executive Induction Process. Also included on the Committee Workplan/Business Cycle for discussion at every meeting, as required.</p>

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

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

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

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

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

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

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		circulating revised guidance and providing a report summarising the guidance and the implications.	<ul style="list-style-type: none"> Members attended national and regional workshops and agreed and documented lessons learnt. 	
Consultant Discretionary points are allocated in a fair and transparent way	The process for awarding points is flawed and / or unfair.	<ul style="list-style-type: none"> NHS Orkney has a clear process in place for awarding consultant discretionary points. The process complies with national guidance PCS (DD)1995/6 as amended by the SEHD in its letter to Trusts dated 12 January 2000 Remuneration Committee members are trained on the process. NHS Grampian scores the applications on behalf of NHS Orkney and presents to the Remuneration Committee - the decision-making body with regard to the allocation of points 	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> The Committee was made aware of national guidance on the application of consultant discretionary points. The Committee received and approved a process for awarding points that complied with the national guidance. The Committee received reports from NHS Grampian setting out the scoring of the applications to consider and allocate as appropriate 	
The Remuneration Committee operates effectively	The Remuneration Committee is not properly constituted.	<ul style="list-style-type: none"> NHS Orkney's Remuneration Committee is constituted in line with Annex 3 of MEL (1993) 114 	<ul style="list-style-type: none"> The existence of up to date terms of reference which have been approved by the Audit Committee and Board. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<ul style="list-style-type: none"> • It is appointed by the full Board • It has agreed terms of reference that comply with the MEL 	<ul style="list-style-type: none"> • Evidence that the terms of reference were reviewed as part of the annual development session. 	
	The Remuneration Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities.	<ul style="list-style-type: none"> • Governance Assurance Framework identifies the assurance that the Committee needs and therefore the business cycle of the committee. • Agreed business cycle that stipulates the nature and frequency of reports. • Agreed templates for summary, job descriptions, NEC outcome, mid-year and annual performance review, objectives, relocation expenses, severance and redundancy reports. 	<ul style="list-style-type: none"> • The existence of the-Governance Assurance framework • The existence of a business cycle • The existence of agreed templates. 	
	The Remuneration Committee fails to keep a clear record of decisions taken.	<ul style="list-style-type: none"> • Agreed standard of minute taking. • Central electronic copies of all papers and minutes held by Corporate Services. 	<ul style="list-style-type: none"> • Annual External Audit report • A clear record of decisions is taken and held safely and appropriately in accordance with good Information Governance procedures, and Data Protection and GDPR regulations. 	

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

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



Staff Governance Committee

Annual Report 2022/23

Approval Record	Date
Staff Governance Committee	24 May 2023
Audit and Risk Committee	2 May 2023
Board	22 June 2023
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Joanna Kenny
Vice Chair	Ryan McLaughlin
Lead Executive	Lorraine Hall
Committee Support	Christy Drever

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1 Executive Summary

In line with sound Governance principles and the Blueprint for Good Governance to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. This annual report covers the complete financial year, April 2022 to March 2023 and is a requirement of the governance statement which forms part of NHS Orkney's annual accounts.

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

Staff Governance is defined as

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

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

The Standard specifies that staff are entitled to be:

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

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;
- commit to continuous personal and professional development;

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

2

Committee Membership

2.1 Committee Leadership

The Chair of the Staff Governance Committee is Joanna Kenny, Non-Executive Board Member.

The Vice-Chair of the Staff Governance Committee was Martha Gill, Employee Director (until January 2023), followed by Ryan McLaughlin (from February 2023).

2.2 Committee Members

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

- Michael Dickson, Interim Chief Executive
- Des Creasy, Non-Executive Board Member
- Lorraine Hall, Interim Director of Human Resources
- Ryan McLaughlin, Staff Partnership Representative
- Kate Smith, Partnership Representative (until November 2022)
- Jason Taylor, Non-Executive Board Member, Whistleblowing Champion

There are no noted deputies.

2.3 Other Attendees

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

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

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on four occasions during the period from 1 April 2022 to 31 March 2023 and held two development sessions:

- 08 June 2022
- 24 August 2022
- 23 November 2022
- 11 January 2023 – Development Session
- 22 February 2023
- 30 March 2023 – Development Session

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

3.2 Business Cycle and Work Plan

The Staff Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year. The business cycle and workplan for 2022/23 is attached as **Appendix 3**.

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

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

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

3.3 Action Plan and Progress

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

Annual Performance Review and Development Session

The Staff Governance Committee held a Development Session on the 11 January 2023 to review the Committee Terms of Reference and Business Plan and ensure that all areas within the Committee remit were being reported on appropriately.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

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

The Risk, Controls and Assurance Framework was stepped down as work required; to be picked up through whole Board assurance work.

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

The following issues were raised to the Staff Governance Committee via Cross committee assurance and reporting:

Audit and Risk

- Significant emphasis on training requirements throughout the governance statement and other reports.

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

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

Finance and Performance

- The inconsistencies between staffing establishment in budgets against current staff in post
- Workforce Report Quarter 3 – Bank and Locum Cost Concerns

Remuneration Committee

- The Committee welcomed that appraisal targets had been added to Chief Executive and Executive Director Objectives going forward.

Issues Raised by the Staff Governance Committee to the Board

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

- Approval of policies
- Conclusion of last year's action plan and introduction of new one
- Work being done in partnership about the integrated workforce plan and the timeframe and that will be feedback on later in the year
- The low rates of appraisal across the organisation and the concerns this raised
- Low rates of induction compliance and the risk this created
- iMatter results as a Board
- The Committee had recommended Board approval of the NHS Orkney Workforce Monitoring report 2021/22
- Request that appraisal compliance rates be added to the Board performance report
- Health and Safety Policy
- Health and Safety Control Book System
- Staff Statutory and Mandatory Learning/Induction progress

4.5 Concerns

The main concerns of the Staff Governance Committee in 2022/23 included:

- The lack of significant improvements regarding appraisal and induction rates, acknowledging the work that has currently taken place to improve process which will continue to be monitored
- Limited progress in some areas due to capacity and resource being directed, appropriately, to improvements within Health and Safety

4.6 Successes

The successes of the Staff Governance Committee in 2022/23 included:

- Supporting the development of improvements in Health and Safety culture and practice within the organisation, the embedding of this aspect and regular oversight and assurance through reporting from the Occupational Health, Safety and Wellbeing Committee.
- Strong focus on the induction and appraisal rates, which will continue to be maintained in 2023/24 to monitor the effectiveness of new systems and processes around a robust induction process
- The Committee approved the Staff Governance Action plan which allowed work to be completed in priority areas

- The Committee contributed and provided feedback around the Workforce Plan which was subsequently approved and adopted.

4.7 Improvements for 2023-24

The Staff Governance Committee are looking to focus on the following areas of improvement in 2023/24:

- To continue to focus on areas where committee members would like further information and welcome deep dives into these as appropriate
- Remaining focused on effective challenge and accountability, ensuring that the committee has timely information on relevant issues as they arise
- To continue to receive improved reporting around sickness absence rates and reasons, to enable the committee to seek assurance around improvements in supporting staff wellbeing and attendance at work.
- Maintain focus on the Staff Governance Standards, and the integration of these across areas of remit, ensuring that systems are available to support these and ensure appropriate oversight and governance of these areas
- Contributing to the embedding of a positive culture across the organisation, and monitoring improvements made against available data

5 Conclusion

As Chair of the NHS Orkney Staff Governance Committee during the period covered by the report, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee comprises an appropriate mix of skills to allow it to carry out its overall function. As a result of the work undertaken during the year, I can confirm that overall adequate and effective governance and internal control arrangements were in place throughout NHS Orkney.

Throughout 2022/23 COVID-19 has continued to have an impact on every aspect of our lives. Staff Governance Committee has continued to meet virtually via Teams and this is part of our 'new normal'. I would like to thank all committee members and attendees for their commitment and engagement with the Committee. I would also like to express my warmest thanks to the staff for their continued hard work and diligence through the biggest challenge of recent times.

A handwritten signature in blue ink, reading 'JEKenny'.

Joanna Kenny

Chair

On behalf of NHS Orkney Staff Governance Committee

Appendix 1**Staff Governance Committee
Terms of Reference 2022/23****1 Purpose**

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

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

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

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

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

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

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

2 Composition

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

~~Interim~~ Chief Executive

~~Interim~~ Director of Human Resources - Lead for Committee

Director of Nursing, Midwifery, and Allied Health Professionals.

3 Attendance

In addition, there will be in attendance:

- Human Resources Manager
- Local Human Resources Staff as required for specific agenda items
- Health and Safety Lead

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

4 Quorum

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

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

5 Meetings

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

6 Remit

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

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard are being achieved
- Monitoring and evaluating strategies and implementation plans relating to people management

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

7 Best Value

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

8 Authority

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

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

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

9 Reporting Arrangements

The Staff Governance Committee reports to Orkney NHS Board. Following a meeting of the Staff Governance Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes.

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

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

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

<i>Updated</i>	<i>5 November 2021</i>
<i>Annual Development Session Review</i>	<i>12 November 2021</i>
<i>Committee Approved</i>	<i>February 2022</i>
<i>Next Formal Review</i>	<i>26 October 2022</i>

Appendix 2

NHS Orkney - Staff Governance Committee Attendance Record - Year 1 April 2022 to 31 March 2023:

Name:	Position:	8 June 2022	24 August 2022	23 November 2022	22 February 2023
Members:					
J Kenny	Chair	Attending	Attending	Attending	Attending
M Gill	Vice Chair (until January 2023)	Attending	Attending	Attending	
R McLaughlin	Staff Representative/ Vice Chair (from February 2023)	Apologies	Attending	Attending	Attending
D Creasey	Non Executive Board Member	Observing	Attending	Apologies	Apologies
C Evans	Non Executive Board Member	Absent	Absent		
J Taylor	Non Executive Board Member	Attending	Attending	Attending	Attending
M Dickson	Interim Chief Executive	Attending	Apologies	Apologies	Attending
K Smith	Partnership Representative	Attending	Apologies		
L Hall	Interim Director of Human Resources	Attending	Attending	Attending	Attending
B Walker	Partnership Representative			Attending	Attending
In Attendance:					
M Macleod	Health and Safety Manager	Attending	Attending		
S Phillips	Head of People and Culture	Attending	Attending	Attending	Apologies
I Smith	Human Resources Manager	Attending	Attending	Attending	Attending
E West	Corporate Services Manager		Attending	Attending	Apologies
Minute taker	Corporate Services	Heidi Walls	Emma West	Emma West	Christy Drever
	Denotes no Attendance Required				
Attending for specific agenda item					

Appendix 3

Business Cycle and Workplan for 2022/23

1 Business Cycle

Meeting	Items of Business	Responsible Officer
25 May 2022	Staff Governance Committee Annual Report	Chair
	Staff Governance Action Plan Approval of End of Year 2021/22	Interim Director of Human Resources
	Approval for 2022/23 Staff Governance Action Plan	Interim Director of Human Resources
	Remuneration Committee Annual Report 2021/22	Interim Director of Human Resources
	Draft Integrated Workforce Plan	Interim Director of Human Resources
	Area Partnership Forum Annual Report 2021/22	APF Chair
	Report on status of Once for Scotland workforce policies and progress against HR Policy Review Timetable	Interim Director of Human Resources
	Staff Governance Monitoring Return (subject to Scot Gov timings)	
	Health and Safety Annual Action Plan and progress report	Head of Estates and Facilities
24 August 2022	Health and Care (Staffing) (Scotland) Act Report	Interim Director of Acute Services
	Workforce Equality Measures Annual Report	Interim Director of Human Resources

	Workforce Development Activity Annual Report	Interim Director of Human Resources
	6-Monthly Report on Induction Compliance	Interim Director of Human Resources
	Fitness to Practice Annual Report (Audit and Workplan)	Interim Director of Human Resources
	iMatter Report	Interim Director of Human Resources
24 August 2022	Staff Governance Annual Monitoring return response	Interim Director of Human Resources
(con't)	Staff Health and Wellbeing Report	Interim Director of Human Resources
	3-Year Workforce Plan	Interim Director of Human Resources
26 October 2022	Development Session: Annual Review of Core Committee Documentation <ul style="list-style-type: none"> Schedule of meetings Terms of reference Business Cycle and Workplan 	Chair
	Corporate Learning and Education Plan 6-Monthly Progress Report	Interim Director of Human Resources
23 November 2022	Once for Scotland Policy Implementation Progress Report	Human Resources Manager
	Workforce Policy Implementation Progress Report	Interim Director of Human Resources

22 February 2023	Workforce Performance Annual Report	Interim Director of Human Resources
	Health and Social Care Staff Experience Report	Interim Director of Human Resources
	Workforce Development Plan 6-Monthly Progress Report	Interim Director of Human Resources
	Staff Governance Standards Monitoring return	Interim Director of Human Resources
	Whistleblowing – (Process Reporting, Training, Confidential Contacts, Audit re eLearning)	
30 March 2023	Development Session: Committee Effectiveness Self Evaluation	Chair

2 Work Plan for 2022/23

2.1 Every Meeting

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

- Minutes of previous meeting
- Action Log
- Workforce Report:
 - Staff Profile
 - Retention (starters, leavers and turnover)
 - Sickness Absence Report
 - Fixed Term Contracts
 - Bank / Excess Hours / Overtime
 - eKSF Progress Report
 - Redeployment
 - Locum Usage
 - Use of policies / Family Friendly Leave
 - Employee Relations
 - Freedom of Information
 - Learning and Development
 - Health Care Care Support Worker
 - Flying Start

- Occupational Health activity
- Escalated Staff Governance Matters
- Exception reports on Self-Assessment Audit Tool
- Risks / Staffing and HR related incidents raised through the IR1 (Datix) process and the action taken
- Occupational Health and Safety Chairs Report
- Area Partnership Forum Chairs Report and Exception Report
- Minutes of Area Partnership Forum
- Output from DHI Listening report/exercise

2.2 Every six months

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

2.3 Annually

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

- Remuneration Committee Annual Report
- Area Partnership Forum Annual Report
- Workforce Equality Measures Annual Report
- Workforce Development Activity Annual Report
- Fitness to Practice Annual Report, Audit and Workplan
- Staff Governance Annual Monitoring Return Response
- Workforce Performance Annual Report
- Health and Safety Annual Action Plan and progress report
- Revalidation Reports (for all registered staff)
- Job Evaluation Annual Report

2.4 Ad Hoc Business

- To review and approve relevant policies
- Equality and Diversity Scheme
- Staff Health and Wellbeing
- Workforce Strategy
- Reports on audits undertaken
- iMatter reports
- Leadership for Volunteering
- Graduate Programme – recognition and celebration of achievement
- Health and Wellbeing Group update

2.5 Annual Development Session

- Review of Terms of Reference

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

<i>Updated</i>	<i>24 September 2021</i>
<i>Annual Development Session Review</i>	<i>8 October 2021</i>
<i>Committee Approved</i>	<i>25 November 2021</i>
<i>Next Formal Review</i>	<i>20 October 2022</i>

Appendix 4
Staff Governance Committee – Record of Business 2022-23

Date of Meeting	Report Number	Report Title
08/06/2022	SGC2223-01	Virtual item log
	SGC2223-02	Staff Governance Action Plan 2021/22
	SGC2223-03	Staff Governance Action Plan 2022/23
	SGC2223-04	Remuneration Committee Annual Report
	SGC2223-05	Area Partnership Forum Annual Report
	SGC2223-06	Workforce Report
	SGC2223-07	Draft Integrated Workforce Plan
	SGC2223-08	Whistleblowing Annual Report
	SGC2223-09	Area Partnership Forum Chairs Report
	SGC2223-10	Report on Status of Once for Scotland Policy
	SGC2223-11	Manual Handling Policy
	SGC2223-12	Management of Violence and Aggression Policy
	SGC2223-13	Lone Working and Working in Isolation Policy
	SGC2223-14	Occupational Health and Safety Annual Chairs Report
	SGC2223-15	Corporate Risks Aligned to the Staff Governance Committee
24/08/2022	SGC2223-16	Staff Governance Action Plan 2022/23
	SGC2223-17	Q1 Workforce Report - April - June 2022
	SGC2223-18	Workforce Plan
	SGC2223-19	iMatter Report
	SGC2223-20	6-Monthly Report on Induction Compliance

	SGC2223-21	Area Partnership Forum Chairs Report
	SGC2223-22	NHS Orkney Workforce Monitoring Report 2021/22
	SGC2223-23	Health and Care (Staffing)(Scotland) Act Report
	SGC2223-24	Health and Safety Update
	SGC2223-25	Corporate Risks Aligned to the Staff Governance Committee
23/11/2022	SGC2223-26	Staff Governance Action Plan 2022/23
	SGC2223-27	Q2 Workforce Report - July - September 2022
	SGC2223-28	Area Partnership Forum Chairs Report
	SGC2223-29	Communications Framework and Policy
	SGC2223-29	IT Policies (wrongly numbered)
	SGC2223-30	Occupational Health and Safety Annual Chairs Report
22/02/2023	SGC2223-31	Committee Terms of Reference
	SGC2223-32	Committee Workplan / Business Cycle
	SGC2223-33	Staff Governance Action Plan 2022/23
	SGC2223-34	Q3 Workforce Report - Oct - Dec 2022
	SGC2223-35	People, Wellbeing and Culture Strategy - Update
	SGC2223-36	Staff Statutory and Mandatory Learning / Induction Statistic Awareness
	SGC2223-37	Area Partnership Forum Chairs Report
	SGC2223-38	Area Partnership Forum Approved Minutes
	SGC2223-39	Ventilation Systems Policy
	SGC2223-40	Introduction of H&S Control Booking System
	SGC2223-41	Corporate Risks Aligned to the Staff Governance Committee



Area Clinical Forum

Annual Report 2022/23

Approval Record	Date
Area Clinical Forum	05 May 2023
Audit and Risk Committee	30 May 2023
Board	22 June 2023
Location and Access to Documents	
Location of master document	Corporate Services folder – G: Drive
Location of backup document	Meeting's folder – G: Drive
Location of E&D assessment	N/A
Post holder(s) names at last review	
Chair	Steven Johnston
Vice Chair	Vacant
Lead Executive	TBC
Committee Support	Freddie Pretorius

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1 Executive Summary

The primary purpose of the ACF is to distil the work of the Advisory committees and to be a conduit of information and opinions between the clinical community and the Board

- The Area Clinical Forum is a group representing clinical staff which provides clinical advice to the Board.
- The Chair of the Area Clinical Forum is a full member of Orkney NHS Board and shares collective responsibility for its decisions.
- The ACF Chair provides a report on ACF work at each Board meeting along with a copy of all approved minutes.
- The ACF consists of the Chairs, Vice Chairs and Secretaries of the Professional Advisory Committees noted below.

Area Dental Committee (ADC)

The Committee is made up of dentists, dental nurses, hygienists, and therapists from the Public Dental Service and independent services.

Area Medical Committee (AMC)

The Committee is made up of doctors from any specialty and grade in both the hospital and the community. There are two sub-groups of the AMC the GP Sub Committee and the Hospital Sub Committee.

NHS Orkney does not currently have a functioning AMC and as in interim arrangement the GP Sub and Hospital Sub Committees report directly to the ACF.

Area Pharmaceutical Committee (APC)

The Committee is made up of pharmacists from both NHS and the community. This committee does not currently meet but efforts are being made to revive it in a joint venture with NHS Shetland.

Nursing and Midwifery Advisory Committee (NAMAC)

The Committee is made up of nurses and midwives from both the hospital and the community including specialist nursing.

The purpose of the Committee is to provide objective and critical opinions and advice from the nursing and midwifery professions to the NHS Orkney Board

Therapies, Rehabilitation and Diagnostics Advisory Committee (TRADAC)

The Committee is made up of professionals registered with the Health and Care Professions Council.

The Committee's role is to advise on the health and professional service needs of the local population, any issues within profession which impinge on patient care, any professional and other functions as may be prescribed in future under new legislation or guidance and matters affecting the scope, management, organisation, function and development of health and professional services.

The purpose of this report is to summarise the work of the Advisory Committees over the year 2022/23 for the purposes of ACF committee development and for Board awareness.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Area Clinical Forum is Steven Johnston, Non-Executive Board Member.

The Vice-Chair of the remained vacant during this period.

2.2 Committee Members

the following individuals are voting members of the Area Clinical Forum:

- Scott Tulloch – ADC
- Wendy Lycett – APC
- Kevin Fox – Hospital Sub Committee
- Kirsty Cole – GP Sub Committee
- Sylvia Tomison – NAMAC
- Moira Flett – NAMAC
- Graeme Clark – Optometrist (sole representative)
- Penny Martin – TRADAC
- Rona Harcus – TRADAC

2.3 Other Attendees

The Area Clinical Forum should have close links with the Chief Executive and the Executive Clinical Directors to support the Area Clinical Forum in developing, supporting, and driving its business. In this respect there would be attendance from at least one Clinical Executive Director or the Chief Executive at meetings.

The Area Clinical Forum Terms of Reference is attached as **Appendix 1** and attendance list at **Appendix 2**.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on six occasions during the period from 1 April 2022 to 31 March 2023 and held three development sessions:

- 01 April 2022
- 06 May 2022 – Development Session (Achieving Financial Balance)
- 07 June 2022
- ~~08 July 2022 – Development Session - Cancelled~~
- 05 August 2022
- 02 Sept 2022 – Development Session (Clinical Accommodation)
- 07 October 2022
- ~~01 November 2022 – Development Session - Cancelled~~
- 02 December 2022
- 07 February 2023
- 10 March 2023 – Development Session (Clinical Engagement)

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

The committee also hosted Chaining Skills training, delivered by the University of the Highlands and Islands (Orkney College) which was open to any staff member wishing to benefit.

3.2 Business Cycle and Work Plan

The Area Clinical Forum does not have a standardised Business Cycle and Workplan however, as part of the committee development, a work plan or similar will follow.

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Area Clinical Forum held development sessions throughout the year to capture potential areas of focus for the future however the committee does not currently hold sessions to evaluate committee performance or to review the committee Terms of Reference and Workplan. Further consideration is being given towards this.

4 Concerns and Successes

4.1 Issues Raised by Advisory Committees to the Area Clinical Forum

The following issues were raised to the Area Clinical Forum via Cross committee reporting:

GP Sub Committee

- Consultant Psychiatry 0.5FTE provision

NAMAC

- Discussions around band 4 Nursing roles
- Potential for joint Development Sessions with TRADAC
- Ongoing Recruitment/Staffing Issues

TRADAC

- Limited Housing for new employees
- Increase in DNA numbers
- Update - Clinical Space for AHP's
- Ongoing lack of Clinical space

4.2 Issues Raised by the Area Clinical Forum to the Board

The Area Clinical Forum raised the following issues to NHS Orkney Board:

- Reformation of the AMC
- IT/eHealth prioritisation: OrderComms and EPR
- Non-residential Accommodation group
- Reformation of the AMC
- Lack of Children's Health Services Manager
- Green prescribing
- Primary Care Improvement Fund Allocation
- HEPMA progress
- AMC reformation
- ACF Chair reappointment
- Shared decision-making guidance & realistic public expectations
- Consultant psychiatry 0.5 FTE provision
- Closure of Old Balfour site

4.4 Concerns

The main concerns of the Area Clinical Forum in 2022/23 included:

- Ongoing problems with engagement with the Advisory Committees including the lack of an Area Pharmaceutical Committee and Area Medical Committee, the lack of administrative support for Hospital Sub and difficulty with attendance numbers at Nursing & Midwifery Advisory Committee.
- Clinical accommodation and the closure of the Old Balfour site has led to recurrent discussion at ACF with concern over the utilisation of the available space to provide patient care.

4.5 Successes

The successes of the Area Clinical Forum in 2022/23 included:

- Despite the engagement concerns, ACF was quorate for each of the 6 meetings for the year and held 3 sessions to feed into the Board work on Financial Stability and Clinical Accommodation.
- The use of the 'Escalation Log' which is held on the ACF Teams page allows members to keep up to date with all matters which have been raised from an advisory committee to ACF and from ACF to Board. This is regularly updated with any developments on each of the topics.

4.6 Improvements for 2023-24

The Area Clinical Forum are looking to focus on the following areas of improvement in 2023/24:

- Improving clinical engagement, in large part through a project being carried out by the Chair and the Medical Director, led by the Royal College of Physicians of Edinburgh. This will become a standing agenda item at ACF.
- Better planning in order that our agenda is topical and relevant, and that the ACF are involved which clinical advice to the Board ought to be provided. This includes development of a work plan to better align our focus to the Plan on a Page and the Clinical Strategy.

5 Conclusion

The last 3 years of the COVID-19 Pandemic have been tough for our patients and staff. During this time there have been periods where the focus and ability to engage with the advisory committees has been strained. Rather than being the cause, it is more likely that Covid exposed our weakness. I am extremely grateful for the contribution of all my colleagues to the advisory committees and the expertise they are able to offer, even in these circumstances. Looking ahead, if we are to improve patient care, the Area Clinical Forum and the Professional Advisory Committees need to be at the heart of a clinically led organisation in order that we deliver against our Clinical Strategy and Plan on a Page. We must find solutions to the barriers which are adversely affecting attendance and engagement – a well rounded, multidisciplinary clinical voice is essential to our success. Therefore, in the year ahead I would like us to work together to rebuild the ACF which is providing quality clinical advice to the Board.

Steven Johnston



Chair
On behalf of NHS Orkney Area Clinical Forum

Appendix 1

1 Purpose

The Purpose of the Area Clinical Forum is to distil the work of the Professional Advisory Committees and to be a conduit of information and opinions between the clinical community and the Board.

2 Composition

The Area Clinical Forum will consist of the chairs, vice chairs and secretaries of the following Area Professional Committees:

- Area Medical Committee
- Area Dental Committee
- Area Pharmaceutical Committee
- Area Optical Committee
- GP Sub Committee
- Hospital Sub Committee
- Nursing and Midwifery Advisory Committee (NAMAC)
- Therapies, Rehabilitation and Diagnostics Advisory Committee (TRADAC)

3 Attendance

The Area Clinical Forum should have close links with the Chief Executive and the Executive Clinical Directors to support the Area Clinical Forum in developing, supporting, and driving its business. In this respect there should be attendance from at least one Clinical Executive Director or the Chief Executive at meetings.

Non-Executive Board members will be invited to attend on a rota basis.

4 Quorum

The Area Clinical Forum shall be quorate when there are one third of members present.

It will be expected that members send a deputy if they are unable to attend.

5 Meetings

The Committee will meet at least bi-monthly and will hold development sessions between meetings as required.

Extraordinary meetings may also be called if urgent business arises.

The Board will provide administrative support to the Area Clinical Forum.

Before each meeting, the agenda and papers shall be accessible to every Member by electronic means, at least three clear calendar days, before the date of the meeting.

Minutes of the Area Clinical Forum will be displayed on the 'blog' in order to improve communication with the clinical staff across NHS Orkney

6 Function

The core function of the Area Clinical Forum is to support the work of NHS Orkney by:

- Reviewing the business of the Professional Advisory Committees to ensure a coordinated approach on clinical matters across each of the professional groups
- The provision of a clinical perspective on the Development of the Local Delivery Plan and the strategic objectives of the NHS Board
- Sharing best practice and encouraging multi professional working in healthcare and health improvement
- Ensuring effective and efficient engagement of clinicians in service design, development, and improvement
- Providing a local clinical and professional perspective on national policy issues
- Ensuring that local strategic and corporate developments fully reflect clinical service delivery
- Taking an integrated clinical and professional perspective on the impact of national policies at local level
- Through the ACF Chair, being fully engaged in NHS Board business; and
- Supporting the NHS Board in the conduct of its business through the provision of multi professional clinical advice

At the request of Orkney NHS Board, the Area Clinical Forum may also be called upon to perform one or more of the following functions:

- Investigate and take forward particular issues on which clinical input is required on behalf of Orkney NHS Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution
- Advise Orkney NHS Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care

7 Reporting Arrangements:

The Area Clinical Forum reports to Orkney NHS Board

Following a meeting of the Area Clinical Forum the approved minute of that meeting should be presented at the next Orkney NHS Board meeting along with a report from the Chair

The Area Clinical Forum will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Forum during the year and provide assurance to the Board that it has met its function during the year

As part of the Accountability Review process, Orkney NHS Board will be required to demonstrate that they have involved the Area Clinical Forum and the relevant Area Professional Committees appropriately in strategic and service development issues

The Area Clinical Forum will report any areas of concern to the Clinical and Care Governance Committee or Executive Management Team as appropriate

Chair of the Area Clinical Forum:

8 Role

The Chair of the Area Clinical Forum will be a full member of Orkney NHS Board and will share collective responsibility for its decisions. In addition to the role of all members of NHS Boards the Chair of the Area Clinical Forum will have a key role in:

- Providing a multi-professional clinical perspective on strategy development and service delivery issues considered by Orkney NHS Board
- Explaining the work of Orkney NHS Board and promoting opportunities for clinicians to be involved in decision making locally
- Championing multi-disciplinary co-operation and providing a vital link between Orkney NHS Board and the Area Clinical Forum
- Linking with the Nationally ACF Chairs Group on a regular basis

The Chair of the Area Clinical Forum will be expected to participate in the NHS Board members development programme.

9 Appointment

The Chair of the Area Clinical Forum should be chosen by the members of the Forum from among their number, in consultation with the Orkney NHS Board Chair. Selection of the Chair of the Area Clinical Forum should be an open process, and all members of the Forum may put themselves forward as candidates for the position if they so wish.

As this is a Ministerial public appointment, Chairs of NHS Boards must put forward a recommendation for formal appointment to Orkney NHS Board once the Chair of the Area Clinical Forum has been identified, as part of the

comprehensive submission covering all the recommendations for appointment of Board members. In making their nominations for appointment, Orkney NHS Board Chair will wish to have regard to the overall balance of the Board.

Membership of Orkney NHS Board is specific to the office rather than to the person. The normal term of appointment of NHS Board Members is for periods of up to four years. Appointments may be renewed, subject to Ministerial approval. The length of initial terms of appointment to each NHS Board will take account of local circumstances.

In cases where the members of an Area Clinical Forum choose to replace their Chair before the expiry of their term of appointment as a member of the NHS Board, the new Chair would have to be formally appointed as an Orkney NHS Board member. In the same way, if NHS Board membership expires and is not renewed, then that person must resign as Chair of the Area Clinical Forum (but may continue as a member of the Forum). It is important that the Chair of Orkney NHS Board is kept fully involved in the establishment of the Area Clinical Forum and the process of selection of the Chair.

Appendix 2

NHS Orkney - Area Clinical Forum Attendance Record – Year – 1 April 2022 to 31 March 2023:

Name:	Position:	1 April 2022	7 June 2022	5 August 2022	7 October 2022	2 December 2022	7 February 2023
Members:							
Steven Johnston	ADC, Chair	Present	Present	Present	Present	Present	Present
Nigel Pendrey	ADC, Secretary	Absent	Apologies	Apologies	Apologies	Apologies	N/A
Scott Tulloch	ADC	Absent	Absent	Absent	Absent	Absent	Absent
Sylvia Tomison	NAMAC	Present	Present	Present	Present	Present	Apologies
Kirsti Jones	NAMAC	Absent	Absent	Absent	Absent	Absent	Absent
Moirra Flett	NAMAC	Apologies	Present	Absent	Absent	Apologies	Apologies
Graeme Clark	Optometry	Absent	Absent	Absent	Absent	Absent	Absent
Penny Martin	TRADAC	Apologies	Absent	Present	Present	Present	Apologies
Rona Harcus	TRADAC	Apologies	Absent	Present	Absent	Present	Present
Wendy Lycett	APC	Apologies	Apologies	Apologies	Apologies	Absent	Present
Kirsty Cole	GP Sub Com	Present	Present	Present	Present	Present	Present
Kevin Fox	Hospital Sub Com	Absent	Absent	Absent	Absent	Absent	Absent
Jenny Fraser	Hospital Sub Com	Present (Deputy for HM)	Absent	Absent	Absent	Absent	Absent
Lyndsay Steel	Pharmacy	Present	Apologies	Present	Absent	Present	Apologies
In Attendance:							
Louise Wilson	Director of Public Health	Present	Apologies	N/A	N/A	N/A	N/A
Mark Henry	Medical Director	Apologies	Present	Present	Apologies	Apologies	Apologies

Or

Dawn Moody	Assoc Medical Director (Community)	Apologies	Apologies	Apologies	Present	Apologies	N/A
Mary Moore	Interim Director of Nursing	Absent	Apologies	N/A	Apologies	Present	N/A
Meghan McEwan	Board Chair	N/A	N/A	Present	N/A	N/A	Present
Monique Sterrenburg	Interim Medical Director	N/A	N/A	N/A	N/A	N/A	Present
Morven Gemmill	Lead AHP	N/A	N/A	N/A	N/A	N/A	Present
Samantha Thomas	Director of Nursing	N/A	N/A	N/A	N/A	N/A	Present
Non-Executive Director		Jason Taylor	Joanna Kenny	David Campbell	Des Creasey	Isobel Grieve	Meghan McEwen
Minute Taker	Corporate Services	Nicola Muir & Lauren Johnstone (observing)	Nicola Muir & Freddie Pretorius (observing)	Freddie Pretorius	Freddie Pretorius	Freddie Pretorius	Freddie Pretorius
Invited for a specific agenda item:		Sandra Stankus (Apologies)	Sandra Stankus (Apologies)	Sandra Stankus (Apologies)	Sandra Stankus (Absent)	Emma West	
					Judy Sinclair	Morven Gemmill	
					Debbie Lewsley		
					Russell Mackay		

NHS Orkney

Meeting:	Orkney NHS Board
Meeting date:	Thursday, 22 June 2023
Title:	Senior Leadership Team Terms of Reference and Engagement
Responsible Executive/Non-Executive:	Laura Skaife- Knight, Chief Executive
Report Author:	Laura Skaife- Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board Strategy or Direction

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

- Effective
- Person Centred
- Safe

2 Report summary

2.1 Situation / Background

Since the new substantive CEO started in post in April 2023, a series of exercises have commenced to listen to the views of staff so that we can understand and make an assessment on what we currently do well, as well as determine where improvements are needed and what needs to change in response to this feedback.

The overarching themes from staff feedback are as follows:

- Many describing Senior Management Team (SMT) as dysfunctional and lacking purpose in its current form, with an unwieldy membership, which makes the forum more of a briefing session
- Lack of evidence that decisions are clinically-led and driven (as Executive Management Team (EMT) is currently the main decision-making forum)
- A desire to understand how decision-making works in the organisation and where staff need to send papers and take issues to ensure there are timely decisions and feedback to staff
- Criticism of SBARs (Situation, Background, Assessment and Recommendation) papers – that staff send them to EMT on occasion have not heard back re: decision and therefore issues get 'stuck in the system' and all too often do not move forward either at the required pace or at all

This paper should be read in conjunction with the paper on CEO and Executive Team portfolios (agenda item 8.3), with both papers intending to respond to feedback from staff and set out a clear way forward.

2.2 Assessment

2.2.1 A new approach for EMT and SMT

The changes that will commence on 1 July 2023 are as follows in response to staff feedback:

1. Executive Management Team will no longer exist in its current form and will cease being a formal decision-making forum – instead it will be an informal weekly meeting with the CEO and Executive Team and will be renamed the Corporate Leadership Team
2. SMT will be renamed Senior Leadership Team (SLT)
3. There will be a new core membership of SLT which ensures clinically-led decisions in the organisation (see draft Terms of Reference - Appendix 1)
4. SLT will meet every two weeks for up to one hour with this core membership so that timely decisions can be made (colleagues will attend to present papers as needed)
5. As set out in the draft Terms of Reference (Appendix 1), SLT will report directly to the Board and its purpose will be to oversee the day-to-day management of an

effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical, which support the achievement and delivery of our overarching objectives. It will be a key forum for holding teams and colleagues to account for the delivery of plans and operational performance.

6. We will re-communicate which paper templates should be used for SLT – with a replicate of the Board Committee template being used for most papers and the SBAR template being used for issues as appropriate
7. A Chair's Assurance Report will be drafted by the Chair of SLT (CEO) and submitted to each Board meeting
8. Each quarter, there will be an extended SLT meeting for the wider leadership community at NHS Orkney, including Heads of Services, and the purpose of these sessions will be to 1. Remain connected and to strengthen relationships 2. Ensure colleagues are well briefed and sighted on key regional and national issues and 3. Focus on key themes and strategic pieces of work. Executive Team members are in the process of confirming the attendance for the extended SLT forum and this will return to the first SLT meeting in July 2023, after which there will be wider communication.

Please see Appendix 1 for the proposed Terms of Reference for SLT.

2.2.2 Wider changes to listening to staff and engaging with our leadership community.

The SLT changes should be considered in the context of wider changes to how we will keep staff better informed, how we will listen, how we will put in place a new extended SLT forum and the plans to review the wider operational governance framework thereafter.

This includes:

1. A new rhythm of briefings for all staff to keep colleagues informed of key developments, news and to create a forum and safe space for Q&As and conversations
How? All staff briefings monthly. Started in April 2023 and diarised for remainder of the year led by the CEO with Executive Team attendance.
2. A new 12-month rolling calendar for how we listen to and respond to staff feedback throughout the year
How?
 - iMatter (annual)
 - Quarterly pulse surveys to be introduced
 - CEO listening sessions (in hours, evenings and at weekends throughout the year)

3. Extended SLT sessions – quarterly
How? One ½ day session per quarter commencing Quarter 3 of 2023/24 to focus on areas of strategic importance/annual planning, and to build strengthened relationships with the wider leadership community and to keep colleagues briefed on key regional and national issues.

2.2.3 Communication, involvement, engagement and consultation

- Executive Management Team timeout – 15 May 2023
- Executive Management Team meeting – 29 May 2023
- SMT Meeting – 5 June 2023
- NHS Orkney Board – 22 June 2023
- Board-wide communications – to detail the changes and rationale for these.
- Development of a quarterly agenda and programme for the focus of the extended SLT meetings, which will be shared with colleagues by July 2023.
- Beyond the 1 July 2023 changes – Review of the wider operational governance arrangements, including groups such as the Whole Systems Meeting to be clear on the meetings, forums, structures that are needed to effectively govern NHS Orkney, alongside the assurance arm of our governance.

2.2.4 Summary of Senior Management Team feedback

SMT members were strongly in support of the changes, recognising previous feedback and an appetite for SMT to function differently.

There was some helpful further minor feedback to the wording in the Terms of Reference, including more explicit reference to SLT providing a corporate view on both hospital and community issues and a clearer description of SLT's role over the Board Committee function.

There was also a discussion on membership and a request from some colleagues to expand the membership. After discussion and consideration, it was agreed to start SLT in July 2023 with the core membership, recognising we don't want it to be unwieldy, and to review within six months, as well as confirm attendance for the quarterly SLT sessions.

2.2.5 Review of Arrangements

It was agreed at SMT on 5 June 2023 that we will review these arrangements in 6 months' time by seeking views from (1) core members of SLT (2) extended SLT (3) the wider organisation.

2.3 Recommendation

- Approval

3 List of appendices

- SLT Terms of Reference – Word Document

8.2.1

Senior Leadership Team - Terms of Reference - DRAFT

Purpose:

The Senior Leadership Team (SLT) is a Committee of the Health Board.

The SLT is authorised by the Board to act on and investigate any activity within its Terms of Reference.

The SLT has delegated powers from the Board to oversee the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical, which support the achievement and delivery of the overarching objectives.

The Committee is responsible for the delivery and effective monitoring of the Board's progress against the strategic objectives as outlined within the Plan on a Page, notably:

1. Workforce
2. Culture
3. Quality and Safety
4. Systems and Governance
5. Sustainability

The SLT will develop, implement and review tactical plans, approve policies and monitor the performance of the organisation against its plans and key performance indicators.

The SLT is a key forum for holding teams and colleagues to account for the delivery of plans and operational performance.

SLT is responsible for developing and maintaining systems and processes to ensure the provision of safe, effective and high-quality patient care and that these systems are tested and monitored at an appropriate frequency.

Key responsibilities/function:

SLT is responsible for reviewing, approving and monitoring the below, to allow constructive scrutiny by the associated governance committees:

- The Board's performance against key targets, plans and other corporate objectives, delegating and co-ordinating action where appropriate with a specific focus on quality of care and patient experience.
- Actions arising from the Performance Report and performance management of delivery of any action plans.
- Action plans where remedial steps are indicated to improve performance.
- Business cases for service developments.

8.2.1

- The capital programme prior to Finance and Performance Committee and Board approval.
- The effectiveness of the management of significant risks, to enable the Audit and Risk Committee to gain assurance that adequate structures are in place to undertake activities which underpin effective risk management.
- The structures, processes and responsibilities for identifying and managing key risks facing the organisation prior to discussion at the Board
- The operational effectiveness of policies and procedures, with SLT to approve key policies following engagement at key operational groups/Committees and ahead of providing onward assurance to Board Committees regarding policy compliance

In addition, SLT will:

- Scrutinise key reports prior to submission to the Board to ensure their accuracy and quality.
- Provide a corporate view on hospital and community-wide issues of current concern ensuring co-ordination between teams as appropriate.
- Advise on planning and change management initiatives with a clear focus on delivery of the Annual Planning requirements and operational priorities.
- Oversee the delivery of the financial plan and Financial Sustainability (savings) requirements within the organisation
- Oversee the delivery of the workforce and people plans
- Ensure that staff are kept up-to-date on organisation and community-wide issues.

Membership:

- CEO – Chair
- Executive Team (Medical Director, Director of Nursing, Midwifery, AHPs and Acute Services, Director of Public Health, Director of Finance, Chief Officer, Director of HR)
- Deputy Medical Director
- Deputy Director of Acute Services
- Deputy Director of Nursing
- Deputy Director of Midwifery
- Consultant in Public Health Medicine
- Head of People and Culture
- Head of Community Health and Community Care
- Head of Finance
- Head of Planning and Performance
- Director of Pharmacy
- Director of Dentistry

8.2.1

In the event that a decision cannot be reached by SLT core members, the voting Board members of the Executive Team and CEO will make the final decision and this, along with the fullness of the discussion will be shared for openness in the Chair's Assurance Report for SLT which will go onwards to Board.

Attendance:

Other colleagues will be asked to attend as appropriate.

Quorum:

Quoracy of the meeting will include a minimum of 3 Executive Directors and 2 Deputy Directors.

Meetings:

- SLT will meet twice a month; with meetings no longer than 1 hour.
- Quarterly development sessions will be held for an extended SLT – which will include all Heads of Service at NHS Orkney and Orkney Health and Care. The extended SLT membership will include, Core SLT members (as above)
- Members and attendees are expected to attend at least 75% of meetings in a 12-month period.
- Members unable to attend should notify the Committee Secretary 3 days in advance of the meeting where possible and should identify a substitute to attend, who is appropriately briefed to present any necessary reports and participate in the meeting if appropriate.
- Extraordinary meetings may also be called if urgent business arises.
- Before each meeting the agenda and papers shall be accessible to every Member by electronic means, at least three clear calendar days, before the date of the meeting.

Reporting arrangements:

- SLT reports to Orkney NHS Board
- Following a meeting of SLT the approved minutes of that meeting should be presented at the next Orkney NHS Board meeting along with a Chair's Assurance Report
- SLT will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the

8.2.1

Committee during the year and provide assurance to the Board that the Committee it has met its function during the year;

- SLT will report on any areas of concern to the Board as appropriate.

Drafted: May 2023

NHS Orkney

Meeting:	Orkney NHS Board
Meeting date:	Thursday, 22 June 2023
Title:	Chief Executive and Executive Team portfolios
Responsible Executive/Non-Executive:	Laura Skaife- Knight, Chief Executive
Report Author:	Laura Skaife- Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board Strategy or Direction

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

- Effective
- Person Centred
- Safe

2 Report summary

2.1 Situation / Background

Since the new substantive CEO started in post in April 2023, a series of exercises have commenced to listen to the views of staff so that we can understand and make an assessment on what we currently do well, as well as determine where improvements are needed and what needs to change in response to staff feedback.

One of the recurring themes from staff feedback is that there is lack of clarity about who leads on what, who's who in the organisation and where to go for support or to move things forward.

In addition, the 2023/24 Plan on a Page which sets out our strategic priorities for the year has been published and as such it is timely to assess whether the CEO Executive Team portfolios are set up in the right way to play to strengths, take into account the available resources and maximise our chances of delivering against our plans in-year.

This paper should be read in conjunction with the paper regarding changes to the Senior Management Team Terms of Reference and Engagement (agenda item 8.2), as taken together, these respond to feedback from staff and set out a clear way forward.

2.2 Proposed changes to CEO and Executive Team portfolios

The rationale for making some changes to the CEO Executive Team portfolios are as follows:

1. To ensure there is more equity across the Executive Team re: workload
2. To ensure we have the right people leading on the right areas, and play to strengths
3. To recognise we have some long-term sickness absence in the Executive Team presently and therefore to ensure we have resilience in the system and cover arrangements in place
4. To ensure we are set up to deliver the 2023/24 Plan on a Page
5. To respond to feedback from staff re: lack of clarity re: who leads on what at Executive level so we can confirm and recommunicate across the organisation.

The main proposed changes can be summarised as follows:

1. The CEO will have their own portfolio and areas to lead on – which includes:
 - Culture
 - Strategy
 - Planning and performance
 - Data and information
 - Whistleblowing
 - Corporate Services/Board Secretary
 - Estates and Facilities
 - Communications and External Relationships
 - Non-Clinical policies
 - Patient, Public and Community Involvement
2. The Financial Sustainability Office (FSO) will remain under the leadership of the Director of Finance, recognising:
 - The FSO requires a renewed focus during 2023/24
 - That by no later than 1 April 2024, a single improvement function will be created to include the FSO and quality improvement (with wider scoping to be done in-year and ahead of 1 April 2024)

3. Risk to move under the Medical Director
4. In order to focus on getting the basics right, some aspects of the Resilience portfolio – e.g. putting in place clear on-call arrangements and strengthening our Major Incident preparedness, will be under the leadership of the Medical Director for the next period. The wider Resilience portfolio will remain with the Director of Public Health.
5. Clarity where all aspects of operational performance sit, including:
 - Cancer: Medical Director
 - Waiting times oversight: Medical Director
 - Emergency Access performance: Director of Nursing, Midwifery, AHPs and Acute Services
 - Winter planning: Director of Nursing, Midwifery, AHPs and Acute Services
 - Delayed Discharges: Director of Acute Services (with support from the Chief Officer)
6. Portfolios updated to reflect the entirety of the business, recognising some areas were omitted from earlier versions of the portfolio diagram.

2.3 Assessment

These portfolio changes will commence on 1 July 2023 and remain in place for the duration of 2023/24.

Please see Appendix 1 for the full CEO and Executive Team portfolio changes.

Arrangements will be reviewed ahead of 2024/25, as part of the annual planning cycle and discussions.

2.3.1 Communication, involvement, engagement and consultation

- Executive Management Team timeout – 15 May 2023
- Executive Management Team meeting – 29 May 2023
- Senior Management Team meeting – 5 June 2023
- NHS Orkney Board – 22 June 2023
- Board-wide communications – to detail the changes and rationale for these
- Individual conversations have taken place where line management arrangements will change

2.3.2 Senior Management Team feedback

A discussion took place at Senior Management Team meeting on 5 June 2023. The proposed changes received full support.

A few points of clarification were requested to wording and services such as health Visiting, School Nurses, District Nursing, Renal and Dialysis Unit and FOI (Scotland) Act,

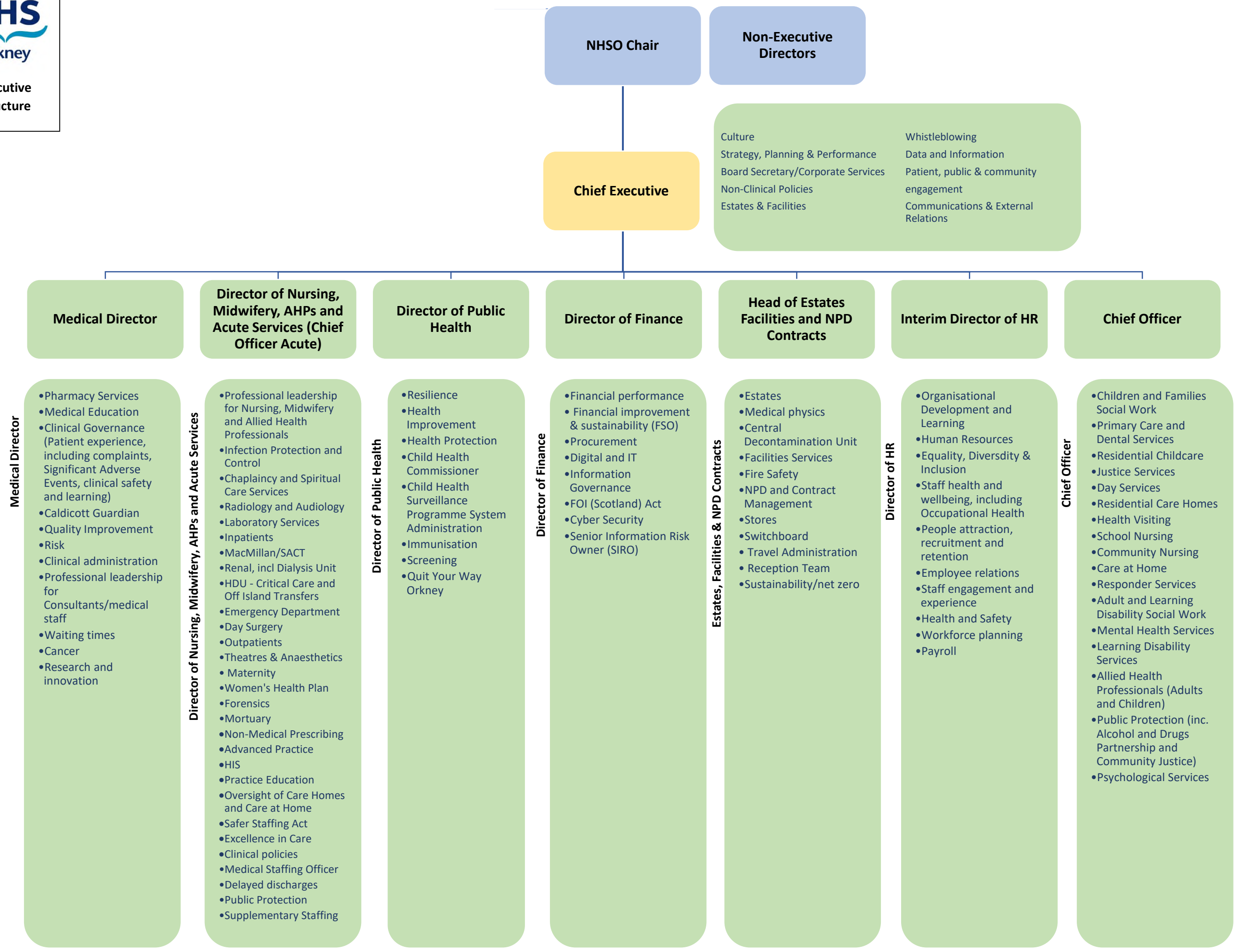
all of which have been updated in the final document or will be reflected in final accompanying communications.

2.4 Recommendation

- **Awareness.**

3 List of appendices

- CEO and Executive Portfolio Structure – Word Document



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Whistleblowing Standards Annual Report 2022/2023
Responsible Executive/Non-Executive:	Mark Henry, Medical Director Whistleblowing Champion: Jason Taylor
Report Author:	Judy Sinclair, Clinical Governance & Quality Improvement Manager

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is NHS Orkney's second annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the period 1 April 2022 to 30 March 2023.

2.2 Background

Whistleblowing is defined as:

*"when a person...raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing."*¹

These standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards.

INWO have recently provided additional guidance in compilation of annual reports and a document that summarises the [Findings from NHS boards' annual whistleblowing reporting 2021—22](#) which outlines further detail and information from all NHS Boards in Scotland.

2.3 Assessment

NHS Orkney is compliant with the Standards set out by INWO.

There have been two concerns raised under the Whistleblowing Standards during 2022/2023. The resulting outcomes and performance against the whistleblowing indicators are detailed in the report.

2.3.1 Quality/ Patient Care

As a result of learning from the investigation of a whistleblowing concern improvements are being made in the application of new clinical record keeping systems and maintaining clear leadership and management roles during times of change.

¹ <https://inwo.spsso.org.uk/>.

2.3.2 Workforce

Information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on the Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures. All staff have access to training through TURAS Learn although data highlights a low uptake of these modules and this will require a more focussed approach over the coming year with staff and managers.

The handling and management of Whistleblowing concerns has been Incorporated into business as usual and currently does not require additional staffing, although a recognition if there is an increase in activity, this will need to be reviewed.

2.3.3 Financial

There are no financial implications arising from this report.

2.3.4 Risk Assessment/Management

All risks identified in relation to Whistleblowing are assessed and managed in line with NHS Orkney's Risk Management Strategy and Policy.

2.3.5 Equality and Diversity, including health inequalities

The national Standards were subject to public consultation and equality and diversity impact assessment. Through the implementation of the standards it is expected that a culture of openness and psychological safety where staff and those who provide services for the NHS feel able to speak up will be created, ensuring that every voice is heard.

2.3.6 Other impacts

Throughout the second year of implementation, resilience was added by the need to connect with a neighbouring island Board and sharing skills and experience during periods of unplanned absence which worked well.

Both concerns raised, 1 of which met the threshold, has allowed the organisation to shape its approach. This has included changes to templates and providing alternative mechanisms of raising a concern.

2.3.7 Communication, involvement, engagement and consultation

There are no formal consultation requirements associated with this paper. Communication to staff has been supported through news bulletin entries and the development of a Blog page on the intranet.

2.3.8 Route to the Meeting

The report has been produced for this meeting.

2.4 Recommendation

- Awareness

3 List of appendices

The following appendices are included with this report:

- Whistleblowing Standards – Annual Report 2022/23



Whistleblowing Standards

ANNUAL REPORT 2022/2023

CLINICAL GOVERNANCE & QUALITY IMPROVEMENT DEPARTMENT

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NHS Orkney Whistleblowing Standards

Annual Report 2022/23

1. Introduction

This is NHS Orkney's second annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the reporting period 1 April 2022 to 30 March 2023. NHS Orkney (NHSO) has had one whistleblowing concern logged during this year in Quarter 3. One additional contact was also made in Quarter 3; however, this concern did not meet the threshold and was subsequently dealt with through managerial routes.

2. Background

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

These standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards. The standards set out the requirement that NHS Orkney Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

INWO have recently published [Findings from NHS boards' annual whistleblowing reporting 2021—22](#) which outlines further detail and information from all NHS Boards in Scotland.

Roles and Responsibilities

The Medical Director is the Executive Lead for Whistleblowing in NHSO and is responsible for overseeing progress, ensuring timelines and communications are maintained and that follow up actions and learnings are progressed appropriately.

The role of Whistleblowing Champion is held by a Non-executive member. The purpose of this role is to monitor and support the effective delivery of the NHSO whistleblowing policy and is predominantly an assurance role which helps the NHS Board comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion is expected to raise any matters of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

NHSO Board plays a critical role in ensuring the standards are adhered to with a particular focus on effective:

- Leadership - setting the tone to encourage speaking up and ensuring concerns are addressed appropriately.
- Monitoring – ensuring quarterly reporting is presented and robustly scrutinised.

3. Activity during 2022/23

Since the introduction of the Whistleblowing Standard in 2021, NHSO has maintained close working relationships with NHS Shetland to share learning and resources. There are quarterly meetings chaired by the Medical Director in NHS Shetland (NHSS) and this provides reciprocal support and shared learning. An area where this has been explored in more detail is regarding the Confidential Contacts (CC). NHSO has two CC and due to the low level of activity, skills and confidence can diminish over time. NHSS Lead CC has arranged joint meetings for both NHSO and NHSS CC to come together and discuss any new developments and challenges. This has been established since February 2023 and its effectiveness will be monitored over this year.

This mutual arrangement has been particularly helpful to NHSO over this year due to changes in key posts and periods of absence. It is recognised by both Boards the nature of very small teams involved in the process that sharing resources and experience can support teams and help to maintain the strictest of confidentiality. The non-executive whistleblowing champion (WBC) in NHSO provided this role across both boards until an appointment was made. The Medical Director in NHSS has been able to provide external oversight and guidance when required and this mutual arrangement provides an important level of resilience.

Speak Up Week ran from 3rd to 7th October 2022 and provides Boards with opportunities to share learning, awareness of the whistleblowing process and the benefits of a supportive speak up culture. Locally this was led by NHS Orkney's Chief Executive (CE) and Whistleblowing Champion (WBC) who at the time worked across both NHSO and NHSS in their roles.

The joint NHSO/NHSS Communications Team created a communication plan which outlined the range of activities being undertaken and shared resources, using the same format and changing details to reflect either Board.

The Whistleblowing Champion attended Area Partnership Forum to highlight the role and the processes, and several drop-in Teams based sessions led by a responsible Director was set up to allow staff to ask questions. The week was promoted through staff communications channels, and in Orkney this included the internal TV screens showing messages across the sites and the week was mentioned in the CE monthly Facebook Live broadcast.

Although numbers are small and data only pertaining to two years, it is interesting that the concerns raised during 2021/22 and 2022/23 were all in Q3. This is at the same time as the national awareness raising campaign and worthwhile monitoring in future.

4. Whistleblowing Complaints

There have been two concerns raised under the Whistleblowing Standards during 2021/2022. The resulting outcomes and performance against the whistleblowing indicators are detailed in Table 1 below.

Table 1: NHS Orkney Performance against Whistleblowing Key Performance Indicators 2022/23

Indicator	Performance
The total number of concerns received	Two – both in Q3
Concerns closed at each stage in the process	One concern did not meet the threshold for the whistleblowing standard and was managed through managerial routes. One concern (100%) progressed to Stage 2 and closed after investigation and recommendations made.
Concerns upheld, partially upheld and not upheld	From the concern raised and investigated, there were 4 separate elements that were investigated. <ul style="list-style-type: none">• 2 were upheld.• 1 was partially upheld.• 1 not upheld.
Average times	<p>The concern was initially raised through the confidential contact, and the contact recorded the concerns in the Datix system. The concern was acknowledged and taken into the Stage 2 process within the 5-day timeframe. However, the investigation process was not completed within the suggested 20-day time frame, mainly as this fell over the Christmas period and due to staff absences.</p> <p>An additional challenge to staying within the timeframe was that the concern was raised by a group rather than an individual, and this resulted in some delays whilst coordinating responses and communication. The time from initial concerns being raised to investigation commencing was 40 working days. The investigation was completed, and response sent in 35 working days.</p> <p>Through the confidential contact, regular communication and updates were provided on progress and an extension agreed to the timeframe to facilitate a thorough investigation in line with the standards.</p>
Number of concerns closed at each stage within the	The concern 1 (0%) was not closed within the set timescales.

set timescales	
Number of cases where extension was authorised	1 (100%)
Learning from concerns raised	<p>The concern raised that did not meet the threshold identified learning and improvements required within the Whistleblowing process which have been resolved.</p> <p>The whistleblowing concern investigated at stage 2, identified several recommendations:</p> <ol style="list-style-type: none"> 1. When actions are put in place, this should be clear and include identifying who has the managerial lead for the overall plan, target completion dates, regular updates on progress, along with risks and be communicated appropriately. 2. Risks and/or issues require to be assessed and placed on departmental risk register where appropriate. 3. Procurement of any Electronic Patient Record (EPR) system must be 'Fit for the Purpose' for the area it is being purchased for, and remain so, e.g., funding allocated to support upgrades. 4. Following the introduction of any further EPR system an additional audit is conducted at 6/12 month, or longer, to confirm the system is 'Fit for Purpose' and has resulted in the projected benefits and improvement. 5. The need to review / write local Standard Operating Procedures regarding the management of clinical records, incorporating regular audit of clinical records and by whom. 6. Rationale for changes agreed by managers/leaders to systems, processes, practice to be communicated in a timely manner to staff/teams.
Experience for those raising concerns	<p>Throughout the process of both concerns being raised, communication was regularly maintained with those who raised their concerns, informing them of any delays and next steps by the Clinical Governance (CG) Team.</p> <p>The group who had their concerns investigated at Stage 2 got back in touch following their outcome response asking for clarity on the concern that had not been upheld. The investigator was able to respond to the query raised immediately. The group also articulated their ongoing concern and lack of confidence that timely action in relation to the recommendations was being taken. The CG team contacted the senior managers and owners of the recommendations and subsequent actions, several times and a fulsome response was received 35 working days later. The group was then given a formal response from Deputy Medical Director as commissioner of their concern.</p>

Staff awareness and training	<p>All NHS Orkney staff have access to training through TURAS Learn with information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on NHSO Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures.</p> <p>Table 1 – 2022-23 Training Figures</p> <table><tr><th>Training Figures from TURAS</th><th>April - June 2022</th><th>July - Sept 2022</th><th>Oct - Dec 2022</th><th>Jan - March 2023</th></tr><tr><td>Whistleblowing: an overview (completed)</td><td>113</td><td>114</td><td>112</td><td>115</td></tr><tr><td>Whistleblowing: for managers/Senior managers and people who receive concerns. (completed)</td><td>30</td><td>31</td><td>37</td><td>37</td></tr></table> <p>Training figures are collected at the end of each quarter and are consistently low. The completion rate has remained static throughout the reporting year and demonstrates a low percentage (<10%) of staff who could have undertaken the training. This TURAS training is not currently part of NHSO mandatory suite of learning, and this may be something to consider going forward, especially for leaders/managers as part of induction and those new into roles.</p>	Training Figures from TURAS	April - June 2022	July - Sept 2022	Oct - Dec 2022	Jan - March 2023	Whistleblowing: an overview (completed)	113	114	112	115	Whistleblowing: for managers/Senior managers and people who receive concerns. (completed)	30	31	37	37
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Whistleblowing: an overview (completed)	113	114	112	115												
Whistleblowing: for managers/Senior managers and people who receive concerns. (completed)	30	31	37	37												

5. Action Plans & Progress on Upheld Concerns

For an organisation to achieve high performance and deliver high quality care all opportunities for learning must be vigorously pursued.

Over this year, there has been an element of refining local processes and templates with each of the 2 concerns. The CG team has focussed particularly on smoothing the process for the individual(s) raising the concern(s) and establishing templates to ensure feedback and written responses are given at all stages of the process.

A managerial report with recommendations from the investigation was completed regarding the whistleblowing concerns that were upheld. The report was sent to the senior leaders/managers with responsibility for the department to create an action plan and subsequently monitor progress. There was a delay in this progressing which led to the group who had raised the concern contacting the confidential contact with further questions in relation to the actions from the upheld and partially upheld concerns. The timeliness of responses to staff is an area for learning and improvement. At the time of reporting, the actions and recommendations have been assigned to a senior leader and are being taken forward as a matter of priority.

6. Primary Care and Contracted Services

NHS boards are responsible for ensuring all primary care and other contracted service providers supply the appropriate information to the board as soon as possible after the end of each quarter (when concerns have been raised) and at the end of the year. This is an area where further exploration and discussion is needed over the coming year to ensure awareness, compliance and learning outcomes are included.

7. Conclusion

Although whistle blowing numbers are very small in Orkney, the clear theme over both reporting periods 2021 – 2023 is in relation to a lack of timely and consistent communication. This has led to staff frustration and a lack of confidence, not necessarily in the process, but that any subsequent action and learning will be acted upon in a timely manner. This is an area of focus in the coming year for the Executive Leadership Team.

We would like to extend our sincere thanks to the staff who have taken the time to raise concerns, the senior leader from NHSS who stepped in to support at short notice, the confidential contact who has provided a safe space and coordination role for teams and to our investigator for conducting a timely, thorough, and impartial investigation.

Learning from whistleblowing is essential to shape our culture, services and uphold our values of being caring, safe and respectful.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Clinical Strategy Delivery Plan - outline
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Mark Henry, Medical Director

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A decision was taken during the development of NHS Orkney Clinical Strategy 2022 - 2027 not to include crude performance indicators or other simplistic metrics. However, there remains a requirement to report on progress against the ambitions outlined in the strategy via a clear underpinning delivery plan so that we are open and transparent and able to describe 'how we're doing' to our patients, local community, partners and staff.

This paper provides an outline for discussion of what this reporting against the delivery plan should look like.

2.2 Background

NHS Orkney's Clinical Strategy 2022 – 2027 is bold in its ambition. It was developed over a 9 month period between September 2021 and June 2022 and included comprehensive stakeholder engagement with patients, our local community and NHS Orkney staff. The strategy was approved by the NHS Orkney Board in June 2022 and published in August 2022.

The strategy set out NHS Orkney's ambitions across a number of areas. There is a stated intent to:

- Improve the health and wellbeing of people in Orkney by focusing on improving health through concerted action in the key areas of stopping smoking, reducing alcohol use, managing bodyweight, and improving physical activity.

Beyond this, NHS Orkney's priorities can be broadly grouped into 3 areas:

- To improve the health of children and young people.
- To improve the mental health of the population of Orkney.
- To address the increasing number of people living with long-term conditions.

In addition, it was noted that NHS Orkney's Clinical Strategy was not developed in isolation and would need to be supported by other processes. Most notable amongst these was the need to develop a clear framework around Healthcare Governance. The NHS Orkney Healthcare Governance and Assurance Quality Improvement Framework (HAGQIF). This is nearing completion and should be in place by December 2023.

The delivery plan intends to set out clear lines of development for all the actions noted within the strategy and report against these to the NHS Orkney Board on a six monthly basis, consistent with the cycle of other reporting. Reporting will be in the form of a RAG chart against progress, supported by a narrative and where there are measures and KPIs, these will be clearly included and articulated. This will start with the August 2023 board meeting which will coincide with the 1st anniversary of the publication of the NHS Orkney Clinical Strategy 2022 – 2027, and thereafter to Senior Leadership Team, Joint Clinical Care and Governance Committee and the Board

2.3 Assessment

2.3.1 Quality/ Patient Care

The delivery plan and subsequent reporting are key to monitoring progress against NHS Orkney's stated ambitions.

2.3.2 Workforce

No impact. Included within business as usual.

2.3.3 Financial

No impact. Included within business as usual.

2.3.4 Risk Assessment/Management

Failure to deliver the intent or detail of the strategy would represent a missed opportunity with an associated risk of the potential to cause reputational damage to NHS Orkney.

2.3.5 Equality and Diversity, including health inequalities

A full impact assessment was performed as part of the development of the Clinical Strategy.

2.3.6 Climate Change Sustainability

Nil impact in production of the delivery plan. The strategy itself outlines a strong awareness of the need for a sustainable approach and provides some examples of how clinical activity might support this approach but does not set any specific goals.

2.3.7 Other impacts

Nil recorded.

2.3.8 Communication, involvement, engagement and consultation

A process of wide stakeholder engagement was a key pillar throughout the development of the strategy.

2.3.9 Route to the Meeting

Direct to NHS Orkney Board.

2.4 Recommendation

This paper sets out the intent for reporting of the NHS Orkney Clinical Strategy 2022 – 2027 Delivery Plan. This will be in the form of a RAG chart against progress, supported by a narrative, and reported to the NHS Orkney Board on a six monthly basis.

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Infection Prevention and Control HAIRT
Responsible Executive/Non-Executive:	Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Acute Services
Report Author:	Sarah Walker, Infection Prevention and Control Manager

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

2 Report summary

2.1 Situation

The Board are asked to note the information contained in the Healthcare Associated Infection Reporting Template (HAIRT) and note the progress against nationally set HAI reduction targets, any incident reports or emerging issues.

2.2 Background

The Healthcare Associated Infection Reporting Template has been devised as a national guide for reporting to Boards on Infection Prevention & Control activities and surveillance of infection and nationally driven targets and infection prevention activities.

2.3 Assessment

- Currently the Board remains static with the Escherichia Coli bacteraemia (ECB) reduction target, the aim is to reduce the ECB by 25% by end of March 2024. Despite deep dive into risk factors the cause is unknown but seems to be consistent with a national picture.
- Covid clusters or outbreaks are consistent with community transmission and introduction can be via many routes. Teams remain vigilant for patients with symptoms, to ensure patient receive timely treatment where eligible and to ensure precautions are in place early, to reduce transmission risks.

2.3.1 Quality/ Patient Care

The team aim to provide any learning from investigations or incidents that would impact/improve patient care

2.3.2 Risk Assessment/Management

As described in 2.3.1

2.3.3 Route to the Meeting

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

- HAI Executive Lead for IP and C

2.4 Recommendation

Please note the contents of the report and note improvements made to hand hygiene over the last two months, this is predominately about dress code not staff cleaning hands. Nationally there is a recognition that staff should all be bare below the elbows otherwise hand hygiene is considered not compliant, and this has been the issue in reductions in compliance of recent months. Staff wearing fitness trackers has been the main concern.

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



NHS Orkney

Infection Prevention & Control HAIRT Report

June 2023

Created By:

Sarah Walker

Infection Control Manager

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**Domestics and Estates Environmental Scores, IP&C Quality Assurance, Care Home
Support – 05**

SARS-CoV-2 Update, Exception Reporting to SG - 06



2 Report Summary

2.1 Situation

Quarter 1 LDP figures are included within this HAIRT, however, the Board should be aware that Quarter 2 investigations are still ongoing with clinicians and further information will be available in the next report. Additionally, a covid outbreak in IP2 occurred in April and May and have been managed as per National Infection Control Manual.

2.2 Background

It is a requirement of the Infection Prevention & Control Manager to present a bi-monthly report to the Board on the surveillance of infection, incidents and learning and any emerging issues.

2.3 Assessment

Currently the Board remains static with the *Escherichia Coli* bacteraemia (ECB) reduction target, the aim is to reduce the ECB by 25% by end of March 2024. Despite deep dive into risk factors the cause is unknown but seems to be consistent with a national picture.

Covid clusters or outbreaks are consistent with community transmission and introduction can be via many routes. Teams remain vigilant for patients with symptoms, to ensure patient receive timely treatment where eligible and to ensure precautions are in place early, to reduce transmission risks.

2.4 Recommendations

The Board note the report against targets and any emerging issues.

Please note the contents of the report and note improvements made to hand hygiene over the last two months, this is predominately about dress code not staff cleaning hands. Nationally there is a recognition that staff should all be bare below the elbows otherwise hand hygiene is considered not compliant, and this has been the issue in reductions in compliance of recent months. Staff wearing fitness trackers has been the main concern.



Orkney

Staphylococcus aureus bacteraemia (SAB)

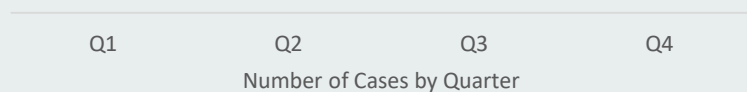
Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP target set for Orkney is 3 per year, with the expectation that the aim is to achieve **zero** where possible.

There are zero SABs to report for to date for LDP target year 2023.

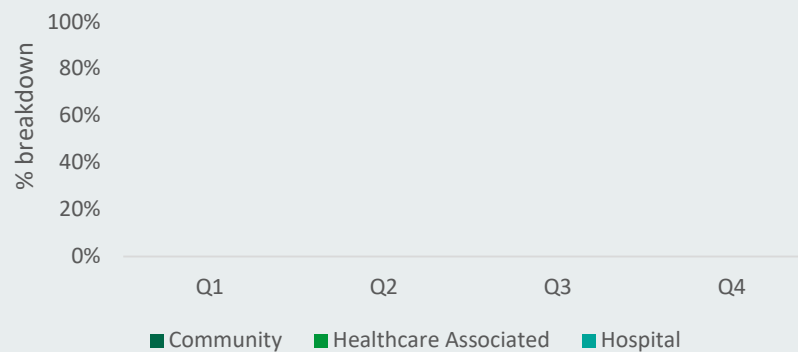
Dashboard

LDP Standard 1st Jan 2023 to 31st Dec 2023 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3

SAB numbers Jan - Dec 2022



SAB Acquisition



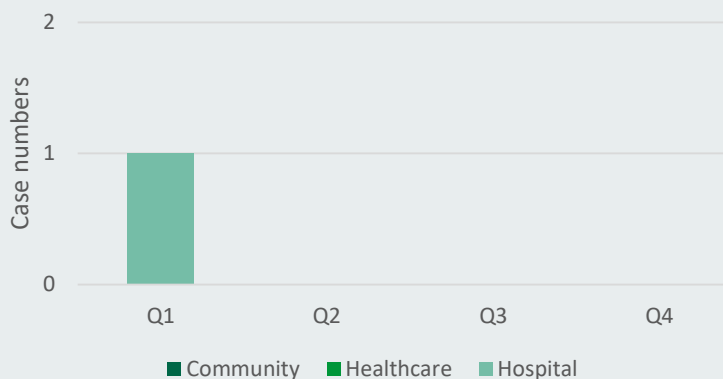
Clostridioides difficile Infection

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 LDP target year 2023, 1 case has been attributed to hospital. Therefore, has received care in the preceding 12 weeks.

LDP Standard 1st Jan 2023 -31st Dec 2023 for *Clostridioides difficile* Infection – TARGET 3

CDI Acquisition



E.Coli Bacteraemia

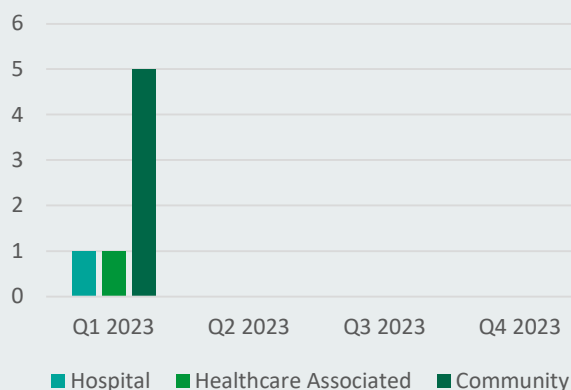
National surveillance of *E.Coli* bacteraemia has a target reduction in place of 25%.

Quarter (Q1 2023) has followed the end of year quarter for 2022 with an increase in cases, seven in total. The team are undertaking a deep dive into all the patient cases where hepatobiliary was identified as the source of infection to pinpoint if patients are on waiting lists for surgery but there appears to be no correlation.

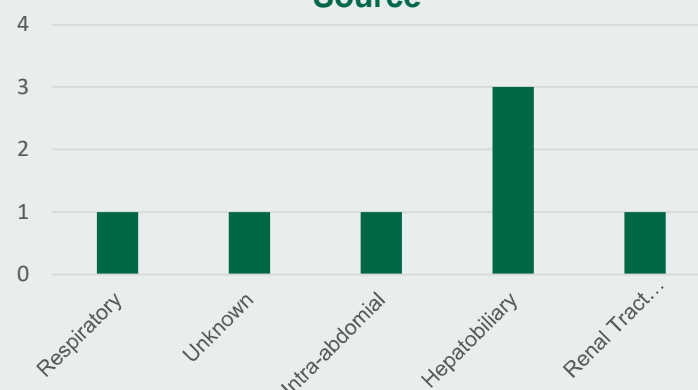
Currently for quarter 2 there are two cases under investigation.

Escherichia Coli (*E.Coli*) Bacteraemia 1st Jan 2023 - 31st Dec 2023

Origin



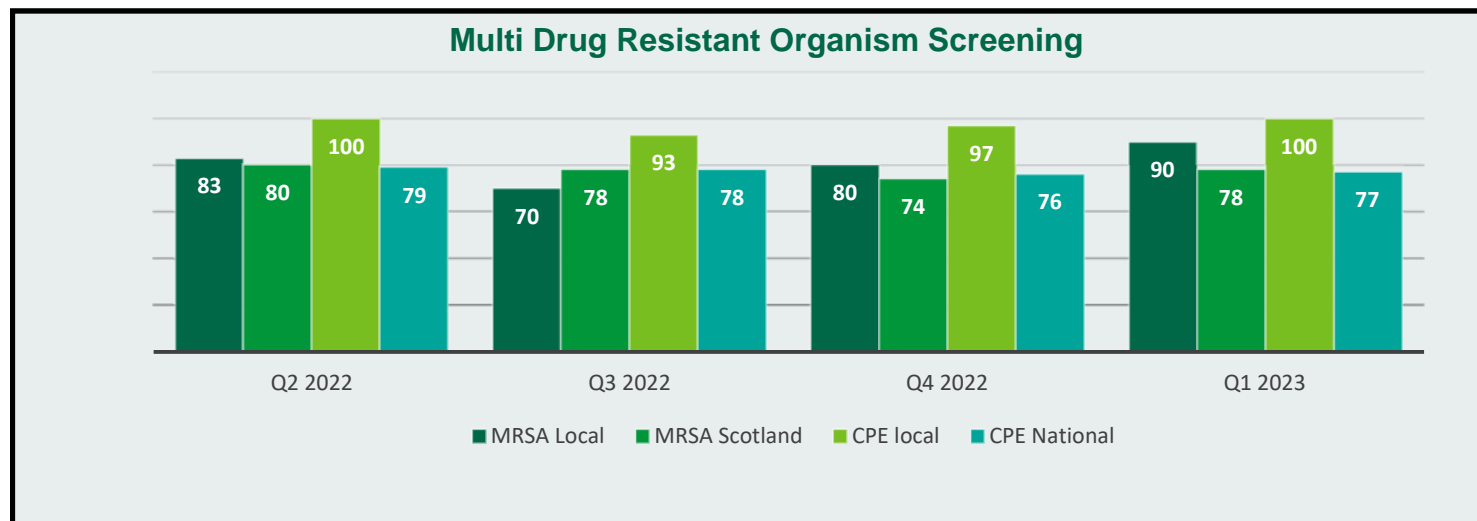
Source



Multi Drug Resistant Organism (MDRO) National Screening

MDRO data for Q1 2023 has confirmed an improvement since the last quarter with a 90% for MRSA clinical risk assessment and 100% for CPE. Above the Scottish average of 78% and 77% respectively.

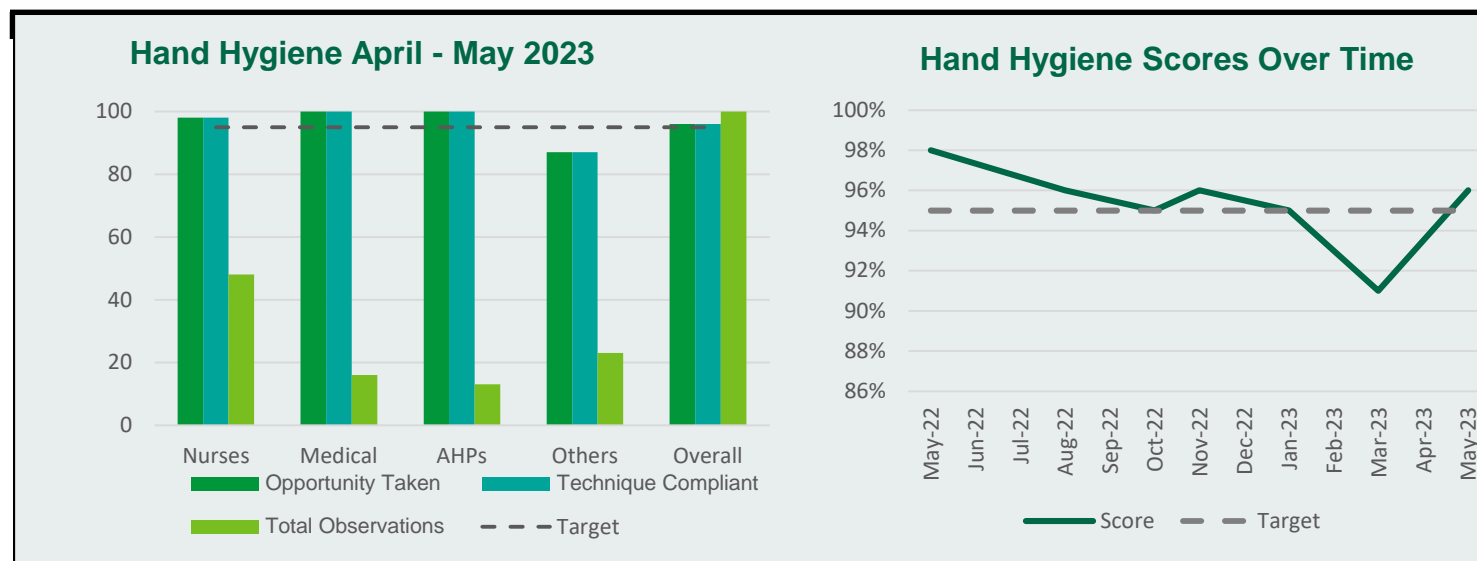
This is reflected of a 30-patient data collection denominator or 10 per month and is on and above the 90% target set.



Hand Hygiene

Hand hygiene is collected on an ongoing basis. 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.

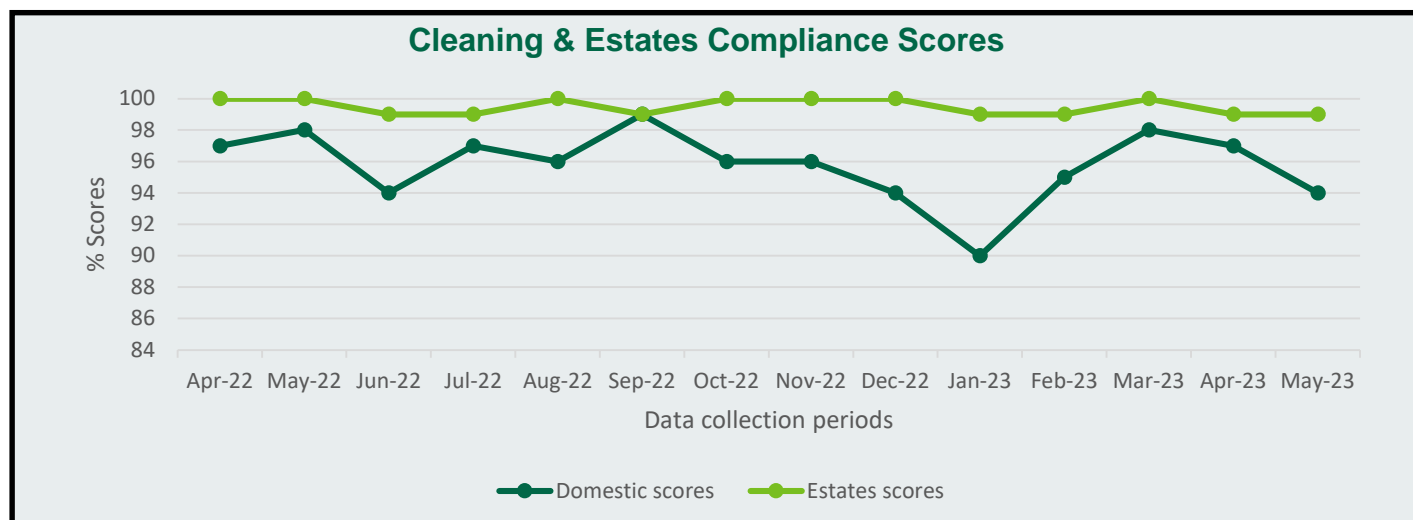
Hand hygiene includes dress code and if staff are not bare below the elbows (BBE) this impacts immediately on hand hygiene compliance. Currently we are doing a push, on BBE. Additionally, there is now no benchmarking available against other Boards.



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.



Quality Assurance

Quality Assurance audits continued in secondary care, and GP practice audits are underway in both Orkney mainland and Isles properties, they are taking a significant time to complete, and a report will follow once all audits are complete.

Care Home Support

The Collaborative Care Home Support Team continue to meet on an ongoing basis, the last meeting focussed on lessons learnt from outbreak management with the care homes. So good for all involved.

The IP&C team have with agreement from our OIC colleagues undertaken a training needs analysis (TNA) within each care home. The last one was undertaken in 2020 and many staff have changed since then. The TNA was to provide the team with information to be able to provide targeted educational support to each care home tailored to each care home responses and needs. The



response to the TNA was excellent and has given the team plenty of valuable information to focus efforts and to ensure any training will be of value to the individuals attending in the future. Planning is underway for organising educational sessions.

SARS-CoV-2 (Covid-19) Update

Two small cluster of SARS-CoV-2 infections were identified within IP2 at the beginning of April and again at the end of May. This reflects community transmission, and visitors and staff moving around in the community, additionally it will be impacted by the waning of vaccinations, as most would be eligible, and some ward patients are receiving the spring booster.

The Scottish Government guidance on enhanced mask wearing was withdrawn on the 16th May, this has been well received amongst staff as some are now experiencing some skin complaints etc. Staff now return to business as usual and will wear masks as they did pandemic and apply for transmission based precautions, risk assessment for splash risk etc.

Exception Reporting to Scottish Government

Two exception reports have been submitted following the SARS-CoV-2 highlighted above.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Chairs Report - Area Clinical Forum to Board
Responsible Executive/Non-Executive:	Steven Johnston, ACF Chair
Report Author:	Steven Johnston, ACF Chair

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Area Clinical Forum met on the 5 May 2023 and agreed the following key areas and agenda items that should be reported to the NHS Orkney Board.

- Cost of Living
- Intention to Improve our Clinical Engagement
- Lack of Permanent Manager within Children's Services
- Clinical Accommodation

A meeting of the Area Clinical Forum was scheduled for the 6 June 2023, but did not go ahead as the meeting was unfortunately not quorate.

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

Cost of Living

The committee received a presentation from H Casey, Public Health Manager on the Cost of Living Crisis. It was predicted that the present crisis in the cost of living would have a negative influence on the existing health disparities in Orkney. This posed dangers to the health of the populace as well as the employees.

Concerns were expressed during ACF around patients being requested to purchase some items relating to their care personally rather than being provided. Members questioned whether or not it would be helpful to create a fund that would enable these patients to receive these medications through NHS Services. There was discussion around the importance of the Orkney Money Matters work and good collaboration between partners.

The matter would be discussed at each of the Advisory Committees in order that a wide range of views and suggestions from clinicians could be sought.

Intention to Improve our Clinical Engagement

Through development work with the Royal College of Physicians Edinburgh, Clinical engagement will be explored by the chair of the ACF and the Medical Director; Tangible improvement was anticipated to take place within the following 12 to 18 months. As a result of the inclusion of clinical involvement as a permanent topic on the agenda at ACF.

Lack of Permanent Manager within Children's Services

Concern had been raised regarding the Children's services manager where the recently appointed person withdrew their application at a late stage. There continues to be an interim arrangement in place. To ensure this service is lead consistently, it is of the up most importance to appoint a permanent manager.

Clinical Accommodation

Members of TRADAC would like to reiterate how crucial it is to continue to work on this topic, and they would like to make it clear to ACF that while their feedback was appreciated, it did not resolve the ongoing problem with clinical space. Members were interested in continuing to advocate for this issue because it has generated significant concerns in the past and continues to do so even today.

2.3.1 Quality/ Patient Care

There is a well-evidenced link between good clinical engagement and the quality and safety of patient care.

Having appropriate clinical accommodation is essential in providing quality care.

2.3.2 Workforce

The leadership provided by the Children's Services manager is extremely important to the team and the unfortunate withdrawal of the candidate dented staff morale.

2.3.3 Financial

Better clinical engagement strengthens the voice of our clinical experts and services can be planned in line with the needs of our population.

2.3.4 Risk Assessment/Management

The clinical accommodation matter in on the risk register.

2.3.5 Equality and Diversity, including health inequalities

The cost of living work aligns with the necessity to reduce health inequalities and ensure our patients in the ferry-linked isles are not disproportionately affected.

2.3.6 Other impacts

Better clinical engagement has benefits in Quality, Workforce and Finance as described above but having staff more involved will also allow work to progress around climate change.

2.3.7 Route to the Meeting

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

- Area Clinical Forum, 5 May 2023

2.4 Recommendation

The Board is asked to note and discuss each of the four items above and consider whether they to pose, or contribute to, a risk that we do not deliver against the priorities in the Plan on a Page 2023/24. If so, are they already being appropriately mitigated/managed?

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Area Clinical Forum meeting held on 7 February 2023

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on
07 February 2023 12:15pm.

Present: Steven Johnston – ADC, Chair
Kirsty Cole, GP Sub Committee
Rona Harcus, TRADAC
Wendy Lycett, APC

In Attendance: Isobel Grieve, Non-Executive Director
Freddie Pretorius, Committee Support
Monique Sterrenburg, Interim Medical Director
Morven Gemmill, Lead AHP
Samantha Tomas, Director of Nursing

1 Welcome

The Chair opened the meeting and welcomed Samantha Tomas to the Area Clinical Forum.

2 Apologies

Apologies were received from Penny Martin, Moira Flett, and Mark Henry, Lyndsey Steel, Sylvia Tomison

3 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

4 Minute of meeting held on 02 December 2022

The minute from the meeting held on the 02 December 2022 was accepted as an accurate record and was approved following the below changes:

- 12.3 - Update 1st of March to 1st of February

5 Matters Arising

Administrative Support for Hospital Sub Committee.

The issues surrounding administrative support were taken to board for awareness where it was agreed to pursue equitable administrative support for committees; there was no progress to report as yet.

Members shared a consensus that all the committee's should receive equitable administrative support. The Chair would continue to follow this up.

Safe Staffing Event

S Tomison and M Gemmill attended the event and provided feedback to the committee: The event was useful, but it was felt that the information was repeated from the previous year.

Phlebotomy Clinic

The service was not implemented on 01 February 2023; it would start on 06 March 2023.

6 Area Clinical Forum Action Log

10.2.1

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

7 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.

8 Chairs Reports:

8.1 Board

S Johnston, Chair, circulated update report to all members following the NHS Orkney Board meeting on 15 December 2022 and provided an overview of the areas pertaining to ACF members:

- Presentation on the wellbeing of rehabilitation patients and the importance of a person-centred approach.
- HSE update
- Winter Plan was in draft; Gold/Silver/Bronze command will have comms presence so that where it has to take steps to continue critical services, these will be communicated
- Infection control and vaccine uptake reports were largely positive.
- Staff Governance: Appraisal rates were low with work to be done to rectify this
- NHS 24 arrangements for Isles: there was recognition amongst staff that there was a need for change, as long as there was engagement, and it was audited and reviewed
- The financial position continues to be challenging and an overspend of around £3.856M is projected which is largely unachieved savings. Covid costs will not continue to be funded by SG from 2023/24 and inflation and rising energy costs are creating significant additional pressure. It is unlikely that any uplift in funding will match these pressures.

Area Clinical Forum matters raised during the meeting were:

- Primary Care Improvement Fund allocation of £0.00
- HEPMA – positive news regarding roll out
- AMC reformation. Updated on position and received Board affirmation of commitment to Advisory Committees and the administrative support for Hospital-Sub.
- ACF Chair re-appointed but still no Vice-Chair
- Shared decision-making guidance was noted

Decision/Conclusion

Members noted the update.

8.2 ACF Chairs Group

The work plan was updated along with a review of the variation of discussion topics across Area Clinic Forums throughout Scotland.

The released blueprint for good governance was reviewed, this second addition was more prescriptive, the link was provided with the papers. There was a greater expectation that the principles in the Blueprint should be adopted by Boards in Scotland.

Decision/Conclusion

Members noted the update.

9 Governance

9.1 Clinical Engagement

In December 2019, a paper was presented to the board around how clinical engagement can be improved. An Action plan was developed in early 2020 but the COVID-19 Pandemic became a greater area of focus, and the work was now out of date. It was re-presented to the committee to bring awareness back to it with the intention of revisiting it.

Decision/Conclusion

Members agreed for this to be a topic of discussion at the next development session.

9.2 Sustainability

The chair urged that this was made a part of the normal business that the ACF do. NHS Orkney is undertaking many positive projects across estates, however, there does not seem to be as much voiced about what the clinical teams were doing around sustainability; most ideas have a triple benefit, often saving money, saving emissions, and better for the patient all in one.

The chair asked members for feedback around how we make this topic a standing item and how can we bring this into being a specific point where action can be taken.

Decision/Conclusion

Members noted the ask

10 Development Sessions

10.1 Topic for Next Session: 10 March 2023

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

- Sustainability
- Clinical Engagement

11 Professional Advisory Committees

11.1 Area Dental Committee – ADC

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

Decision/Conclusion

Members noted the approved minutes.

11.2 Area Pharmaceutical Committee – APC

Looking to have a combined APC with Shetland to resolve the matter of meeting not being quorate

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

11.3 GP Sub-Committee

The Chair provided a late paper due to the urgency of a specific item:

Consultant Psychiatric Support

NHS Orkney has had difficulty recruiting consultant psychiatrists; there was 0.5 WTE in place. NHS Grampian withdrew from their SLA to provide additional support to NHS Orkney. This meant for the other 0.5 of this time there was no one to go to for professional support; 50% of the time GPs are forced to carry responsibilities of this service for Orkney. It was urged that an interim solution needs established ASAP prior to a more permanent solution to ensure there was no undue stress placed on GPs.

Unfortunately, the information that the SLA would come to an end was not shared clinically, it was stressed that communication needed to be more robust to ensure the information is passed down the correct channels.

Decision/Conclusion

Members noted the chairs report the approved minutes.

11.4 Hospital Sub-Committee

There was no report submitted for this period.

11.5 NAMAC

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

11.6 TRADAC

There was no report submitted for this period, however a brief verbal update was given by M Gemmill:

AHP services were moving into the new Balfour Hospital, however, there was difficulty finding space as there were some new services since the Balfour was built. Stephen Brown was the Executive sponsor and would aid in create spaces for these teams within the new Balfour hospital.

Decision/Conclusion

Members noted the minute from the meeting held on the 24 October 2022.

12 Any Other Business

There were no other items of business.

13 Items to be Brought to the Attention of:

13.1 Board

- Psychiatry Provision of 0.5FTE
- Accommodation – Moving services back from the old Balfour Hospital to The Balfour new site

13.2 Governance Committees

There were no items to be raised.

14 Items to be Communicated with the Wider Clinical Community

- Sustainability

15 For Information and Noting

15.1 Key Legislation Issued – ACF2223-

Members noted the key legislation issued since the last meeting.

15.2 Correspondence

No correspondence had been received.

15.3 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

15.4 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 13:43

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Planning with People: Community Engagement and Participation Guidance
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Person Centred

2 Report summary

2.1 Situation

The updated Planning for People Guidance represents a new approach to engagement, by promoting consistency, culture change and true collaboration, while encouraging creativity and innovation based on best practice. It is intended for NHS Boards, Integration Joint Boards (IJBs) and Local Authorities that are planning and commissioning care services in Scotland (this updated Guidance was published on 21 April 2023).

It places people and communities at the centre of care service design and change to deliver the best results.

It has been updated (since the March 2020 version) following consultation and feedback including with the Scottish public and those working across health and social care and it is aligned to the recommendations in The Independent Review of Adult Social Care in Scotland.

NHS Board and IJBs have a statutory duty to involve people and communities in the planning and development of care services and in decisions.

The Guidance sets out the need for Boards to understand the differences between engagement, co-production and consultation – as part of our statutory obligations.

As an organisation, we need to consider:

- What our challenges are and how we want engagement to address?
- What we would like engagement to achieve?
- What level of engagement is considered appropriate?
- Who will be making the final decisions?

The full and updated Planning with People Guidance document is available here: [Part 4 – How to use Planning with People - Health and social care - Planning with People: community engagement and participation guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/planning-with-people-guidance/pages/1-1-introduction.aspx)

2.2 Background

2.2.1 **What this Guidance means for NHS Orkney – things we need to consider**

- The overall, Board-level lead for patient and local community engagement (the CEO will be the Executive Lead as part of portfolio changes re: patient and local community engagement – see separate agenda item at June's public Board meeting).
- Aligning our engagement activity to our annual plan for the year so it is clear where we need to and wish to do engagement throughout the year with our patients and local community aligned to our strategic priorities, and indeed where it is required.
- Ensuring, wherever necessary, there is a joined-up approach to community engagement across the Orkney Partnership; a clear commitment that was made at June 2023's The Orkney Partnership Executive Group to co-ordinate activity, to avoid duplication and to ensure there is a consistent approach to engagement and what we then do with the valuable feedback
- Our approach to engaging with harder to reach groups and wider community groups by building better relationships with the Third Sector so that all voices and lived experiences are heard.
- Capturing existing local community engagement (there are already examples of good practice at NHS Orkney – e.g. recent work as part of the Getting it Right for Everyone - Orkney Pathfinder Lived Experience re: older people and carers across Orkney and the isles to capture their lived experience of accessing health and care in Orkney). This activity needs better co-ordination moving forward.

- Consistent with the Guidance, which is clear that ‘engagement should not be a one-off event or only used for high-profile projects. High quality and ongoing community engagement builds trust and relationships’ – NHS Orkney needs to consider how patient and community engagement becomes ‘how we do things’ and central to our approach to developing and delivering our strategic priorities and further improving our services moving forward.

2.2.2 Next steps for NHS Orkney

- To identify opportunities for patient and community engagement in 2023/24 – including the development of our new longer-term Corporate Plan and improving services/exploring new service models – such as Pain Service.
- To be clear on our approach and policy re: involving, listening to and supporting carers.
- To be clear about our approach to patient engagement, under the leadership of our Medical Director, as this goes hand in hand with local community engagement – as part of our overall approach to ‘how we listen to and respond to feedback’ from everyone (patients, our local community and staff).
- To be clear on our approach to engagement so we are consistent with the Planning with People Guidance.
- To join up engagement activity with other partners – via The Orkney Partnership – where it makes sense to do so.
- To learn from good practice from other organisations via the Health Improvement Scotland resource.
- To pull together all of the engagement work already underway under a single umbrella so there is better oversight.
- We need to do a stakeholder mapping exercise to ensure we capture the local landscape and ensure voices are heard via our planned engagement activity, spanning: community groups, localities, Third Sector organisations and Community Councils and networks.
- To be clear in which parts of our governance arrangements we have patients and our local community voices represented.

A further progress update will return to Board at the end of Quarter two 2023/24 as part of the wider cycle of reporting against ‘how we’re doing’ against the Plan on a Page priorities.

2.3 Recommendation

- **Awareness** – For information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	NHS Orkney Equality and Diversity Reporting 2022/23
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Steven Phillips, Head of People and Culture

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively.

The key legal duties are:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

The Report requires formal scrutiny and thereafter approval by the Health Board.

2.2 Background

These are Statutory Reports which after Health Board approval, by law must be available on the NHS Orkney website to allow public scrutiny. It must also be made widely available to NHS Orkney staff. The main Regulatory body in this field is the Equality and Human Rights Commission for Scotland.

2.3 Assessment

These reports ensure compliance with equality legislation and the underlying work aims to reduce health inequalities and related discrimination and foster good relations between people with different characteristics.

2.3.1 Quality/ Patient Care

NHS Orkney relies on its excellent reputation as a fair and equitable employer to attract and retain the staff required to provide the highest standards of healthcare. These reports are an important tool for the Board to monitor if this reputation is being maintained and enhanced. It is also available through the NHS Orkney website to potential applicants for posts.

2.3.2 Workforce

The Report also gives the NHS Orkney workforce reassurance that they are working in an environment free from prejudice and discrimination.

2.3.3 Financial

High staff turnover creates costs and requires an increased expenditure on locum staff. Retaining a skilled and settled workforce enhances the quality of patient care and helps to avoid unnecessary expenditures.

2.3.4 Risk Assessment/Management

The Report highlights any potential areas of risk which if left unaddressed, may lead to litigation and the departure of skilled staff or an inability to recruit new skilled staff.

2.3.5 Equality and Diversity, including health inequalities

This is a Statutory Report produced under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2.3.6 Communication, involvement, engagement and consultation

These are fact-based reports which do not require public involvement prior to being produced. Subject matter experts from across the board have however contributed to the updates and contents within these reports.

2.3.7 Route to the Meeting

Staff Governance Committee virtual approval

2.4 Recommendation

- **Decision** – To approve the report for publication on the recommendation of the Staff Governance Committee

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23
- Appendix 2, NHS Orkney Gender Pay Report May 2023
- Appendix 3, NHS Orkney Equality Outcomes 2021-2025, Update Report as at May 2023



NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23

May 2023

This report is also available in large print and other formats and languages upon request. Please call NHS Orkney on (01856) 888031 or (01856) 888221 or email: ork-hb.alternativeformats@nhs.net

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NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23

1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th May 2012. This requires public bodies such as NHS Orkney to produce an Annual Equality and Diversity Workforce Monitoring Report covering all 9 of the “protected characteristics” defined in the Equality Act 2010. The 9 “protected characteristics” are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics
- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

2. Gathering workforce information

Year after year, NHS Orkney has been able to expand the content of the Workforce Report. We have also been able to include more analysis and include relevant comparators where available.

Where numbers in a category/Table are small, some figures have been rounded to one decimal place or expressed as 'less than five', to reduce the risk of inadvertently identifying individuals.

If the Report highlights a potential issue, we can cross reference source material to analyse specific areas in greater depth, so this can be looked into promptly.

Staff have the legal right not to disclose information about their protected characteristics. Any information staff supply is on a purely voluntary basis. The completeness of our information varies from protected characteristic to characteristic. The percentage of data collected for each protected characteristic is shown below:

Protected characteristic	% of data
Race	95.29%
Disability	71.12%
Sex (male or female)	100%
Religion or faith	90.99%
Sexual orientation	81.56%
Gender reassignment	74.98%
Age	100%
Pregnancy and maternity	100%
Marriage and civil partnership	100%

The average volume of data collected per "protected characteristic" is **90.44%**. This is a commendably high figure.

3. Using the workforce report

The report will:

- Demonstrate the willingness of NHS Orkney to comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Enable the NHS Orkney Health Board and others to gauge whether NHS Orkney employees and prospective employees are treated fairly. Any anomalies or inconsistencies the report highlights will be investigated and appropriate follow-up action will be taken.
- Give reassurance to NHS Orkney staff that they work in an environment free from prejudice or discrimination.
- Give the population of Orkney and any prospective employees reassurance that NHS Orkney treats its staff fairly and equitably.
- Enable external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

4. Number of staff in post

The number of NHS Orkney staff in post as at 31st March 2023 was 743, which equates to 596.53 Whole Time Equivalent (WTE). This figure does not include Bank Staff.

5. Race

(i) The ethnic origins of staff in post, new starts and leavers

There are people with valuable skills relevant to healthcare who can be recruited locally. However, some specialist skills require NHS Orkney to recruit worldwide. Accordingly, there will never be an exact correlation between the ethnic make-up of the population of Orkney and the ethnic make-up of the NHS Orkney workforce.

The 2011 Census showed that only 20.56% of the population of Orkney came from an ethnic community other than “White Scottish”. A significant factor in this limited inward migration is the limited number of job opportunities in Orkney.

However, 35.53% of NHS Orkney staff are from an ethnic community other than “White Scottish”, which shows that the ethnic makeup of NHS Orkney is far more diverse than the general population.

The overall population figures for Orkney are as follows:

Area	Census 2011 Population	Mid-2021 Estimate*	+/- Difference
Orkney	21,349	22,540	+ 1,191

*Source, National Records of Scotland Mid-2021 Population Estimates.

Table One below shows the ethnicity of new starts and leavers, which can be used as one of the indicators of the fairness of our recruitment processes and staff management and retention arrangements.

- Overall, there were 17 more leavers than new starts.
- Given the small numbers involved, it is hard to draw any firm conclusions. However, the figures indicate that NHS Orkney’s recruitment and retention processes are fair and free from racial discrimination.

12.1.1

Table One: The ethnic makeup of staff in Post as at 31st March 2023, plus information on new starts and leavers during 202/23

2011 Census categories	Staff in Posts at 31 st March 2023		New starts 1/4/2022 to 31/3/2023		Leavers 1/4/2022 to 31/3/2023		New Starts vs Leavers
	Number	%	Number	%	Number	%	
A White							
Scottish	479	64.47%	54	52.94%	58	48.74%	-4
Other British	128	17.23%	25	24.51%	33	27.73%	-8
Irish	7	0.94%	< 5	1.96%	< 5	0.84%	+1
Gypsy/Traveller	-	-	-	-	-	-	-
Polish	< 5	0.27%	-	-	< 5	1.68%	-2
Other white ethnic group	37	4.98%	8	7.84%	8	6.72%	-
B Mixed or multiple ethnic groups							
Any mixed or multiple ethnic groups	< 5	0.54%	< 5	0.98%	< 5	0.84%	-
C Asian, Asian Scottish or Asian British							
Pakistani, Pakistani Scottish or Pakistani British	7	0.94%	< 5	1.96%	< 5	0.84%	+1
Indian, Indian Scottish or Indian British							
Bangladeshi, Bangladeshi Scottish or Bangladeshi British							

Chinese, Chinese Scottish or Chinese British	-	-		-	-		-	-		-
D African										
African, African Scottish or African British	< 5	0.54%		< 5	0.98%		< 5	0.84%		-
Other	< 5	0.27%		-	-		< 5	0.84%		-1
E Caribbean or Black										
Caribbean, Caribbean Scottish or Caribbean British	-	-		-	-		-	-		-
Black, Black Scottish or Black British										
Other										
F Other ethnic group										
Arab, Arab Scottish or Arab British	< 5	0.13%		< 5	0.98%		-	-		+1
Other	< 5	0.13%		-	-		< 5	0.84%		-1
Don't know	35	4.71%		6	5.88%		7	5.88%		-1
G Prefer not to answer	36	4.85%		< 5	1.96%		5	4.20%		-3
Total	743	100%		102	100%		119	100%		-17

(ii) Recruitment and selection

From Table Two below, it can be seen that:

Applications during 2022/23

- During 2022/23, NHS Orkney received 1,543 applications, an increase from 2021/22, when 1,372 applications were received.

Although there was a reduction in jobs advertised, the main driver for this increase was an over 400% increase in applications from candidates of African Ethnicity.

- In 2022/23, candidates with African ethnicity were the largest single group of applicants, submitting 47.31% (730) of the total applications. In 2021/22, this figure was 12.83% (176) applications.
- The providers of NHS Scotland's national recruitment system Jobtrain, are investigating the possible use of automated systems which submit applications on behalf of candidates within minutes of advertised roles. The number of applications received is expected to remain high until this is thoroughly investigated.

Shortlisted candidates during 2022/23

- There were 487 candidates shortlisted compared to 727 in 2021/22.
- The ethnicity of candidates shortlisted is pro rata to the numbers in each ethnic category making an application. This suggests that shortlisting processes within NHS Orkney are fair. The exceptions are Scottish candidates who are overrepresented in shortlisting. This could be due to the many support services and fewer well-paid posts receiving fewer applications from people living outwith Orkney. Given the continued high cost of living and accommodation in Orkney, it is not financially viable/attractive for many people from outwith the area to apply for these posts as relocation allowance is unavailable for all roles.
- Candidates with African ethnicity appear to be underrepresented at the shortlisting stage. A recent investigation into this anomaly shows candidates are failing to demonstrate and hold the required qualifications and professional registration needed as set out in job descriptions and adverts.

Candidates offered posts during 2022/23

- 220 offers of employment were made, compared to 371 offers in 21/22.
- Candidates with a "Scottish" ethnic origin were the largest group of staff appointed at 63.18%; compared to 62.26% in 2021/22 and 61.54% in 2020/21. This group is overrepresented in percentage terms for the reasons given above.

With this one exception, these figures indicate that NHS Orkney recruitment, shortlisting and appointment procedures are fair and free from discrimination.

12.1.1

**Table Two: The ethnic origins of applicants, shortlisted candidates and people appointed
By NHS Orkney during 2022/23**

2011 Census Categories	No. of applicants	Ethnicity of applicants as a % of total	No. shortlisted	% of those shortlisted	No. offered posts	Candidates offered posts in 2022/23
	Number	Percentage	Number	Percentage	Number	Percentage
a) White						
Scottish	403	26.12%	273	56.06%	139	63.18%
Other British	178	11.54%	100	20.53%	59	26.82%
Irish	2	0.13%	2	0.41%	1	0.45%
Gypsy/Traveller	0	0.00%	0	0.00%	0	0.00%
Polish	4	0.26%	0	0.00%	0	0.00%
Other white ethnic group	36	2.33%	14	2.87%	4	1.82%
B Mixed or multiple ethnic groups						
Any mixed or multiple ethnic groups	8	0.52%	4	0.82%	1	0.45%
C Asian, Asian Scottish or Asian British						
Pakistani, Pakistani Scottish or Pakistani British	34	2.20%	5	1.03%	2	0.91%
Indian, Indian Scottish or Indian British	69	4.47%	8	1.64%	3	1.36%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	7	0.45%	2	0.41%	0	0.00%

Chinese, Chinese Scottish or Chinese British	4	0.26%		1	0.21%		1	0.45%
Other Asian	26	1.69%		3	0.62%		2	0.91%
D African								
African, African Scottish or African British	308	19.96%		27	5.54%		2	0.91%
Other	422	27.35%		37	7.60%		4	1.82%
E Caribbean or Black								
Caribbean, Caribbean Scottish or Caribbean British	0	0.00%		0	0.00%		0	0.00%
Black, Black Scottish or Black British	2	0.13%		1	0.21%		1	0.45%
Other Black background	4	0.26%		0	0.00%		0	0.00%
F Other ethnic group								
Arab, Arab Scottish or Arab British	8	0.52%		2	0.41%		0	0.00%
Don't know	0	0.00%		0	0.00%		0	0.00%
Other	7	0.45%		0	0.00%		0	0.00%
G Prefer not to answer	21	1.36%		8	1.64%		1	0.45%
Total	1543	100.00%		487	100.00%		220	100.00%

Changes to Recruitment from outwith the European Union

The UK left the European Union (EU) transitional arrangements on 31st December 2020. EU nationals wishing to work in the UK must now obtain a Visa. At present, it is too early to tell if the Visa system for EU nationals or the ability of UK employers to recruit more freely from outside EU has impacted recruitment trends.

(iii) The ethnicity of staff promoted in 2022/23

Table Three below shows the ethnicity of NHS Orkney staff promoted during 2022/23. The ethnic makeup of the NHS Orkney workforce is also shown as a comparator.

- 42 staff were promoted in 2022/23. This is compared to 37 staff promoted in 2021/22.
- Promotions are approximately pro rata to the number of staff in post from each ethnic group. This indicates that promotion arrangements within NHS Orkney are fair and free from racial discrimination.

Table Three: The ethnicity of staff promoted in 2022/23

2011 Census categories	Promotions During 2022/23		% of each ethnicity in post at 31st March 2023
	Number	%	
A White			
Scottish	29	69.05%	64.47%
Other British	7	16.67%	17.23%
Mixed or Multiple Ethnic Group	1	2.38%	0.54%
G Prefer not to answer	3	7.14%	4.85%
Don't Know	2	4.76%	4.71%
Total	42	100%	

(iv) The ethnicity of staff applying for training and receiving training

This information is not currently recorded. However, once the interface between the eESS and Turas Learn systems is fully operational, we can collect this information. NHS Orkney is working towards implementing a manual solution for the 2023-2024 report.

6. Disability

Table Four below shows Information on the number of NHS Orkney staff who consider themselves to be disabled:

Table Four: the number of NHS Orkney staff who consider themselves to be disabled

Responses to the question, “Do you consider yourself to be disabled?”	2022/23 Total	Comprising	
		Females	males
Yes	9	6	3
No	476	366	110
Declined to comment	36	29	7
Don't know	222	193	29
Total	743	743	

- The table shows that 1.21% of NHS Orkney staff consider themselves to have a disability.
- It is important that NHS Orkney Appointing Officers continue to give the fullest consideration to the employment of disabled people, should a suitable opportunity arise.

To try and improve facilities for both disabled patients and staff, The Balfour Hospital was Disability Access Assessed at the Planning Stage. The new facilities have electric-operated front and inner doors, disabled toilets, adult changing facilities and other facilities to assist people with a disability. These measures help to make it easier for people with a disability to find suitable posts within NHS Orkney. This continues to be monitored closely and reasonable adjustments are made where required to support staff.

(i) The disability status of applicants, shortlisted candidates and those offered posts The figures are:

Status	Applications	shortlisted	Offered Posts
Declaring a disability	73 (4.73%)	40 (8.21%)	16 (7.27%)
Not declaring a disability	1470 (95.27%)	447 (91.79%)	204 (92.73%)
Total	1,543	487	220

The figures indicate that shortlisting and interview processes are free from discrimination on the grounds of disability.

(ii) Staff with a Disability who were promoted in 2022/23

None of the 9 staff in post who identified themselves as having a disability, were promoted during 2022/23.

(iii) Staff with a disability who applied for training and numbers who actually attended in 2022/23

This information is not currently recorded. However, once the interface between the eESS and Turas Learn systems is fully operational we will be able to collect this information. NHS Orkney is working towards implementing a manual solution for the 2023-2024 report.

7. Sex (male or female)

In 2021, there were more females (50.3%) than males (49.7%) living in Orkney Islands. NHS Orkney has 743 staff comprising 594 females (79.95%) and 149 males (20.05%). However, traditionally, most members of the nursing and Allied Health Professions (AHP) have been female, which means that all Health Boards in Scotland have a much higher proportion of female to male staff.

There is no intentional occupational segregation in NHS Orkney, nor is there any gender bias in the filling of posts. NHS Orkney is careful to promote all healthcare posts as being open to both males and females equally. All NHS Orkney staff appointments are made on merit, free from any gender bias. However, there are still historical issues to be addressed, especially in the field of nursing and AHPs.

Traditionally, nursing and AHPs have attracted far more females than males to train for these professions. Nursing is the biggest single occupation group in the NHS by far, hence, all Health Boards in Scotland have a much higher proportion of female staff to male staff.

NHS Orkney is typical of Health Boards in Scotland with 79.95% of its staff being female while 20.05% of staff are male. Most female staff are concentrated in the nursing and AHP professions. NHS Orkney is working hard to promote all NHS jobs to both males and females equally. Universities are also playing their part to encourage more males to train for nursing or AHP careers.

NHS Orkney is careful in all advertisement material for nursing and AHP posts to avoid sexual stereotyping. Our recruitment literature shows an equal number of male and female staff in these roles and projects a very positive image of both male and female nurses and AHPs.

(i) The sex of staff who were promoted in 2022/23

The numbers of male and female staff promoted during 2022/23 are shown in Table Five below:

Table Five: Female and male staff promoted during 2022/23

Sex	No. promoted	%	% of each sex working within NHS Orkney
Female	35	83.33%	79.95%
Male	7	16.67%	20.05%
Total	42	100%	100%

The figures show a higher proportion of females being promoted than males, compared to the numbers of each sex working within NHS Orkney. However, given the relatively small numbers involved, year to year these figures can fluctuate as shown by the chart below.

Year	Female staff promoted	Male staff promoted
2022/23	83.33% (35)	16.67 (7)
2021/22	89.19% (33)	10.81% (4)
2020/21	80% (32)	20% (8)
2019/20	Not Available	Not available
2018/19	67.74% (21)	32.26% (10)

(ii) The sex of applicants, shortlisted candidates and those offered posts

This information is shown below:

Sex	Applications	shortlisted	Offered Posts
Female	1060 (68.70%)	383 (78.64%)	177 (80.45%)
Male	473 (30.65%)	99 (20.33%)	43 (19.55%)
Other	4 (0.26%)	1 (0.21 %)	-
Prefer not to say	6 (0.39%)	4	-
Total	1,543	487	220

The figure shows a higher proportion of female staff being offered posts than males, compared to the numbers shortlisted. However, again these figures can fluctuate from year to year as shown by the chart below.

Year	Female staff offered posts	Male staff offered
2022/23	80.45%	19.55%
2021/22	78.98%	20.22%
2020/21	80.00%	20.00%
2019/20	Not Available	Not available
2018/19	67.74%	32.26%

(iii) The sex of staff applying for training and receiving training

This information is not currently recorded. However, once the interface between the eESS and Turas Learn systems is fully operational we will be able to collect this information. NHS Orkney is working towards implementing a manual solution for the 2023-2024 report.

(iv) Senior posts within NHS Orkney as at 31st March 2023

Executive Management cohort

The current NHS Orkney Executive Management cohort comprises 7 persons, with 4 males and 3 females. These figures indicate that recruitment procedures for senior manager posts within NHS Orkney are fair and free from any gender bias.

Health Board members

As at 31st March 2023, The NHS Orkney Health Board comprised 17 persons. The gender make-up as at 31st March 2023 was 8 females and 9 males.

In terms of compliance with the Gender Representation on Public Boards (Scotland) Act 2018, NHS Orkney is not fully compliant. The requirement is to make progress towards having 50% female non-executive Board members. NHS Orkney has not reached this target. There are 10 NHS Orkney non-executive Board members, comprising 4 females and 6 males who are covered by this Act. Three of these males have been elected via Local Council, Area Partnership and Area Clinical Forum and have not been subject to Scottish Government recruitment processes. However, NHS Orkney will continue to take the appropriate steps to encourage applications from females in future recruitment campaigns.

8. Religion or faith

The religion or faith makeup NHS Orkney's workforce is shown below in Table Six. The religion or belief makeup of the general population of Orkney mirrors closely the overall Scottish pattern. The figures are:

Table Six: The religious or faith makeup of the NHS Orkney workforce in 2022/23

Religion or faith	Number	% of workforce	2011 Census main results for Orkney
Buddhist	2	0.27%	0.21%
Christian - Church of Scotland	186	25.03%	40.37%
Christian - Roman Catholic	15	2.02%	2.84%
Hindu	3	0.40%	0.06%
Jewish	2	0.27%	0.02%
Muslim	3	0.40%	0.09%
Other Christian	77	10.36%	7.58%
Sikh	-	-	0.01%
Other	9	1.21%	0.61%
No religion	315	42.40%	39.18%
Declined to comment	64	8.61%	9.03%
Not known	67	9.02%	-
Total	743	100%	100%

These figures show that:

- Of the religions, Church of Scotland has the largest representation of staff at 25.03%. The comparative figure for Orkney is 40.37%.
- These figures show that the NHS Orkney workforce is slightly more religiously diverse than the general population of Orkney.
- The figures indicate that NHS Orkney recruitment and retention policies are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

(i) The religion or faith of staff promoted in 2022/23

The figures are shown below in Table Seven below:

Table Seven: The religion or faith of staff promoted in 2022/23

Religion or faith	Numbers promoted	Numbers employed	Numbers promoted as a % of employed
Buddhist	-	2	-
Christian - Church of Scotland	9	186	4.84%
Christian - Roman Catholic	1	15	6.67%
Hindu	-	3	-
Jewish	-	2	-
Muslim	-	3	-
Other Christian	4	77	5.19%
Sikh	-	-	-
Other	-	9	-
No religion	21	315	6.67%
Declined to comment	5	64	7.81%
Not known	2	67	2.99%
Total	42	743	5.65%

- While it is hard to draw firm conclusions from such small numbers, the general indication is that NHS Orkney promotion processes are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

(ii) The religion or faith of Applications, shortlisted and those offered posts

The figures are shown below in Table Eight below:

Table Eight: The religion or faith of Applications, shortlisted and those offered posts

Religion or faith	Applications	Shortlisted	Offered posts
Buddhist	7 (0.45%)	3 (0.62%)	
Christian - Church of Scotland	79 (5.12%)	55 (11.29%)	31 (14.09%)
Christian - Roman Catholic	133 (8.62%)	26 (5.34%)	10 (4.5%)
Hindu	42 (2.72%)	6 (1.23%)	2 (0.91%)
Jewish			
Muslim	122 (7.91%)	12 (2.46%)	2 (0.91%)
Other Christian	695 (45.04%)	103 (21.15%)	35 (15.91%)
Sikh			
Other	20 (1.30%)	12 (2.46%)	5 (2.27%)
No religion	370 (23.98%)	244 (50.10%)	127 (57.73%)
Prefer not to say	57 (6.69%)	20 (4.11%)	6 (2.73%)
Not known	18 (1.17%)	6 (1.23%)	2 (0.91%)
Total	1,543	487	220

It seems that there is a lack of Muslim candidates who make it to the shortlisting stage. This could be attributed to the findings earlier mentioned; a significant surge of over 400% in applications from candidates of African ethnicity who failed to demonstrate and hold the required qualifications and professional registration needed which are set out in job

descriptions and adverts.

With these on exception, the numbers applying, being shortlisted and offered posts is roughly pro rata. This indicates that shortlisting and the offer of posts is free from any religious discrimination.

(iii) The religion/faith of staff applying for training and receiving training

This information is not currently recorded. However, once the interface between the eESS and Turas Learn systems is fully operational we will be able to collect this information. NHS Orkney is working towards implementing a manual solution for the 2023-2024 report.

9. Sexual orientation

The sexual orientation of the NHS Orkney workforce is shown in Table Nine below:

Table Nine: The sexual orientation of the NHS Orkney workforce

Staff in post at 31/3/2023		New starts 2022/23		Leavers 2022/23	
Bisexual	8	Bisexual	3	Bisexual	3
Declined	60	Declined	6	Declined	12
Don't Know	137	Don't Know	11	Don't Know	10
Gay/ Lesbian	14	Gay/ Lesbian	4	Gay/ Lesbian	2
Heterosexual	519	Heterosexual	77	Heterosexual	92
Other	5	Other	1	Other	-
Total	743	Total	102	Total	119

From the above, it can be seen that in most categories, there were more new starts than leavers. This indicates that NHS Orkney's recruitment and retention processes are free from discrimination on the grounds of sexual orientation.

(i) The sexual orientation of staff promoted during 2022/23

The figures are shown below in Table Nine below:

Table Nine: The sexual orientation of staff promoted during 2022/23

Sexual orientation	Nos. promoted	Total Nos. in post	Nos. promoted as % of total in post
Bisexual	2	8	25.00%
Declined	4	60	6.67%
Don't Know	3	137	2.19%
Gay/Lesbian	2	14	14.29%
Heterosexual	31	519	5.97%
Other	-	5	-
Total	42	743	5.69%

The largest group had the largest number of promotions. However, due to the small numbers involved, no other conclusions can be made.

(ii) The Sexual orientation of applicants, short listed candidates and people offered

posts by NHS Orkney during 2022/23

The figures are shown in Table Ten below:

Table Ten: The sexual orientation of applicants, short listed candidates and people offered posts by NHS Orkney in 2022/23

Sexual orientation	Applications	% of total	Shortlisted	% of total	Offered Posts	% of total
Bisexual	37	2.40%	9	1.85%	6	2.73%
Declined	76	4.93%	26	5.34%	9	4.09%
Gay/Lesbian	20	1.30%	10	2.05%	8	3.64%
Heterosexual	1373	88.98%	431	88.50%	195	88.64%
Don't Know	9	0.58%	2	0.41%	0	0%
Other	28	1.18%	9	1.85%	2	0.91%
Total	1543	100%	487	100%	220	100%

The figures show that the short listing of candidates and those offered posts are approximately pro rata to the number of applications received. This indicates that recruitment processes are free from discrimination on the grounds of sexual orientation.

There is no 2011 Census information on sexual orientation for us to use as a comparator. A pre-Census pilot questionnaire issued in 2006 by the General Registrar for Scotland, received a very low response rate for questions on sexual orientation. Accordingly, the General Registrar decided not to include sexual orientation questions in the 2011 Census questionnaire.

(iii) The sexual orientation of staff applying for training and receiving training

This information is not currently recorded. However, once the interface between the eESS and Turas Learn systems is fully operational we will be able to collect this information. NHS Orkney is working towards implementing a manual solution for the 2023-2024 report.

10. Gender reassignment

The National Scottish Workforce Standard System (SWISS) does not give staff the option of indicating that they are transsexual or are contemplating gender reassignment. Staff who are transsexual are included in the sexual orientation "Other" category, accordingly, no specific data is available.

11. Age

Below in Table Eleven is an age profile of the NHS Orkney workforce, as at 31st March 2023. The Mid-Year 2021 population estimate from the General Registrar for Scotland is shown as a comparator.

Table Eleven: Age profile of the NHS Orkney workforce as at 31/3/2023

Age Group	Numbers in post as at 31/3/2023	NHS Orkney %	Population of Orkney %
1 - 19 years	1	0.13%	23.8%
20 – 24 years	35	4.71%	

25 – 29 years	64	8.61%	22.1%
30 - 44 years	251	33.78%	
45 – 59 years	310	41.72%	54.1%
60+	82	11.04%	
Total	743	100%	

The figures show:

- NHS Orkney has a relatively small percentage of staff aged 19 years and under. This is due to a number of factors such as age restrictions for people under the age of 18 working in clinical areas and Health and Safety compliance requirements.
- Compared to the population figures, NHS Orkney has a much higher percentage of staff in the 25-44 and the 45 to 60+ age ranges. This perhaps reflects the fact that many staff such as doctors, nurses and AHPs train for several years to qualify then build up their knowledge and experience. Staff then wish to apply this knowledge for as long as possible. Hence the concentration of staff in these two age ranges.

(i) Promotions shown by age

The figures are shown in Table Twelve below:

Table Twelve: The age of staff promoted during 2022/23

Age Group	No. of Staff promoted shown by age	Number in post as at 31/3/2023	Promotions as a % of total staff in age band
1 - 19 years	-	1	0.00%
20 – 24 years	4	35	11.43%
25 – 29 years	9	64	14.06%
30 - 44 years	18	251	7.17%
45 – 59 years	11	310	3.55%
60+	-	82	0.00%
Total	42	743	5.65%

There are significant variations in the percentage of staff being promoted in each age category, most notably in the 25-29 and 30-44 age bands. This can be mostly attributed to employees within these age groups being highly involved in advancing their careers and actively seeking out opportunities for promotion. As staff advance in seniority, the number of promoted posts for which they can choose to apply is fewer in number, hence the decline in the number of staff promoted in the 45+ age bands.

12. Pregnancy and maternity

During 2022/23, 28 applications for maternity leave were made by staff. Of the 28 all staff chose the “return to work” option. To date, 1 staff member has returned to work while 27 were still on maternity leave at the time the Report was compiled.

Year	No. of applications	Staff choosing “Return to work” option”	No. who actually returned to work	Pending
2022/23	28	28	1	27

The high cost of living and accommodation in Orkney could be an influencing factor in the number of female staff returning to work. Other factors could be the opportunities offered by NHS Orkney for flexible or part-time work.

13. Marriage and civil partnership

Information on the marital status of NHS Orkney staff is shown in Table Thirteen below. Information from the 2011 Census for Orkney is shown as a comparator.

Table Thirteen: The marital status of NHS Orkney Staff 2022/23

Marital Status	Numbers	NHS Orkney %	2011 Census %
Not known	-	-	-
Civil Partnership	9	1.21%	0.05%
Dissolved civil partnership	1	0.13%	0%
Divorced/separated	33	4.44%	16.07%
Married	417	56.12%	46.59%
Single	271	36.47%	23.79%
Widowed	12	1.62%	13.49%
Total	743	100%	100%

- Divorce/separation rates are much lower for NHS Orkney staff than for the Orkney population generally.
- Pro rata, more NHS Orkney staff are married than in the Orkney population generally and more staff are single.
- There is a big difference in the number of NHS Orkney staff widowed compared to the Census figures. This is explained by the fact that most NHS Orkney staff retire at or around 65. It is above this age band that mortality usually increases significantly.
- The figures indicate that there is no discrimination by NHS Orkney on the grounds of marital status in our recruitment or retention processes.

(i) The marital status of staff promoted during 2022/23

Table Fourteen: The marital status of promoted Staff during 2022/23

Marital Status	Staff promoted	Promotions as a % of total staff by marital status
Not known	-	-
Civil Partnership	-	-
Dissolved civil partnership	-	-
Divorced/separated	3	9.09%
Married	18	4.32%
Single	21	7.75%
Widowed	-	-
Total	42	

It is hard to draw meaningful conclusions from such small numbers. However, the figures do indicate that promotion processes are free from discrimination on the grounds of marital status.

14. Staff performance and assessment

Knowledge and Skills Framework (KSF)

KSF has been implemented for all NHS Orkney staff, excluding the Executive Cohort and Senior Managers and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

NHS Circular: PCS(AFC)2019/3 Appraisal and Incremental Progression states “Present arrangements use the KSF Framework, which has been gradually redeveloped and adjusted to make it easier to use. The launch of TURAS Appraisal in 2018 has also facilitated a more structured approach to appraisal discussions. Accordingly, any improvements will build on these current arrangements and also take the opportunity to embed statutory and mandatory training into the appraisal process, in order to improve consistency and compliance”.

15. Equal pay statement

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Orkney produced an Equal Pay Monitoring Report in June 2021. This contains an Equal Pay Statement and is available on the NHS Orkney website at: [ohb.scot.nhs.uk.
https://www.ohb.scot.nhs.uk/publications?committee=All&document_type=86&paper_type=All](https://www.ohb.scot.nhs.uk/publications?committee=All&document_type=86&paper_type=All)

16. Conclusions

The NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23, shows:

- NHS Orkney is a fair and equitable employer.
- Recruitment, shortlisting and the offering of posts are done in a fair and equitable manner.
- NHS Orkney has in place fair management arrangements, indicated by more staff in each category choosing to join NHS Orkney than leave.

17. Recommendations

- The NHS Orkney Staff Governance Committee are asked to formally endorse the NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23 and then seek Health Board approval.
- Continue to support international recruitment campaigns, offering training programmes to support candidates reach the required level of qualification and registration as set out in job descriptions.
- Continue to offer support to candidates when recruiting for non-executive positions.

18. Publicising the report

The Workforce Monitoring Report 2022/23 will first go to the NHS Orkney Staff Governance Committee. Thereafter, it to the NHS Orkney Health Board. Once formally approved, it will be widely circulated electronically within NHS Orkney and posted on the NHS Orkney website so it will be accessible to partner agencies and the wider community of Orkney.

Comments on the Workforce Monitoring Report will be warmly welcomed. All comments received will be carefully considered. Comments in any language or format can be made:

By email to: ork-hb.feedback@nhs.net

By post to: _____

Feedback Service,
NHS Orkney,
The Balfour,
Foreland Road,
Kirkwall

Orkney
KW15 1NZ

By voicemail to: 01856 888000

19. Compilation of the report: acknowledgements

A very special mention is due to Lewis Berston Workforce Systems Manager who put in many hours of work collecting information and helping in the compilation.

Steven Phillips, Head of People and Culture, NHS Orkney



**NHS Orkney
Gender Pay Gap Report
2022/2023
[Draft 1]**

May 2023

This document is also available in other formats and languages, upon request. Please contact NHS Orkney on 01856 888031 or 01856 888221 or email ork-hb.alternativeformats@nhs.scot

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1. Why produce this report?

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27th May 2012. The Regulations included a number of measures to monitor how well public bodies are meeting their equality duties. This is the Equal Pay Report and assesses how well NHS Orkney is meeting its legal duty to pay staff fairly. The equal pay monitoring measures include:

(i) A requirement for public bodies to publish every two years information on any Gender Pay Gap. This information should be shown as any difference:

- "... between the men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."
- The information published must be based on the most recent data available.

(ii) Public bodies must publish every four years a statement on Equal Pay.

(iii) From 2017 onwards, every second Report, i.e. every fourth year, the Equal Pay Report must be expanded to include pay information for:

- persons who are disabled and persons who are not
- persons who fall into a minority racial group and persons who do not.

(iv) The Report must also include information on any occupational segregation amongst its employees: "being the concentration of –

- men and women,
- persons who are disabled and persons who are not,
- persons who fall into a minority racial group and persons who do not in particular grades and in particular occupations."

Again, this information published must be based on the most recent data available.

This is the NHS Orkney Gender Pay Gap Report 2023 which is based on workforce and payroll data, as at 31 March 2023.

The gender pay gap report will help us understand how men and women's pay and experiences differ and how NHS Orkney is performing in terms of gender equality.

2. The NHS Orkney Equal Pay Statement

NHS Orkney is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. This will apply regardless of an employees:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

NHS Orkney recognises that in order to achieve equal pay, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

NHS Orkney also wishes to comply fully with the Public Sector Equality Duty as defined in the Equality Act 2010, Part 11, Chapter 1, Section 149 which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need to-

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

NHS Orkney is committed to:

- Informing employees how pay regulations operate and how their own pay is calculated.
- Providing training for managers and for those involved in making decisions about pay and benefits and grading decisions.
- Examine our existing and future pay practices for our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity and other leave.

- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010.
- Consider and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.
- Follow up promptly any concerns raised by staff or their representative organisations about pay or terms and conditions.

3. NHS Orkney Workforce

As at 31 March 2023, NHS Orkney employed 1,145 employees with 913 (79.7%) women and 232 (20.3%) men.

Appendices I-III show the distribution of male and female employees across three contract groupings.

- Agenda for Change
- Medical and Dental
- Executive Management

4. Gender Pay Analysis

This report provides gender pay gap information for NHS Orkney, based on workforce and payroll data, as at 31 March 2023.

The report provides the average hourly basic rate pay gap data calculated as:

Average hourly basic rate is the sum of hourly rates divided by the total number of employees. The average (mean) includes the lowest and highest rates of pay giving a good overall indication of gender pay gap.

% Pay Gap is difference in the average hourly rate of pay, expressed as a

$$\frac{A - B}{A} \times 100$$

<p>A = mean hourly rate of pay of male employees</p> <p>B = mean hourly rate of pay of female employees</p>

percentage of the male hourly rate.

A positive % Pay Gap (Monetary Variance M to F) means male employees have higher average rate of pay compared to female employees.

A summary of the Gender Pay Analysis for NHS Orkney is shown on Table 1.

Table 1. Gender Pay Gap Analysis for NHS Orkney as at 31 March 2023.

Gender Pay Gap analysis - hourly rate comparison - NHS Orkney staff - 2023										
	Female			Male			Combined			
Category	Gender Count	Gender Count % of Job Family	Average Basic Hourly Rate	Count of Gender	Gender Count % of Job Family	Average Basic Hourly Rate	Monetary Variance M to F £	Monetary Variance M to F %	Total Gender Count	Total Average Basic Hourly Rate
Agenda for Change	831	86.6%	£17.97	129	13.4%	£18.15	£0.18	1.00%	960	£18.00
Hospital Medical and Dental	79	44.4%	£55.34	99	55.6%	£55.39	£0.04	0.08%	178	£24.56
Executive Management Team	3	42.9%	£57.99	4	57.1%	£51.95	-£6.04	-11.63%	7	£34.78
NHS Orkney Total	913	79.7%	£21.21	232	20.3%	£33.93	£12.71	37.48%	1145	£24.03

(i) Agenda for Change

As at 31 March 2023, NHS Orkney employed 1,145 employees. 83.8% staff (960) are in the Agenda for Change category.

Agenda for Change	Female	Male	Difference	% Pay Gap
	N = 833	N = 131		
Average hourly basic rate	£17.97	£18.15	£0.18	1.00%

Table 2 shows the distribution of female and male staff in the Agenda for Change category. Female staff represent more than three quarters of the workforce within the NHS Orkney Agenda of Change category at 86.6%. Female staff in the Agenda for Change category receive £0.18 less on an average hourly rate than male staff.

Data shows that the average basic hourly rate of male staff is higher than female staff in the following job families: Administrative Services (14.03%), Allied Health Profession (11.56%), Other Therapeutic (24.01%), Personal and Social Care (13.90%) and Support Services (11.15%) with a monetary variance of £1.66 to £7.63 on average basic hourly rate.

Female staff in the following job families receive higher average basic hourly rate than male staff: Healthcare Sciences (9.28%), Medical Support (11.41%) and

Nursing/Midwifery (2.68%). Female staff represent 93.2% of Nursing/Midwifery staff and have a higher average hourly basic rate of £0.47 compared to male staff.

Table 2. Summary gender pay gap analysis of Agenda for Change staff.

Gender Pay Gap analysis - hourly rate comparison - Agenda for Change staff - 2023										
	Female			Male						
Job Family	Gender Count	Gender Count % of Job Family	Average Basic Hourly Rate	Count of Gender	Gender Count % of Job Family	Average Basic Hourly Rate	Monetary Variance M to F £	Monetary Variance M to F %	Total Gender Count	Total Average Basic Hourly Rate
ADMINISTRATIVE SERVICES Total	154	79.8%	£17.45	39	20.2%	£20.30	£2.85	14.03%	193	£18.03
ALLIED HEALTH PROFESSION Total	68	90.7%	£21.38	7	9.3%	£24.18	£2.79	11.56%	75	£21.64
HEALTHCARE SCIENCES Total	16	80.0%	£19.04	4	20.0%	£17.42	£-1.62	-9.28%	20	£18.71
DENTAL SUPPORT Total	23	100.0%	£16.30	0					23	£16.30
MEDICAL SUPPORT Total	17	94.4%	£18.21	1	5.6%	£16.35	£-1.87	-11.41%	18	£18.27
NURSING/MIDWIFERY Total	436	93.2%	£18.14	32	6.8%	£17.67	£-0.47	-2.68%	468	£18.11
OTHER THERAPEUTIC Total	24	92.3%	£24.15	2	7.7%	£31.78	£7.63	24.01%	26	£24.74
PERSONAL AND SOCIAL CARE Total	11	91.7%	£21.14	1	8.3%	£24.55	£3.41	13.90%	12	£21.42
SUPPORT SERVICES Total	82	65.6%	£13.19	43	34.4%	£14.85	£1.66	11.15%	125	£13.76
Grand Total	831	86.6%	£17.97	129	13.4%	£18.15	£0.18	1.00%	960	£18.00

Appendix I shows the distribution of the Female and Male workforce contracted in the Agenda for Change category.

(ii) Medical and Dental

As at 31 March 2023, NHS Orkney employed 178 employees in the Medical and Dental Category. This is 15.5% of NHS Orkney workforce.

Medical and Dental	Female	Male	Difference	% Pay Gap
	N = 79	N = 99		
Average hourly basic rate	£55.34	£55.39	-£0.04	-0.08%

Medical and dental staff shows a negligible gender pay gap of £0.04 in favour of female staff.

There is a monetary variance of £4.15 and £2.74 for Consultant and Locum Consultant, respectively where male hospital staff are paid more.

Female salaried GP's are paid £2.60 more than male salaried GP's.

Consultant	Female	Male	Difference	% Pay Gap
	N = 11	N = 11		
Average hourly basic rate	£51.82	£55.97	£4.15	7.42%

Salaried GP's	Female	Male	Difference	% Pay Gap
	N = 16	N = 16		
Average hourly basic rate	£45.36	£42.76	-£2.60	-6.09%

Appendix II shows the distribution of the Female and Male workforce contracted in the Medical and Dental category.

(iii) Executive Management

As at 31 March 2023, NHS Orkney employ 7 employees in the Executive Management Category, this represents 0.6% of NHS Orkney workforce. Female staff receive £5.06 more than male staff on average, with a 9.56% pay gap in favour of Female staff.

Executive Management	Female	Male	Difference	% Pay Gap
	N = 3	N = 4		
Average hourly basic rate	£57.99	£52.93	-£5.06	-9.56%

Appendix III shows the distribution of the Female and Male workforce contracted in the Executive Management Category.

(iv) Overall Gender Pay Gap

NHS Orkney	Female	Male	Difference	% Pay Gap
	N = 913 (79.7%)	N = 232 (20.3%)		
Average hourly basic rate	£21.21	£33.93	£12.71	37.48%

The mean pay gap is calculated from the hourly rates of all individual employees. It, therefore, includes the lowest and highest rates across the organisation and provides an overall indication of the size of the pay gap.

In 2021, Audit Scotland reported that the mean gender pay gap in Scotland when comparing overall average hourly earnings was 10.1%.

NHS Orkney's figure in 2021 showed a gender pay gap at 2.08% and 2.73% in Agenda for Change and Dental and Medical staff, respectively. In 2023, the overall NHS Orkney's mean gender pay gap favours male staff by 37.48%.

As at March 2023, male staff in the Agenda for Change receive £0.18 more than female staff. The pay gap in the Executive Management category is £5.06 in favour of female staff.

There is a negligible pay gap between male and female Hospital and Dental Staff with an average pay difference of £0.04.

Staff employed under Agenda for Change (AfC) Pay, Terms and Conditions are recruited into a post with a confirmed AfC pay band, assigned through the application of the NHS Job Evaluation Scheme. The evaluation is undertaken by a trained panel of evaluators and is based on the skills and responsibility demands of the post. As such, all employees aligned to the same post/job description will be paid, regardless of their sex, according to the evaluated band outcome for the post.

It is also important to note that each AfC pay band consists of a number of incremental points. In line with AfC terms and conditions, each employee will generally either commence in post at the minimum of the pay scale, or in the case of promotion, commence on the first available point on the scale that will afford the employee a salary increase. Thereafter, incremental progression through the scale applies on an annual basis. This means that commencing salary, length of service in the band and timing of each employee's yearly incremental date will have a direct influence on the pay gap within this contract group.

The Medical and Dental staff progress incrementally on their pay scales in a similar way to AFC staff. As such, commencing salary, length of service in grade and timing

of each employee's annual incremental date are strong contributory factors to this pay gap.

There are only 7 employees within the Executive Management Category. Given the small numbers involved, it is not possible to draw any firm conclusions from pay in this category.

5. Feedback

Comments and feedback on this Report will be warmly welcomed. Please send your comments by:

Email: ORK.feedback@nhs.scot

By phone: 01856 888000

By post: Feedback Service
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6. Acknowledgements

Grateful thanks are expressed to Lorraine Hunter, Head of Human Resources Service Centre for her tireless work in generating the massive volume of required source materials.

This report was produced by:

Roda Bird
Interim Equality and Diversity Manager, NHS Orkney

Appendix I. Gender Pay Gap Analysis for Agenda for Change Staff

Gender Pay Gap analysis - hourly rate comparison - Agenda for Change staff - 2023											
		Female			Male						
Job Family	Band	Gender Count	Gender Count % of Job Family	Average Basic Hourly Rate	Count of Gender	Gender Count % of Job Family	Average Basic Hourly Rate	Monetary Variance M to F £	Monetary Variance M to F %	Total Gender Count	Total Average Basic Hourly Rate
ADMINISTRATIVE SERVICES	Band 2	28	14.5%	£12.64	5	2.6%	£12.77	£0.12	0.98%	33	£12.66
ADMINISTRATIVE SERVICES	Band 3	41	21.2%	£13.73	3	1.6%	£13.02	-£0.70	-5.41%	44	£13.68
ADMINISTRATIVE SERVICES	Band 4	34	17.6%	£14.99	5	2.6%	£14.86	-£0.13	-0.88%	39	£14.97
ADMINISTRATIVE SERVICES	Band 5	23	11.9%	£18.69	9	4.7%	£18.11	-£0.58	-3.21%	32	£18.53
ADMINISTRATIVE SERVICES	Band 6	2	1.0%	£23.58	10	5.2%	£22.06	-£1.52	-6.90%	12	£22.31
ADMINISTRATIVE SERVICES	Band 7	13	6.7%	£25.05	2	1.0%	£24.10	-£0.94	-3.92%	15	£24.92
ADMINISTRATIVE SERVICES	Band 8A	7	3.6%	£30.14	1	0.5%	£29.15	-£0.99	-3.41%	8	£30.02
ADMINISTRATIVE SERVICES	Band 8B	3	1.6%	£36.01	3	1.6%	£34.41	-£1.60	-4.65%	6	£35.21
ADMINISTRATIVE SERVICES	Band 8D	3	1.6%	£46.40	1	0.5%	£50.32	£3.91	7.78%	4	£47.38
ADMINISTRATIVE SERVICES Total		154	79.8%	£17.45	39	20.2%	£20.30	£2.85	14.03%	193	£18.03
ALLIED HEALTH PROFESSION	Band 3	11	14.7%	£13.68						11	£13.68
ALLIED HEALTH PROFESSION	Band 4	4	5.3%	£14.73	1	1.3%	£15.35	£0.62	4.03%	5	£14.86
ALLIED HEALTH PROFESSION	Band 5	9	12.0%	£18.42						9	£18.42
ALLIED HEALTH PROFESSION	Band 6	24	32.0%	£22.27	1	1.3%	£20.20	-£2.07	-10.26%	25	£22.19
ALLIED HEALTH PROFESSION	Band 7	17	22.7%	£26.60	5	6.7%	£26.74	£0.14	0.51%	22	£26.63
ALLIED HEALTH PROFESSION	Band 8A	3	4.0%	£30.69						3	£30.69
ALLIED HEALTH PROFESSION Total		68	90.7%	£21.38	7	9.3%	£24.18	£2.79	11.56%	75	£21.64
HEALTHCARE SCIENCES	Band 2	1	5.0%	£11.95						1	£11.95
HEALTHCARE SCIENCES	Band 3	6	30.0%	£13.88	3	15.0%	£14.06	£0.17	1.22%	9	£13.94
HEALTHCARE SCIENCES	Band 4	2	10.0%	£15.35						2	£15.35
HEALTHCARE SCIENCES	Band 5	1	5.0%	£14.45						1	£14.45
HEALTHCARE SCIENCES	Band 6	1	5.0%	£23.58						1	£23.58

HEALTHCARE SCIENCES	Band 7	4	20.0%	£26.54	1	5.0%	£27.51	£0.96	3.51%	5	£26.74
HEALTHCARE SCIENCES	Band 8B	1	5.0%	£34.41						1	£34.41
HEALTHCARE SCIENCES Total		16	80.0%	£19.04	4	20.0%	£17.42	-£1.62	-9.28%	20	£18.71
DENTAL SUPPORT	Band 3	7	30.4%	£13.76						7	£13.76
DENTAL SUPPORT	Band 4	11	47.8%	£15.35						11	£15.35
DENTAL SUPPORT	Band 5	1	4.3%	£15.46						1	£15.46
DENTAL SUPPORT	Band 6	4	17.4%	£23.58						4	£23.58
DENTAL SUPPORT Total		23	100.0%	£16.30	0					23	£16.30
MEDICAL SUPPORT	Band 3	4	22.2%	£13.54						4	£13.54
MEDICAL SUPPORT	Band 5	8	44.4%	£17.11	1	5.6%	£19.26	£2.15	11.15%	9	£17.35
MEDICAL SUPPORT	Band 6	3	16.7%	£22.17						3	£22.17
MEDICAL SUPPORT	Band 7	2	11.1%	£26.03						2	£26.03
MEDICAL SUPPORT Total		17	94.4%	£18.21	1	5.6%	£16.35	-£1.87	-11.41%	18	£18.27
NURSING/MIDWIFERY	Band 2	82	17.5%	£12.34	9	1.9%	£12.29	-£0.05	-0.37%	91	£12.33
NURSING/MIDWIFERY	Band 3	76	16.2%	£13.66	7	1.5%	£13.61	-£0.05	-0.36%	83	£13.66
NURSING/MIDWIFERY	Band 5	157	33.5%	£18.82	6	1.3%	£17.99	-£0.83	-4.61%	163	£18.79
NURSING/MIDWIFERY	Band 6	73	15.6%	£21.86	5	1.1%	£23.58	£1.71	7.27%	78	£21.97
NURSING/MIDWIFERY	Band 7	40	8.5%	£25.70	5	1.1%	£26.74	£1.04	3.89%	45	£25.81
NURSING/MIDWIFERY	Band 8A	4	0.9%	£29.73						4	£29.73
NURSING/MIDWIFERY	Band 8B	2	0.4%	£34.41						2	£34.41
NURSING/MIDWIFERY	Band 8C	1	0.2%	£43.56						1	£43.56
NURSING/MIDWIFERY	Band 8D	1	0.2%	£50.32						1	£50.32
NURSING/MIDWIFERY Total		436	93.2%	£18.14	32	6.8%	£17.67	-£0.47	-2.68%	468	£18.11
OTHER THERAPEUTIC	Band 2	1	3.8%	£12.97						1	£12.97
OTHER THERAPEUTIC	Band 3	1	3.8%	£14.06						1	£14.06
OTHER THERAPEUTIC	Band 4	3	11.5%	£12.99						3	£12.99
OTHER THERAPEUTIC	Band 5	3	11.5%	£17.99						3	£17.99
OTHER THERAPEUTIC	Band 6	3	11.5%	£20.76						3	£20.76
OTHER THERAPEUTIC	Band 7	5	19.2%	£24.50						5	£24.50
OTHER THERAPEUTIC	Band 8A	4	15.4%	£29.73	1	3.8%	£29.15	-£0.58	-1.99%	5	£29.61

OTHER THERAPEUTIC	Band 8B	2	7.7%	£34.41	1	3.8%	£34.41	£0.00	0.00%	3	£34.41
OTHER THERAPEUTIC	Band 8C	2	7.7%	£43.56						2	£43.56
OTHER THERAPEUTIC Total		24	92.3%	£24.15	2	7.7%	£31.78	£7.63	24.01%	26	£24.74
PERSONAL AND SOCIAL CARE	Band 4	1	8.3%	£15.35						1	£15.35
PERSONAL AND SOCIAL CARE	Band 5	3	25.0%	£16.73						3	£16.73
PERSONAL AND SOCIAL CARE	Band 6	4	33.3%	£21.67						4	£21.67
PERSONAL AND SOCIAL CARE	Band 7	2	16.7%	£25.58	1	8.3%	£24.55	-£1.03	-4.18%	3	£25.24
PERSONAL AND SOCIAL CARE	Band 8A	1	8.3%	£29.15						1	£29.15
PERSONAL AND SOCIAL CARE Total		11	91.7%	£21.14	1	8.3%	£24.55	£3.41	13.90%	12	£21.42
SUPPORT SERVICES	Band 2	67	53.6%	£12.68	13	10.4%	£12.89	£0.21	1.64%	80	£12.72
SUPPORT SERVICES	Band 3	9	7.2%	£13.60	20	16.0%	£13.80	£0.20	1.45%	29	£13.74
SUPPORT SERVICES	Band 4	3	2.4%	£14.53	5	4.0%	£15.35	£0.83	5.38%	8	£15.04
SUPPORT SERVICES	Band 5	2	1.6%	£19.26	1	0.8%	£19.26	£0.00	0.00%	3	£19.26
SUPPORT SERVICES	Band 6				3	2.4%	£22.45			3	£22.45
SUPPORT SERVICES	Band 7	1	0.8%	£27.51						1	£27.51
SUPPORT SERVICES	Band 8A				1	0.8%	£31.46			1	£31.46
SUPPORT SERVICES Total		82	65.6%	£13.19	43	34.4%	£14.85	£1.66	11.15%	125	£13.76
Grand Total		831	86.6%	£17.97	129	13.4%	£18.15	£0.18	1.00%	960	£18.00

Appendix II. Gender Pay Gap Analysis for Hospital Medical and Dental Staff.

Gender Pay Gap analysis hourly rate comparison - Hospital Medical & Dental staff - 2023										
Job Family	Female			Male			Combined			
	Gender Count	Gender Count % of Job Family	Average Basic Hourly Rate	Count of Gender	Gender Count % of Job Family	Average Basic Hourly Rate	Monetary Variance M to F £	Monetary Variance M to F %	Total Gender Count	Total Average Basic Hourly Rate
CADO				1	0.6%	£47.55			1	£47.55
CONSULTANT	10	5.6%	£51.82	11	6.2%	£55.97	£4.15	7.42%	21	£54.00
DENTAL OFFICER COMMUNITY	1	0.6%	£35.53	2	1.1%	£35.53	£0.00	0.00%	3	£35.53
GENERAL PRACTICE SPECIALIST TRAINEE	1	0.6%	£24.23						1	£24.23
HOSPITAL PRACTITIONER				1	0.6%	£40.88			1	£40.88
LOCUM ASSOCIATE SPECIALIST	1	0.6%	£35.26						1	£35.26
LOCUM CONSULTANT	7	3.9%	£47.32	23	12.9%	£50.06	£2.74	5.47%	30	£49.42
LOCUM DENTIST	2	1.1%	£58.36	4	2.2%	£58.36	£0.00	0.00%	6	£58.36
LOCUM GP	28	15.7%	£69.69	29	16.3%	£69.69	£0.00	0.00%	57	£69.69
LOCUM SPECIALTY REGISTRAR (STR)	5	2.8%	£22.59	5	2.8%	£22.59	£0.00	0.00%	10	£22.59
MEDICAL BANK - CONSULTANT ENHANCED	5	2.8%	£81.02	6	3.4%	£80.90	-£0.12	-0.15%	11	£80.96
MEDICAL DIRECTOR				1	0.6%	£44.78			1	£44.78
SALARIED GP	16	9.0%	£45.36	14	7.9%	£42.76	-£2.60	-6.09%	30	£44.15
SALARIED GP WITH SPECIAL INTEREST	1	0.6%	£44.57						1	£44.57
SENIOR DENTAL OFFICER COMMUNITY				1	0.6%	£43.09			1	£43.09
SPECIALITY DOCTOR	2	1.1%	£35.67						2	£35.67
SPECIALITY REGISTRAR (STR)				1	0.6%	£17.49	£17.49	100.00%	1	£17.49
HOSPITAL MEDICAL & DENTAL TOTAL	79	44.4%	£55.34	99	55.6%	£55.39	£0.04	0.08%	178	£55.37

Appendix III. Gender Pay Gap Analysis for Executive Management

Gender Pay Gap analysis - hourly rate comparison - Executive Management - 2023										
	Female			Male			Combined			
Job Family	Gender Count	Gender Count % of Job Family	Average Basic Hourly Rate	Count of Gender	Gender Count % of Job Family	Average Basic Hourly Rate	Monetary Variance M to F £	Monetary Variance M to F %	Total Gender Count	Total Average Basic Hourly Rate
EXECUTIVE MANAGEMENT TOTAL	3	42.9%	£57.99	4	57.1%	£52.93	-£5.06	-9.56%	7	£34.78



NHS Orkney Equality Outcomes 2021-2025, Update Report as at May 2023

An update Report on the progress NHS Orkney has made in the last two years, to progress equality both in the services it provides, and within NHS Orkney

Produced May 2023

This report is also available in large print and other formats and languages, upon request. Please call NHS Orkney on (01856) 888031 or (01856) 888221 or email: ork-hb.alternativeformats@nhs.scot

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1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th May 2012. One of the requirements of the Regulations is that public bodies such as NHS Orkney must produce and publish an Equality Outcomes Report every four years setting out the objectives which NHS Orkney wishes to achieve in the field of equality and diversity. Following consultation with local equality and diversity groups and the wider community of Orkney, the NHS Orkney Equality Outcomes Report 2021-2025 was produced in April 2021.

The Outcomes cover work in each area of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. These 9 protected characteristics are:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

The equality outcomes are required to enable public bodies to progress the requirements of Section 149 (1) of the Equality Act 2010 to:

“(a) eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

2. Legal Requirement for an Update Report

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 also requires public bodies such as NHS Orkney to produce and publish an Update Report two years into each four-year duration Outcomes Report. This report must set out what progress has been made over the last two years, to achieve our Equality Outcomes. This is the 2021-2025 NHS Orkney Equality Outcomes Update Report - 2023.

By producing this report, we are not simply ensuring legal compliance. We wish to showcase the superb work going on in NHS Orkney and give recognition to the hard work of our staff. We also wish to give recognition to the many local equal and diversity groups who work hard to inform and support our work.

3. Staff Training which addresses all 9 “protected characteristics”

NHS Orkney has in place a comprehensive Equality and Diversity Training Programme for staff. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure legal compliance. All of the materials used in training is checked and updated on a monthly basis, if required.

(i) Delivery method

The equality and diversity training is delivered online via Microsoft Teams. Feedback and evaluation from participants have shown that this has been extremely positive experience and an effective way to deliver training. This move to Microsoft Teams has also enabled NHS Orkney staff access to all the many equality and diversity seminars provided by NHS Grampian which have similarly been held on Microsoft Teams. This has increased the availability of Seminars by a minimum of 700%.

Our training has remained interactive whilst provided opportunities for participants to interact, which enhances the learning experience and leads to much better training outcomes and knowledge retention.

We encourage staff after training, to apply their knowledge. All participants at seminars are provided with a copy of the presentation used, together with training and other materials. We also include contact details for the speakers and participants to allow follow up with the speakers for help or advice at any time.

(ii) Booking and Recording of Training

The names of all staff participating in each Seminar is recorded and feeds into the TURAS Learn system and is included in Personal Development Plans.

(iii) Evaluation of Training

All participants are encouraged to provide feedback from Seminars. To date feedback from the TEAMS Seminars has been extremely positive.

All of the training remains valid for 5 years.

(iv) The Training Seminars common to all 9 “protected characteristics”

Attending either a Level Two or Level Four Equality and Diversity Seminar is mandatory for all staff.

a) Equality and Diversity KSF Level Four Seminar

This training is aimed at senior staff such as consultants, GP's, senior charge nurses, charge nurses, managers and assistant managers and staff who are Appointing Officers and staff and volunteers who serve on Clinical Ethics Committees. This training also meets the Equality and Diversity Training Requirement of the various Royal Colleges.

12.1.3

The training comprises two 90-minute seminars which are very much interactive. The syllabus covers each of the 9 “protected characteristics” of race, disability, sexual orientation, religion or belief, sex, gender reassignment, age, pregnancy and maternity and marriage and civil partnership in detail. It is designed to ensure staff are able to identify and challenge any discrimination which they may see in their sphere of responsibility.

The training also covers:

- The Human Rights Act 1998
- Unconscious bias
- A reflection on our own assumptions
- Potential issues in the interview/lecture situation
- The responsibility to act if we see discrimination or prejudice occurring

There is also time for discussion and questions.

b) Equality and Diversity KSF Level Two Training Seminar

This training is provided for supervisory and basic grade staff. It comprises one two-hour seminar. The syllabus covers the same topics as Level Four, but not in as much depth. It is designed to ensure staff can support a discrimination free environment.

Experience has shown that offering these two levels meets the equality and diversity needs of all NHS Orkney staff.

c) Level One Equality and Diversity Impact Assessor Training Seminar

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced, with the best of intentions, which discriminate against one or more of the groups with a “protected characteristic”.

This is a One Day Seminar and equips staff to use the Rapid Impact Assessment Checklist approach to Equality and Diversity Impact Assessment. Currently, NHS Orkney has 20 trained Level One Impact Assessors. The Impact Assessors will continue to receive full ongoing support.

d) Level Two Equality and Diversity Impact Assessor Training

This is a follow-on course to the Level One Equality and Diversity Impact Assessor Training Seminar. It takes one day and trains staff to carry out the full EQIA Equality and Diversity Impact Assessment, Health Impact Assessment and Budgetary Impact Assessment

When required, full EQIA Impact Assessment has been provided by NHS Grampian. It is anticipated that EQIA will be provided in-house as our newly trained Impact Assessors gain in experience, this is yet to be arranged.

4. Training specific to particular protected characteristics

(i) British Sign Language

“Language Line” is a telephone-based interpretation service which allows staff access to expert interpreters, on the telephone, in 60-90 seconds, for over 170 different languages. NHS Orkney has staff who are trained in its use. Further training will be provided, if required.

5. Annual NHS Orkney Equality and Diversity Workforce Monitoring Reports

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public bodies in Scotland to produce an Annual Workforce Monitoring Report covering all 9 of the “protected characteristics”, as defined in the Equality Act 2010.

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics
- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.
- From 2017/18, the Report also included details the gender make-up of the NHS Orkney Board.

As required by law, NHS Orkney complied and published:

(i) The NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22

(ii) The NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21

Both of these Reports can be found on the NHS Orkney website at:

www.ohb.scot.nhs.uk. NHS Orkney is committed to developing and improving the Annual Equality and Diversity Workforce Monitoring Reports year by year by developing local data collection systems for information which we were previously not required to collect.

Staff have the legal right not to disclose information about their protected characteristics, if they so choose. Any information staff supply is on a purely voluntary basis. However, NHS Orkney now has information for approximately 90% of our staff.

The Workforce Report:

- Demonstrates the willingness of NHS Orkney to comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

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- Enables the NHS Orkney Board and others, to gauge whether NHS Orkney employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report are looked into and any appropriate follow up action taken.
- Gives reassurance to NHS Orkney staff that they are working in an environment free from prejudice or discrimination.
- Gives the population of Orkney and any prospective employees, reassurance that NHS Orkney treats its staff in a fair and equitable manner.
- Enables external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

The Report goes to the NHS Orkney Staff Governance Committee each year for discussion and approval, prior to widespread distribution including being posted on the NHS Orkney website, as required by the Regulations.

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6. Race equality outcomes

There are two main race equality outcomes:

Outcome One: meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>a) Telephone interpretation</p> <p>Definition: interpretation is changing the spoken word from one language to another.</p> <p>The “Language Line” telephone interpretation service gives staff access to expert interpreters, on the telephone, in 60-90 seconds, for 170 different languages. Language Line is used on average twice per month. This usage increases in summer because Orkney is a popular stopping place for cruise liners, which can bring over 1,000 visitors to the Islands a day.</p>	<p>The “Language Line” telephone interpretation service continues to be used regularly, especially in Summer when large cruise ships visit Orkney. The number of cruise ship passengers disembarking can now exceed 4,000 a day.</p> <p>In the period 2021-2023 NHS Orkney spent over £3300 per year on the “Language Line” service.</p>

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b) Translation services

Definition: translation is changing the written word from one language to another.

All NHS Orkney policies, strategies and re-organisational proposals contain the offer at the front to make the document available in any other language or format upon request.

c) Meeting the healthcare needs of our local ethnic communities and the promotion of good health

NHS Orkney meets the healthcare needs of our local ethnic communities. The promotion of positive health and wellbeing within our ethnic communities is an NHS Orkney priority. NHS Orkney will continue to do health promotion work within our local ethnic communities, in co-operation with Orkney Health and Care.

All translation requests have been met.

All NHS Orkney policies, strategies and re-organisational proposals continue to have the offer at the front to make the document available in any other language or format upon request.

The healthcare needs are being met on an ongoing basis. Support has been provided to recent campaigns on:

- Support for carers
- Know Who to Turn To

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Outcome Two: Ensuring there is race equality within NHS Orkney. Any discriminatory conduct will be eliminated.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>a) Production of Annual Equality and Diversity Workforce Monitoring Reports</p> <p>Detailed information on the ethnic make-up of the NHS Orkney workforce and other monitoring data is contained in the annual NHS Orkney Equality and Diversity Workforce Monitoring Reports. All NHS Orkney Workforce Monitoring Reports are available on the NHS Orkney website at: www.ohb.scot.nhs.uk.</p>	<p>NHS Orkney produced:</p> <ul style="list-style-type: none"> • The NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22 • The NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21 <p>Both Reports were widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny. Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p>
<p>b) Complaints and investigations</p> <p>Any issues or complaints raised by members of staff with a racial discriminatory element will be promptly and thoroughly investigated and appropriate follow up action taken if required. This will involve other bodies and agencies, where necessary.</p>	<p>No issues have been raised by staff in the last 2 years.</p>

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7. Disability equality outcomes

There are three main disability equality outcomes, these are:

Outcome One: Continue to provide communication support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>a) British Sign Language (BSL) Services BSL Video Service taken out with a reputable supplier who also provides this same service to NHS Grampian and other healthcare providers.</p> <p>NHS Orkney and Orkney Health and Care are also part of the National Video BSL service which is a useful supplement to the “face to face” BSL service.</p>	<p>NHS Orkney commenced a Video BSL contract in January 2019 with a reputable provider. This Video BSL system was demonstrated to staff and BSL users during the rollout phase and was deemed a great success by all who attended.</p> <p>Video BSL continues to be used by NHS Orkney to support patients.</p> <p>In the period 2021-2023 NHS Orkney spent over £4200 per year on the “SignLive” service.</p>
<p>b) Portable Induction Loops and fixed induction loops Portable and fixed induction loops are available to assist patients who use a hearing aid.</p>	<p>The availability of portable induction loops continues to be available. The Balfour hospital has a number of fixed induction loops built into reception desks.</p>
<p>c) Information in other formats NHS Orkney will provide any of its published material in any other format or language, upon request. Leaflets, booklets and other published material highlight this offer at the front of each document, together with information on who to contact to obtain this.</p>	<p>This offer is at the front of our published material. All requests have been met promptly.</p>

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<p>d) Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines</p> <p>Most people with a sight problem can read written material without adaptation if it is written clearly. All of our new information leaflets, booklets and published material complies with the requirements of the RNIB publication: “See it right, making information accessible for people with sight problems”.</p>	<p>All of our published material has complied with the RNIB “Good Practice Guidelines”.</p> <p>RNIB compliance is an integral part of our Equality and Diversity Impact assessment process.</p>
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Outcome Two: Supporting national and local mental health initiatives. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>NHS Orkney will continue to support both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia and the “See me” campaign to help overcome the stigma often associated with mental ill health.</p>	<p>We continue to promote use of the Getting to Know Me, (a personal profile document), which identifies what is uniquely important to both patients living with dementia and their care partners. The Getting to Know Me supports communication of important details to uphold individual needs and wishes, to support equality and diversity, through translation into relationship centred care planning.</p>
<p>NHS Orkney will continue to work closely with local partners and NHS Grampian to address mental health issues in the wider community which may have been caused or exacerbated by the COVID-19 lockdowns.</p>	<p>Throughout the Covid-19 pandemic, residents in Orkney have had access to the NHS Grampian Psychological Resilience Hub which offered support to anyone struggling with the impact of COVID-19 on their psychological wellbeing and requiring additional support for their mental health. This hub was closed to new referrals in April 2022.</p>
<p>The mental health and wellbeing of NHS Orkney staff is also a priority. COVID-19 has placed many staff under extreme pressure.</p>	<p>NHS Orkney have introduced a Wellbeing Committee which has nominated representation from each directorate within the</p>

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	organisation. They are currently creating their Terms and Reference to address the focus of the organisation.
Outcome Three: Disability equality within NHS Orkney: appointments procedures, training, promotion and monitoring arrangements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>Information on the number of disabled people in the NHS Orkney workforce together with other monitoring data is contained in the annual NHS Orkney and Orkney Equality and Diversity Workforce Monitoring Reports.</p> <p>Any issues or complaints raised by members of staff with a disability discriminatory element will be promptly and thoroughly investigated and appropriate follow up action taken if required. This will involve other bodies and agencies, where necessary.</p>	<p>Equality and Diversity Workforce Monitoring Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p> <p>Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p> <p>No issues have been raised by staff in the last 2 years.</p>

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8. Age

The disability equality work described at 7 above has applicability to older people on Orkney. In addition, there are three main additional age related equality outcomes, these are:

Outcome One: Implementing the Scottish Government Policy “Getting it Right for Every Child” (GIRFEC). This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>Getting It Right For Every Child (GIRFEC) GIRFEC is a Scottish Government initiative to support children and young people. It is designed to ensure agencies supports families by making sure children and young people receive the right help, at the right time, from the right place.</p> <p>NHS Orkney and Orkney Health and Care will continue to support this multi-disciplinary multi-agency approach and participate in multi-agency training.</p>	<p>NHS Orkney and the Orkney Health and Social Care partnership continue to support the Getting It right for Every Child approach, with the 2022 refresh guidance communicated to teams working with children and young people. A training programme is being developed with an aim of rolling it out by the end of 2023 to assist staff with understanding roles and responsibilities in relation to GIRFEC.</p>
Outcome Two: Continue to support the national “Childsmile” initiative. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>“Childsmile” This is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental service. NHS Orkney will continue its active involvement in “Childsmile”.</p>	<p>NHS Orkney has continued its active delivery of “Childsmile”. This has had a positive impact on children’s dental health on Orkney.</p>

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The target is to have 60% of primary 7 age children with no dental decay.

On Orkney, all children are now offered fluoride varnish in primary school. Under the Islands model of delivery, it is acknowledged that when visiting small Islands schools this is the most efficient method of delivery. This universal provision is the best way for us to access the otherwise hard to reach families.

After a complete halt during covid, the Childsmile Fluoride Varnish Programme has restarted in all nurseries and schools (nursery to P7), and the supervised toothbrushing programme is underway in almost all nurseries, and for at least all P1-2 children.

Results from the 2022 National Dental Inspection Programme report shows that the number Primary One aged children in Orkney with no obvious signs of dental caries was maintained at 85%. This was a very positive result at this time post covid. This is a carefully observed measure as each new cohort of children reach P1.

Addressing inequalities is a concern across Scotland and Orkney. The Scottish Government has funded an additional oral health support worker (0.5wte) to help reach out to vulnerable families. Through this, the Childsmile Team is reaching out through children and family community groups across Orkney.

Access to dental service is a challenge for families at this time, and therefore ensuring contact and support for families is an important part of the Childsmile Team role.

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Outcome Three: Promote Independent Living for Older People. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>Promote Independent Living for Older People</p> <p>Since 2012, the Scottish Government have promoted Intermediate Care Services to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital.</p> <p>The service offers a link between places such as hospitals and people's homes, and between different areas of the health and social care systems. The three main aims of intermediate care are:</p> <ul style="list-style-type: none"> • To avoid unnecessary admissions to hospitals • To help people be as independent as possible after a stay in hospital • Prevent people having to move into a care home until absolutely necessary 	<p>NHS Orkney are establishing a systemic approach to support people affected by frailty issues. Recognising the need to increase awareness and understanding of frailty, improve how frailty issues are identified and better understand frailty related concerns across Orkney.</p> <p>We are working to:</p> <ul style="list-style-type: none"> • understand what older people living with frailty in Orkney consider most important in enabling them to maximise their health, well-being and independence. • identify specific challenges for people living with frailty resulting from Orkney's remote and rural location. • map current resources for care and support for older people in Orkney, including community and third sector resources as equal partners alongside health and care services. • support coordinated QI across multiple stakeholders involved in pathways for the identification and management of frailty syndromes. • optimise use of current resources and to identify any significant gaps, capacity constraints or redundancies in current provision remaining thereafter.

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9. Sex (male or female) equality outcomes

There are four main sex equality outcomes. These are:

Outcome One: Continue to identify and provide targeted healthcare to patients who are victims of gender based violence such as rape, sexual abuse or who have been trafficked. This will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>NHS Orkney has developed and implemented a number of policies and strategies to address this issue since 2007. The work undertaken includes:</p> <p>The introduction of the routine inquiry of gender based violence in priority areas.</p> <p>Providing training for front line NHS Orkney managers and staff to recognise the signs of gender-based violence and to have the knowledge and skills to respond.</p> <p>Producing information on the sources of help and support and making these readily available.</p>	<p>Orkney has 1 trained Forensic Medical Examiner with a further 2 colleagues undertaking training, and 1 trained Forensic Nurse able to provide a local service for victims of sexual assault over the age of 16. This includes the self-referral service through NHS Inform, launched in April 2022, which provides access for anyone suffering a sexual assault to seek help and forensic examination without the need to go through the police as a first step.</p> <p>NHS Orkney provide a suite of training which is available on the national training system Turas Learn. Contained within the Equality and Diversity zone, the Gender-Based Violence module contains eLearning, videos and further resources to support all colleagues across the organisation.</p> <p>Information leaflets and posters have been distributed and are on display within the hospital setting and in community GP and dental locations. NHS Orkney was also in attendance at the Orkney Community Wellbeing event to promote the routes victims can take to receive the support available. This also included having</p>

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	leaflets and posters strategically placed in toilets and sports changing facilities to raise awareness of local and national support.
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Outcome Two: Improving the uptake of health care by men. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>GPs on Orkney offer a range of health checks specifically for men. However, men still visit their GP on average 33% less than females. In addition, on average, 65% of men are overweight or obese, compared to 60% of women.</p> <p>Over the next four years, NHS Orkney will continue to:</p> <ul style="list-style-type: none"> • Mount men's health awareness campaigns • Promote the Healthy Workplace Initiative • Promote health care services through the "Know Who To Turn To" campaign • Supported National Health promotion initiatives 	<p>Men across Orkney continue to get receive the appropriate health checks if they have specific medical problems or take medication.</p>

Outcome Three: Ensure there is gender equality within NHS Orkney. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>NHS Orkney produces an Annual Equality and Diversity Workforce Monitoring Report covering all of the 9 "protected characteristics", as defined by the Equality Act 2010. The Workforce Report contains information on:</p>	<p>NHS Orkney Equality and Diversity Workforce Monitoring Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p>

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<ul style="list-style-type: none"> • The sex, female/male make up of the NHS Orkney workforce • Information on the sex of new starts and leavers • The sex of staff promoted • The sex of staff applying for training and receiving training • The sex, female/male, make up of NHS Orkney Senior Managers <p>Any anomalies highlighted by the Report are followed up appropriate action taken if required.</p> <p>Any complaints and alleged incidents with a sex equality element, is promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.</p>	<p>Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p> <p>No issues have been raised by staff in the last 2 years.</p>
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Outcome Four: Production of Equal Pay Reports: Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>The equal pay part of the Regulations is designed to monitor public bodies to ensure that there is no gender inequality in their pay rates.</p> <p>The measures include:</p> <ul style="list-style-type: none"> • A requirement to publish every two years information on any Gender Pay Gap. This information should be shown as any difference: "... between the men's 	<p>Equal Pay Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p> <p>They include an analysis in the format broken down by:</p> <ul style="list-style-type: none"> • Gender • Disability

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average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."

- The information published must be based on the most recent data available.
- Public bodies, must publish every four years a statement on equal pay. From 2017 onwards, the equal pay statements must also specify:

"(a) The authorities policy on equal pay amongst its employees between –

- (i) men and women;
 - (ii) persons who are disabled and persons who are not: and
 - (iii) persons who fall into a minority racial group and persons who do not, and
- (b) occupational segregation amongst its employees, being the concentration of –
- (i) men and women;
 - (ii) persons who are disabled and persons who are not: and
 - (iii) persons who fall into a minority racial group and persons who do not, in particular grades and in particular occupations."

The information published must be based on the most recent data available. NHS Orkney complies fully with these

- Ethnicity

Our previous reports have shown that NHS Orkney Pay arrangements were fair and free from discrimination. Work is underway to produce the next Equal Pay Report.

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requirements. A copy of the most recent NHS Orkney Gender Pay Gap Statement is available on our web site.

Any anomalies highlighted by the Report will followed up appropriate action taken if required.

Any complaints and alleged incidents with a sex equality element, will be promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.

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10. Sexual orientation outcomes

There is one main sexual orientation outcome. This is:

Outcome: Meeting the specific healthcare needs of our local LGBTQ+ communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>a) Men who have sex with men NHS Orkney will continue the safe sex awareness campaign.</p> <p>b) Blood Borne Virus (BBV) testing NHS Orkney will continue its BBV testing campaign and carry out further outreach initiatives.</p> <p>c) Increase the availability of information Over the next four years, NHS Orkney will continue to provide healthcare information of particular interest to our LGBTQ+ communities. Work will also continue to identify and meet any new information needs.</p> <p>d) Training to help NHS Orkney staff to be sensitive to the sexual orientation of patients LGBTQ+ awareness training is an integral part of the NHS Orkney Equality and Diversity Staff Training Programme.</p>	<p>Information continues to be available from Nordhaven Clinic online and in person.</p> <p>NHS Orkney are participating in the national "look-back" exercise, regarding occult Hepatitis B infection via historical blood transfusion. The team are working to identify and manage any past recipients of donated blood components from Scottish donors who are confirmed as anti-Hepatitis B core positive.</p> <p>Information continues to be available from Nordhaven Clinic online and in person.</p> <p>The healthcare needs of our local LGBTQ+ communities are an integral part of all NHS Orkney Equality and Diversity Training Seminars.</p>

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<p>e) Stonewall Scotland NHS Orkney will liaise with NHS Grampian to benefit from their participation in the Stonewall Workforce Equality Index (WEI) process.</p>	<p>Information gained from this participation was shared.</p>
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11. Gender reassignment outcomes

There is one main gender reassignment outcome. This is:

<p>Outcome: The provision of a comprehensive gender dysphoria service. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions in 2021-25 Outcomes Report</p>	<p>Progress as at May 2023</p>
<p>NHS Orkney contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provide the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.</p> <p>NHS Grampian has committed over the next four years to redesign the service to give improvements in all areas. The users of the service will be closely involved in the redesign process.</p>	<p>The contract with NHS Grampian remains in place and patients continue to be supported by their GP who have the ability to make any referral required.</p> <p>All Equality and Diversity Training provided to NHS Colleagues covers the topic of trans and transgender in detail. All participants receive their own personal copy of the publication: "Guide for Staff to help them meet the needs of Trans Patients attending for Hospital Care"</p>

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Feminising facial surgery

Feminising facial surgery for trans females is not included in the list of services which the Department of Health recommends Health Authorities should provide. A number of our local trans community feel that it should be included. Both the Westminster and Scottish Parliaments have been lobbied by trans groups on this issue. If the lobbying campaign is successful, NHS Grampian will respond positively to any changes in the Department of Health or Scottish Health Department recommendations.

As yet, there has been no progress at Scottish Parliamentary or UK Parliamentary level.

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12. Pregnancy and maternity

There are three main pregnancy and maternity equality outcomes. These are:

Outcome One: Improved facilities for pregnant patients and nursing Mothers. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>Improved facilities for pregnant patients and nursing Mothers</p> <p>Over the last two years, a great deal of time and effort has gone into the design and planning for maternity services to be provided from the New Balfour Hospital and associated facilities. Improved services for pregnant women and their babies have been an integral part of the design brief. Large numbers of women and the wider community of Orkney have been involved in the design of the facilities.</p> <p>There will also enhanced facilities for nursing Mothers who may be visitors to the new Hospital and GP Practice.</p> <p>NHS Orkney staff will work hard to ensure that all of the potential benefits offered by the new facilities are realised, for the benefit of patients.</p>	<p>NHS Orkney Maternity and Health Visiting Services were awarded the UNICEF Gold Baby Friendly Service Award in January 2022 in recognition of excellent and sustained practise in the support of infant feeding and parent-infant relationships.</p> <p>Colleagues continue to work hard to ensure facilities are well used to support the needs of the Women and birthing people of Orkney.</p>

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Outcome Two: Continued development of sex education services for teenagers This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>Sex education for teenagers</p> <p>Teenage pregnancy rates in Scotland have been falling for several years. Over the last two years, the successful sex education campaign for teenagers on Orkney has continued. Island Health boards now have the lowest rate of teenage pregnancy in Scotland.</p> <p>However, there is no room for complacency. The sex education initiative will be continued and enhanced over the next four years, working closely with Orkney Health and Care and the Orkney Islands Council Education Department.</p>	<p>Stromness Academy and Kirkwall Grammar School continue to provide robust sex education as part of the Personal and Social Education programme. To educate teenagers across the isles, School Nurses provide some whole class information as some pupils preferring this external input.</p> <p>School Nurses also provide 1:1 support when required and can signpost to the Nordhaven clinic for further support if required.</p>

Outcome Three: Making sure pregnant staff receive their full maternity leave entitlements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>NHS Orkney will ensure that pregnant staff receive their full maternity leave and pay entitlements. In addition, NHS Orkney will respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.</p>	<p>An extract from the NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23 is shown below. All staff received their full maternity leave and payment entitlements.</p>

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Year	No. of applications	Staff choosing "Return to work" option	No. who actually returned to work	Pending
2022/23	28	28	1	27

NHS Orkney continues to offer a wide range of flexible working opportunities for staff and has created training to support managers who receive flexible working requests.

13. Marriage and civil partnership

There is one main pregnancy and maternity equality outcome. This is:

Outcome: Staff training to be aware of the possibility of undisclosed same sex marriage or civil partnerships and the needs of the partners of patients. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>All NHS Orkney Equality and Diversity staff training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership.</p> <p>Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of spouses, civil partners, same sex marriage partners and common law partners can be great, especially if one partner is a carer for the other. It is important for staff to keep partners fully informed and involved in the provision of care.</p>	<p>The need to be aware of the possible existence of an undisclosed same sex marriage or civil partnership is an integral part of all NHS Orkney Equality and Diversity Training.</p> <p>Awareness work has continued and is ongoing.</p>

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This message is an integral part of our Equality and Diversity Training for staff.

14. Religion or belief outcomes

There is one main religion or belief equality outcome. This is:

Outcome: Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice; provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions in 2021-25 Outcomes Report	Progress as at May 2023
<p>a) Post of Head of Spiritual Care</p> <p>NHS Orkney in co-operation with NHS Shetland, has created the new post of Head of Spiritual Care. Over the last 2 years, the post holder has done a great deal of work to enhance, expand and develop the chaplaincy services on Orkney and build strong relationships with religious and belief groups. This work will continue</p>	<p>NHS Orkney employs one Spiritual Care Lead, who is supported by several local spiritual and religious leaders to enhance the work delivered across the board. We have fed into the National Spiritual Care Framework production which will hopefully be implemented in June/July this year.</p>
<p>b) Continue to provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting</p>	<p>The Spiritual Care lead continues to work with staff to enhance their knowledge of religion and spiritual care. The "Religions and Cultures" booklet has also been made widely available through the Equality and Diversity Training Seminars to provide a ready reference for staff.</p>

12.1.3

15. Comments or suggestions

As required by Section 10 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations, 2012, this Report will be made widely available and published on the NHS Orkney website and other community websites to make it easily accessible to local equality and diversity groups and the general public on Orkney. The Report will also be made available in any other format or language, upon request.

All comments on this Equality Outcomes Report will be warmly welcomed. Comments in any language or format can be made:

By email to: ork.feedback@nhs.scot

By post to:

Feedback Service,
NHS Orkney,
The Balfour,
Foreland Road,
Kirkwall,
Orkney
KW15 1NZ

By voicemail to: 01856 888000

Compiled by Steven Phillips, Head of People and Culture, NHS Orkney
May 2023.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Chairs Report – Staff Governance Committee
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Joanna Kenny, Chair of the Staff Governance Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

The Staff Governance Committee met on the 24 May 2023 and agreed the following key agenda items should be reported to the Board.

- Staff Governance Action Plans 2022/23 and 2023/24
- Quarter 4 Workforce Report
 - Sickness Absence
 - Annual Appraisals
- Statutory and Mandatory Training Risk

2.3 Assessment

Staff Governance Action Plans 2022/23 and 2023/24

Members received the end of year final version of the Staff Governance Action Plan for 2022/23, noting the great progress which had been made. Members also received the first version of the Staff Governance Action Plan for 2023/24, and looked forward to quarterly progress updates.

Quarter 4 Workforce Report

Members received the quarterly workforce report, and noted the following:

- **Sickness Absence** figures had increased and were now above the Scottish Average, with only six other Territorial Health Boards recording higher sickness rates than NHS Orkney presently. To assist in delivering the “reduction of sickness absence by 1%”, as detailed in the Staff Governance Action Plan, the HR team were working closely with managers to monitor absence rates and support wellbeing and attendance at work.
- Organisational compliance with **Annual Appraisals** was at 18.27% for the period of Apr 2022 to Mar 2023, which was an increase of 3.25% on the third quarter of 2022/23. The Committee had also received figures for “in progress” appraisals, which when combined provides an organisational rate of 43.42%. The Staff Governance Action Plan for 2023/24 has a clear drive for embedding appraisals and regular management conversations, to ensure compliance with the Staff Governance Standard - “Appropriately Trained and Developed”.

Statutory and Mandatory Training Risk

Members discussed risks associated with the Committee, and requested that the Planning, Performance and Risk Manager captured the risks associated with non-compliance with statutory and mandatory training. The People and Culture team would continue to progress compliance during 2023/24 in line with the Staff Governance Action Plan.

2.3.1 Route to the Meeting

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

- Staff Governance Committee meeting 24 May 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 Staff Governance Committee 22 February 2023

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday, 22 February 2023** at **10:30am**

Present: Joanna Kenny, Non-Executive Board Member and Chair
Ryan McLaughlin, Employee Director and Vice Chair
Michael Dickson, Interim Chief Executive
Lorraine Hall, Interim Director of Human Resources
Jason Taylor, Non-Executive Board Member
Bob Walker, Partnership Representative

In Attendance: Christy Drever, Committee Support
Ingrid Smith, Human Resources Manager

S67 **Apologies**

Apologies for the meeting were noted from Des Creasey, Lawrence Green, Nickie Milne and Steven Phillips.

The Chair welcomed R McLaughlin as the newly appointed Employee Director and Vice Chair, and expressed thanks to M Gill for her hard work when in the role.

S68 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

S69 **Minute of meeting held on 23 November 2022**

The minute of the Staff Governance Committee meeting held on 23 November 2022 was accepted as an accurate record of the meeting and approved.

S70 **Matters Arising**

Action Log 01-2022/23

The Chair noted that she had discussed the potential inclusion of appraisal compliance rates within performance reports to the board, however the decision had been made that this would not be suitable and would be reviewed in future if required.

Acknowledgement

The Interim Director of Human Resources acknowledged the recent tragic passing of a member of NHS Orkney nursing staff whilst in service. She highlighted that she and other senior staff had been working to support colleagues within the department and expressed deep sorrow for the loss.

S71 **Action Log**

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

Governance

S72 **Committee Terms of Reference 2023-24 – SGC2223-31**

The Interim Director of Human Resources presented the updated Terms of Reference 2023/24 for the Staff Governance Committee for approval.

Decision / Conclusion

Members approved the Terms of Reference for 2023-24.

S73 Committee Business Cycle and Workplan 2023-24 – SGC2223-32

The Interim Director of Human Resources presented the updated Business Cycle and Workplan 2023/24 for the Staff Governance Committee for approval.

Decision / Conclusion

Members approved the Business Cycle and Workplan for 2023-24.

S74 Staff Governance Action Plan 2022/23 – SGC2223-33

The Interim Director of Human Resources presented the 2022-2023 Staff Governance Action Plan, which provided an update on activity, under the five Staff Governance pillars. The following key points were highlighted:

- The Health and Safety Lead had been engaging with colleagues in various ways and it was hoped to produce a Health and Safety Newsletter which would be sent out to colleagues.
- Item 2 “Plan and introduce Behavioural Safety Programme” had been delayed due to significant reduction in capacity within the Health and Safety Team.
- The Health and Safety Lead had created a Principles of Risk Assessment Module which would be uploaded to Turas for staff to undertake online learning.
- The Occupational Health, Safety and Wellbeing Committee had received the quarterly update against KPIs and members were pleased to see a significant increase in updated policies and procedures.
- There were significant levels of sickness absence within the organisation, and work was ongoing to support managers and staff to promote attendance. The Human Resources and Occupational Health Teams were working hard to understand any potential trigger points, and ensuring absence was handled equitable.
- GREATix had been distributed to staff throughout the organisation, which was system to celebrate successes. Managers would be encouraged to use the system to express gratitude to colleagues.
- The 3 year workforce plan had been resubmitted in November following feedback. No response had been received to date, so this would be flagged to Scottish Government.
- It was acknowledged that NHS Grampian colleagues who manage equality and diversity for NHS Orkney were coming close to retirement. It was noted that discussions were needed to decide how best for NHS Orkney to provide this in future, and whether it would be appropriate to manage this in partnership with another NHS Board.

Members raised concerns regarding the capacity within the Health and Safety Team. It was noted that one member of the team was on long term sickness absence, and recruitment was in process for 1.5 WTE positions. These positions had been previously advertised however there had been no suitable applicants.

Decision / Conclusion

Members noted the information and assurance contained within the 2022/2023 Staff Governance Action plan and looked forward to receiving the next update.

Organisational Culture

S75

Quarter 3 Workforce report – October - December 2022 – SGC2223-34

The Human Resources Manager presented the Workforce report for quarter 3, highlighting:

- There had been a reduction in both the whole time equivalent (WTE) and the headcount of the workforce since January 2022 with 21.52 WTE and a headcount of 27 respectively.
- The total rolling year bank hours was 58,670.99 reduced from 71,063.96 hours compared to the same period last year. The total additional hours recorded with bank, overtime and excess hours equated to an average of 39.03 WTE staff.
- The sickness absence rate was higher than the Scottish average at 6.14% compared to 5.97%.
- From October - December 2022 there had been 19 new starts and 16 leavers.
- From July - September 2022 72 posts were created on the recruitment system with a total of 360 applicants and 27 offers made.
- The Human Resources team had regularly run five different managers training bundles this quarter and created one new one.
- Redeployment had been particularly busy this quarter with 13 people removed from the register.
- The appraisal rate for Agenda for Change staff had increased to 15.02% as at 31 December 2022 and all medical appraisals completely up to date.
- Between October - December 2022 163 appointments were undertaken by Occupational Health.

The Human Resources Manager reassured members that sickness absence rates were a top priority for her team and being managed closely. It was noted that the nursing directorate had significantly high sickness absence rates compared to other areas, and the human resources team were working closely with the managers within this directorate. The Employee Director would discuss this with the Human resources Manager and try to assist the managers with this.

Members noted staff concerns that bank nurses were not being utilised for shifts, as agency or locum workers had been recruited. It was noted that there were many staff on the nursing bank who had not taken a shift with NHS Orkney in several years, and there had been suggestions from staff that they had struggled to get onto the nursing bank or obtaining shifts.

It was queried whether an increase in use of NHS Orkney bank staff could provide a saving for the Board, compared to the use of agency/locum staff. Concerns were also noted surrounding staff working extra hours rather than overtime within their department, which presented difficulties in recording the number of hours worked, which could affect wellbeing and possibly staff or patient safety.

Members agreed to seek assurance from the Finance and Performance Committee that bank versus locum use and financial cost were monitored to ensure the appropriate use of bank staff where available and recruitment of locum and agency staff only where absolutely necessary.

The Interim Chief Executive advised that a piece of software had been mandated by Scottish Government, which would manage rostering electronically, meaning additional shifts could be managed more effectively. He suggested that it would be a significant cost and resource intensive to adopt, however it might be suitable to adopt it in collaboration with other Boards and split the costs. He advised that he had responded to Scottish Government to suggest this and had no response to date, nor any view of the timeframe for adoption of the software. It was noted that the Head of Transformation and Engagement had been involved in the initial consultation, and attended national meetings for the project.

Members highlighted the need for exit interviews to be conducted and were reassured that the procedure was being reviewed, alongside production of a policy covering staff joining, leaving and moving within the organisation.

Members noted that appraisal rates had increased slightly, however work was ongoing and conversations were beginning to take place within directorates. The Human Resources Manager would enquire with the Workforce Systems Manager whether it was possible to provide the data on number of appraisals in progress, as well as those completed. It was hoped to receive a clearer picture of progress within appraisal rates in the next update to the committee.

Decision / Conclusion

Members noted the update and information provided, and looked forward to a response from the Finance and Performance Committee on bank and locum staff costs.

S76

People, Wellbeing and Culture Strategy – Update – SGC2223-35

The Interim Director of Human Resources presented the update, highlighting the following key points:

- Work on the strategy had progressed further since the production of the update report.
- The strategy would follow three key elements:
 - NHS Orkney as a great place to work
 - NHS Orkney as a better place to work
 - NHS Orkney as a thriving place to work
- A particular emphasis would be on wellbeing, proactive leadership and role modelling and delivering services with care and compassion.

Members asked that an addition be made to cover the need to ensure that staff had appropriate workloads and time available for professional development

The Chair queried the terminology, noting that “a better place” perhaps didn’t convey a positive message. The Interim Director of Human resources highlighted that this term had come from discussions with staff and reflected how many employees were feeling.

Decision / Conclusion

Members noted the update, and looked forward to further updates in the near future.

Well Informed

No items in addition to those covered in the Staff Governance Action Plan

Appropriately Trained

S77

Staff Statutory and Mandatory Learning/Induction Statistic awareness – SGC2223-36

The Talent and Culture Manager presented the report highlighting the following key points:

- Significant work was underway to review the training needs within the organisation, including different departments and roles. This was proving to be a complex piece of work to gather appropriate data and present it in an informative way.
- 168 colleagues had not been included within the reported turas compliance data for a variety of reasons, and there had been a number of duplicates which had been amended.
- Due to the move from Learnpro, reminders to complete online training were not being sent to staff until they had undertaken the course on Turas, which meant that some staff were unaware that their training was overdue unless they manually check their own records.
- Compliance with face to face training continued to be poor, with work ongoing to manage this with managers, individuals and directorates.
- It was hoped that the introduction of a new training and induction dashboard within the first quarter of 2023/24 would improve attendance and monitoring of compliance going forward.

Members acknowledged that the figures within the report were not as positive as would have been preferred, however they praised the significant work behind the report and expressed appreciation to the team for progress made. It was acknowledged that this work would take time, however assurance was taken that a cohesive plan of action was now in place.

Members agreed the need for an organisation wide push surrounding training and induction going forward. It was noted that the topic of organisational statutory and mandatory training and induction had been added to all Executive Directors Objectives via the Remuneration Committee to provide transparency from a directorate level.

Decision / Conclusion

Members noted the update and looked forward to seeing positive improvements in the first and second quarter of 2023/34.

Involved in Decisions that Affect them

S78 Area Partnership Forum Chair's report – SGC2223-37

The Employee Director presented the Chair's report from the Area Partnership Forum highlighting:

- A development session had been held in January surrounding the work of the Financial Sustainability Office. The session had been well received and had allowed members to make suggestions for potential savings opportunities.
- Discussion had taken place surrounding change management and a review and consultation following the move from the Health centre had begun.
- Members had noted the low compliance levels with Staff Statutory and Mandatory Learning & Induction. Discussions were had surrounding ways to enforce compliance however members were wary of doing so until recording systems were more developed and appraisals were being appropriately undertaken. It had been acknowledged that non compliance might not be solely down to staff, as team capacity, manager compliance and time pressures might play a factor. Further enforcement measures including paused promotions or increasing pay increments might be considered in future.

Decision / Conclusion

Members noted the update provided from the Area Partnership Forum

S79 Minutes of the Area Partnership Forum meetings in October, November and December 2022 – SGC2223-38

Members noted the approved minutes as submitted.

Treated Fairly and Consistently

No items in addition to those covered in the Staff Governance Action Plan

Policies and Procedures

S80 Report on Status of Once for Scotland Policy

Members were advised that there had been no change or update since the last meeting.

S81 Ventilation Systems Policy – SGC2223-39

Members had received the Ventilation Systems Policy for final approval following review by the Area Partnership Forum.

Decision / Conclusion

Members approved the policy

Health and Safety Policy

The Interim Director of HR presented the updated Health and Safety Policy, noting that unfortunately the policy had been omitted from the committee papers sent out to members and had been circulated separately.

Members stressed the need for staff to be aware of safety related policies and understand the role of Health and Safety colleagues.

Decision / Conclusion

Members approved the policy

Provided with a Safe and Improved Working Environment

S82 Introduction of H&S Control Book System – SGC2223-40

The Interim Director of HR presented the report, noting that the introduction of a Health and Safety Control Book System had been recommended for approval by the Occupational Health, Safety and Wellbeing Committee, and the Area Partnership Forum.

It was highlighted that the system was already in place in NHS Shetland and would be adapted to suit NHS Orkneys needs. It was hoped that this would provide an accessible platform to support and educate managers.

Decision / Conclusion

Members approved the introduction of a Health and Safety Control Book System.

Risks

S83 Corporate Risks Aligned to the Staff Governance Committee – SGC2223-41

Members received the report on corporate risks aligned with the Staff Governance Committee.

Members felt that the risk surrounding appraisal rates and compliance with induction and statutory and mandatory training should be included within the risk register. It was acknowledged that this might be captured elsewhere within the risk register, and should be effectively articulated and realigned to the Staff Governance Committee if suitable. It was agreed that the risk of inappropriately trained staff aligned to Health and Safety, therefore the Health and Safety Lead would liaise with the Clinical Governance and Risk Facilitator to construct this.

Decision / Conclusion

Members noted the update and agreed that the Health and Safety Lead would input to clearly articulate the risk surrounding appraisal rates and compliance with induction and statutory and mandatory training.

S84 **Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to:

Finance and Performance

Workforce Report Quarter 3 – Bank and Locum Cost Concerns

Board

Health and Safety Policy
Health and Safety Control Book System
Staff Statutory and Mandatory Learning/Induction progress

S85 **Any Other Competent Business**

There was no other business for discussion.

Items for Information and Noting

S86 **Circular - DL (2023) 04 - Carry Forward of Annual Leave**

Members received the circular for noting.

Decision / Conclusion

S87 **Schedule of meetings**

The schedule of meetings for 2022/2023 and 2023/2024 was noted.

S88 **Record of Attendance**

The record of attendance was noted.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Financial Performance Report
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:

- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Effective

2 Report Summary

2.1 Situation

The purpose of this report is to inform the Board of the financial position for the period 1 April 2023 to 31 May 2023.

2.2 Background

The revenue position for the 2 months to 31 May reflects an overspend of £0.929m. We are currently forecasting an overspend outturn of £6.379m for 2023/24, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m

- Significant operational areas overspending:
 - Agreed reduction in covid agency spend not implemented £1.5m
 - Agency and locum spend hospital services £1.5m
 - Pharmacy £0.5m
 - Estates £0.4m
 - Other offsets including reserves (£0.6m)

It is important to note that we are at very early stages in the reporting cycle and the numbers are heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:

- The year-end position is heavily predicated on the delivery of £3.7m of recurring and non-recurring savings as detailed in the financial recovery plan
- The £6.379m overspend also assumes no further savings delivered against the identified savings targets
- It is anticipated that the IJB, in conjunction with NHS Orkney, will deliver £0.465m of recurring savings in 2023/24 as detailed in the financial recovery plan
- Inflation continues to cause a significant challenge for the Board and remains under continuous review
- We continue discussions with other Health Boards to monitor SLA activity
- Prescribing costs – (both unit cost and activity) can fluctuate significantly and remain under review
- Assuming covid costs for Test and Protect, PPE and vaccinations will be contained within the SG allocated funding for these areas.

We continue to review spend patterns and we will refine plans to ensure updates are reflected.

We anticipate achievement of £3.7m of the £6.8m financial gap identified in the financial plan for 2023/24. Of the agreed savings targets, the board is currently tracking the below for delivery:

Recurring Savings Targets	Full Year Target	Tracked for Delivery 2023/24
	£'000	£'000
Board	1,026	785
IJB	465	0
Set-Aside	35	0
	1,526	785

Non-Recurring Savings Targets	Full Year Target	Tracked for Delivery 2023/24
	£'000	£'000
Board	1,510	1,510
IJB	45	45
Set-Aside	694	90
	2,249	1,645

The IJB has a recurring savings target of £2.400m of which we anticipate £0.465m will be delivered against the fully delegated budgets in the current financial year.

The main areas contributing to the Board's overspent operational performance at month 2 are:

Hospital Services - £644k overspend

Pharmacy and drug costs to date - £48k overspend

Estates and Facilities - £109k overspend

External Commissioning - £29k overspend

Support Services - £59k overspend

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 Board anticipates a formula-based resources for 2022/24 for £1.027m. The Capital has been tabled the Board meeting on 22nd June 2023. The proposed areas for expenditure is broken down below:

- **Estates and Primary Care - £100k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £250k**

This will be used to support our Digital Strategy.

- **Medical Equipment £150k**

Spending priorities will be decided by the Medical Equipment Group.

- **King Street development £120k**

- **Other – £156k**

- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
Core RRL	£000	£000	£000	£000	%	£000
Hospital Services	15,312	2,671	3,315	(644)	(24.12)	(3,068)
Pharmacy & Drug costs	3,660	614	662	(48)	(7.88)	(535)
Orkney Health and Care (IJB)	28,489	4,478	4,486	(8)	(0.17)	(7)
External Commissioning	10,524	1,754	1,783	(29)	(1.68)	(177)
Estates and Facilities	8,171	1,398	1,506	(109)	(7.77)	(426)
Support Services	10,284	1,650	1,709	(59)	(3.60)	98
Covid-19 (Board)	1	1	14	(13)	(2,337.36)	(78)
Covid-19 (IJB)	433	63	81	(19)	(29.60)	(111)
Reserves	666	(0)	0	(0)	n/a	1,000
Savings Targets (Board)	(4,390)	0	0	0	n/a	(4,390)
Additional Savings Target (Board)	(61)	0	0	0	n/a	(61)
<i>Savings Achieved (Board)</i>	<i>684</i>			<i>0</i>	<i>n/a</i>	<i>3,265</i>
Savings Targets (IJB)	(2,400)	0	0	0	n/a	(2,400)
<i>Savings Achieved (IJB)</i>	<i>0</i>			<i>0</i>	<i>n/a</i>	<i>510</i>
Total Core RRL	71,374	12,627	13,557	(929)	(7.36)	(6,379)
Non Cash Limited						
Ophthalmic Services NCL	256	43	43	(0)	(0.00)	0
Dental and Pharmacy NCL - IJB	1,755	240	240	0	0.00	0
Non-Core						
Annually Managed Expenditure	0	0	0	(0)		(0)
Capital Grant Income	0	0	0	0		0
Donated Assets Income	0	0	0	0		0
Depreciation	2,418	480	480	(0)	(0.00)	0

Total Non-Core	2,418	480	480	(0)	(0.00)	(0)
Total for Board	75,803	13,390	14,320	(929)	(6.94)	(6,379)

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the covid pandemic. Consideration is being given to potential future use of the site. At this time, the property is not actively marketed for sale until further discussions take place.

It is anticipated that the Board will deliver against its Capital Resource Limit.

Financial Allocations

Revenue Resource Limit (RRL)

The Board awaits confirmation of our baseline recurring core revenue resource limit (RRL) for the year.

Summary Position

At the end of May, NHS Orkney reports an in-year overspend of £0.929m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system.

Operational Financial Performance for the year to date includes a number of over and under spending areas and is broken down as follows:-

Hospital Services

- Ward and Theatres, £212k overspend

Following the increase in agency cover in the wards over the pandemic, there remains a number of agency staff being utilised to cover these areas. Overall wards and theatre areas forecasting a combined overspend position.

- Hospital Medical Team, £296k overspend

High agency and locum reliance in this area is impacting the overspend.

- Laboratories, £93k overspend

Agency and high consumable spend for Laboratories is impacting to year to date overspend.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £48k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

The Internally Commissioned health budgets report an overspend of £8k at month 2, excluding any impact of unachieved savings to date, the position is explained by the following:-

- The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
- Health and Community Care is currently overspent by £60k this is mainly due overspends within Mental Health services.
- Pharmacy services are currently underspent within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been low resulting in an underspend to month 2 of £3k. We are currently forecasting a year end overspend of £181k.

The table below provides a breakdown by area:-

Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
	£000	£000	£000	£000	£000
Integration Joint Board	2,557	442	471	(29)	(2,087)
Children's Services & Women's Health	1,554	273	243	30	162
Primary Care, Dental & Specialist Nurses	12,269	2,064	2,016	48	317
Health & Community Care	5,060	925	985	(60)	(107)
Pharmacy Services	4,648	775	772	3	(181)
Total IJB	26,089	4,478	4,486	(8)	(1,897)

External Commissioning

External Commissioning is currently overspent by £29k at month 2. 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.

Estates and Facilities

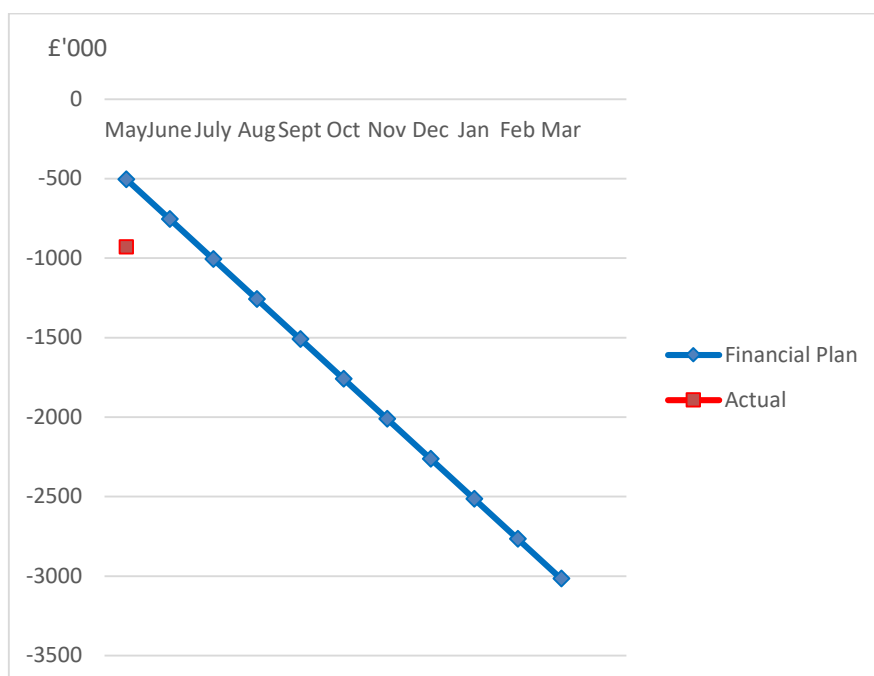
This Directorate is reporting an overspend of £109k to date.

Support Services

Support Services is currently reporting an overspend of £59k to date.

Financial Trajectory

The graph below shows the actual spend against the Financial Plan trajectory for 2023/24 and assumes that anticipated allocations will be received.



Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. 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.

Forecast Position

As outlined above, the Board is forecasting a £6.379m overspend at year end, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:
 - Agreed reduction in covid agency spend not implemented £1.5m
 - Agency and locum spend hospital services £1.5m
 - Pharmacy £0.5m
 - Estates £0.4m
 - Other offsets including reserves (£0.6m)

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.

The premise on which the financial plans were developed is that a breakeven position is achieved across operational budgets and in addition the Board delivers against the savings programme of £3.7m for 2023/24. Given the significant cost pressures that continue to be incurred across a number of areas the forecast position has been updated to reflect spending pattern. The Board will continue to work to address the position and wherever possible, deliver against its initial planned overspend of £3.1m for 2023/24.

The in-year position is currently being reviewed and monitored through the Financial Sustainability Office where work will be targeted to address those areas of significant overspend (agency/ locum, pharmacy, estates and facilities). The Financial Sustainability Office reports through the Programme Board, Finance and Performance Committee and the Board of NHS Orkney.

2.4 Recommendation

Awareness –

- **note** the reported overspend of £0.929m to 31 May 2023
- **note** the narrative to the year end assumptions and outturn

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Capital Plan 2023/24
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:

- Decision

This report relates to a:

- Annual Operation Plan
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of the paper is to set out NHS Orkney's Capital Plan for 2023/24 to allow the Board to invest in the key priority areas aligned to the clinical strategy.

2.2 Background

In 2022/23 NHS Orkney's formula capital allocation increased from £0.978m to £1.026m, it is therefore anticipated that the Scottish Government will provide £1.026m of formula allocation for 2023/24. This will allow NHS Orkney to direct resources into priority areas, predominantly IT, Estates and Medical Equipment.

NHS Orkney also successfully bid for grant funding from Scottish Government of £3.9m over 2023/24-2024/25 for the decarbonisation of its estate.

2.3 Assessment

During 2022/23, the Head of Estates, Facilities and NPD led a significant piece of work to establish the capital spend requirements for the organisation over the five-year period 2023/24-2027/28. Following this review and understanding the formula capital allocation anticipated for 2023/24, the following split has been proposed based on the priorities areas of spend:

Estates	£100k
Information Technology	£250k
Medical Equipment	£150k
King Street Refurbishment	£120k
Other	£156k
Capital to revenue transfer	£250k

Following the creation of the five year capital plan and the receipt of £3.9m grant funding from Scottish Government re decarbonisation of our estate, the above split recognises key priorities and our ongoing replacement programme. Discussions have taken place with service leads to establish their key priorities for 2023/24.

The following items have been identified as key priorities for 2023/24

Estates

The allocation set aside is for ongoing upgrades/ backlog maintenance of our estate.

IT Equipment

- Server
- Imprivata card readers
- Cabs and switches for GP Sites
- WIFI for GP Practices
- SAML Authentication system
- Cyber Security attack simulation
- Telephone re-deployment GP
- Laptop replacement programme

Medical Equipment

- Theatre table

- Phaco machine
- Resuscitaire
- Primus Anaesthesia Life Support Device
- Replacement Bed Programme

The Medical Equipment group will review all requests for replacement/ new equipment and allocate available funds to the key priority areas for the Board in 2023/24.

King Street Development

The Board has set aside £120k for part of the re-development of King Street, this is currently being taken forward by our Estates Department and is subject to planning permission being granted.

Other

Currently, this is held to cover commitments carried forward from 2022/23 (approx. £40k), the remainder will be held as contingency for requirements in 2023/24 and will be released if required, otherwise, the Board will look at options to use this towards additional accommodation to help alleviate current pressures on the system.

Capital to Revenue Transfer

This has been built into our financial plans and is subject to Scottish Government approval. It will essentially be used for items of spend which are of a capital nature but fall below the capital spend criteria threshold (£5k).

As in previous years, each of the service leads will receive notification of the capital allocation for 2023/24 where it will then be their responsibility to prioritise spend for their areas.

Grant Funding for Decarbonisation of Estate

NHS Orkney has been awarded £3.9m from the Scottish Government's Heat in Buildings Strategy to invest in our progress towards our net zero targets.

The funding will be invested in twelve healthcare buildings over the next two financial years 2023/24-2024/25 across Orkney mainland and isles, to renovate the buildings and replace fossil fuel heating systems with renewable energy systems including – air, water and ground source pumps.

The works will happen over two phases and the project costs have been allocated:

Phase 1 detail design and statutory consent (including project tender)	£131,250.00
Phase 1 appoint contractor and implement proposals	£1,743,750.00
Phase 2 detail design and statutory consent (including project tender)	£147,822.50
Phase 2 appoint contractor and implement proposals	£1,963,927.50
	£3,986,750.00

A programme board has been established to monitor progress and approve next steps of the project.

2023/24 Surplus Estate:

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the covid pandemic. Consideration is being given to potential future use of the site. At this time, the property is not actively marketed for sale until further discussions take place.

There are no specific areas that the Board has chosen not to invest in for 2023/24; if any additional funding is received in year this will be allocated to the key priority areas identified by the Board and aligned to the Clinical Strategy.

2.3.1 Quality/ Patient Care

Capital investment in key priority areas enhances quality and patient care

2.3.2 Workforce

Capital investment in key priority areas positively impacts staff including resources, staff health and wellbeing.

2.3.3 Financial

Allocation of capital allocation – managed through MEG, Finance and Performance Committee and Board

2.3.4 Climate Change Sustainability

Capital investment impacts on progress to net zero target

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.

- Senior Management Team, 16 May 2023
- Finance and Performance Committee, 25 May 2023

2.4 Recommendation

- **Decision** – Members are asked to approve the capital plan for 2023/24.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Performance Management Report
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville – Planning, Performance and Risk Manager and Louise Anderson, Waiting Times Co-ordinator

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The national targets and standards for each Board are as follows:

- two year waits for outpatients in most specialities by the end of August 2022

- 18 month waits for outpatients in most specialities by the end of December 2022
- one year waits for outpatients in most specialities by the end of March 2023
- two years waits for inpatient/daycases in the majority of specialities by September 2022
- 18 month waits for inpatient/daycases in the majority of specialities by September 2023
- one year for inpatient/daycases in the majority of specialities by September 2024

Delivery and performance and operational grip – our Executive Team have a refreshed focus on operational performance and have clear plans to make the required improvements in the areas in which we are currently performing below the national standards.

2.2 Background

The dashboard contains information from published data sources only. All standards which have no update (ie where there is no newly-published data to report since the last Board meeting in June 2023) are highlighted on the front page of the report. Summary management information continues to be circulated weekly to Board members and average speciality waiting times are posted monthly on the NHS Orkney website (www.ohb.scot.nhs.uk/waiting-times-report). In addition, regular communications are issued by the Health Board and proactively put into the public domain so that we are open and transparent with our patients and local community.

2.3 Assessment

The report production continues to highlight the areas where we have sustained strong performance (including 18-Weeks Referral to Treatment, 31-day cancer standard and access to psychological therapies) and those where an enhanced focus is required (including the four-hour emergency access standard, 12-weeks Outpatient standard, delayed discharges, 62-day cancer standard and the Treatment time Guarantee standard). To improve the reporting into the Finance and Performance Committee and the Board, we have sought narrative from the relevant Executive Director Leads. The updates below relate to areas where work is underway to deliver improvements:

- **Waiting Times update from Dr Mark Henry, Medical Director**

A review has commenced for all clinical pathways and the supporting Service Level Agreements (SLA) where appropriate and data collection around these to understand where improvements in performance can be delivered. This is a large undertaking and progress will be updated as part of future Board performance report and success will be measured through Outpatients, Treatment Time Guarantee (Inpatients) and 18 Weeks Referral to Treatment.

- **Mental Health update from Stephen Brown, Chief Officer**

The most recent Child and Adolescent Mental Health Services (CAMHS) data set was returned on time to Public Health Scotland (June 2023) and is included in the Board report. Work continues to ensure that controls in place are fit for purpose and support delivery of robust and accurate reporting on time every time. An action plan which will feed into the Annual Delivery Plan has been developed and includes a review of the digital system specification required to support improved reporting, training for administrative and clinical colleagues in terms of using the current and any future system, and administrative support amongst the key actions.

2.3.1 Quality/ Patient Care

Although the performance standards included within Appendix 1 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 wellbeing outcomes over the immediate and longer-term.

2.3.2 Workforce

Pressures through increased demand for services and capacity have been identified. Where the need arises, additional capacity through temporary staffing models is used to support reduction in waiting times. Work is ongoing with clinical and non-clinical teams to identify ways in which the system may be able to respond more quickly to referrals whilst taking time to improve ways of working and find new solutions to waiting list pressures with providing clinical care.

2.3.3 Financial

Work is ongoing with clinical and non-clinical teams to best utilise the capacity available to offer best value.

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

NHS Orkney is seeking to address health inequalities through effective performance management.

2.3.6 Climate Change Sustainability

Planning reviews which are at an initial stage of development will capture opportunities to improve performance and reporting in relation to Climate Change Sustainability.

2.3.7 Communication, involvement, engagement and consultation

Work is ongoing to supplement the report with a supporting narrative from the relevant Executive Lead, which will ultimately form part of the dashboard report.

2.3.8 Route to the Meeting

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

2.4 Recommendation

- **Discussion** – Examine and consider the implications of performance against standard.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Waiting Times Performance Dashboard

NHS Orkney - Board Report (June 2023) Summary (Published data)

Updates provided:

- Emergency Department
- Outpatients
- Inpatients
- 18 weeks
- Psychological Therapies
- Smoking Cessation
- IVF
- Cancelled Operations
- Diagnostics
- Delayed Discharges
- Child and Adolescent Mental Health

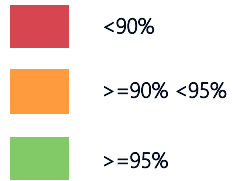
No update to report

- 48 Hours Access to GP
- Alcohol Brief Interventions
- Access to MSK Services
- Cancer
- Detect Cancer Early
- Drug and Alcohol Referral
- Antenatal
- Dementia

No update for the above due to no up to date published data from Public Health Scotland yet.

Summary

<div>4 Hour Emergency Department Standard</div> <div>April 2023</div> <div>89.60%</div> <div>March 2023</div> <div>85.90%</div>	<div>12 Week Outpatient Standard</div> <div>March 2023</div> <div>60.9%</div> <div>December 2022</div> <div>64.2%</div>	<div>Treatment Time Guarantee</div> <div>March 2023</div> <div>43.4%</div> <div>December 2022</div> <div>66.4%</div>	<div>18 Weeks Referral to Treatment</div> <div>March 2023</div> <div>85.20%</div> <div>February 2023</div> <div>78.70%</div>
<div>31 Day Cancer Standard</div> <div>Oct - Dec 2022</div> <div>100%</div> <div>July - Sept 2022</div> <div>100%</div>	<div>62 Day Cancer Standard</div> <div>Oct - Dec 2022</div> <div>75.00%</div> <div>July - Sept 2022</div> <div>75.00%</div>	<div>Access to CAMHS</div> <div>March 2023</div> <div>83.33%</div> <div>February 2023</div> <div>80.00%</div>	<div>Access to Psychological Therapies</div> <div>March 2023</div> <div>100%</div> <div>February 2023</div> <div>100%</div>

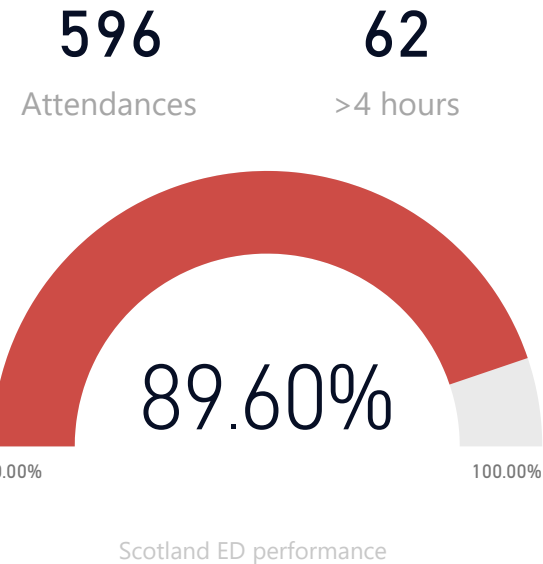


Emergency Department

Standard - 95% of 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%.



Current Performance - April 2023

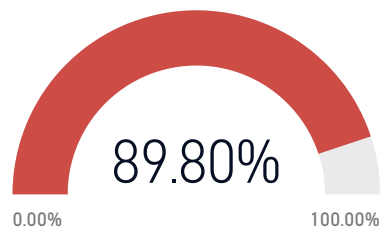


Context provided by Samantha Thomas, Director of Acute Services

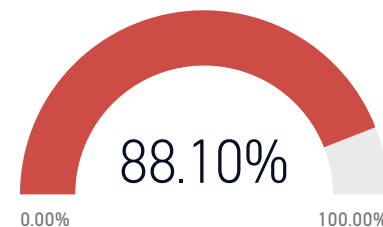
During April 2023, the number of attendances and breaches peaked at 596 and 62 respectively. Between January 2022 and April 2023, performance has averaged at 90%.

Although attendances have increased since February 2023, this has been a due to variety of factors, which includes number of presentations at the ED department, with an increase in patient activity and consequent usage of levels of inpatient admittance, which at times can have consequence in flow. Early discussions in regard to winter planning have commenced and also a system wide review of admission pathways and utilisation of the whole system.

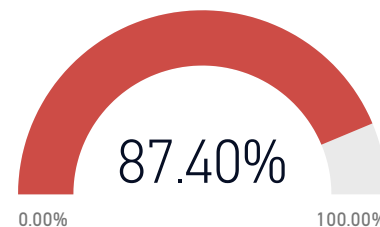
Performance - Nov 2022



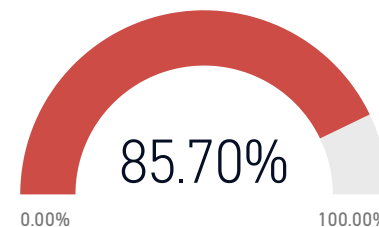
Performance - Dec 2022



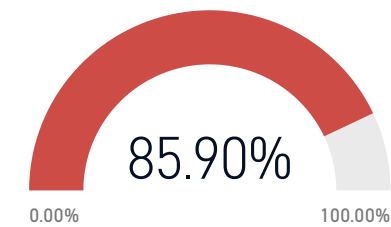
Performance - Jan 2023



Performance - Feb 2023



Performance - March 2023





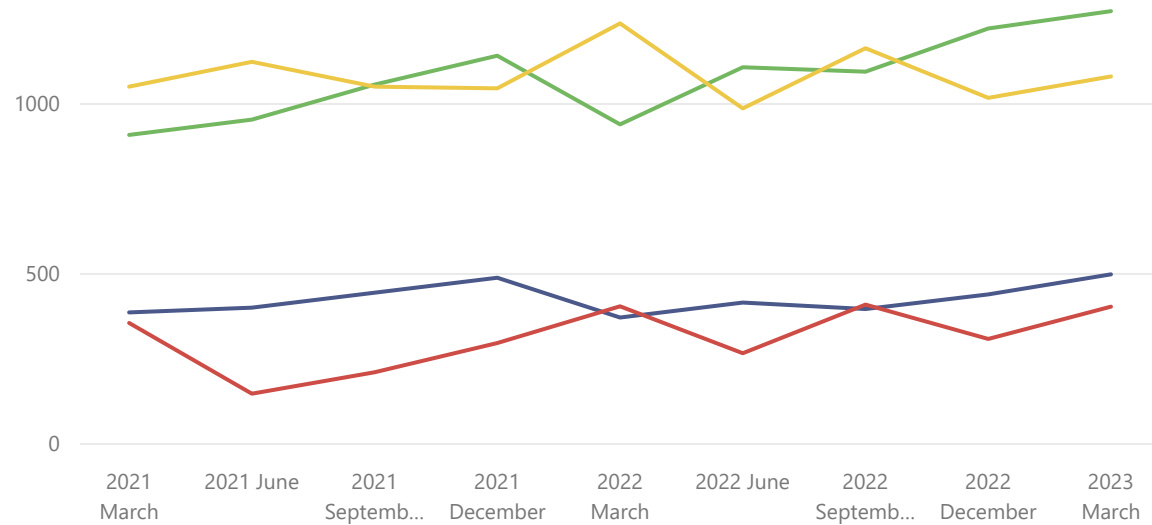
Outpatients



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%. (Ongoing waits)

Current Performance - March 2023

● Number waiting ● Waiting > 12 weeks ● Number seen ● Seen > 12 weeks



The number of patients waiting more than 12 weeks increased between March 2022 and March 2023 by 34.42%.

Performance averages at 60% across all quarters.

60.9%

Waiting Performance

1270

Number waiting

496

Waiting > 12 weeks

1078

Number seen

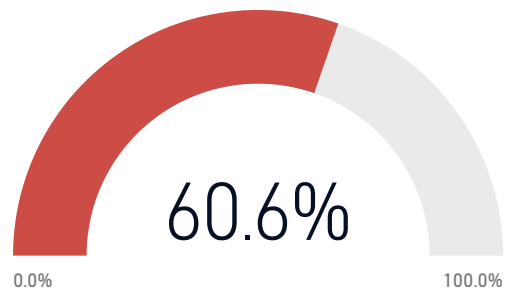
401

Seen > 12 weeks

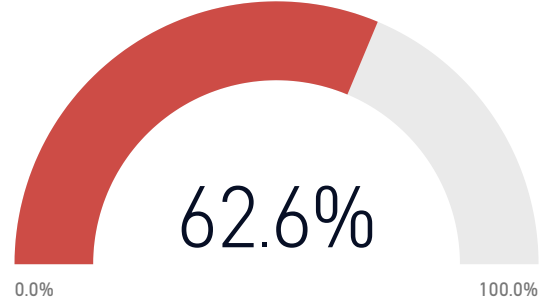
62.8%

Seen Performance

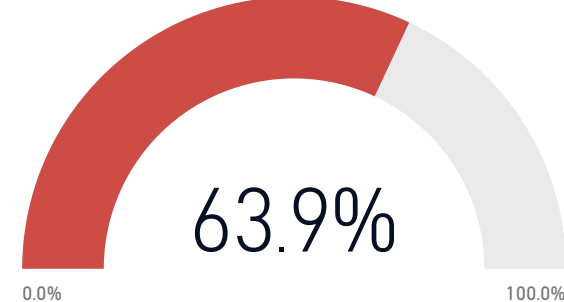
Performance - March 2022



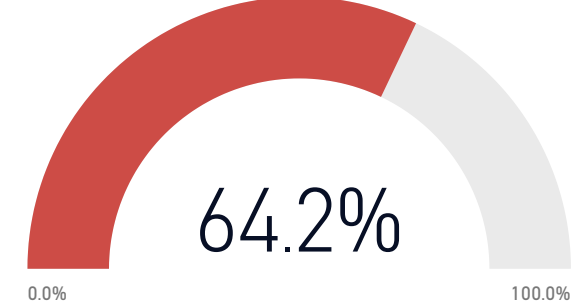
Performance - June 2022



Performance - Sept 2022



Performance - Dec 2022



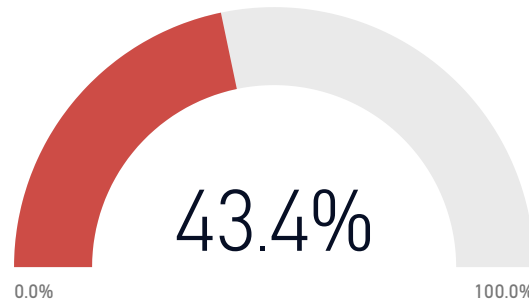


Treatment Time Guarantee (Inpatients)

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). (Seen waits)

Current Performance - March 2023

Current Performance



327
Number waiting

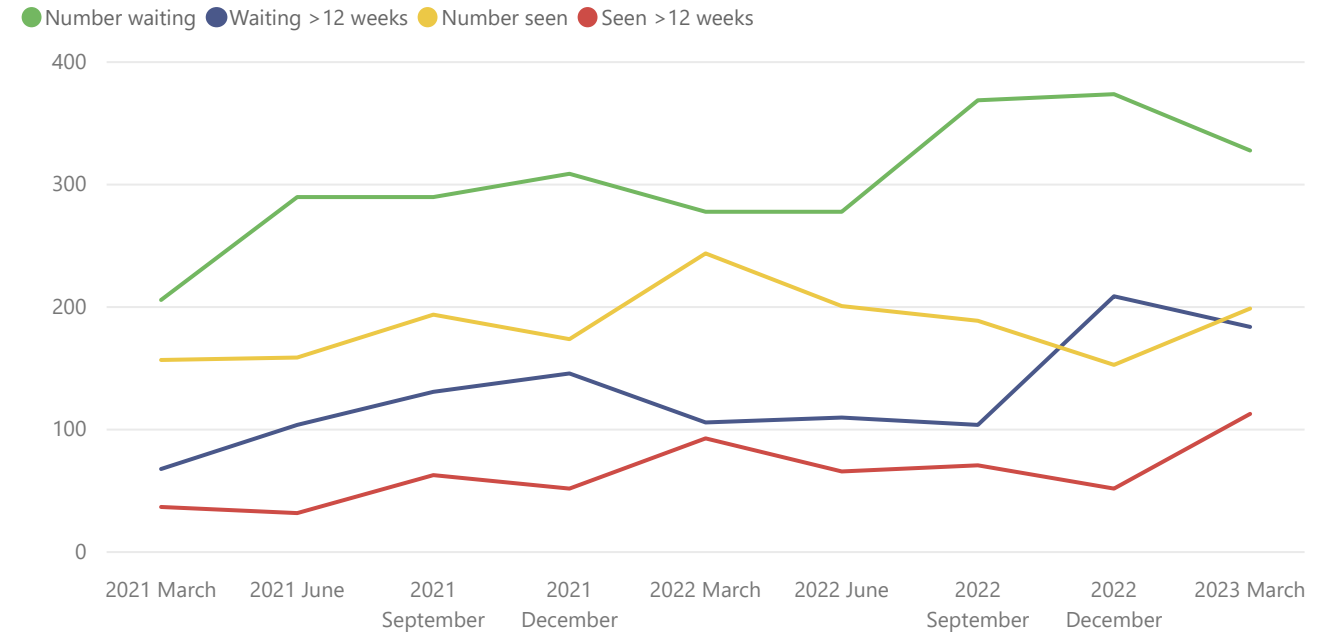
183
Waiting > 12 weeks

44.0%
Waiting Performance

198
Number seen

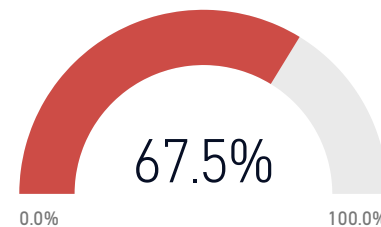
112
Seen > 12 weeks

43.4%
Seen Performance

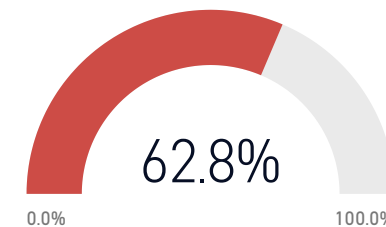


Since the last quarter (December 2022), the number of patients waiting and those waiting less than 12 weeks has decreased slightly. Also the number of patients seen has increased; with a large amount of those patients having been waiting over 12 weeks. This has affected the performance slightly but is good to see the clinical prioritisation having an effect.

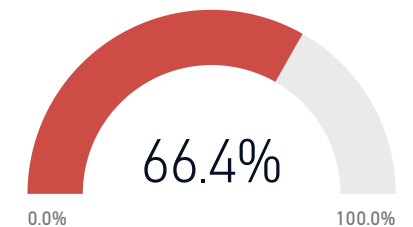
Performance - June 2022



Performance - Sept 2022



Performance - Dec 2022



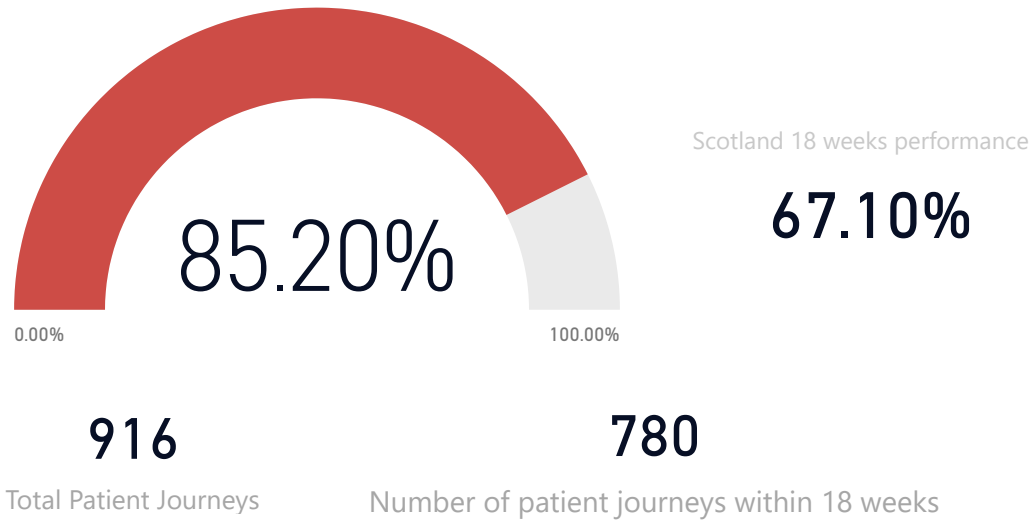


18 Weeks Referral to Treatment

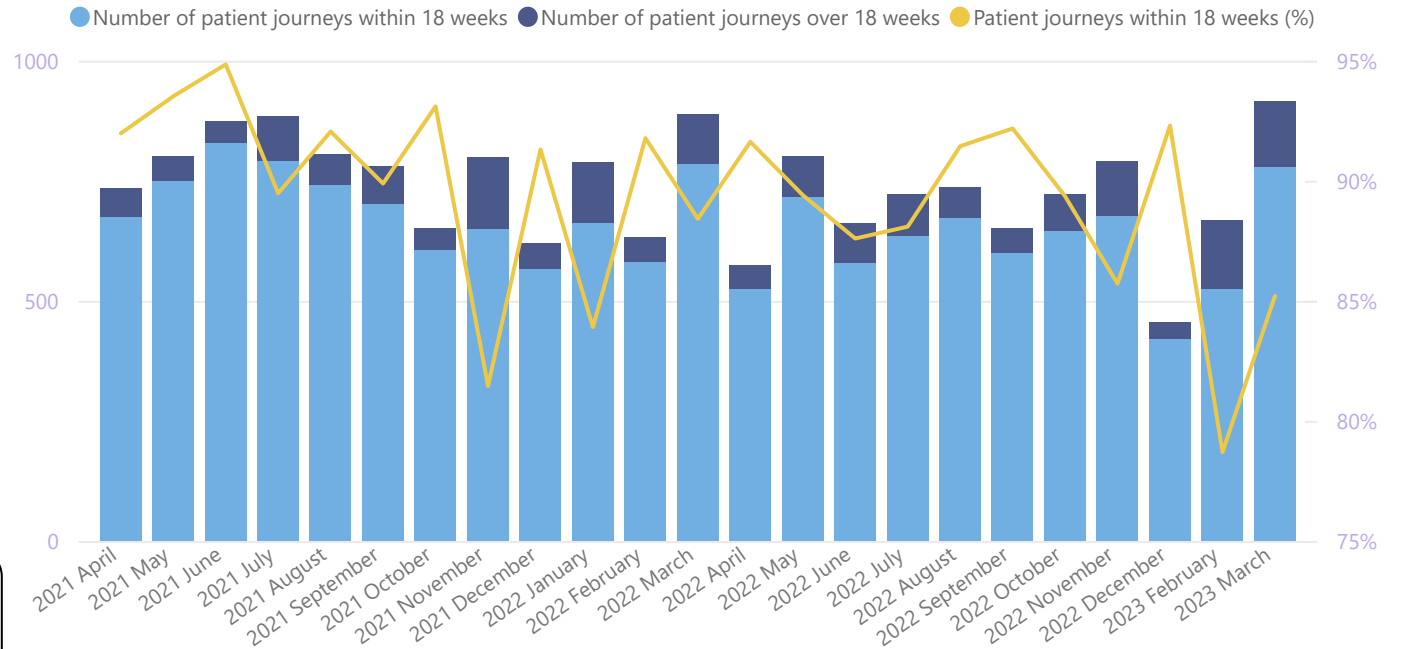
Standard - 90% of elective patients to commence treatment within 18 weeks of referral



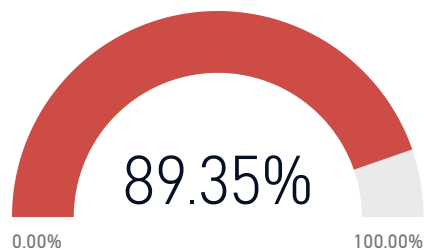
Current performance (%) - March 2023



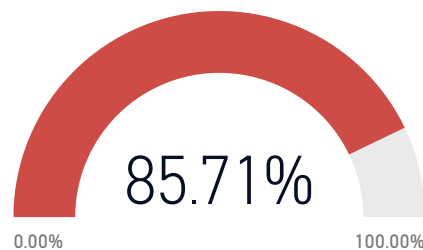
In March 2023, the number of patient journeys was at its highest since 2021. However performance is still below the 90% target. Certain specialties such as Pain Management and Rheumatology both contributed towards the performance decrease with both having less than 50% performance.



October 2022 Performance (%)



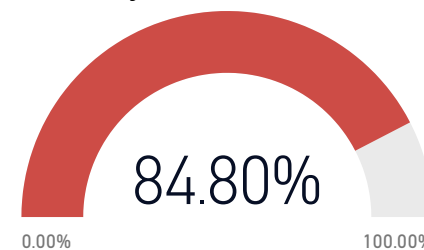
November 2022 Performance (%)



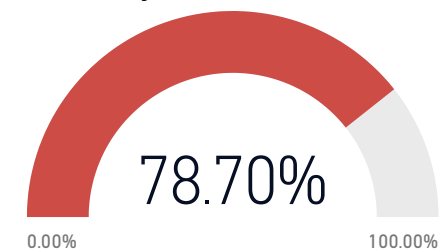
December 2022 Performance (%)



January 2023 Performance (%)



February 2023 Performance (%)



Cancer Waiting Times

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.

Current Performance - October - December 2022

We are expecting the next PHS publication on 27th June 2023.

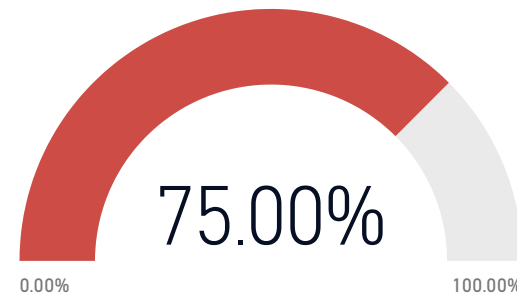
31 Day %



Scotland 31 day performance

94.10%

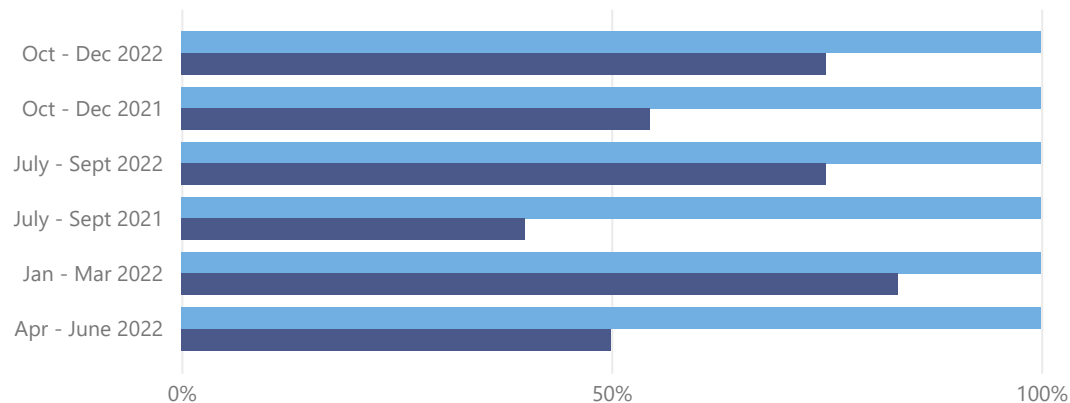
62 Day %



Scotland 62 day performance

71.70%

● 31 Day % ● 62 Day %



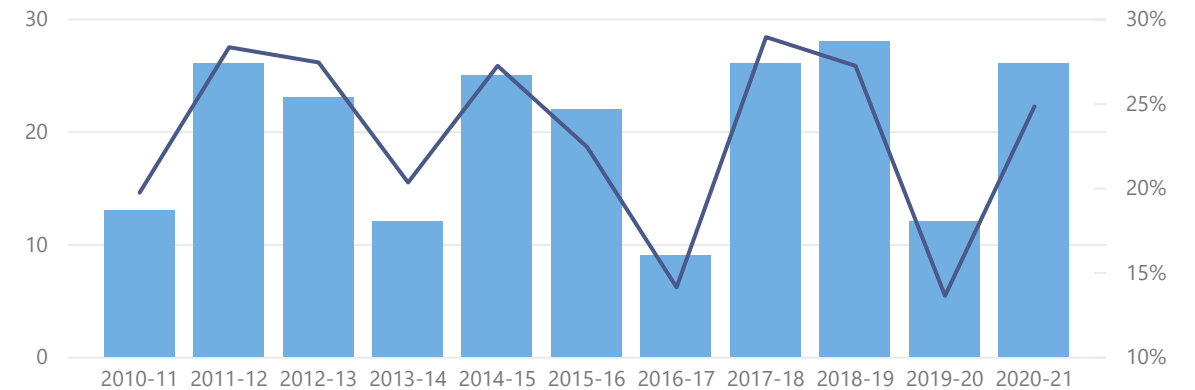
Standard - Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%

We are awaiting confirmation of the next publication from PHS

Date	No. Treated	% treated at first stage
2010-11	13	19.7%
2020-21	26	24.8%

No. Treated and % treated at first stage by Date

● No. Treated ● % treated at first stage

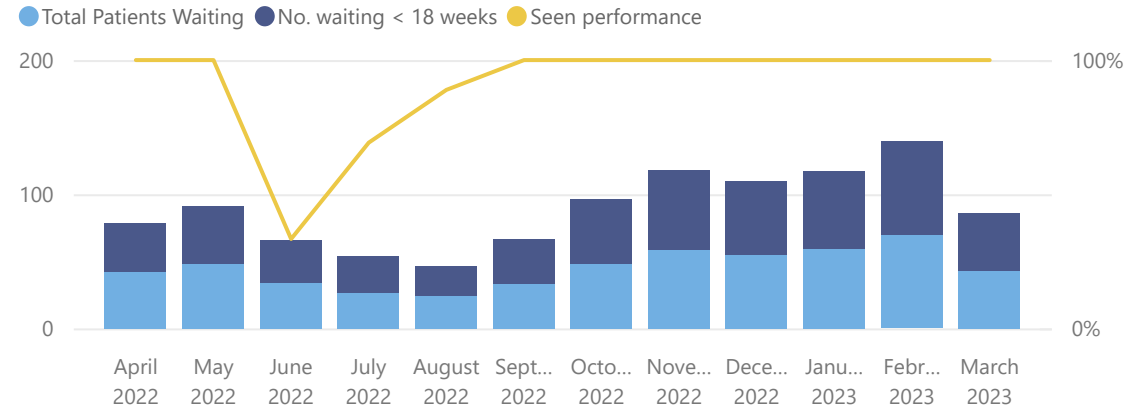


Psychological Therapy

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

Current Performance - March 2023

43 Total Patients Waiting	43 No. waiting < 18 weeks
0 No. waiting > 18 weeks	100% Waiting performance
19 Total Patients Seen	19 No. seen < 18 weeks
0 No. seen > 18 weeks	100% Seen performance



Performance - March 2023

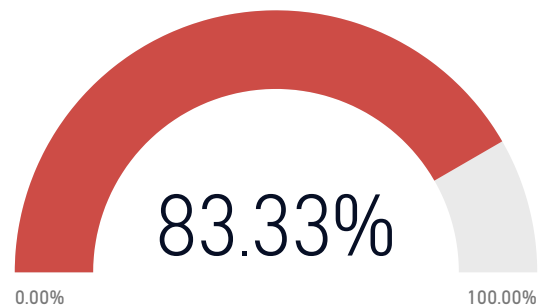


Children and Adolescent

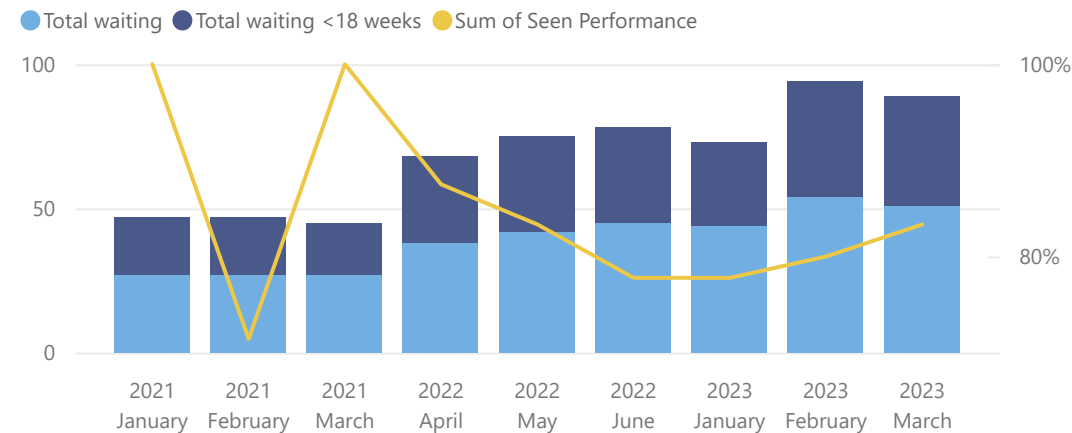
Standard - 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral

Current Performance - March 2023

Performance - March 2023



Total waiting, Total waiting <18 weeks and Sum of Seen Performance by Year and Month



51
Total waiting
74.51%
Waiting performance

38
Total waiting <18 weeks

6
Total seen
83.33%
Seen Performance

5
Total seen <18 weeks

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)

Current Performance - Quarter 2 2022/23

LDP 12 wk quits

5
Q2 (July-Sept)

LDP Quit Attempts

13
Q2 (July-Sept)

Targets

8
Q2 (July-Sept)

Context provided by Sara Lewis, Interim Director of Public Health

A total of five 12 weeks quits, representing people who live in SIMD areas 1-3 was achieved through the smoking cessation services in Orkney from April till September 2022. The capacity of the smoking cessation team at this time was limited due to staff leave and a vacant post. The LDP target is ambitious for smoking cessation in Orkney. As the board is aware, the Public Health Team have trained more advisors and are working with partners to progress a mixed delivery model to augment this service across Orkney.

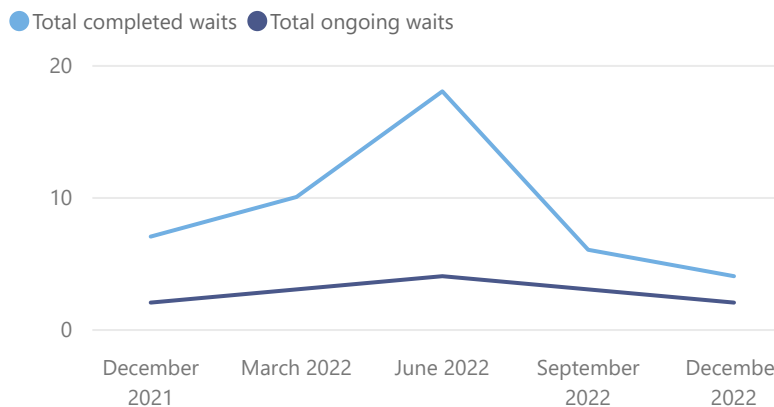
Drug and Alcohol Referral

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

Current Performance - Quarter ending December 2022



2	0
Total ongoing waits	Waiting <3 weeks
2	0%
Waiting >3 weeks	Waiting performance
4	4
Total completed waits	Waited <3 weeks
0	100%
Waited >3weeks	Waited Performance



The next publication is due on 27th June 2023

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.

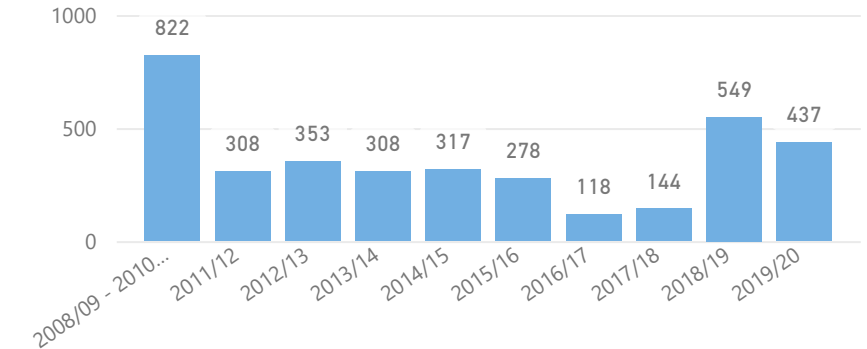
Current Performance - 2019/20



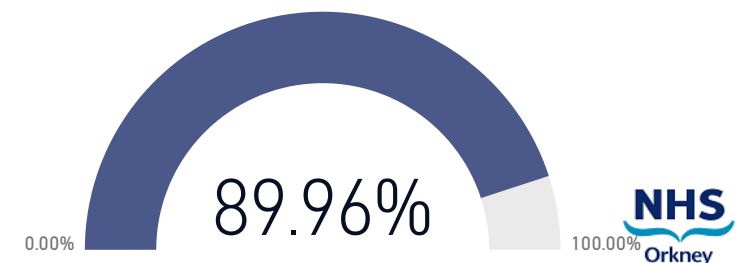
437
Total ABIs delivered
224
Number delivered in priority settings
213
Number delivered in wider settings

PHS have confirmed they aim to publish the 2022/23 annual ABI report in July or August 2023.

Total ABIs delivered by Year



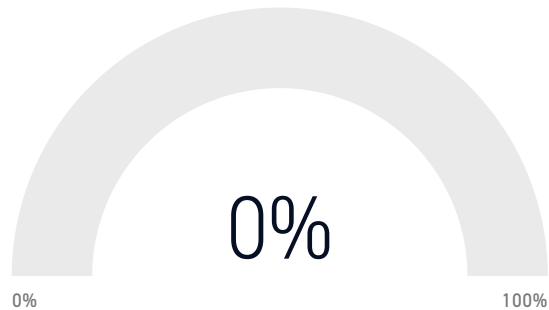
% LDP achieved



IVF

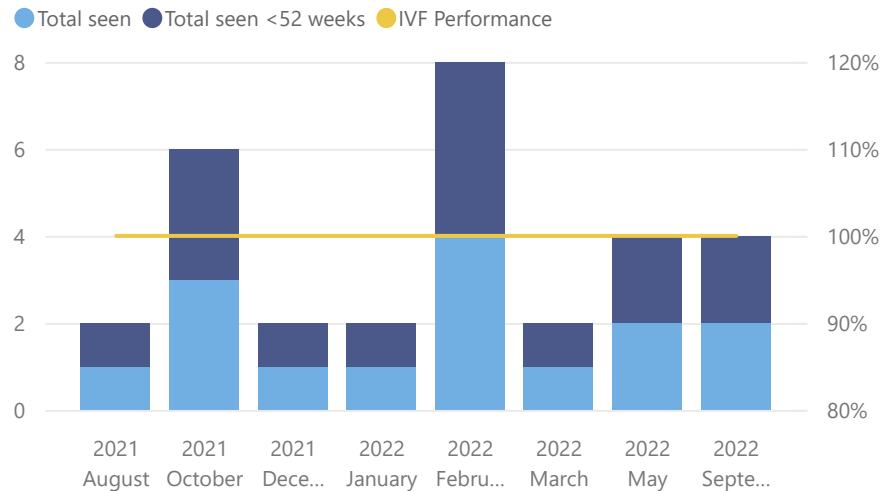
Standard - 90% of Eligible patients to commence IVF treatment within 12 months of referral

Current Performance - March 2023



Context provided by Samantha Thomas, Director of Acute Services

Of the 2 patients awaiting IVF assessment, 1 patient was referred in January and other in March and are both currently awaiting review.



1
No. referrals

2
Total waiting

2
Total waiting <52 weeks

0
Total seen

0
Total seen <52 weeks

Antenatal

Standard - At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Current Performance - Calendar Year 2022

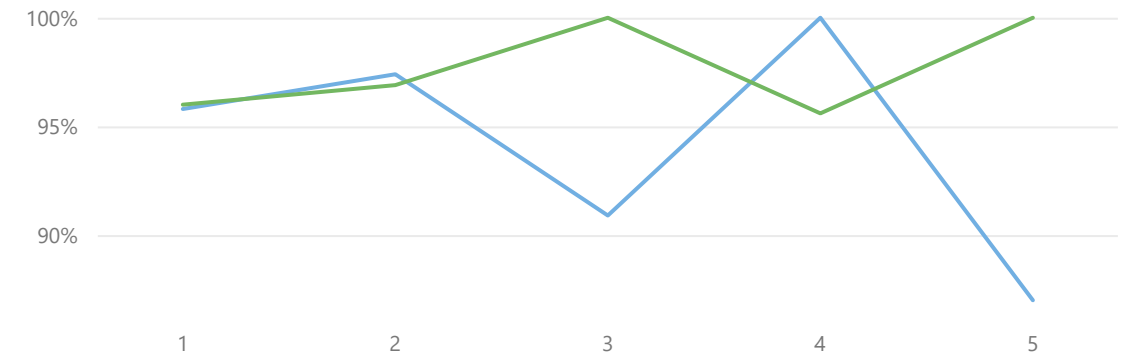
We are awaiting confirmation of the next publication from PHS

SIMD Quintile	Percentage Performance
1	96.00%
2	96.90%
3	100.00%
4	95.60%
5	100.00%

186
Women booked
180
Booked at 12 weeks
96.77%
Percentage Performance

Percentage Performance by SIMD Quintile and Calendar Year

Calendar Year ● 2021 ● 2022



Cancelled Operations

Current Performance - April 2023

% cancelled operations



Context provided by Samantha Thomas, Director of Acute Services

The number of cancellations and percentage of cancelled operations both decreased between December 2022 and April 2023. This is mainly due to transitioning out of winter pressures, however there are still cancellations due to patient illness.

238

Number of scheduled operations

23

Number of cancellations

6

Number of cancellations based on capacity of non-clinical reason by hospital

5

Number of cancellations based on clinical reason by hospital

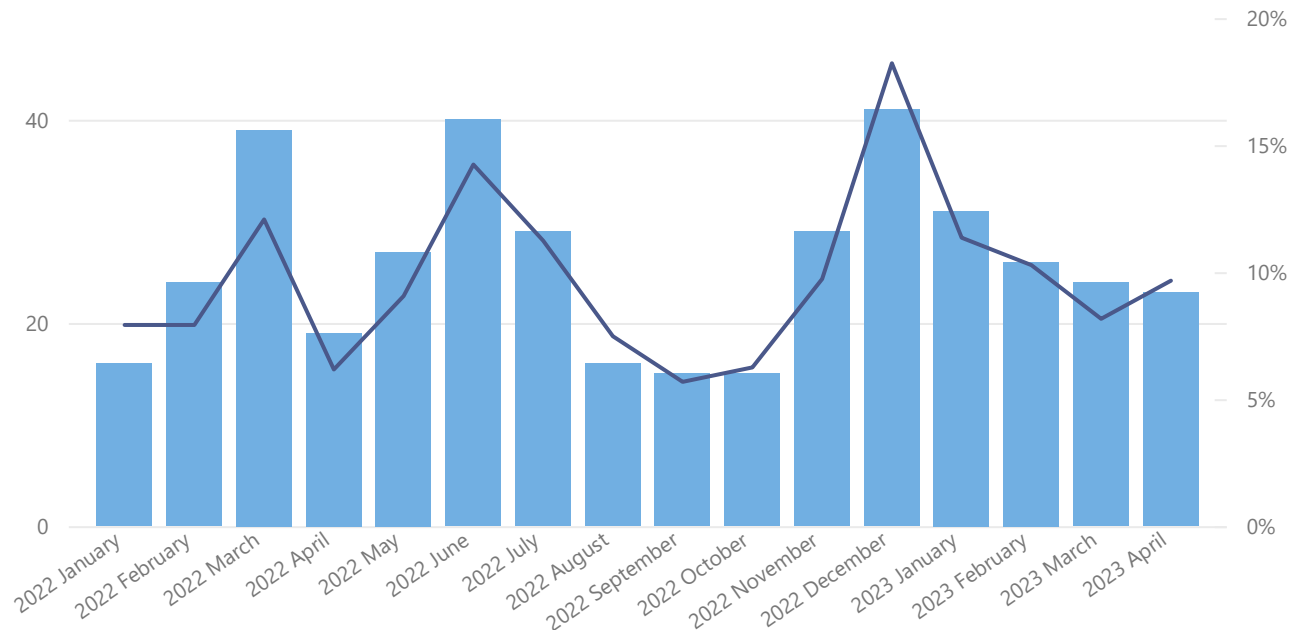
6

Number of cancellations by patient

6

Number other reason

Number of cancellations Performance





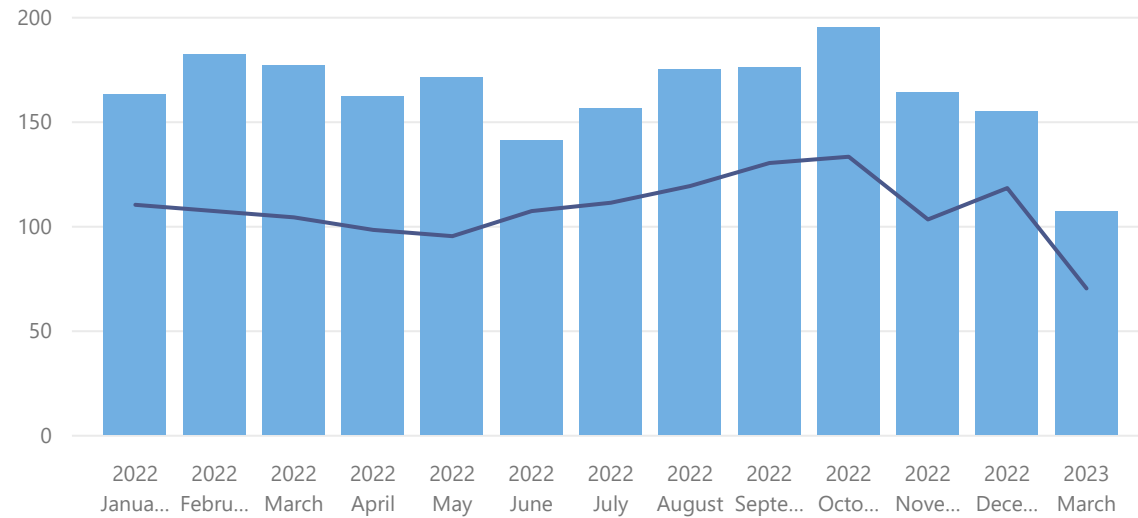
Diagnostics

Patients waiting for one of the eight key diagnostic tests and investigations should wait no longer than six weeks (42 days)

Scopes

Current Performance - March 2023

● All scopes - Number on list ● All scopes - Waiting >6 weeks



107

All scopes - Number on list

63

Colonoscopy - Number on list

5

Cystoscopy - Number on list

15

Lower Endoscopy - Number on list

24

Upper Endoscopy - Number on list

34.58%

All scopes - % waiting <6 weeks

26.98%

Colonoscopy - % waiting <6 weeks

80.00%

Cystoscopy - % waiting <6 weeks

20.00%

Lower Endoscopy - % waiting <6 weeks

54.17%

Upper Endoscopy - % waiting <6 weeks

Radiology

Current Performance - March 2023

98

Radiology - Number on list

75.51%

Radiology - % waiting <6 weeks

58

Ultrasound - Number on list

79.31%

Ultrasound - % waiting <6 weeks

14

MRI - Number on list

29%

MRI - % waiting <6 weeks

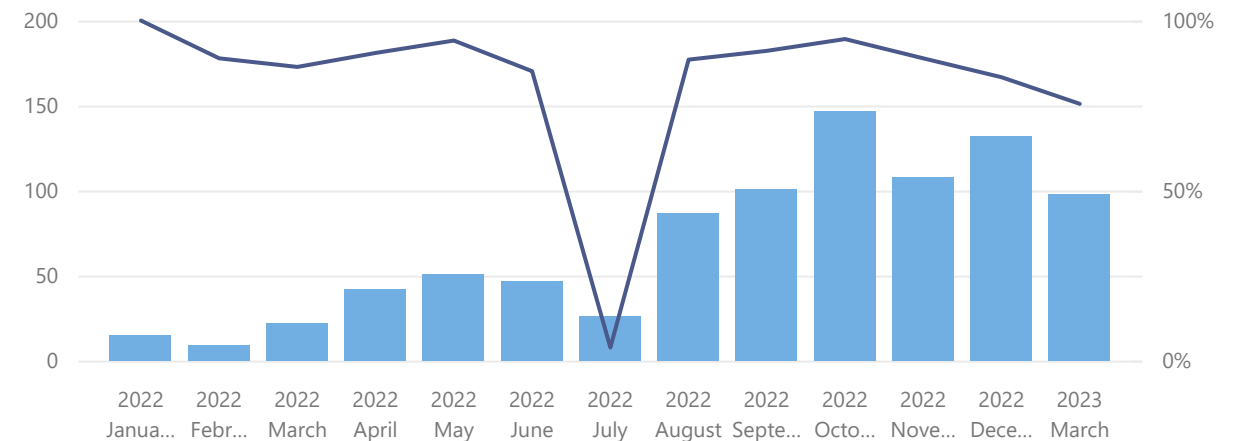
26

Computer Tomography - Number on list

92.31%

Computer Tomography - % waiting <6 weeks

● Radiology - Number on list ● Radiology - % waiting <6 weeks



Context provided by Samantha Thomas, Director of Acute Services

Due to hard work within the team, the number of patients waiting for a scope has decreased since 2022. Work is ongoing to ensure those waiting for an MRI are seen in a timely manner. Long waits are often due to capacity within Grampian.

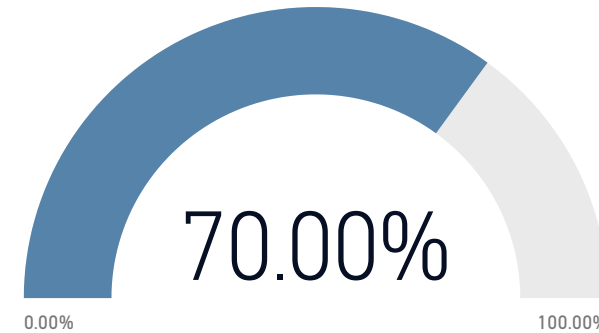
Delayed Discharges

Current Performance - April 2023

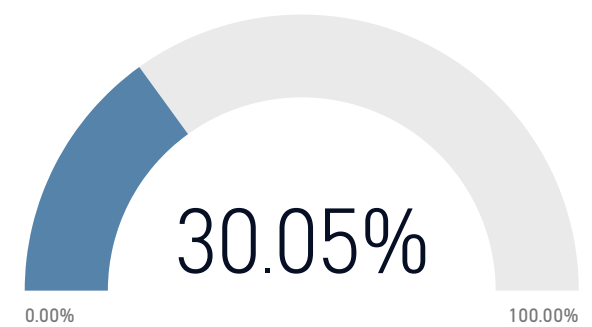
Context provided by Samantha Thomas, Director of Acute Services and Executive Lead for Delayed Discharges

The number of delayed discharges averages around 8 on any given day of the week. We are aware that these 8 occupy about 20% of our bed availability. There is an increased focus on work to reduce the amount of patients through transfer of care.

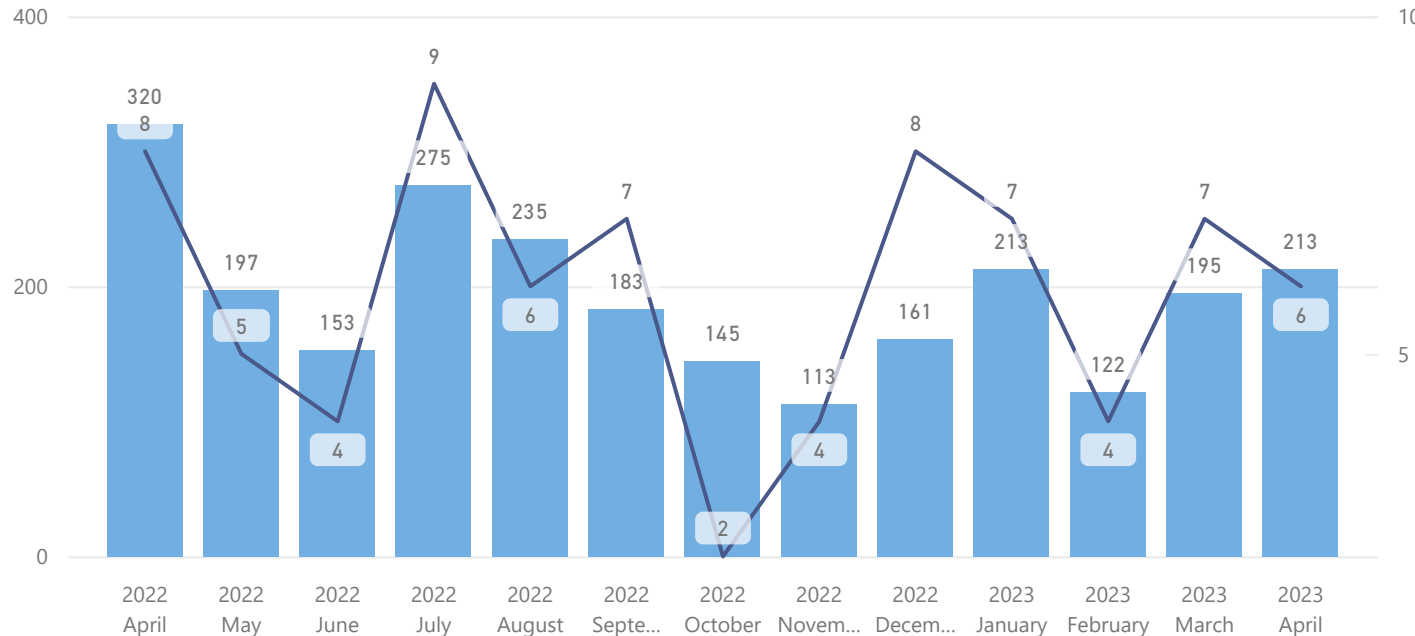
% of delays due to standard reason



% delayed for code 9 reason



● No. of delayed bed days occupied ● Delays at Census point



213

No. of delayed bed days occupied

149

Delay for standard reason

64

Delay for Code 9 reason

6

Delays at Census point

4

Standard delay - census point

2

Code 9 - census point

Definitions:

Health and social care reasons - Where a person remains inappropriately in hospital after treatment is complete and is awaiting appropriate arrangements to be made by the health and social care partnership for safe discharge

Patient, family and carer related reasons - This includes delays due to legal reasons and disagreements

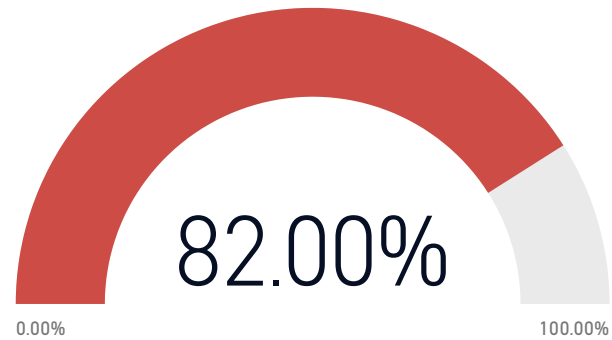
Code 9 complex reasons - More complex arrangements due to the specific care needs of the person.

48 hour access to 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.

Current Performance - 2022

The next publication is due early 2024



38.00%
Response rate

971
No. of responses

82.00%
GP Access Percentage

Previous Performance - 2020

41.00%
Response rate

1197
No. of responses

93.00%
GP Access Percentage



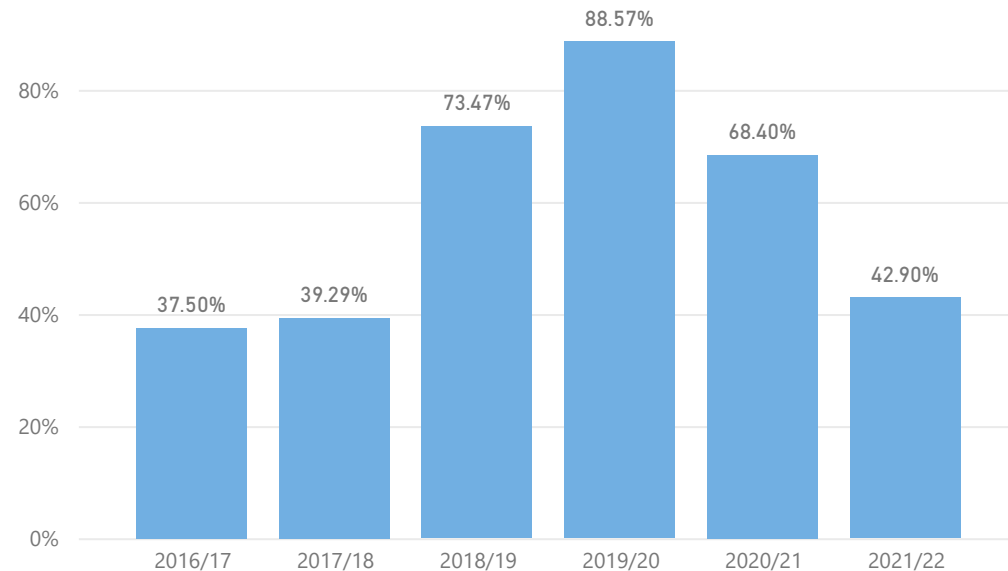
Dementia

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

Current Performance - 2021/22

We are awaiting confirmation of the next publication from Public Health Scotland

Percentage of standard achieved by Year



31
Number of People Referred to PDS

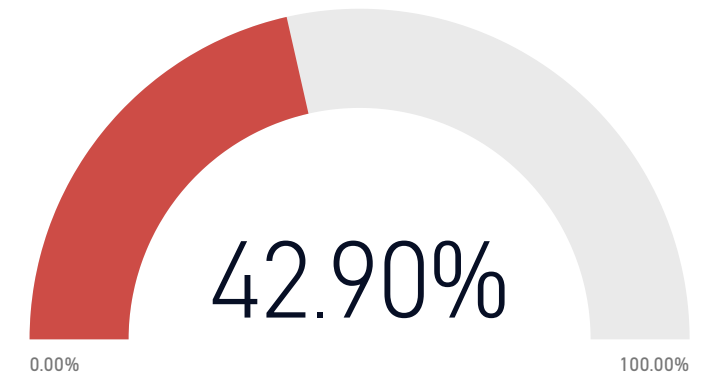
0
Standard Met

4
Standard Not Met

24
PDS Ongoing

3
Exempt from Standard

Percentage of standard achieved



At 88.57%, 2019/20 had the highest percentage of Local Delivery Plan (LDP) standard achieved and was 136% higher than 2016/17, which had the lowest percentage of Local Delivery Plan standard achieved at 37.5%.

Please note the figures shown are currently provisional and subject to change due to post diagnostic support for some referrals is still ongoing.

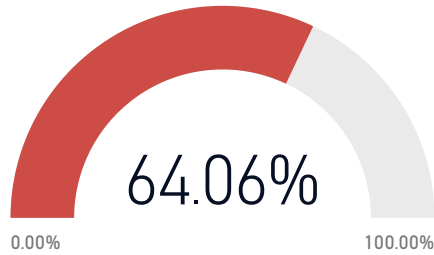
MSK

At least 90% of patients should wait no longer than four weeks to be seen from receipt of referral.

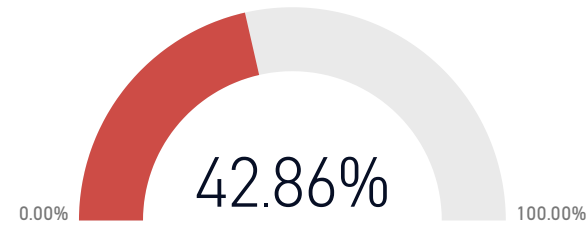
Current Performance - December 2022

The next publication is due on 27th June 2023

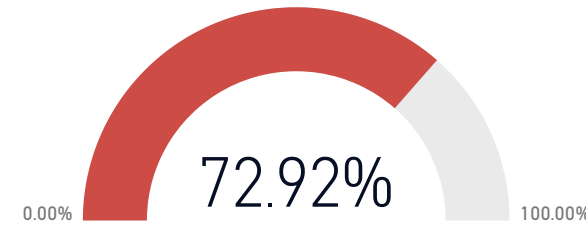
Overall Performance



Orthotics Performance



Physio Performance



Podiatry Performance



All MSK specialties - Performance

348	49
No. waiting	Waiting 0-4 weeks
64	41
No. seen	Seen 0-4 weeks

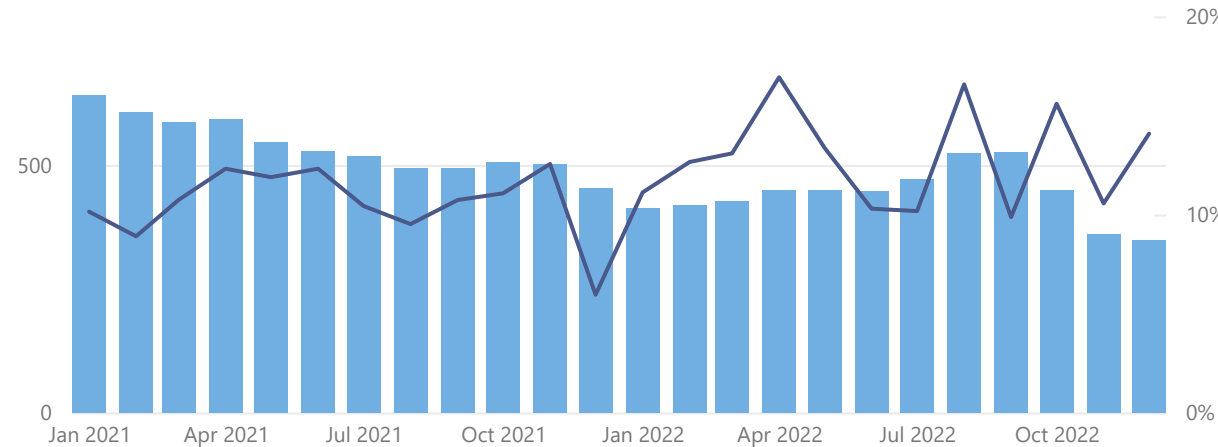
15	11
No. waiting	Waiting 0-4 weeks
14	6
No. seen	Seen 0-4 weeks

261	30
No. waiting	Waiting 0-4 weeks
48	35
No. seen	Seen 0-4 weeks

72	8
No. waiting	Waiting 0-4 weeks
2	0
No. seen	Seen 0-4 weeks

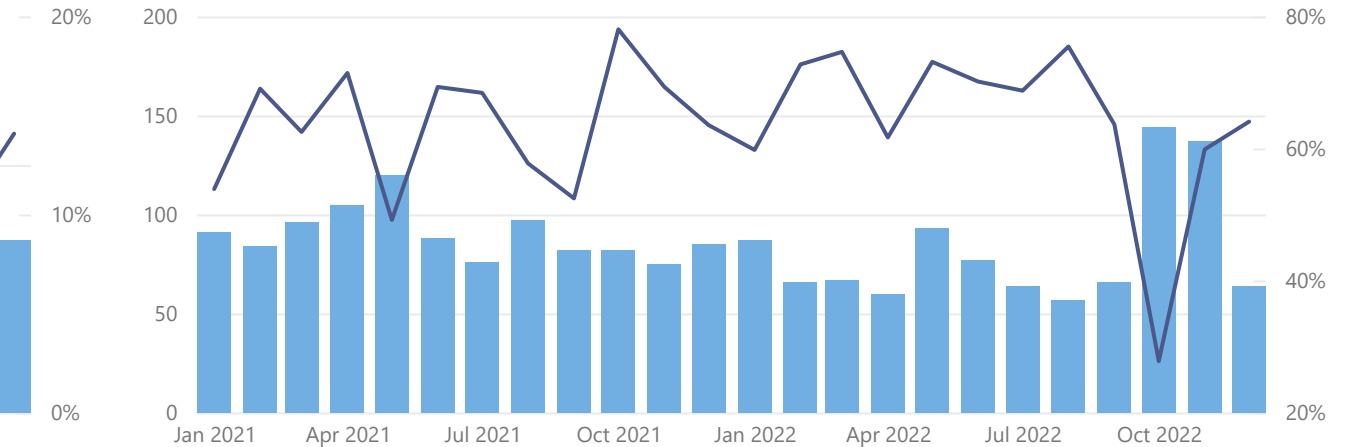
All MSK Waiting Performance

No. waiting Waiting Performance



All MSK Seen Performance

No. seen Sum of Seen Performance



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Chairs Report - Finance & Performance Committee
Responsible Executive/Non-Executive:	Des Creasey, Non-Executive Director
Report Author:	Des Creasey, 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 and Performance Committee met on the 25 May 2023 and agreed the following key areas and agenda items that should be reported to the Board:

- Capital Plan 2023/24
- Annual Delivery Plan 2023/24

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

Capital Plan

The Committee received the updated capital plan for 2023/24 noting the proposed formula allocation and the key priorities areas for spend.

Further to the allocation NHS Orkney had successfully bid for grant funding from Scottish Government of £3.9m over 2023/24-2024/25 for the decarbonisation of the estate.

Members recommended the capital plan for approval by the Board, subject to updates requested by the Senior management Team and clarity on areas that it had been agreed would not receive investment in year.

Annual Delivery Plan 2023/24

Members were advised that the draft annual delivery plan for 2023/24 would be presented to the Senior Management Team meeting on the 5 June, prior to review by the Board ahead of submission to Scottish Government.

2.3.1 Route to the Meeting

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

- Finance & Performance Committee, 25 May 2023

2.4 Recommendation

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

2 List of appendices

The following appendices are included with this report:

- Approved minutes of the Finance and Performance Committee meeting held on 23 March 2023

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 23 March 2023 at 9:30 via MS Teams**

Present: Davie Campbell, Non-Executive Board Member (Chair)
Des Creasey, Non-Executive Board Member (Vice Chair)
Steven Johnston, Non-Executive Board Member
Steven Heddle, Non-Executive Board Member
Michael Dickson, Interim Chief Executive

In Attendance: Carrie Somerville, Planning, Performance and Risk Manager
Freddie Pretorius, Committee Support
Keren Somerville, Head of Finance (Deputy)
Sam Thomas, Director of Nursing
Sharon Smith, Head of Clinical and Contract Administration

F1	Apologies Apologies were noted from Mark Doyle and Stephen Brown
F2	Declarations of Interests - Agenda Items No declarations of interest were raised regarding agenda items.
F3	Minutes of the Meetings held on 26 January 2023 and 16 February 2023 The Minutes of the meetings held on 26 January and 16 February 2023 were accepted as accurate records of the meetings and approved.
F4	Matters Arising <u>Budget Training</u> Two sessions had been held within the last month another two sessions planned, thirty people in total had attended to date and the invite, which had originally been issued to budget managers, would be made more widely available.
F5	Action Log There were no actions for review on the action log.
	<u>Governance</u>
F6	Finance and Performance Committee Annual Report and committee evaluation outcomes – FPC2223-48 The Chair presented the annual report for approval advising that the Finance and Performance Committee held a development session on the 2 March 2023 to discuss committee effectiveness during the year including any concerns, successes and areas for focus moving forward. These areas of discussion had formed part of the Annual Report that was provided to the Committee for approval before submission to the Audit and Risk Committee and ultimately Board.

	<p>Members requested a change in wording on page 8 “How the committee and Board <i>would</i> deliver”</p> <p>Decision/Conclusion</p> <p>Members approved the annual report, subject to a minor amendment to wording as noted above.</p>
	<p><u>Performance Management</u></p>
F7	<p>Performance Report – FPC2223-49</p> <p>The Waiting Times Coordinator presented the report and highlighting:</p> <p><u>Waiting Times</u></p> <ul style="list-style-type: none"> • Work was underway to align the performance data to improvement activity, this would be supported by a Project Management approach • The waiting times team were in discussion with the National Elective Coordination Unit (NECU) with a view to progressing an admin validation of those waiting lists, which feature as part of the dashboard report <p><u>Smoking Cessation</u></p> <ul style="list-style-type: none"> • Eleven 12-weeks quits, representing people who live in SIMD areas 1-3 had been achieved through the smoking cessation services in Orkney from April to November 2022 • In 2023/24, the smoking cessation team would re-mobilise work in relation to prevention of tobacco smoking <p><u>48 Hour Access to GP</u></p> <ul style="list-style-type: none"> • The service had indicated there was no longer a requirement under the GP contract to meet this standard. This was being confirmed and would be reflected accordingly in the next report. • Discussions were taking place to understand opportunities to improve performance reporting across Primary Care. <p>Members queried whether a more meaningful narrative along with actions may be beneficial. It was agreed that the data around podiatry would be confirmed for future reporting.</p> <p>Decision/Conclusion</p> <p>Members noted the update provided and welcomed the new presentation and format of the report.</p>
F8	<p>Finance Performance Report - FPC2223-50</p> <p>The Head of Finance presented the report which outlined the position to 28 February 2023 and highlighted the following.</p>

	<ul style="list-style-type: none"> • The year-end position assumed 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 assumed no further savings delivered against savings targets • Inflation continues to cause a significant challenge for the Board and remained under continuous review • Continued discussions with other Health Boards to monitor SLA activity and the impact of Covid on these costs in year • It was anticipated that in 2022/23 there would be an achievement of £3.4m of the £6.9m original savings target • £400,000 had been delivered through work carried out by the IJB in relation to patients in off-island facilities <p>There was additional capital, accompanied by a planned expenditure from Scottish Government. Nevertheless, Scottish Government had not yet formalized this aspect, leading to the potential absence of restrictions on a capital revenue mix.</p> <p>Decision/Conclusion</p> <p>Members reviewed the report, noted the current financial position, predicted outturn, assumptions at year-end, and the potential non-delivery of savings target.</p>
F9	<p>Financial Sustainability Office – FPC2223-51</p> <p>The Planning, Performance and Risk Manager 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.</p> <p>Proposals had been presented to the EMT along with a strategic planning template that would bring together areas of key focus for the Executive leads. Further work around workforce profiling, to better understand establishment would be required going forward.</p> <p>Decision/Conclusion</p> <p>Members noted the update provided, took assurance around progress, and noted the further work required and impact of non-delivery on subsequent years.</p>
	<p><u>Assurance</u></p>
F10	<p>Sustainability Steering Group Chairs Report – FPC2223-52</p> <p>The Head of Clinical and Contract Administration presented the paper highlighting the key points and workstreams that had been taken forward including the moving of mobile device management applications.</p> <p>NHS Orkney had completed the return for 2022/23 which required input from a variety of stakeholders within the organisation. NHS Orkney was currently rated as silver, which was a reflection of the work completed to date. The next audited return would occur in August 2023. The following were highlighted:</p> <ul style="list-style-type: none"> • NHS Orkney were complying with relevant targets set by Scottish Government

	<ul style="list-style-type: none"> • There was an ambition to achieve gold standard • A reverse vending machine had been installed by the restaurant so that cans and plastic bottles can be returned via this machine • Timescale on the decarbonising programme; all properties would be completed by the end of two years. <p>Decision/Conclusion</p> <p>The Committee noted the minutes and the update provided.</p>
F11	<p>Cross Committee Assurance Report – Staff Governance – FPC2223-53</p> <p>The Chair presented the paper highlighting the key points and workstreams.</p> <p>Concern was raised to the committee around the use of NHS Orkney bank staff versus agency/locum staff and the associated costs.</p> <p>Decision/Conclusion</p> <p>The Committee noted the report. It was agreed that the Chair would provide feedback to the Staff Governance Committee on the issues raised.</p>
	<p><u>Risk</u></p>
F12	<p>Risk Report – FPC2223-54</p> <p>The Planning Performance and Risk Manager presented the risk report highlighting key areas of specific concern noted within the paper.</p> <p>It was proposed that a standard template to highlight tier 1 and 2 levels risk would be beneficial to the committee going forward.</p> <p>It was confirmed that the Risk Manager was meeting with departments on a monthly basis to discern risk, and risk management.</p> <p>Members queried whether it would be useful to look at how long the risk have been on the risk register and current mitigation.</p> <p>The Chief Executive assured members that the pain clinic had not been closed due to budget savings but as a result NICE guidance issued, around the benefits.</p> <p>Ear syringing was no longer a practice that was carried out as this had been replaced by micro suction carried out by appropriately trained clinicians.</p> <p>Decision/Conclusion</p> <p>The Committee noted the updated risk report, welcomed the new format, and took assurance the positive progress was being made.</p>
F13	<p>Agree key items to be brought to the Board or other Governance Committees' attention</p> <ul style="list-style-type: none"> • Climate Change

13.4.1

F14	Any Other Competent Business Members thanked Davie Campbell for his chairing of the committee
F15	<u>Items for information and noting only</u>
F16	Schedule of Meetings Members noted the schedule of meetings for 2023/24
F17	Record of attendance Members noted the record of attendance.

The meeting ended at 10:55

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Corporate Risk Register
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Planning, Performance & Risk Manager 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.

- Workforce
- Culture
- 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.

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

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

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

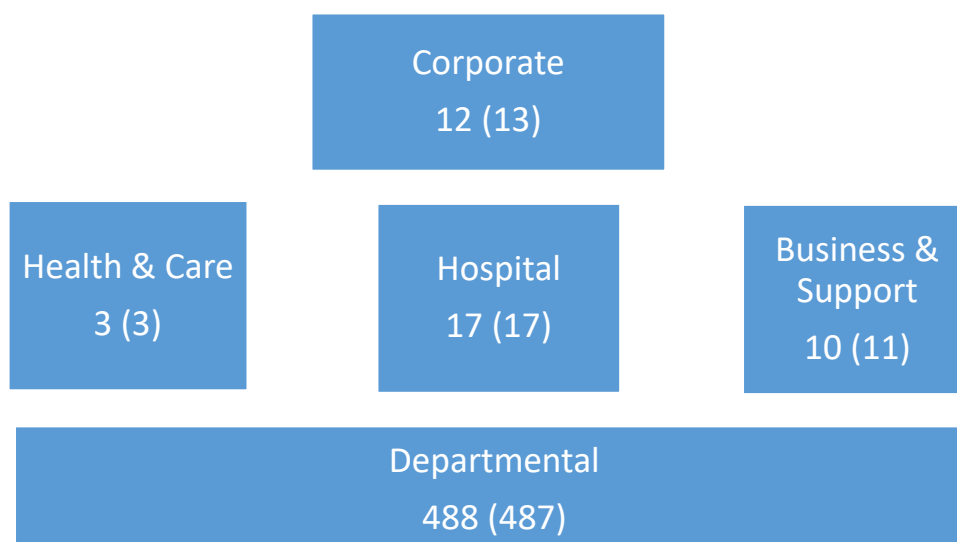
2.3 Assessment

The Risk Management Strategy 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. A refreshed Risk Management Strategy is in first draft and is being circulated in line with consultation requirements. Our supporting 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 works closely with risk handlers to provide support and guidance.

Monthly reporting of all Tier 1 and 2 risks is provided to the Executive Management Team and Figure 1 below summarises the active risk position across the organisations 3 tier risk

register structure as of the end of May 2023, with the March 2023 position 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 45 active Tier 3 risk registers 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 and active risk management and regular review ensure that risks which are no longer manageable at that level are escalated and considered by the Risk Management Forum and de-escalation occurs in line with agreed operating procedures.

The corporate risk register is provided within Appendix 1, with 12 active 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. 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. Following a review in May 2023 the corporate risk 552 that related to the failure to respond appropriately to COVID-19 was closed, this was due to WHO having stated Covid-19 no longer constitutes a public health emergency and NHS Orkney having systems in place to manage Covid-19 and a high vaccination uptake rate.

The corporate risk 508 in relation to NHS Orkney having adequate systems, safeguards and process in place for data/systems, risk rating was decreased due to all sites now having new generation firewalls reporting to a central analyser and intrusion protections systems, network level anti-virus and ransomware detection and additional data recovery points being implemented.

There was one risk deescalated on the Tier 2 Business & Support Risk Register this was in relation Fire Alarm System Autodiallers which is now being managed as part of ongoing work being undertaken by the Estates Department.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at May 2023 and Table 2 provides the last reported position for reference. As can be seen there has been a slight decrease in risk exposure at a corporate level as a result of the closed risk and reduced rating within the corporate register.

Risk Exposure – Tables 1 & 2:

May 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	90	30	0	140	26.4%
Health & Care	25	15	9	0	49	9.2%
Hospital	45	165	19	0	229	43.2%
Business & Support	0	79	33	0	112	21.1%
TOTAL EXPOSURE	90	349	91	0	530	100.0%
% of Total	17.0%	65.8%	17.2%	0.0%		

March 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	94	39	0	153	26.8%
Health & Care	25	15	9	0	49	8.6%
Hospital	45	169	19	0	233	40.8%
Business & Support	0	94	41	0	135	23.6%
TOTAL EXPOSURE	90	372	109	0	571	100.0%
% of Total	15.8%	65.1%	19.1%	0.0%		

2.3.1 Quality/ Patient Care

There are currently 4 corporate risks aligned to the Joint Clinical and Care Governance committee which are being reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

2.3.2 Workforce

There are currently 2 corporate risks aligned to the Staff Governance committee which are reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

2.3.3 Financial

There are currently 6 corporate risks aligned to the Finance and Performance Committee which are reported at each Committee meeting and there are no new risks in this area to highlight this reporting period.

The highest level of corporate risk relates to Risk No 510 which is in relation to the corporate financial position, there is considerable improvement work ongoing with regards to this risk, which is reported through the Finance and Performance Committee.

2.3.4 Risk Assessment/Management

The Audit & Risk Committee provide oversight to ensure there is a visible and robust process of risk management within NHS Orkney which provides assurance, to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes. In March 2023 the Committee approved the new format of reporting which includes the alignment of all Tier 1 and Tier 2 risks to appropriate Governance Committees.

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 across all services to ensure the safety of patients, staff, visitors and the public.

2.3.6 Climate Change Sustainability

There is 1 corporate risk in relation to climate change and sustainability that is aligned to the Joint Clinical and Care Governance committee, the current mitigations being undertaken support NHSO's commitment to removing fossil fuels from within their Estate.

2.3.7 Other impacts

Planning processes that are being reviewed and are at an initial stage of development may potentially highlight opportunities to support NHS Orkney's risk management strategy.

2.3.8 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.

2.3.9 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.	Jan 23: Working group formed including Ian incl exercising, etc. The first meeting was cancelled. Will be included within handover sheet for new Resilience Officer. Planning an exercise on Shetland and Orkney. Unsure of format. SL meeting with Environmental Health to review the last season and consider future partnership working. Pre-season meeting usually takes place. April 23: Port health plan is being reviewed. Met with Environmental Health to agree way forward. Exercise Longstone is being planned by HIRIP to exercise the evacuation of a liner.
Risk ID: 311 NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient harm	Medical Director	9	6	Brexit assessment has been completed Brexit Steering Group Monthly report to SMT	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. Update May 2023 - With the continued international uncertainty around BREXIT, Ukraine/Russia was and Climate Change, the substantial increase in food prices continue to impact on the availability of food, supply of medicines and medical supplies. Resulting in potential additional fiscal burden on the Board, and in turn patient care.
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. Update March 2023 - Risk remains high - work continuing to understand legislation and NHSO now involved in trailing implementation sites and further govt funding for 12 months in place for HSLN.

Risk ID: 508 NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care	Director of Finance	12	8	Improvement plan being developed being led by SIRO. With oversight mechanisms in place for delivery.	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. Update May 2023 - All sites have now got new generation Firewalls reporting to a central analyser. All sites now have Intrusion Protection Systems, Network Level Anti-Virus and Ransomware detection, additional data recovery points been implemented. Likelihood of risk decreased, and overall risk reduced from 16 to 12.
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	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. Update March 2023 - Risk score is stable. There continues to be retirements and ongoing recruitment. Consultant physician recruitment remains an area of concern.
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. Update March 2023 - 5 year recovery plan been submitted to F&P Committee and Scottish Gov and will be presented to Board for final sign off in April 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.	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. Update March 2023 - Central Analysis Programme now completed - Garson completed devices now configured ready for deployment over the next 2 months.

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.	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. Update Feb 2023 - Work underway and once completed this will have made a significant contribution to NHS Orkney commitment to removing fossil fuels from within our Estate.
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.	Update March 2023 - Due to recent levels risk relating to Covid-19 remains same. Cost of Living crisis risks the further exacerbation of inequalities and work is ongoing to develop and implement plans at community partnership level to address broader socioeconomic issues. Work is beginning within NHS Orkney to reduce the potential impact of the Cost of Living Crisis from an NHS specific perspective. Update May 2023 - Community Planning Partnership continues to develop plans under its delivery groups to address broader socioeconomic issues relating to cost of living, sustainability and local inequalities. The NHS Orkney Cost of living Crisis work is being shared with teams across NHS Orkney to support implementation and raise awareness of the organisation's role.
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. Update March 2023 - No change to risk - work is due to commence to review substantive workforce and SLAs.
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.	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. Update May 2023 - New substantial CEO commenced post April 2023, CEO will have their own portfolio. Paper going to Rem Com June 2023 in regards to Interim HRD and way forward.

<p>Risk ID: 923</p> <p>Data Security - Control of Access to Clinical & Non-Clinical Personal Data</p>	<p>Director of Finance</p>	<p>15</p>	<p>4</p>	<p>IT Access request process</p> <p>Information Security Policy</p>	<p>Update Nov 2022 - Data still incomplete, meeting organised with IT and HR to resolve issue and ensure data quality improved.</p> <p>Update Jan 2023 - HR working to improve their data quality - IT is progressing work with access to other applications.</p> <p>Update May 2023 - IT system Profile Updater is live and published - working with records manager re data owners including shared mailboxes. Automated data reports now functioning and will be sent to individual owners for confirmation.</p>
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NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Chairs Report – Audit and Risk Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Jason Taylor, Chair – Audit and Risk Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Audit and Risk Committee met on the both the 2 and 30 May 2023 and agreed the following should be highlighted to the Board:

- Annual reports / future alignment with Plan on a Page
- Shared Service Governance report
- Improvement and Action plans
- Risk Management Strategy
- Progress with policy updates

2.2 Background

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

2.3 Assessment

Governance Committee Annual Reports/Plan on a Page

Members discussed the need to align committee work plans with the priority areas outlined in the Plan on a Page 2023/24.

Improvement and Action Plans

Members were advised that the Planning, Performance and Risk Manager was undertaking a piece of work to take forward a holistic view across the organisation in terms of improvement and action plans. Work had commenced through the delivery planning process, and the initial reference document would be provided by the end of June 2023.

Shared Service Governance Report

Members were advised that the Shared Service Governance report provided assurance over the strategy in place to support the delivery of shared services with other NHS Boards.

The recommendations from the report were noted and members were advised that that the Medical Director was leading on the work around Service Level Agreements (SLAs). An action plan would be created which incorporated the audit recommendations of the Shared Governance report. This would be brought to the Audit and Risk Committee for assurance as well as the Senior Leadership Team.

Risk Management Strategy

The Risk Management Strategy was shared with the Audit and Risk Committee informing members that the strategy supported the achievement of NHS Orkney's corporate objectives and access to safe, effective and person-centred services for our community.

NHS Orkney would increasingly use the concept of risk tolerance to agree areas where the cost of additional controls (time and/or money) outweighs the benefits of the reduction

in risk. This will allow the organisation to set the risk appetite, which quantifies the amount of risk which the Board is prepared to accept, tolerate or be exposed to at any point in time.

Progress with policy updates

Members were informed that significant concern had been raised with regards to policy updates, 60% of policies were past their review date and this provided a risk to the organisation.

The Information Governance Chair's report highlighted the actions in place to address this which included the creation of a risk assessment template.

2.3.1 Route to the Meeting

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

- Audit and Risk Committee meeting 2 May 2023
- Audit and Risk Committee meeting 30 May 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 Audit and Risk Committee meeting held on 7 March 2023
- Approved minutes of the Audit and Risk Committee meeting held on 2 May 2023

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday 7 March 2023** at **11:30**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Steven Heddle, Non-Executive Board Member
Ryan McLaughlin, Employee Director

In Attendance Rashpal Khangura, Director, KPMG
Matthew Moore, Senior Manager, KPMG
Rachel Ratter, Senior Corporate Services Officer (Committee Support)
Carrie Sommerville, Head of Finance
Keren Sommerville, Planning Performance and Risk Manager
Matthew Swann, Director, Azets

A103 Apologies

Apologies were noted from David Eardley, Mark Doyle and Michael Dickson.

A104 Declaration of Interests

No declaration of interests were raised.

Issy Grieve advised the Committee that she was the Chair of the Integrated Joint Board (IJB), however there were no significant conflicts of interest.

Members agreed that there was no conflict of interest.

A105 Minutes of previous meeting held on 6 December 2022

The minute of the Audit and Risk Committee meeting held on 6 December 2022 were approved as a true and accurate record of the meeting.

A106 Matters Arising

The Director of KPMG, External Audit provided an introduction and welcomed future close working with colleagues.

Internal Audit Planning (minute - 6 December 2022 – AOCB)

Responses received from Committee Chairs regarding areas they wished to be considered for inclusion of the scoping had been passed to the Director of Finance. No process or planning had taken place as the tender process to appoint new internal auditors was in progress.

A107 Action Log

The Action Log was reviewed, noting that there were no outstanding actions (see Action Log for details).

Governance**A108 Code of Corporate Governance – ARC2223-48**

The Corporate Services Manager presented the **NHS Orkney Code of Corporate Governance 2023/24** seeking a recommendation of Board approval following an annual review. The main changes included:

- Amendments to the Governance Committee Terms of Reference following individual review
- Updates to the Standing Financial Instructions to reflect the latest working practices
- A review of the Freedom of Information and Records management sections
- Changes in wording to closer reflect the statements in the second edition of the NHS Scotland Blueprint for Good Governance (issued through DL (2022)38
- Updates to the Code of Conduct to reflect the national amendments made to the code of conduct for members of NHS Bodies as adopted by the Board
- Minor changes to job titles, emails addresses and links to reflect current arrangements.

I Grieve welcomed the updates and requested that the incoming chair of the IJB In June 2023 was made aware of the number of Elected members required to attend meetings of the Joint Clinical and Care Governance Committee,

Decision / Conclusion

The Committee recommended Board approval of the Code of Corporate Governance subject to minor formatting amendments.

A109 Governance Committee Workplans 2023/24 – ARC2223-49

The Corporate Services Manager advised that all Governance Committees of the Board review their core documents and Workplans annually to ensure that they were up to date, relevant and meeting current legislation.

Individual Committee Development sessions were held in the last quarter of 2022 where documentation was reviewed, and agreement reached on any changes to the Workplans for 2023/24. These were provided to the committee to for assurance that remits were accurately reflected, prior to presentation to the Board for final approval as required in the Model Standing Orders.

- Joint Clinical and Care Governance Committee (JCCGC)
- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

I Grieve noted the additional social care reports on the JCCGC workplan and had concerns with regards to how achievable assurance would be given the size of the workplan. The Chair noted the concern and would report back to the JCCGC Chair.

I Grieve also noted that there was no mention of the iMatter report in the Staff Governance workplan. The Corporate Services Manager confirmed that it was

built into the Staff Governance Action Plan and in section 2.4 off the Staff Governance workplan.

Decision / Conclusion

The Audit and Risk Committee endorsed the Governance Workplans for 2023/24.

External Audit

A110 Annual Audit Plan – ARC2223-50

The Director of KPMG presented the report which provided the initial considerations of the audit for the year ending 31 March 2023.

Members were advised that a detailed audit plan and strategy for the Board would be presented to the Committee on 2 May 2023, following planning assessment procedures.

The key audit considerations were gross expenditure and materiality and determining the level of which they would undertake procedures for aggregation of risk and issues which were reported to the Committee.

Three significant risks were highlighted as follows:

- Valuation of land and buildings
- Fraud risk from expenditure recognition
- Management override of controls

Members agreed that the Indicative Strategy would be provided to Board as part of the Chair's report for information.

Decision / Conclusion

The Audit and Risk Committee noted the workplan for 2023/24.

Internal Audit

A111 Internal Audit Progress Report – ARC2223-51

M Swann presented the report which provided a summary of internal audit activity since the last meeting, confirming the reviews planned for the next quarter and identifying changes to the annual plan.

Due to the extended absence of the Medical Director, the Shared Service Governance Review had been delayed. The review of Clinical Governance had been advanced and reported to the March 2023 Audit and Risk Committee.

Members were advised that the internal audit service for 2023/24 onwards were being procured by NHS Orkney and as such provided a summary of propriety areas for consideration and discussion, along with a brief rationale.

Decision / Conclusion

The Audit and Risk Committee received the progress report and noted the information provided.

Internal Audit Reports

A112 Procurement – ARC2223-52

M Swann presented the report which reviewed the procurement arrangements in place within the organisation to help ensure value of money was achieved, in accordance with the 2022/23 Internal Audit Plan.

The current Procurement Strategy for NHS Orkney noted a non-pay spend of £8.03m to support the delivery of its objectives.

NHS Orkney had generally well designed controls in place which aimed to achieve value for money in procurement. The Procurement Strategy and the Code of Corporate Governance (including the Standing Financial Instructions) contained relevant information on procurement thresholds alongside well documented procedures.

A small number of minor improvement actions were identified, which if adopted, would strengthen controls over the procurement activity. These included:

- The documented scheme of delegation should be updated to remove potentially misleading headings that could suggest the document is not up to date
- Obtaining documented approval of the planned expenditures for the Estates department
- Ensuring the procurement annual report is produced on a timely basis

I Grieve gave thanks for the report and expressed that procurement for Orkney as a whole, including the NHS had been a challenge therefore the reason for the new Islands Deal. The deal went through Scottish Government stating procurement for the isles was to be risk assessed and could therefore be carried out in a different manner from the rest of Scotland.

In response, M Swann informed members that Azet's testing included a sample of procurement exercises undertaken over the last 12 months as recorded in the contract register. That will have included all agreed contracts entered in to over that period whether subject to any special provisions or not. The main exception would be contracts agreed on NHS Orkney's behalf for example those awarded by NHS National Services Scotland.

Decision / Conclusion

The Audit and Risk committee noted the Procurement report.

A113 Joint Working Arrangements – ARC2223-53

M Swann presented the report which assessed the effectiveness of NHS Orkney's control framework in relation to the joint working arrangements with key partners. The Integration Joint Board (IJB) were identified as the key partner to NHS Orkney, with the responsibility of providing strategic direction

to both the Health Board and Orkney Islands Council in the delivery of health and social care services.

Areas of improvement were identified as follows:

- The Orkney Health and Social Care Partnership's Strategic Plan and the Strategic Delivery Plan had not been approved and implemented in the expected timeframe.
- There had been very limited monitoring and reporting of Strategic Performance in relation to the shared objectives of the partnership that had been communicated to NHS Orkney.

The Chair provided assurance that the actions were identified, and it was the responsibility of Committee to monitor progress.

Committee members were advised that the owners of the recommendations presented actions to Internal Audit to form a view of whether they had or hadn't been implemented effectively. Audit would then engage with management to reach a mutual decision.

Decision / Conclusion

The Audit and Risk committee noted the Joint Working Arrangements report.

A114 Safeguarding – ARC2223-54

Matt Swann presented the report which reviewed NHS Orkney's Adult Support and Protection arrangements and found that in general, appropriate procedures were in place which outlined the process to be followed, roles and responsibilities and links to relevant legislation.

There were however areas of material weakness related to training, reporting outcomes of referrals and compliance with adult support and protection procedures.

I Grieve welcomed the actions planned in terms of patient safety and care.

Decision / Conclusion

The Audit and Risk committee noted the Safeguarding report and agreed that the report would be highlighted to Board

A115 Clinical Governance – ARC2223-55

M Swann presented the report which reviewed the development and related governance of the new clinical strategy and the impact on development of appropriately robust operational plans, in line with the 2022/23 audit plan.

Due to the lack of progress in development of operating plans impacted by the absence of the Medical Director, it was not possible to assess all the agreed control objectives. This presented a risk to NHS Orkney in successfully delivering the Clinical Strategy and required renewed focus going forward dependent on the potential further absence of key personnel.

Two improvement actions had been identified relating to the development of a governance framework to track progress of objectives, and to move forward the Clinal Strategy and plans to enable appropriate monitoring and challenge.

I Grieve noted the risks raised were extremely valid within small organisation and were cause for concern. However, she highlighted that actions were taken which were not reflected in the report. An Interim Medical Director had been providing cover, the Medical Director was on a phased return to work and the Interim Director had remained in post.

The Chair agreed that the organisation required contingencies in place to respond to future absences and when they were to be invoked. It was requested to take this to the Board for their attention.

Decision / Conclusion

The Audit and Risk committee noted the Clinical Governance report.

Internal and External Audit Recommendations

A116 Internal and External Audit Recommendations – ARC2223-56

The Head of Finance presented the report advising that there were no internal recommendations brought forward following the previous report.

The external audit recommendations from 2021/22 were reviewed an update included in the report.

Decision / Conclusion

The Audit and Risk Committee noted the update requesting that commentary on current actions was expanded in future reporting.

Annual Accounts

A117 Annual Accounts Timetable – ARC2223-57

The Head of Finance presented the report setting out the NHS Orkney Annual Accounts timetable for 2022/23.

The final accounts would be presented to the NHS Orkney Board for approval before submission to the Scottish Government by the 30 June 2023 deadline.

Decision / Conclusion

The Audit and Risk Committee approved the Annual Accounts Timetable.

Information Governance

A118 Information Governance Chairs report and approved minute – ARC2223-58

The Head of Finance presented the Chairs report informing members that the Information Governance Committee met on 6 October and 1 December 2022 and no specific agenda items were identified for escalation.

Decision / Conclusion

The Audit and Risk noted the update provided and took assurance from the approved minutes.

Information Governance 6-monthly Assurance Report (2/2) – ARC2223-59

The Head of Finance presented the report providing an update on the work that had been undertaken to provide assurance in relation to NHS Orkney's approach to information governance.

In 2021 NHS Orkney had recruited a Data Protection Officer and Deputy to lead and implement the Information Governance assurance framework. In October 2022 NHS Orkney was given a high assurance rating by the Information Commissioners Office.

The Chair noted the positive change in this particular area and the increased reporting of incidents reflected how the organisation had changed regarding the understanding around these issues and challenges.

The Information Governance Action Plan produced by NHS NSS had been completed with the exception of an action to measure the change within the organisation following the implementation of the plan. This would report to the Information Governance Committee in April.

Decision / Conclusion

Members noted the update provided.

Fraud**A119 Counter Fraud Services Quarterly report – ARC2223-60**

Members had received the Counter Fraud Services quarterly report up to 31 December 2022, dealing with areas of prevention, detection, and investigation of fraud.

The report outlined the number of cases by Board; NHS Orkney had reported no cases in the period.

Members were advised that the CFS fraud training and awareness page was now live on the TURAS site.

Decision / Conclusion

The Audit and Risk committee noted the quarterly report.

Risk**A120 Risk and Assurance Report – ARC2223-61**

The Planning, Performance and Risk Manager presented the report which provided an overview and update on risk management across NHS Orkney. Members were advised that the report was also viewed by the Executive

Management Team and Risk Management Forum to ensure managers were aware and reviews and updates had taken place.

Decision / Conclusion

The Audit and Risk noted the information provided, noting that there were no specific issues to bring to the Committee at this time.

A121 Risks escalated from other Governance Committees

No risks had been escalated

A122 Agree items to be brought to the attention of the Board or other Governance Committees Board

- External Audit Indicative Strategy
- Safeguarding Report
- Contingences and risk associated with Director/Senior Manager sickness absence

A123 Any Other Competent Business

No other competent business was raised.

A124 Items for Information and Noting only

A125 Audit Scotland Reports

- Technical Bulletin 2022-4

A126 Counter Fraud Services (CFS) Reports

- Investigatory Powers Commissioners Office (IPCO) Inspection Report 1st February 2023

A127 Reporting Timetable for 2023/24

Members noted the schedule of meetings for 2023/24

A128 Record of Attendance

The Committee noted the record of attendance.

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday 2 May 2023** at **11:30**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Rona Gold, Non-Executive Board Member
Ryan McLaughlin, Employee Director

In Attendance David Eardley, Chief Audit Executive, Azets
Rashpal Khangura, Director, KPMG
Matthew Moore, Senior Manager, KPMG
Rachel Ratter, Senior Corporate Services Officer (Committee Support)
Laura Skaife-Knight, Chief Executive
Carrie Sommerville, Head of Finance
Keren Sommerville, Planning Performance and Risk Manager

A10 Apologies

Apologies were noted from Mark Doyle.

A11 Declaration of Interests

No declaration of interests were raised.

A12 Minutes of previous meeting held on 7 March 2023

The minute of the Audit and Risk Committee meeting held on 7 March 2023 were approved as a true and accurate record of the meeting.

A13 Matters Arising

There were no matters arising.

A14 Action Log

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

Governance

A15 6 Monthly Litigation report – ARC2324-01

The Patient Experience Officer presented the report updating members on current litigation cases overseen and managed by the Central Legal Office.

Members were advised that no new claims had been registered since August 2022, two claims had closed, and one remained open. The paper contained further details and estimated settlement costs.

NHS Orkney were members of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which allowed the Board to claim for costs above the threshold of £25,000.

Decision / Conclusion

The Audit and Risk Committee noted the update on current litigation cases and associated financial information.

A16 Governance Committee Annual Reports

The Chair advised that all Governance Committees of the Board provide an annual report around Committee outcomes during the year, including any concerns, successes and areas for focus moving forward.

These reports were submitted to the Audit and Risk Committee, ahead of the Board, to provide assurance that each Governance Committee has fulfilled its remit.

I Grieve questioned why the governance committees had not raised any risks, in year, to the Audit and Risk Committee. The Chair advised that he discuss this further with the Board Chair for clarification.

Members discussed the need to align committee work plans with the priority areas outlined in the Plan on a Page 2023/24.

The Chair advised that the Audit and Risk Committee annual report would be presented at the next meeting once finalised.

A17 Joint Clinical and Care Governance Committee Annual Report 2022/23 – ARC2324-02

Members had received the Joint Clinical and Care Governance Committee Annual report 2022/23 for information and assurance.

R Gold asked if the Board or an appropriate group could consider the synchronisation of the reporting timeline. She highlighted that when the reports were presented together there was vision to where the risks were and the priorities of the Committees. It was suggested that moving forward consideration should be given to strengthening and aligning risk reporting.

The Chief Executive assured members that in future, the annual planning process needed to be defined to enable committees to have improved planning.

Decision / Conclusion

The Audit and Risk Committee noted the annual report.

A18 Finance and Performance Committee Annual Report 2022/23 – ARC2324-03

Members had received the Finance and Performance Committee annual report for 2022/23 for information and assurance.

I Grieve highlighted a good example of the issues raised previously in the meeting. The concerns listed could have warranted a risk factor to raise to the Audit and Risk Committee. She acknowledged that this may have been included in their risk register but felt some risks should have been scaled up.

Decision / Conclusion

The Audit and Risk Committee noted the annual report.

A19 Remuneration Committee Annual Report 2022/23 – ARC2324-04

Members had received the Remuneration Committee Annual report for 2022/23 for information and assurance.

Decision / Conclusion

The Audit and Risk Committee noted the annual report.

A20 Staff Governance Committee Annual Report 2022/23 – ARC2324-05

Members had received the Staff Governance Committee Annual report for 2022/23 for information and assurance.

Decision / Conclusion

The Audit and Risk Committee noted the annual report.

External Audit

A21 Draft Annual Audit Plan 2022/23 – ARC2324-06

The Director of KPMG presented the External Audit Plan for 2022/23 which outlined the risk assessment and planned audit approach.

The key elements set out in the report were:

Materiality

Materiality had been set and compared with the level and expenditure and the revenue which was approximately 2%.

Significant risk areas

- Valuation of land and buildings
- Fraud risk from expenditure recognition

The Committee were advised of the impact of new auditing standards in terms of the audit approach. The main change was around risk assessment.

The wider scope areas were highlighted to the committee which included financial sustainability and climate change.

The Chair asked for definition of the term materiality and an update on the progress of reaching deadlines. R Khangura explained to the committee that materiality was something that was likely to influence economic decisions of users based on financial statements. He felt assured that officer capacity would be greater following work on the provision of the financial statement. Whilst not currently concerned, there could be potential issues where the provision of audit evidence or audit concerns could lead to delays.

The Chief Executive assured members that she and the Head of Finance had weekly meetings, additional support had been provided to the Finance team due to staff absence and she was confident deadlines would be met.

R Gold asked for clarity around the increased focus on the IT environment. M Moore explained that it was around understating business processes and systems within NHS Orkney, which of these were locally controlled or held by a third-party and the level of confidence in the controls.

Decision / Conclusion

The Audit and Risk Committee noted the work plan and welcomed the continued dialogue to ensure progress.

Internal Audit

A22 Internal Audit Progress Report – ARC2324-07

D Eardley presented the report which provided a summary of internal audit activity since the last meeting, confirming the reviews planned for the next quarter and identifying changes to the annual plan.

Decision / Conclusion

The Audit and Risk Committee received the progress report and noted the information provided.

A23 Draft Internal Audit Annual Report – ARC2324-08

D Eardley presented the report advising that the final version would be subject to the completion of the Shared Service Governance audit which would be presented at the next meeting of the Committee. No substantive changes to the report were anticipated.

The draft internal audit opinion was that NHS Orkney had a framework of governance, risk management and controls that provided reasonable assurance regarding the effective and efficient achievement of objectives.

There had been several amber findings including the IJB adjustment audit, there were no fundamental or recurring themes noted.

Decision / Conclusion

The Audit and Risk Committee noted the draft report and welcomed the final version to be presented at the meeting on the 30 May 2023.

Internal Audit Reports

A24 Waiting Times – ARC2324-09

D Eardley presented the Waiting Times Internal Audit which provided good assurance over the arrangements around effective monitoring and reporting.

Two improvement areas had been identified which if addressed would strengthen NHS Orkney's control framework.

The Chief Executive thanked the auditors for the report which provided a clear pathway for improvements. Members were informed that the Medical Director would take the executive lead role in carrying out a holistic review of waiting times which would include trajectories for improvement by service and evidence of clinical prioritisation.

Details of clear actions of underperforming areas would feature in the performance report. Moving forward, the report would routinely be at the Senior Management Team meeting and onward to Board.

Decision / Conclusion

The Audit and Risk Committee received the progress report and noted the information provided.

Internal Audit agreed to provide a breakdown of breaches, aligned to NHS Orkney and SLA partners.

Internal and External Audit Recommendations

A25 Internal and External Audit Recommendations – ARC2324-10

The Head of Finance presented the report advising that there were no internal recommendations brought forward following and there were five new recommendations added since the previous report. An extension was sought on Joint Working Arrangements 2022/23 to the 31 May 2023.

The Chair queried the lack of response to the Joint Working Arrangements recommendation. The Chief Executive assured members that this would be addressed with senior members.

Decision / Conclusion

The Audit and Risk Committee noted the update and approved the extension to the timeline as detailed.

Annual Accounts

A26 Draft Directors' Subsidiary Statement on Governance - ARC2324-11

The Head of Finance presented the report advising that the preparation of the subsidiary statement on governance was an important part of triangulating information available to the Chief Executive and supported compilation of the governance statement for inclusion in the annual accounts.

The statement had been reviewed and agreed by the Executive Management Team and would be presented as a final document at the 30 May 2023 meeting of the committee for approval.

The Chair highlighted risk management training and risk appetite as areas of interest and future focus.

14.2.2

I Grieve queried whether the statement was Scottish wide or pertinent to NHS Orkney as it would be relevant to earlier discussions around risk reporting through Governance Committees. The Head of Finance confirmed that the statements were updated by NHS Orkney, members agreed to further revision of the document.

The Chief Executive thanked the Head of Finance for the report and indicated that the executive directors would look over the report in finer detail with regards to assurance and confidence.

Decision / Conclusion

The Audit and Risk Committee reviewed the report, acknowledged the further input from the Executive Management Team and welcomed the final version at the 30 May 2023 meeting.

A27 Annual Accounts Update – Verbal

The Head of Finance presented the report setting out the NHS Orkney Annual Accounts timetable for 2022/23. Work had commenced on the preparation of the annual accounts for 2022/23, external auditors were expected to receive the full draft of accounts and supporting documentation by the 12 May 2023.

Regular meetings with the Chief Executive and Auditors had taken place to track progress as well as team meetings to review work pressures.

Subject to audit approval the Board had delivered against its three financial targets which were revenue resource limit, capital resource limit and the cash target.

The draft accounts would be presented to the Audit and Risk Committee on the 30 May 2023 and the final accounts would be presented to the NHS Orkney Board for approval on 22 June before submission to the Scottish Government by the 30 June 2023 deadline.

Decision / Conclusion

The Audit and Risk Committee noted the update.

Fraud

A28 Counter Fraud Services Quarterly report – ARC2324-12

Members had received the Counter Fraud Services quarterly report up to 31 March 2023 dealing with areas of prevention, detection, and investigation of fraud.

The report outlined the number of cases by Board; NHS Orkney had reported no cases in the period.

D Eardley shared intelligence from across the NHS that there had been bank impersonation scams and for departments to be aware and follow local procedures with regards to bank details.

Decision / Conclusion

The Audit and Risk committee noted the quarterly report.

Risk

A29

Risk and Assurance Report – ARC2324-13

The Planning, Performance and Risk Manager presented the report which provided an overview and update on risk management across NHS Orkney. Members were advised that the report was also viewed by the Executive Management Team and Risk Management Forum to ensure managers were aware and reviews and updates had taken place.

The areas of success highlighted were all risks were subject to regular review and update which demonstrated good practice. The Risk Management Strategy and Risk Management Forum Terms of Reference had been presented to the management meeting on the 8 March and were agreed. These would be brought to the Audit and Risk Committee on the 30 May 2023. There were no risks added to Tier 1, the Corporate Risk Register and most risks were managed through departmental registers.

There were two new risks added to the Tier 2 Business and Support Risk Register, both in relation to the Covid-19 enquiries and one re-activated risk within the Tier 2 Health and Care Register which related to outstanding actions in terms of digital records.

The Joint Clinical Care and Governance currently had oversight of the greatest number of very high risks and included the ability to deliver a resilient and sustainable model of care on the isles, the closure of HDU and the risk of delayed diagnosis and treatment due to staff capacity and capabilities.

The fourth very high risk was aligned and reported to the Finance and Performance Committee and was in relation to Corporate Finance Risk.

It was agreed that the Risk Management Forum Chairs report and minutes would be presented at the next Audit and Risk Committee meeting.

I Grieve raised concern over the two risks relating to Covid-19 enquiries with regards to the impact on staff time. The Planning, Performance and Risk Manager explained that the risk was in relation to the impact of the enquiry on the capacity within the system.

The Chief Executive acknowledged the point raised from I Grieve and informed members that the extent of the nature of the ask was unclear at this stage and NHS Orkney would contribute in a way to ensure obligations were fulfilled.

Decision / Conclusion

The Audit and Risk noted the information provided, noting that there were no specific issues to bring to the Committee at this time.

A230

Risks escalated from other Governance Committees

No risks had been escalated.

A31 Agree items to be brought to the attention of the Board or other Governance Committees

Board

- Annual reports and future alignment with plan on a page

A32 Any Other Competent Business

No other competent business was raised.

Items for Information and Noting only

A33 Audit Scotland Reports

- Technical Bulletin 2023-1

A34 Counter Fraud Services (CFS) Reports

A35 Reporting Timetable for 2023/24

Members noted the schedule of meetings for 2023/24

A36 Record of Attendance

The Committee noted the record of attendance.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
UK Covid Inquiry: privacy notice UK Covid Inquiry: privacy notice - gov.scot (www.gov.scot)	Privacy notice detailing how we apply data protection principles when processing personal data in the course of providing information to the UK Coronavirus Public Inquiry.
Scottish Covid-19 Inquiry Information: privacy notice https://www.gov.scot/publications/covid-19-inquiry-information-privacy-notice/	Privacy notice detailing how we apply data protection principles when processing personal data in the course of providing information to the Scottish Coronavirus Public Inquiry.
Health and Care (Staffing) (Scotland) Act 2019: overview https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/	Overview of the Health and Care (Staffing) (Scotland) Act 2019 for those who will be affected by it (health professionals and care service providers) to inform them of their responsibilities and signpost to support available. The provisions in the Act come into force in April 2024.
New dementia strategy for Scotland: summary https://www.gov.scot/publications/new-dementia-strategy-scotland-summary/	Summary of the New Dementia Strategy for Scotland (a 10-year vision for change) setting out the difference we want to make, prioritising how we improve delivery and impact, with a focus on enhancing community supports.
NHS healthcare standards: Board performance escalation framework https://www.gov.scot/publications/nhs-healthcare-standards-nhs-board-performance-escalation-framework/	The NHS Board performance escalation framework is one of the key elements to monitor performance and assess risk across the health and social care system in Scotland.
Suicide prevention Strategy and action plan: consultation analysis https://www.gov.scot/publications/creating-hope-together-scotlands-	Analysis of responses during consultation period of the development of Creating Hope Together: Scotland's suicide prevention strategy and action plan.

Topic	Summary
suicide-prevention-strategy-action-plan-analysis-public-consultation-responses/	

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2023) 09	30/03/2023	Medium secure supplement
PCS(AFC)2023/03	06/04/2023	NHS Scotland agenda for Change job description sharing protocol
DL(2023) 10	13/04/2023	Title change of the current anaesthetic assistant role in Scotland
CMO(2023)05	18/04/2023	Seasonal flu immunisation programme 2023/24: confirmation of adult cohorts
DL(2023)11	09/05/2023	Withdrawal of the coronavirus (COVID-19): extended use of face masks and face coverings guidance across health and social care, and the unpausing of ventilator associated pneumonia (VAP) and bacteraemia surveillance
DL(2023)12	16/05/2023	Human resource aspects of foundation and speciality training programmes: changeover dates for 2023-2024
DL(2023)13	16/05/2023	F1 induction and shadowing arrangements
DL(2023)14	22/05/2023	Supplementary staffing – agency controls
PCS(AFC)2023/04	05/06/2023	Changes to Section 15 of the Agenda for Change handbook

Reference:	Date of Issue:	Subject:
DL(2023)14	05/06/2023	Revised Guidance for the safe delivery of systematic anti-cancer therapy

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 2023 to 31 March 2024:

Name:	Position:	27 April 2023	7 June 2023	22 June 2023	24 August 2023	26 October 2023
Members:						
	Non-Executive Board Members:					
M McEwen	Chair	Attending	Attending			
D Campbell	Vice Chair	Attending	Apologies			
D Creasey	Non Executive Board member	Attending	Attending			
I Grieve	Non Executive Board Member	Attending	Attending			
R Gold	Non Executive Board Member	Attending	Attending			
S Heddle	Non Executive Board Member	Apologies	Attending			
S Johnston	Area Clinical Forum Chair	Attending	Apologies			
J Kenny	Non Executive Board member	Attending	Attending			
R McLaughlin	Employee Director	Attending	Apologies			
J Taylor	Non Executive Board member	Attending	Apologies			
	Executive Board Members:					
M Doyle	Director of Finance	Apologies	Apologies			
M Henry	Medical Director	Attending	Apologies			
L Skaife-Knight	Chief Executive	Attending	Attending			
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attending	Attending			
L Wilson	Director of Public Health	Apologies	Apologies			

Name:	Position:	27 April 2023	7 June 2023	22 June 2023	24 August 2023	26 October 2023
	In Attendance:					
S Brown	Chief Officer – IJB	Attending	Attending			
L Hall	Interim Director of HR	Attending	Apologies			
S Lewis	Consultant in Public Health	Attending	Attending			
C Somerville	Planning, Performance and Risk Manager	Attending	Attending			
K Somerville	Head of Finance	Attending	Attending			
E West	Corporate Services Manager	Attending	Attending			