Board

NHS Orkney
Thursday, 24 October 2024 at 09:30 BST to Thursday, 24 October 2024 at 12:30 BST

Meeting Details: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTEwNTY0YmUtMmNjYy00ODkwLTlmNmMtMDVjMDA0ODc4OTc5%40thread.v2/0?context=%7b%22Tid%22%3a%2210efe0bd-a030-4bca-809c-b5e6745e499a%22%2c%22Oid%22%3a%22b2a82692-9439-46bd-ab14-44b325f4958e%22%7d

Agenda

1. Welcome and Apologies
Presenter: Chair

To welcome members and receive apologies

2. Declarations of Interest
Presenter: Chair

To receive any declarations of interest in terms of any agenda items

3. Minutes of Previous Meeting 22 August 2024
Presenter: Chair

To approve the minutes from the meeting held on 22 August 2024

4. Matters Arising
Presenter: Chair

To discuss any matters not covered on the action log

5. Action and Escalation Log
Presenter: Chair

To discuss and agree any corrective actions

6. Board Chair and Chief Executive Report to the Board
Presenter: Chair

To receive an update on key external and internal events and activities during July and August 2024

7. CHAIRS ASSURANCE REPORTS

7.1. Joint Clinical and Care Governance Committee
Presenter: Jean Stevenson, Chair of the Joint Clinical and Care Governance Committee

To discuss the key items discussed at the Committee

7.2. Finance and Performance Committee
Presenter: Davie Campbell, Chair of Finance and Performance Committee

To discuss the key items discussed at the Committee

7.3. Audit and Risk Committee
Presenter: Issy Grieve, Chair of Audit and Risk Committee

To receive the key items discussed at the Commitee

7.4. Senior Leadership Team - September and October
Presenter: Chief Executive, Chair of the Senior Leadership Team

To receive the key items discussed

7.5. Area Clinical Forum
Presenter: Kirsty Cole, Chair of the Area Clinical Forum

To receive the key items discussed

8. Corporate Strategy Quarter 2 Report
Presenter: Chief Executive

Appendix 1 - Corporate Strategy Q2 Update

To receive assurance on the progress made

9. STRATEGIC OBJECTIVE 1 - PEOPLE

9.1. Themes from Board Walkarounds
Presenters: Chief Executive, Chair

To receive the update provided and note the next steps and recommendations

9.2. Patient Experience and Engagement - Preparing for the Annual Review
Presenter: Chief Executive

To receive assurance on the public engagement

10. STRATEGIC OBJECTIVE 2 - PATIENT SAFETY, QUALITY AND EXPERIENCE

10.1. Corporate Risk Register
Presenter: Medical Director

Appendix 1 - Corporate Risk Register

To review and scrutinise the Corporate Risks

10.2. HIART Report
Presenter: Director of Nursing, Midwifery, AHP and Chief Officer Acute

To receive assurance and any items requiring escalation

11. STRATEGIC OBJECTIVE 3 - PERFORMANCE

11.1. Finance Report - Month 5
Presenter: Interim Director of Finance

To receive assurance on the position against the Financial Plan

11.2. Integrated Performance Report
Presenter: Chief Executive

Receive the Integrated Performance Report October 2024 update

Note where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

12. STRATEGIC OBJECTIVE 4 - POTENTIAL

12.1. Digital Delivery Plan - Quarter 2 Report

Presenter: Head of Improvement

Appendix 1 - Quarter 2 Digital and Information and NHS Scotland Operational Delivery Plan 24-25

Note the Quarter 2 progress update and work underway within the digital services and IT Infrastructure team to accelerate digital transformation.

13. STRATEGIC OBJECTIVE 5 - PLACE

13.1. Anchor Plan - 6 month report

Presenter: Director of Public Health

To receive assurance on progress

13.2. Community Planning Partnership - key messages

Presenter: Director of Public Health

To receive an update on key items discussed at the CPP

13.3. IJB - key items to note

Presenter: Director of Public Health

To receive key updates from the IJB meeting

14. ANY OTHER COMPETENT BUSINESS

15. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

To note the minutes from:

- Senior Leadership Team

16. ITEMS FOR INFORMATION

16.1. Board Timetable

To note.

Board Minutes

NHS Orkney
Thursday, 22 August 2024 at 09:30 BST

Attendance

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Paul Corlass, Issy Grieve, Joanna Kenny, Anna Lamont, Meghan McEwen, Ryan McLaughlin, Jarrard O'Brien, Rachel Ratter, Laura Skaife-Knight, Jean Stevenson, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

Absent:

Members: Des Creasey, Rona Gold

Guests: Debs Crohn

1. Welcome and Apologies (Presenters: Chair)

   Apologies were received from D Creasey and R Gold.

2. Declarations of Interest (Presenters: Chair)

   No declarations of interests were raised.

3. Minutes of Previous Meeting (Presenters: Chair)

   The minute of the meeting held on 18 July 2024 was accepted as an accurate record of the meeting and was approved.

4. Matters Arising (Presenters: Chair)

   There were no matters arising.

5. Action and Escalation Log (Presenters: Chair)

   The action log and escalation log was reviewed, and corrective action agreed on outstanding issues (see action log for details).
   Members welcomed the new escalation log.

6. Board Chair and Chief Executive Report to the Board (Presenters: Chair and Chief Executive)

   The Chair and Chief Executive presented the report providing an update on key events and activities from July to August 2024.

   The Cabinet Secretary for NHS Recovery, Health and Social Care, Mr Neil Gray visited NHS Orkney on 1 August 2024 and was provided with an insight into NHS Orkney's journey of improvement, and the steps taken to further improve patient care and services, and the experience of staff. Key priority areas discussed and highlighted during the visit were waiting times, delayed transfers of care and operational and financial performance.

120 staff responded to the follow-up iMatter survey where staff were asked for more information about what matters to them to ensure that focus is on the right areas in the year ahead to further improve people's experience of working for NHS Orkney. There were six areas of organisational priorities for the next year, in response to feedback from staff regarding where people most want to see improvements. Five of these remain the same as last year recognizing we have further work to do in each of these areas (including staff health and wellbeing, value and recognition and involving staff in decisions that affect them) and creating a culture where staff feel safe speaking up knowing action will be taken is a new priority for the year recognising the further work needed in this important area in response to the iMatter results.

An update was provided of meetings held with external stakeholders and partners and an overview of the outlook ahead was included.

Decision/Conclusion
Members noted the update.

7. Corporate Risk Register (Presenters: Medical Director)

The Medical Director presented the report highlighting the presentation of the Corporate Risk Register has undergone significant changes to support clarity, oversight, and scrutiny.
The Corporate Risk Register is a live document, which had previously been difficult to present as the report became out of date as soon as the register was exported for review at Committee or Board.
In future the aim was to present a single version of the live document in meetings to ensure that the most up to date information is shared and reflected a point in time view.

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

8. CHAIR'S ASSURANCE REPORTS

8.1. Joint Clinical and Care Governance Committee (Presenters: Rona Gold, Chair of Joint Clinical and Care Committee)

The Vice Chair of the Joint Clinical and Care Governance Committee presented the report highlighting the following items which had been discussed at their meeting on the 30 July 2024:

- Welcomed the initial Medical Director's report, and a refined version would be presented at the next meeting with assurances around operational matters raised with input from the relevant clinical Executive leads
- The integrated Mental Health improvement plan would be presented to the Committee in October
- Significant work is underway in terms of the mental health transfer bed ensuring the safety of patients
- A briefing paper around colonoscopies would be presented to a future meeting for assurance

The Chair asked whether there was a timeline from the Mental Welfare Commission Report being received following a recent on-site visit to ensure expectations were being managed. The Chief Officer for the Integration Joint Board advised that whilst there had been no official timeline, it was expected 4-6 weeks following the visit.

Decision / Conclusion
The Board noted the update provided.

8.2. Finance and Performance Committee (Presenters: Des Creasey, Chair of Finance and Performance Commitee)

The Vice Chair of the Finance and Performance Committee presented the report highlighting the following items which had been discussed at their meeting on the 11 July 2024 highlighting:

- Mobile MRI service and funding provision to cease 31 March 2025 as the North Imaging Alliance has been disbanded and funding withdrawn (this has been escalated to Scottish Government with discussions ongoing regarding future service provisions and an options appraisal completed)
- Digital Maturity corporate risk to be reviewed and updated to incorporate the range of digital related risks
- Financial position reported at Month 2 is in line with the financial plan
- Concerns raised about lack of preparedness for the Island Games

I Grieve requested assurance around the level of preparedness for the Island Games and progress that had been made to date.

The Director of Public Health advised that work was ongoing and the medical plan had been received from the games committee and the NHS Orkney group had been asked to map out resource implications. Discussions had been held with NHS 24, there was assessment of several venues from the games committee and the winter plan would be the basis of a broad plan. Contact had been made and information was received from both NHS Shetland and Guernsey around learning and the impact on health services.

D Campbell highlighted the disparity of communication between the organisation and volunteer organisation and would therefore welcome a monthly progress report.
J Kenny queried whether there was a fixed timescale in relation to Island Games preparedness and plans confirmed.

The Board Chair queried whether the Island Games should feature on a risk register.
The Chief Executive highlighted the continued focus from the Senior Leadership Team chair's assurance report (as the Island Games is a standing item at SLT) and that it had been made clear that sight of the medical plan and operation plan in one document was urgent and needs to come to SLT at the earliest opportunity for visibility and scrutiny.

Members were advised by the Chief Executive that detailed work had been completed in terms of the MRI scanner business case and costs and alternative options had been explored with discussions ongoing with Scottish Government.

Decision / Conclusion
The Board noted the update provided from the meeting held on the 11 July.

8.3. Staff Governance Committee (Presenters: Joanna Kenny, Chair of Staff Governance Commitee)

The Chair of the Staff Governance Committee presented the report highlighting the following items which had been discussed at their meeting on the 14 August 2024.

- Occupational Health, Safety and Wellbeing Committee had not met since April 2024, as a consequence the committee were unable to take any assurance on operational matters delegated to the committee
- The Health and Care Staffing Act Programme Board had not met since March 2024
- JLNC had met and provided a positive assurance report
- Members requested that a Corporate Risk was raised regarding the compliance and data quality issues of mandatory training

The Board Chair noted positive assurances around the Spiritual Care proposals and thanked the Staff Governance Committee for the progress.

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute and the Director of People and Culture agreed to action the risk in relation to training compliance around face to face training and statutory training.

Members were advised that the Director of Nursing, Midwifery, AHPs and Chief Officer Acute would Chair the Programme Board in the interim and work would progress.
The Employee Director informed members that the steering group around the non pay elements of Agenda for Change had met where the protected learning time element was discussed as a key point. Work would progress with advisory committees to address the current issues.

The Chief Executive advised there would be a mini deep dive in relation to the Heath Care and Staffing Act at the next Area Partnership and Staff Governance Committee meetings due to the concerns escalated within the report.

Decision / Conclusion
The Board noted the update provided from the meeting held on the 14 August 2024 and acknowledged the great progress.

8.4. Audit and Risk Committee (Presenters: Jason Taylor, Chair of Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the report highlighting the following items which had been discussed at their meeting on the 27 June 2024:

- The Committee approved the draft significant issues letter which has been submitted to the Scottish Government
- Members reviewed and approved the recommendation of approval of the Annual Report and Accounts 2023/24 onwards to Board
- Positive assurance taken from the service audit reports
- The Annual Accounts process had been carried out and submitted in a timely fashion

Decision / Conclusion
The Board noted the update provided from the meeting held on the 27 June 2024.

8.5. Senior Leadership Team (Presenters: Chief Executive, Chair of the Senior Leadership Team)

The Chief Executive presented the report highlighting the following items which had been discussed at their meeting on the 5 August 2024.

- Preparedness for the Island Games – to be a monthly standing agenda item at SLT and a request for visibility of the full plan to return ASAP to SLT for scrutiny and familiarity given the concerns raised re: lack of preparedness
- Integrated Performance Report (June's performance) – SLT focused on areas in which a different response is now needed due to deteriorating performance/where improvements are needed, including: staff sickness due to stress (>30%), pre-noon in-week discharges and waiting times. SLT agreed to focus on sickness absence/stress and to discuss solutions together at September's SLT, and to provide more

improvement support to improving pre-noon discharges, consistent with our approach re: planned care/reducing waiting times
- Internal Audit recommendations 2023/24 progress report – 7 actions are overdue (spanning: clinical governance/complaints, business continuity and cyber security). Mitigating actions will be shared at September's Audit and Risk Committee
- Internal Audit was now a quarterly agenda item at SLT – and welcomed Azets in attendance
- A refresh and reset of SLT would take place at the September meeting

The Board Chair welcomed the continued self reflection and commitment to learning and requested an update on the outstanding audit recommendations was provided in the next chair's assurance report as well as being escalated to the Audit and Risk Committee.
The Board Chair raised an opportunity around using the risk register and Corporate Strategy to prioritise areas where it was difficult to gain traction. The Quality Improvement approach could therefore be tactful in those areas of implementation gaps.

Decision / Conclusion
The Board noted the update provided from the meeting held on the 5 August 2024.

8.6. Area Clinical Forum (Presenters: Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on the 2 August 2024.

- There was the intention to hold an Area Clinical Forum Island Games development session and an invite would be sent to the NHS Orkney preparedness group
- The Neurodevelopmental pathway had not progressed causing concern and confusion across services and schools
- Concerns were raised about the lack of financial information forthcoming from Primary Care to the GP Sub committee relating to the PCIF resulting in limited ability of that committee to perform its advisory and stakeholder roles with relation to the PCIP
- The aim for future focus of ACF meetings was to be the Chair's Assurance Reports of the clinical advisory committees and for this to support a broader piece of work relating to increased clinical engagement.

Decision / Conclusion
The Board noted the update from the meeting held on the 2 August 2024

9. STRATEGIC OBJECTIVE 1 - PEOPLE

9.1. iMatter Organisational Response (Presenters: Director of People and Culture)

The Director of People and Culture presented the paper which demonstrated the progress made in relation to NHS Orkney's 2024 iMatter results, identifying any significant changes and points to note.

The report highlighted several areas of achievement, as well as some areas that required attention.

The Chair celebrated the time taken to understand the in-depth results and was curious around how staff responded in relation to how performance was managed within the organisation and the interpretation of the question.

J Stevenson appreciated the qualitative data within the report and how more face to face contact with managers was requested and whether there was follow up. The Director of People

and Culture advised that there had been positive engagement through forums and further progress was required.

The Chief Executive thanked everyone involved and celebrated results and the small steps forward. Action Plan progress would be monitored via the new Performance Review Meetings. Members agreed SLT would have overall oversight of the tangible action plan and organisational wide progress with delegated actions across key stakeholders. The Staff Governance Committee would ensure alignment of the progress.

Decision / Conclusion
The Board welcomed the report and welcomed the on-going work and noted the positive responses.

9.2. Board Walkarounds (Presenters: Chief Executive)

Members **noted** the report.

10. STRATEGIC OBJECTIVE 2 - PATIENT SAFETY, QUALITY AND EXPERIENCE

10.1. Clinical Governance Structure (Presenters: Medical Director)

The Medical Director presented the report summarising the current Clinical Governance roles and structure.

The revised operational Clinical Governance and quality improvement reporting structure was shared with JCCGC on 3rd April 2024, approved at the Audit and Risk Committee on 28th May, and presented to the board on 7th June 2024. Reporting to the JCCGC now included a summary clinical governance report from the Clinical Governance Committee.

The summary report provided an update on areas of NHS Orkney strategic, enabling, and underpinning activity of particular clinical relevance which the JCCGC should be sighted on. The aim was to facilitate the role of the Board and Board Committees to review and scrutinise reports on NHS Orkney programmes in support of clinical services and assure that advice was provided, as required, to the Board on the clinical impacts of any major new service developments or changes proposed for adoption by NHSO.

The Board Chair requested clarity around where the return template was sent to and whether the clinical advisory committees and Area Clinal Forum had been involved in process.
The Medical Director advised the quarterly return template was sent out to all service areas and used to compile the Medical Director report, reported to the Joint Clinical Care Governance Committee and back to directors involved. Members were advised that there had been no change in terms of the Area Clinical Forum Reporting Structure and the structure had not specifically been presented to the group.

I Grieve queried where the Clinical Governance terms of reference had been reviewed and agreed. The Medical Director advised that the objectives and descriptions were presented to the JCCGC however members emphasised that the terms of reference had not been provided, it was confirmed that the terms of reference would be presented to the committee on 1 October 2024 for approval.

The Director of Public Health found the report useful and highlighted the importance of including IJB commissioned NHS delivered care services within the structure.
The Chief Executive highlighted that the Planned Care Board reported to the Audit and Risk Committee rather than Finance and Performance Committee, suggested that we think carefully

about how to share with staff how governance works at NHS Orkney and welcomed the Weekly Incident Review Group reports being shared with SLT weekly.

Suggestions for the September Board development session included clinical governance structures and processes with reporting and data around quality, safety and experience.

Decision / Conclusion
There was a shared divergent understanding around the report from members therefore learning would be sought and a shared understanding would be developed at the September development session.

10.2. Quality Impact Assessments (Presenters: Medical Director)

The Medical Director presented the report providing a progress update on the work of the Quality Impact Assessment (QIA) panel as well as the findings from the panel assessment held on 1 July 2024.

A total of 10 workstreams comprised the efficiency programme which had identified productivity and efficiency savings of £3.75M in-year savings and £3.9M full-year savings by Month 4. On 1 July 2024, the QIA Panel reviewed 27 schemes: 11 required a pre-QIA review, and 16 required a full-QIA review. Each scheme had validated savings.

A set of core principles were agreed as part of the QIA process and methodology.
The Board Chair was pleased that the panel had met and queried what quality metrics were in place for programmes being delivered and how the quality impacts were monitored. The Director of Improvement informed members there was a section in relation to Key Performance Indicators (KPIs) that would be monitored on a monthly basis.

The Recovery Director raised a question around the financial challenge and the frequency of meetings in relation to the QIAs. The Medical Director advised that whilst meetings were quarterly, workstreams continued to meet throughout.

Members agreed that Quality Impact Assessment reporting would go to the Joint Clinical Care Governance Committee and would provide the Board with an update through their chair's assurance report.

Members were advised that the report had been shared to the Scottish Government and they had identified it as good practice and shared it with other Boards.

Decision / Conclusion
Members received assurance.

10.3. Safety, Quality and Experience Report Quarter 1 (Presenters: Medical Director)

The Medical Director presented the Safety, Quality and Experience report, the first of its kind, highlighting the aim was to focusing on patient safety, experience, and quality of care.
This report was intended to be quarterly and therefore, future reports would be presented a quarter in arrears to allow time for response and investigation time limits to be met.

This partial report had been presented to SLT for review and discussion and SLT had supported the report being presented quarterly as set out above. The fully quarter one report would go to SLT in September 2024 and then on to JCCGC in October 2024 as per the quarter in arrears.

Decision / Conclusion

The Board took assurance form the report.

10.4. HIART Report (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute)

The Director of Nursing, Midwifery, AHP's and Chief Officer Acute presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives and highlighted the following:

- The LDP Standards for 2024-25 were still yet to be confirmed.
- An infection incident was currently being investigated within one of the departments and an exceedance report was sent through to ARHAI Scotland to inform them
- The Domestic Monitoring Tool had been malfunctioning and therefore there is no data for July within the HAIRT
- On the 1st August 2024, ARHAI updated the National Infection Prevention & Control Manual (NIPCM) to align with the UKHSA guidance for hospitalised Covid -19 positive patients
  The Board Chair and the Chief Executive commended the report and welcomed and noted the importance of visibility of patient voices.

Decision / Conclusion
The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection and took assurance.

11. STRATEGIC OBJECTIVE 3 - PERFORMANCE

11.1. Finance Report - Quarter 1 (Presenters: Recovery Director)

The Interim Recovery Director presented the quarter 1 financial report providing an update on financial performance at the end of the first quarter of the 2024/25 financial reporting period. The main highlights were:

- NHS Orkney remained at 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 forecasted a full year deficit of £5.778m against the Board's revenue resource limit. Whilst this plan was approved by the Board and submitted to Scottish Government, it remained a non-compliant plan
- The reported financial position at the end of quarter 1 was slightly favourable to plan and the Board was still forecasting to deliver the £5.778m original plan at the end of the year. However, the Board profiled the in-year deficit plan to be more challenging over the second half of the year as the efficiency programme developed, and therefore the run rate needed to reduce over the remainder of the financial year to achieve the financial plan
- The Board was still anticipating full delivery of the £4.000m in-year savings programme and the minimum 3% full year recurrent delivery target

Members were made aware of the challenging capacity constraints within the Finance Team which limited availability to evolve finance reporting. The intention was to present the new detailed Finance report to the Finance and Performance committee in September 2024.

J Taylor requested an update around agency costs particularly in regards to medical and dental services. He also requested reassurance in relation to whether the solar panels under the net zero section would be a cost saving.

D Campbell referenced the format of the report and future reporting could include collective scrutiny to allow understanding and engagement from the Board as a whole.

The Board Chair requested further clarity to the reference around cost pressures within the Junior Doctor establishment and where the budget for patient travel was approved.

In response to the above, the Recovery Director advised that clear narrative around variances would be provided, work was underway in regards to supplementary staffing and was incorporated within the improvement programme. With regards to the Junior Doctor establishment there was an overspend against the recurrent budget. Work around patient travel was underway, there had been communication with Grampian in relation to increase the number of near me appointments.

The Employee Director asked whether the 5% pay offer through Agenda for Change would be funded by the Scottish Government and queried whether there would be back pay accrued for a certain period regarding the Band 5 Nursing Review and if funding would be carried forward. The Recovery Director advised that the 2024/25 pay settlement for the Agenda for Change was nearing agreement although it was expected that it would be funded by the Scottish Government. In relation to the Band 5 review protected learning time, the expectation was that as it was backdated and because there was some uncertainty the Scottish Government had confirmed it was non recurrent currently until there was an understanding of the impact however, the expectation was that it would become recurrent.

Decision / Conclusion
The Board took assurance form the report.

11.2. Integrated Performance Report

The Integrated Performance Report (IPR) was presented in chapters which summarised NHS Orkney's performance based on national and local reporting requirements as well as those indicators which matter patients, staff, and local community.

D Campbell raised a question around the progress of succession planning. The Director of People and Culture advised this had been paused and would form part of the experience programme. The Chief Executive said that this work would be restarting with succession planning for the Board to be completed by the end of 2024/25 as a minimum such was the important of this.

Members agreed that the quarterly Quality Safety and Experience report would be presented to the Joint Clinical Care Governance Committee in future.
I Grieve appreciated the breadth of the topics covered and the increased data and suggested comparison charts on national data would be beneficial.

Further clarity was requested as a pre meeting note in relation to the maternity care section to further integrate the data.

The Recovery Director highlighted that the information in the finance section was outdated due to limited capacity within the team. Further information would be provided to Board members.

The Board Chair requested that future iterations included information around reimbursement to patients regarding patient travel.

Under the operational standards chapter, J Taylor requested the timeline of the output of theatre utilisation work and J Kenny requested clarity around ophthalmology wait times. The Director of Nursing, Midwifery, AHPs and Chief Officer Acute advised theatre utilisation was one of the key work streams included within the improvement programme and the Medical Director advised the challenge remained around ophthalmology lists and further work was being explored through national treatment centres.

Decision / Conclusion
The Board took assurance form the delivery and implications of current performance levels.

11.3. Integrated Performance Report by exception (Presenters: Chief Executive)

The Chief Executive presented the report advising NHS Orkney was introducing a new Performance Management Framework (PMF), part of the framework was the Integrated Performance Report (IPR). The proposal was that the IPR by chapter would be scrutinised by Board Committees and that SLT and the Board would have a summary overall scorecard followed by the exception report.

Regular performance monitoring would help identify any deviations from KPI's. This early detection would allow for quick interventions before issues escalated.

Decision / Conclusion
Following further discussion at the In-Committee Board meeting, members approved the Integrated Performance Report by Exception.

11.4. Performance Management Framework (Presenters: Director of Improvement)

The Head of Improvement presented the report which set out a proposal to amend how performance of services and specialties were governed to a new quarterly cycle. Performance Review meetings were being established to support the delivery of the annual delivery plan and financial plan, monitoring progress against agreed performance trajectories and holding to account respective leads for the operational and clinical delivery of key performance indicators.

The meetings aimed to supportively scrutinise performance against plan, provide early identification of risks associated with delivery, determine interventions necessary to correct adverse performance and provide a formal mechanism to escalate concerns to the Executive in a timely manner and supportive environment.

Meetings would be delivered as hybrid in the first instance.

Decision / Conclusion
Members approved the proposal from Senior Leadership Team to introduce quarterly performance review meetings and discussed the terms of reference.

11.5. Improving Together Report (Presenters: Director of Improvement)

The Improvement Director presented the report to provide progress update on the development of and implementation phases of the 2024/25 Improving Together efficiency programme.

NHS Orkney had made good progress in developing its financial efficiency programme throughout July. At the time of writing, the programme had identified productivity and efficiency savings of £3.8m in-year and £3.9m full-year savings. This represents an £0.6m increase since June 2024. These have been risk-adjusted through discussions with workstream teams and therefore represent the 'base-case' scenario for in-year savings, although there are material and considered risks as detailed later in the paper.

Recurrent savings currently equate to £2.6m (69%) with £1.15m (31%) identified as non-recurrent. This level of recurrence was broadly in line with the plan submitted to Scottish Government and focus and effort continues to progress ideas that improve this.
The Improvement Team continued to risk-assess the current programme to determine the robustness of the savings profile and the potential downside scenario position.
The Chair welcomed the sustained progress.

Decision / Conclusion
The Board took assurance form the report and noted the progress.

11.6. Digital Delivery Plan - Quarter 1 Report (Presenters: Head of Improvement)

The Head of Improvement presented the report advising the Quarter 1 progress update and work underway within the digital services and IT Infrastructure team. To support the adoption and implementation of the Enabling, Connecting and Empowering Care in the Digital Age Strategy 2021, and NHS Orkney's Corporate Strategy 2024 – 2028, a Digital and Information delivery plan for 2024/26 had been developed and managed by the Digital Information Operations Group.

An update was provided on delivery against each of the digital projects at the end of Quarter 1 as well as outlining the projects which had been deferred to 2024/25 following a digital prioritisation exercise. There were 39 actions in the Digital Delivery Plan for 2024/25.

From the 2 actions, 1 was significantly delayed and 1 that was amber was partially delayed. The significantly delayed action was from a national programme , the National Child Health System, therefore out with the digital services control. The other delayed action was in relation to GP IT implementation and reprovisionising, a solution had been provided and work would commence.

The Chief Executive advised that an external facilitated face to face listening exercise would take place in September for Digital Services to understand what works well and where improvements could be made, to reconnect colleagues and build relationships and to determine options for service delivery moving forward.

The Board Chair noted the sustained progress of the Digital Information Operations Group.

Decision / Conclusion
The Board took assurance form the report.

12. STRATEGIC OBJECTIVE 4 - POTENTIAL

12.1. Future Proposal for the Improvement Team (Presenters: Director of Improvement)

The Director of Improvement presented the proposed structure, function and resource for the future state and development of the improvement team.

Aligned to a move by the organisation to deliver on key strategic programmes of work, a review of this team had recently taken place with the proposed new approach developed to better engage and support teams through sustained periods of improvement.

The focus for the current year would be on establishing the core building blocks to deliver the basic and most fundamental programme improvements. As this function develops over several years, it presents the opportunity to provide a greater leadership role across culture, training and innovation.

J Stevenson thanked the team for the report however, had difficulty translating some of the educational needs for staffing training and how the plan was aligned with professional and mandatory training. The Director of Improvement advised the aim of the team was to support improvement objectives within the Corporate Strategy therefore professional training would remain with the Directorates.

Decision / Conclusion
Members approved the proposal for the future function of the Improvement Team.

12.2. Quality Improvement Methodology and Training Programme (Presenters: Director of Improvement)

The Director of Improvement presented the proposal to developing a quality improvement methodology and training programme for NHS Orkney staff. NHS Orkney intended to model itself on the more progressive health boards that had adopted a quality improvement methodology. The paper set out the intended approach to be taken to develop a methodology and training programme that was the right fit for NHS Orkney staff.

NHS Orkney had previously engaged with NHS Education for Scotland (NES) and other teaching providers to offer staff training in quality improvement. There were nationally offered quality improvement training courses through the Scottish Improvement Foundation Skills (SIFS) programme and other associated programmes.

This new model would ensure improvement resource was focused in those areas where successful transformation delivers multiple benefits, from improved clinical outcomes and patient/service user experience, through to financial savings. A working group would be given 16 weeks to develop the learning structure for NHS Orkney based on good practice from other Health Boards. A defined scope of work would be set out within 4 weeks. The roll-out of the methodology would commence from Quarter 4 2024/25.

Members were advised that ownership would remain with the Director of Improvement until March 2025 thereafter will be led by the Head of Improvement.

Decision / Conclusion
Members approved the methodology.

13. STRATEGIC OBJECTIVE 5 - PLACE

13.1. Planning with People Guidance Update (Presenters: Chief Executive)

The Chief Executive presented the report providing an on the updated Planning with People Guidance which was published on 29 May 2024. The updated guidance takes into consideration the current challenges faced by NHS Boards to ensure all parties are clear on respective roles, responsibilities and processes and reinforces the statutory duties for engagement regardless of financial pressures.

The report summarised the key changes to the national guidance that our Health Board needs to be aware and how NHS Orkney kept in touch with Healthcare Improvement Scotland (HIS) throughout the year and worked with HIS to ensure compliance with this guidance.
Next steps were detailed within the report.

Decision / Conclusion
Members noted the update.

13.2. Population Health and Prevention Integrated Performance Report (Presenters: Director of Public Health)

The Director of Public Health presented the report advising performance for immunisations and screening was generally good and meeting national uptake standards although there was quarter by quarter variability due to the small numbers involved. The smoking cessation service continued to engage with clients and raise awareness of the service. The integrated performance report for population health would be included in the reporting by exception overall integrated performance report moving forward.
Decision / Conclusion
Members scrutinised the report and sought assurance on delivery.

13.3. Population Health and Prevention - proposal for future reporting (Presenters: Director of Public Health)

The Director of Public Health presented the report advising that the Scottish Government was developing a new approach, which would be outlined in the forthcoming Population Health Framework alongside the existing public health priorities. Shifting the focus of the NHS from a treatment orientated organisation to a health improving organisation required a renewed focus and shift in mindset, including for NHS Orkney.

Members agreed it would be of best interest to pause any changes to the reporting structure until the framework confirmed what was required.

Members welcomed the proposal, the Board Chair required clarity around the Orkney Public Health message, with the metrics closely tethered to the outcomes.
The Chief Executive welcomed the update and emphasised population health and prevention must become more mainstream to reporting and in the organization generally and suggested over time that it becomes a more central part of theorganization-wide improvement programme.

Decision / Conclusion
Members approved the proposal for future reporting relating to Public Health.

14. ANY OTHER COMPETENT BUSINESS

15. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

Members noted the following minutes:

- Joint Clinical and Care Governance Committee - 14 June 2024
- Staff Governance Committee - 9 May 2024
- Area Clinical Forum - 4 June 2024

16. ITEMS FOR INFORMATION

Members noted the attendance.

NHS Orkney Board Action Log

(Last Updated: 24/08/2024)

Purpose: The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

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ITEM No	ESCALATED FROM	MEETING DATE	ACTION	LEAD	COMMENTS/UPDATE	DUE DATE

NHS Orkney Board Escalation Log

(Last Updated: 14/08/2024)

Purpose: The purpose of the escalation log is to capture items escalated from the Governance Committees to provide assurance on actions taken as a result of escalation.

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ITEM No	ESCALATED FROM	MEETING DATE	ITEM ESCALATED	LEAD	FOLLOW UP ACTIONS/OUTCOMES	DATE CLOSED
01-2024/25	Senior Leadership Team	04/07/2025	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).	Medical Director		
02-2024/25	Senior Leadership Team	04/07/2025	Risks with progressing with only three digital priorities in 2024/25 in addressing our overall 'digital deficit'.	Head of Improvement	Paper to SLT 04/07/2024 Finance and Performance 11/07/2024	**22 August 2024**
03-2024/25	Senior Leadership Team	04/07/2025	Very out-of-date policies remains a challenge and gaps in governance arrangements for policies/documentation added as a new risk.	Head of Improvement	Proposal to address, including additional senior resources to be presented at SLT on 03/09/2024	
04-2024/25	Finance and Performance Committee	18/04/2024	We still do not have a paper on the financial assumptions relating to digital investment in the 24/25.	Recovery Director	Paper received at Board on 18/07/2024	**22 August 2024**
05-2024/25	Finance and Performance Committee	30/05/2024	A number of items are taken to committee due to the absence of a delegated budget to enable approvals to be made in the right place	Recovery Director	**On Agenda for Finance and Performance Committee**	**24 September 2024**
06-2024/25	Finance and Performance Committee	30/05/2024	There are a number of large digital projects that have come to Committee in isolation from one another, and without a full implementation plan there is a risk that the capacity will not be there to successfully implement any of them.	Head of Improvement	Paper to SLT 04/07/2024 Finance and Performance 11/07/2024	**22 August 2024**

07-2024/25	Finance and Performance Committee	30/05/2024	GP IT project is at risk due to capacity within the team	Head of Improvement		
08-2024/25	Staff Governance Committee	09/05/2025	Disappointing uptake of specific mandatory training elements in certain teams.	Director of People and Culture	**On Staff Governance Committee Agenda**	**14/07/2024**
09-2024/25	Staff Governance Committee	09/05/2025	Members acknowledged that the spiritual care framework was important to staff, and would be added to the staff governance action plan with a progress update at the next meeting	Director of People and Culture	**On Staff Governance Committee Agenda**	**14/07/2024**
10-2024/25	Staff Governance Committee	09/05/2025	Agenda for Change non-pay amendments – Finance and Performance Committee need to be cited on a potential cost pressure if there was a slippage in traction	Recovery Director		
11-2024/25	Staff Governance Committee	09/05/2025	Consultant job plans need to be brought up to date	Medical Director	**Staff Governance Committee**	**October 2024**
12-2024/25	Joint Clinical and Care Governance Committee	14/06/2024	Lack of specific data for complaints data for Acute services to be able to review the feedback re specific departments, not assured that if there are themes, we can see or address them.	Medical Director		
13-2024/25	Joint Clinical and Care Governance Committee	14/06/2024	Health Complaints annual report contains KPI's that are expected to be required for reporting to Scottish Government (SG) in September 2024. As KPI's are still to be confirmed the report may require adjustment for SG return	Medical Director		
14-2024/25	Joint Clinical and Care Governance Committee	14/06/2024	Committee requested 'closing of the loop' on improvements from patient complaints to ensure actions undertaken in set timescales and learning and improvement evidenced.	Medical Director		

15-2024/25	Joint Clinical and Care Governance Committee	30/07/2024	Concern around getting information on colonoscopy, and an ask for this to be tested around how that information would work within the clinical governance system	Medical Director		
15-2024/25	Joint Clinical and Care Governance Committee	30/07/2024	Concerns raised about lack of clarity in terms of the Clinical Governance Structure and meetings being held with no approved terms of reference	Medical Director		
15-2024/25	Joint Clinical and Care Governance Committee	30/07/2024	Concern raised about the number of components, action plans and reports around Mental Health, with no clear route for all the reporting	Medical Director		
15-2024/25	Joint Clinical and Care Governance Committee	30/07/2024	Medical Directors report contained breadth of new information and it was not clear the implications of some matters highlighted or where these would be addressed	Medical Director		
	Finance and Performance Committee	11/07/2024	MRI service provision to cease 31 March 2025 as the North Imaging Alliance has been disbanded and funding withdrawn	Medical Director		
	Finance and Performance Committee	11/07/2024	Concerns raised about lack of preparedness for the Island Games	Director of Public Health		
	Staff Governance Committee	14/08/2024	The Medical Director did not submit the requested report on consultant job planning. Members were therefore unable to take any assurance on the matter. The committee have requested a written report at the November meeting			

	Staff Governance Committee	14/08/2024	Occupational Health, Safety and Wellbeing Committee had not met since April 2024, as a consequence the committee were unable to take any assurance on operational matters delegated to the committee.			
	Staff Governance Committee	14/08/2024	The Health and Care (Staffing Scotland) Act report highlighted significant lack of progress and engagement from the organisation. The committee was unable to take assurance that there were adequate mitigations in place and particularly concerned that the Programme Board had not met since March 2024.			
	Staff Governance Committee	14/08/2024	Members requested that a Corporate Risk was raised regarding the compliance and data quality issues of mandatory training			
	Senior Leadership Team	05/06/2024	SLT focused on areas in which a different response is needed due to deteriorating performance/where improvements are needed, including: staff sickness due to stress (>30%), pre-noon in-week discharges and waiting times. SLT agreed to focus on sickness absence/stress and to discuss solutions together at September's SLT, and to provide more improvement support to improving pre-noon discharges, consistent with our approach re: planned care/reducing waiting times			
	Senior Leadership Team	05/06/2024	Preparedness for the Island Games – to be a monthly standing agenda item at SLT and a request for visibility of the full plan to return ASAP to SLT for scrutiny and familiarity given the concerns raised re: lack of preparedness.			

	Senior Leadership Team	05/06/2024	Internal Audit recommendations 2023/24 progress report – 7 actions are overdue (spanning: clinical governance/complaints, business continuity and cyber security). Mitigating actions will be shared at September's Audit and Risk Committee			
	Area Clinical Forum	02/08/2024	Concerns raised about the lack of financial information forthcoming from Primary Care to the GPSub committee relating to the PCIF resulting in limited ability of that committee to perform its advisory and stakeholder roles with relation to the PCIP.			
	Area Clinical Forum	02/08/2024	Concern raised regarding struggles to achieve a quorum at APC often related to independent contractor attendance			
	Area Clinical Forum	02/08/2024	Neurodevelopmental pathway not progressed causing concern and confusion across services and schools			
	Area Clinical Forum	02/08/2024	Restaurant queuing times continues to be a challenge for staff to get their lunch and eat it within their allocated breaks.			

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Board Chair and Chief Executive Report**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair and Laura Skaife-Knight, Chief Executive**
Report Author:	**Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

This report has been provided to update the Board on key external/internal events and activities from August-October 2024, including:

- A summary of our overall performance (including financial and operational performance)
- An overview of our Quarter Two Corporate Strategy performance
- Three members of Team Orkney finalists in the Scotland Health Awards
- Speak Up Week
- NHS Orkney's Annual Review 2023/24 – 3 December 2024
- Chair and Chief Executives' diaries – including meetings with external stakeholders and partners
- Looking ahead to October and November 2024 – our priorities and focus

2.2 Background

2.2.1 A summary of our overall performance (including our operational and financial performance)

Four-hour emergency access standard

Four-hour emergency access standard performance decreased at the end of August 2024 to 89% against the national 95% standard (compared to 92% for NHS Orkney at the end of July 2024).

We remain a top three performing Health Board in Scotland for this national standard

18-week Referral to Treatment Standard

Performance against the 18-week Referral to Treatment standard has increased during August 2024 to 81% (against the 90% national standard) compared to 75.2% in July

Specialties where improvements are required - General Medicine (72.2%), Ophthalmology (58.1%), Trauma and Orthopaedic (72.2%) and Oral and Maxillofacial Surgery (71.4%).

31-and 62-day cancer standard

Performance remains consistently above the national 31-day cancer standard, remaining at 100% (versus the 95% standard).

Waiting lists and backlogs

Performance against the 12-week standard is disappointingly at 38% showing a slight decrease in performance compared to the end of July 2024 when this figure was 42%.

Continued focus on areas which have the longest wait times, this includes Ophthalmology, Orthopaedics, Ear Nose and Throat, and the Pain Clinic these are priority for the Planned Care Programme Board which will meet on 16 October 2024.

Treatment Time Guarantee

Performance against the Treatment Time Guarantee for August 2024 for inpatients (patients who will not wait longer than 12-weeks) has increased, with 90 people waiting more than 12 weeks out of a total of 275 patients waiting compared to the end of July 2024 which showed a similar picture with 113 breaching 12-weeks out of 279 on the waiting list.

Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies

Child and Adolescent Mental Health and Psychological Services have exceeded the referral to treatment target, performance continues to be relatively strong.

Financial performance and efficiency programme

As we approach the mid-year point in the year for 2024/25, NHS Orkney remains on track to deliver its Financial Plan for the year and £4m savings plan. This is the result of much hard work across the organisation, which has and continues to be a real team effort.

Our year-to-date deficit position (April-August 2024) is £2.8m, which is on plan, which means we are on track to deliver our Financial Plan and year-end forecast deficit position of £5.778m. Our run rate needs to reduce the second half of the year to achieve our plan.

Our reliance on agency supply is much lower when compared to the first quarter of the 2023/24 financial period.

We are preparing for all external support to exit the organisation by the end of March 2025, so we can stand on our own two feet and continue to lead sustainable improvement across the organisation. With this, we have agreed a set of criteria with NHS Scotland for NHS Orkney to de-escalate from the Level 3 of the NHS Scotland Support and Intervention Framework, and we are in the process of developing a clear path to achieving this within a reasonable timescale which we will update our community on in due course.

2.2.2 An overview of our Quarter 2 Corporate Strategy performance

On the agenda at October's public Board meeting is a summary of how we did in Quarter 2 (July-September 2024) against the milestones and Key Performance Indicators we set ourselves and agreed for this time period.

We continue to evidence much progress, and of the 77 deliverables in our Corporate Strategy for 2024/25, 2 are Red RAG rated, 18 rated Amber and 52 are Green. 5 actions have been deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group.

The two areas which are Red are appraisals (target is >40% and we are at circa 30%) and ensuring there are clear plans in place to improve access to key services, including dentistry, ophthalmology, mental health, children's and pain services. Work is ongoing with senior leaders to improve our appraisal rates, and similarly work is underway in these clinical services to improve access, but this is not sufficiently advanced that we can describe when access and waiting times will improve as some involve likely changes to current service models.

2.2.3 Three members of Team Orkney finalists in the Scotland Health Awards

Very many congratulations to Anne Gregg, Macmillan Specialist Nurse, and Amanda Manson, Cardiology Specialist Nurse, who have both been nominated for Nurse of the Year Award and Melissa Lindsay, Midwife and Sonographer, who has been nominated for Midwife of the Year Award in this year's Scotland Health Awards. We are so proud of each of these colleagues for this fabulous achievement and for being named finalists for the outstanding work they do for our patients and community.

2.2.3 Speak Up Week

Early October 2024 it was Speak up week across the NHS in Scotland. NHS Orkney had a programme of awareness raising and events during this week, recognising that in response to staff feedback that we know we have much to do to create a culture here where staff feel safe speaking up, including about safety concerns, knowing that they will be listened to and their concerns acted upon. Thanks to everyone who supported and promoted Speak Up Week and joined our various drop-in sessions, led by the Chief Executive, which were an opportunity to have some open and productive conversations about what needs to change. The clear themes we are hearing from staff about what needs to be different includes:

1. Confidence that staff anonymity will be protected
2. Confidence that staff concerns will be acted on and will lead to change and results
3. Someone other than the CEO being the whistleblowing Board-level lead
4. Support for managers to be able to respond and support

There are plans in each of these spaces to make changes to respond to staff feedback, including the Board-level lead for whistleblowing, which will move to another Executive Director by April of 2025.

2.2.4 NHS Orkney's 2023/24 Annual Review – 3 December 2024

NHS Orkney's Annual Review will take place on Tuesday 3 December between 12-2pm and is an opportunity for our community to hear about a range of developments underway to further improve care and services for our community and patients.

The meeting will include a summary of how we did in 2023/24 against our priorities and national standards and will showcase some of the improvements we have made. The meeting will be led by Meghan and attended by Laura and our Executive Team and wider Board members.

We will also describe our priorities for 2024/25 which have been agreed in response to community and patient feedback, as well as wider regional and national priorities for the Health Board.

The review will be held in a hybrid way, with the in-person attendance taking place at The Balfour in the Brodgar Room (Boardroom). This format has been designed using the feedback from last year, and we look forward to welcoming our community to the session. A Teams link will be available so that the meeting is accessible to all and this will be shared on our website and via social media by 1 November.

There will be an opportunity for our community to ask questions at the meeting too. These should be submitted in advance via ORK.engagement@nhs.scot, or by contacting 01856 888197. Questions should be submitted by Friday 22 November.

This year is a non-ministerial review of NHS Orkney's performance during 2023/24. The session will be recorded and available on our website following the event. We hope to see some of our community at the meeting (whether in person or online) so we can reconnect with you and build on the work we have started over the last 12-18 months to build more open and meaningful relationships.

In October 2024, we published our Annual Report and Accounts for 2023/24. The document is available on our website here: Annual Report and Accounts for Year Ended 31 March 2024.pdf (scot.nhs.uk)

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

Chair

Meghan has attended meetings in the past two months in her capacity as Chair of the North of Scotland group. These meetings provide useful connection and information sharing between colleagues, and escalating and feeding back within the wider Board Chairs' Group.

The Board Chairs' Away Days took place in Dundee this year. We were joined by the Cabinet Secretary who reaffirmed his priorities around NHS Reform and spent time exploring how to unlock the potential of innovation to deliver better care for our communities.

Meghan attended Extended Senior Leadership Team, which has come such a long way as a space for NHS Orkney's leadership community to come together and explore those areas that are of highest importance.

Numerous national meetings have taken place around population health planning, which Meghan has attended. Our role as a Population Health organisation is one that we will be exploring as we move towards Year 2 of our Corporate Strategy.

The Annual Review planning meetings have gone very well, and the session is being shaped in response to feedback from last year.

Meghan has also Chaired two meetings of the Local Equality Delivery Group on behalf of the Community Planning Partnership. These meetings focused on connectivity and travel, as well as experience of care in the ferry linked isles.

Chief Executive

Laura and Stephen Brown, Chief Officer for the Integration Joint Board, visited Flotta to meet Kathleen Ross, Advanced Nurse Practitioner, and to spend time with her hearing about how it is feels working on the ferry-linked island and how we can better support colleagues working on the isles. We also enjoyed visiting the Flotta Oil Terminal and meeting staff and teams there. Items of discussion included major incident preparedness and multi-agency learning and working.

Laura and Meghan enjoyed visiting Anna and Reuben Johnston to hear all about the Peedie Retreat project and to share NHS Orkney's full support for this incredible development. The Peedie Retreat is an Orkney charity with the ambition of building and running a fully accessible, bespoke, accommodation for Orkney residents affected by Cancer or Multiple Sclerosis. To be built at Inganess Beach a natural and stunning location, close to local amenities and health care, the Retreat will be owned by the charity and will always belong to The People of Orkney to always be used for its intended purpose.

On 11 October 2024, NHS Orkney had its second bi-annual Chief Operating Officer Engagement session with Scottish Government colleagues. The meeting, attended by Laura and the Executive Team, and SG colleagues, was an opportunity to hear about national developments and context from SG and for NHS Orkney's Executive Team to provide updates on financial and operational performance, progress and challenges and responses to these. This was a positive meeting, with lots of open and honest conversations and clarity re: the priorities in the remainder of the year and beyond which includes embedding and sustaining recent changes and improvements, a continued focus on grip and control and discipline, holding to account and ensuring the Board has a clear plan for de-escalation, which is an item the Board will return to discuss in the coming months via a dedicated workshop on this important area building on discussions in recent months in Board development sessions.

Laura and Meghan have done a number of Board walkarounds together, including to Pharmacy, Dentistry and joining a session with our Senior Charge Nurses – all of which were valuable sessions where we heard lots of important messages and feedback to act on, and much good practice and good news stories to celebrate.

Laura joined our Chief Officer for the IJB and Director of Nursing, Midwifery, AHPs and Chief Officer for Acute for a meeting with our Community Nursing Team to listen to their feedback and concerns and to agree the areas we need to focus on to improve patient experience and staff wellbeing and morale.

Laura has visited many teams over the last few months including: Digital Services, Maternity, Inpatient 1 and 2 Wards, Estates and Facilities, Physiotherapy and our Emergency Department to listen to how it feels working here and

Laura attended Hospital Sub Committee with a number of Executive Directors to discuss recruitment challenges and how we can respond differently to these, met with the Employee Director for a regular catch-up, met with Liam McArthur, MSP for Orkney, met with the Orkney Heart Support Group, and led the first quarterly meeting with politicians.

She also Chaired the monthly Improvement Board meetings and led monthly staff briefings and listening sessions for Team Orkney. She also chaired the latest quarterly Extended Senior Leadership Team meeting in October 2024, which was a productive meeting which brought together the circa 40 senior leaders in the organisation.

Laura continues to Chair the North of Scotland Neonatal Implementation Board, the Remote, Rural and Island Working Group on behalf of the Board Chief Executive's in Scotland, which is part of the sustainability work nationally and is leading work for Board Chief Executives to advise on staff engagement work in relation to the national Reform agenda.

In October 2024, Laura attended the Board Chief Executive's meeting, where the focus was on financial delivery and sustainability and population health developments, including an overview and discussion and engagement session on the proposed new Population Health Framework. She also attended the first NHS Scotland Executive Group meeting, which is a decision-making forum, that brings together Board Chief Executives with the Chief Executive for NHS Scotland and Director-General Health and Social Care, to take forward the agenda for Scotland, with agenda items including: financial and operational performance, quality and safety and digital reform.

Laura and Meghan also attended the Orkney Partnership Board (Community Planning Partnership meeting) with agenda items including: net zero vision, Annual Report for the Orkney Partnership Board, the Local Child Poverty Action Plan Report and the Partnership's response as part of the engagement exercise for the proposed Population Health Framework.

Laura and Sam Thomas, our Director of Nursing, Midwifery, AHPs and Chief Officer for Acute personally visited and congratulated our finalists for the Scotland Health Awards on behalf of the Health Board.

2.2.5 Looking ahead to October and November 2024 – our priorities and focus

The priorities in the next few months, many of which will be discussed at October's public Board meeting, include:

- A continued and unrelenting focus on putting people first and reconnecting with people – including our patients, community and staff
- Recruiting a substantive Director of Finance to bring further stability to our Executive Team and senior leadership arrangements
- Introducing new Performance Review Meetings in October 2024 for corporate and clinical services so that teams can be held to account for performance and delivery of our strategic objectives and supported to make improvements where this is necessary. This is also a good opportunity to further build and strengthen relationships between the Executive Team and services across the organisation
- A sustained focus on financial and operational discipline and grip so we remain on track for delivery against our financial plan and savings requirements for the year
- Beginning to develop a clear and credible plan for de-escalation so we map our path and own this as a Board
- Ensuring we are ready for external support to exit NHS Orkney by the end of March 2025, and
- Laura has commissioned an external review of our culture development, governance and senior leadership – and this review takes place October-December 2024 and will inform future improvements when it comes to each of these important areas, which have been priorities since 2023
- Early planning for 2025/26 re: budget planning, developing our efficiency programme and developing our Year 2 Corporate Strategy priorities
- Continuing to progress the development of a new Board Assurance Framework – following engagement with staff across NHS Orkney

COMMITTEE Chair's Assurance Report to Board

Title of Report:	JCCGC Chairs Assurance Report	**Date of Meeting: 1st October 2024**
Prepared By:	Sam Thomas	
Approved By:	Sam Thomas	
Presented By:	Jean Stevenson	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the **Joint Clinical Care and Governance** Committee at its meeting on **1 October 2024.**		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
• Digital systems remain an area of concerns for all services with lack of integration noted and impact seen on delivering patient care. • Further assurance and action planning to understand the impact of legislation for Children's services across the system and through integration.	• Process for peer reviews undertaken within the organisation to include governance structure. • Exception reporting IPR – received, metrics to be discussed further by Corporate Leadership Team.
Positive Assurances to Provide	**Decisions Made**
• Children's Health Assurance Report – commended regular supervision captured and training data. • Medication Assisted Treatment Standards Report – communication between MAT team and GP's highlighted as exemplary. Progress noted against the standards. • Public Health Annual Report – insightful, space identified to further connect with Corporate strategy • Positive feedback from breast feeding peer survey	• Update on the Neuro-developmental pathway. • ED Peer review report to be presented at December meeting. • CfSD report to be presented at the December meeting. • Improvement plan required for training gaps around data entry to SMRO2 system.
Comments on Effectiveness of the Meeting	
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Finance and Performance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Finance and Performance Committee	**Date of Meeting: 26 September 2024**
Prepared By:	Julie Colquhoun	
Approved By:	D Campbell	
Presented By:	D Cambpell	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on 26 September 2024		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
• Concerns raised around the significant gap in revenue resource with the Board as an outlier. • Non-attendance of key leaders at the meeting which has inhibited the scrutiny • Concerns continue to be raised in terms of preparedness for the Island Games	• Major Incident Major Emergency planning underway for an exercise on Island Games • A new report was received which showed the financial allocations for NHS Orkney which it is proposed it will develop further. • Positive reports from the Improving Together Programme workstreams, with £3.7 million of savings identified, at the same time concerns raised that the Board is not necessarily acting as a Board in financial escalation. • A de-escalation migration plan is being developed.
Positive Assurances to Provide	**Decisions Made**
• Great work taking place around digital maturity and confidence and assurance received that the NIS audit is not being considered in isolation but includes the digital maturity element. • NHS Orkney is the only Board in Scotland that is on target to achieve its financial plan. • The Committee heard of excellent work in Near Me outpatient activity with NHS Grampian, with more near me than face to face appointments being reported. • NHS Orkney is reporting as on track in relation to the Financial Plan.	• Members approved the proposal for financial delegated approval limits to Governance and operational committees.
Comments on Effectiveness of the Meeting	
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Audit and Risk Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Audit & Risk Committee	**Date of Meeting: 3 September 2024**
Prepared By:	Rachel Ratter	
Approved By:	Jason Taylor	
Presented By:	Jason Taylor	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit & Risk Committee at its meeting on 3/9/24		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
• Papers not received due to various challenges: Patient Exemption Checking – Annual Reporting Package 2023/24, National Fraud Initiative and the Property Transaction Monitoring Annual Compliance Report	• Risk Management Framework • PHS waiting time review improvement plan
Positive Assurances to Provide	**Decisions Made**
• RMG and SLT chairs assurance report to be provided to the committee for triangulation • Received internal audit reports: Significant Adverse Events, Recruitment and Staff Records, Health and Safety Risk Assessments • Progress in actioning and closing Internal Audit Recommendations • External Audit Recommendation tracker now in place	• Approved the continuation of the Risk Management Framework test of change, and to scope and develop the recommendation from the Risk Management Group to move from a three tier to a two tier risk management framework encompassing corporate and operational registers • Approved Interim Non-Executive Director arrangements, I Grieve would act up as Vice Chair of the Audit and Risk Committee • Approved revisions to the internal audit plan including approving a review of recommendations from 22/23 • RMG and SLT chairs assurance report to be provided to the committee for triangulation of risks considered at both corporate and operational levels
Comments on Effectiveness of the Meeting	
Scrutiny and Challenge of subject matter.	

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:** 3 September 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 3 September 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Traction on Island Games preparedness remains a concern, with strengthened resource and governance arrangements in place in September and a decision-point at the end of September if insufficient progress is seen (to be added as a new Corporate Risk) 2. Public Protection Accountability and Assurance Framework toolkit – concerns raised about the gaps and lack of join up with wider system Public Protection Work and additional resource needs scoping. Agreed to take to JCCGC and back to a future SLT and to add as a new Corporate Risk 3. Laboratory Information Management System – lack of resource to maintain consistent updates 4. SLT deep dive into sickness absence due to anxiety/stress/depression/other psychiatric illnesses is persistently the major reason for sickness absence and currently around 30% which now requires a very a different organisational response	1. We reflected as a leadership community on SLT – how things are going and what we can do to improve this meeting moving forward. Much feedback was received, including about the frequency of the meeting, and a paper will return in October with a proposal for revised arrangements from January 2025 which will see SLT evolve further, in response to feedback 2. Workforce Planning – following the publication of updated national guidance from Scottish Government, which means Health Boards are required to submit a 3-year workforce plan by June 2025. NHS Orkney is taking an integrated approach to planning (workforce, activity/performance, finance) and a paper will return to SLT in October setting out how this will work 3. Scheme of Delegation – a proposal for updating the Scheme of Delegation, Delegated Financial Limits and investment approval process was discussed and is underway in 2 phases. A paper will return to SLT in October for approval, and will be shared with Finance and Performance Committee as a direction of travel in September 4. Proposal for a time limited operational group to prioritise updating seriously overdue policies/procedures presented to SLT. Further engagement work to take place and this will return to SLT in October 5. With regard to proposed changes to risk management processes, the direction of travel to move to a two-tier process and cleansing operational/local risks that are significantly out-of-date were agreed. It was agreed that no further changes will be introduced in year, but the two-tier proposal will be worked up, further engagement work will take place and an implementation plan agreed, with an update to come to the Board in October

	6. SLT did a mini-deep dive into staff sickness absence related to stress and anxiety – next steps are a discussion at Area Partnership Forum, Extended Senior Leadership Team and Staff Governance Committee and a clear plan which sets out our organisational response to what needs to be different and how we will support managers 7. Internal Audit to do a "review audit" on 8 recommendations from the 2022/23 audit cycle to be completed by December to be presented to Audit and Risk Committee in March 2025 to assess whether changes and improvements are embedded
Positive Assurances to Provide	
1. Month 4 financial and savings results – on track and on plan 2. Extended Senior Leadership Team agenda for 8 October finalised and to include: sickness absence/stress/anxiety, Corporate Strategy Year 2, Efficiency Programme and Financial Performance Quarter 2 update, de-escalation criteria for NHS Orkney, People and Culture update, Island Games preparedness, strengthened governance arrangements and Performance Review Meetings 3. Internal Audit positive progress against 2023/24 and 2024/25 internal audit recommendations	1. MRI service provision – recognising that funding and service provision for the mobile MRI will change from April 2025, SLT agreed the preferred option for MRI provision is to have a full-time mobile MRI service in Orkney. SLT agreed this week that having an in-house team to staff and run the service was the preferred option 2. Patient Escort Policy – this policy which sets out arrangements for approving funding for patient travel and escorts was approved, following engagement with a range of teams, including our Travel Team. A comprehensive communications plan is now under development so we can share this process well with patients and staff as the next part of implementation 3. Non Medical Authorisation of Blood Components Policy was approved 4. Anchor Strategy metrics were agreed and the Anchor Strategy will go to Board in October 2024 with a full update of progress against the metrics and an overview of the impact of the strategy to date 5. Continued use the risk jotter and embedding the recent changes to the Corporate Risk Register and managing Corporate Risks were agreed

Feedback about meeting:

- Think about moving to a more frequent meeting sooner rather than later
- Good discussions, things we should be talking about, some really good challenge around some of the papers and shared ownership of some of the problems.
- Much more mature space, asking for help, providing for information, insight and support
- Contributions from many more members of SLT throughout the meeting

Item 8.4

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

Title of Report:	Chair's Assurance report from the Senior Leadership Team (SLT)	**Date of Meeting:** 14 October 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 14 October 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Five key 'People' issues agreed as priorities by SLT for improvement with action underway in each to recover and improve performance: - Job Evaluation - Budgets - Training compliance - Appraisal - Sickness absence related to stress 2. 6 new Corporate Risks were proposed as follows: - Lack of functioning operational and local risk register (Agreed) - Lack of training compliance – health and safety courses (Lead Executive Director to review risk score and bring back to next SLT) - Island Games preparedness (Not agreed – to go back to Risk Owner for review and revision and validation through the Risk Management Group) - Organisational clinical policies and procedures (Not agreed – to go to Risk Management Group for revision) - Public Protection (Not agreed - to go to Risk Owner for review and revision and validation through the Risk Management Group) - Workforce experience and wellbeing (Not agreed - to go to Risk Owner for review and revision and validation through the Risk Management Group) - Public Protection not reviewed and to go to Risk Management Group for validation	1. Recruitment Improvement Workstream Report - work is underway with engagement and input from hiring managers to improvement the Job Evaluation process and entire recruitment process by completing end to end process mapping 2. Integrated Planning process (paper was deferred from SLT whilst our approach is refined after Executive Team discussion). A proposal will come back to the November SLT

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3. Organisational preparedness for the Island Games – a further and final request for visibility of the operational and medical plan so these can be scrutinised at the November 2024 SLT meeting 4. Anchor Plan – 6-month update • Given the present challenges and capacity restraints, it was agreed that NHS Orkney will write to the Scottish Government to propose incorporating the high level metrics into the Place strategic objective of our Corporate Strategy and Community Planning Partnership workplan/priorities to fulfil this requirement, and make best use of the available resources we have • The metrics should be SMART and measurable wherever possible, so that progress can be better evidenced • Suggestion that we focus on 1-3 priority areas, so we can make demonstrable progress in fewer priority areas as we begin planning for 2025/26 5. A 2-phase approach to addressing overdue policies and procedures was agreed as follows: Phase 1 – triage of policies/procedures to prioritise clinical policies/procedures that require updating (Short Life Working Group to be led by the Director of Public Health) Phase 2 – to work with the Clinical Advisory Groups and 5 key operational groups to 'do the work' – timing for this work to be agreed in Quarter 4 once phase 1 work and triage is completed, recognising wider pressures 6. SLT members on many occasions during the meeting referenced the competing demands on staff and the need to (1) agree the highest priorities and (2) stop work that can pause until 2025/26, recognising current pressures	

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Positive Assurances to Provide	**Decisions Made**
1. Month 5 Financial Results are on plan 2. Month 5 Improving Together Programme (savings) is on plan 3. Quarter 2 15-box grid return to Scottish Government completed and will be submitted ahead of deadline (will come onwards to Finance and Performance Committee in November 2024) 4. Quarter 2 Strategic Digital Update – strong progress being made 5. New Integrated Performance Report by exception welcomed by SLT as a positive step forward 6. Quarter 2 Corporate Strategy scorecard – progress being made recognised by SLT	1. Agreement to change SLT from January 2025 as follows in response to feedback and to ensure this forum continues to improve, mature and evolve: • There will be 2 meetings a month (no more than 2 hours each) • Chair's Assurance Reports will be shared with SLT within 2 days of each meeting • The organisation's 5 strategic priorities will be discussed at each SLT as follows: Meeting 1 – Patient Safety, Place and Performance (the Corporate Risk Register and Integrated Performance Report will come to this first meeting of the month) Meeting 2 – People and Potential • All items for noting, will be clearly marked on the agenda, and will not be discussed in the meeting so that we can focus on the items where discussion and approval is needed • The model meeting paper will be adapted for SLT so that it is clearer why the paper is at SLT and where the paper has been prior to SLT. • When there is an item for approval at SLT, all members will be expected to share whether they approve / do not approve • Heads of Service/operational leads will be invited to present papers, to support with personal development, rather than Executive Directors presenting the majority of papers

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	• Members will invite members of their teams to observe SLT to support personal development plans • Members of SLT will share/cascade key messages from SLT to their teams/line reports within 5 days of the meeting 2. Business Continuity Planning – Internal Audit. SLT agreed to extend the completion date for Control Objective Four from the Business Continuity Management Action Plan until at least 31 October 2024 (Resilience Officer agreed to confirm with the CEO outside of the meeting whether this deadline was realistic so that SLT could be updated at the next meeting recognising this extension date would remain challenging). Significant input from each service in the development of the new risk based approach to Business Continuity Planning is needed and therefore Control 4 (ensure new approach is implemented in their new areas) is flagged as Red 3. Improving Together Programme 2025/26 – proposal. The following were agreed: • Timetable for development of the 2025/26 programme • Programme governance framework • Standard workstreams and direction of travel to prioritise additional transformational opportunities
Feedback about meeting: - Another big agenda and meeting overran - Lots of honesty and challenge – which led to necessary discussions about risk and the future of SLT - Good to spend time at the beginning of the meeting on the top 5 priorities where different options are needed to bring the improvements needed - Several papers were back here for the second time and today we made decisions on a clear way forward when it would have been easy to roll over into the next meeting - It is clear from the discussions today that (1) we need to stop doing some things to prioritise in other areas and (2) that the governance below SLT is not what it needs to be and we need to be clear where the work is getting done	

Chair's Assurance Report to Board

Title of Report:	**Chair's Assurance report - ACF**	**Date of Meeting: 1 October 2024**
Prepared By:	Julie Colquhoun, Corporate Governance	
Approved By:	Kirsty Cole	
Presented By:	Kirsty Cole	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the ACF Committee at its meeting on 1 October 2024		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
1. Lack of clarity regarding progress of the children's neurodevelopmental pathway, in particular the previous goal to have a single point of entry for referrals into the pathway.	1. Members agreed to provide support to the updating of outdated clinical policies, procedures and protocols on the basis that the requests are presented in a realistic and timely manner 2. Members welcomed the update and overview regarding the Care Opinion website, a place for people to share their experiences of health and care in ways which are safe, simple and lead to learning and change 3. Chair and member of corporate governance team to meet individually with the other clinical advisory Chair's to review ACF escalation log and ensure appropriate action/responses have been captured.
Positive Assurances to Provide	**Decisions Made**
1. Members had an open and honest discussion with the Director of People and Culture around work related stress and ways to address and improve the current situation	1.
Comments on Effectiveness of the Meeting	

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Corporate Strategy 2024/25 Quarter 2 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**:

Members are asked to.

i. **Receive** the NHS Orkney Year 1, Quarter 2 Performance Scorecard, and exception report
i. **Note** where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

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
- Sustainability

2 Report summary

2.1 Situation

This paper has been produced to provide assurance to SLT on performance in Quarter 2 of 2024/25 of our Corporate Strategy Year 1 deliverables.

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.

A consolidated performance scorecard and exception reports for actions rated red and amber in Quarter 2 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 2 has focused on moving from discovery to delivery. Performance across all National and Local KPI's, including the Corporate Strategy KPIs/objectives, will be discussed at the Performance Review Meetings (PRM's) which commence in October 2024.

2.3 Assessment

Quarter 2 performance

Appendix 1 provides an update on delivery against each of the Quarter 2 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 Leads. Figure 1 provides a definition for each the Red, Amber Green Status along with the number of deliverables in each category.

Appendix 1 contains the full Corporate Strategy Performance Scorecard and exception reports for the deliverables rated Red and Amber along with the specific improvement actions to bring deliverables back on track in Quarter 3. Figure 2 below sets out deliverables rated Red and the strategic objective which it relates too.

Category/Status rating	Quarter 1 No. of deliverables	Quarter 2 No. of deliverables
Red - Significantly delayed. • 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	2
Amber - Partially delayed. • 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	18
Green - Remains on track. • Action implemented. • Stated deliverables and improvement evidenced	68	52
Deferred to 2025/26	5	5
Total number of deliverables	77	77

Figure 1 - Red, Amber Green Status definition and number of deliverables in each category.

Exception Report

There are currently 77 deliverables in the Corporate Strategy Delivery plan for 2024/25. 2 are RAG rated Red, 18 rated Amber, 52 Green and 5 actions have been deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group.

Strategic Objective	Executive Lead	RAG Status	Action	KPI	Deliverable at risk	Improvements to bring action back on track in Quarter 3
People	Jay O Brien	**Red**	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	A review of data has been completed to remove staff who are not yet due an appraisal. Additional training dates uploaded to TURAS and individual support offered as requested. Line Managers have been offered additional support from the People and Culture team to increase the number of appraisals, this is re-iterated at all staff briefing sessions and weekly communications issued to staff.
Performance	Sam Thomas	**Red**	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	Define and interpret the findings from discovery phase by July 2024	Through the Planned Care Programme Board, improvement plans for 4 key services including Pain Service, Orthopaedics, Ophthalmology and Ears, Nose and Throat as well as implementing a liaison service and improving appropriate use of the emergency mental health transfer room.

Figure 2 – Corporate Strategy deliverables which are rated Red (significantly delayed)

2.3.1 Quality/Patient Care

Delivery of the metrics and KPIs set out in the Corporate 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, the Improving Together Programme continues to 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 Corporate Strategy will further improve people's 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 in developing our objectives and priorities for 2024/25.

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

This paper has been produced for the purposes of NHS Orkney Board. The Board has carried out its duties to involve and engage external stakeholders where appropriate.

2.3.8 Route to the Meeting

This paper has been developed in consultation with the Senior Leadership Team, Chief Executive, Head of Improvement, IT Manager, IG Manager, Corporate Records Manager, and NHSO's eHealth Team Leader.

- Senior Leadership Team Meeting – 14 October 2024

2.4 Recommendation (s)

The NHS Orkney Board is asked to:

ii. **Receive** the NHS Orkney Year 1, Quarter 2 Performance Scorecard, and exception report
iii. **Note** where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track in Quarter 3.

2.3 Appendices

The following appendix is included with this report:

Appendix 1, NHS Orkney Year 1, Quarter 2 Performance Scorecard, and exception report

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Themes from Board walkarounds**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair and Laura Skaife-Knight**
Report Author:	**Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

This paper summarises the main themes from the Board walkarounds between August and October 2024.

2.1 Situation

In May 2023, Board walkarounds were introduced at NHS Orkney to improve the visibility of Board members and to ensure staff across the organisation felt heard and relationships strengthened.

This new approach was introduced in response to staff feedback, notably following low 2023 iMatter staff survey scores for Board visibility and specifically to recognise that as Board members we would find it helpful to gain an insight/deeper understanding into the work of our teams/different area of work.

Our Board walkarounds are part of a wider package of changes that were introduced in 2023/24 to further improve staff engagement, Board visibility and our organisational culture.

The iMatter scores for 2024 provide evidence that scores have improved significantly in this area and provides some evidence that this approach is effective, which this should be noticed. See below for more information.

Improvements to iMatter results - 2024

Our results tell us we are moving in the right direction and that the changes we made in 2023/24 are making a difference. Among the positive movements we have seen in the 2024 iMatter survey results are:

- Many more staff feel Board members are sufficiently visible (highest score increase of any question 2024 v 2023 - by 8 points from 53 to 61 score)
- Many more staff having confidence and trust in Board members (score 61 in 2004 compared to 57 in 2023)

2.2 Background

Board walkarounds were introduced in May 2023.

They involve an Executive Director and a Non-Executive visiting different teams and departments across NHS Orkney and listening to how it feels working here.

The walkarounds are an opportunity to listen, for Board members to get to know staff and build relationships and hear firsthand what staff are proud of and any challenges they face, leading to how Board members can support to resolve and help to support and in some cases unblock issues.

The areas we cover in our conversations with staff are:

1) What is going well in your team/service at the moment?
    - What are you most proud of working in this area?

2) What do you consider to be the main challenges you face on a daily basis?
    - What feedback do people using this service give you?
    - If you could change one thing, what would it be?
    - what do you wish you had more time to do?

3) How can the Board help?
    - Is there anything that you would find helpful to raise to the Board?

4) What does patient safety look like in your area? (new question added in 2024/25 in Year 2 of our Board walkarounds)
    - Do you feel confident in reporting incidents or near misses?
    - Do you get enough feedback when you report incidents/near misses?
    - Do you feel there is enough support for you if you are involved in a patient safety incident?

5) Staff wellbeing: are colleagues aware of support available and have they been able to access that for staff as necessary?

There have been 28 Board walkarounds between May 2023-October 2024 importantly, spanning The Balfour, our community and our ferry-linked isles – including:

- Stromness Surgery
- Sanday GP Practice
- Maternity
- Peedie Sea Centre
- Pharmacy
- Community Mental Health
- Theatres
- Health Visitors and School Nursing
- Primary Care
- Dental
- Vaccination Centre
- Specialist Nurses
- Infection, Prevention and Control
- Macmillan
- Catering
- Public Health
- Finance and Procurement
- People and Culture
- Heilendi GP Practice
- Westray GP Practice
- Radiology
- Travel Administration Team
- Daisy Villa
- Audiology
- Laboratory
- Medical Education
- Estates and Facilities
- Pharmacy

There have been five Board walkarounds between August and October 2024 – to Audiology, Laboratory Department, Medical Education, Estates and Facilities and Pharmacy. Below is a summary of the main feedback received.

Main themes from these visits

Positive:

- Teamworking and strong team spirit
- Passionate and caring staff with a real focus on patients
- High levels of commitment and engagement from teams
- Feedback received from medical students is overwhelmingly positive, with many saying they would like to return for future placements.

- Continued focus on improvement and trying innovative and new ways of working
- Excellent examples of successful 'grow your own' in Pharmacy – that should be shared across the wider organisation

Areas for improvement:

- Frustrations with recruitment processes and vacancy control
- Expectations are often too high from the organisation
- Frustrations that the wider organisation don't understand the role of pharmacy – and what Pharmacy do/don't do
- Accommodation for training/education is an ongoing challenge
- Staffing/capacity challenges within Audiology
- Non patient-facing staff often don't feel valued or recognised within the organisation in the same way as patient-facing staff such as medics and nurses
- Ensuring it is clear to teams how our Improvement Team can maximise support and 'enable' change
- Welcoming the soon to be introduced way of doing change at NHS Orkney so there is a consistent, yet simple way that we can all sign up to (via our new Quality Improvement methodology, which is under development and to be launched in 2025)

Next steps

As a recap, in 2024/25, we have committed to further developing our Board walkabouts as follows:

- Will continue to be a standing agenda item at each public Board meeting
- In addition to Board walkabouts, (1) Executive Directors do informal visits in pairs as part of business as usual arrangements and (2) the Chair and CEO do monthly informal walkabouts
- There is a forward plan of Board walkarounds for the remainder of 2024/25 covering all clinical and non-clinical areas
- Better triangulation of feedback with wider staff experience metrics
- Ensuring that there is a distinction between strategic matters that need to be resolved and taken forward and quick wins that need to be followed through on and the appropriate routes are followed for each
- To ensure there is feedback to every team after the visit which captures the actions that have been taken/issues that have been resolved/unblocked to build confidence that Board members are listening to and acting on staff feedback throughout the year and that it is how we do things (ie closing the loop). The Corporate Governance Team lead on this process and this is working well
- Expanding the focus of Board walkabouts to include conversations about patient safety (as described above)

2.3 Recommendation

- Awareness – For information only.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Patient experience and engagement: Preparing for NHS Orkney's 2023/24 Annual Review**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair and Laura Skaife-Knight, Chief Executive**
Report Author:	**Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to the Board for:

- To receive assurance on the patient engagement that is being planned.

2 Report summary

2.1 Situation

This report summarises the patient engagement that is being planned to inform the feedback that will be shared at NHS Orkney's 2023/24 Annual Review meeting on Tuesday 3 December 2024.

2.2 Background

NHS Orkney's Annual Review will take place on Tuesday 3 December between 12-2pm and is an opportunity for our community to hear about a range of developments underway to further improve care and services for our community and patients.

The meeting will include a summary of how we did in 2023/24 against the Corporate Priorities we agreed for the year and national standards and will showcase some of the improvements we have made. The meeting will be led by the Board Chair and attended by the organisation's CEO, Executive Team and wider Board members.

We will also describe our priorities for 2024/25 which have been agreed in response to community and patient feedback, as well as wider regional and national priorities for the Health Board. Our new Corporate Strategy is the basis for this conversation.

The meeting will include:

1. Evidence of how we have listened to, engaged with and responded to feedback from patients, carers and our community (including young people)
2. How our Corporate Strategy has and continues to guide our improvement work, and is grounded in feedback from patients, our community, partners and staff
3. An update from our Area Clinical Forum (via the ACF Chair)
4. An update from our Area Partnership Forum (via the APF Chair)

1-4 as described above will be accompanied with reports that will be published to coincide with the meeting in December 2024.

This paper summarises the patient, carer and community engagement activity that will be taking place in advance of 3 December 2024 to ensure we are fulfilling these important responsibilities.

The meeting will be held in a hybrid way, with the in-person attendance taking place at The Balfour in the Brodgar Room (Boardroom). This approach is in response to the feedback given at last year's event, and we will ensure that all participants are included in the review. A Teams link will be available so that the meeting is accessible to all and this will be shared on our website and via social media by 1 November 2024.

This year is a non-ministerial review of NHS Orkney's performance during 2023/24. The session will be recorded and available on our website following the event. We hope to see some of our community at the meeting (whether in person or online) so we can reconnect with you and build on the work we have started over the last 12-18 months to build more open and meaningful relationships. Board members are asked to promote the event in our community, and assist in shaping and informing the conversation based on what our community says and feeds back. Board members are invited to attend any engagement sessions in advance of the meeting. Please contact the Board Chair for further details.

We have set up a small working group to ensure we plan and prepare well for our Annual Review meeting, which is led by our Head of Improvement, and attended by the Chair, CEO, Vice Chair, Chairs of the Area Clinical Forum and Area Partnership Forum and our Communications Team.

2.3 Assessment

There are several strands to the way in which we are approaching patient, community and carer engagement for our 2023/24 Annual Review meeting.

1. The theme for this year's Annual Review meeting is 'Reconnecting with people'. The feedback we receive from our patients and community throughout the year, including the feedback we received when we were developing our new Corporate Strategy in 2023/24, will be shared at the meeting with a progress report on how we're doing in each of these areas

2. In preparation for the Annual Review meeting, we are in the process of arranging listening and engagement sessions with the following groups:

- Orkney Blide Trust
- Age Scotland Orkney
- Orkney Housing Associated Ltd
- Care experienced children and young people

The Board Chair and CEO will lead these sessions, with support from wider Board members (as described above).

3. As above, patients and our community are invited to submit and send in questions in advance of the meeting. A significant amount of time will be dedicated to responding to these questions at the public meeting in December 2024

4. A wide range of key partners and external stakeholders have been invited to the meeting, so that these views can be heard and represented also

Our lead representative for Healthcare Improvement Scotland (HIS) is involved in our planning for our Annual Review and will be in attendance on 3 December 2024.

2.4 Recommendation

The Board is asked to:

- Receive assurance on the patient engagement that is being planned
- Agree to promote the event within our community
- Attend the session on 3 December 2024 and participate fully as Board members

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Corporate Risk Register Report**
Responsible Executive/Non-Executive:	**Anna Lamont, Medical Director**
Report Author:	**Kat Jenkin, Head of Patient Safety, Quality and Risk**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

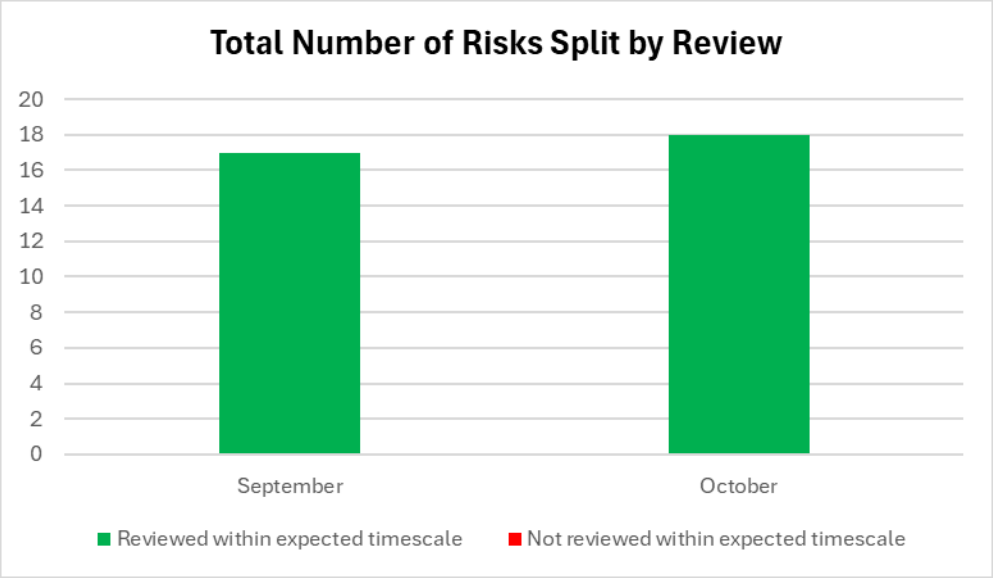
The Corporate risk register and cover have undergone significant changes during Q1 and Q2 of 2024 to support clarity, oversight, and enhance scrutiny for the organisation.

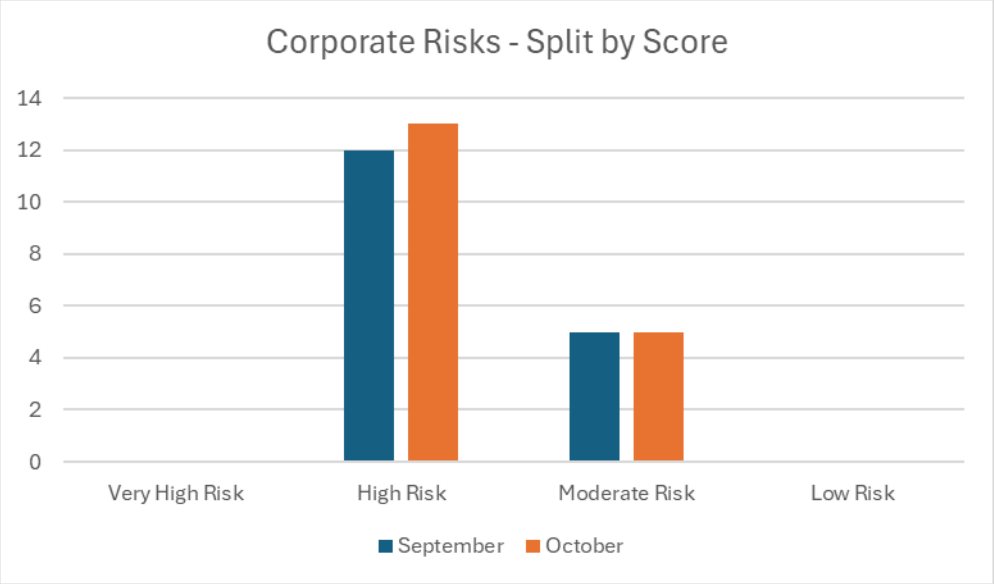
2.2 Background

This report provides an at a glance view of what has changed over two months, and how the risks are shared across committees. Some of this information will be copied into the cover paper, however the Excel risk report will now also include a live at a glance summary.

2.3 Assessment

The corporate risk register with overview is attached as appendix one. In future we are aiming to present the live document in meetings to ensure that the most up to date information is presented.





Risks Proposed for Addition			
Risk Title	Lead Executive	Risk Owner	Oversight Committee(s)
Lack of statutory and mandatory training compliance – clarification requested 14/10/24, for review and revision	Jarrard O'Brien	Jarrard O'Brien	Staff Governance
Organisational Policies and Procedures – clarification requested 14/10/24, for review and revision	Laura Skaife - Knight	Julie Colquhoun / Kate Doughty	JCCGC Staff Governance Finance and Performance
Island Games Preparedness – clarification requested 14/10/24, for review and revision	Louise Wilson / Sam Thomas	Louise Wilson / Sam Thomas	JCCGC Finance and Performance
Workforce Experience and Wellbeing – clarification requested 14/10/24, for review and revision	Jarrard O'Brien	Jarrard O'Brien	Staff Governance JCCGC Finance and Performance
Lack of Functioning Operational and Local Risk Register – added 14/10/24	Anna Lamont	Kat Jenkin	JCCGC
Public Protection – clarification requested 14/10/24, for review and revision	Sam Thomas	Lynsey Harper	JCCGC Staff Governance

SLT reviewed the above risk jotters and added the one as marked to the corporate risk register and the others were to be reviewed by the risk owner and be re-submitted following validation through the Risk Managment Group.

2.3.5 Equality and Diversity, including health inequalities

There are no identified impacts identified through this report.

2.3.6 Climate Change Sustainability

There are no identified impacts identified through this report.

2.3.9 Route to the Meeting

This paper is prepared for this meeting only.

2.4 Recommendation

The Board are asked to review and scrutinise the corporate risk register. To note that Board members are asked to critically consider the register, and raise any recommended changes or clarifications beyond those noted in the cover report:

- **Discuss** – Discuss the current risks, scores and mitigations of the corporate risk register

3 List of appendices

The following appendices are included with this report:

- Appendix one: Corporate Risk Register

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 October 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 August to September 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 still yet to be confirmed and will be interim, standards are currently being discussed at the Data & Intelligence Priority Programme Oversight and Advisory Group, currently there is discussion about this year's interim targets until such a time as the surveillance requirements are agreed nationally.
The team continue surveillance based on the previous LDP standards, with an emphasis of focus on infections that are considered preventable, this has been suggested nationally as a focus of attention.
In recent changes in reporting the Antimicrobial Resistance & Healthcare Associated Infections (ARHAI) data intelligence team are referring community cases of SAB (and *E.Coli* bacteraemia), identified in other Boards, to the Boards of residence. No action is required by Boards.
A previous infection incident and data exceedance has now been closed, however there are some ongoing actions and monitoring is in place.
Following release in the NIPCM of Chapter 4 – water safety and management, there has been a discussion at the Water Safety Group and some members have now formed a short life working group to ensure that NHSO is compliant with the guidance and any actions required. This was issued with a DL ((2024) 17) which includes an fully implemented date of 1st January

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. There is clinician, Infection Prevention team and Infection Prevention Doctor input into all bacteraemia and CDI cases.

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 roles and responsibilities, the work on the team descriptor is ongoing.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

Risk assessment is 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, following input from IPC into year 1 of the project, a small group met pre-work commencing for year 2 of the project, with an aim to share lessons learned from the previous years work. Community teams have been offered advice and support for any IP&C issues encountered, whilst the project is ongoing or immediately afterwards for snagging.

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:

Infection Prevention & Control Committee 10th October 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.

- Infection Prevention & Control Committee 10th October

2.4 Recommendation

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

NHS Orkney
Infection Prevention & Control HAIRT Report
October 2024

Created by:

Sarah Walker

Infection Control Manager

Contents

2 Report Summary

2.1 Situation

This report provides an update of Infection Prevention & Control and wider team activity and progress for August to September 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

The LDP standards for 2024-25 are still yet to be confirmed and will be interim, standards are currently being discussed at the Data & Intelligence Priority Programme Oversight and Advisory Group, currently there is discussion about this year's interim targets until such a time as the surveillance requirements are agreed nationally.

The team continue surveillance based on the previous LDP standards, with an emphasis of focus on infections that are considered preventable, this has been suggested nationally as a focus of attention.

In recent changes in reporting the Antimicrobial Resistance & Healthcare Associated Infections (ARHAI) data intelligence team are referring community cases of SAB (and *E.Coli* bacteraemia), identified in other Boards, to the Boards of residence**.** However, no action is required of Boards of residence.

A previous infection incident and data exceedance has now been closed, however there are some ongoing actions and monitoring is in place.

Following release in the NIPCM of Chapter 4 – water safety and management, there has been a discussion at the water safety group and some members have now formed a short life working group to ensure that NHSO is compliant with the guidance and any actions required. This was issued with a DL ((2024) 17) which includes an fully implemented date of 1st January 2025.

2.4 Recommendations

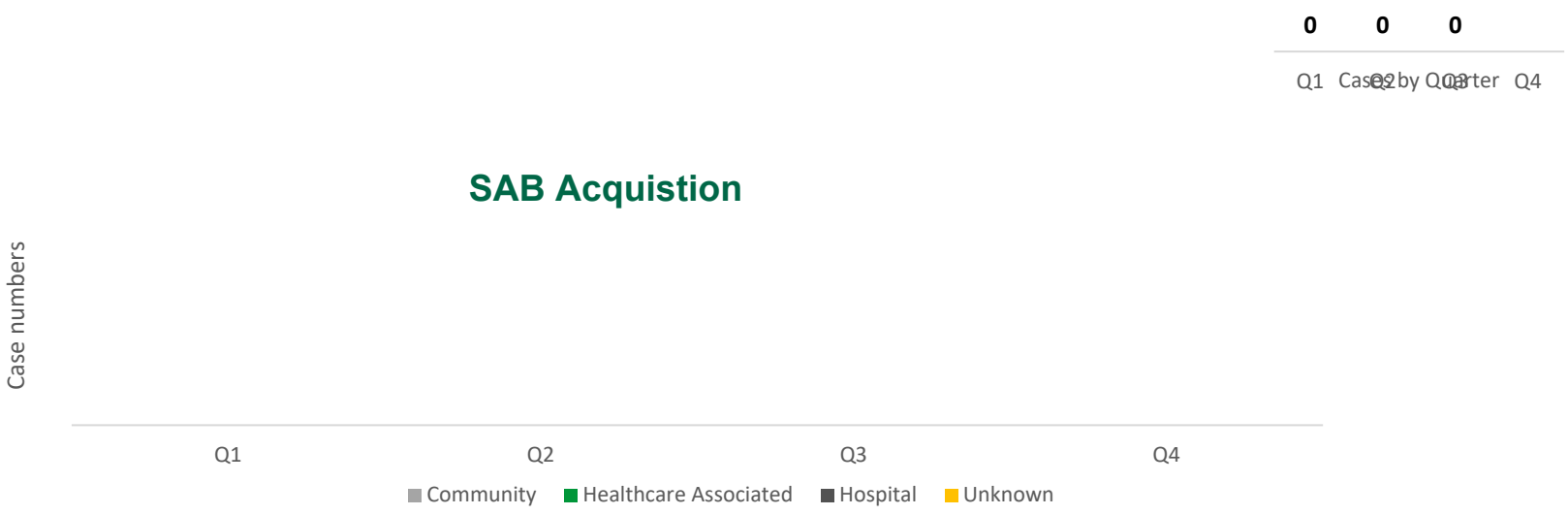
The Board is asked to note the report and the Infection Prevention Team continue to support and facilitate improvement on a daily basis, by monitoring and updating staff on the management of infections, updating staff to changes within the National Infection Prevention and Control Manual, changes in the evidence bases and providing information and rationale for areas where improvement can be made. The team also ensure that feedback is given in real time.

Staphylococcus aureus bacteraemia (SAB)

Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP standard is currently carried forward and is to be confirmed by the Data & Intelligence Priority Programme Oversight and Advisory Group. The aim is to achieve zero preventable cases.

Dashboard

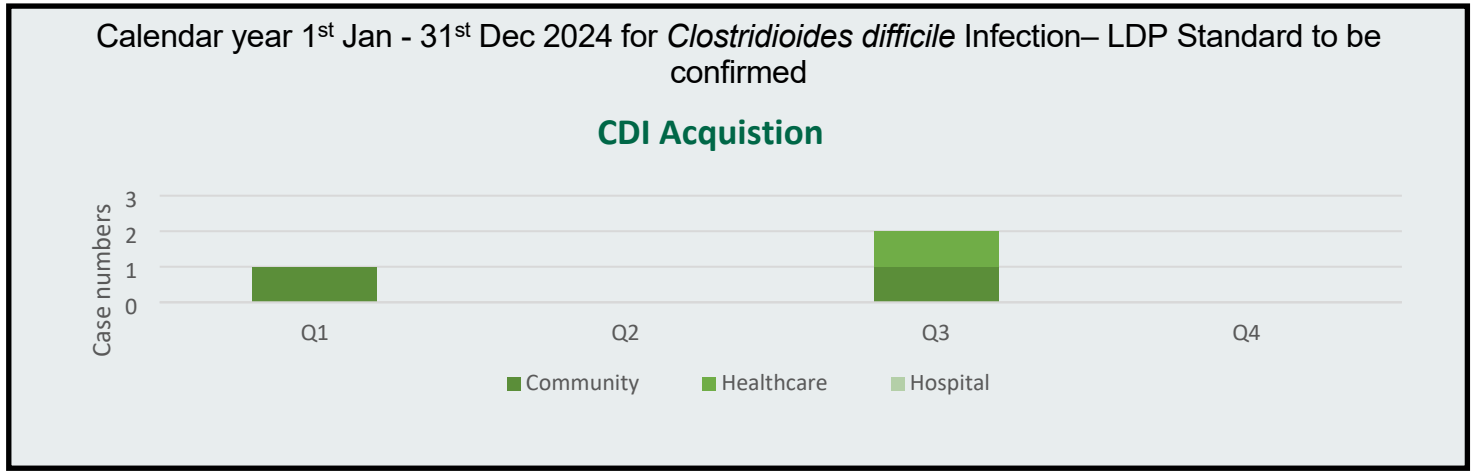
Calendar year 1st Jan 2024 to 31st Dec 2024 for *Staphylococcus aureus* bacteraemia (SAB) – LDP Standard TBC


0
0
0
Q1
Q2
Q3
Q4
Cases by Quarter
SAB Acquistion
Case numbers
Q1
Q2
Q3
Q4
Community
Healthcare Associated
Hospital
Unknown

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 LDP standard is currently under review.

2 cases for Q3

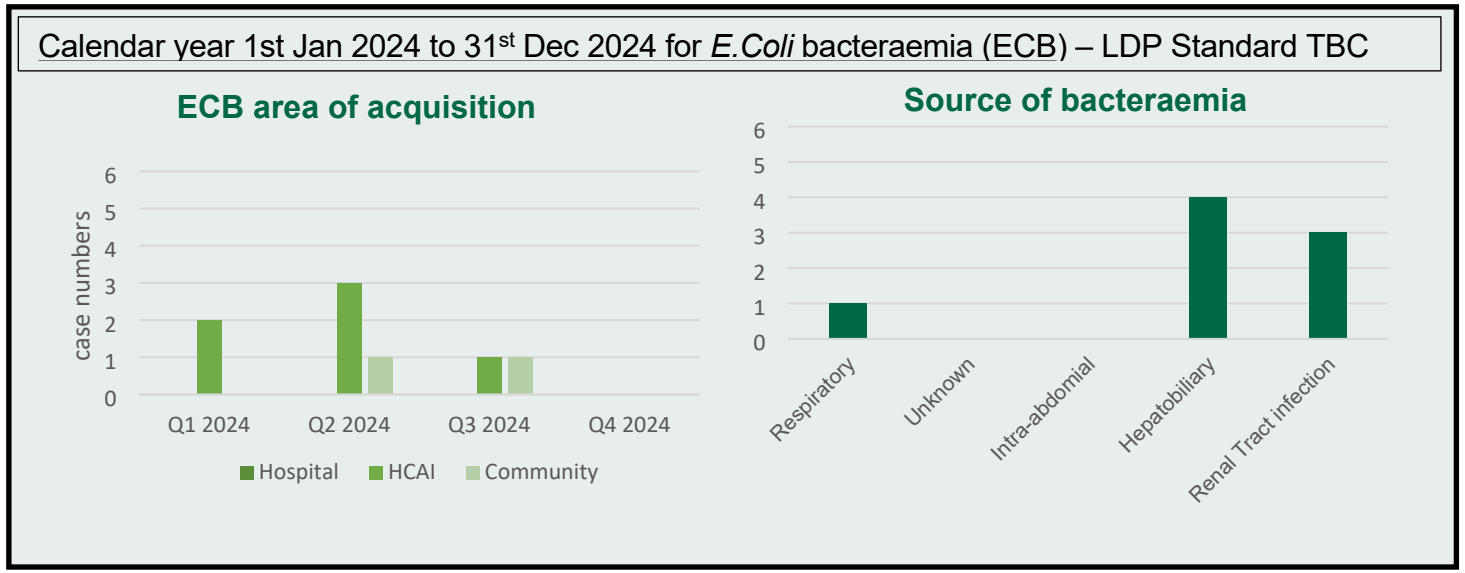


E. Coli Bacteraemia

National surveillance of *E. Coli* bacteraemia continues, and this year's standard is still awaited.

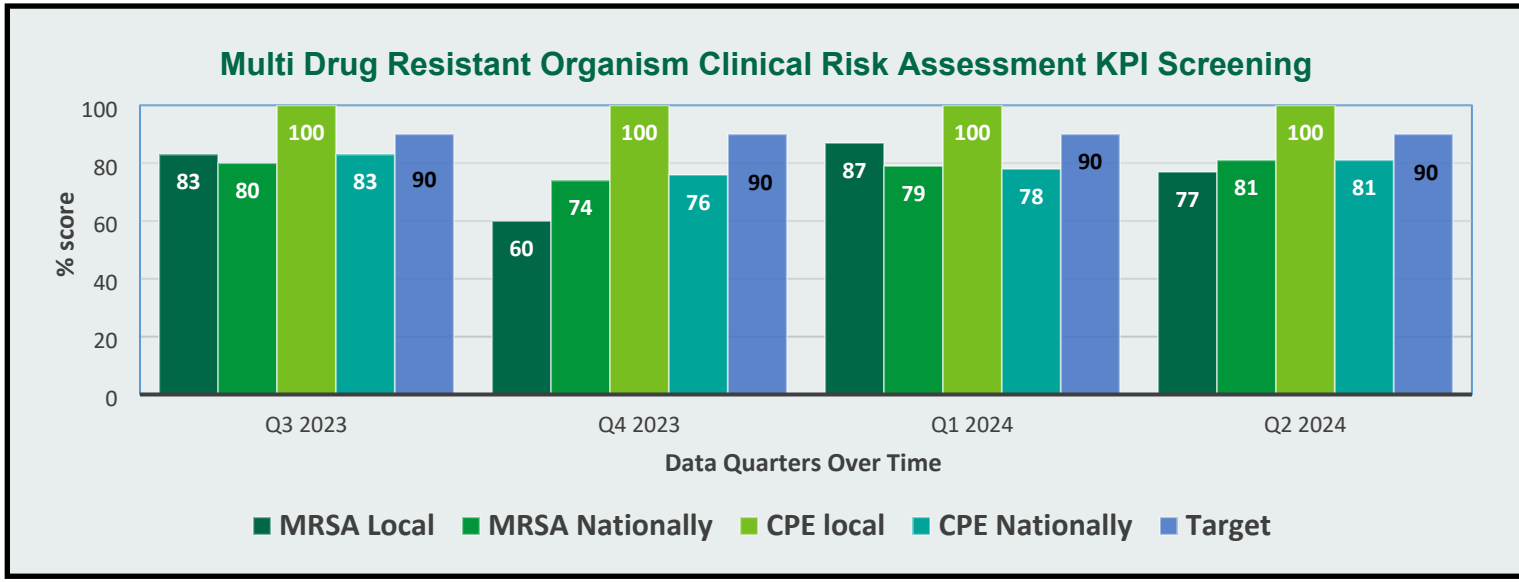
We continue to report all cases with a focus on the preventable infections for improvement, (see comment under SAB for community cases reported from other Boards)

2 confirmed cases for Q3, with an additional 4 still being investigated



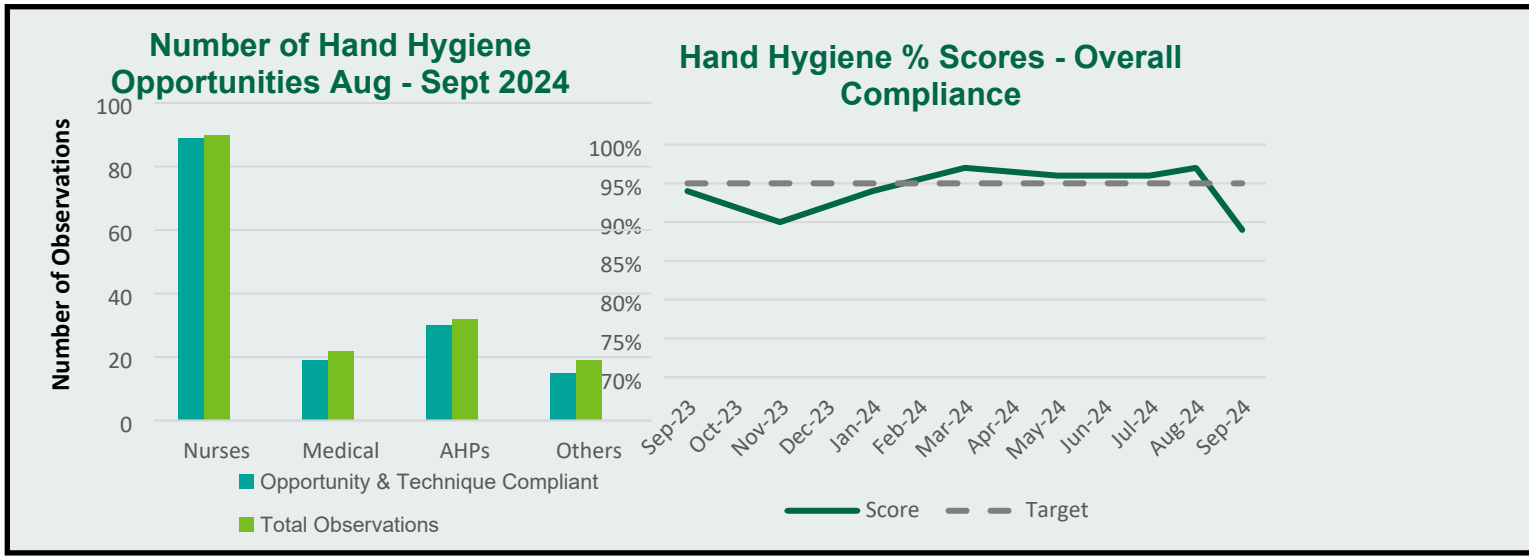
Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment National Screening

Q2 information was received in August and shows a decline in MRSA screening and follow up sampling, the CPE elements of the MDRO Clinical risk assessment continues to be above the Scottish average. This information has been shared with teams for improvement.



Hand Hygiene

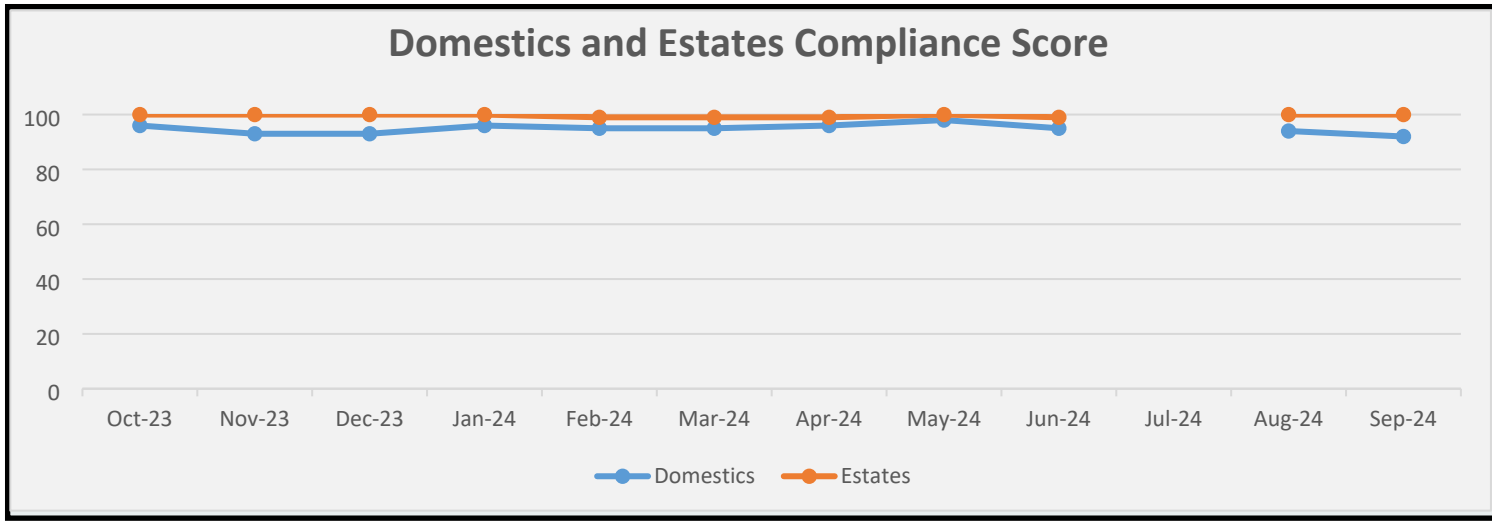
The hand hygiene score for August to September, there has been a dip in September and this may be due to changes in staffing. The team are reiterating and discussing areas for improvement on a daily basis for hand.



Local Domestic and Estates Environmental Scores

The environment is crucial to prevention/transmission of infection; the domestic score has dipped for September primarily due to domestic staff being moved from areas of lower risk to ensure there is adequate staffing, in areas of higher risk. Rectifications are being undertaken.

N.B. No reporting is available for July due to the audit tool being down nationally.



Infection Prevention Team Updates

Chapter 4 of the NIPCM was has been issued in August, accompanied by a DL (2024)17. The NIPCM on the whole consolidates some of the existing recommendations around water sampling; however there are some changes to frequency of flushing outlets and also for sampling sites. The Water Safety Group have discussed this at their most recent meeting and have set up a short life working group, to work through and discuss the implications of Chapter 4 and any changes that may be need to be incorporated into the current processes.

The first influenza case of the season has been isolated, again like last year this is an early start to the season and staff are being encouraged to uptake the offer of the staff flu vaccination.

Staff Education

Due to ward activity, clinical staff are unable to be released for face to face IP&C education/training. The IP&C team are currently offering training every week on each ward. Some of this includes clinical risk assessment and follow on screening and CPE management. Additionally, the IPNS has booked the clinical skills room to get staff trained in HCID PPE. Attendance for all sessions has been challenging.

Patient Surveys

The patient infection prevention surveys continue, in wards and responses from patients are positive. Patients report that they are confident that staff clean their hands using hand washing or hand rubbing, there are no concerns about the cleanliness of the environment. There is one small improvement to be made around assistance for patients to clean their hands prior to meals. Hand wipes are issued in the ward but patients may require assistance or a reminder that wipes are for before meal use.

Care Home Support

The Infection Prevention Practitioner has recirculated all resource information available within the Care Home NIPCM to Care Home Managers and to the Care Home support Groups which include Care At Home for winter preparedness. The Infection Prevention Practitioner continues to undertake onsite support visits, answering any questions or queries from staff whilst visiting.

Exception Reporting to Scottish Government

An exception report related to a cross transmission event has now been closed and some actions continue.

NHS Orkney

Financial Position – Month 05 2024/25

Introduction

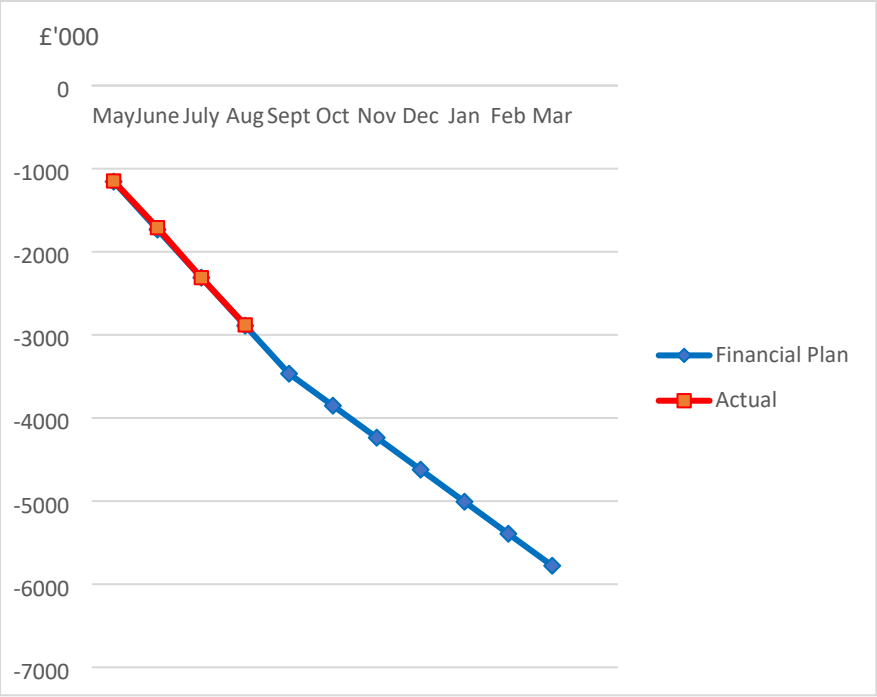
NHS Orkney is currently escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance. The Board submitted a financial plan for the 2024/25 financial period which forecast a full year deficit of £5.778m against the Boards revenue resource limit. Whilst this plan was approved by the Board and submitted to Scottish Government, it remains a non-compliant plan.

The reported financial position at the end of month 5 is in line with the plan and the Board still expects to deliver the £5.778m original plan during the period, however the Board needs to reduce the run rate over the remainder of the financial year in line with the original plan profile as the efficiency programme matures.

Year to Date Financial Position

The reported revenue position after 5 months of the 2024/25 reporting period reflects an overspend of **£2.880m**. This compares to a planned year-to-date overspend at month 5 of **£2.889m** and therefore the overall revenue position is in line with the original plan. Graph 1 on the following page shows the financial plan trajectory vs the actual monthly results after 5 months of the 2024/25 financial year.

Graph: Year to Date Run Rate vs Planned Run Rate



The most notable year-to-date overspends are noted in the table below and provided in further detail in **Annex A**

Area	Movement	Reason
Nursing and Acute Services	£1.088m	Supplementary staffing including nursing and medical agency to cover vacancies.
Estates and Facilities	£0.153m	Unit price of energy being higher than forecast and cost pressures across staff accommodation. Continued staffing pressures across a number of areas including Portering, Domestic and Catering.
Unachieved Savings Target (Including IJB)	£3.574m	Savings includes the amount required to break even as well as the £4m of actual anticipated savings in 24/25.
Director of Human Resources	£0.160m	Recruitment and relocation costs have been higher than planned offset by departmental vacancies mainly within Organisational Development
Other	£0.071m	There are other smaller movements (see Annex A)
Reserves	£1.283m	This includes the anticipated costs for reduced working week that still have to be quantified.
Integration Joint Board (operational areas)	£0.421m	Vacancies being higher than forecast which has reduced expenditure
Total Month 05 overspend	**£2.880m**	

Full Year Forecast Position

The Board is still forecasting to achieve the original £5.778m deficit plan for 2024/25 at this stage but the run rate needs to reduce over the remainder of the year which is in line with the expected profile of the Boards efficiency programme.

Savings plans

NHS Orkney has an integrated improvement function which is responsible for driving savings within the organisation. £4.000m of savings are required to be achieved during 2024/25 to deliver the £5.778m deficit plan. The Board has achieved £1.273 million after 5 months to 31 August 24, with the current programmes in implementation forecast to deliver £3.4m with an additional £0.789m of savings in the pipeline being progressed to the implementation stage. The current recurrent savings forecast is £2.5m which is above the minimum 3% requirement during the year.

Savings delivery is a key focus, led through the Board's Improving Together Programme, with improved collaborative working relationships with Scottish

Government colleagues, aligned to national improvement programme initiatives. The Board is committed to support NHS Orkney's statutory responsibility to break even and operate within the resource allocation given. Work is ongoing across the organisation to return the best possible results in 2024/25 with extensive work underway to improve the future financial performance and sustainability.

Capital

The formula-based capital resources for 2024/25 are £1.027m. The planned areas for expenditure are broken down below which would bring the Board to a breakeven position:

Area	Value	Detail
Estates and Primary Care	£0.100m	This will be used for equipment purchases, property works and primary care priorities.
IT	£0.300m	This will be used to support our Digital Strategy.
Medical Equipment	£0.150m	Spending priorities will be decided by the Medical Equipment Group.
Digital	£0.155m	This will be used to support our Digital Strategy.
De-Carbonisation Shortfall	£0.188m	This will be used to fund Solar Panels that will help reduce future revenue costs.
Other	£0.134m	
Total spend	**£1.027m**	

The Boards capital expenditure at the end of the first quarter is broadly in line with plan.

Forecast Range

There are a number of risks which may affect the year end outturn position. A detailed forecast exercise will be undertaken within Finance during the next month and the risk range below will be updated following this exercise. The following risks have been noted at this stage and will be validated as part of the detailed forecast exercise.

Area	Risk / opportunity detail	Best case	Worst Case
Savings delivery	There is a risk planned delivery of savings in the final part of the year are lower than planned	£0.100m	£0.250m
IJB outturn	There is a risk the IJB overspends and requires funding from the NHS Board	£0.300m	£0.200m
Inflation	There is a risk inflation remains above plan, however this could fall in the final quarter	£0.100m	£0.100m
SLA costs	All SLA costs are not yet confirmed	£0.200m	£0.350m

Prescribing costs	Data is behind on primary care prescribing therefore there is still a high degree of estimation in costs	£0.100m	£0.150m
Allocations from SG	There remain some allocations outstanding from SG and therefore a risk allocations could be lower than anticipated	£0.000m	£0.300m
Agenda for Change Reform	Funding is currently non-recurrent. The impact of the Band5/6 review and PLT likely to drive pressure against the funding	£0.000m	£0.300m
Total outturn reported	***Expected outturn***	***£5.778m***	
Adjusted for variables		**£4.978m**	**£7.428m**

Brokerage

The Board is required to report the level of cumulative brokerage received from Scottish Government as a proportion of the Boards total revenue resource limit. This is a key assessment criteria moving forward under the NHS Scotland Support and Intervention Framework. The Board received £5.156m of brokerage in the 2023/24 financial year which was 6.6% relative to the Boards revenue resource limit at M12 2023/24.

The Board will require a further £5.778m of brokerage this year in line with the forecast. This would be the second successive year that the Board would require brokerage in excess of 6% of the revenue resource limit. This would result in a score of 4 relative to the framework, as per the table below.

Board Financial Position	Indicative level
10% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 25% core RRL	5
6% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 15% core RRL	4
4% of core RRL in year brokerage AND cumulative brokerage of over 8% core RRL	3
2% of core RRL in year brokerage OR cumulative brokerage of over 4% core RRL	2
No brokerage or below criteria above	1

Conclusion and Next Steps

The year-to-date financial position reported after 5 months of the 2024/25 financial year is slightly favourable to plan at this stage which is positive. This report is an abridged version as the Board work through a number of adjustments to budgets during July, these are not expecting to affect the Boards financial position but will affect the underpinning budget variances. The Board continues to focus on progressing the efficiency programme and pipeline to reduce the run rate into the second half of the financial year to ensure delivery of the overall annual financial plan and will strive to achieve a financial and savings position that is favourable to the initial plan submitted to Scottish Government to reduce the reliance on brokerage support.

Appendix A: Month 5 financial position detail

Previous Month Variance M4		Annual Budget	Budget YTD	Spend YTD	Variance YTD
£000	**Core RRL**	**£000**	**£000**	**£000**	**£000**
(902)	Nursing & Acute Services	16,542	6,892	7,980	(1,088)
(87)	Medical Director	17,038	7,099	7,131	(32)
279	Integration Joint Board	30,911	12,880	12,459	421
128	Finance Directorate	2,215	923	742	181
(110)	Estates, Facilities & NPD Contracts	8,652	3,605	3,758	(153)
(163)	Chief Executive	3,959	1,700	1,806	(106)
31	Public Health	1,002	418	388	29
147	Director of Human Resources	2,730	1,137	977	160
1,126	Reserves	5,107	1,836	553	1,283
(2,459)	**Savings Targets (Board)**	**(7,378)**	*(3,074)*	*0*	(3,074)
(0)	*Savings Achieved (Board)*	**500**	**500**		500
(800)	**Savings Targets (IJB)**	*(2,400)*	*(1,000)*	*0*	(1,000)
500	*Savings Achieved (IJB)*	*0*	*0*		0
(2,311)	**Total Core RRL**	**78,877**	**32,915**	**35,796**	**(2,880)**
	Non Cash Limited				
(0)	Dental NCL	645	256	256	(0)
0	Ophthalmic Services NCL	299	124	124	(0)
(0)	Dental and Pharmacy NCL - IJB	912	354	354	0
(0)	**Total Non Cash Ltd**	**1,856**	**734**	**734**	**(0)**
	Non-Core				
0	Capital Grants	(1,964)	(818)	(818)	(0)
0	Non-cash Del	0	0	0	0
0	Annually Managed Expenditure	1	0	0	0
0	Donated Assets Income	0	0	0	0
0	Capital Charges	3,316	1,331	1,331	0
0	**Total Non-Core**	**1,353**	**513**	**513**	**0**
(2,311)	**Total for Board**	**82,086**	**34,162**	**37,043**	**(2,880)**

Nursing and Acute Services - £1.088m overspend

- *Hospital Medical Staff, £675k overspend*

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend to cover vacant posts in medical consultants and obstetrics.

- *Ambulatory Nurse Manager, £39k overspend*

Dialysis and Theatres & Day Unit are overspent at month 5 due to use of agency and bank staff to cover vacancies and gaps in rotas.

- *Clinical Nurse Manager, £320k overspend*

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 5 due to the use of agency and bank nursing to cover vacancies and gaps in rotas. Spend in these areas has slowed down due to reduction in acute agency nursing.

- *Laboratories, £187k overspend*

Laboratories are reporting a significant overspend at month 5 due to agency usage and consumables are also overspending. Reagent spend has increased significantly and significantly exceeds the budgeted spend for this area.

Medical Director - £0.032m overspend

- *Pharmacy, £228k underspend*

The Acute Pharmacy budgets are currently overspent but New Medicines is underspent due to additional funding that is anticipated from Scottish Government for 24/25.

- *External Commissioning, £54k overspend*

External Commissioning including SLAs, unplanned activity, visiting specialist has a combination of over and underspending areas. The Grampian Acute Services SLA is the largest single element within the commissioning budget at £6m. The activity data has been reviewed at quarter three and the assumptions updated In line We are in the process of reviewing the most up to date activity information to ensure that the assumptions for the year end outturn remain relevant.

- *Unplanned Activity £41k underspend*

Unplanned Activity is underspend to month 5 but it's variable by nature and is subject to significant potential movement throughout the year.

- *Patient Travel, £222k overspend*

Patient travel out with Orkney continues to overspend, spend relating to patients travelling to Aberdeen has seen an increase in recent months.

IJB – Delegated Services - £0.579m overspend

The Delegated Services budgets report a net over spend of £0.579m (including £1.000m of unachieved savings and £0.421m operational underspend).

- *Children's Services, £129k underspend*

The underspend is related to vacancies in Health Visiting and School Nurses.

- *Primary Care, Dental and Specialist Nurses, £33k underspend*

Dental is currently underspent whilst Primary Care is overspending due to locum and agency spend within this area.

- *Health and Community Care, £148k underspend*

There are both over and underspending services in Health and Community Care. Mental Health continues to be overspent by £33k. The overspend remains in the main

due to the unfunded Consultant Psychiatrist post. Community Nursing is currently underspending (£117k) due to significant vacancies in this area.

- *Primary Care Pharmacy, £108k overspend*

Pharmacy services are currently overspent within prescribing unified with an overspend forecast by year-end. Invoices are now up to date following reporting issues nationally. This volatile cost area will continue to be closely monitored along with the accrual assumptions which are now based on payments made 2-months in arrears.

Finance Directorate - £0.181m underspend

The Finance Directorate is currently reporting an underspend of £181k, it is anticipated the Finance Directorate budget will be underspent at year-end.

Estates and Facilities - £0.153m overspend

This Directorate is reporting an overspend of £153k to date, unit price of electricity has shown a significant increase. There are significant overspends across the directorate in particular, Estates reports, non-pay pressures within general services reporting an overspend on building maintenance £42k, energy overspend £35k and pay pressures within portering £23k overspend at month 5. There are also overspends within Facilities at month 5 with domestics reporting an overspend of £74k, catering an overspend of £16k and staff houses an overspend of £30k.

Chief Executive - £0.106m overspend

Currently overspent by £106k but this is driven primarily by some legal costs and some external consultancy spend with reconciliation for the latter expected to occur as SG expected to support payment.

Public Health - £0.029m underspend

Currently reporting an under spend of £29k.

Human Resources - £0.160m underspend

Currently under spent by £160k due to vacancies. Recruitment and relocation costs are impacting on the reported position.

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Integrated Performance Report – October 2024**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight – Chief Executive**
Report Author:	**Debs Crohn – Head of Improvement**

1 Purpose

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

Members are asked to:

- **Receive** the Integrated Performance Report October 2024 update
- **Note** where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

This report relates to a:

- Corporate Strategy 2024/2028 - Performance
- Annual Delivery Plan 2024/25
- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

The Integrated Performance Report (IPR) summarises NHS Orkney's performance based on national and local reporting requirements as well as those indicators which matter to our patients, staff, and local community. The IPR aligns to our Corporate Strategy 2024-28, Realistic Medicine Plan, Annual Delivery Plan 2024/25, and our Improving Together Programme.

The IPR in Appendix 1 contains a summary against each of NHS Orkney's Key Performance Indicators (KPIs) highlighting what is going well, successes, causes for concern, challenges and planned improvements/actions being taken to bring performance back on track.

2.2 Background

The IPR is the mechanism by which Executive Leads provide assurance to Board Committees and the Board on how we are performing on national reportable metrics required by Scottish Government (SG).

As part of the evolution of the IPR, from October 2024, the way in which the IPR is presented has changed. The IPR now forms part of NHS Orkney's overarching Performance Management Framework (PMF), which is the umbrella framework for how we measure organisational performance.

Performance reporting is now via a performance scorecard for each chapter of the IPR. Where a national/local indicator is off-track an exception report is provided outlining the reasons, risks and mitigating and improvement actions being taken to bring performance back on track. Exception reporting for the IPR was agreed by the Board at its meeting in August 2024.

To note – Several KPI's have not been included in the October 2024 IPR for the following reasons.

- Current data and/or definition not available: this includes KPI's for Women and Children's, Efficiency Programme, Workforce and Population Health and Patient Safety, Quality and Experience.
- There is a 6-week lag in national reporting for workforce sickness absence.
- Most screening programmes report performance annually and several months after delivery.
- National targets have not yet been set (Paediatric Early Warning Scores (PEW's))
- Additional work is required by the Health Intelligence Team to ensure that data shared is compliant with the Code of Practice for Statistics

As the IPR continues to evolve, where data is available and can be shared, every effort will be made to ensure they are included in the IPR.

2.3 Assessment

2.3.1 Quality/Patient Care

Additional KPI's have been included in the Patient Safety, Quality and Experience chapter of the IPR, as discussed at the October 2024 Joint Clinical and Care Governance Committee. These include Maternal Early Warning System, and Multi-Drug-Resistant Organism (MDRO) (hospital and community-acquired), falls (without harm) and pressure ulcers. Several of these metrics have no set national targets, the incidents, Serious Adverse Event Reviews (SAER's) and patient experience KPI have been set at 100% compliance.

2.3.2 Workforce

Sickness absence rates had increased by 0.86% in July 2024 to 6.72% compared to June 2024 when it was 5.86%. The national average for July was 6.67%, an increase of 0.44% when compared to the month before, however national Board absence rates for July range from 2.13% to 9.58%.

2.3.4 Operational Standards

Four-hour emergency access standard

Our four-hour emergency access standard performance decreased at the end of August 2024 to 89% against the national 95% standard (compared to 92% for NHS Orkney at the end of July 2024). NHS Orkney remains a top three performing Health Board in Scotland for this national standard, which is an important indicator of quality and experience.

18-week Referral to Treatment Standard

Performance against the 18-week Referral to Treatment standard has increased during August 2024 to 81% (against the 90% national standard) compared to 75.2% in July 2024, 74.1% in June and 82.3% in May 2024. Specialties where improvements are required include General Medicine (72.2%), Ophthalmology (58.1%), Trauma and Orthopaedics (72.2%) and Oral and Maxillofacial Surgery (71.4%). An Improvement Plan is being developed by the Planned Care Programme Board to bring performance back on track by the end of this financial year.

Waiting lists and backlogs

Performance against the 12-week standard is disappointingly at 38% showing a slight further decrease in performance compared to at the end of July 2024 when this figure was 42%. The Planned Care Programme Board has identified four specialties which have the longest wait times: Ophthalmology, Orthopaedics, ENT, and the Pain Service – and where the Planned Care Board will prioritise improvements.

Treatment Time Guarantee

Performance against the Treatment Time Guarantee for August 2024 for inpatients (patients who will not wait longer than 12-weeks) has increased, with 90 people waiting more than 12 weeks out of a total of 275 patients waiting compared to the end of July 2024 which showed a similar picture with 113 breaching 12-weeks out of 279 on the waiting list.

Diagnostic/scans

Waiting times for diagnostics within Orkney are excellent and reflect the local MRI provision and on-site services. However, specialist diagnostic imaging is dependent on waiting times in Grampian and the ability of patients to travel for appointments, which is reflected in the variability of this standard.

Diagnostic endoscopy 6-week standard

The challenge in delivering effective compliance for this KPI is sufficient qualified local staffing. Long-term improvement is dependent on substantive recruitment or purchasing of suitable services though the Planned Care Programme Board governance.

31-and 62-day cancer standard

Our performance remains consistently above the national 31-day cancer standard, remaining at 100% (versus the 95% standard). The Medical Director, Cancer Waiting Times Co-ordinators, and the Head of Improvement continue to work with NHS Grampian to further develop a cancer performance and improvement plan which aligns with the Framework for Effective Cancer Management Action Plan by the end of Quarter 3 of 2024/25.

Cancelled Operations and Theatre Utilisation

In August 2024, a total of 241 operations were scheduled, with 13 (5%) cancelled due to patients being unwell or unfit for surgery on the day, or due to emergency cases resulting in a lack of theatre capacity. This represents a significant reduction in the number of cancelled operations compared to the last reported figures in the Integrated Performance Report.

As noted in the Medical Director's report to the Finance and Performance Committee in May 2024, via the Public Health Scotland (PHS) Waiting Times Review briefing on incorrect published data for cancelled operations, we identified inaccuracies in the reporting of cancellations. These issues were highlighted during the PHS Waiting Times Guidance review conducted in November 2023. A review of all cancelled

operations data (excluding cancellation reasons) from July 2022 to July 2023 has since been completed, with data corrected, validated, and re-submitted to PHS. PHS has retrospectively added this data with a caveat explaining why cancellation reasons were not published.

The source of the inaccuracy was that data for reporting cancelled operations was being extracted from the TrakCare system by the Health Intelligence team, rather than the Opera system used by theatre staff. Due to limitations in system integration, there was no automatic data sharing between the two systems. To meet the national waiting times guidance and ensure accuracy going forward, a new process has been implemented in collaboration with the Clinical Administration and Theatre Teams. Now, theatre lists on TrakCare are “locked down” one day before surgery (e.g. a session scheduled for 2pm on Friday will be locked down on Thursday). Any cancellations or changes are then recorded by theatre staff in Opera, and the Clinical Administration team is notified by email. This has significantly reduced the rate of cancelled operations from 30% to 5% during this period.

Previously, our practice of relying solely on TrakCare for reporting did not align with national guidance, as it excluded critical operational data. This discrepancy arose from a lack of appropriate staff training and systems integration. With the new process in place, we are now ensuring that both theatre and administrative records are aligned, and data is accurate for submission to PHS. This aligns with best practice for meeting national reporting standards.

The Improvement Team continues to work closely with Health Intelligence and Theatre Teams to better understand theatre utilisation and its associated data, recognising that NHS Orkney remains a national outlier in this area. The current work is scheduled for completion by mid-November 2024, with an update to be reported to the Board in December 2024.

2. 3.5 Community

Significant vacancies exist in several key areas, most notably, Speech and Language Therapy and First Contact Physiotherapy and Mainland Community Nursing. Recruitment has now commenced to address the challenges in the First Contact Physiotherapy service.

Following funding from the Integration Joint Board for year 1, work is progressing to implement MORSE, an electronic patient record system which will initially be rolled-out to the Mental Health Service, followed by other Community Teams on a priority basis.

Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies

Child and Adolescent Mental Health and Psychological Services have exceeded the referral to treatment target, performance continues to be strong.

There are ongoing issues in relation to caring for mental health illness in the Emergency Mental Health Transfer Room. The IJB has approved two-year non-recurrent funding to establish an All-Age Nurse Lead Psychiatric Liaison Team, and work is progressing to get the posts out for recruitment.

Physiotherapy

Roll-out of the Phio (triage) app has been approved by the Planned Care Programme Board which will support with reducing waiting lists in our Physiotherapy Service. The app will be available by November 2024 which will have an immediate positive impact on the Physiotherapy Musculoskeletal (MSK) Waiting List.

Population health

The Scottish Government Population Health Framework engagement document has been published and a response co-ordinated through the Community Planning Partnership to the national engagement exercise.

Immunisation and Screening

Immunisation rates remain good, the COVID and flu and RSV vaccination programmes have commenced.

2.3.6 Financial

The Board continues to deliver against the Board-approved deficit plan for the 2024/25 financial year of £5.778m which is positive, but the run rate needs to reduce over the second half of the financial year to achieve the plan. However, the plan is non-compliant against the requirements set out by Scottish Government due to this not presenting an improvement on the 2023/24 financial planned deficit of £3m and is a deficit which is in excess of the £1m brokerage cap set by Scottish Government.

The overall £4m savings (efficiency) programme is ahead of plan, however, the percentage of recurrent savings is slightly lower than expected. This is primarily due to the inability to validate all the schemes given the capacity constraints in the Finance Team, which is being addressed.

Reliance on agency supply is much lower when compared to the first quarter of the 2023/24 financial period.

2.3.7 Risk Assessment/Management

The following risks are captured in the Corporate Risk Register which may impact on the Board's ability to timeously deliver patient care, impacting on the patient experience:

Risk 510 - Corporate Finance Risk - The Board's financial plan is profiled to be more challenging over the second half of the year in line with the profile of the efficiency programme - therefore the current run rate needs to reduce to deliver the full year deficit plan. The Board needs to try and improve on the £5.778m deficit plan and reduce the continued reliance on brokerage support from Scottish Government.

Risk 1225 - System Capacity - There is a risk that through lack of availability of Residential Care Home beds, that the patient journey is a poor experience with lengthy delays of transfers of care. This system wide pressure on Acute Capacity equates to a risk that elective procedures are cancelled meaning delays in treatment and staffing pressures are experienced with an increased nurse to patient ration. Lack of system capacity also risks longer waits for patients presenting acutely at the Emergency Department with a risk that we are unable to offload Scottish Ambulance Service (SAS).

Risk 1228 - Fragile Services - Lack of some sustainable clinical services leading to long waits for patients and potential adverse outcomes and harm (for example Pain, Ophthalmology, Dentistry, Rheumatology).

There will be changes to the provision and funding for the mobile MRI scanner from Apil 2025. An SBAR was submitted by the Medical Director to Scottish Government on the 18 September 2024, a further conversation took place with NHS Scotland's Chief Operating Officer on the 26 September 2024. The Board has been asked to review the SBAR to provide further clarity on costs with an update to be provided to Scottish Government by the 11 October 2024.

2.3.8 Equality and Diversity, including health inequalities.

The Local Screening Equity Plan was presented and agreed at the Joint Clinical Care Governance Committee in August 2024. An action plan is being developed led by the Director of Public Health to take forward actions to increase screening uptake in harder to reach populations.

2.3.9 Climate Change Sustainability

NHS Orkney is a leader in terms of sustainability and addressing climate change. There is one deliverable within the Annual Delivery Plan and NHS Orkney Strategic Priorities for 2023/24 linked to Climate Change Sustainability.

2.3.10 Other impacts

As outlined in NHS Orkney's Corporate Strategy, a key action is to work collaboratively with the five other Territorial Health Boards in the North of Scotland to ensure we have sustainable clinical, digital, and corporate services contributing to NHS Orkney's place strategic objective.

2.3.11 Communication, involvement, engagement, and consultation

Discussions have taken place with section leads, Executive Leads, Health Intelligence Team, Director of Improvement, Recovery Director, Head of Improvement and NHS Orkney's Chief Executive in the development of this paper. Executive Leads for Acute, Community and Finance have contributed to and signed off the IPR following engagement with services areas.

2.3.12 Route to the Meeting

This paper has been developed in consultation with the Senior Leadership Team, Chief Executive, Head of Improvement, IT Manager, IG Manager, Corporate Records Manager, and NHSO's eHealth Team Leader.

- Senior Leadership Team Meeting – 14 October 2024

2.4 Recommendation(s)

Awareness - The NHS Orkney Board is asked to:

i. **Receive** the Integrated Performance Report October 2024 update
ii. **Note** where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

2 List of appendices

The following appendix is included with this report:

Appendix 1, Integrated Performance Report October 2024

NHS Orkney

Integrated Performance Report

October 2024

Chief Executive: **Laura Skaife-Knight**

Operational Standards (Acute and Community)
Patient Safety, Quality and Experience
Population Health | Workforce
Community | Finance

HEALTH Intelligence
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Introduction

The Integrated Performance Report (IPR) has been created to monitor overall performance at NHS Orkney across all domains. These are currently Operational Standards (Acute and Community), Population Health, Finance, Workforce, and Patient Safety, Quality, and Experience.

The IPR aims to measure key performance indicators (KPI) from each of these areas, and will identify if they are meeting their respective targets. Each KPI will be assigned a red or green classification dependent on whether they are meeting their target or not. An example of how this will be displayed throughout this report is shown below on the left.

Further to this, each metric will also be measured on its own performance, showing if the position has improved, deteriorated, or stayed the same when compared to the previous reporting period. An example of the icons used to demonstrate the change in month-by-month performance is shown below on the right.

Reporting is by exception. Where areas are Red, a page summarising recovery and improvement actions to bring performance back on track is included.

RAG Status Values	
RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of '$\bar{x}$' are given a RAG value based on their performance against their own average.

Icon	What it shows.
↑	Performance has improved.
↓	Performance has deteriorated.
↔	Performance has remained the same.
X	Insufficient data available to allow comparison.

NHS Orkney

NHS Orkney Performance Scorecard

Key Performance Indicators Implemented

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	Position Change
1	Patient Safety, Quality, and Experience	Excellence in Care	Number of inpatient acquired pressure ulcers this month	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	1	Red	↔
2	Patient Safety, Quality, and Experience	Excellence in Care	Multi-Drug Resistant Organism (MDRO) hospital and community acquired - CPE	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	90%	100%	Green	X
3	Patient Safety, Quality, and Experience	Excellence in Care	Multi-Drug Resistant Organism (MDRO) hospital and community acquired - MRSA	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	90%	87.00%	Red	X
4	Patient Safety, Quality, and Experience	Excellence in Care	Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	16	Red	↑
6	Patient Safety, Quality, and Experience	Complaints	Change in number in complaints received this reporting period	Medical Director	0	8	Red	↑
7	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 1 5 Working Day Response Compliance	Medical Director	100%	80.00%	Red	↔
8	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 2 20 Working Day Response Compliance	Medical Director	100%	0.00%	Red	↓
9	Patient Safety, Quality, and Experience	Complaints	Complaints upheld and partially upheld by SPSO	Medical Director	0	0	Green	↔
10	Patient Safety, Quality, and Experience	Incident Reporting	Incident Reporting and 7 Working Day Review Compliance	Medical Director	100%	100%	Green	↔
11	Patient Safety, Quality, and Experience	Significant Adverse Event Reviews	Significant Adverse Event Review Compliance (closed within target date)	Medical Director	100%	33.40%	Red	↓
13	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Observations	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	100%	Green	↔
14	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Escalation	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	100%	Green	↔
17	Operational Standards	Planned Care	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	Medical Director	100%	67.27%	Red	↑
18	Operational Standards	Planned Care	10% reduction in waiting times for Treatment Time Guarantee patients	Medical Director	-10%	-13.18%	Green	↑
19	Operational Standards	Planned Care	10% reduction in waiting times for New Outpatients	Medical Director	-10%	31.31%	Red	↓
20	Operational Standards	Planned Care	95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	Medical Director	95%	37.82%	Red	↓
21	Operational Standards	Planned Care	90% of planned/elective patients to commence treatment within 18 weeks of referral	Medical Director	90%	81.00%	Red	↑
22	Operational Standards	Planned Care	100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	64.15%	Red	↑
23	Operational Standards	Planned Care	100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	91.01%	Red	↑
24	Operational Standards	Planned Care	100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	87.76%	Red	↓
25	Operational Standards	Cancer	90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	Medical Director	90%	0.00%	Red	↔
26	Operational Standards	Cancer	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	Medical Director	95%	100.00%	Green	↔
28	Operational Standards	Unscheduled Care	95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	89.94%	Red	↓
29	Operational Standards	Unscheduled Care	Patients wait less than 12 hours to admission, discharge, or transfer from A&E	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	100.00%	Green	↔
30	Operational Standards	Unscheduled Care	Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	60:00	26:04	Green	↑
31	Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	43.75%	Red	↓
32	Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	x̄	12	Red	↓
33	Operational Standards	Delayed Transfer of Care	Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	x̄	318	Red	↓
34	Operational Standards	Women and Children	90% of eligible patients to commence IVF treatment within 12 months of referral	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	90%	N/A	Green	X
40	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led MSK service	Chief Officer (Integration Joint Board)	90%	42.11%	Red	X
41	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led Podiatry MSK service	Chief Officer (Integration Joint Board)	90%	0%	Red	X
42	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led Physiotherapy MSK service	Chief Officer (Integration Joint Board)	90%	66.67%	Red	X
43	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led MSK Orthotics service	Chief Officer (Integration Joint Board)	90%	0%	Red	X
45	Community	Child and Adolescent Mental Health Service (CAMHS)	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Compliance rate 98.5%	Chief Officer (Integration Joint Board)	90%	100.00%	Green	↔
46	Community	Psychological Therapies	18 Week Referral to Treatment	Chief Officer (Integration Joint Board)	90%	100.00%	Green	↔
47	Population Health	Promoting health and wellbeing outcomes	Increase smoking cessation services across Scotland and successful quits year on year, including during pregnancy.	Director of Public Health	x̄	20	Green	↔
48	Population Health	Promoting health and wellbeing outcomes	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)	Director of Public Health	6	7	Green	↑
49	Population Health	Prevention of Disease	Immunisation uptake rate 6-in-1 primary Course by 12 months	Director of Public Health	95%	95.7%	Green	↑
50	Population Health	Prevention of Disease	Immunisation uptake rate MMR2 by 6 years of age	Director of Public Health	95%	90.6%	Red	↓
52	Population Health	Promoting health and wellbeing outcomes	Breast Screening - 80% Uptake Over Rolling 3-Year Period	Director of Public Health	80%	83.70%	Green	X
54	Population Health	Promoting health and wellbeing outcomes	AAA Screening - 75% of eligible population are tested before reaching the age of 66 and 3 months	Director of Public Health	75%	99.40%	Green	X
59	Population Health	Promoting health and wellbeing outcomes	Universal Newborn Hearing Screening - The proportion of babies eligible for UNHS for whom the screening process is complete by 4 weeks corrected age is ≥ 98%	Director of Public Health	98%	100%	Green	X
61	Workforce	Sickness Absence	Sickness rates consistently below the national average of <6%	Director of People and Culture	6.57%	6.59%	Red	↑
62	Workforce	Sickness Absence	Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	Director of People and Culture	6.52%	6.16%	Green	↓
63	Workforce	Appraisals	Appraisal compliance rate over the previous 12 months	Director of People and Culture	85%	31.76%	Red	↑
65	Workforce	Hours Utilised	Bank	Director of People and Culture	x̄	5217	Red	↓
66	Workforce	Hours Utilised	Overtime	Director of People and Culture	x̄	443	Green	↑
67	Workforce	Hours Utilised	Excess	Director of People and Culture	x̄	873	Red	↑
68	Finance	Finance	Financial performance against plan - YTD.	Director of Finance	£2,889,000	£2,880,000	Green	X
69	Finance	Finance	Financial performance against plan - Forecast.	Director of Finance	£5,778,000	£5,778,000	Green	X
71	Finance	Finance	Efficiency performance against plan - Forecast.	Director of Finance	£4,000,000	£4,568,000	Green	X
73	Finance	Finance	Capital performance against plan - YTD.	Director of Finance	£1,264,000	£1,076,000	Green	X
74	Finance	Finance	Capital performance against plan - Forecast.	Director of Finance	£3,774,000	£3,774,000	Green	X

Key Performance Indicators In-Progress

A number of Key Performance Indicators (KPIs) have been included in this section but are not yet fully represented in this report. The reasons behind current non-inclusion vary and can be due to current data and/or definition availability, NHS Orkney awaiting national targets to be set, or work still being required to ensure that any data being shared is compliant with the Code of Practice for Statistics. A QR code linking to the UK Statistics Authority has been added below.

Whilst they have not been featured in this edition of the Integrated Performance Report (IPR), NHS Orkney will continue to develop on these KPIs and endeavour to deliver these in the next edition of the IPR scheduled for release in December 24.

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	Position Change
15	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute		96.88%		↑
16	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % 'at-risk' observations identified and acted upon	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute		46.88%		↑
27	Operational Standards	Inpatients	Ensure that acute receiving occupancy is 95% or less.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%			X
35	Operational Standards	Women and Children	100% of women booking in a Board allocated to a primary midwife	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%			X
36	Operational Standards	Women and Children	100% of women who received midwifery are during the intrapartum period from their primary midwife and or secondary midwife (buddy) or a member of the same team that the woman had met during her pregnancy	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%			X
37	Operational Standards	Women and Children	50% of scheduled antenatal care appointments delivered by the primary midwife and or secondary midwife (buddy)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	50%			X
38	Operational Standards	Women and Children	75% of community based postnatal midwifery care appointments delivered by the primary midwife and or secondary midwife (buddy	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	75%			X
39	Community	Drug and Alcohol Treatment	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	Chief Officer (Integration Joint Board)	90%			X
44	Community	Dementia Post-Diagnostic Support	People newly diagnosed with dementia will have a minimum of one years post-diagnostic support	Chief Officer (Integration Joint Board)	100%			X
51	Population Health	Promoting health and wellbeing outcomes	Diabetic Retinopathy Screening - 100% of the population eligible sent at least one invitation for retinal screening (with or without a pre-booked appointment) within the Reporting Period.	Director of Public Health	100%			X
53	Population Health	Promoting health and wellbeing outcomes	Cervical Screening - 80% of eligible women (aged 25 to 64) who were recorded as screened adequately	Director of Public Health	80%			X
55	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	Director of Public Health	100%			X
56	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	Director of Public Health	100%			X
57	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	Director of Public Health	100%			X
58	Population Health	Promoting health and wellbeing outcomes	Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	Director of Public Health	100%			X
60	Population Health	Promoting health and wellbeing outcomes	Child Vision Screening - All eligible children are offered vision screening	Director of Public Health	100%			X
64	Workforce	Hours Utilised	Agency	Director of People and Culture	x̄			X
70	Finance	Finance	Efficiency performance against plan - YTD.	Director of Finance		£1,303,000		X
72	Finance	Finance	Efficiency programme recurrent savings against plan.	Director of Finance		£681,000		X

NHS Orkney

Patient Safety, Quality, and Experience

Section Lead(s):
Medical Director
Executive Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute

What's Going Well?

The metrics reported in the IPR have been expanded to include maternity, Excellence in Care (EiC) metrics (falls and pressure ulcers), SPSP metrics (MEWS and PEWS) and Infection, Prevention and Control metrics (MDRO) as previously agreed.

The vacancy within the Safety, Quality and Risk Team has now been recruited in to and the successful candidate will commence mid-October. This will support the progression of the patient safety, quality and experience section of the IPR.

The previously outstanding Significant Adverse Event Reviews from 2023/24 have been closed and the reports, learning plans and action plans reviewed and agreed through the clinical governance structure.

RAG Status Values	
RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

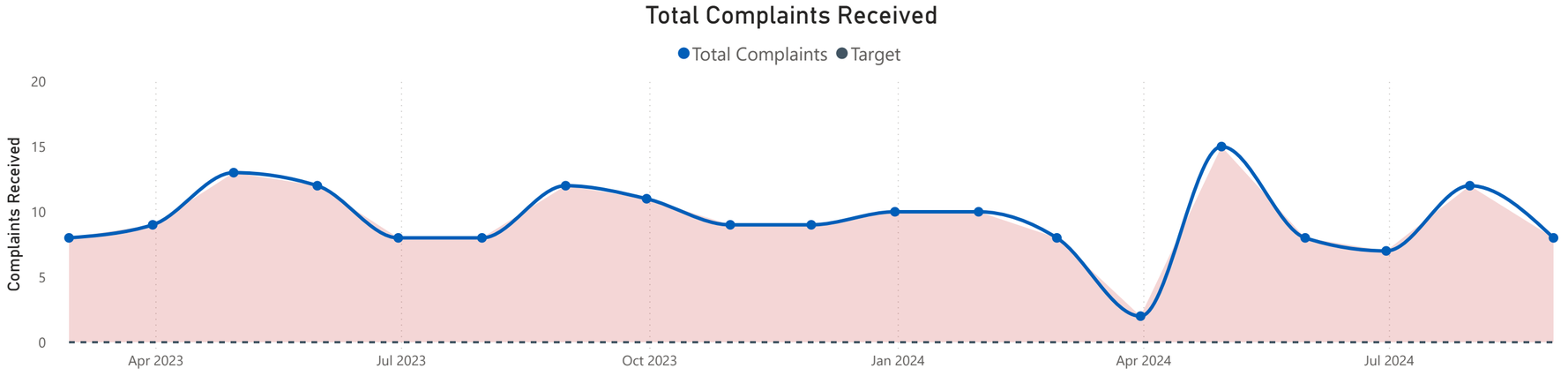
The electronic systems used to record and manage incident reporting, complaints, SAER and risks does not support thematic analysis and limits improvement activity in these domains. The system will be reviewed for potential replacement in 2024/25.

Challenges remain of small teams and capacity within these teams, manual reporting and the resource requirements for board reporting to Scottish Government that are similar for all boards irrespective of patient population and Board size.

Patient Safety, Quality, and Experience
Complaints Received

Data Source
Patient Experience Officer

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Change in number in complaints received this reporting period	0	8	Red

Actions to Improve/Recover Performance

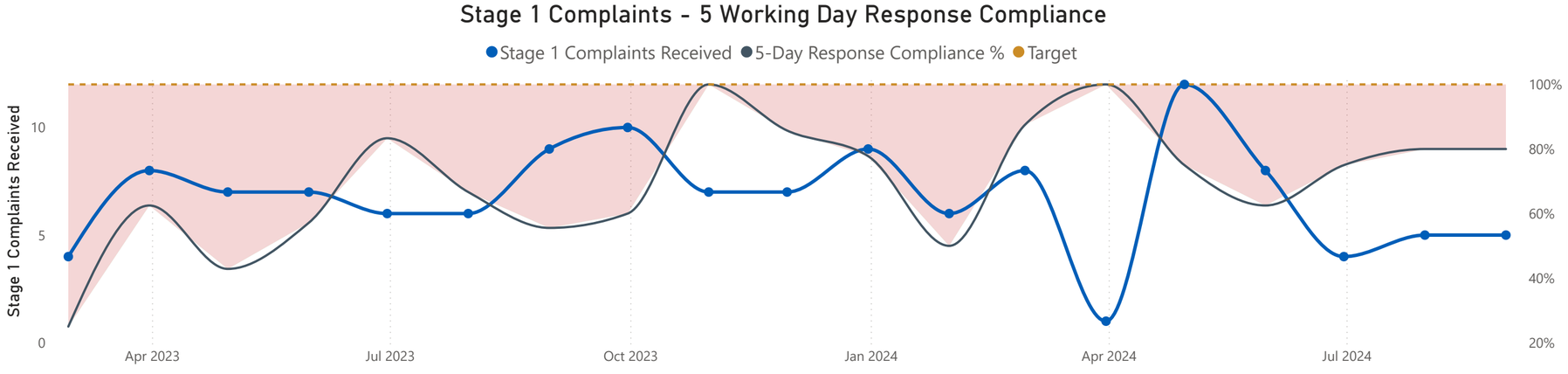
There is no national target for this, therefore the organisation has set a target of zero. This although being aspirational, is maybe not realistic. The number of complaints received remains quite stable over the quarter.

Improvement Target Date
31/03/2025

Patient Safety, Quality, and Experience
Stage 1 Complaints

Data Source
Patient Experience Officer

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Complaints Received - Stage 1 5 Working Day Response Compliance	100%	80.00%	Red

Actions to Improve/Recover Performance

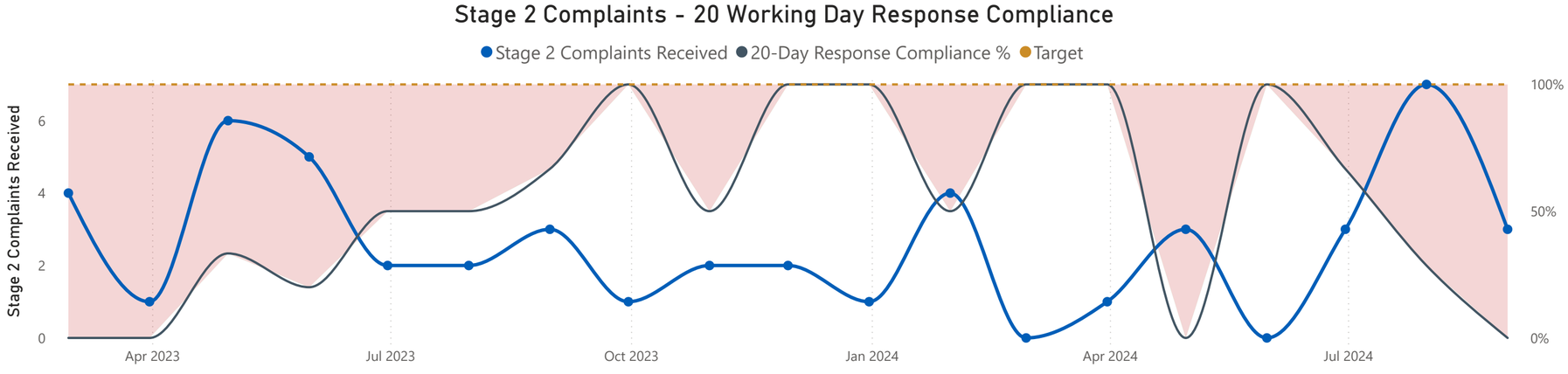
As with all the patient experience metrics there is no national guidance as to a target KPI. With the small number of complaints received it is difficult to maintain a high compliance rate as one complaint has a significant effect on the percentage. Compliance continues to remain high and where a significant drop in compliance is noted an action plan around this to support the services involved will be formulated with the service.

Improvement Target Date
31/03/2025

Patient Safety, Quality, and Experience
Stage 2 Complaints

Data Source
Patient Experience Officer

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Complaints Received - Stage 2 20 Working Day Response Compliance	100%	0.00%	Red

Actions to Improve/Recover Performance

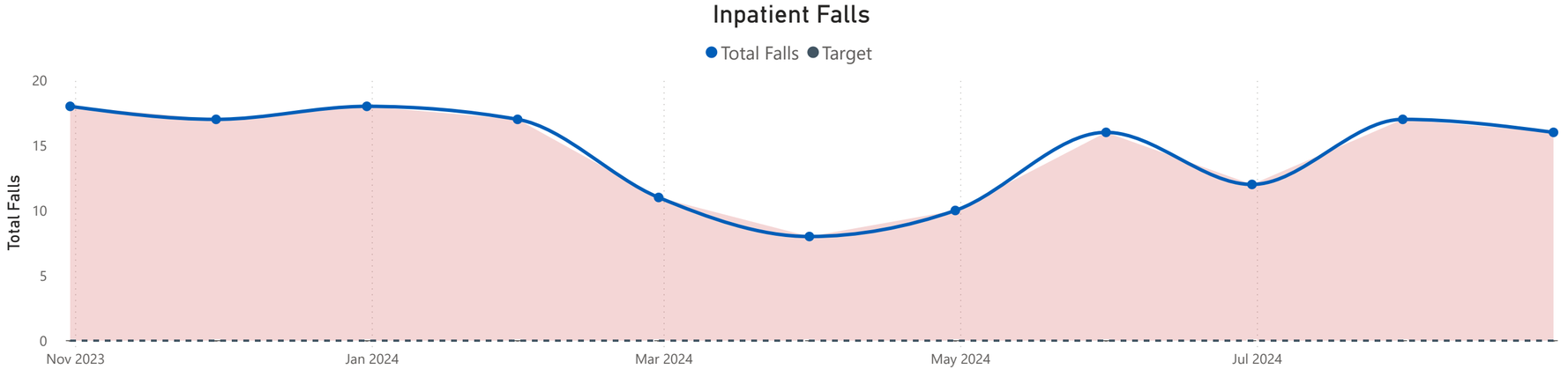
As with the stage one response rates due to the small numbers one complaint can have a significant impact on the figures. These complaints are often complicated and may involve more than one service and health Board.

Improvement Target Date
31/03/2025

Patient Safety, Quality, and Experience
Inpatient Falls

Data Source
Datix, Ward Documentation

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	0	16	Red

Actions to Improve/Recover Performance

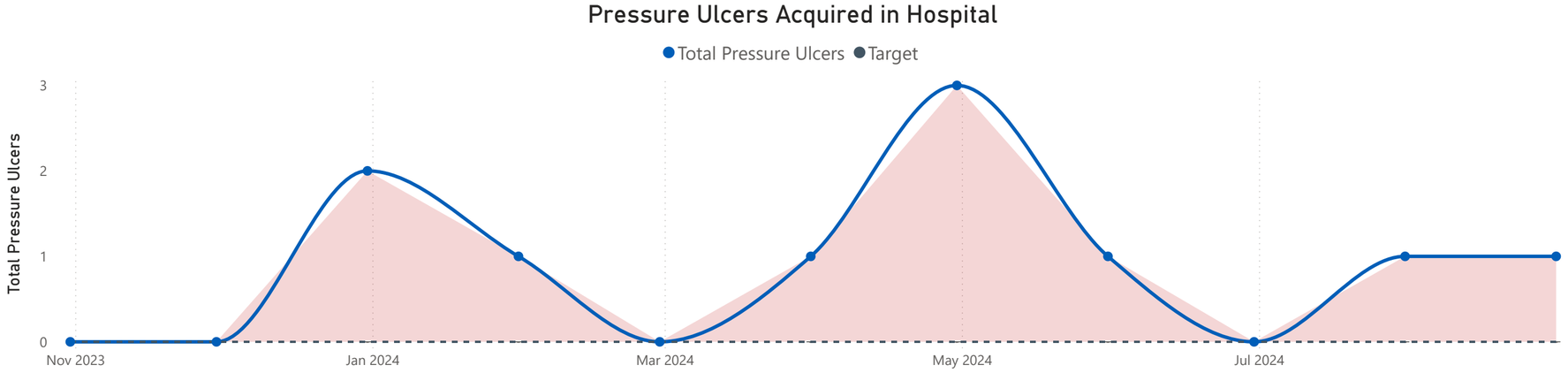
The falls data includes all falls whether harm has occurred or not. We continue to look at ways to records this to make the data more meaningful. There is currently national work that is coming to a conclusion about defining what is meant by a fall/fall with harm and a consensus opinion across Scotland. This work is part of the Scottish Patient Safety Programme (SPSP) and was recently reviewed at Scottish Executive Nurse Directors.

Improvement Target Date
30/11/2024

Patient Safety, Quality, and Experience
Pressure Ulcers

Data Source
Datix, Ward Documentation

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Number of inpatient acquired pressure ulcers this month	0	1	Red

Actions to Improve/Recover Performance

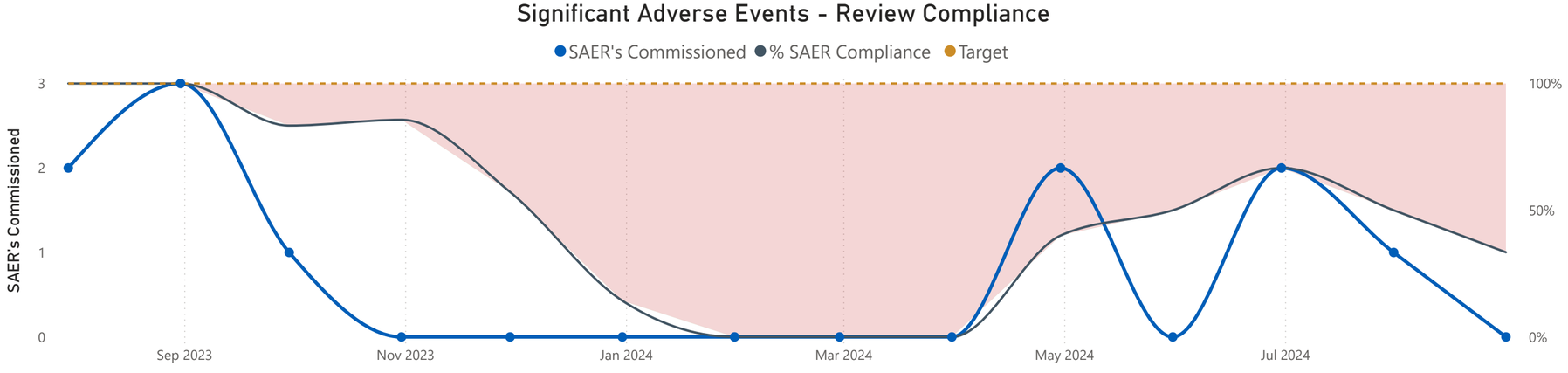
The incidents of hospital acquired pressure ulcers remains small and often unavoidable due to various factors including co-morbidity, skin integrity on admission, and mobility.

Improvement Target Date
31/10/2024

Patient Safety, Quality, and Experience
Significant Adverse Event Reviews

Data Source: Datix

Latest Data: 31/08/2024



KPI	Target	Actual	RAG Value
Significant Adverse Event Review Compliance (closed within target date)	100%	33.40%	Red

Actions to Improve/Recover Performance

We have made further progress and the overdue reports for the 2023/24 period have been closed. The current reports that are overdue (two) are highly complicated and due to this have taken longer than the expected timeframe of 90 working days to complete. This is a known issue across all health Boards. We are looking at ways to support the review process and continue to monitor timeframes and support where needed.

Improvement Target Date

31/03/2025

Operational Standards

Acute

Section Lead(s):
Medical Director
Executive Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute

What's Going Well?

Revised IPR sections by exception with graphs of compliance over time demonstrate improvement in reporting information and scrutiny.

Waiting times for cardiology tests have shown a progressive improvement since March and appear to reflect improved on island cardiac consultant specialist provision.

The Planned Care Programme Board has met twice and is now receiving written reports from each domain of planned care, providing greater visibility and follow up on national standards and waiting times.

RAG Status Values

RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

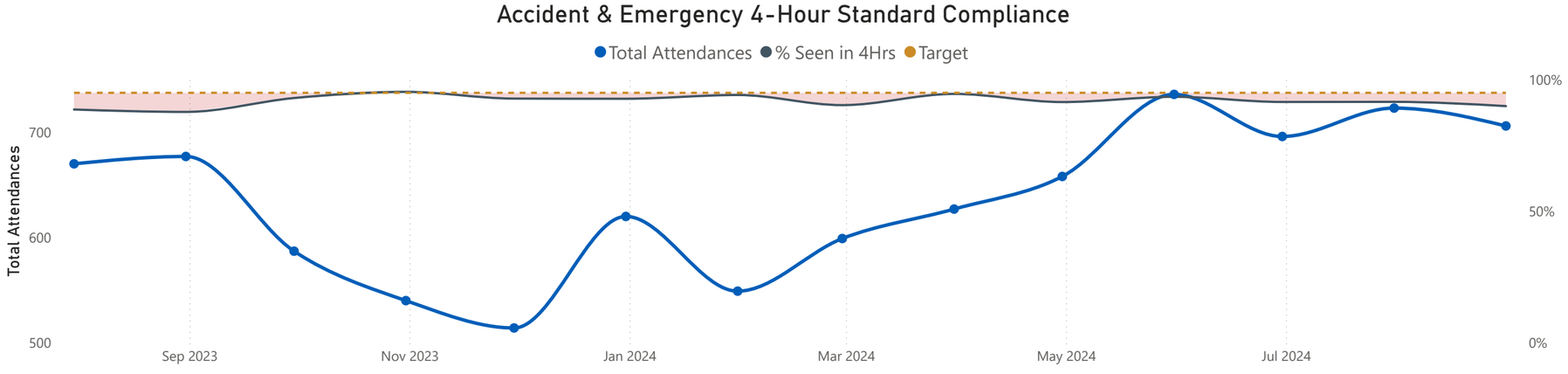
The Planned Care Programme Board has identified four areas of focus; ophthalmology, orthopaedics, ear nose throat (ENT) and pain to request improvement action plans from the associated service delivery teams by the end of March 2025.

Underlying the challenges experienced with long waiting times and waiting lists is gaps in staffing both locally and ensuring regular visits from specialists from boards under SLA arrangements. This is particularly challenging for ophthalmology in the short term due to the resignation of a visiting locum consultant to take up a new post with NHS Highland.

Operational Standards
Accident & Emergency 4-Hour Compliance

Data Source
PHS A&E Publication

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	95%	89.94%	Red

Actions to Improve/Recover Performance

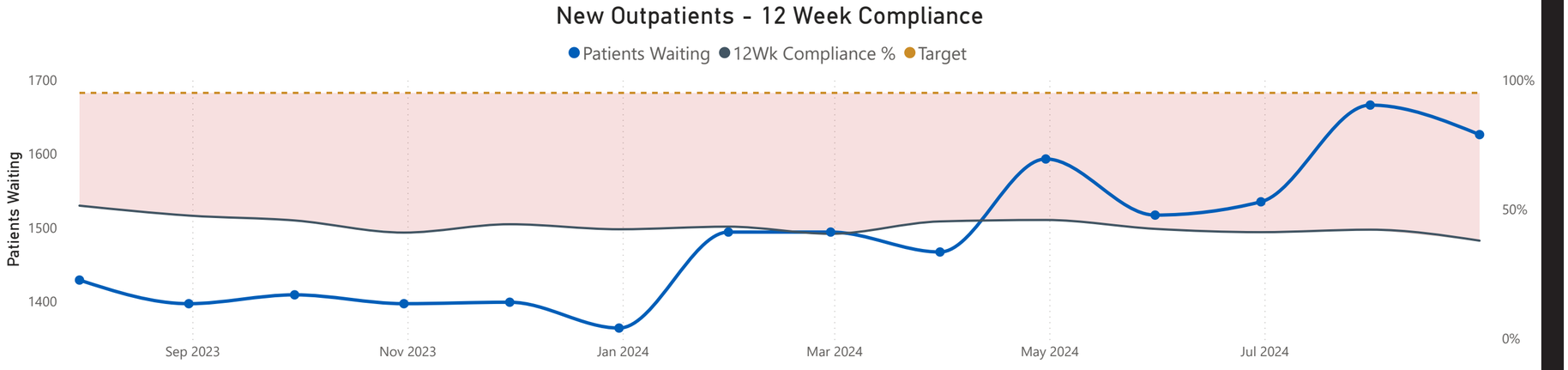
Executive lead awareness of whole system pressures impacting on ED performance in conjunction with increased presentations at the Emergency Department. Whole system discharge planning focussed meetings to support flow and capacity including pre-noon discharge and patient redirection consistent with national approach. Performance against 8 and 12-hour targets remains consistently good.

Improvement Target Date
31/10/2024

Operational Standards
New Outpatients 12 Week Compliance

Data Source
OP Recovery Weekly Return

Latest Data
30/08/2024



KPI	Target	Actual	RAG Value
95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	**95%**	**37.82%**	**Red**

Actions to Improve/Recover Performance

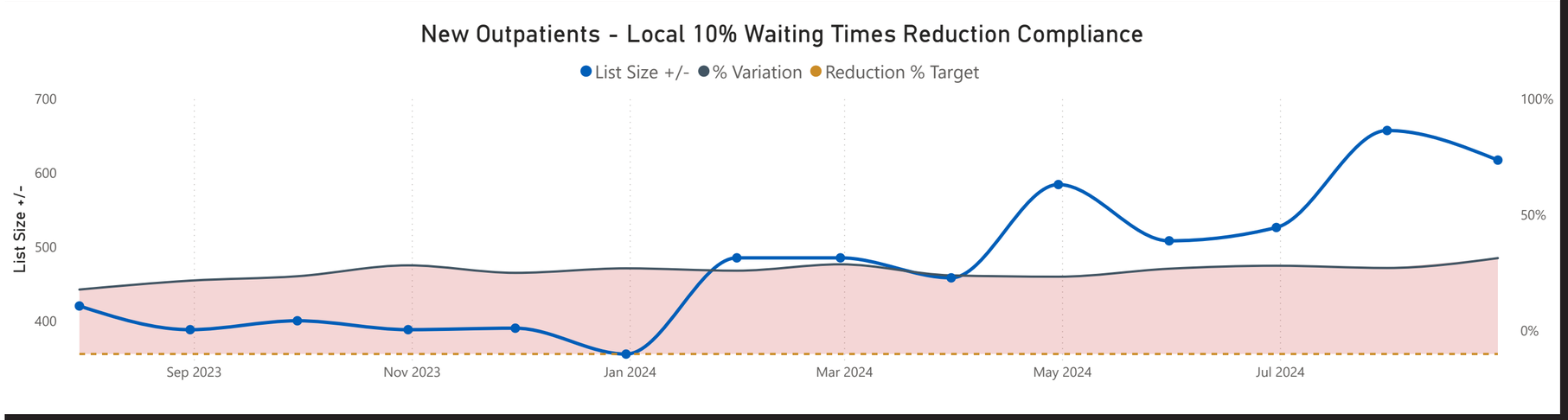
While the number of patients continues to increase, the 12 week compliance has not fallen significantly which reflects increased numbers of referrals and a general increase in waiting while remaining under 12 weeks. However, this masks concerns in areas such as orthopaedics, Ophthalmology, ENT, and pain services where current service provision is very limited and continues to be of concern. This is being assessed through the Planned Care Board with action plans for improvement been requested from service areas.

Improvement Target Date
31/12/2024

Operational Standards
New Outpatients Local Improvement Target

Data Source
OP Recovery Weekly Return

Latest Data
30/08/2024



KPI	Target	Actual	RAG Value
10% reduction in waiting times for New Outpatients	-10%	31.31%	Red

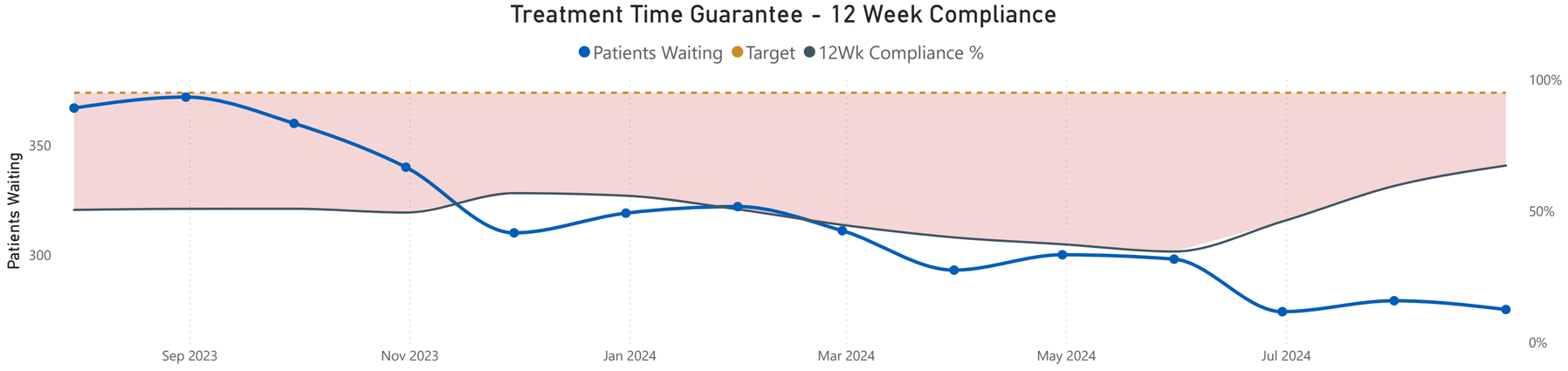
Actions to Improve/Recover Performance

While the number of patients continues to increase, the 12 week compliance has not fallen significantly which reflects increased numbers of referrals and a general increase in waiting while remaining under 12 weeks. However, this masks concerns in areas such as orthopaedics, Ophthalmology, ENT, and pain services where current service provision is very limited and continues to be of concern. This is being assessed through the Planned Care Board with action plans for improvement been requested from service areas.

Improvement Target Date
31/12/2024

Operational Standards
Treatment Time Guarantee 12 Week Compliance

Data Source	Latest Data
TTG Weekly Return	30/08/2024



KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	100%	67.27%	Red

Actions to Improve/Recover Performance

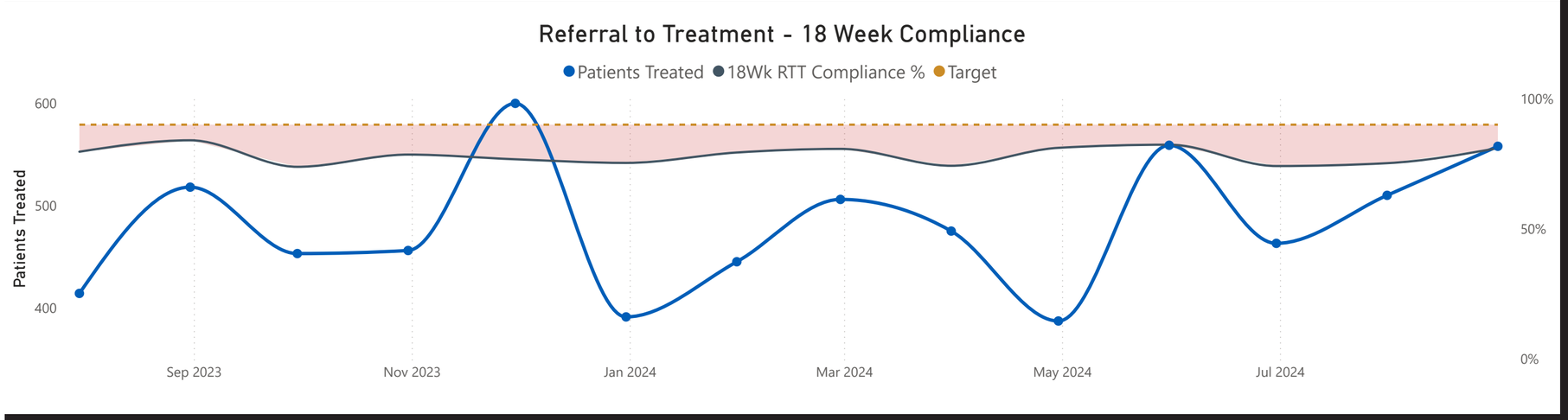
12 week TTG compliance shows improvement but we are highly dependent on NHS Grampian for specialist services and we remain challenged to improve this with a limited visits from specialists and a small on-site consultant service. The variation in referral to treatment time is periodic over quarter reflecting visits from specialist and referral rates for treatment.

Improvement Target Date

31/12/2024

Operational Standards
Referral to Treatment 18 Week Compliance

Data Source	Latest Data
18 Week RTT Monthly Return	31/08/2024



KPI	Target	Actual	RAG Value
90% of planned/elective patients to commence treatment within 18 weeks of referral	90%	81.00%	Red

Actions to Improve/Recover Performance

Continue to share audit reports to improve data quality, particulary in relation to missing outcomes. The actions taken in relation to the audit will support increasing the accuracy of reporting and support identification of key areas for improvement. Improvement Plan in relation to Public Health Scotland Review is progressing well and actions are on track.

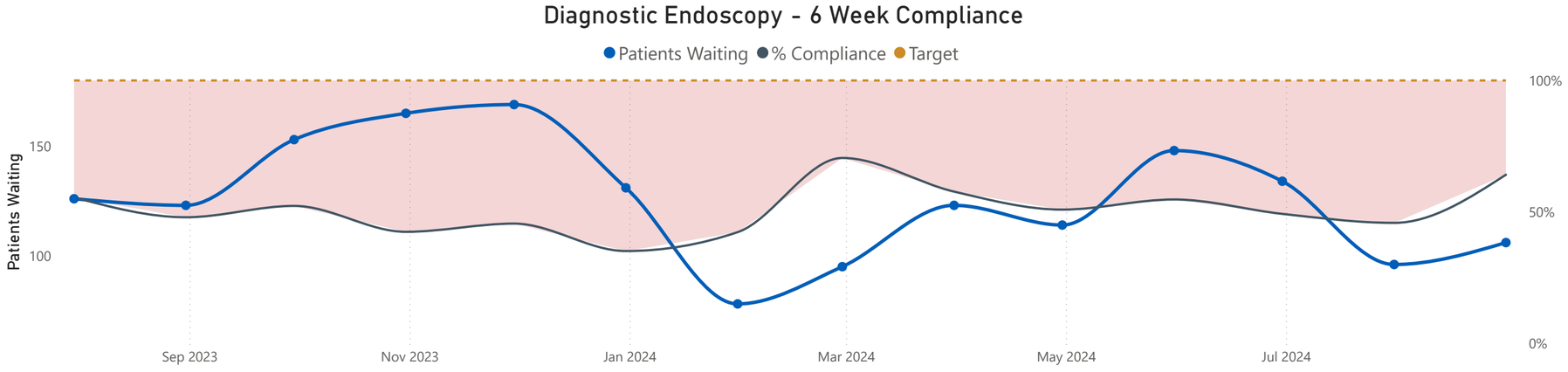
Improvement Target Date

31/12/2024

Operational Standards
Diagnostic Endoscopy 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	64.15%	Red

Actions to Improve/Recover Performance

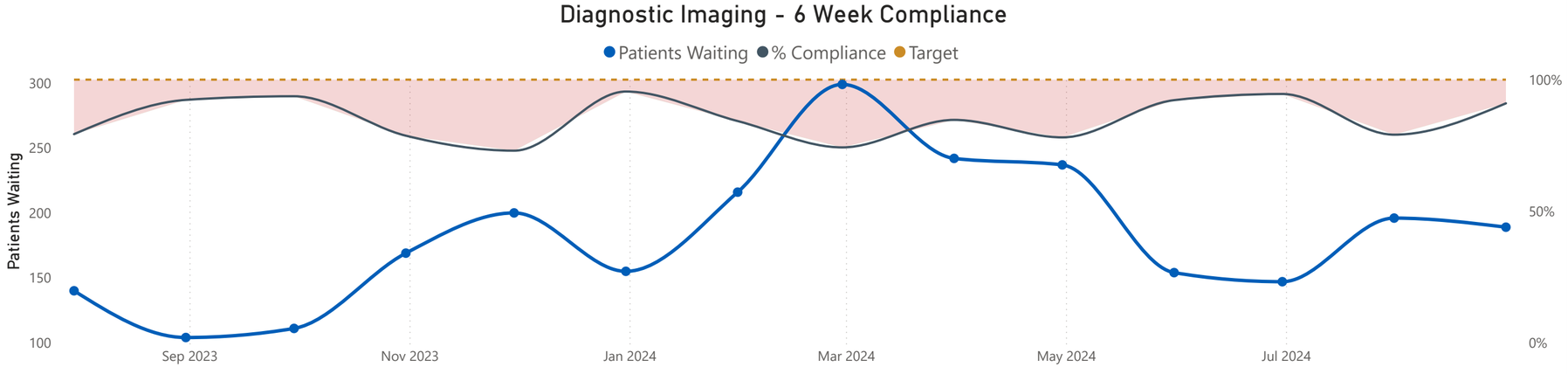
An advert for recruitment of consultant staff has led to one potential consultant with accreditation for endoscopy being approached to join the locum list. The challenge in delivering effective compliance for this KPI in endoscopy is sufficient qualified local staffing. However, a peer review visit earlier in the year was supportive for the existing staff and commended their approach. Long-term improvement will depend upon substantive recruitment or purchasing of suitable services though the Planned Care Programme Board governance.

Improvement Target Date
31/12/2024

Operational Standards
Diagnostic Imaging 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	91.01%	Red

Actions to Improve/Recover Performance

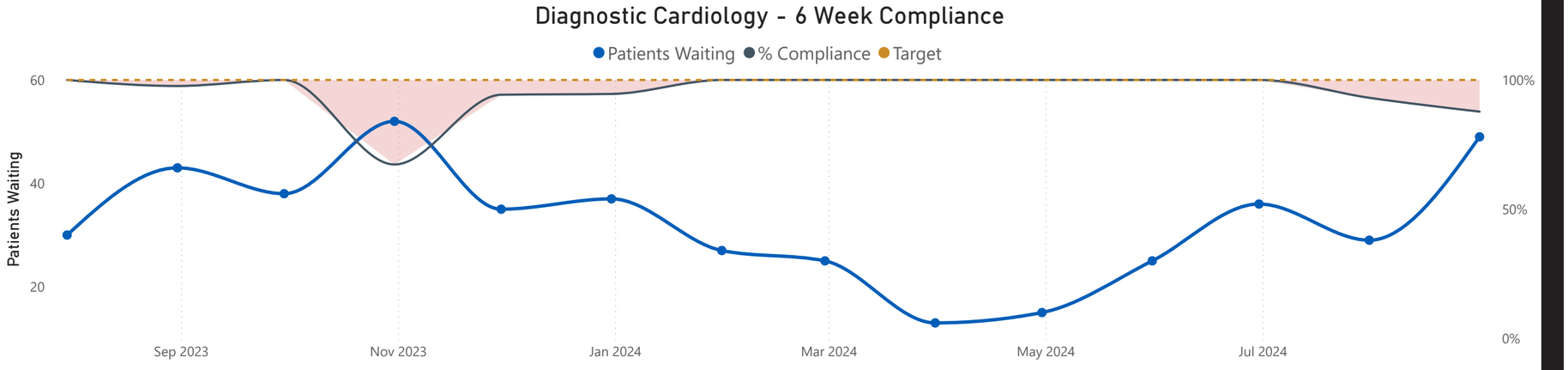
Waiting times for diagnostics within Orkney are excellent and reflect the local MRI provision and on-site services. However, specialist diagnostic imaging is dependent on waiting times in Grampian and ability of patients to travel for appointments, which is reflected in the variability of this standard.

Improvement Target Date
31/12/2024

Operational Standards
Diagnostic Cardiology 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	87.76%	Red

Actions to Improve/Recover Performance

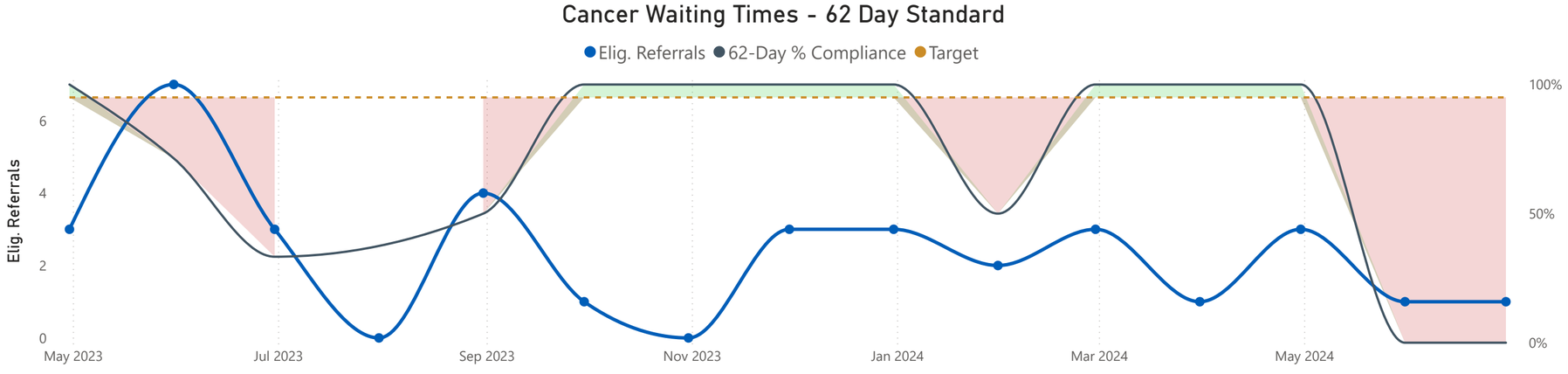
Improvements in compliance earlier in the year reflected local specialist consultant provision for scrutinising referrals. However the number of patients waiting has been increasing and this diagnostic service is only available outside of NHS Orkney.

Improvement Target Date
31/12/2024

Operational Standards
Cancer Waiting Times 62-Day Standard

Data Source
Discovery

Latest Data
30/06/2024



KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	90%	0.00%	Red

Actions to Improve/Recover Performance

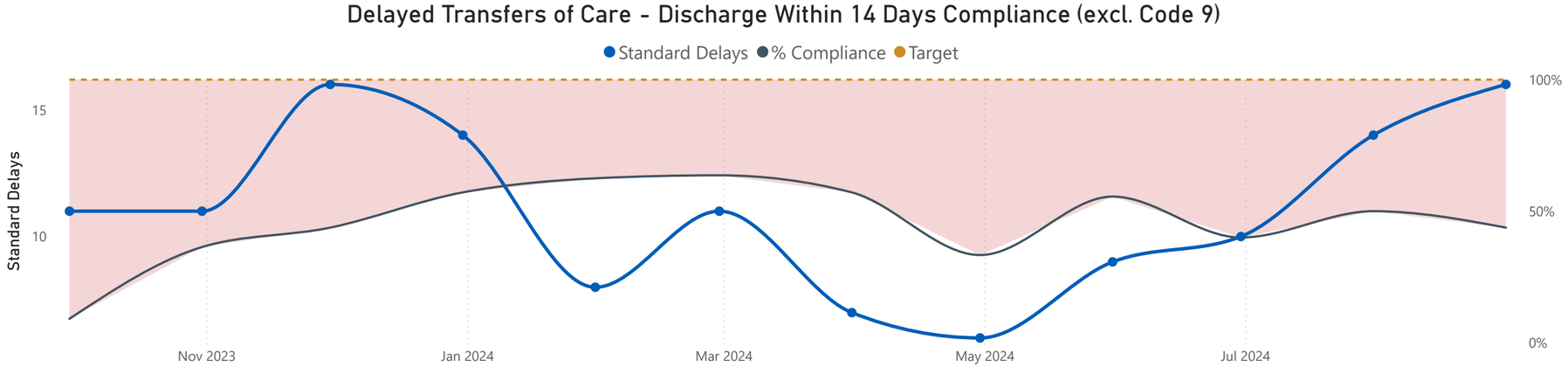
Notably the lack of compliance with the 62 days standard for cancer in this report reflects that only one patient is waiting for this period who now has an appointment for treatment with Grampian. The delays rating to this case on multifactorial and impart reflect the delays at each stage of diagnostic assessment. The Medical Director and cancer tracking team continue to meet with shipment on a monthly basis and review each breach, including the 62 day standards at those meetings. A monthly meeting chaired by a consultant reviews all cancer and non-cancer waiting lists

Improvement Target Date
31/12/2024

Operational Standards
Delayed Transfers of Care Discharge Compliance

Data Source
Delayed Discharges Monthly Return

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	43.75%	Red

Actions to Improve/Recover Performance

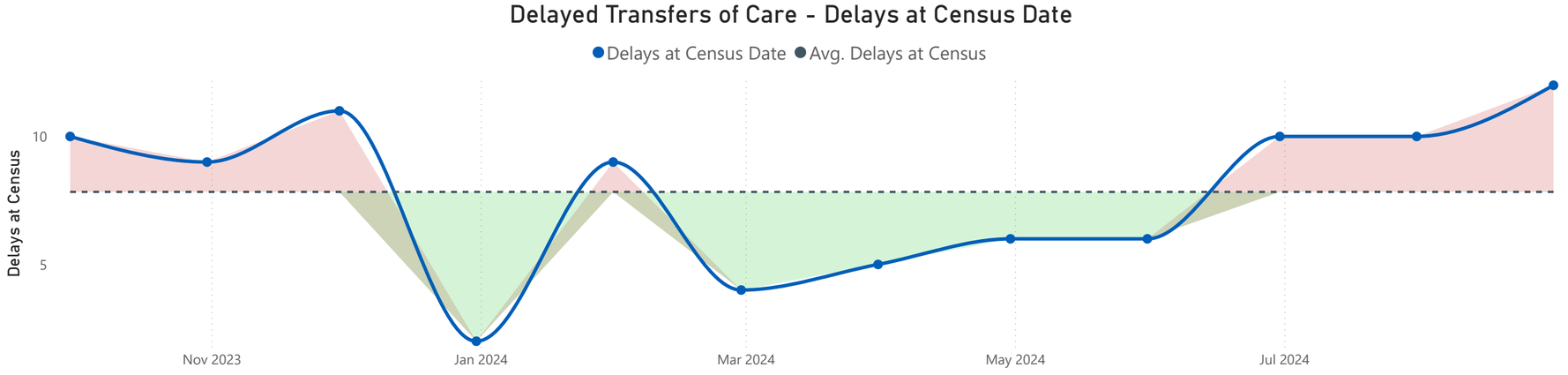
Twice weekly RMM (Resource Management Meeting) continues with whole system approach to facilitate discharge. Recruitment to social care vacant posts remains challenging despite recent campaign. Focus on PDD (predicted date of discharge) and discharge planning on admission through the discharge planning group will help support early conversations around discharge to home/own residence in the first instance.

Improvement Target Date
30/11/2024

Operational Standards
Delayed Transfers of Care at Census Date

Data Source
Delayed Discharges Monthly Return

Latest Month
31/08/2024



KPI	Target	Actual	RAG Value
Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	x̄	12	Red

Actions to Improve/Recover Performance

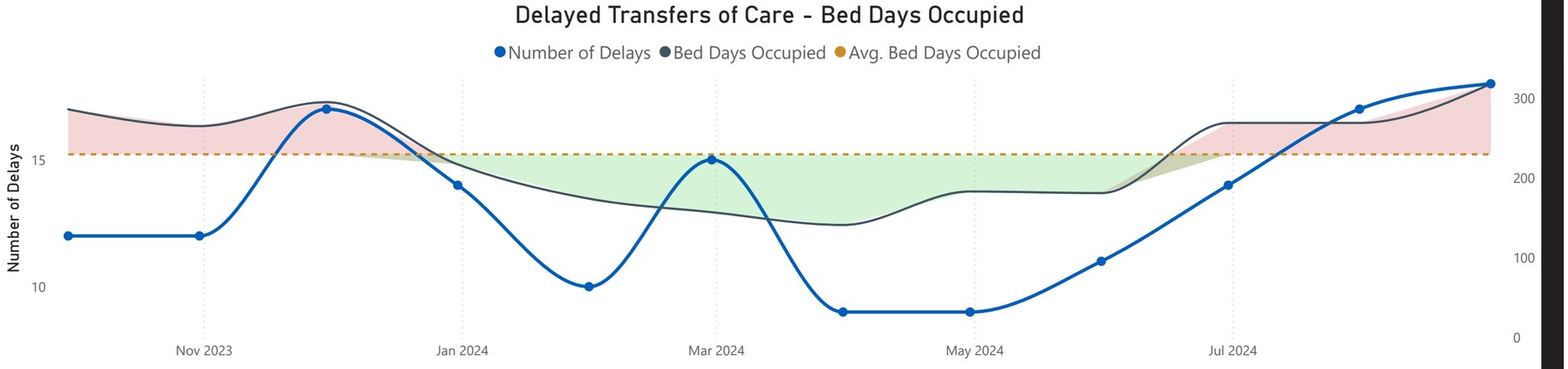
Twice weekly RMM (Resource Management Meeting) continues with whole system approach to facilitate discharge. Recruitment to social care vacant posts remains challenging despite recent campaign. Focus on PDD (predicted date of discharge) and discharge planning on admission through the discharge planning group will help support early conversations around discharge to home/own residence in the first instance. Current performance as of 03/10/2024 is 7 delayed transfers of care.

Improvement Target Date
30/11/2024

Operational Standards
Delayed Transfers of Care Bed Days Occupied

Data Source
Delayed Discharges Monthly Return

Latest Month
31/08/2024



KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	x̄	318	Red

Actions to Improve/Recover Performance

Twice weekly RMM (Resource Management Meeting) continues with whole system approach to facilitate discharge. Recruitment to social care vacant posts remains challenging despite recent campaign. Focus on PDD (predicted date of discharge) and discharge planning on admission through the discharge planning group will help support early conversations around discharge to home/own residence in the first instance. Current performance as of 03/10/2024 is 7 delayed transfers of care within the acute system. This has released site capacity and reduced bed days lost due to occupancy.

Improvement Target Date
30/11/2024

Community

Section Lead(s):
Chief Officer (Integration Joint Board)

What's Going Well?

Child and Adolescent Mental Health and Psychological Services have exceeded the referral to treatment target, performance continues to be relatively strong.

The Integration Joint Board has approved two year funding to establish an All Age Nurse Lead Psychiatric Liaison Team. Work is progressing to get the posts out for recruitment. Following funding from the IJB for year 1, work is progressing to implement MORSE.

Health Visiting have been enhancing relationships with some key stakeholders such as GPs and Nurseries in order to re-build relationships. School Nursing have commenced the process of restarting the school aged enuresis service which has been a gap for a few years.

RAG Status Values	
RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

Ongoing issues caring for mental health illness in the Emergency Mental Health Transfer Room.

Significant vacancies/capacity issues within Mainland Community Nursing.

Long Term Vacancy in Health Visiting is causing impact on wider team. Post is in the process of being recruited as a training post but means the vacancy won't be filled until August 2026.

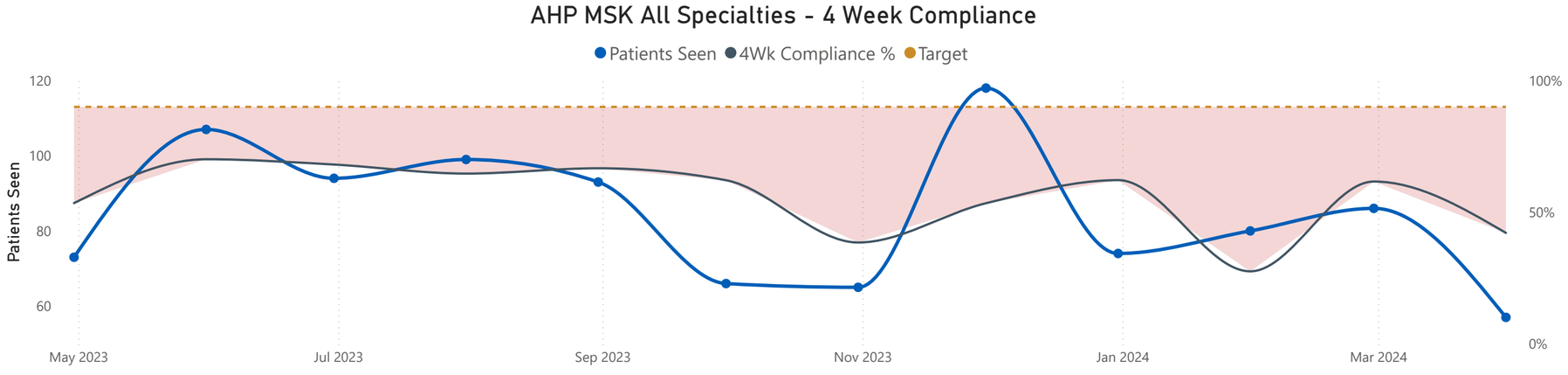
Vacancies in School Nursing, with only one qualified School Nurse in post. A Band 5 training post has commenced, but will not qualify until August 2026. Vacancies are impacting on the team's ability to fully embed pathway priority areas into practice.

Lack of electronic patient record system, however the implementation of MORSE will help mitigate this.

Community
AHP MSK 4 Week Compliance - All Specialties

Data Source
AHP MSK Quarterly Publication

Latest Data
31/03/2024



KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led MSK service	90%	42.11%	Red

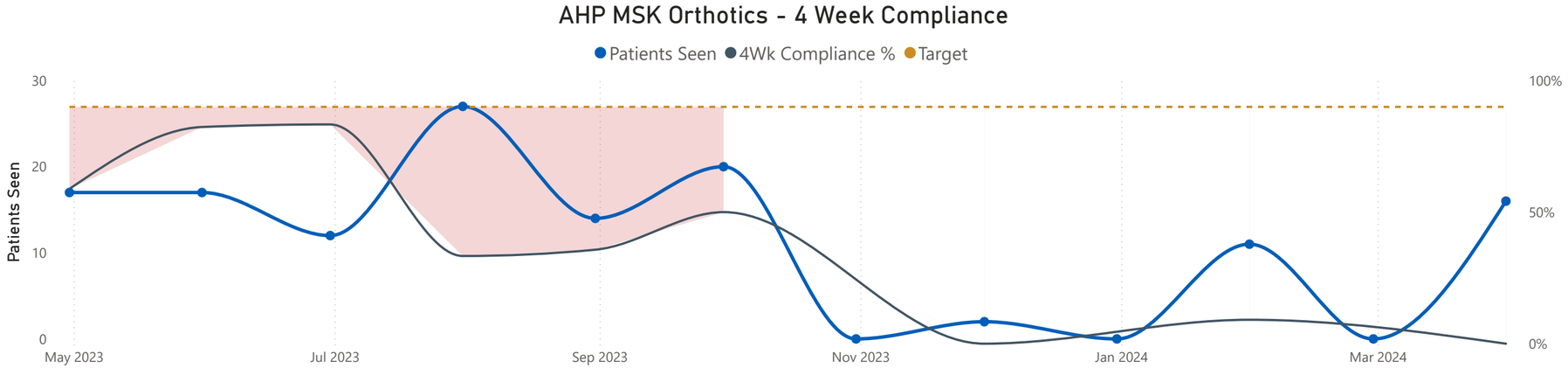
Actions to Improve/Recover Performance

Improvement Target Date
31/03/2025

Community
AHP MSK 4 Week Compliance - Orthotics

Data Source
AHP MSK Quarterly Publication

Latest Data
31/03/2024



KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led MSK Orthotics service	90%	0%	Red

Actions to Improve/Recover Performance

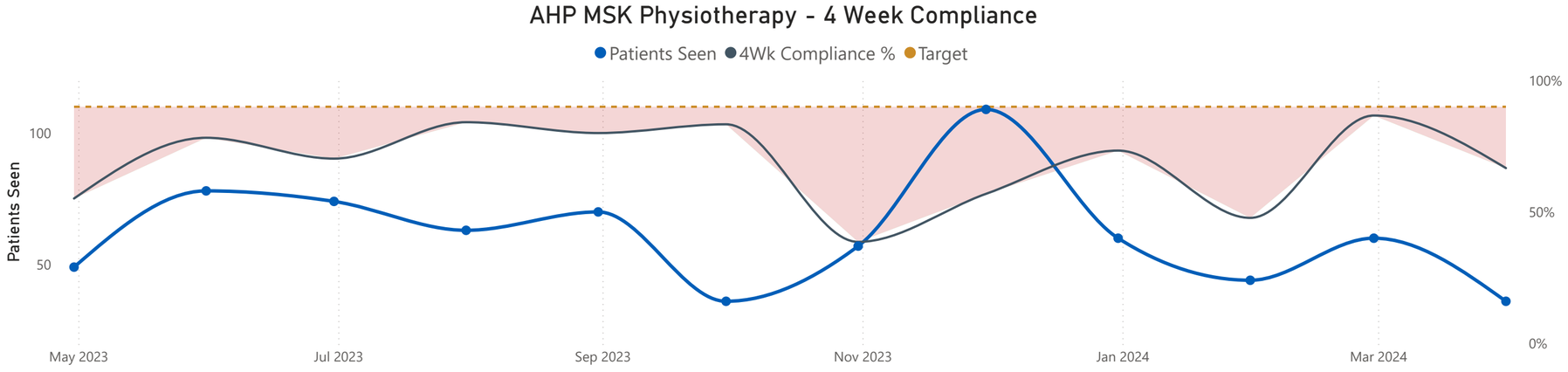
The SLA for Orthotics has been signed. This has seen an increase in patients seen but will take some time to impact on the 4-week compliance target.

Improvement Target Date
31/03/2025

Community
AHP MSK 4 Week Compliance - Physiotherapy

Data Source
AHP MSK Quarterly Publication

Latest Data
31/03/2024



KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led Physiotherapy MSK service	90%	66.67%	Red

Actions to Improve/Recover Performance

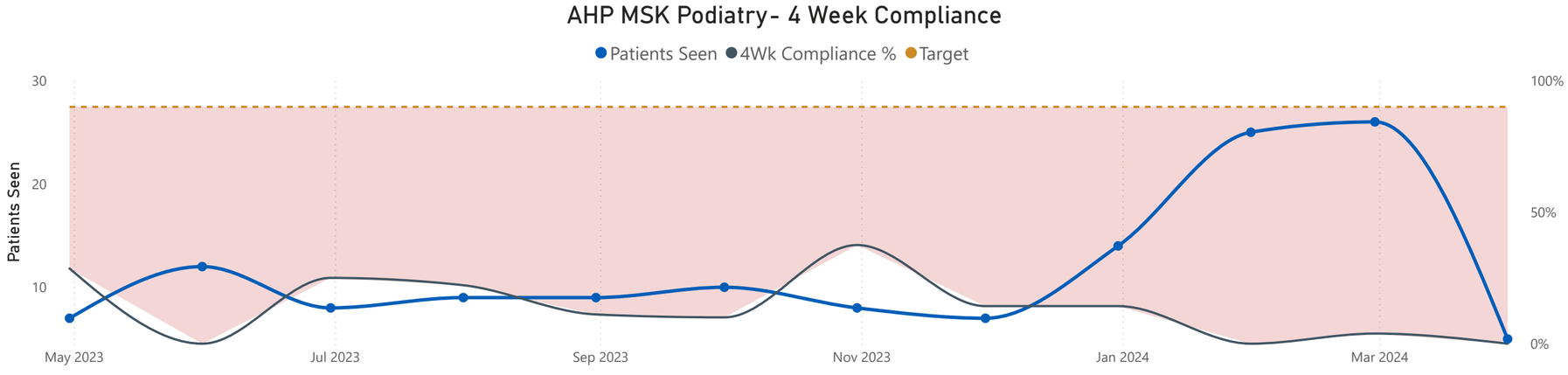
PHIO will be operational in October and will immediately have a positive impact on the Physiotherapy MSK Waiting List. Recruitment to the Band 6's the team envisage will optimistically happen by February 2025. The team envisage the clinical space being operational by December 2024, allowing increase clinical capacity to the team.

Improvement Target Date
31/03/2025

Community
AHP MSK 4 Week Compliance - Podiatry

Data Source
AHP MSK Quarterly Publication

Latest Data
31/03/2024



KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at AHP led Podiatry MSK service	90%	0%	Red

Actions to Improve/Recover Performance

Activity and initiatives in other areas/needs of Podiatry such as delivering appropriate and timely interventions of ‘foot protection’ to those individuals at ‘high risk in remission’ and ‘high risk of active foot disease’ or ensuring persons with ‘moderate risk’ of developing active foot disease due to diabetes have suitable care plans, have curtailed and had to be balanced with the MSK activity.

Improvement Target Date
31/03/2025

Population Health

Section Lead(s):
Director of Public Health

What's Going Well?

Uptake of Hearing, Bowel, Abdominal Aortic Aneurysm (AAA) and Breast Screening uptake is above Scotland's average and targets.

Childhood immunisation uptake rate for MMR2 by 6 years of age is usually higher than Scottish average at 97% compared to the national target of 95%.

A new RSV (Respiratory Syncytial Virus) Vaccination Programme was launched from 1 August 2024.

RAG Status Values	
RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

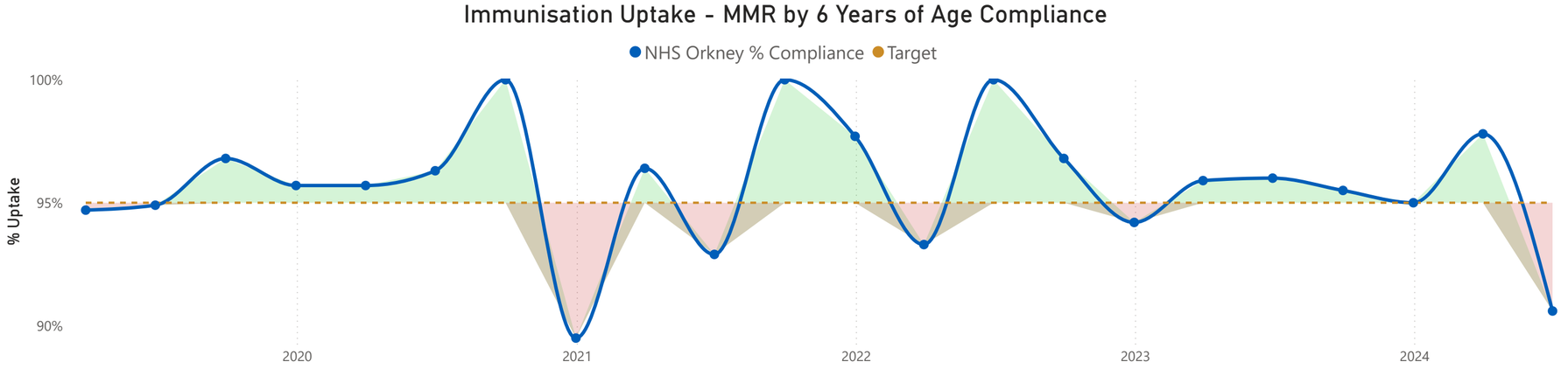
Areas of Concern

Immunisation uptake rate for MMR2 by 6 years of age is for the first time slightly below target at 90.6% (target 95%).

Population Health
Immunisation Uptake Rate MMR by 6 Years of Age

Data Source
PHS Childhood Immunisation Publication

Latest Data
30/06/2024



KPI	Target	Actual	RAG Value
Immunisation uptake rate MMR2 by 6 years of age	95%	90.6%	Red

Actions to Improve/Recover Performance

Due to small numbers percentage uptake of vaccinations can vary quarter to quarter, check no geographical specific area of concern.

Improvement Target Date
31/12/2024

Workforce

Section Lead(s):
Director of People and Culture

What's Going Well?

In response to staff feedback reviews of our job evaluation and recruitment processes has commenced. Both processes have been mapped and in October colleagues will be invited to walk through the process maps, share their experience and help identity opportunities and priorities for improvement. The anticipated outcome is streamlined processes wherever possible as well as clarity of requirements, roles, and responsibilities throughout.

Aligned with our Corporate Strategy's People priority, an externally commissioned review of our People and Culture function was initiated in partnership with the Chartered Institute of Personnel and Development (CIPD). The review is complete and due to be presented to the team early October, and Staff Governance Committee (November) and the Board in December.

RAG Status Values	
RED	Key performance indicator not achieved.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

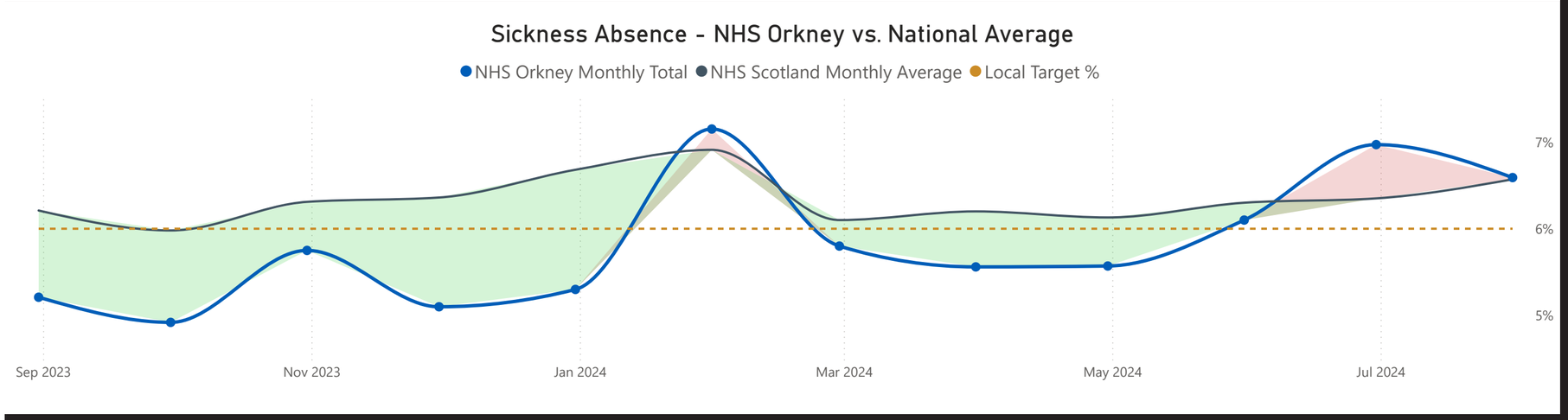
Anxiety, stress, depression and other psychiatric illnesses continues to account for just under 30% of all absences. A detailed review of absence was undertaken and stress-related absence was discussed at the Senior Leadership Team and Extended Senior Leadership Team meetings, Area Partnership Forum and Area Clinical Forum to identify other support for staff.

Appraisal rates within the last 12 months remain static at just over 30%. Work was undertaken to remove people from the denominator if they have been here less than 12 months so do not require an appraisal, which had a nominal impact on the overall rate. Training and support remains available from the People and Culture team. Compliance rates will be picked up in the new Performance Review meetings, which commence in October.

Workforce
NHS Orkney Monthly Sickness Absence

Data Source
SSTS/eESS National

Latest Data
31/07/2024



KPI	Target	Actual	RAG Value
Sickness rates consistently below the national average of <6%	6.57%	6.59%	Red

Actions to Improve/Recover Performance

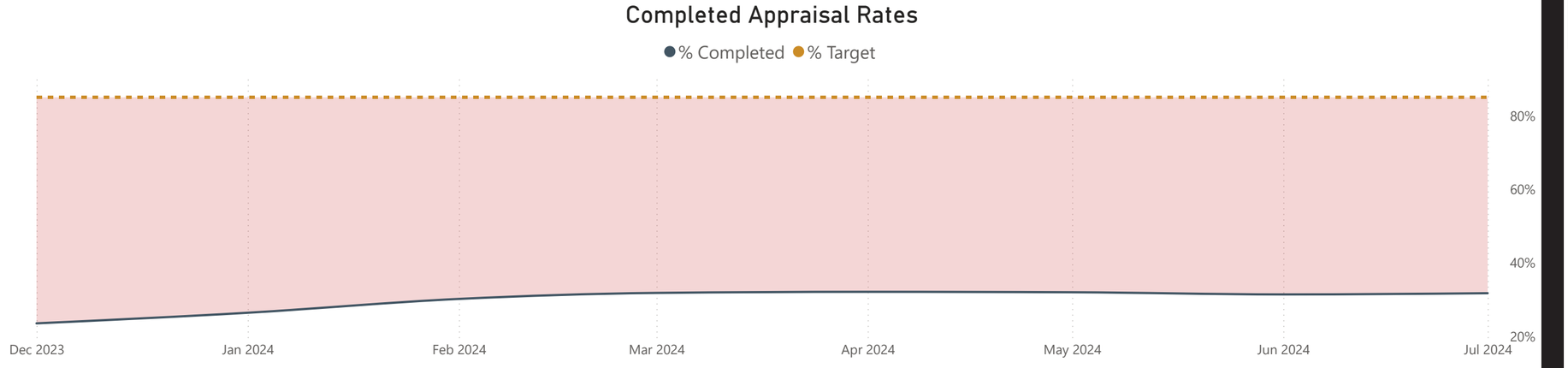
Anxiety, stress, depression and other psychiatric illnesses continues to account for just under 30% of all absences. A detailed review of absence was undertaken and stress-related absence was discussed at the Senior Leadership Team meeting, Area Partnership Forum and Area Clinical Forum to identify other support for staff.

Improvement Target Date
31/03/2025

Workforce
NHS Orkney Appraisal Rates

Data Source
Workforce Systems

Latest Data
31/07/2024



KPI	Target	Actual	RAG Value
Appraisal compliance rate over the previous 12 months	85%	31.76%	Red

Actions to Improve/Recover Performance

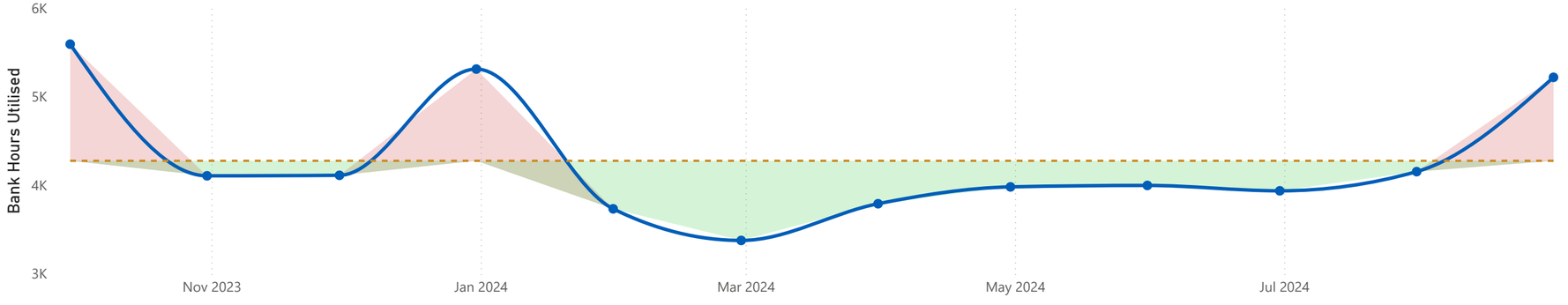
Appraisal rates within the last 12 months remain static at just over 30%. Work was undertaken to remove people from the denominator if they have been here less than 12 months so do not require an appraisal, which had a nominal impact on the overall rate. Training and support remains available from the People and Culture team.

Improvement Target Date
31/03/2025

Workforce
Bank Hours Utilised

Data Source
Workforce Systems

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Bank	x̄	5217	Red

Actions to Improve/Recover Performance

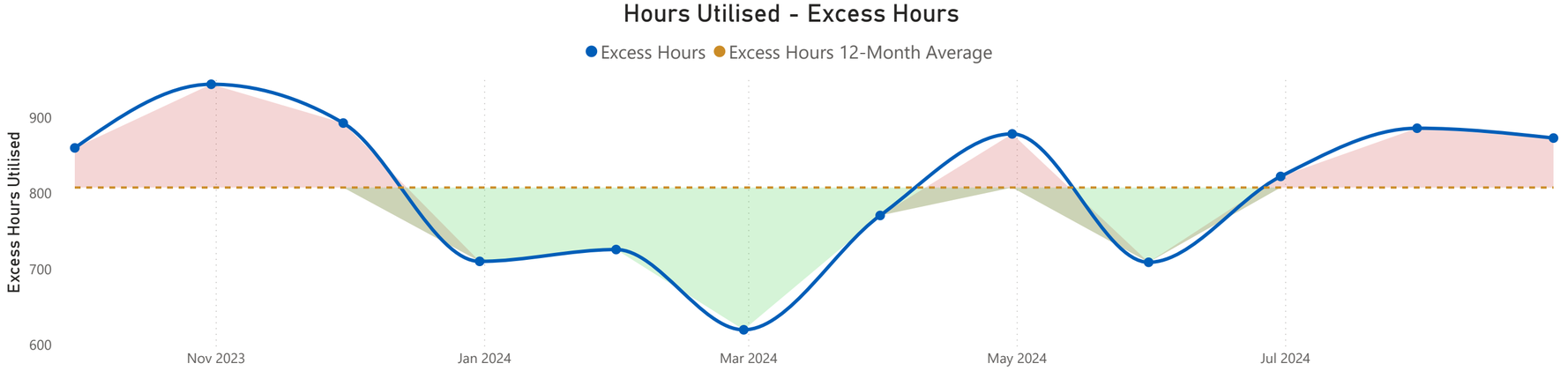
Increased utilisation of bank over the past 3 months has been due to sickness absence, maternity leave and awaiting international recruits receiving their NMC PIN. Confirm and support roster meetings in place and bank shifts agreed prior to roster release for those known gaps. Substantive recruitment underway.

Improvement Target Date
31/03/2025

Workforce
Excess Hours Utilised

Data Source
Workforce Systems

Latest Data
31/08/2024



KPI	Target	Actual	RAG Value
Excess	x̄	873	Red

Actions to Improve/Recover Performance

Increased utilisation of bank over the past 3 months has been due to sickness absence, maternity leave and awaiting international recruits receiving their NM PIN. Reduced working has impacted on excess hours in small teams, work underway to understand impact and implications of RWW.

Improvement Target Date
31/03/2025

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Strategic Digital Update – Quarter 2 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:**

Members are asked to

- **Note** the Quarter 2 progress update and work underway within the digital services and IT Infrastructure team to accelerate digital transformation.

This report relates to a:

- Corporate Strategy 2024 – 2028 – Potential Strategic Objective
- 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

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 outlining how we make better use of data and technology to improve access 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.

A Digital and Information Services Delivery Plan for 2024/2025 has been developed and approved by the Digital Information Operations Group (DIOG) (see Appendix 1) which sets out key national and local deliverables, timelines, and outcomes with clear alignment to our Improving Together Programme, NHS Scotland 10 national recovery drivers and our Corporate Strategy 2024 – 2028.

This paper is presented to the Board for noting the quarter 2 progress update within the digital services and IT Infrastructure team to accelerate digital transformation across NHS Orkney.

2.2 Background

To support the adoption and implementation of the Enabling, Connecting and Empowering Care in the Digital Age Strategy 2021, and NHS Orkney's Corporate Strategy 2024 – 2028, a Digital and Information delivery plan for 2024/26 is in place with oversight from the Digital Information Operations Group which has delegated authority from NHSO's Finance and Performance Committee.

NHS Orkney is required to deliver Scottish Government's National digital programmes. Appendix 1 provides an overview of the national and local digital projects the Digital Services team have delivered since the last update.

Digital is a key enabler for NHS Reform which must be owned and driven by the business. Deploying digital technologies to modernise services, which provide digital notifications, access to personal health information, and options for interacting online with health and social care service requires a whole-system approach. As part of our approach to integrated planning, the Interim Head of Strategy will attend the next meeting of the DIOG to start planning for the 2025/26 priorities which will form our 2 - 3-year digital roadmap to ensure delivery of Scottish Governments Care in the Digital Age Strategy 2021 - 2025 and what matters most to our patients, staff and Community as set out in our Corporate Strategy 2024 - 2008.

Delivering our digital priorities

As set out in NHS Orkney Corporate Strategy 2024-28 a key priority under the Potential Strategic Objective is how technology and digital services can reduce patient journeys. Appendix 1 provides an overview of the national and local digital deliverables and outlines progress to date on actions in NHS Orkney's Corporate Delivery Plan for 2024/25.

2.3 Assessment

Quarter 2 2024/25 update

Appendix 1 provides an update on delivery against each of the digital projects at the end of Quarter 2 (Q2). Performance at the end of Q2 is as follows.

Status	Number of actions
Red - Significantly delayed. • 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	1
Amber - Partially delayed. • 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	1
Green - Remains on track. • Action implemented. • Stated deliverables and improvement evidenced	22
Blue – Complete • Action complete	4
Action Deferred • Deferred to 2025/26 following digital prioritisation exercise	11
Total number of actions	39

One Corporate Strategy action remains RAG rated Red and one Amber. These are as follows.

Red - National Child Health System – Whilst this action is rated red, all national programmes are out with the control of NHS Orkney as they are managed by several delivery partners on behalf of Scottish Government. NHS Orkney contributes a National Resource Allocation Formula (NRAC)[1] share to each programme. Whilst national programmes are not delivered by NHSO's Digital Services team, there is a requirement for the team to be involved in the deployment as well as supporting the business change.

Amber - GP IT implementation and re-provisioning – The action is rated amber as there has been some delays encountered at a national level with the system supplier.

Project management resources remain a challenge for the delivery of all local and national digital projects. Scottish Government have confirmed they are content to fund a dedicated programme manager until April 2025 (with a possible extension) to ensure NHSO are supported to deliver national programmes for example GP IT Re-provisioning and will provide much needed project management support for the roll out of the Community Electronic Patient Record.

Scottish Government and the North of Scotland (NoS) digital leads recognise the challenges smaller Boards face in terms of lack of project management support. Conversations continue at a NoS level to look at Boards could potentially share project management support. A Driving NHS Reform: Digital as a Key Enabler workshop was held on the 11 September 2024, where Board Chief Executive (BCE's) and Scottish Government Digital Health and Care Team met to discuss and agree a potential 'Once for Scotland' approach to supporting digital transformation recognising that digital technology is key to transforming health and social care services, so that care can become more person-centred. More on this to follow over the coming months.

The Digital Services team have prioritised work on the ferry linked isles to bring online enhancements to the phone systems providing Primary Care General Practices with the same access to the central telephony system available to those based at The Balfour.

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 will only be achieved and sustained with organisational change that goes beyond quick fixes and technology upgrades.

One of the challenges in delivering digital transformation is the capacity to implement, train and change culture in doing so. Limited capacity across the organisation to embed change at the pace required to deliver the projects listed above requires an honest conversation.

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.

To support this a digital services staff engagement session took place on the 16 September 2024 with Daniel Boyd an external facilitator from Viridian Associates (who is supporting NHS Orkney with our improvement programme). The session focused on the following objectives:

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

- Where we are as an organisation – our Corporate Strategy, ambitions for Digital and our plans as we continue our journey of improvement.
- Discussing as a team and hearing from you, what works well, what could be better (including what gets in the way) and how we work together.
- How we want to work and set ourselves up in the future – including how we want to work together and what the options may be for NHS Orkney's Digital Services moving forward.

A paper will be submitted to the SLT in November along with a development plan with clear actions which will move the digital services and applications team forward. At the heart of this is how we embed NHS Orkney's values of openness and honesty, respect, and kindness in everything that we do.

Work is also underway to provide clinical system users with a local dedicated eHealth Learning area within TURAS. All appropriate Grampian eLearning for hosted applications will be uploaded along with user guides for all our eHealth systems. Bookable one to one eHealth system training sessions which will be available for clinicians & nurses. Once uploaded/set up eHealth will recommend a Board review of documented & recording of all system training requirements.

Work continues to embed the essential digital skills framework - GOV.UK (www.gov.uk) to create a digital skills development pathway for NHS Orkney.

2.3.4 Risk Assessment/Management

All the digital priorities outlined in our Corporate Strategy address a risk on the Corporate Risk Register. However, 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 10 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 2024/25.

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 an operational and reputational risk due to the lack of staff, skills, and experience within the Digital Services team which will impact on our ability to deliver safe patient care and the implementation of our improvement programme across health and social care. Due to staff changes within the eHealth applications team and to support our Digital Services, conversations are taking place with NHS Grampian in relation to providing additional support. Failure to support our eHealth applications team may impact on our ability to deliver the service.

Organisational capacity to embed digital changes.

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 Network and Information Systems (NIS) Regulations (2018). Having a clear set of digital priorities will help support our workforce as they will be clear on what is being taken forward and what is not.

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.

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 Digital Information Operations Group, Senior Leadership Team, 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 developed in consultation with the Chief Executive, Recovery Director, Head of Improvement, IT Manager, IG Manager, Corporate Records Manager, and NHSO's eHealth Team Leader.

- Digital Information Operations Group – 9 October 2024
- Senior Leadership Team Meeting – 14 October 2024

3. Recommendation(s)

Awareness – The NHS Orkney Board is asked to.

i. **Note** the Quarter 2 progress update and work underway within the digital services and IT Infrastructure team to accelerate digital transformation.

Appendices

Appendix 1, Digital & Information Services Delivery Plan 2024-26

Appendix 2 Update on Digital Services, and IT Infrastructure projects

Appendix 3, Capital Digital expenditure plan

Appendix 4 – Digital and Cybersecurity Roadmap 2024-2025

Appendix 2, Update on Digital Services, and IT Infrastructure projects

Digital Services Capital Budget

The Digital Services Capital budget has been allocated to the Digital Team based on the agreed plan submitted to the Capital Group in July 2024. The expenditure against the agreed priorities and deliveries are progressing well. The table in Appendix 3 shows the full extent of the projects and their deliverables, with the following highlighting specific high impact areas for improvement.

Migration of the Balfour to the advanced phone system

This project will bring the phone system within the Balfour onto a single cloud platform prior to the calls arriving within the building's own phone exchange. This is core functionality required for internal and crash calls to remain operational during a communication outage. Several additional functions, including Disaster Recovery (DR), call scheduling in the event of being closed (diverting an island practice to the Balfour for example), call queue announcement and wait music (functionality seen on the Vaccine line) will be available from go-live on the 5 October 2024.

Introduction of Softphones

Part of our move to a more advanced telephone platform fit for the future is the capability of introducing softphones. A softphone is an application which can be installed on a mobile phone, table or laptop, allowing

people to make and receive calls through them anywhere in the UK, as if they were using a traditional desk phone. This will greatly enhance remote working as well as for services where confidentiality is required for example Community Mental Health Team (CMHT) or Pharmacy. A Test of Change will be undertaken early October, with an evaluation report brought to the DIOG in the new year.

Migration of the Isles NHS Orkney owned phones systems

Building on the enhancements and consolidating the phone systems ahead of BT's termination of service, the Digital Services team will migrate the island's phones to the Balfour's central telephony platform which will provide new advanced functionality. This will offer the Isles practices the capabilities and services available at the Balfour Hospital as all our owned and operated sites. Stromness community nurses and the Garson surgery will be used as test of change sites.

Core network upgrade – The Balfour

Continuing the Next Generation network capability and increasing our security layer, our digital services team will introduce increased Cybersecurity functionality at a network level directly by the end of 2024. Part of this work will include migrating our core and server switches to the new network platform ahead of the node rooms and WIFI enhancements required over the next couple of years. The core and server switches are at the very heart of our network and introducing advanced security scanning in our network will bolster our technical security capabilities and resilience of our digital systems.

Network and WIFI upgrade – remote sites

Installation of the next generation network into our remote sites will be completed by the end of this financial year. The remote sites have been a real focus point for the deployment of new connectivity equipment is a long overdue investment enabling us to address issues of resilience.

Cybersecurity, Infrastructure and Technical Advisory Group (CITAG)

A Cybersecurity, Infrastructure and Technical Advisory Group (CITAG) will be in place from October 2024 which provide technical expertise to the organisation as a subgroup of the Digital Information Operations Group (DIOG). The CITAG will provide oversight and authorisation of the changes raised through the change management system as well as providing technical oversight and decision making within the Digital Services Department.

The CITAG has delegated authority from the DIOG to progress any work or activity within the intent stated in its terms of reference. All engagements/requests requiring CITAG input will be received by DIOG only. The remit of the CITAG is as follows:

- Support DIOG in the delivery of NHS Orkney's requirements of Scottish Governments Enabling, Connecting and Empowering; Care in the Digital Age strategy, Data Strategy, and Information management strategy
- Supporting delivery of the aims of the NHS recovery plan in its ambition to address the backlog in care and meet the ongoing healthcare needs for people across Scotland.
- Providing technical oversight and feedback on all relevant and active projects
- Providing technical guidance and leadership to all BAU improvement projects and roadmaps.
- Receiving and agreeing all technical change requests and escalate to DIOG based on process and agreed matrix.
- Accountability for the Technical Oversight of presented projects.
- Technical oversight of NHS Orkney's Cyber Security Improvement Plan to assure the Board that the organisation is protected from future threats.

Cyber Security

Digital Services and Cybersecurity are two of the corner stones of NHSO's digital landscape and have a crucial role when developing and deploying digital services as they ensure access points and devices, as well as the entire communication systems operate correctly. Cybersecurity is essential and a legal requirement under the

National Information Security regulations (2018) when delivering digital platforms required by users undertaking their day-to-day work in an efficient, effective, and stable manner.

Cyber Security activities ensure that the information used by the organisation is safe from unauthorised access, whilst balancing the need for security with the need for an operational service. Cyber Security is central to all designs, digital platform onboarding and service commissioning from our partners, and play a pivotal role in all digital aspects.

All digital initiatives and projects undertaken by the board, must pass the relevant internal processes including Cyber Security.

Change Management Process

Change management is a process, articulated in ITIL (Information Technology Infrastructure Library) in which system configuration changes and onboarding of new services etc. are captured, presented, agreed and monitored for peer review. This approach ensures all changes are given due diligence and the collective knowledge and experience of the experts in those areas are heard.

Once the change is validated and agreed, it is passed to the CITAG for final approval and authorisation with a Chairs Assurance Report sent to DIOG for information. In the event that a change will have a significant impact on the organisation ie outage/system downtime, the change is referred to DIOG via CITAG for awareness and agreement.

As the change management process develops, there will be a great onus on business owners of digital systems being involved directly in the sign off of changes through the DIOG for information and onward assurance to the Senior Leadership Team (SLT) and Board.

The other main output of the change management process is the introduction of a Change Schedule. This is currently advertised through the InStatus page which can be found on the blog, staff can subscribe to receive email updates. In time, a calendar view will be made available to the wider organisation, so all staff are aware of upcoming digital changes.

The change management process has been designed in such a way that any department can pick up the process and apply it to their own area to control any changes, enhancement or plans. The IT department are happy to showcase this to any department wishing to view it.

IT Service desk Quarter 2 performance

With staffing of the Digital Services Team remaining static we are pleased to see an increase in projects being delivered and an increase in tickets logged and resolved. Although this is a positive, and considerable achievement for the team, despite the team's best efforts and hard work we are seeing no evidence of downward trend for the backlog of tickets reducing as outlined in Figure 1. This indicates that the team is treading water with absolutely no capacity to deal with sickness absence, annual leave or a vacancy. Any shortage, no matter how long, in the available capacity of the team, increases the backlog without a real hope for a timely resolution. This has a direct impact on the team's wellbeing, individual skill development and far-reaching service improvement.

The organisation is impacted by a slower response to the less impacting issues as prioritisation means that breaks are resolved first. This will lead to staff members being further frustrated by things that are 'not working quiet right' often ending up in an avoidable outage.

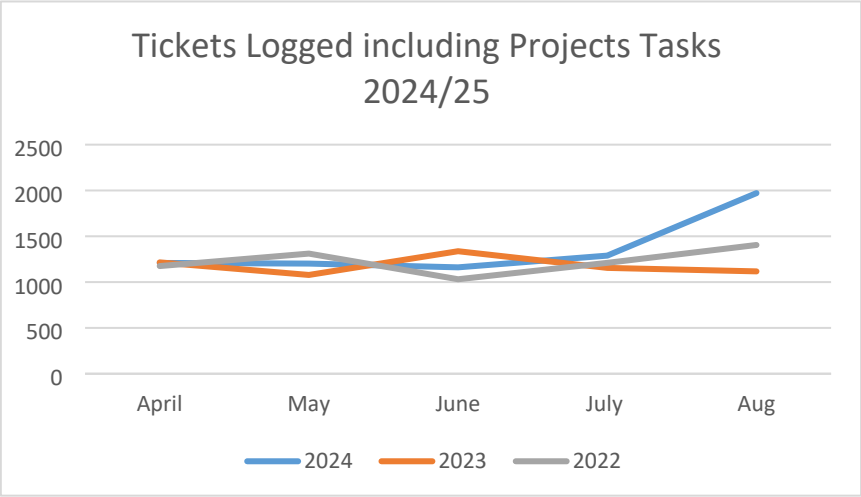

Figure 1 – Tickets logged (including project tasks) 2024/25.

The Digital Services team recently undertook a staff survey to understand the reasons why the number of tickets has increased, this will form part of the team's improvement plan for the remaining 6 months of this financial year. Recent uptick in the visibility and logging of project work has allowed for articulation of the workload of the Digital Teams significantly but has moved us forwards in improving our Digital Security and resiliency and presents a truer view of the current resource shortage, and where the gaps are. Building on the good work surrounding the surfacing of the project work packages and time, capacity planning is now being investigated to better inform the Board on the current capability for delivery.

Service requests and incident data show that we have managed to curtail last year's trend of an increase of issues logged around this time of year as outlined in Figure 2. We suspect this is due to the increased use of Jira Service Management and its automations as well as the introduction of the Service Desk Knowledge Base.

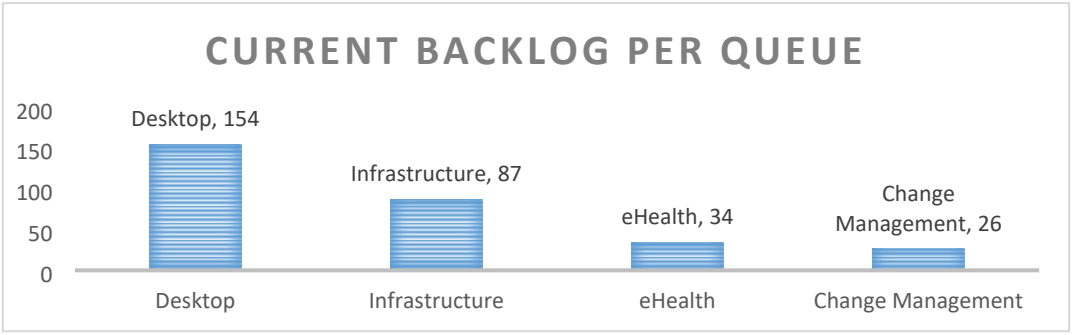

Figure 2 – Current Backlog per queue type

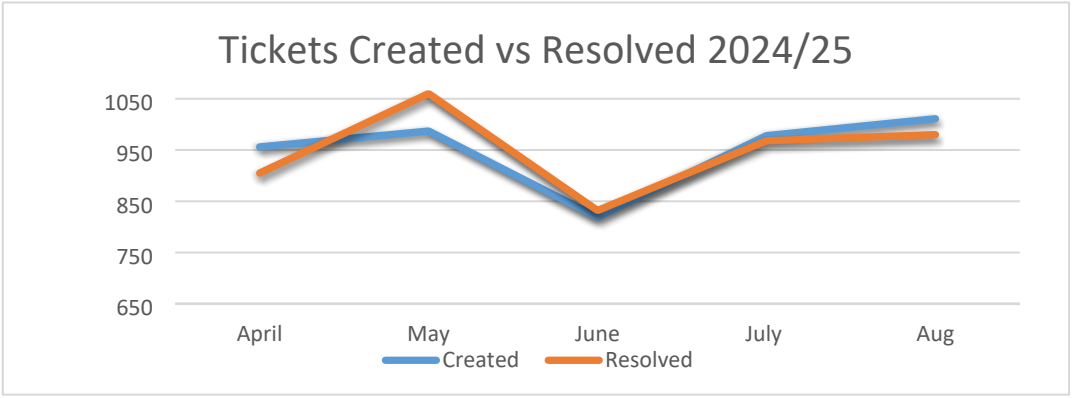

Figure 3 – Tickets created versus those resolved 2024/25

The Service Desk continue to work hard to keep on top of incoming tickets and managed to stop the increase in the backlog increasing further as outlined in Figure 3. There remains a significant backlog across the teams, within the Desktop Team these numbers accumulate to an average of 30 tickets per member of staff with one member currently sitting at 50 tickets which can cause significant stress. To reduce the existing backlog, we would need to see significantly more tickets resolved than created month on month, which is not achievable with the current complement in the team. Effectively, the Servicedesk is a full capacity, which, despite the number of improvements and introduced efficiency, has only delayed the inevitable, the Servicedesk needs more staff to sustain the Digital First approach of the Board.

It is worth noting the risk within the Infrastructure Team which currently consists of one person, with cover by the IT manager and a backlog of 87 between them.

Network and Information Systems (NIS) Quarter 2 update.

NHS Orkney were 38% compliant with NIS controls in 2023. As a result of the increased focus of the SLWG and work completed to date in 2024 this has already ensured NHSO meets an additional 13% of controls increasing our compliance rate to 50%. The Digital Services team have put in place workflows within the Jira service desk to ensure timely and accurate reporting on areas relevant to their service provision. These have been prioritised based on the action plan areas of criticality and/or urgency and assigned to individuals within the team.

Following evidence gathered in early August 2024[2], there are 15% of NIS controls still being reviewed which is almost two months ahead of the submission deadline. It is therefore anticipated NHSO will meet a minimum of 61% of the controls in 2024, 11% above the target of 50% set within this year Corporate Strategy delivery plan.

A central storage location has been created, evidence provided by the group has been saved to and cross-referenced with the master audits spreadsheet. Narratives have been reviewed to ensure the appropriate level of detail has been provided to assure the auditors controls are in place.

Individual meetings have been scheduled with those individuals with common priorities to provide focus areas and additional support for reviewing evidence ahead of the audit. There is some reliance on organisational actions/approvals being confirmed before the submission of certain pieces of evidence, however this is being monitored with those individuals, the SLWG. Performance of the NIS audit is through the Digital Information Operations Group (DIOG) with escalations to the Finance and Performance Committee.

Digital Maturity Assessment (DMA) Quarter 2 update

The 2024 Digital Maturity Assessment was submitted to Scottish Government in August 2024, results are expected mid-October.

Optimising Microsoft 365

Our approach to the implementation of the agreed configuration of all Microsoft 365 products is as per NHS Scotland approach. We are working collaboratively with the North of Scotland Digital leads and the M365 Operational Delivery Group (ODG) to ensure we have a regional and national approach to optimising M365 and how we could better use resources to achieve economies of scale.

Work continues with the national Information Governance and Records Management forums to ensure adherence with all legal and regulatory standards, as well as implementing best practice approaches going forward. The local programme at NHS Orkney relies on the national project team being fully resourced and implementing many of the required features, owing to the single tenancy across all NHS Scotland Boards.

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[2] It should be noted that these controls contribute to those assessed as critical or urgent by the auditors, however NHSO hopes to also achieve those with less critical scores.

Additional national resources have been assigned to the M365 programme, and all other advisory and decision-making groups are made up of those with additional substantive roles.

Information Governance

To ensure we protect the rights of both patients and colleagues, information governance must run through the centre of all developments which involve how we process and store information. Working on both a local and national level is key to ensuring that we maintain data subject's rights when making digital developments in our unique setting.

The digital developments outlined in our priorities will improve how we deliver services to patients, improve the experience of colleagues delivering services and improve our ability to uphold the data rights of our population.

Working very closely with colleagues in Records Management, eHealth, and IT the Information Governance Team will provide support to ensure that all digital developments not only comply with relevant legislation but improve our ability to demonstrate compliance.

Records Management

Records are required for information and evidence. They must be stored appropriately and accessed by those who need them in a timely manner. The purpose of information held within a digital system must be considered when making risk-based decisions around which systems are business-critical and therefore which to implement when.

e-Health (applications) Quarter 2 Update

eHealth Resource Demand

eHealth has experienced a severe increase in absence over the last year, this in turn has impacted their ability to meet demands and in turn created work stressors on the remainder of the team. Morale is low and the remaining team are at risk of burnout as they cannot continue to sustain the current expectation. Immediate action is necessary to address staff shortages, decline in our operations, planned project resource requirements and staff wellbeing.

In the last month our only full-time member within the eHealth Team has moved to a role within the IT Team and our Applications Support Analyst has dropped to 2 days. This now leaves us in an extremely fragile situation, with only two part time members of staff and the aforementioned Support Analyst who although is currently scheduled to work 2 days a week, is often pulled into board meetings and employee director functions that are deemed of a higher priority on days scheduled to eHealth.

TrakCare ED move to Scottish edition - Pilot underway - (6 users have now been set up to pilot within our ED)

Our e-Health team are working with InterSystems who provide TrakCare and colleagues within ED to set this functionality up but have asked us to progress with rolling out the Scottish Edition, we anticipate this functionality will be rolled out in the next few months.

TrakCare Inpatient Electronic Patient Record

Preparatory work was undertaken to allow for adoption of Grampians Trakcare Inpatient Electronic Record (IP EPR) functionality. Our digital services team have carried out business analysis and provided Grampian eHealth with our required assessment documentation. Orkney Clinical colleagues have met with the Grampian clinical IP EPR lead to assess clinical requirements and are looking at using a paper version of the EPR. Latest feedback from Alisdair Miller suggests supporting the nursing staff with trailing the NHS Grampian 'Ask me' risk assessment as a first step.

TrakCare eLearning onto TURAS

Due to the lack of resource to drive this forward, this has not progressed as quickly as expected. In the meantime, users have been reminded that all guidance documents are available via the blog.

TrakCare Upgrade

The last indicative timeline of go live on the 28 and 29 October 2024 has been pushed back due to conflicting priorities at Intersystems. This is currently now indicated to take place around 6th November 2024. Based on the push back local eHealth testing is now likely to take place week commencing 14 October 2024 with User Acceptance Testing scheduled for the 28 October 2024.

Cross Boundary Data Capture

Prior to the new Waiting Times Guidance, when a referral was transferred from one board to another, it was the responsibility of the referring board to report, customisation was carried out for GJNH (Golden Jubilee National Hospital) to allow referring boards to send waiting times information to GJNH via their SCI Gateway referrals.

The GJNH solution will be extended to the other Boards to provide an interim step in supporting the new reporting requirements, functionality will be incorporated into a new feature. The unavailability period added will have a specific unavailability reason which will then support this period being excluded from the extract going forward.

The unavailability will continue to cover cancellations, DNAs or other resets which happened at the Referring Board report on the wait to the Waiting Times Warehouse. Under the new guidance it is now the responsibility of the receiving board to carry out this reporting. Delivery of this functionality will be in version T2024.4

Change to Treatment Time Guarantee (TTG) Rules - Clocks to Reset after TTG Date. Core Change to deliver this - T2025.1

This change will amend the rules to enable resets and clock adjustments to take place after the TTG (Treatment Time Guarantee) Date. The final date for the implementation of the new Waiting Times Guidance is November 2025. Boards have been advised that implementation of the change will be around the same time, the requirement will be built into the specification enabling Boards to switch on the change at a defined date.

Add New Fields to Wait Times for External Services Screen. Core Change to deliver this – T2025.1.

Additional fields are required to record the details of the activity that occurred at the Referring Board, this will allow the full Cross Boundary Data Capture solution to be delivered.

Cross Boundary Data Capture - Include and Map Additional Fields. Edition. Change to deliver this - T2025.1

Mapping will need to be developed to take the new pieces of information from the SCI Gateway messages and drop them into the additional fields in TrakCare.

Release Schedule / Delivery T2025.1 is January 2025

Boards need to have plans to move to that release or higher at some point through 2024/25. A general concern was raised regarding Boards being able to uplift to the required level in time to get the fixes to implement the guidance by November 2025. Boards need to plan now to take T2025.1

Further discussion has been held at national level and it has been agreed to support the implementation of the 2023 Waiting Times Guidance a national coordination team have been put in place. Their role is to provide leadership and coordination between the Scottish Government, NHS Boards and system suppliers while undertaking the required changes & upgrades to systems.

SCI Gateway Improvements

Developing SCI Gateway referrals and improvements/updates are an ongoing piece of work. This quarter the team have focused on

- Updating the 3 types of Urgent Cancer referrals
- Supporting our Radiology Department with exploring opportunities for referrals
- Developing/Adding Patient availability updates to current referrals
- Developing/Adding Near me availability updates to current referrals
- Testing plans for changes to referrals
- Developing Beating the Blues/cCBT referrals - To replace current paper methods
- Developing advice request referral(s) including implementing new service request to allow GP's to seek advice from specialities
- Referrals from community Optometrists - Gateway referral has now been set up for Clarks Optometrists and this is working well
- User data cleansing to review & look at users & user permissions

Community Electronic Patient Record - NHSO has now commissioned Cambic to deploy their MORSE Community Electronic Patient Record, A project group has been established led by the business with the first service to go live with MORSE being the Community Mental Health Team. The aim is to have the CMHT live by the end of this financial year.

Child Health System (national solution)

RAG status of Red - The project will not make the march 2025 timeline originally set out. The national team are looking to re baseline the project to provide realistic timelines for the programme board to review.

Replacement of ICNET - Infection Control national solution

A national infection project group has been established to oversee the replacement of the ICNET solution. NHSO will be represented at the national project group by a NoS digital lead.

Newborn Screening (national solution)

Conversations around costs continue, provisional 'okay' from CEOs has been based on costs of ~£85k. However, costs have since increased and last indication was that these are now a minimum of 3x the original amount. Still at the exploratory phase, awaiting confirmation of timescales.

Picture Archiving Communication System (PACS) replacement (national solution)

Planning is well underway for the PACS replacement system. A local project team has been established led by NHSO's Radiology Manager with a planned go live date of September 2025.

Upgrade and migrate current version of cCube.

The current version of cCube and the server on which it resides is considerably down level. To remediate this, the technical team has engaged directly with CCube and are on schedule for the migration of the application from the old operating system to the new which will be completed on the 1 October 2024.

The cCube update itself will be managed but the eHealth team lead in coordination with the business.

GP IT Re-provisioning

A GP IT Reprovisioning Project Team has been set up within NHSO to oversee this project. Dr Iain Cromarty has agreed to be part of the multi-disciplinary General Practice IT Reprovisioning Project Team and is willing to be the Lead User and represent all GPs. Dr Huw Thomas has also agreed to be part of the Project Team, representing EMIS practices. There is also representation from Practice Administrators, Practice Managers,

Pharmacists, IT, Digital Services, Primary Care, Procurement, Finance, and Information Governance colleagues.

A GP IT reprovisioning facilitator is now in post, conversations continue with NHS Grampian in relation to an alternative model of support as a mitigation to the risk.

The project remains rated amber in Q2.

NHS Orkney

Appendix 3 – Capital Budget Allocations

Project	Action/Deliverable	Capital Confirmed 2024/25	Status	RAG
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	Devices purchased and onsite, planning has commenced, delivery aim, End November 2024	Green
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	Paused – Starting Jan 2025	Green
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	Completed	Completed
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	£0	On-hold deferred to 2025/26	
BT Phone migration (isles)	Remove and migrate phone systems for the isles	£ 10,000	In delivery Est completion December 2024	Green
BT Phone migration (residence)	Remove and consolidate phone lines for NHSO residential properties	£ 15,000	Moved to Feb 2024	Green
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	In delivery – Delivery Nov 2024	Green
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.	£0	On hold, potential into Stores item	
IT stores replenishing of hardware	Re-plenish 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	Ongoing	Green
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.	£ 50,000	In delivery 50% reduction	Green
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	Graham House completed. MacMillan network completed	Green

			Island devices have arrived ready for deployment	
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	Jan 2025	Green
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		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	In delivery some sites paused to 2025/26	Green
Data room refit	Re-cabling of all data rooms across the organisation	£ 10,000	In delivery Hubs deferred to 2025/26 due to lack of resources within the department	Amber
Total 2024/25		**£300,000**		

NHS Orkney

Appendix 4 – Digital and Cybersecurity Roadmap 2024-2025

Title	Start date	Due date	Project status
Mail relay migration	20-Sep-23	01-May-24	Complete
VistaSoft install and upgrade	01-Dec-23	30-Sep-24	In Delivery
Deployment of next generation VPN	04-Dec-23	14-Apr-24	Complete
Mitel upgrade and Softphone implementation - Digi 2 Improvement Hubb	19-Dec-23	14-Oct-24	In Delivery
Airwatch Decom - August change of service	01-Jan-24	30-Jun-24	Complete
NIS Audit - 2024	02-Jan-24	30-Dec-24	In Delivery
Sip Trunk migration to Call Manager	02-Jan-24	21-Oct-24	In Delivery
Intune Autopilot	15-Jan-24	30-Apr-24	Cancelled
Remove Colour printing and add User base control	15-Jan-24	30-Apr-24	Cancelled
SCCM Upgrade	15-Jan-24	21-Jun-24	Complete
Instatus	15-Jan-24	10-Jun-24	Complete
Ricoh Equitrac	15-Jan-24	30-Apr-24	Complete
Laptop replacement program - 2024	27-Jan-24	31-Aug-24	Complete
Pager system enhancement and implementation of licensed capability.	12-Feb-24	07-Apr-24	Complete
Intune USB Blocking	21-Feb-24	19-May-24	Complete
Implement project management within IT	01-Mar-24	31-Dec-24	In Delivery
Imprivata Appliance upgrade	20-Mar-24	30-Sep-24	In Delivery
Core switch and routing migration Balfour	31-Mar-24	30-Dec-24	In Delivery
CCube migration - provide servers and network support	01-Apr-24	02-Oct-24	In Delivery
BT Line migration - isles and remote area	01-Apr-24	31-Dec-24	In planning
TLS 1.2	22-Apr-24	01-Apr-24	Complete
Island Practices telephony migration to the Balfour's central phone system	28-Apr-24	31-Dec-24	In Progress
Switch replacement for Remote sites	10-May-24	01-Oct-24	In Delivery
Raspberry Pi deployment	29-Jun-24	06-Nov-24	In planning
Airwatch decommission	30-Jun-24	17-Oct-24	In Delivery
Migration of Windows Server 2012 to a supported version	01-Jul-24	30-Dec-24	Escalated
Defender for Server	01-Jul-24	31-Dec-24	In Delivery
VMWare upgrade	31-Aug-24	18-Feb-25	Cancelled
Morse - Technical Delivery aspect	02-Sep-24	30-Nov-24	In planning
Isles GP Pagers - Mobile app deployment	12-Sep-24	29-Oct-24	In Delivery
Datix migration and upgrade to new platform	13-Sep-24	31-Oct-24	In Progress
C-Cube Upgrade	01-Oct-24	10-Feb-25	Project Scheduled
Application updates for standard issued apps	21-Oct-24	31-Dec-24	Project Scheduled
Enterprise Certificate Authority	31-Oct-24	31-Jan-25	Project Scheduled
Veeam - Redesign and migration	12-Nov-24	11-Feb-25	Project Scheduled
FortiClient Upgrade to 7.2.x	26-Nov-24	30-Dec-24	Project Scheduled
FortiAnalyser configuration	29-Dec-24	29-Mar-25	Project Scheduled
Yubikey	01-Jan-25	31-Mar-25	Project Scheduled

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Anchor Plan: 2024/25 - Six Month Progress Report**
Responsible Executive/Non-Executive:	**Louise Wilson, Director of Public Health**
Report Author:	**Hannah Casey, Public Health Manager**

1 Purpose

This is presented to the NHS Orkney Board for:

- Discussion

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney Strategic Anchor Plan priorities and progress for 2024/25 were reviewed in October 2024 at the Senior Leadership Team meeting. This paper presents the progress which has been made on the priorities.

2.2 Background

NHS Orkney recognises the key role it can play as an anchor institution. The Strategic Anchor Plan supports NHS Orkney to develop the role of an anchor intuition through our clarity of strategic intent. This enables staff to work together and with partners on a collaborative vision. The strategic intent encompasses the five ways in which an NHS organisation can act as an anchor institution as set out below.

NHS Orkney will provide fair work and employment opportunities through:
- Recruitment
- Providing fair pay and conditions
- Providing opportunities for training, development and progression
- Making physical and mental wellbeing of staff a priority
- Partnering with other local organisations (PHS, 2023)

NHS Orkney will increase social value within its procurement processes through:
- Developing local supply chains
- Including social value considerations in all contracts (PHS, 2023)

NHS Orkney will have a positive impact on the environment through:
- Adopting stretching policies, processes, targets and management systems
- Enhancing impacts relating to transport and the built and the natural environment
- Designing and managing land, buildings and other assets to maximise local and community benefits (PHS, 2023)

NHS Orkney will design and deliver services to reduce inequalities and ill health through:
- Designing and delivering core services to reach and benefit disadvantaged communities
- Working with community organisations
- Contributing knowledge, resources, data and expertise to support the local economy, businesses and education (PHS, 2023)
- Use Net Zero as a driver for change in models of care (NHS Orkney Plan on a Page 2023/24).

NHS Orkney will become an exemplar anchor institution through:
- Committing to being an inclusive anchor institution (PHS, 2023)
- Using the Corporate Strategy, Clinical Strategy, Workforce Plan and Financial Sustainability Plans to inform and shape decisions.

The NHS Orkney Anchor Plan 2024/25 supports the delivery of key priorities for 2024/25 in the NHS Orkney Corporate Strategy, including within the 'Place' element of the plan. These include:

- Being 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.
- Increasing 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.

2.3 Assessment

The full six-month progress report is attached in Appendix A. Achievements from the implementation of this plan from April to September 2024 include:

- Continued engagement in the Community Planning Partnership through the Delivery Groups.
- An expression of interest has been submitted from the Community Planning Partnership to request to be a pilot area for the Collaboration for Health Equity in Scotland in recognition of the requirement to work together to reduce health inequities in Orkney.
- In September 2024 a Climate Awareness week was run by NHS Orkney. This incorporated Waste Awareness Week (23rd to 27th September 2024). The activities were well attended and had good staff and public engagement. Social media posts with information were posted every day for the week. Waste Awareness was highlighted during the September Climate Awareness Week by NHS Orkney. Orkney Islands Council provided information which included recycling, compositing, reducing waste.
- In September NHS Orkney started to charge for single use containers in the restaurant which has encouraged staff to bring their own reusable cups and containers and reduced waste. A number of reusable cups and loyalty cards for recycling were handed out free of charge at the Climate Awareness Week.
- Financial inclusion pathways for pregnancy and pre-school were approved through NHS Orkney governance procedures in September 2024.
- NHSO have 4 students participating in Foundation apprenticeship and National Qualification (NQ) placements 24/25.

Areas which have not progressed as planned included:

- Delivery of training from NHS Assure to relevant staff relating to waste segregation and recycling programmes was not able to take place due to ill health. This is to be re-arranged.

- Community Benefits Portal opportunity has not been re-advertised to community partners this current financial year. To be progressed in second half of year.
- Due to the vacancy for the Learning and Development Advisor post, work on Graduate Apprenticeships has been paused. This post is expected to be filled by November 2024, and this work will then resume.

2.3.1 Quality/ Patient Care

The Anchor Delivery Plan is concerned with NHS Orkney's ambition as an anchor institution, which will improve sustainability of services and therefore it likely to have a positive impact on quality/patient care through the completion of this plan.

2.3.2 Workforce

This plan will capture work to improve NHS Orkney's impact as an anchor institution in relation to employment.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk Assessment/Management

Risks include NHS Orkney and particular departments not being able to continue to prioritise work relating to being an Anchor Institution. Leadership from the board and senior managers in the organisation which is supportive of the work will manage this risk.

2.3.5 Equality and Diversity, including health inequalities

The anchor's work encourages consideration of equality and diversity and reducing inequalities within the community of Orkney.

2.3.6 Climate Change Sustainability

The Anchor Plan incorporates work to reduce climate change and increase sustainability of NHS services.

2.3.7 Other impacts

No other impacts identified at this time.

2.3.8 Communication, involvement, engagement and consultation

This report has been produced by the Public Health Department in collaboration with Estates, People and Culture and Procurement.

2.3.9 Route to the Meeting

Approved by Executive Director.
Senior Leadership Team - 14 October

The feedback from Senior Leadership Team was as follows:

1. Given the present challenges and capacity restraints, it was agreed that NHS Orkney will write to Scottish Government to suggest that to reduce duplication that we consider incorporating the high level metrics from the Anchor Plan into the Place strategic objective of our Corporate Strategy and Community Planning Partnership workplan/priorities to fulfil this requirement, and make best use of the resource we have available
2. The metrics should be SMART and measurable wherever possible
3. That we consider focussing on 1-3 priority areas, so we can make demonstrable progress in fewer priority areas as we look to planning for 2025/26

2.4 Recommendation

- NHS Orkney Board are requested to discuss the six-month progress report of NHS Orkney Strategic Anchor Plan priorities for 2024/25.
- Note and discuss the feedback from Senior Leadership Team (above).

Appendix A- Six Month Progress Report

The 2024/25 NHS Orkney Anchors Delivery Plan

NHS Orkney will provide fair work and employment opportunities:

Recruitment

Strategic actions	Sub Actions	2024/25 Outcomes	Lead	Link to metrics	Progress update October 2024
Continue to build the relationship with Herriot-Watt University and Orkney College to become the provider of choice for NHS Orkney Graduate apprenticeships, utilising the work and learn at home opportunity to provide hiring managers with	Communication Plan development.	Senior Leadership Team aware of and supportive of appropriate Herriot Watt opportunities to support the organisation.	Talent and Culture Manager.	W1 - How many employability programmes were underway within your Board in the reporting year?	Due to the vacancy for the Learning and Development Advisor post, work on GAs has been paused. This post is expected to be filled by Nov 24, and this work will then resume.

an alternative approach to recruiting to certain posts.	Work with Directorate departments to explore Graduate Apprenticeships recruitment opportunities.	Identify opportunities for Graduate Apprenticeships across the organisation.		W2 - How many people have you engaged through employability programmes in the reporting year?	As above
				W15 - Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g.	

				LEP, college, university. W17 - What is the distribution of your workforce by protected characteristics and SIMD in the reporting year?	
Trial pathways to Modern Apprenticeship opportunities to mitigate future workforce demands and ease supply pressures by providing a robust on the job learning route.	Build relationships with Orkney College and work with teams to consider Modern Apprenticeship pathways as part of their workforce development, and recruitment options.	Identify opportunities for Modern Apprenticeship opportunities available to NHS Orkney.	Talent and Culture Manager.	W1 - How many employability programmes were underway within your Board in the reporting year? W2 - How many people have you engaged	NHSO have 4 students participating in Foundation apprenticeship and National Qualification (NQ) placements 24/25. The Talent and Culture team has contacted Skills

				through employability programmes in the reporting year?	Development Scotland to understand the MA process, which will better support areas in implementing MAs.
				W15 - Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university.	
				W17 - What is the distribution of your	

				workforce by protected characteristics and SIMD in the reporting year?	

NHS Orkney will increase social value within its procurement processes

Including social value considerations in all contracts

Strategic actions	Sub Actions	Outcomes	Lead	Link to metrics	Progress update October 2024
Support the Community Benefits Portal.	Implementation of the developed Community Benefits Portal in Orkney through NHS Orkney suppliers	Bids placed on the community benefits portal	Procurement Manager and Health Improvement Officer	P7 - Please list all community benefits delivered through procurement during the reporting year.	Community Benefits Portal system in Orkney is running. There is one live bid on the system which no supplier has agreed to fund yet.

	Advertisement of Community Benefits portal opportunity to community partners				No progress to date.

NHS Orkney will have a positive impact on the environment

Adopting stretching policies, processes, targets and management systems

Strategic actions	Sub Actions	Outcomes	Lead	Link to metrics	Progress update October 2024
Audits and Reviews: Perform regular audits and reviews of waste management processes to identify areas for improvement and to validate the accuracy of data collected.	Pre-acceptance audits completion	Completed pre-acceptance audits	Head of Facilities and NPD Contract	There are no related actions to these outcomes in NHS Orkney's current anchor strategic plan as these relate to work which is either not applicable or already completed due	The pre-acceptance audits take place on a regular basis with the frequency and speciality depending on the department. Some are done yearly, some 2 yearly and

These audits will help in detecting any discrepancies and ensuring compliance with waste regulations.				to NHS Orkney's recent new build.	some 5 yearly. They are all currently up to date. In September 2024 a Climate Awareness week was run by NHS Orkney. Various literature was provided by OIC to educate staff on how to reduce waste. Comms were put out daily with information.
	Rectify any discrepancies in compliance with waste regulations				No current known discrepancies.
Implement recycling and waste reduction initiatives	Increase recycling receptacles across NHS Orkney	Increased recycling receptacles	Head of Facilities and NPD Contract	There are no related actions to these outcomes in	In September NHS Orkney started to charge for

across healthcare facilities. This will involve educating staff and patients about waste segregation and recycling programs to divert a significant portion of waste from landfills.		across NHS Orkney		NHS Orkney's current anchor strategic plan as these relate to work which is either not applicable or already completed due to NHS Orkney's recent new build.	single use containers in the restaurant which has encouraged staff to bring their own reusable cups and containers and reduced waste. A number of reusable cups and loyalty cards for recycling were handed out free of charge at the Climate Awareness Week.
	Training delivery to relevant staff relating to waste segregation and recycling programmes	Training courses delivered with relevant staff groups through NHS Assure			Training through NHS Assure was not able to take place as planned in

					September 2024 due to ill health but will be rearranged.
	Waste Awareness raising with staff across the organisation	Waste Awareness Day held in conjunction with OIC for staff and public			Waste Awareness Week took place 23rd to 27th September 2024 which was well attended and had good staff and public engagement. Social media posts with information were posted every day for the week.
Invest in modern waste management infrastructure, including advanced waste disposal	Invest in modern waste management infrastructure, including advanced waste disposal	Improved modern waste management infrastructure.	Head of Facilities and NPD Contract	There are no related actions to these outcomes in NHS Orkney's current anchor strategic plan	The waste management infrastructure was installed October 2022 and has significantly

technologies that can safely handle clinical waste and minimize its impact on the environment.	technologies that can safely handle clinical waste and minimize its impact on the environment.			as these relate to work which is either not applicable or already completed due to NHS Orkney's recent new build.	reduced the impact on the environment.
Conduct comprehensive training sessions for healthcare staff involved in waste management to ensure they understand the importance of accurate data collection and how it aligns with national and local waste targets. Raising	Training delivery to relevant staff relating to waste segregation and recycling programmes	Training courses delivered with relevant staff groups through NHS Assure	Head of Facilities and NPD Contract	There are no related actions to these outcomes in NHS Orkney's current anchor strategic plan as these relate to work which is either not applicable or already completed due to NHS Orkney's	NHS Orkney's Waste Manager have spoken to all relevant staff at NHS Orkney on how to segregate their waste and recycling programmes. On occasions where waste is not segregated correctly the Waste Manager notifies the relevant

awareness among staff will encourage responsible waste disposal practices.				recent new build.	department/staff and retrains them.
	Waste Awareness raising with staff across the organisation	Waste Awareness Day held in conjunction with OIC for staff and public			Waste Awareness was highlighted during the September Climate Awareness Week by NHS Orkney. OIC provided information on recycling, compositing, reducing waste etc. The OIC Waste and Recycling Officer will be attending NHS Orkney in October's recycling week to raise

					awareness of recycling.
Implement a robust data collection and monitoring system to accurately track the generation, handling, and disposal of waste across all healthcare facilities within the Health Board. This system will be designed to capture data on various waste types, including clinical waste.	Robust data collection and monitoring system continued to ensure accurately tracking of waste, including clinical waste	Waste data reported through Annual Climate Emergency and Sustainability report.	Head of Facilities and NPD Contract	There are no related actions to these outcomes in NHS Orkney's current anchor strategic plan as these relate to work which is either not applicable or already completed due to NHS Orkney's recent new build.	With the purchase of NHS Orkney's Clinical Waste Unit in October 2022 this introduced a robust data collection and monitoring system to track waste. The waste data is reported each January through the Annual Climate Emergency and Sustainability report.

NHS Orkney will design and deliver services to reduce inequalities and ill health.

Working with community organisations

Strategic actions	Sub Actions	Outcomes	Lead	Link to metrics	Progress update October 2024
Work with community planning partners to tackle poverty including child poverty and fuel poverty.	Development of financial inclusion pathways in NHS Orkney services	Financial inclusion pathways implemented in Child orientated NHS Orkney services which reflect the Money Matter project	Public Health	As the sustainability agenda is monitored through other performance measures, there are no direct anchor metrics relating to this commitment from Scottish Government. These actions will be monitored primarily through the annual delivery plan reporting and also through NHS Orkney's	Financial inclusion pathway for pregnancy and pre-school approved through NHS Orkney governance procedures in September 2024.
	Contribute to the delivery of the Child poverty strategy and associated action plans for Orkney				Continued engagement with the Cost-of-Living Taskforce Community Planning Partnership Delivery Group. An expression of interest has been submitted

				Sustainability Group.	from the Community Planning Partnership to request to be a pilot area for the Collaboration for Health Equity in Scotland in recognition of the requirement to work together to reduce health inequities in Orkney.

Orkney will become an exemplar anchor institution

Committing to being an inclusive anchor institution

Strategic actions	Sub Actions	Outcomes	Lead	Link to metrics	Progress update October 2024

Work with the community planning partnership and the sustainable delivery group to create and develop strong place-based partnerships with other local organisations.	Contribute to the work of the Community Planning Partnership sustainability delivery group	Contribute to the work of the Community Planning Partnership sustainability delivery group through sharing of implementation of Anchors Plan and learning from this at quarterly Community Wealth Building Delivery Group meetings	Public Health/NHS Orkney Sustainability Group/Head of Facilities and NPD Contract	There are no direct anchor metrics relation to this commitment from Scottish Government. Anchor Institutions are a part of the Community Wealth Building work which is a priority for the Community Planning Partnership in Orkney. NHS Orkney participates in the Community Wealth Building Delivery Group. These actions will be monitored through NHS	Continued engagement with Sustainability Delivery Group.
	Delivery of anchors plan supported through NHS Orkney Sustainability Group				NHS Orkney Anchors Plan has continued to be delivered through members of the Sustainability Group.

				Orkney's Sustainability Group.	
Work with the community planning partnership on local community wealth building plans.	Contribute to the work of the Community Planning Partnership sustainability delivery group	Contribute to the work of the Community Planning Partnership sustainability delivery group through sharing implementation of Anchors Plan and learning from this at quarterly Community Wealth Building Delivery Group meetings	Public health/ Head of Facilities and NPD Contract	There are no direct anchor metrics relation to this commitment from Scottish Government. Anchor Institutions are a part of the Community Wealth Building work which is a priority for the Community Planning Partnership in Orkney. NHS Orkney participates in the Community Wealth Building Delivery Group. These actions	Anchor Plan was shared with Sustainability Delivery Group in March 2024. The Heald of Facilities and NPD Contract has continued to engage with the group from April-Sep 2024.

				will be monitored through NHS Orkney's Sustainability Group.	

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**Community Planning Partnership - Key Messages**
Responsible Executive/Non-Executive:	**Louise Wilson, Director of Public Health**
Report Author:	**Louise Wilson, Director of Public Health**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operation Plan
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney is a member of the Community Planning Partnership, known locally as the Orkney Partnership, and this paper aims to provide members with an update of key issues being considered by the Orkney Partnership at its last meeting. The last board meeting was on the 25th September 2024.

2.2 Background

As outlined in the Community Empowerment (Scotland) Act (2015) the NHS has a role to facilitate community planning and ensure the partnership carries out its functions efficiently and effectively. The partnership last met on the 20th June.

2.3 Assessment

The CPP annual report was agreed. It was noted that some of the data indicators were not available and the importance of fuel poverty data, gender pay-gap data was highlighted. A letter will be sent to Scottish Government regarding the local importance of some of the data. The upcoming local outcomes improvement plan will capture the "looking forward" aspect of work, and the importance of sharing progress with the community was discussed.

The Vision on Net Zero was presented and agreed following discussion around inclusion of the word urgency, and again the CPP challenged itself as to how progress would be monitored.

The Community Wealth Building report was agreed, with discussion around how we can move action forward particularly around community asset transfer, promotion of Fair Work First and ensuring there was clarity around relevant processes. The equality delivery group has an upcoming meeting on housing in the isles and ensuring we best use our purchasing power as a CPP was emphasised.

In order to progress the local outcomes improvement plan a small subgroup will meet to look at outcomes, actions and measures for the proposed themes, with consideration to capacity of organisations.

Next steps in relation to first responders were agreed and a copy of a SAS report will be sought. The local child poverty action plan was accepted by the group. The population health framework engagement document was presented but due to time it was agreed a written response would be drafted. This subsequently occurred and has been submitted to Scottish Government.

The CPP had also applied to be one of the three Scottish localities for the Collaboration for Health Equity in Scotland based around Marmot principles, but unfortunately was not successful in its bid.

2.3.1 Quality/ Patient Care

Working together with partners should support quality services.

2.3.2 Workforce

No implications for workforce

2.3.3 Financial

No financial implications

2.3.4 Risk Assessment/Management

No specific risks identified.

2.3.5 Equality and Diversity, including health inequalities

No impact assessment undertaken.

2.3.6 Other impacts

Community planning planned work includes work on climate change and sustainability.

2.3.7 Communication, involvement, engagement and consultation

The Board undertakes communication as part of the community planning partnership.

2.3.8 Route to the Meeting

This is a summary of the community planning partnership board meeting.

2.4 Recommendation

The board notes the outcome of the last Orkney Partnership Board.

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

3 List of appendices

No appendix.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 24 October 2024**
Title:	**IJB – Key Items to Note**
Responsible Executive/Non-Executive:	**Louise Wilson, Director of Public Health**
Report Author:	**Louise Wilson, Director of Public Health**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney receives directions from the local Integration Joint Board in relation to a range of delegated services. There are three members of the NHS Orkney Board who are also voting members of the local Integration Joint Board known as Orkney Health and Care.

2.2 Background

Integration Joint Boards (IJBs) arose from the Public Bodies (Joint Working)(Scotland) Act 2014 which required integration of certain aspects of adult health and social services. As well as prescribed functions that had to be delegated additional functions could be

included and these are captured in the scheme of delegation (https://www.orkney.gov.uk/Service-Directory/S/ijb-governance.htm). The last meetings of the Integration Joint Board for Orkney, known locally as Orkney Health and Care occurred on 19th June and 4th September. The agenda and papers, as well as the link to listen to the audio casting, which is available for 12 months, are available here for 19 June and here for 4 September.

2.3 Assessment

Key points from the June meeting include:

Appointments were made with NHS Orkney appointing the following non-executive Director as a Voting Member, Rona Gold.

Joint Staff Forum Update – the split of NHS iMatter to not include social care staff was raised and it was explained that this was to allow a focus on improvement in the NHS.

The finance report for 23/24 was discussed with a £1.666 m overspend for health and £3.943m for social care overspend giving a combined overspend of £5,609m. NHS set aside budget balanced due to additional funding. The Council has agreed "subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address the overspend, to provide additional resources to the IJB which are then recovered in future years where an underspend position is achieved". Financial recovery plans need to be developed, however. The alcohol and drugs prevention underspend was noted and this was in part due to staff not in place, The Issue of savings targets in relation to the NHS is to be further discussed by finance officers.

The OHAC annual performance report was received although some of the data was not available at the time of publication due to the timetabling of nationally published data. Progress around carers and mental health was highlighted. Clinical supervision support for staff was highlighted as important. The RAG rating regarding progress was queried as some areas were felt to be red rather than amber e.g. in the mental health section and in some other areas so this will be reviewed.

The children's services annual report was approved. The importance of reflecting third sector involvement in activities was highlighted. Although equity issues were highlighted in the introduction it was felt this could be strengthened throughout the report, as could the range of disadvantages, including geographical. that some children face.

Key points from the September meeting include:

The Revenue and Expenditure Monitoring Report noted that as at 30 June 2024 there was a current overspend of £3,836k on delegated services and an overspend of £524k on Set Aside services. It was noted that the overspend on delegated services was made up of a £132k underspend on NHS commissioned services and £3,968k overspend on Council commissioned services. Of this overspend £2,950k was due to NHS income contribution that was profiled for quarter 1 but not received during this period. Once received the real overspend position will be

£1,018k. The Board approved the use of £66k non-recurring funding, from the reserves, to mitigate the budget pressures and forecasted overspend. The Board did not approve the use of the £500k to offset the £2,400k savings target until further information was provided. Following discussions, work will be ongoing to look at the level of detail which would be provided to Board Members to enable greater assurance.

The Board approved the Review of Sub-committees which includes all the Terms of References for the Board's Sub-committees, pending some amendments to the Joint Clinical and Care Governance Committee to enable greater clarity. The Board also approved increasing the membership of the Performance and Audit Committee from seven members to eight members.

The Joint Clinical and Care Governance Committee Work Plan was approved.

The Board also considered the Risk Register, following discussion it was agreed that there would be work done on how best to display the information contained within the existing mitigation controls and the actions to do to control risk for completion to provide Members with more clarity. There was a discussion on ensuring there is reference to the Safe Staffing Act and the non pay elements of the Agenda for Change elements. It was also agreed that a new risk in relation to the four additional investment posts would be added to the Register.

The Audit Commission's Integration Joint Board – Finance and Performance 2024 report was noted by the Board. It was highlighted that Orkney is performing in the top 10 areas for 16 indicators and two indicators where Orkney is performing in the bottom 10. It was agreed that a future Development Session would be held to discuss the questions posed to IJBs which was contained within the Accounts Commission report.

The Board approved the recommendation for the proposed Mental Health Model of Care with utilising reserves to fund the establishment of an All Age Nurse Led Psychiatric Liaison Team for two years. The team will consist of one Band 7 Community Psychiatric Nurse, Two Band 6 Community Psychiatric Nurses and an Administration Assistant.

2.3.1 Quality/ Patient Care

The Integration Joint Board aims to improve quality of care through joined up provision of services.

2.3.2 Workforce

None identified

2.3.3 Financial

There are close links between the NHS finance department and the Chief Officer and Chief Finance Officer.

2.3.4 Risk Assessment/Management

No specific risks identified.

2.3.5 Equality and Diversity, including health inequalities

No impact assessment undertaken.

2.3.6 Other impacts

None identified.

2.3.7 Communication, involvement, engagement and consultation

No specific communication undertaken.

2.3.8 Route to the Meeting

This is a summary of the Integration Joint Board meeting.

2.4 Recommendation

Board members note the issues discussed at the integrated joint board

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

3 List of appendices

The following appendices are included with this report:

No appendices.

Senior Leadership Team - 3 September 2024

Minutes

NHS Orkney
Tuesday, 3 September 2024 at 13:30 BST

Present:
Members: Julie Colquhoun, Alan Cooper, Paul Corlass, Debs Crohn, John Daniels, Kirsty Francis, Suzanne Gray, Kat Jenkin, Steven Johnston, Anna Lamont, Wendy Lycett, Ryan McLaughlin, Jarrard O'Brien, Steven Phillips, Laura Skaife-Knight, Sam Thomas, Phil Tydeman, Bruce Young, Lynda Bradford

Guests: Wellbeing Co-ordinator, Talent Manager, Public Protection Lead Nurse, Occupational Health Nurse Manager

Observing: Moira Sinclair, Richard Rae, Lynn Adam, Karen Spence

1. **Welcome and Apologies**

   Apologies were received from Elvira Garcia, Louise Wilson, Stephen Brown, Michelle Mackie

2. **Minutes of meeting held on 5 August 2024 (Presenters: Chair)**

   Members approved the minute from the meeting

3. **Senior Leadership Team – Chair's Assurance Report 5 August 2024**

   The Chair updated members on those items escalated to Board at the last meeting.

   - IPR - sickness and stress - on agenda for meeting 3 September 2024.
   - Pre-noon discharges - update provided by The Director of Nursing, Midwifery, AHP and Acute Services, advising that improvements are being seen, improvement work is ongoing including using the Discharge Lounge. The Interim Director of Pharmacy asked if someone from the Pharmacy could be included in the improvement work.
   - Waiting Times - Planned Care Board has been stood up.
   - Island Games - on agenda for meeting 3 September 2024, however remains a concern and a gap in assurance
   - Internal Audit Recommendations - on agenda for meeting on 3 September 2024.

4. **Action and Escalation Log**

   The action and escalation log were both updated.

5. Matters arising

The Director of Improvement advised that there are valuations expected for King Street and the Old Balfour Sitewhich will go to the In Committee meeting in October.

6. Senior Leadership Team Reset and Refocus

The Chief Executive set out a reminder that the Senior Leadership Team is the engine room of the organisation, it is a decision-making forum reporting straight up to the Board.

- It is expected that everyone prepares for the meeting, this is key acknowledging the volume of the papers.
- Everyone to contribute and have a voice, this is about collective decision making and comment and participation is key.
- Etiquette - please send apologies or acknowledge the meeting to enable the Corporate Governance team to ensure the meeting is quorate.
- If colleagues are stepping in to cover members absence please make sure people are briefed and have access to papers.
- No papers will be accepted without cover papers, timely papers. a
- After every meeting members are asked to brief their teams within 5 days, with key messages from SLT, to ensure these messages cascade down the organisation.
- Members are encouraged to invite colleagues to observe, anyone can come and listen to conversations.
-

The Medical Director reflected on the function of SLT acknowledging the expertise in the room to help inform decision making. She went on to suggest that it may prove helpful to update the cover sheet paper to make it very clear as to the ask of SLT, and which meetings the paper has been to prior to coming to SLT. It was agreed that the Head of Corporate Governance would take this as an action.

Director of People and Culture reflected the importance of SLT to bring collective expertise to an issue or problem particularly where it is not a teams singular responsibility.

The Recovery Director shared the views of others, asked if we are confident that the wider governance system is fit for purpose, are the right things going to the right places, suggesting that nothing should go to the sub committees of the Board without being through SLT. Reporting - IPR when we go to Board it is by exception, transitioning to new reporting

The Director of Improvement shared his thought in terms of having more people attending to present papers, rather than the Execuitve Director responsible. He went on to say that perhaps more could be done to improve timings to ensure

each agenda item gets the right time allocated. Items for noting are still long papers, is it possible to have abbreviated papers where they are for noting.

The Interim Head of Strategy supported the review of the model cover sheet, suggesting that it would be helpful to be clear where the papers have been prior to SLT, and that the recommendations need to be clear. In terms of making decisions, he asked if silence should be taken as acceptance, acknowledging the silence on many items.

There was discussion about the frequency of the meeting, which on consensus, was agreed needed to change frequency, and those papers that were purely for noting should only be discussed by exception.

It was noted that the operational governance landscape is work in progress. Members were asked to submit any further thoughts or comments after the meeting to the Head of Corporate Governance, and a proposal will come to the next SLT for further discussion.

Members discussed the success of the OnBoard portal for all papers, making it so much easier to navigate papers and notes than a PDF document.

7. CEO Update

The Chief Executive provided colleagues with some key reflections since the last meeting:

1. Acting on Staff feedback - it has become clear that some things have reached crisis point across the system where they could have been dealt with in the in the moment, members were asked to do more interventions in the moment where there are clear red flags.
2. Appointment of an Interim Director of Finance - Brian Steven will join NHS Orkney on 16 September for 4 days a week, half on site half remotely. The Recovery Director will stay to offer continuity until December the first round of recruitment for a substantive Director of Finance was not successful so work is ongoing with Eden Scot who are supporting the Board with headhunting.
3. Culture, development, governance and senior leadership external review has been commissioned, an external review at the ask of Scottish Government as a key piece of evidence towards de-escalation.
4. Top priorities -
    1. People first, listen and act on feedback, visible and compassionate leadership,
    2. Financial and operational grip, delivering our financial plan and addressing waiting lists

Members **noted** the update.

8. Key agenda items

8.1. Scheme of Delegation refresh and Delegated Financial Limits

The Recovery Director shared the work underway, on scheme of delegation and delegated financial limits. It was agreed that a more detailed paper will come to the next Senior Leadership Team with more relevant detail for consideration and approval, then onto Finance and Performance Committee.

Member heard of the need to introduce an integrated operational planning approach that will capture investments as part of the planning process, planning for investments with business cases only coming through the governance process in exceptional circumstances. The Recovery Director recognised the need to build in a mechanism for tracking and monitoring of investment decisions, ensuring benefits realisation, proposing the introduction of a post implementation benefits review process.

Members **received** an update on work underway, acknowledging a more detailed proposal would come to the next SLT for approval.

9. PEOPLE

9.1. Sickness absence and Stress - a different approach

The Director of People and Culture set the context, supported by the Head of People and Culture, the Wellbeing Co-ordinator and the Occupational Health Nurse Manager. Members heard that persistently around 30% of the absence and hours lost in the organisation are as a result of stress, anxiety, depression or other psychiatric illness. It was also noted that the problem may well be much bigger as it is known that not everyone reports their reason for absence.

Members discussed the information presented, offering a wide range of feedback, a range of possible options that may need to be considered:

- emails out of hour and the expectation from staff to response
- team awards positive, but no recognition for those who are keeping the business ticking over
- hybrid working - pressure on those who are in the office to deal with the urgent issues
- potential links to appraisals and training
- relationships with those who are out-with the Balfour
- links to pressures in the system - eg waiting times - if we address these big issues we reduce the stress in the system
- working from home and tackling that isolation
- visibility should not be underestimated - a teams call is not nearly as valuable as 10 mins face to face over a coffee

- linkages between shift patterns and levels of absence

The Chair reflected that staff are asking for no more change, no new things, no more change this year in addition to the priorities we have agreed. She suggested there needs to be a clear line between prevention, keeping staff in the workplace, and managing and supporting staff once it has happened, with more focus on the prevention.

The Director of People and Culture welcomed the feedback from the Senior Leadership Team, proposed to take a follow up paper back to the next meeting recognising:

- More work to be done on triangulation of the data
- Use the planned performance management meetings to discuss the data
- team level leadership development - which is work in progress

It was agreed to add the subject to the Extended Senior Leadership Team agenda for 8 October.

9.2. Workforce Planning - Updated Guidance

The Talent Manager attended to present the guidance, highlighting the ask Board approved workforce plan for 2025 - 2028 to be submitted by the 1 June 2025. The Senior Leadership Team were asked to approve the 6 steps methodology for use, acknowledging it is used widely across NHS Scotland and comes with resources for use and guides for managers. It was noted that a meeting has been arranged for 9 September to start to put together a submission.

The Director of Nursing, Midwifery, AHP and Acute Services asked that the Clinical Educators and Education Leads are included in the conversations and planning process.

The Medical Director asked that consideration is given to an element of flexibility and open mindness in terms of what a sustainable operational model might be linking to the clinical strategy moving forward.

The Director of Improvement reflected all the pieces of work that are currently in progress, such as performance management meetings, annual development plans and other programmes of work, recognised that it is the same people and same staff who will ultimately complete the work, noting the need to synchronise efforts and ensure there is adequate support in place for those key leaders in this area.

The Interim Head of Strategy asked about the timeline in terms of the delivery plan guidance and medium term financial plan, with the timelines not in sync.

The guidance was **discussed** and the 6 steps methodology **approved**.

9.3. Public Protection Accountability and Assurance Framework Toolkit

The Public Protection Lead Nurse presented the self-assessment template, the Senior Leadership Team were asked to support in the completion of the Self Assessment, recognising that NHS Orkney is the only Board who have not started work on this.

The Board Chair suggested using pieces of work that have already been completed to use as part of the evidence towards this submission. The Chair acknowledged the red flags and the gaps in the submission and asked what the governance route is for this. The Director of Nursing, Midwifery, AHP and Acute Services suggested work needs to go to JCCGC, and also needs a discussion at Chief Officers at COG as some of this is system wide. It was noted that some additional resource may be available to take forward, then will come back to SLT.

It was agreed that the Public Protection Lead Nurse, Director of Nursing, Midwifery, AHP and Acute Services and Chief Executive will meet to have a discussion on additional resource, map out the governance route and timescales, taking a paper back to Senior Leadership Team on next steps.

Members agreed that given the red flags and the work that is required, there should be a risk added to the corporate risk register.

ACTION: The Director of Nursing, Midwifery, AHP and Acute services to consider as a corporate risk.

9.4 *Extended SLT Agenda for 8 October 2024

The agenda was noted for the next Extended Senior Leadership Team meeting.

ACTION: it was agreed to add Sickness Absence to the agenda.

10. PATIENT SAFETY, QUALITY & EXPERIENCE

10.1. Corporate Risk Register

The Medical Director presented the Corporate Risk Register and associated cover paper, proposing 2 additional new risks to be added:

- Cessation of MRI services
- Security of the Old Balfour Site.

The Chief Executive, reviewing the Corporate Risk Register, asked if colleagues felt the 3 top risks resonate with the Senior Leadership Team. The Director of Nursing, Midwifery, AHP and Acute Services reflected her top 3 would be, MRI provision, digital and being able to move forward.

The Director of People and Culture shared his thoughts around a risk around workforce in general including recruitment and retention and the fragility and resilience of our system, gaps in leadership behaviours and skills.

Members agreed that the Health and Care Staffing Act Risk and the risk around Fragility of services should be reviewed, and that a new risk should be added around preparedness for the Island Games.

Members **approved** the addition of the 2 new risks.

10.2. Changes to Risk Management

The Medical Director presented a proposal to integrate risk registers that are sitting at different levels of the risk registers. Members received a plan of how to address the problem recognising it is not working at the moment. It was agreed that a more detailed plan for how this work will be implemented will go to the Risk Management Forum then back to SLT. Members heard that the risk management group have recommended moving to a 2 tier system to simplify the use of risk registers and to provide robust governance around scrutiny and oversight.

The Interim Head of Strategy asked how does this connect to integrated impact assessments and what is the system of continuous review and monitoring. The Medical Director advised that the proposal includes continuous monitoring through a quarterly report to the risk management group highlighting changes and will provide visibility and assurance.

The Chief Executive, following from conversations at Audit and Risk earlier in the day, reminded colleagues that staff have asked for no more changes. It was agreed that this proposal be worked up in more detail, do the engagement and develop a proposed implementation plan, not making the change in year. It was proposed that this is taken in draft to the Board in October as the direction of travel.

The Chair of the Board also suggested that the clinical advisory groups are included in the engagement.

Members **agreed** that the pause in terms of adding new risks to the operational risk register on DATIX.

10.3. *Safety, Quality and Experience Report

Members **noted** the updated report, having received part of the report in July 2024.

The Head of Quality and Safety advised members that the learning summaries from the Significant Adverse Events have been added to the report and all outstanding Significant Adverse Events from 2023-24 have now been closed.

11. PERFORMANCE

11.1. Internal Audit Recommendations

The Director of Improvement advised that 9 of the outstanding actions from 2023-24 have been closed by internal leads with the remaining 9 with leads to provide evidence for review.

Members heard that those 2024-25, 2 actions are due and on target for completion.

A review audit for eight recommendations from the 2022-23 audit cycle will be undertaken by Azets, commencing in December for presentation to the Audit and Risk Committee in March 2025.

Members **received** the key messages in terms of the audit recommendations.

11.2. De-escalation

This item was carried over to the next meeting

11.3. Policies and Procedures and Protocols - proposal for improvement

The Head of Improvement presented the proposal to address the outstanding policies, procedures and protocols. Proposing to set up a clinical policies review group that will report into the Senior Leadership Team. It was noted that there is significant risk in terms of finance and reputation that needs to be considered in this space. It was agreed that a corporate risk is considered as part of the first meeting.

There was discussion about the approval process for policies, and caution around deviation from the Board approved policy framework. The Board Chair asked how we ensure those clinicians who need to be are given time to undertake the work, sharing concern that the group will be set up but it will never be quorate.

The Director of Dentistry suggested the Area Clinical Forum and the advisory committees play a key role in this work.

The Interim Head of Strategy asked how we prioritise the list of policies and procedures, what would a reasonable timeline be.

It was **agreed** that a subset of colleagues get together to redraft the proposal having been to ACF.

It was further **agreed** that in the event there is a decision to go outwith the current Policy Framework the Board can be updated accordingly.

11.4. Finance Position - Month 4

The Recovery Director reported the position is in line with the financial plan submitted, setting out the areas that continue to provide challenges. He advised members that work is progressing well on a new report, which will be presented to the Finance and Performance Committee for their approval. Members heard that the savings plan is ahead of where it was expected to be. and the capital position is in line with the funding available.

The Recovery Director shared plans for a revised report, working alongside the Chair of the Finance and Performance committee, to produce a more granular report around pay, cost analysis, supplementary staffing, non-pay costs, allocations, with an example of the dashboard in the report for members to view.

Members **received** the updated report.

11.5. *Q1 Performance Review Meeting with Scottish Government

Members received a copy of the slides used to inform the Q1 performance review meeting with Scottish Government, which the Recovery Director reported was a very positive meeting.

The Chief Executive shared the key messages received:

- A good start to the year but need to keep going, and keep going faster
- A level of nervousness in preparation for the external support stepping out of the organisation.
- Focus on the 3 year financial plan moving from transactional savings to transformational schemes - with to give thought as to what those areas might be.
- Focus on recurrent savings
- No new money no new spend without SG approval.

The Chief Executive advised members that the Q1 letter has been received and will be shared with SLT colleagues.

Member **noted** the update.

11.6. *Financial Reporting to the IJB - No paper received

11.7. MRI Service Provision (Presenters: Medical Director)

The Medical Director presented the preferred option for NHS Orkney's MRI service from April 2025, including the proposed staffing model noting the cost pressure that would be included.

The Recovery Director offered support to the preferred option, acknowledging we need to ensure that there is appropriate sign off by Scottish Government.

Members heard that this proposal is a follow up submission to the one that has already been sent to Scottish Government at their request. The Director of Recovery advised that an updated submission is required by 16 September to ensure it goes through the Scottish Government internal governance process.

The Chair acknowledged that there has been a lot of work done, however proposed some further conversations and sense checking is required with key colleagues going through this one more time prior to submission.

12. POTENTIAL

12.1. *NIS and Digital Maturity

Members **noted** the progress being made.

13. PLACE

13.1. Anchor Strategy Metrics

The Public Health Manager presented the updated paper, recognising the report will go to the Board in October.

It was noted that there is still work to be concluded on the objectives, noting that nationally the metrics are under review.

The Chair proposed aligning with the Corporate Strategy cycle, looking at year 2 Corporate Strategy metrics, considering how these metrics are included.

Members **noted** the update provided.

13.2. Island Games Planning Progress Report

The Director of Nursing, Midwifery, AHP and Chief Officer Acute attended the recent meeting in the absence of the Consultant in Public Health, along with the Director of People and Culture.

Members heard that the last meeting was well attended and it was a positive meeting, but there are real concerns that we are not where we need to be, as such it was proposed stepping up the frequency of the meetings, with a meeting to be scheduled in September and October and thereafter to 2 weekly meetings. The Director of Nursing, Midwifery, AHP and Acute raised concerns about the expectations on NHS Orkney as an organisation.

The Director of People and Culture advised he attended the meeting on 2 September, and was struck by what the expectation is on NHS Orkney.

The Medical Director suggested we need to ask CLO about our liability, recognising we are responsible for healthcare of anyone who is on island, it was also suggested that it would be useful to know what CNORIS cover there is.

It was proposed that the group needs to be Executive led, and that the frequency of the meetings need to be increased. The Chief Executive suggested that if there is no progress by the end of September then a different approach may be required.

The Director of Improvement asked what the financial implications may be that may impact on the savings plan.

The Senior Leadership Team were advised that the Port Authority cannot deter Cruise Liners from attending the islands at the same time.

Members **discussed** the current position and **agreed** to add a risk to the corporate risk register.

13.3. Chair's Assurance report from the Strategic Estates and Property Group

Members **noted** the items raised by the Strategic Estates and Property Group.

13.4. Patient Escort Policy

The Medical Director presented changes to the supporting documentation and process for the Travel Policy, acknowledging the policy itself has not changed. It was proposed that the updates are shared with members of the public and GPs to ensure there is a collective understanding of application of the Policy and what the Board are accountable for in terms of payment.

The Interim Head of Strategy suggested there needs to be clarity in communication about what is different for patients and their families, he also highlighted the legal duty to impact assess the updated policy.

The Procurement Manager acknowledged the work that had been done, is a huge step forward.

It was acknowledged that the Travel Team have been fully engaged with the changes proposed, and are comfortable with the updated procedures.

Members **approved** the proposed changes, acknowledging it needs a very clear communications plan, tailored internal and external communications.

13.5. Non Medical Authorisation of Blood Components Policy

The Director of Nursing, Midwifery, AHP and Chief Officer Acute presented the policy to the Senior Leadership Team for approval. It was acknowledged that this was approved at the Area Drugs and Therapeutic Committee on 27 August 2024 prior to submission.

Members **approved** the policy.

13.5 - Meeting Paper SLT.docx

NHSO Policy for the Authorisation of Blood Components.docx

14. Agree items to escalate in Chair's Assurance Report to the Board

Members suggested:

- Island games - concerns on preparedness
- Changes to risk management process
- PPAAF toolkit
- LIMS system
- Outdated policies and procedures
- Sickness absence

15. Any other competent business

No other items were raised.

16. *ADDITIONAL ITEMS FOR NOTING*

16.1. *Items Approved at Board

- Quality Improvement Methodology
- Performance Management Framework
- Proposal for Future Improvement Programme

16.2. *Key National Returns and Documentation

- Difficult Choices
- Unscheduled Care
- Agency Usage Reduction

- Digital Maturity Assessment
- Planned Care
- Feedback on Thrombectomy Service Access Draft Plan
- PNBS Standards Consultation response

16.3. *Record of Attendance 2024/25

The record of attendance was **noted.**

16.4. Evaluation of meeting

Members agreed the discussions at the meeting were valuable, with multiple skill sets contributing to proposals.

Make better use of noting items on the agenda.

Think about moving to a more frequent meeting, level of risk feels uncomfortable and every 4 weeks doesn't feel enough to manage that.

Good challenge and shared ownership of some of the problems, collective responsibility.

Much more mature space, collective and asking for help
Clarity on the cover paper would help draw attention to the time to take on the particular item.

More colleagues contributing to the meeting

Big focus on people and big focus on risk

Timetable for Submitting Agenda Items and Papers 2024/25

Initial Agenda Planning Meeting[1]	Final Agenda Planning Meeting	Papers in final form[2]	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager[3]	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) **at**
12:00 noon	**12:00 noon**	**17:00**	**16:00**	**10:00**
< 1 week after previous meeting >	*< 4 weeks before Date of Meeting >*	***< 9 days** before Date of Meeting >*	*< 1 week before Date of Meeting >*	*< Day of Meeting >*
29 February 2024	28 March 2024	16 April 2024	18 April 2024	**25 April 2024**
2 May 2024	30 May 2024	18 June 2024	20 June 2024	**27 June 2024 (Annual Accounts)**
4 July 2024	25 July 2024	13 August 2024	15 August 2024	**22 August 2024**
29 August 2024	26 September 2024	15 October 2024	17 October 2024	**24 October 2024**
31 October 2024	20 November 2024	10 December 2024	12 December 2024	**19 December 2024**
7January 2025	30 January 2025	18 February 2025	20 February 2025	**27 February 2025**

1 *Draft minute of previous meeting, action log and business programme to be available*

2 *Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent*

3 *Draft agenda, minute and action log issued to Directors following meeting*