



Board

NHS Orkney

Thursday, 18 July 2024 at 09:30 BST to Thursday, 18 July 2024 at 11:00 BST

Meeting Details: https://teams.microsoft.com/l/meetup-join/19%3ameeting_NWJIOGY3NjgtMWI4ZS00OWUwLTk5MDgtZDcyZDgzY2FmODEw%40thread.v2/0?context=%7b%22id%22%3a%2210efe0bd-a030-4bca-809c-b5e6745e499a%22%2c%22oid%22%3a%22b2a82692-9439-46bd-ab14-44b325f4958e%22%7d

Agenda

1. Apologies

2. Declaration of Interests

3. Minutes of previous meeting held on 27 June 2024

Presenter: Chair

To check for accuracy and approve

4. Matters Arising

5. Action Log

No recorded actions to follow up

6. Chair and Chief Executive Report

To receive an update

7. CHAIRS ASSURANCE REPORTS

7.1. Senior Leadership Team

To note the Chairs Assurance Report from the meeting on 4 July 2024

8. STRATEGY QUARTER 1 UPDATE

8.1. Corporate Strategy and Annual Delivery Plan Delivery Update versus KPIs

Presenter: Chief Executive

Presenter - Chief Executive

9. Healthcare Associated Infection Reporting Template

Presenter: Director of Nursing, Midwifery, AHP, Chief Officer Acute

To review progress and compliance and be alerted to any exception reporting

10. Digital Priorities

Presenter: Head of Improvement

To note the digital priorities for 2024/25 as agreed by the Senior Leadership Team

[Digital Delivery Plan](#)

11. ANY OTHER COMPETENT BUSINESS



Board Minutes

NHS Orkney

Thursday, 27 June 2024 at 11:30 BST

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Paul Corlass, Des Creasey, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, Meghan McEwen, Ryan McLaughlin, Laura Skaife-Knight, Jean Stevenson, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

In Attendance: Jarrard O'Brien, Julie Colquhoun

1. Welcome and Apologies

The Chair welcomed colleagues to the meeting.

2. Declaration of Interests

There were not declarations of interest raised

3. Minutes of previous meeting held on 25 April 2024

Members approved the minute as an accurate record of the meeting held on 25 April 2024.

4. Matters Arising

There were no matters arising.

5. Action Log

It was noted that there were no outstanding actions.

6. ANNUAL ACCOUNTS FOR 2023 - 2024 - NOT TO BE MADE PUBLIC UNTIL LAID BEFORE PARLIAMENT

The Recovery Director shared headline messages from the Annual Report and Annual Accounts, he advised that the board reported a small underspend at the year end, noting the Board has received £5.156 million of brokerage support, which is due to be paid back once the Board is in the position to do so. Members were advised that the most up to date version of the Accounts and Annual Report had been presented to the Audit and Risk Committee. J Taylor, Chair of the Audit and Risk Committee confirmed that the Committee had considered the Annual Accounts and Annual Report, along with some additional documents and subject to minor amendments the conclusion was to recommend to the Board.

Members agreed to accept the proposal and recommendation of the Audit and Risk Committee.

6.1. Annual Reports from all Board Governance Committees

The Corporate Governance Lead presented the Annual Reports and associated documentation to members. The Chair extended her thanks to Committee Chairs, Lead Executives acknowledging the volume of the work that has been done in the last year.

Members approved the Annual Governance Committee Reports

7. Board Chair and Chief Executive Report to Board

The Chair and Chief Executive presented key highlights from the report

- The launch of the long service recognition awards, reminding members that this has come as a result of feedback from staff, demonstrating we have listened and acted on something that really matters to staff. This is year 1 of a rolling programme of awards, with next week colleagues who have worked over 40 years being acknowledged for their significant service to NHS Orkney.
- The iMatter results are showing modest improvements this year: a 10% increase in response rates demonstrates improved engagement; staff feel better informed;; improvement in visibility, trust and confidence in Board members and staff feeling involved in decision making however it was noted there is still a lot of work to do for staff feeling safe in speaking up and confidence that they are heard and issues raised followed through.
- Members offered their congratulations to Anne Gregg awarded MBE, in the Kings Birthday Honours, who has 30 years service, the Chief Executive advised that she, along with the Chair and the Director of Nursing, Midwifery, AHP's and Acute services personally congratulated Anne and are hugely proud of her.
- The report acknowledged the attention nationally, and locally, in terms of delayed transfers of care, noting the impact on experience of our patients, patient safety and those patients who have no need of hospital care. The Chief Executive advised that the target operational model is no more than 4 delayed transfers of care. She went on to say a strategic system meeting has been held with colleagues from OIC, where a number of immediate actions were agreed to improve the position.

The Director of Nursing, Midwifery, AHPs and Acute services provided additional information to the Board in relation to the delayed transfers of care, advising members that the challenges experienced are a result of ongoing impact from the pandemic and other accumulated challenges has left Health and Social Care services experiencing a higher demand. She advised that as of Wednesday 26 June 2024 NHS Orkney have 8 patients whose care is delayed to transfer. Members were advised that the average age of patients in IP1 is 81 and in IP2 our Rehab Unit it is 83, showing the demographic of the patients across NHS Orkney.

The Chair added to the update sharing with members that it had been her pleasure to sign the Pride Pledge, acknowledging the success of the Pride Breakfast and the work done by the People and Culture Team. Members were advised that she had attended numerous meetings to understand the role of the Board in the delayed transfers of care and the governance of good winter planning.

Members noted the update.

8. Corporate Strategy - overall priorities, priorities for Q1 and Q2 by strategic objective, governance and reporting arrangements

The Chief Executive presented the paper setting out the next steps in terms of reporting against the key performance indicators (KPIs). She advised that the Executive Team had worked through the KPIs and deliverables for quarters 1 and 2, agreeing the highest priorities for this financial year and those areas that will require additional support from the Improvement Team. Members were reminded that each of the priorities are aligned to the Governance Committees who will receive a summary scorecard showing progress for their areas, with the Board and the Senior Leadership Team receiving the full report. The full report will be one consolidated report pulling together the Corporate Strategy and ADP deliverables by quarter.

The Chair acknowledged the amount of work that has already taken place in response to feedback from the Community such as the Waiting Times by Speciality published on the public website, and recognised the work still to do.

Board members welcomed the clear lines of accountability and ownership for each of the performance indicators.

Members **noted** and **accepted** the report and **noted** the governance and reporting arrangements.

9. Corporate Risk Register

The Medical Director highlighted the work that is taking place to improve the reporting and scoring of risks, she advised members that there is a gap in most of the risks in terms of mitigation, something that is being updated with the risk owners. Members heard that the future iterations of the cover paper will show the changes to risks in a more graphical format.

D Campbell acknowledged the improvement in data and information, asking if future iterations can also include the date that the data was extracted.

There was some discussion between members in relation to the digital related risks, the Medical Director gave assurance that there is work ongoing that will go some way towards mitigation of these Corporate risks.

Members **noted** the updated report, and the iterative improvements.

10. CHAIRS ASSURANCE REPORTS - BOARD COMMITTEES

To receive assurance from Committee Chairs

10.1. Joint Clinical and Care Governance Committee

Rona Gold, Chair of Joint Clinical and Care Governance Committee, highlighted the Annual Reports that were discussed and approved at the Joint Clinical and Care Governance Committee, acknowledging the amount of work that had taken place. Members were advised that there was a full discussion in terms of closing the loop on patient complaints, however, advised members that the Committee were content to refer the Annual Reports to the Board.

Members were **assured** that the Committee had discussed and approved the Annual Reports.

10.2. Finance and Performance Committee

Meghan McEwen, Interim Chair of the Finance and Performance Committee reported specifically on the Deep Dive into Waiting Times that was received at the Committee, acknowledging the work carried out by the Director of Improvement and the Head of Improvement, who provided an insightful deep dive report.

Members were asked to note the items escalated in terms of the out of date digital infrastructure, and the work that was necessary to prioritise what should be done in this financial year due to the constraints within the teams. She advised that this work will be presented to the Finance and Performance Committee on 11 July.

The Finance and Performance Committee has taken the decision to stand down to the bi-monthly meetings with the substantive Chair, Des Creasey taking up his position.

Members **received assurance** from the reports from the Interim Chair of the Committee.

10.3. Staff Governance Committee

Joanna Kenny, Non-Executive and Chair of the Staff Governance Committee presented key points from the meeting held in May 2024.

The Chair of the Board asked what the plans are to recover the performance in relation to the mandatory training elements reported which are presenting risk to the organisation, The Director of People and Culture advised members that a detailed report is being taken to the Area Partnership Forum in July to discuss how the protected learning time should go some way to addressing the matter, it was noted that the online training statistics are positive, the challenge is releasing people to attend the face to face training.

Members **noted** the update provided.

10.4. Audit and Risk Committee

Jason Taylor, Non-Executive and Chair of the Audit and Risk Committee presented the highlights from the meeting held on 7 May 2024. He advised of the significant work ongoing terms of risk management and advised members that the Committee had ratified the internal audit plan for 2024/25, which will report through the Senior Leadership Team for the operational oversight and monitor the progress and recommendations.

Members **received assurance** that a full discussion had taken place at the meeting on the internal audit, and how improvements can be made in terms of an integrated governance system which offers opportunity to build connections between committees.

Area Clinical Forum

Kirsty Cole, Chair of the Area Clinical Forum presented the assurance report from the meeting on 4 June 2024, advising members of the main matters of concern heard at the meeting, Members discussed the challenges raised to the Board in terms of clinical space, the Chief Executive proposed inviting the Area Clinical forum to have all their concerns presented to the Strategic Estates and Property Group to ensure they are fully sighted.

Members **received assurance** from the report.

10.5. Senior Leadership Team

The Chief Executive presented the reports from the 13 May and 3 June meetings of the Senior Leadership Team, the operational arm of our governance system.

Members were advised that the main issue to highlight from the 13 May meeting was the issue related to the DATIX system and risk of continuing on old server, she added that 3 new corporate risks were added following the meeting, closing the Corporate risk on staff turnover at the June meeting, in addition to receiving the report on the deep dive into the waiting times, approving the extension of the paediatric SLA. Members were also advised that they received a comprehensive update from Director of Dentistry and agreed to a number of strategic estates priorities.

The Chair commended the work and representation of the SLT.

Members **received assurance** on the breadth of the work being done.

11. STRATEGIC OBJECTIVE 1 - PEOPLE

11.1. Equality and Diversity Workforce Monitoring Report

The Director of People and Culture presented key themes from the report.

The Chair recognised the improvements in the presentation and detail in the report. J Kenny noted that whilst it is work in progress, she acknowledged the improvements made to date are really helpful.

The Director of Public Health acknowledged the report proposing that an explanation as to the make-up of the descriptors would be really helpful.

Members **approved** the Annual report.

11.2. Board Walkaround and Staff Feedback summary

The Chief Executive presented the paper summarising the Board visits and feedback. She advised that four walkarounds were reported in the paper, the visit to the neurology team had still not been reported. Members noted that the themes arising from the visits map neatly across to the corporate strategy, such as digital frustrations lack of integration between systems, small team challenges, staff health and wellbeing and lack of clinical space.

The Chair acknowledged the value of the walkarounds and the positive impact that has had in terms of the iMatter feedback on the Board visibility component. I Grieve reflected her positive experiences having done a number of walkarounds.

Members **noted** the report.

11.3. iMatter Results and emerging thoughts on organisational priorities in response to staff feedback

The Director of People and Culture shared the Board level iMatter results advising that the Board had a 69% response rate with every question showing an increase or staying the same from last years response. He advised there are still clear areas that require focus, which would be supported by the real-time feedback that will be received from additional surveys to understand better what the data is saying. Members were advised that local team action planning was currently underway,

I Grieve acknowledged the increased engagement rate and asked what is being done to attract those people who are not engaging in the next year. The Director of People and Culture advised that they are looking at how this can be done.

D Campbell welcomed the real-time information that is planned, asking when are likely to see the national benchmarking, the Chief Executive advised this would be available in quarter 3.

J Stevenson asked about getting into the team level information to see how teams are performing, which the Director of People and Culture confirmed is not currently possible, he went on to say that the planned local real-time surveys will enable much more insightful information.

The Chief Executive asked for a greater understanding of why people are not responding, asking the Staff Governance Committee and the Area Partnership Forum to shape and inform how things progress.

Member **noted** the report, the actions and next steps.

STRATEGIC OBJECTIVE 2 - PATIENT SAFETY, QUALITY AND EXPERIENCE

11.4. Infection, Prevention and Control Annual Report

The Chair of Joint Clinical and Care Governance Committee shared that the Committee had a full and robust discussion in relation to the Infection Prevention and Control Annual Report.

The Director of Nursing, Midwifery, AHP and Acute Services shared the key points from a very positive report from the Infection Control Team working collaboratively across NHS Orkney and Social Care. New patterns of working have been commended by the team and the report shows compliance with all standards as required.

The Director of Public Health noted the recognition of the work of some of the teams working behind the scenes.

Members noted and endorsed the Infection, Prevention and Control Annual Report.

11.5. Patient Experience Annual Report

The Chair of Joint Clinical and Care Governance Committee shared that the Committee had a full and robust discussion in relation to the Patient Experience Annual Report.

The Medical Director acknowledged the positive feedback that is incorporated into the report. Members were advised that Care Opinion will provide multiple routes for feedback from patients.

J Taylor asked if future iterations of the report could have some summary information on the themes from the SPSO Reports.

Members noted and endorsed the Patient Experience Annual Report, and welcomed a more rounded version of the Patient Experience Report coming to a future meeting.

11.6. Duty of Candour Annual Report

The Chair of Joint Clinical and Care Governance Committee shared that the Committee had a full and robust discussion in relation to the Duty of Candour Annual Report.

The Medical Director briefed members on the approach to Duty of Candour in response to significant adverse events. The Chair asked what improvement plans there are to reduce the time it is taking to address the Significant Adverse Event reports. The Medical Director provided assurance that there are plans in place to ensure that there are improvements particularly in terms of the recommendations and learning.

Members discussed how we map across the learning points and recommendations across to the future internal audits to give assurance that the points are not lost.

D Campbell asked how we share the learning points with the Community, the Medical Director advised that part of the Care Opinion work is about providing rapid responses to the issues.

Members noted and endorsed the Duty of Candour Annual Report.

11.7. Whistleblowing Annual Report

The Chair of Joint Clinical and Care Governance Committee shared that the Committee had a full and robust discussion in relation to the Whistleblowing Annual Report.

The Chief Executive advised members that there have been no formal Whistleblowing Cases in the period, however there have been 30 speak up cases recorded. She went on to share that the Confidential Contacts have had updated training and they meet quarterly with J Taylor, Whistleblowing Champion and the Chief Executive. Members were briefed on the work that has been done to communicate the number of opportunities there are for staff to speak up, acknowledging there is still a lot to do in this area.

J Taylor, as Board Whistleblowing Champion, acknowledged the good progress made, with confidential contacts and the organisational response to issues raised. Members were advised that future whistleblowing concerns raised with the SPSO will be routed through the Corporate Leadership Team.

Members noted and endorsed the Whistleblowing Annual Report

11.8. Integrated Incident and Risk Management Patient Safety System

The Medical Director presented item 12.5.2 which presented an update in the process for risk management. She went on to refer to a revised risk register process, which will be introduced across the organisation. 2 levels of risk management, corporate and operational, the updated process has been consulted on and tested with processes being changed with any feedback.

The Chair asked whether a new Risk Management Policy is being drafted, the Medical Director advised that a new Integrated Risk Management Process and Policy is being developed.

D Creasey noted the change and improvements proposed and asked whether training will follow. The Medical Director advised that training is planned, with training on TURAS being reviewed.

R Gold noted the new process and governance route for reporting, members were advised that updates will come back to Board through the Chairs Assurance Report from the Audit and Risk Committee

Members discussed and approved the updated process.

12. STRATEGIC OBJECTIVE 3 - PERFORMANCE

12.1. Integrated Performance Report

The Chief Executive presented the highlights from the Integrated Performance Report, giving explanation for some of the data that has not been reported in this version.

Members received performance metrics in relation to Operational (acute) Standards noting the areas where there continues to be good performance, however it was reported that waiting times shows a deterioration in performance for this period. The Chief Executive offered her apologies to those patients who are experiencing unacceptable waits.

I Grieve shared concerns about the Outpatients Waiting Times, seeking assurance on how the figure is going to be reduced, she was advised that the new Planned Care Programme Board will receive progress reports in terms of the improvement work in this area.

Workforce

It was noted that the appraisal compliance rate has increased, some discussion followed with I Grieve asking what is being done to further improve this rate. The Chief Executive advised that performance in this area is tracked through the Staff Governance Committee, with regular reporting coming to the Board via the chairs assurance report.

The Chief Executive advised members that they are currently in the process of finalising the arrangements for new performance review meetings, all areas will be held to account and supported to see improvements across many metrics, with appraisals forming part of this.

Quality and Safety

D Campbell raised concerns about the lack of data in this area of the report, as such no assurance can be gained in performance. The Medical Director shared some of the challenges in getting data, whilst improved greatly, getting data from those Boards off island that are commissioned to provide a service continues to be problematic. The Chair proposed a discussion takes place at a future development session with an objective to get a shared understanding of what the quality and safety standards should be.

Operational Standards

J Stevenson asked whether there is likely to be further problems with cancelled operations. The Director of Nursing Midwifery, AHP and Acute Services advised that this area is being considered as part of the Theatre Utilisation Improvement workstream. The Chair asked for thought to be given to how the Board will see the improvements actions and outcomes from this work.

K Cole asked when we are likely to see DNA data and what is being done to address this. The Medical Director advised that greater use of digital consultations might help reduce this. The

Chair proposed adding this data into the IPR. J Kenny asked for assurance that we are working with the community to help reduce the DNA rates.

Community

The Chair welcomed the addition of smoking cessation data and acknowledged that there is a plan for vaccination data to be added.

J Taylor acknowledged the work that is taking place to reduce MSK waiting times.

Members **discussed** and **noted** the content of the report.

12.2. Improving Together Programme Progress update

The Director of Improvement presented progress on the Improving Together Programme. Members were advised that there are further opportunities still being discussed and that members should expect to see a Cost Improvement Programme update at the next Board meeting.

The Chair asked for assurance that there is every effort being made to drive down spend in locum and agency staffing. The Director of Improvement advised that there was a £383k reduction last year, and that the Board should be in a position for zero agency in nursing by August.

The Director of Improvement advised members that there are 20 schemes being worked through, some of the schemes put forward have long timelines advising that those high value schemes have been achieved, those left are now lower value.

what do we need to do to set ourselves up to have an in house improvement team and what is the QI methodology - pulling together a proposal, will have the conversation as an exec team, onwards to SLT and Finance and Performance Committee.

R Gold asked what the timeline is in terms of the Bright Ideas being processed, the Director of Improvement advised that some ideas will be easier to action than others.

Members were **assured** on the progress of the Improving together programme.

12.3. Annual Delivery Plan Feedback

The Chief Executive presented the Annual Delivery Plan and feedback letter from Scottish Government and asked members to approve the Plan. She advised that quarterly reporting will begin with quarter 1 at the July Board, along with the Corporate Strategy.

Members **approved** the plan and **noted** the update from the Scottish Government and the response from NHS Orkney.

13. STRATEGIC OBJECTIVE 4 - POTENTIAL

13.1. Clinical Strategy progress update and proposal for 2024/25

The Medical Director presented the update to the Board showing what we have been able to take from the previous strategy. Members were advised that a forward look will regularly be submitted to the Joint Clinical and Care Governance Committee through the Clinical Governance Committee

Members **noted** the update and accepted the proposal.

STRATEGIC OBJECTIVE 5 - PLACE

13.2. Population Health Report

The Director of Public Health advised members that the paper presented focussed on cardiovascular disease. Members were advised that there is a National Action Plan for Heart Disease.

There was some discussion about the value of this kind of data to enable preventative strategic planning, using the data to improve the cardio vascular health of our Community. D Campbell asked for a more holistic public health report with more up to date data. The Director of Public Health advised the National Care and Wellbeing dashboard will provide a more holistic public health data set.

J Stevenson asked for further information in regard to Echocardiology provision in Orkney.

POST MEETING NOTE

The estimated number of cardiac echos undertaken from 2020-2022 shows a continued rise from the 608 undertaken in 2019, except for the 2020 drop associated with Covid.

2020: 470 (Covid lockdown)

2021 : 628

2022 : 693

Following retirement of our substantive Echocardiographer we have utilised agency staff to provide a service with regular clinics arranged in the Balfour. As we move to substantive recruitment to the post we have identified the funding required for a full time post and once the job description has been through job matching and evaluation panels we will proceed to advert, there has been interest in the post from those currently providing cover so we are hopeful to recruit. In recruiting to a full time post we will be able to expand service provision from the current part time service.

We are also looking at providing access to training for a number of our radiographers who are keen to develop this skill set.

Dr Kevin Fox, who has been at NHSO for a number of years has taken up a substantive contract with us and will therefore continue to visit Orkney for 2 weeks every month providing Consultant Physician services and Cardiology services.

Members **discussed** and **noted** the preventative activity being undertaken.

13.3. Community Planning Partnership Report

The Director of Public Health presented some key points of discussion from the Community Planning Partnership.

Members **noted** the update provided in the report.

13.4. IJB key discussion points

The Director of Public Health presented the key discussion points from the Integrated Joint Board meeting.

J Kenny asked for an update in terms of Child Vaccinations. The Director of Public Health advised that there is work being done to provide an update report to the next IJB.

Members **noted** the update provided in the report.

14. ANY OTHER COMPETENT BUSINESS

No additional items were raised.

15. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

15.1. Audit and Risk Committee

The minutes were noted and adopted

15.2. Finance and Performance Committee

The adopted minutes were noted and

15.3. Senior Leadership Team

The minutes were noted and adopted

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 18 July 2024
Title:	Board Chair and Chief Executive Report
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-Knight
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 June-July 2024, including:

- Reporting progress on Quarter 1's performance against the key performance indicators in our Corporate Strategy (Year 1)
- Celebrating 431 years of service from Team Orkney – relaunching our Long Service Awards
- Financial performance and leadership
- Agreeing our digital priorities
- Chair and Chief Executives' diaries – including meetings with external stakeholders and partners

2.2 Background

2.2.1 Reporting progress on Quarter 1's performance against the key performance indicators in our Corporate Strategy

This month we report our first Corporate Strategy progress update from Quarter 1 (April-June 2024) so that our community, patients and staff know how we're doing against the priorities that we committed to delivering against in 2024/25. The report summarises where we have made the progress we expected to make and where we are off track, with an update on what we are doing to recover the position where we are behind plan for delivery. The areas on 'red' for Quarter 1 include those in relation to improving appraisal rates and some specific work to further improve risk management, governance and clinical engagement.

Please see the detailed Quarter 1 paper on the agenda for fuller details.

2.2.2. Celebrating 431 years of service from Team Orkney – relaunching our Long Service Awards

It was a privilege for us to celebrate and recognise our 10 staff who this year mark 40-50 years' service to NHS Orkney and the NHS at a special afternoon tea on 4 July, fittingly the day before the 76th anniversary of the NHS.

The relaunch of events to recognise and celebrate Team Orkney for their achievements and commitment to NHS Orkney and the NHS, including Long Service Awards, is something we have introduced in direct response to staff feedback.

Those recognised were:

- Marie Wylie, Accounts Payable Manager (40 years)
- Moira Sinclair, Clinical Nurse Manager (40 years)
- Marie Garriock, Registered Nurse (42 years)
- May Leask, Senior Registered Nurse, Inpatient 1 Ward (42 years)
- Joyce Muir, Registered Nurse, Inpatient 1 Ward (43 years)
- Julie Inkster, Vaccination Nurse (43 years)
- Michelle Mackie, Interim Deputy Director of Nursing and Lead Midwife (43 years)
- Linda Tait, Registered Nurse, Day Unit (43 years)
- Patsy Hall, Macmillan Nurse (45 years)
- Diana Smith, Pre-Op Nurse, Outpatients (50 years)

The event was a very special moment of reflection with plenty of story-telling over sandwiches and cakes, after everyone was presented with their long service trophy, certificate and flowers.

Our long serving staff are the backbone of our organisation and make the NHS what it is – and NHS Orkney is no exception. We are incredibly proud of all of our long serving staff and would like to recognise their dedication and loyalty to NHS Orkney and the NHS over the last four to five

decades, which is simply incredible. We thanked all of these staff for the vital contributions they have and continue to make to our patients and our community.

These awards are possible thanks to the support of the Orkney Health Board Endowment Funds - a registered Scottish charity.

2.2.2 Financial performance and leadership

NHS Orkney is currently escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance. The Board submitted a financial plan for the 2024/25 financial period which forecast a full year deficit of £5.778m against the revenue resource limit.

The Board recorded a year-to-date overspend of £1.148m after the first two months of the new reporting period, slightly favourable to the £1.156m planned overspend, marking a positive start to the year.

The Board is required to deliver £4m of efficiency savings during 2024/25. The level of savings planned to be delivered by the end of May was £0.267m. The Board is confident this has been delivered but needs to validate the position with the Improvement Team as part of the Quarter 1 close. This will then be validated monthly as part of the month-end close process. £3.2m savings have been identified to date, 72% of which are recurrent savings, which is also positive progress in line with the requirements of our Financial Plan and those required by Boards by the Scottish Government. A monthly Improvement Board is in place, chaired by the Chief Executive, which reports to the Finance and Performance Committee to provide assurance.

Mark Doyle has left NHS Orkney after five years as our Director of Finance. We would like to reiterate our thanks to Mark for his service and contribution to NHS Orkney over the years and wish him all the best for the future.

We are currently benefitting from the external support we are receiving from our Recovery Director, who is an accountant by background with extensive Board-level experience. This colleague is covering the Director of Finance portfolio in this period and providing Board-level support and advice. This arrangement has the full support of our Board and Scottish Government. We are preparing to advertise for a new substantive Director of Finance and we are out to advert for an Interim Head of Finance presently to ensure we have strong leadership in this space. We will continue to keep our community and staff informed as we commence the recruitment process.

2.2.3 Agreeing our digital priorities

One of our top priorities in our Corporate Strategy is to accelerate digital transformation in the organisation and to improve our digital maturity. We have to be realistic about the digital and change management resource we have available to lead these changes and be mindful of the amount of change taking place across the organisation at any one time. As such, as a Senior Leadership Team, we have taken the decision to review our digital priorities and agree the three highest priorities for the year so we can focus on delivery and not over-stretch ourselves. These digital priorities for 2024/25 are:

1. Community Electronic Patient Record system
2. GP-IT reprovisioning
3. c-Cube migration and upgrade

We are in the process of setting up the project teams for delivering against these projects in year, with progress to be overseen by our Senior Leadership Team and Finance and Performance Committee.

Work will commence in the months to come on the digital roadmap for the coming years so that we have a clear view year-on-year of our priority projects and systems to see the improvements to our digital maturity that are needed, recognising the gap we have to close.

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

Chair

Meghan attended the National Centre for Remote and Rural Health and Care Strategic Programme Board, ensuring remote and rural systems and their needs are reflected in the training and development of staff is an essential requirement of delivering sustainable and high-quality healthcare across Scotland.

Meghan also attended a meeting with Territorial Board Chairs to share good practice, support one another, and build connections across Health Boards.

There was also the regular Board Chairs' meetings with Ministers discussing key areas of focus and assurance with Boards, including the national priority to reduce the numbers of people in hospitals who are medically fit for discharge. The meeting with the Cabinet Secretary took place and there was a focus on digital innovation and the need for system reform. It is timely that our digital priorities work has aligned with the national focus on this important area, and our ability to deliver for our patients and staff with our system limitations will be a focus of the Finance and Performance Committee in the coming year.

Meghan and two other Non Executives attended the Extended Senior Leadership Team meeting. These meetings are a welcome opportunity to connect with key leaders in the organisation and understand the issues and opportunities they wrestle with.

A highlight of the year so far was the Long Service Awards. What a privilege and honour it was not just to celebrate such dedicated colleagues but to spend time with their families and loved ones.

Regular meals with both Consultant and GP colleagues, attended by Meghan, Laura and a number of Executive Directors, have provided great opportunities for connection, relationship building, and a great deal of laughter.

The months ahead will be the first real road testing of our Corporate Strategy, and the work of our teams across the system to embed this new way of working is greatly appreciated.

Chief Executive

Laura had her monthly meeting with Liam McArthur, MSP for Orkney, to discuss and update on a number of matters, including the work we are doing to reduce our waiting times for patients, recognising the impact of extended waiting times on many of our patients and their families.

Early July, as above, we had our latest Extended Senior Leadership Team meeting. This is a quarterly meeting where the circa 40 most senior leaders from the organisation come together to discuss the work underway to deliver our Corporate Strategy and the changes that are needed in how we lead in this organisation to ensure we set the right tone, lead by example, live our values more of the time and lead with hope, energy and optimism. We had a great session earlier this month, where our focus was on collective leadership, our corporate strategy, planned care improvements, our Improving Together programme, our financial performance for months 1 and 2 and risk management training.

Laura, our Executive Team and our Chair attended our first sponsorship meeting with the Chief Operating Officer and team from NHS Scotland at The Balfour to discuss national developments and priorities. We presented an update on our improvement journey, progress and response to our challenges. The Chief Operating Officer strongly supported the work that is happening in the organisation to make the improvements that are necessary, that we are putting people first, and our focus on making changes that are sustainable. The national priorities remain clear – as described in the meeting – which are: delivering on our financial plan, reducing delayed transfers of care and reducing our waiting times (planned care focus) and all of these priorities are already locked into our Corporate Strategy.

Laura attended the national Board Chief Executive's meeting on 9 July 2024, which this month focused on unscheduled care and delayed discharges, improving our financial position, cyber security and integrated care.

As Meghan described above, celebrating the 10 members of Team Orkney who mark 40-50 years of service this year to the NHS and NHS Orkney was without doubt one of the highlights of the year and was such an honour.

Senior Leadership Team (SLT) Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Meeting: 18 July 2024
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:	SLT	
Presented By:	Laura Skaife-Knight, Chief Executive	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 4 July 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. MRI scanner service funding to be withdrawn from 31 March 2025 – with options under development for discussion with Scottish Government (paper will go onward to Finance and Performance Committee in July 2024). 2. Risks with progressing with only three digital priorities in 2024/25 in addressing our overall 'digital deficit'. 3. Very out-of-date policies remains a challenge and gaps in governance arrangements for policies/documentation added as a new risk. 	<ol style="list-style-type: none"> 1. Budget 'housekeeping' exercise underway ahead of a more comprehensive budget rebasing exercise in quarter 3 of 2024/25 2. Learning summaries from Significant Adverse Events action plans will be reported through the Clinical Governance Committee where they will be monitored to ensure they are actioned, followed-up and closed 3. Teams are encouraged to complete the follow-up iMatter questionnaire to enable a better understanding of what changes staff want to see that would further improve people's experience of working at NHS Orkney 4. Strengthening financial reporting, which is inclusive of supplementary staffing information, shared at SLT for discussion and feedback 5. Quarter 1 Corporate Strategy and Annual Delivery Plan reporting on track for July 2024's Board and clear governance routes in place for reporting progress for the remainder of the year
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. Members received the first draft of a new quarterly Safety, Quality and Experience report which presents incidents, significant adverse events, patient experience and complaints. 2. An iMatter overview report was received which shows positive improvements in 2024. 3. Results for Months 1 and 2 are in line with our Financial Plan for the year. 	<ol style="list-style-type: none"> 1. Decision to amend Risk 1211 reducing the likelihood score to 2 given the mitigation in place. 2. Decision to close risk number 312 with updated wording to other associated risks. 3. Agreed to support the new Planned Care Programme Board Terms of Reference 4. Agreed to support 3 digital priorities in 2024/25 following clinical and SLT engagement: Migrating and upgrading c-Cube; roll-out of Community Electronic Patient Record; Re-provisioning GPIT (paper to come onward to Finance and Performance Committee and public Board in July 2024)

- | | |
|--|---|
| | <p>5. Agreed to send the high-level options for the MRI scanner service to Scottish Government, to begin the conversation about potential options for provision moving forward.</p> |
|--|---|

Feedback about meeting:

- A huge agenda to be covered – but covered well and left time for good debate/discussion
- Papers to be clear on the ask of SLT in recommendations and if the 'ask' is different on the day to that in the paper – this needs to be agreed by the Chair in advance of the meeting
- Feedback welcomed at the next meeting on how people are finding the new monthly meeting rhythm
- No embedded documents or links to papers as makes it difficult for everyone to access

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 18 July 2024
Title:	Corporate Strategy 2024-2028 Quarter 1 Update
Responsible Executive/Non-Executive:	Laura Skaife-Knight - Chief Executive
Report Author:	Debs Crohn - Head of Improvement

1 Purpose

This paper is presented to the NHS Orkney Board for Awareness:

The Board is asked to.

- i. **Receive** the Corporate Strategy 2024-2028 quarter 1 update.
- ii. **Note** the areas of concerns where Key Performance Indicators (KPI's) are off track and seek assurance actions are in place to mitigate against risk of non-delivery.

This report relates to a:

- Corporate Strategy 2024-2028 – Potential, Performance, People, Patient Safety, Quality and Experience, Place strategic objectives
- Integrated Joint Board Strategic Plan
- Annual Delivery Plan 2024-2025 (ADP)
- Annual Financial Plan
- Financial Sustainability

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

- Safe
- Effective
- Person Centred
- Quality

2 Report summary

2.1 Situation

This paper has been produced to provide assurance to the Board on performance in quarter 1 2024/25 of our Corporate Strategy 2024-2028.

The Corporate Leadership Team (CLT) held time-out sessions in May 2024 led by the Director of Improvement and Head of Improvement to review and agree the Corporate Strategy actions and KPI's for quarters 1 & 2 of 2024/25.

A performance scorecard has been developed for reporting on a quarterly basis through our internal governance committees which align with our key priorities areas in the Improving Together Programme and our Annual Delivery Plan 2024/25.

As our Integrated Performance Reporting (IPR) continues to mature, this will see the introduction of an NHS Orkney Performance Management Framework (PMF). The PMF will encompass all national (NHS Scotland Delivery Framework and Annual Delivery Plan) and local (Corporate Strategy) KPI's for which delivery against all our plans will be reported, monitored, and assured.

A consolidated performance scorecard and exception report for quarter 1 is included at Appendix 1.

2.2 Background

This paper provides the Board with an overview of performance and key metrics in relation to each of the agreed reporting sections as set out in our Corporate Strategy and national reportable metrics required by Scottish Government (SG).

Quarter 1 has primarily focused on discovery and confirming deliverables are achievable with delivery leads. From quarter 2 onwards, the focus will shift from discovery to delivery, performance across all National and Local KPI's will be discussed at the Performance Review Meetings (PRM's) which will commence in September 2024.

2.3 Assessment

Quarter 1 performance

Appendix 1 provides an update on delivery against each of the quarter 1 deliverables outlined in the Corporate Strategy Delivery Plan 2024/25. Each of the strategic objective deliverables have been given a RAG status by the Executive Lead using the following definitions.

Quarter 1	
Status	Number of actions
Red - Significantly delayed. <ul style="list-style-type: none"> • Actions not implemented. • Deliverables and improvements not achieved. • Priority will not be delivered within original timescale recurring a minimum of 2 additional quarters to achieve 	3
Amber - Partially delayed. <ul style="list-style-type: none"> • Some actions implemented. • Progress towards deliverables and improvement evidenced. • A clear plan with mitigations in place to bring the priority back in line with original timescale or delivered within one additional quarter 	6
Green - Remains on track. <ul style="list-style-type: none"> • Action implemented. • Stated deliverables and improvement evidenced 	68

Exception Report

There are currently 3 deliverables RAG rated Red, 6 rated Amber and 68 Green. Appendix 1 provides an exception report for the KPI's rated red and amber and actions in place to bring the deliverable back on track in Q2.

2.3.1 Quality/Patient Care

Delivery of the metrics and KPIs set out in the Strategy will further improve the quality of care (and services) for patients and our community. Patient safety, quality, and experience of one of our strategic objectives. To support our commitment to quality improvement and patient centred care, our Improving Together Programme will focus on the following priority areas.

- Recruitment processes
- Outpatients Improvement
- Improving access to key services
- Improving population health
- Achieving Financial plan

- Risk Management
- Accelerating Digital Transformation

2.3.2 Workforce

Delivery of the metrics and KPIs set out in the Strategy will further improve the experience of working at NHS Orkney, including staff health and wellbeing. People is one of our strategic objectives.

2.3.3 Financial

Improving our financial performance and delivering our financial plan is one of our priorities for the year, as part of the Performance strategic objective.

2.3.4 Risk Assessment/Management

Corporate strategic objectives align to the corporate risk register and new risk management framework. In developing the Corporate Strategy overall objectives for 2024/25, consideration has been given to stress testing reasonability, current resources, and investment implications.

2.3.5 Equality and Diversity, including health inequalities.

As part of extensive engagement with our community, we sought the views of those who live on our ferry-linked isles.

Reducing health inequalities is a key priority as part of the Place strategic objective. Our Corporate Strategy takes into consideration local, regional, and national policy.

2.3.6 Climate Change Sustainability

Specific metrics and objectives in relation to climate change and achieving our net zero targets are included in our strategy under the Place strategic objective.

2.3.7 Communication, involvement, engagement, and consultation

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

This paper has been considered by the following groups as part of its development. These groups have supported the content and approve this report.

- Corporate Leadership Team – 11 July 2024

2.4 Recommendation (s)


The Board is asked to:

- Receive** the Corporate Strategy 2024-2028 quarter 1 update.
- Note** the areas of concerns where KPI's are off track and seek assurance actions are in place to mitigate against risk of non-delivery.

2.3 Appendices

The following appendix is included with this report:

Appendix 1, NHS Orkney Quarter 1 Performance Scorecard, and exception report

Corporate Strategy Performance Scorecard 2024-2025					
Strategic Objective	Executive Lead	Action	Key Performance Indicator (KPI)		Status Quarter 1
People	Jay O Brien Director of People and Culture	Develop a new staff experience programme which sets out how we will listen to and act on staff feedback and measure how staff are feeling about working here throughout the year	Develop a new staff experience programme		Green
			Improve iMatter score for overall engagement score from 6.4 to >7		Green
			Improve iMatter scores for employee engagement score from 74% to at least 78%		Green
			Improve iMatter score for staff recommending NHS Orkney as a good place to work from 70 to at least 75		Green
			Board and Executive Team development programme commissioned and phase 1 complete		Green
			Development programme commissioned for the Senior Leadership Team		Amber
			>5% of staff completed Quality Improvement training, prioritising the Improvement Team and Heads of Service		Amber
			Introduce Power BI in our Data and Improvement Team		Green
			Introduce a new Managers' Induction for new and existing line managers which covers: • Budget management • Appraisals • Sickness management • Compassionate leadership and conversations • Values and behaviours		Green
		Prioritise improving our appraisal, mandatory training, sickness and staff experience scores – recognising these are important measures of how staff feel about working here with the aim of creating a happier workforce	>40% appraisal rates		Red
			Sickness rates consistently below the national average of <6%		Green
			Further strengthen internal communications which is aligned to our strategy and values.		Green
			Develop a new long-term workforce plan to support the retention and development of our people		Green
		Ensure patients have a single point of contact – wherever possible to improve communication between our community and NHS Orkney	Ensure patients have a single point of contact – wherever possible to improve communication between our community and NHS Orkney		Green
		Introduce a new recruitment and retention programme which sets out how we will make NHS Orkney an attractive place to work and to pursue a career	Develop an innovative recruitment campaign which positions Orkney as a great place to live and work		Green
		Introduce a new recruitment and retention programme which sets out how we will make NHS Orkney an attractive place to work and to pursue a career	To work closely with schools and higher education institutions to offer career opportunities at NHS Orkney		Green
	6	Ensure all of our patients are treated with kindness, dignity and respect	25% of all clinical staff will complete Compassionate Conversations training		Amber
			25% reduction in complaints relating to poor communication with patients and families		Green
		Maximise learning from incidents, complaints and Significant Adverse	Patient stories and learning at public Board meetings Evidence that learning from complaints and Significant Adverse Events tis communicated to patients and staff		Green Green


Status	
Red	Significantly delayed. <ul style="list-style-type: none"> Actions not implemented. Deliverables and improvements not achieved. Priority will not be delivered within original timescale requiring a minimum of two additional quarters to achieve.
Amber	Partially delayed. <ul style="list-style-type: none"> Some actions implemented. Progress towards deliverables and improvement evidenced. A clear plan with mitigations in place to bring the priority back in line with original timescale or delivered within one additional quarter.
Green	Remains on track <ul style="list-style-type: none"> Actions implemented. Stated deliverables and improvement evidenced.

Patient Safety, Quality and Experience	7	Dr Anna Lamont Medical Director	Events	A multi-disciplinary approach to learning rolled out across the Organisation	Green
			Introduce new baseline metrics for safety, quality and experience and evidence year-on-year improvements in each domain	Integrated Performance Report in place including new and enhanced metrics for quality, safety and experience and the objective in 2024/25 is to improve in every area	Green
	8		Introduce a clear way of listening to and responding to patient feedback and partnering with patients in decision-making about their care, improving our services by exploring multiple ways of ensuring our diverse island communities are able to shape our organisation at all levels	Put in place a structure for ensuring patient engagement and voice is heard at all levels of the organisation	Green
				Work with the isles Wellbeing Co-ordinators to ensure the voice of our ferry-linked isles' communities are heard	Green
				New volunteer programme in place for NHS Orkney to connect with our community and third sector partners	Green
	9		Create a culture where staff feel safe speaking up about concerns, including safety concerns, and are confident that they will be listened to and acted on	Improve iMatter score for staff feeling able to raise safety concerns from 75-80	Green
				Improve iMatter the score for staff feeling confident concerns will be followed-up when they speak up from 65 to over 70	Green
	10		Further strengthen our approach to risk management, governance and clinical engagement	New Board Assurance Framework in place aligned to our new Corporate Strategy's strategic objectives	Green
				Increase staff engagement in risk management processes, as measured by participation in risk awareness activities and feedback	Green
				Enhanced Board understanding and oversight of risk, including delivery of a risk workshop for Board members, the Risk Management Forum and Extended Senior Leadership Team	Green
				All governance forums have Chairs, Terms of Reference and Chair's Assurance Reports feeding into Senior Leadership Team or Board Assurance Committees	Red
				Introduce a new Board Assurance Framework our Medical Director, Director of Nursing, Midwifery, AHPs and Chief Officer for Acute and the Director of Public Health will work together to improve clinical engagement, including relaunching our Clinical Advisory Groups to ensure the clinical voice is listened to	Red
				Develop an innovative recruitment campaign which positions Orkney as a great place to live and work	Green
				Work closely with schools and higher education institutions to offer career opportunities at NHS Orkney	Green
					Green
11	Further improve our waiting times for patients for: • Planned care (the time patients wait for outpatient appointments, operations, tests and scans) • Cancer care • Unscheduled (urgent) care	Improvement plans in place for each service to reduce waiting	Green		
		Reduction in waiting times for planned care services (Treatment Time Guarantee and outpatient standards) >10%	Green		
		Improve the discharge experience of patients, including those living on ferry-linked isles, via the isles Wellbeing Co-ordinators	Amber		
		Improve pre-noon discharges from 20% to 30%	Green		
		Reduce outpatient DNAs and cancellation rates by a minimum of 5%	Green		
		Further evolve our integrated performance report moving to exception reporting with a greater focus on mitigations and benchmarking	Green		
		Introduce quarterly Performance Review meetings for all core clinical and corporate services so that colleagues feel support and are held to account for delivery of objectives and operational and financial performance	Green		

Performance	12	Sam Thomas Executive Director Nursing, Midwifery, Allied Health Professionals, Chief Officer Acute Services	Further improve our waiting times for Cancer patients	Develop a cancer performance improvement plan	Green
	13		More transparency with our community about our waiting times for each service	Publish a simple summary of our performance each month to our community so it is easy to understand and digest, including waiting times by specialty	Green
	14		Improve access to a number of key services, including: Children’s, Mental Health, Primary Care, Dentistry, Pain and Eye Services	Ensure there are clear plans to improve access to key services in these specialties which are overseen at the Joint Clinical and Care Governance Committee and Finance and Performance Committee	Green
	15		Deliver our financial performance and delivering our Financial Plan for 2024/25, which includes achieving our £4million savings requirement	Deliver the Board-approved Financial Plan for 2024/25	Green
	16		Improve theatre utilisation, efficiency and reducing cancelled operations so that patients get a better experience in our care	Reduce cancelled operations by 50%	Green
	17		Have fit for purpose Service Level Agreements (SLAs), recognising we are reliant on other Health Boards to deliver timely care for our community	Prioritise reviewing our SLAs with NHS Grampian and NHS Highland	Green
				All SLAs to be overseen by Procurement with operational leads and regular performance review meetings to ensure they are delivering for our patients	Green
Improve our relationship with Loganair and in turn ensure this translates to performance improvements to minimise disruption caused by delayed/cancelled flights for our patients and staff		Green			
Potential	18	Laura Skaife- Knight Chief Executive Officer	Prioritise accelerating the digitisation of NHS Orkney – including looking at how technology and digital services can reduce patient journeys	Digital Maturity and Network and Information System	Green
				Roll-out additional functionality for M365	Green
				Maximise the use of Near Me (virtual appointments) to reduce the need for patients to go south for treatment	Green
				Implementation and reprovisioning of GP IT system	Amber
				Roll out new theatre scheduling tool	Green
				Introduce a new text message reminder service	Green
				Implementation of Community Electronic Patient Record (new action)	Green
				Roll out Digital Dictation	Green
				Migrate and Upgrade C Cube and Trakcare	Green
				Upgrade Trakcare functionality	Green
				Roll out the ability for patient-focussed booking	Green
	19	Develop a single Education Strategy which sets out our ambition for the future	Engage with all relevant professional groups and leads to develop a single Education Strategy	Green	
	20	Introduce a new risk management framework and enhancing people’s understanding of risk and management of risk at all levels of the organisation	New risk management framework in place which aligns to the Corporate Strategy and Board Assurance Framework	Green	
	21	Establish NHS Orkney as a hub for innovation and research in remote and rural healthcare through partnerships that unlock creativity within our people and communities	Bright (staff) ideas scheme – 50 ideas in 2024/25	Green	
			Set up a pipeline of students to undertake design or other innovation/improvement projects between NHS Orkney and our university partners	Green	

	22		Be a better partner by sharing information between agencies and Health Boards more freely so that our patients receive more seamless and timely care	Raise awareness of how to share information across the organisation to ensure more seamless care for patients	Green
	23		Refresh our Clinical Strategy to ensure it is aligned to the views of our patients, community and staff, and local, regional and national policy and priorities	Launch a refreshed Clinical Strategy following engagement with patients, community, partners and staff	Green
Place	24	Dr Louise Wilson Director of Public Health	Ensure our patients receive care locally wherever possible, preventing unnecessary trips south for care and treatment	Ensure patients only have to travel south or into The Balfour for appointments where absolutely necessary and use digital solutions wherever possible as the default – we will do this by increasing virtual appointments and Near Me use by a minimum of 5% versus 2023/24 data	Green
	25		Be clear with our community what services we offer locally and what services are provided south so this is more clearly understood	More honest communications with our community about how we will need to work in partnership, and what NHS Orkney needs from the community re: accessing and utilising health services appropriately	Green
	26		Further improve health outcomes and reducing health inequalities for our community	Develop a new approach to Population Health Management and Prevention reporting – with clear KPIs and metrics so that year-on-year improvements can be measured	Green
				Clear delivery plan and KPIs in place for our Anchor Strategy setting out 2024/25 priorities	Green
	27		Be a key voice at the Community Planning Partnership and developing strengthened place based partnerships with other local organisations, including public and third sector partners, so we fulfil our role as an anchor institution	Play a more active role in the Community Planning Partnership with a strong focus on prevention, reducing health inequalities, reducing poverty and NHS Orkney’s contribution to community wealth building	Green
				Further strengthen relationships with third sector partners	Green
	28		Increase the benefits to our community through innovative employment and procurement strategies, better use of land and assets, progressing our journey to net zero status and in doing so contributing to reducing the impact of poverty in Orkney and tackling climate change	Move forward on plans for the Old Balfour site and King Street – to ensure we maximise the use of these assets to support the delivery of our Corporate and Clinical Strategies	Amber
				Continue to work towards achieving net zero status, and progress on renovating the remaining NHS Orkney buildings (including the GP surgeries and houses on Sanday, Westray, Stronsay and North Ronaldsay) and removing fossil fuels, replacing with renewable energy and continuing to replace fossil fuel vehicles with electric	Green
29	Work collaboratively with the five other Territorial Health Boards in the North of Scotland to ensure we have sustainable clinical and corporate services	Contribute via the Chair and CEO’s meeting for the North of Scotland (the NHS Orkney Chair is the Chair of this group), via Executive Director/professional lead contributions in the North and via the Clinical Collaborative (where Medical Directors and Directors of Nursing in the North work together on key issues, including working together to create sustainable services)	Green		
	Work collaboratively with the five other Territorial Health Boards in the North of Scotland to ensure we are working	Use our Corporate strategy and priorities in all of our national conversations as leaders and Board members	Green		

	30	continue to ensure we are working together where it makes sense for our patients and staff and having a stronger 'voice' on the national stage and where relevant work more closely with the other island Health Boards (NHS Shetland and NHS Western Isles) to ensure the views are better heard and understood	The Chair, CEO and Executive Directors take lead roles in national and regional spaces for certain topics that will benefit both NHS Orkney and NHS Scotland	Green
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Strategic Objective		Executive Lead	Action	KPI	Deliverable at Risk	RAG Status	Mitigations
People	1	Jay O Brien	Develop a new staff experience programme which sets out how we will listen to and act on staff feedback and measure how staff are feeling about working here throughout the year	>5% (40) of staff completed Quality Improvement training, prioritising the Improvement Team and Heads of Service	QI Methodology agreed by end of June 2024	Amber	Quality Improvement (QI) working group has been established to oversee the development of NHSO's QI methodology and Training. 80 members of staff have completed change management training as a precursor to the QI training.
	1		Develop a new staff experience programme which sets out how we will listen to and act on staff feedback and measure how staff are feeling about working here throughout the year	Development programme commissioned for the Senior Leadership Team	Conversation to take place with SLT 4 July 2024 regarding development programme for 2024/25.	Amber	Conversation to take place with SLT 4 July 2024 regarding development programme for 2024/25.
	2		Prioritise improving our appraisal, mandatory training, sickness and staff experience scores – recognising these are important measures of how staff feel about working here with the aim of creating a happier workforce	>40% appraisal rates	People and Culture team to undertake a review of outstanding appraisals	Red	The following deliverables have been deferred to Q2 and will be monitored and reviewed by the Director of People and Culture. People and Culture team to undertake a review of outstanding appraisals. Additional training sessions delivered for managers in Q2
Patient, Safety, Quality and Experience	6	Dr Anna Lamont	25% of all clinical staff will complete Compassionate Conversations training	Ensure all of our patients are treated with kindness, dignity and respect	25% of all clinical staff will complete Compassionate Conversations training	Amber	Paper to SLT and Staff governance committee in August 2024 outlining training plan and approach to identifying staff who will complete the training.
	10		Further strengthen our approach to risk management, governance and clinical engagement	All governance forums have Chairs, Terms of Reference and Chair's Assurance Reports feeding into Senior Leadership Team or Board Assurance Committees	NHSO Governance and assurance framework agreed by June 2024	Red	NHSO Governance landscape to be discussed at the Board Development Session 18 July 2024
	10		Further strengthen our approach to risk management, governance and clinical engagement	Medical Director, Director of Nursing, Midwifery, AHPs and Chief Officer for Acute and the Director of Public Health will work together to improve clinical engagement, including relaunching our Clinical Advisory Groups to ensure the clinical voice is listened to	NHSO Governance and assurance framework agreed by June 2024	Red	Head of Corporate Governance is now leading this work. Progress up to date NHSO Board August 2024.
Performance	11	Sam Thomas	Further improve our waiting times for patients for: Planned care (the time patients wait for outpatient appointments, operations, tests and scans), Cancer care, Unscheduled (urgent) care	Improve the discharge experience of patients, including those living on ferry-linked isles, via the isles Wellbeing Co-ordinators	Identify issues by 30th June 2024.	Amber	Due to staff issues, recent COVID cluster and sight capacity there has been a delay in the initial meetings with the Isles Wellbeing Co-ordinators. Meetings are in the process of being set up, with first meeting taking place by the end of July 2024.

Potential	16	Laura Skaife-Knight	Prioritise accelerating the digitisation of NHS Orkney – including looking at how technology and digital services can reduce patient journeys	Implementation and reprovisioning of GP IT system	Primary Care IT Facilitator resource in place to support deployment of the system by June 2024	Amber	As the GP IT facilitator post is still awaiting the outcome of job evaluation, conversations are taking place with NHSG to ascertain if they can provide project management support to support the roll-out of GPIT. Digital Information Operations Group are responsible for oversight of the delivery of the action, progress will be tracked and monitored by the Head of Improvement
Place	28	Dr Louise Wilson	Increase the benefits to our community through innovative employment and procurement strategies, better use of land and assets, progressing our journey to net zero status and in doing so contributing to reducing the impact of poverty in Orkney and tackling climate change	Move forward on plans for the Old Balfour site and King Street – to ensure we maximise the use of these assets to support the delivery of our Corporate and Clinical Strategies	Funding proposal developed and presented to Board June 2024	Amber	Recommendation from the Strategic Property Group Meeting 5 July 2024 to undertake wider strategic estates review to be discussed at NHSO Board 18 July 2024.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Infection Prevention HAIRT
Responsible Executive/Non-Executive:	Sam Thomas, Executive Director of Nursing Midwifery and AHPs & Chief Officer Acute
Report Author:	Sarah Walker Infection Prevention 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

2 Report summary

2.1 Situation

This report provides the Board with infection prevention & control surveillance of infection and provides an update of Infection Prevention & Control and wider team activity and progress for April to May 2024. The data is set at real time and includes all fully investigated cases and findings.

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 standards and infection prevention activities.

2.3 Assessment

The LDP Standards for 2024-25 are yet to be confirmed.

There is a recognition in ARHAI that achieving a set standard year on year for boards with very small numbers is unrealistic and it is hoped that when the LDP standards are released this will be based on case numbers rather than percentage reductions. Our aim continues to be that all cases are fully investigated with clinicians and teams to ensure that where there are any preventable cases, lessons are learned and shared to prevent recurrence, recent cases have not proved preventable following investigation.

Some of the criteria that also includes patient cases into healthcare associated infection are based on being a care home resident or having a urinary catheter insitu, which although may increase the risk, maybe not the presenting complaint, and this then skews the data to represent a healthcare associated presentation.

A cluster of Covid-19 cases has been identified in recent weeks and an exceedance report was sent through to ARHAI Scotland to inform them of the situation. This will continue to occur occasionally and as with any other infectious pathogen, the team continue to monitor daily and follow infection prevention and governance procedures for all pathogens where an alert infection trigger is met.

2.3.1 Quality/ Patient Care

The team aim to provide any learning from all cases investigations or incidents that would impact/improve patient care. Indwelling device care bundles are improving and there is planned work with the Clinical Nurse Managers to improve the documentation.

2.3.2 Workforce

The Infection Prevention Workforce Strategic Plan 2022-24, issued initially in December 2022 and followed with a DL (2024) 11 outlining a team role descriptor, is ongoing.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

Risk assessment is ongoing on a daily basis and core to the IP&C service.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Climate Change Sustainability

IP&C are involved in year 2 of the decarbonisation project.

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement and consultation

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

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

- Infection prevention & Control Committee, 12 June 2024

2.3.9 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.

- N/A – mandatory report

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- None

NHS Orkney

Infection Prevention & Control HAIRT Report

June 2024

Created by:

Sarah Walker

Infection Control Manager

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2 Report Summary

2.1 Situation

This report provides an update of Infection Prevention & Control and wider team activity and progress for April to May 2024. The data is set at real time and includes all fully investigated cases and findings.

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

Surveillance for quarter 1 of 2024 are still being confirmed with ARHAI Scotland and therefore there is little to report for this HAIRT. The LDP Standards for 2024-25 are yet to be confirmed.

There is a recognition in ARHAI that achieving a set standard year on year for boards with very small numbers is unrealistic and it is hope that when the LDP standards are released this will be based on case numbers rather than percentage reductions. Our aim continues to be that all cases are fully investigated with clinicians and teams to ensure that where there are any preventable cases, lessons are learned and shared to prevent recurrence, recent cases have not proved preventable following investigation.

Some of the criteria that also includes patient cases into healthcare associated infection are based on being a care home resident or having a urinary catheter insitu, which although may increase the risk, maybe not the presenting complaint, and this then skews the data to represent a healthcare associated presentation.

A cluster of Covid-19 cases has been identified in recent weeks and an exceedance report was sent through to ARHAI Scotland to inform them of the situation. This will continue to occur occasionally and as with any other infectious pathogen, the team continue to monitor on a daily basis and follow infection prevention and governance procedures for all pathogens where an alert infection trigger is met.

2.4 Recommendations

The Board is asked to note the report and the Infection Prevention team continue to support and facilitate improvement on a daily basis, by monitoring and updating staff on the management of infections, updating staff to changes within the National Infection Prevention and Control Manual, changes in the evidence bases and providing information and rationale for areas where improvement can be made. The team also ensure that positive feedback is given where possible, including the small wins and celebrating success where teams have shown improvement.

Staphylococcus aureus bacteraemia (SAB)

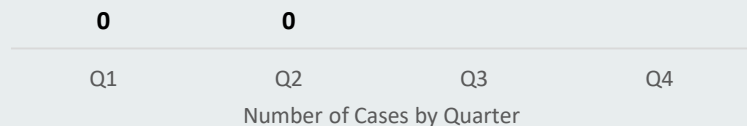
Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP standard reduction is set at 10% for Orkney, the aim is to achieve zero preventable cases.

As our cases are small, the focus is on the preventable cases where learning can be shared, to prevent further cases, and the last case where learning and changes in practice was needed was several years ago. Therefore, meeting a 10% reduction standard is likely not achievable, so NHSO aim for zero preventable. **There are no cases to date for Quarter 1 or Quarter 2 2024.**

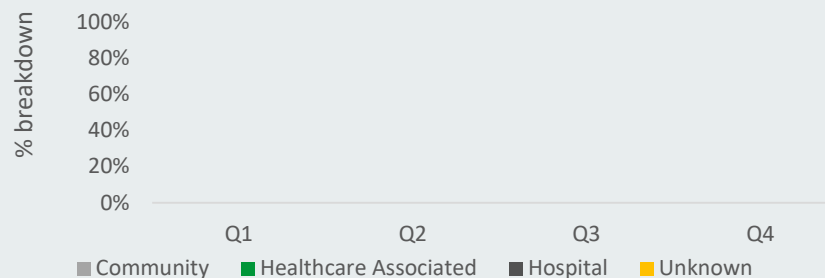
Dashboard

Calendar year 1st Jan 2024 to 31st Dec 2024 for *Staphylococcus aureus* bacteraemia (SAB) – LDP Standard 10%

SAB numbers Jan -Dec 2024



SAB Acquisition



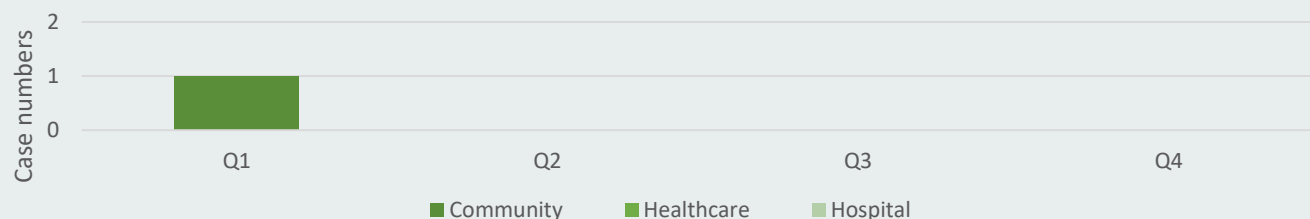
Clostridioides difficile Infection

Clostridioides difficile Infection Surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The standard (April to March) is based on rate per 100,000 bed days.

This does prove problematic for NHSO, with swings in data for small numbers. We continue to report cases and look at the preventable infections where identified, for improvement.

Calendar year 1st Jan - 31st Dec 2024 for *Clostridioides difficile* Infection– LDP Standard 10% reduction

CDI Acquisition

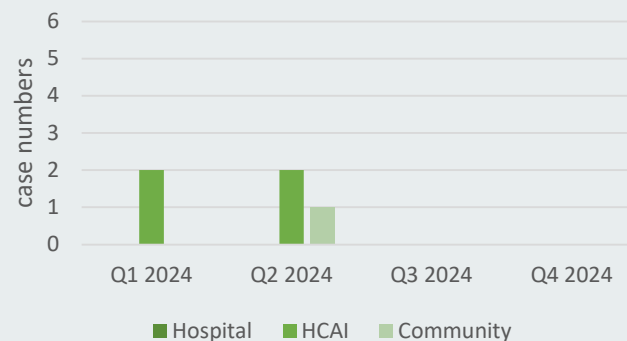


E. Coli Bacteraemia

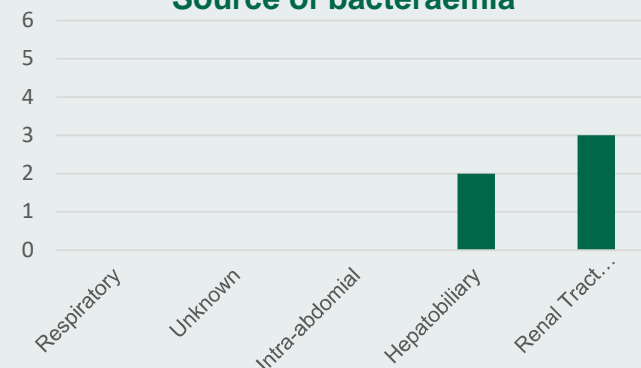
National surveillance of *E. Coli* bacteraemia continues, and this year's standard is still awaited. The standard rate is set on per 100,000 TOBDs (April-March). As mentioned above, this does prove problematic for NHSO with swings in data for small numbers. We continue to report cases and look at the preventable infections where required for improvement.

Calendar year 1st Jan 2024 to 31st Dec 2024 for *E. Coli* bacteraemia (ECB) – LDP Standard 25%

ECB area of Acquisition



Source of bacteraemia

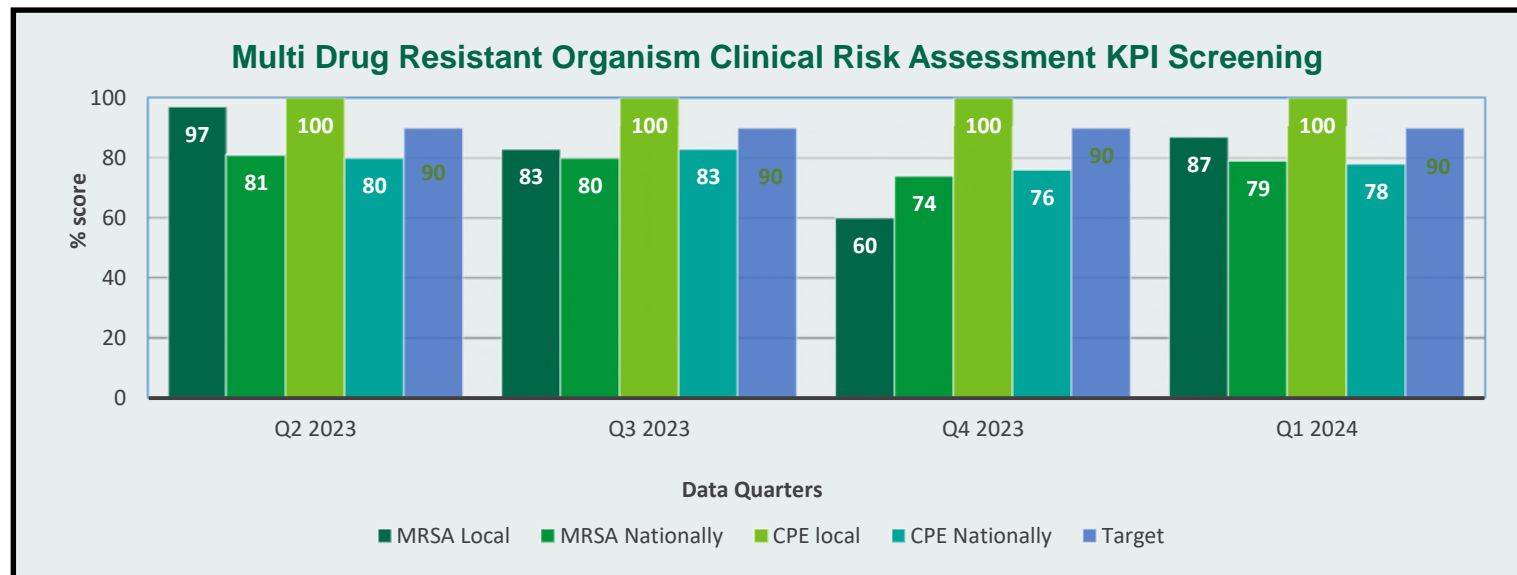


Multi Drug Resistant Organism (MDRO)

Clinical Risk Assessment National

Screening

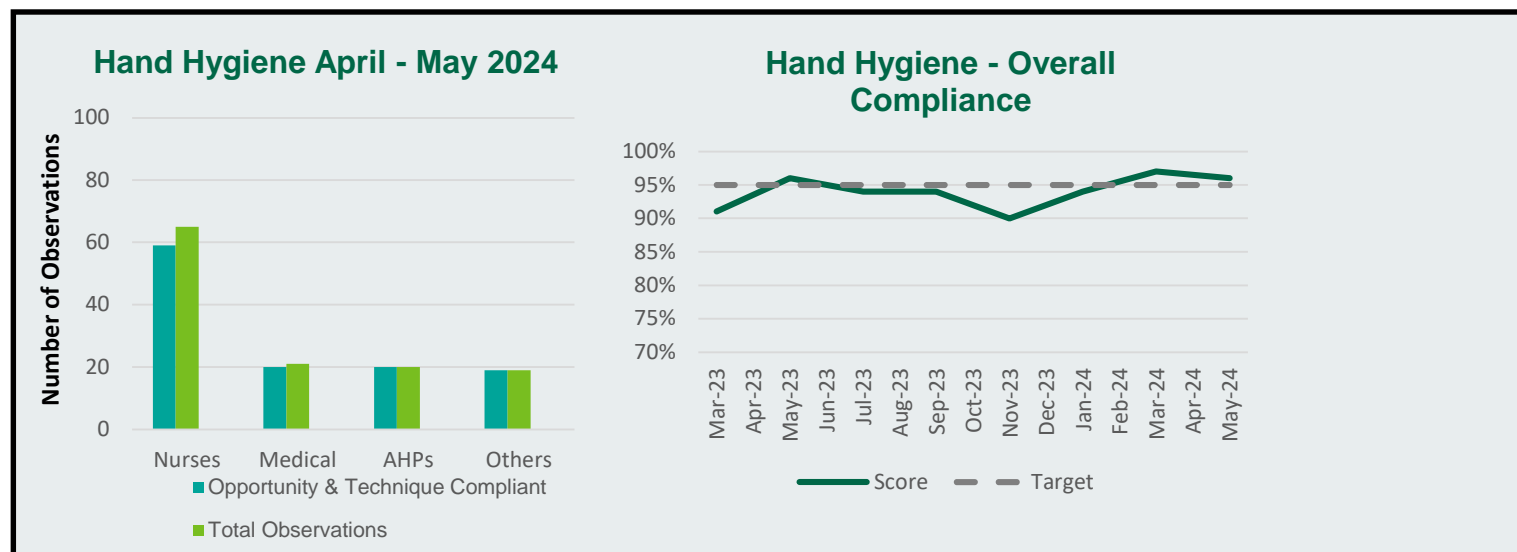
Following escalation to SCNs following the dip in completion of clinical risk assessment in Q4, Q1 of 2024 has seen a return to above the national average for completion of the CRA. IPC staff continue to work with teams to assist with maintaining this improvement.



Hand Hygiene

The hand hygiene score for April through to May is 96% this is for both opportunity taken and correct technique. A total of 125 hand opportunities were observed, 5 of these failed to take the opportunity, resulting in 120 being observed for hand hygiene technique.

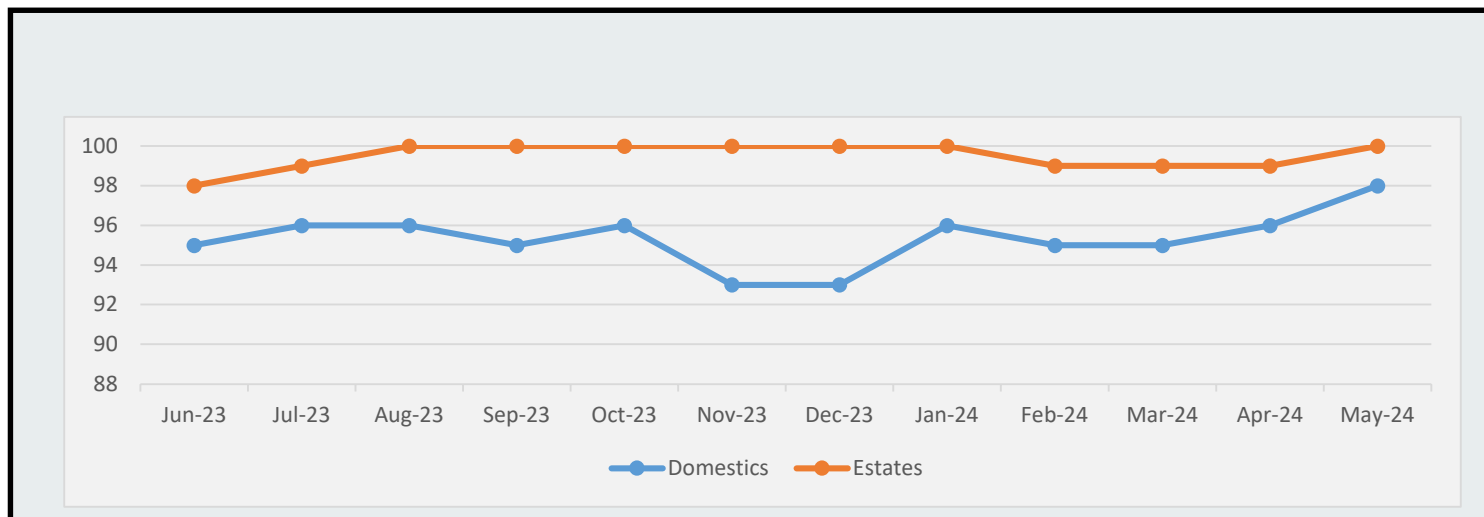
All aspects of noncompliance, such as dress code continue to be addressed on an individual basis with all staff groups.



Local 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. Locally reported scores attached.



Infection Prevention Quality Assurance Audits

The quality assurance audits are ongoing, and most departments have had their 6 monthly revisits. The IP team are working with the areas to support improvements where needed and the audit cycle continues. Some areas now also require Estates support into some secondary care upkeep, as we're now approaching five years in The Balfour some areas are requiring some maintenance.

The IP team have recently supported wards and departments to make improvements with sharps bin management, by undertaking a daily check and feeding back to the team at the time. This work came through from other recent healthcare scrutiny audits undertaken by Healthcare Improvement Scotland. The team have already seen an improvement and reduced from daily reviews of sharps bins to weekly to ensure practice is maintained. This will improve health and safety within the wards and departments.

The community GP practice audits are well underway and there is an attempt where possible to co-ordinate these visits after completion of the decarbonisation project for practices that have been completed in year 1, with feedback to Estates team where needed to ensure a tied-up approach to the built environment in GP Practices.

Patient Safety Improvements

Indwelling device audits continue in inpatients areas with a marked improvement in bundles of care for peripheral vascular cannulas and urinary catheters. Team have received feedback and celebrated success, through use of ward messaging. The improvement has been noted across all staff groups, which is a big step forward. Huge well done to the inpatient teams!

Decontamination of Reusable Patient Equipment

The Tristel 3 step system for the decontamination of Semi-Critical ultrasound probes is in use within 4 departments in The Balfour. All departments are using the logbook that comes with the product to provide the mandatory traceability and tracking information required throughout the decontamination process.

All staff using the system for decontamination are required to complete training videos provided by Tristel on an annual basis, departments are required to ensure these records are held locally and that new staff have completed this prior to using the system.

The IP team continue to work with the areas to ensure that this is updated and completed to ensure assurance processes are in place in the departments using the products.

Global Hand Hygiene Day

World Hand Hygiene Day was the 5th May and the theme was sharing the knowledge. The IP team took a different approach this year and swabbed some frequently touched areas within the clinical areas and a wristwatch. Our colleagues in the lab kindly processed the samples and there were some very interesting findings.

The IP team felt that a visual representation of why wrist watches should not be worn in the clinical area would be useful to evidence the message of being bare below the elbow. The team had an information board set up in the hub for the week, ran some competitions and took our “Handy Frame” to the different areas of the Balfour to provide a talking point and engage with the teams to deliver this important message.

Infection Prevention & Control Workforce Strategic Plan

The Infection Prevention Workforce: Strategic Plan 2022-24, issued initially in December 2022 and Role Descriptors issued in DL (2024) 11, is ongoing within Boards. The aims are to create an appropriately skilled and sustainable workforce alongside an nationally integrated IPC Surveillance system.

The strategy sets out role descriptors for the IPC team, and additional guidance for roles a Clinical Lead (where Boards choose to use them, Infection Prevention & Control Manager, Infection Prevention & Control Practitioner, Infection Prevention & Control Associate Practitioner, and Infection Prevention & Control Doctors.

Care Home Support

Support to care homes continues, educational sessions on PPE continue to support the reduction in glove use as requested by Care Homes Managers to support them with improvements within the care setting. The Infection Prevention Practitioner who has responsibility for the care homes has been out to deliver training and supplying hand hygiene facts and information from the hand hygiene day the Infection Prevention Team held, to support the manager.

Exception Reporting to Scottish Government

An exception report has been submitted for a cluster of covid cases within one of the inpatient wards. This will be ongoing part of IP&C surveillance, as with any other pathogen and infection triggers recorded.

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 18 July 2024
Title:	Digital Budgets and Prioritisation 2024/25
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Debs Crohn – Head of Improvement

1 Purpose

This paper is presented to the NHS Orkney Board for Awareness.

Directors are asked to

- i. **Note** the agreed digital priorities for 2024/25.
- ii. **Note** the digital allocations for 2024/25.

This report relates to a:

- Corporate Strategy 2024/28 – Potential strategic objective
- Integration Joint Board Strategic Plan
- Annual Delivery Plan 2024/25 (ADP)
- Annual Financial Plan
- Financial Sustainability

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

- Safe
- Effective
- Quality
- Person centred.

2 Report summary

2.1 Situation

Concerns were raised at the May 2024 Finance and Performance Committee around the amount of cost pressures coming forward in relation to digital services. Similarly, digital, and organisational capacity was raised as a risk to delivery due to the resources needed to train, engage, and implement new digital capabilities at a time when the Organisation is undergoing significant changes.

A Digital and Information Services Delivery Plan for 2024/25 (Appendix 1) has been developed which includes national and local deliverables as well as actions contained in the Corporate Strategy under the potential Strategic Objective.

In addition to local priorities, NHS Orkney must deliver and contribute to Scottish Governments (SG's) national programmes on a 'once for Scotland' basis, these are set out in Appendix 2.

To ensure continuity of safe person-centred care which prevents patient harm, the Digital Information Operations Group (DIOG) at its meeting on the 17 June 2024, undertook a Must, Should, Could, Wont (MuSCoW) prioritisation exercise.

The Senior Leadership Team (SLT) at the meeting on the 4 July 2024, discussed and agreed the digital priorities for 2024/25, noting the national and local digital allocations for 2024/25 required to accelerate digitisation at NHS Orkney.

Finance and Performance Committee at its meeting on the 11 July 2024, were assured that digital priorities and digital allocations for 2024/25 align with our Corporate Strategy 2024-2028 and Annual Delivery Plan.

Board of Directors are asked to note the Digital Priorities and financial allocations for 2024/25.

2.2 Background

The [Enabling, Connecting and Empowering: Care in the Digital Age strategy](#) sets out key deliverables Scottish Government (SG) expect Health Boards to deliver as part of the Annual Delivery Planning Process. This includes our approach to making better use of data and technology to improve access to services ensuring a strong focus on addressing known gaps and weaknesses in how we collect, share, and analyse data to improve health outcomes in a secure, transparent, and ethical manner.

As set out in NHS Orkney Corporate Strategy 2024-28 a key priority under the Potential Strategic Objective is the acceleration of digitisation including looking at how technology and digital services can reduce patient journeys.

To note - national programmes are out with the control of NHS Orkney, they are managed by several delivery partners on behalf of Scottish Government. Whilst national programmes are not delivered by NHSOs digital services team, there will be a requirement for the team to be involved in the implementation as well as supporting the business change. NHS Orkney is required to contribute a share to national programmes as outlined in the National Resource Allocation Formula (NRAC)¹.

2.3 Assessment

To deliver local and national priorities, adequate funding, resources, skills, and business engagement is required if we are to see a cultural shift to a digital first organisation. Given the current financial envelope and limited capacity across the organisation to roll out change at the pace required, an honest conversation needs to take place about which projects we must do in 2024/25 to ensure clinical care is not compromised and no patient harm occurs.

Digital Prioritisation Exercise

To ensure no adverse impact on clinical care resulting from the roll out of digital capabilities, the DIOG has undertaken a prioritisation exercise for the local and national digital projects planned for delivery in 2024/25.

Methodology

To identify 2024/25 priorities, delivery and executive leads were asked to undertake a prioritisation exercise scoring each deliverable against the following criteria.

¹ National Resource Allocation Formula (NRAC) is the Formula used to inform the geographical allocation of the NHS Budget in Scotland.

- Will it address or mitigate a risk on the Corporate Risk Register? (with a focus on patient safety)
- Does it support delivery of our Corporate and Clinical Strategies?
- Does it respond to patient or staff feedback about improving care and services?
- Does it contribute to improving waiting times, patient safety, and care quality?
- Will it move us from a national outlier position comparative to other Boards?
- Does it improve the sustainability and viability of our clinical services?
- Is this a legislative requirement (including requirement for registration)
- Will this respond to a Cyber Security Risk?

Each criterion was given a score as follows.

Scoring Matrix	
5	Yes – The project/deliverables fully meet the criteria
0	No –The project/deliverables do not meet the criteria

MuSCoW Prioritisation Matrix	
40	Must
35	Should
30	Could
Twenty-five or below	Won't

Outcomes of the Digital Prioritisation Exercise

Figure 1 outlines the outcomes of the digital prioritisation exercise undertaken by the DIOG on the 17 June 2024.

Figure 1 – Digital Prioritisation Outcomes

Care in the Digital Age SG Priority	Corporate Strategy Digital Deliverable	Total Score	MuSCoW
Digital Foundations	Migrate and upgrade c-Cube	40	Must
Digital Foundations	Replacement of DATIX system	40	Must
Digital Foundations	Implementation and re-provisioning of GP IT systems	40	Must
Digital Foundations	Roll out Community EPR	40	Must
Digital Foundations	Upgrade Trakcare functionality to include Inpatient EPR and ED module	20	Must
Digital Foundations	NIS audit Improvement Plan 2024	40	Must
Digital Services	Maximise the use of Near Me (Virtual appointments) to reduce the need for patients to travel south for treatment	30	Could
Digital Foundations	Introduce a new text message reminder service	30	Could
Digital Foundations	Introduce the ability for patient focused booking	30	Could
Digital Foundations	Roll out to other departments/services Digital Dictation	25	Won't
Digital Foundations	Embed and rollout additional functionality for the M365 platform	20	Won't

Digital Futures	Roll-out new Theatre Scheduling Tool	20	Won't
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At the DIOG meeting on the 17 June 2024, members considered the digital prioritisation matrix taking into consideration the following.

- resource availability - financial and workforce
- national 'Once for Scotland' programme timelines
- additional funding requirements (cost pressures)
- capacity within the organisation to deliver the changes required to embed digital transformation.

After the 'Must' priorities were determined, it was still clear that there was not the digital nor organisational change capacity to deliver on all six priorities and therefore a further discussion took place at the Corporate Leadership Team (CLT) on 27 June 2024 where it was agreed that the 3 proposed priorities outlined in Figure 2 are taken forward, which CLT unanimously agreed on, ahead of a discussion at SLT early July 2024.

The Senior Leadership Team (SLT) at the meeting on the 4 July 2024, discussed and agreed the digital priorities in Figure 2 and are supportive of the 'Must' priority digital projects, noted the national and local digital allocations for 2024/25 and asked that a clear digital roadmap with timelines by brought back to SLT for the projects that will not be taken forward this financial year.

Finance and Performance Committee at its meeting on the 11 July 2024, were assured that digital priorities and digital allocations for 2024/25 align with our Corporate Strategy 2024-2028 and Annual Delivery Plan.

Figure 2 – 'Must' Priority Digital Projects 2024/25

Project (in priority order)	Reason for decision	Start date	End date	Funding	Business Lead	Digital Lead	Project Manager	Comms Business Change
1. Migrate and upgrade c-Cube	Cyber security risk Business requirement Mitigates corporate risk. Patient Harm	June 2024	Sept 2024	Yes	Yes	Yes	Yes	Yes
2. Roll out of Community EPR	Urgent business requirement Mitigates corporate risk. Patient Harm	July 2024	April 2025	Yes - IJB for Year 1	Yes	No	Recruitment underway	No
3. Re-provisioning GP IT systems	National once for Scotland Programme Business critical system Patient Harm Nationally mandated	Jan 2024	Sept 2025	Yes	Yes	Yes	Recruitment underway	Part of national programme

National Information Security Audit

Whilst DIOG prioritised the National Information Security Improvement Plan as a 'Must' priority this is included in the digital services workplan for 2024/25 and resources and funding confirmed.

Upgrade Trakcare functionality to include Inpatient Electronic Patient Record (EPR) and ED module.

The upgrade to TrakCare (supplied by NHS Grampian) has been removed as a 'Must' priority as this is included in the digital services workplan for 2024/25 and resources and funding confirmed.

Replacement of DATIX System

DIOG recommended the replacement of the DATIX system, however due to capacity to undertake significant change across the Organisation, the digital services team have advised there is an option to migrate the DATIX system to another server and not to deploy the InPhase system until 2025/26 noting there will still be costs associated with this option, reporting of Risks, Serious Adverse Events & incidents will continue to be paper based process making it slower to resolve and work on implementing some elements of the Risk Management Framework may need to be 'paused' till next financial year.

Whilst the InPhase system is available to Health Boards on the national framework, seven territorial health boards have signified their intention to move to the system but have not yet done so. Scottish Ambulance Service are the only Board to move to implementation at this current time.

2.3.1 Quality/ Patient Care

Successful digital transformation delivers multiple benefits, from improved clinical outcomes and patient/service user experience, through to financial savings. The benefits of having a safe and effective digital infrastructure will be realised at an individual, Board, and whole system level. Substantial medium to long-term benefits can only be achieved and sustained with organisational change that goes beyond quick fixes and technology upgrades.

2.3.2 Workforce

There is work to do across the organisation to raise awareness of digital transformation and the changing health and social care landscape. The success of digital transformation is entirely reliant on people's ability to know when, why and crucially how to use digital.

The delivery of safe, person-centred quality care demands the development and effective running of our technology to fully realise the benefits systems offer. Having the right tools and technology in place will enable our workforce to be more productive and efficient as we continue our improvement journey with and for our workforce.

Organisational capacity to embed digital changes.

The main issue for the delivery of NHS Orkney's Digital Services is the lack of resources, skills, and capacity within the team and across the Organisation. Significant underinvestment in Digital Services over several years does not enable a full programme of work to be undertaken in 2024/25 as well as maintaining the current (Business as Usual) service.

We recognise not having the capacity and resources required to deliver the local priorities set out in our Corporate Strategy and the nationally mandated programmes will put the organisation further behind other boards, current industry standards and increase the risks around non-compliance with the National Information Security regulations (2018).

Due to the lack of capacity to undertake significant change across the Organisation, the digital services team have advised there is an option to migrate the DATIX system to another server and not to deploy the In Phase system until 2025/26 noting that there will still be costs and training associated with this option.

2.3.3 Financial

There is an ongoing financial cost to support digital services and NHS Orkney's clinical systems with an allocated budget for digital services and IT infrastructure. Additional investment is required to deliver the necessary improvement listed above. A review of Digital Services budgets has now taken place, requirements for 2024/25 are outlined below.

If any additional 'Must' projects are to be taken forward, there may be a requirement for additional project, business change and digital resources which will have a financial implication. This would require further discussion and exploration.

The cost for extending the DATIX contract is £35,638 (recurring per annum). This will increase by approximately 7% year on year. In addition, as there is no one in the Organisation trained in using the DATIX system, there will be a requirement for training at a cost of £1,177 per person (there are at least 4 people who will need to attend the training). Whilst recurring funding is available for the DATIX system, the additional costs for training has been built into the financial plan for 2024/25.

Budget allocation for Digital Services 2024/25

There is a need for investment to support NHS Orkney's digital systems to keep them safe and secure being cognisant of the National Information Security Regulations (2018).

The section below sets out the budgets required to deliver the BAU projects this financial year. The Board has limited capital funding available and therefore the capital investment requirements listed below will be considered by the Board's Capital Planning Group during June 2024, alongside the Boards other capital investment requirements, where these will be prioritised against the other requirements.

Figure 3 - Infrastructure, Cyber Security & IT Service desk budget 2024/25

Project	Action/Deliverable	Capital requested 2024/25	Capital Confirmed 2024/25	Status
Core network - Next Gen Network Phase 3	Introduce new Security Capabilities and abilities through the roll out of the next generation network into the Balfour and into the remote site, incl. 5 years support	£ 132,000	£ 132,000	In delivery
Migrate to Hyper-v (New project)	Due to the drastic cost increase of VMware following Broadcom take over, the migration to Hyper-v is required to avoid outages and mounting costs. Costs will cover the new management software, relevant training, and professional services	£ 35,000	£ 35,000	In delivery
True up licensing Forti authenticator	The authentication system is at the core of our network and needs a true up of the licensing in line with the deployment of the above switches to ensure our systems are safe.	£10,000	£10,000	In delivery
Laptop replacement	Replacement of old laptops – part of the hardware refresh program and in line with the current improvement hub tightening controls around laptop expenditure	£ 75,000	£0	On-hold deferred to 2025/26
BT Phone migration (isles)	Remove and migrate phone systems for the isles	£ 10,000	£ 10,000	In delivery
BT Phone migration (residence)	Remove and consolidate phone lines for NHSO residential properties	£ 15,000	£ 15,000	In delivery
Asset Management system	The current system was implemented as a cheap stop gap to support during the COVID pandemic to track the rapid deployment of laptops to support the organisation. Its functionality is limited and no longer fit for purpose. A new method is required to support the improvement hub proposal of control and centralisation of software and hardware purchase.	£ 20,000	£ 20,000	In delivery
Near Me	Additional hardware to support the increase in virtual consultation for near me at The Balfour. To note this may increase dependant on the number of rooms equipment is required.	£ 5,000	£0	On hold, potential into Stores item
IT stores replenishing of hardware	Replenish the IT stores within IT. This spend is linked to the re-provisioning project within the Improvement programme and cost associated with the moves for hardware to IT in line with standardisation.	£ 10,000	£ 10,000	In delivery but scaled back
Resources to deploy digital services project including seeing them through into Business as Usual	Additional support to develop and deliver what is required to embed capital projects.	£ 102,000	£ 50,000	In delivery 50% reduction
WIFI Deployment	Starting the deprecation of the current WIFI system from Cisco to Fortinet in line with the next generation network starting with the remote islands. Costs are for hardware and maintenance only as the main network fabric is now completed. This will also provide better WIFI cover at the Peedie Sea, Daisy Villa, Dounby Surgery as it is currently not fit for purpose.	£ 20,000	£ 20,000	In delivery but scaled back

Implementation of MFA for privileged accounts	Improve the current security posture for the privilege accounts in line with industry best practice and National Information Security regulation requirements.	£ 1,000	£ 1,000	In delivery
Implementation of OneDrive and SharePoint	Deployment of additional functions to support the implementation of OneDrive and SharePoint. The cost for this is included in the staffing cost above	Incl. in the staffing cost above.		Stopped and deferred to 2025/26
Implementation of new public sector broadband service (SWAN 2)	Procurement and replacement of the Scottish Wide Area Network (SWAN) providing a faster, private, and secure public sector broadband service across Scotland	£ 10,000	£ 10,000	In delivery some sites paused to 2025/26
Data room refit	Re-cabling of all data rooms across the organisation	£ 10,000	£ 10,000	In delivery Hubs deferred to 2025/26
Total 2024/25		£ 453,000	£300,000	

Figure 4 Digital Transformation budget 2024/25

Project	Action	Funding confirmed	Capital Revenue	Cost Pressure 2024/25
Theatre application migration	The theatre application is currently residing on a soon defunct operating system and therefore needs to be migrated.		Revenue	£5,000 Paused - 2024/25
Digital Dictation	Further roll out of digital dictation and reporting functionality		Revenue	£8,000 – Paused - 2024/25
cCube Migration and Upgrade	Migrate and upgrade c-Cube document management system		Revenue	£ 55,000 (agreed by F&PC)
Roll out of Community EPR	Implementation of Community EPR	£60,000 (Funded through the IJB)		
IIRMPs	Replacement of DATIX with In-phase IIRMPs	£43,400	Revenue	£7,762 – Training and development on DATIX system
GP IT re-provisioning	Roll out GP IT and Docman	£60,238 (agreed by F&PC)	Capital	

Figure 5 Operational Expenditure - Current budget allocation requirements Digital Services

Budget lines	23/24 actual expenditure	23/24 Budget	23/24 variance	Projected budget	Comments
Pay	902,886	902,886	0	902,886	Due to the PayScale negotiation not started, this line has received no uplift.
Non-Pay	974,958	869,980	(104,978)	1,072,453	Applied standard 10%
Total	1,877,844	1,772,866	(104,978)	1,975,339	

The overall revenue budget for I.T. Services and e-Health Applications in 2023/24 was £1.773m with expenditure incurred of £1.878m, reporting an overspend of £0.105m. This overspend was primarily driven by a legacy savings target, reducing the budget, of £0.071m, ignoring the impact of this the overspend reduces to £0.030m.

The Digital Services Team have estimated that the cost of services will increase, including the impact of inflation, by approximately 10% in 2024/25 relative to 2023/24. A level of inflationary cost pressure has been provided in the 2024/25 financial plan. This funding will be provided to the Team on evidence of the inflationary impact.

Opportunities

Conversations continue at a regional and national level to look at how digital and business change resources could be shared across Boards, and efficiencies achieved. It is worth noting at the last North of Scotland (NoS) Digital Leads meeting, NHS Highland and NHS Grampian confirmed they have introduced a

digital 'fire break' on all new projects for 12-months due to cost pressures and the need to focus on delivery of business-critical systems.

Conversations are taking place with NHS Grampian to explore the option of the eHealth applications function receiving additional support from their Digital Directorate to ensure additional resilience for the team, provide access to a much sought after pool of skills and resources for NHS Orkney as well as providing opportunities for closer collaboration and efficiencies to be achieved across the North of Scotland.

There is a need to review the digital services budgets based on the outcome of this exercise. Our aim is to review digital budgets by the end of Quarter 2, so we are in a much better position to understand what budget is required to deliver a sustainable digital service for NHS Orkney going forward.

Next Steps

If the priorities offered in the paper are agreed by the SLT, project plans will be further developed and form the basis of the digital roadmap for 2024/25. The roadmap will also include the IT infrastructure projects outlined in Figures 3 and 4.

All other digital transformation requests will be paused for the remainder of this financial year.

To note - A digital pause is being implemented at other Health Boards across Scotland this include NHS Grampian and NHS Highland.

2.3.4 Risk Assessment/Management

There is a risk that not having resources available to deliver digital transformation will impact on our ability to transform our services which is one of the ten drivers of change set out by Scottish Government. This is being mitigated through the refresh of our digital governance and the development of the Digital Services and Information Delivery plan 2024/26.

There is a significant risk that the lack of digital maturity, leadership, governance, and a digital strategy which is understood across the organisation will impact on the delivery of our corporate strategy, the delivery of safe patient care and the implementation of our improvement programme across health and social care.

There is a risk outdated software will affect the performance of computers resulting in the system freezing, device failure and the overall stability of NHSO IT system which will impact on patient care resulting in patient harm. The functionality of the system may be compromised if we continue to use outdated systems like cCube and DATIX.

Whilst there are risks associated with moving the DATIX system to a new server and security patches not being updated, the National CCoE commissioned by SG and our inhouse digital services team are well placed to ensure our systems are protected and mechanisms are in place to keep our data safe. As part of the next re-design of our digital infrastructure the core switches (which moves data across the Organisation are being migrated to new firewalls. This means our digital services team can provide the following capabilities to protect our digital systems.

- Anti-virus and ransomware attack
- Intrusion Protection Systems (IPS) is operational to stop attempted penetration attacks into our systems.
- User authentication access controls are in place including two step Multi Factor Authentication before anyone can access our systems.
- All login access attempts are recorded at the network level.

There is an operational and reputational risk if we fail to transform our health and social care technology landscape which will impact on our ability to deliver safe patient-centred care and the implementation of our improvement programme.

There is a risk to service delivery if we do not move and update our digital systems which may impact on clinical and patient safety and quality. However, our systems 'sit' behind a robust security system which our Digital Services Team and National Services Scotland (NSS) control and monitor. Systems commissioned on the cloud and on premises must undergo a Data Privacy Impact Assessment to ensure security processes (internal and external) are in place including, recovery and business continuity processes.

To provide the SLT with assurance, our servers both on-premises and cloud based have a satisfactory level of protection, however the threat of a cyber-attack cannot be completely de-risked.

2.3.5 Equality and Diversity, including health inequalities.

Central to our work is developing a culture of continuous improvement which has fairness and equity at its heart. All the digital projects considered by DIOG will be subject to a Quality and Islands Community Impact (ICA) assessment to ensure we comply with the [Islands \(Scotland\) Act 2018](#).

2.3.6 Climate Change Sustainability

NHS Orkney is a national leader in terms of sustainability and addressing climate change, by tactically utilising central computer processing and storage this will reduce the overall carbon footprint of NHS Scotland and NHS Orkney.

2.3.8 Communication, involvement, engagement, and consultation

Discussions have taken place with the eHealth Team in NHS Grampian, NHS Orkney's Integrated Improvement Hub Senior Management Team, and NHS Orkney's Chief Executive in the development of this paper.

2.3.9 Route to the Meeting

This paper has been shared with the Chief Executive Officer, Recovery Director, Director of Improvement, Head of Improvement, Integrated Improvement Senior Management Team, and Corporate Leadership Team.

- Digital Information Operations Group – 17 June 2024
- Corporate Leadership Team – 27 June 2024
- Senior Leadership Team – 4 July 2024
- Finance and Performance Committee – 11 July 2024

The groups and individuals who have either supported the content or provided feedback have informed the development of the content presented in this report.

2.4 Recommendation(s)

Awareness - Directors are asked to

- i. **Note** the agreed digital priorities for 2024/25.
- ii. **Note** the digital allocations for 2024/25.



Appendices

Appendix 1, Digital & Information Services Delivery Plan 2024/25 (attached)

Appendix 2, Scottish Government National Programmes

Appendix 3, NHSO Digital Prioritisation Matrix (local priorities)

Appendix 2, Scottish Government National Programmes

National programmes are out with the control of NHSO as they are managed by several delivery partners on behalf of Scottish Government. NHSO is required to contribute an NRAC share to each programme.

Care in the Digital Age: Delivery Plan 2023 - 26	Actions/Deliverables (What)	Funding confirmed for national programmes 2024/25	Comments
Digital Foundations	National IT Contract (ATOS)	£2,000	National contract ends in 2026 with 2-year transition period
Digital Foundations	Business Systems - Human Resources (HR), Payroll, Finance and Procurement systems Once for Scotland basis	£70,000	
Digital Foundations	Docman Re-Procurement	Included in the GP IT funding allocation	
Digital Foundations	Digital Prescribing and Dispensing (DPDP) for GPs improving patient experience when engaging with Primary Care	Business case required for local implementation. Costs unknown.	
Digital Services	Connect Me - Remote Health Monitoring and self-management	Costs unknown	
Digital Services	Near Me - Video Consultation service	Included in Digital services Budget	
Digital Foundations	Implementation and re-provisioning of GP IT System	£89,000	
Digital Foundations	Embed and rollout additional functionality for the M365 platform	£212,000	It is unclear what this funding has been allocated too as this may include licencing costs.
Digital Foundations	M365 Federation between NHS Boards and Local Authorities to improve information sharing		
Digital Futures	Implement Theatre Scheduling Tool	Business case required for local implementation. SG have confirmed implementation costs will be met for the first year	Licence costs will need to be built into budgets for 2025/26.
Digital Foundations	PACS Re-Provisioning and Implementation	£8,000	10 Year national programme
Digital Foundations	National Infection, Prevention and Control surveillance eSystem for Scotland	£20,000	Business case required for local implementation. Costs unknown.
Digital Services	Innovation - Roll out of Digital Dermatology	Business case required for local implementation. Costs unknown.	
Digital Foundations	Newborn Screening	Business case required for local implementation. Costs unknown.	
Digital Foundations	NIS Audit Improvement Plan 2024	Included in Digital Services Budget	
Total funding confirmed for national programme 2024/25.		£401,000	

Appendix 3, NHSO Digital Prioritisation Matrix (local priorities)

Corporate Strategy Digital Deliverable	Executive Lead	Delivery Lead	Will it address or mitigate a risk on the Corporate Risk Register? (with a focus on patient safety)	Does it support delivery of our Corporate and Clinical Strategies?	Does it respond to patient or staff feedback about improving care and services?	Does it contribute to improving waiting times, patient safety, and care quality?	Will it move us from a national outlier position comparative to other Boards?	Does it improve sustainability & viability of our clinical services?	Is this a legislative requirement (including requirement for registration)	Will this respond to a Cyber? Security Risk?	Total score	MuSCoW
Roll out Community EPR	Stephen Brown	Lynda Bradford	5	5	5	5	5	5	5	5	40	Must
Replacement of DATIX system	Anna Lamont	Kat Jenkin	5	5	5	5	5	5	5	5	40	Must
Implementation and re-provisioning of GP IT systems	Stephen Brown	David Firth	5	5	5	5	5	5	5	5	40	Must
Migrate and upgrade c Cube	Laura Skaife-Knight	Sandra Stankus	5	5	5	5	5	5	5	5	40	Must
NIS audit Improvement Plan – 2024	Laura Skaife-Knight	Kate Doughty	5	5	5	5	5	5	5	5	40	Must
Maximise the use of Near Me (Virtual appointments)	Anna Lamont	TBC	5	5	5	5	5	5	0	0	30	Could

Orkney Introduce a new text message reminder service	Laura Skaife-Knight	Debs Crohn	5	5	5	5	5	5	0	0	30	Could
Introduce patient focused booking	Laura Skaife-Knight	Debs Crohn	0	5	5	5	5	5	5	0	30	Could
Embed and rollout additional functionality for the M365 platform	Laura Skaife-Knight	Richard Rae	0	5	0	0	5	5	0	5	20	Wont
Roll-out Theatre Scheduling Tool	Sam Thomas	Nancy Faulkner	0	5	0	5	5	5	0	0	20	Wont
Roll out Digital Dictation to other departments/ Services	Laura Skaife-Knight	Sandra Stankus	0	5	6	5	5	5	0	0	25	Wont
Upgrade Trakcare functionality including inpatient (EPR)	Laura Skaife-Knight	Sandra Stankus	0	5	0	5	5	5	0	0	20	Wont