NHS Orkney Board
27 February 2025

Purpose of Meeting

Our **Values**, aligned to those of NHS Scotland, are:

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

<u>People</u> Ensure NHS Orkney is a great place to work

<u>Patient safety, quality and experience</u> Consistently deliver safe and high quality care to our community

<u>Performance</u> Within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively

<u>Potential</u> Ensure innovation, transformation, education and learning are at the forefront of our continuous improvement

<u>Place</u> Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community

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

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Practice Education Update**
Responsible Executive/Non-Executive:	**Samantha Thomas, Director of Nursing, Midwifery and Allied Health and Chief Officer Acute Services**
Report Author:	**Jarrard O'Brien, Director of People and Culture Georgie Green, Clinical Education Facilitator**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to:
- Annual Operation Plan
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board Strategy

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

A summary of work underway in Practice Education is brought to the Board for awareness and to highlight positive progress to date.

2.2 Background

NHS Orkney appointed a new Clinical Education Facilitator in August 2024 to oversee the ongoing development and implementation of clinical education and supervision programmes. Since that time a substantial amount of work has been undertaken to grow and develop our education pathways and offerings, and to ensure we are aligned with national frameworks and guidelines.

2.3 Assessment

The story presented to the Board is a summary of work underway and achievements to date, including:

- Growth in the numbers of student placements and increasingly positive feedback from students about their unique experience.
- New and innovative pathways for nurses, such as a rotational pathway for newly qualified nurses which sees them rotate between Long Term Conditions and Acute Services over an 18 month period.
- A new preceptorship pathway for band 5 nurses based on a national framework which supports them with practice, service improvement, facilitating learning, and leadership over 12-18 months.
- A new Healthcare Support Worker development framework which includes core skills for all Healthcare Support Workers, supplemented by department specific skills.
- Ongoing partnership with UHI who offer free places for Healthcare Support Worker training through modern apprenticeship, and with The Open University to support Healthcare Support Workers into nursing.
- The development of an integrated education strategy which will support all staff at NHS Orkney, and input into the development of a Training and Improvement Hub.

2.3.1 Quality/ Patient Care

It is critical for quality care that staff are adequately trained, supervised and supported to undertake their duties in line with clinical guidelines and to the highest possible standards.

2.3.2 Workforce

Developing the workforce is not only essential for best practice but is a significant factor in ensuring staff feel valued and are retained in the organisation. It is also important for succession planning and service sustainability that we have pipelines for the next generation health workforce to develop at NHS Orkney.

2.3.3 Financial

All financial impacts are accounted for within existing budgets and a review of all training budgets across the organisation is underway.

2.3.4 Risk Assessment/Management

Statutory and mandatory training compliance was escalated to the Corporate Risk Register given the ongoing challenges so this programme of work directly seeks to mitigate those risks.

2.3.5 Equality and Diversity, including health inequalities

Equality, diversity and inclusion are considered within all training activities, in terms of content, access and delivery. Through these programmes of work we also aim to increase diversity of people and thought at NHS Orkney.

2.3.6 Climate Change Sustainability
N/A

2.3.7 Other impacts
None

2.3.7 Communication, involvement, engagement and consultation

Communication is regular and ongoing both internally and with external partners. This includes activity such as undertaking training needs analyses with departments and engaging clinical teams around solutions, to maintaining strong links with academic partners such ads UHI and The Open University. A Statutory and Mandatory Training Group meets quarterly, Chaired by the Clinical Education Facilitator.

2.3.9 Route to the Meeting
- Direct to the Board.

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

Board - 12 December 2024 Minutes

NHS Orkney
12/12/2024 09:30GMT

Attendance

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, shona lawrence, Meghan McEwen, Jarrard O'Brien, Laura Skaife-Knight, Brian Steven, Jean Stevenson, Sam Thomas, Phil Tydeman, Louise Wilson

Guests: Debs Crohn, Lauren Flett, Anne Gregg, Tracy Myhill (observing), Rachel Ratter

1. Staff Stories (Presenters: Executive Director Nursing, Midwifery, AHP's and Chief Officer Acute Services)

The Board welcomed NHS Orkney's Scotland Health Awards winners Anne Gregg and Lauren Flett (on behalf of Melissa Lindsay) who provided their reflections on the tremendous achievement and members shared how proud they were of all finalists - Anne, Melissa and Amanda - for the outstanding work they were doing to look after the community and provide excellent care.

2. Welcome and Apologies (Presenter: Chair)

Apologies received from R Mclaughlin and J Taylor.
The Chair on behalf of the Board thanked Brian, the Interim Director of Finance for his leadership and the quality and impact he had provided in recent months recognisjng this would be his final Board meeting.

3. Declarations of Interest (Presenter:Chair)

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

4. Minutes of Previous Meeting 24 October 2024 (Presenter: Chair)

The minute of the meeting held on 24 October 2024 was accepted as an accurate record of the meeting and was approved.

5. Matters Arising (Presenter: Chair)

There were no matters arising.

6. Action Log (Presenter: Chair)

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

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

The Chair and Chief Executive presented the report providing an update on key events and activities from October - December 2024.

Areas highlighted were NHS Orkney remained on track to deliver its Financial Plan for the year and £4m savings plan. This was the result of much hard work across the organisation, which had and continued to be a real team effort. There was a clear plan for the 2025/26 Improving Together (efficiency) programme, with governance and transformation schemes agreed – as detailed later on the agenda.

There had been improvements to the iMatter results and the recently-published national benchmarking demonstrated how much NHS Orkney had improved comparatively to other Boards. This was a good news story for NHS Orkney, and another important step forward. NHS Orkney had been Highlighted for Excellence by the University of Aberdeen for the excellent support provided to medical students on placement and for working hard to ensure that year four students had a broad range of experiences with many difference teams.

The Annual Review meeting was held on Tuesday 3 December 2024 and was an opportunity for the community to hear about a range of developments underway to further improve care and services for the community and patients.

Members were provided with a summary of the priorities for Quarter 4 of 2024/25.

Decision/Conclusion
Members noted the update.

7.1. A summary of Annual Review meeting 2023/24 feedback. (Presenters: Chair, Chief Executive)

The Chair and Chief Executive provided the Board with an overview of feedback following the Annual Review 2023/24 meeting held on the 3 December 2024.
They expressed a special thanks to Age Scotland Orkney, Orkney Housing Association Limited and The Blide Trust for working in partnership regarding the Patient and Carer engagement meetings.

Members discussed that moving forward it may be helpful if the Annual Review meeting alternates between day time and evenings.

Decision/Conclusion
Members noted the feedback following the Annual Review Meeting held on Tuesday 3 December 2024.

8. Chairs Assurance Reports

8.1. Joint Clinical and Care Governance Committee (Presenter: Rona Gold. Chair of the Joint Clinical and Care Governance Committee)

The 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 1 December 2024:
- The meeting had been well attended with high quality papers and positive assurance from annual reports
- The Emergency Department Peer Review was received and next steps agreed
- It was agreed the Public Protection Accountability Assurance Framework would be added to Corporate Risk Register due to lack of progress being made to embed the framework across the organisation. Committee agreed public protection should be taken forward as an improvement project - Senior Leadership Team to consider this and provide an update to JCCGC in February 2025

Decision / Conclusion

The Board noted and accepted the update provided.

8.2. Finance and Performance Committee (Presenters: Davie Campbell, Vice-Chair of Finance and Performance Committee)

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 28 November 2024 highlighting:

- The MRI service provision was to cease 31 March 2025 as the North Imaging Alliance had been disbanded and funding withdrawn. Decision expected from Scottish Government early December 2024 regarding NHS Orkney's business case and request for support, including financial support, to ensure continued service provision
- Concerns remained regarding lack of preparedness for the Island Games

The Vice Chair noted the improved strength of the committee and learning could be shared with other groups.

The Chief Executive highlighted that the Senior Leadership Team had welcomed the latest Island Games Preparedness Plan and received assurance, highlighting that this contradicted the escalation points in this report.

Decision / Conclusion
The Board noted the update provided.

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

The Vice Chair of the Audit and Risk Committee presented the report highlighting the following items which had been discussed at their meeting on 3 September 2024 highlighting:
- Concern was raised around papers not received at the meeting due to various challenges
- The Committee approved revisions to internal audit plan
- There was a request for the Senior Leadership Team (SLT) and Risk Management Group to provide detailed commentary around risks considered (noting that the request related to SLT had already been actioned as we can see in the SLT Chair's Assurance Report).
- There had been a significant increase in attendance

Decision / Conclusion
The Board noted the update provided.

Due to an oversight, the Staff Governance Committee Chair's Assurance Report had not been included in the papers, however, the Chair of the committee provided a verbal update from the meeting held on 14 November 2024 highlighting:

- The Committee approved the Colleague Experience Framework with the caveat that an implementation plan would be developed and brought to the Staff Governance Committee on 12 February 2025 for discussion ahead of onward submission to the Board on 27 February 2025 for approval

- Members noted the lack of representation from clinical leadership across various groups, and this was particularly highlighted by the Occupational Health, Safety and Wellbeing Committee as a barrier to progress
- Members were advised there was an increased Corporate Riskscore to 16 for the risk in terms of lack of senior leadership and capacity
- Members received a much-welcomed update around Consultant Job Planning and received assurance that progress is being made
- An update was provided in relation to Medical Education, highlighting the great work undertaken by the team
- Members raised concern around the Wellbeing Committee being stood down, noting that at present there was no identified group to take forward the key work. Work was being undertaken to identify how the work would be taken forward.

The Director of People and Culture advised a suite of documentation in relation to the Operational Workforce Group would be presented at the February 2025 meeting. This group would incorporate the work covered by the Wellbeing Committee, and other vital groups.

Decision / Conclusion
The Board noted the update provided.

8.4. Senior Leadership Team - November 2024 (Presenters: Chief Executive, Chair of the Senior Leadership Team)

The Chair of the Senior Leadership Team presented the report highlighting the following items which had been discussed at their meeting on 18 November 2024 and provided an overview of changes to the SLT from January 2025 highlighting:

- Proposed next steps for Laboratory Managed Service had been agreed (to go onward to Finance and Performance Committee and the Board)
- SLT supported the proposed next steps for the Operational Risk Register process and definitions and cleansing of current local and operational risks
- Members received a detailed and comprehensive Island Games Draft Plan scrutinised and welcomed. Confidence and assurance received upon sight of the full plan
- A new Corporate Risk had been agreed for addition to Corporate Risk Register – re: Training compliance/Health and Safety
- Revised arrangements for Senior Leadership Team were approved from January 2025
- The new NHS Orkney Board Assurance Framework was approved and would go onwards to the Audit and Risk Committee and Board
- The Budget Setting timescale for 2025/26 was approved for onward submission to the Finance and Performance Committee

R Gold queried the reference made in the Terms of Reference relating to NHS Orkney submissions to Scottish Government would be owned by SLT ensuring that staff were kept up- to-date on organisation and community-wide issues and performance. The query was who currently owned the submissions and should they not be owned by the Board. She also queried whether the two joint Board/SLT meetings would be in addition to the normal cycle of meetings.

The Chief Executive advised there was a strong relationship between SLT and the Board and the importance of reinforcing the connection. The dates for these meetings were yet to be discussed and agreed with the Board Chair. SLT were responsible for overseeing and apprivingthe Scottish Government submissions and these feature as a standing agenda item where (1) approvalwas needed or (2) for noting for visibility.

In relation to a query R Gold raised around SLT approving key policies, the Chief Executive advised SLT was required to approve policies and sub committees would receive the status of the policies. Public Health were leading on work around overdue clinical policies. An update would be provided at February 2025 Board meeting.

K Cole queried whether the Four Hour Emergency Access Standard – Expert Working Group was separate to the External Peer Review. The Director of Nursing, Midwifery, AHPs and Acute advised that they were separate and the Expert Working Group was a Scottish Government-Commissioned piece of work.

Decision / Conclusion
The Board noted the update provided and agreed the refreshed SLT Terms of Reference.

8.5. Area Clinical Forum (Presenter: Kirsty Cole, Chair of the Area Clinical Forum)

No meeting has taken place since the last Board Meeting.

9. Corporate Risk Register (Presenter: Medical Director)

The Medical Director presented the report which provided an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period.

Members were advised that SLT reviewed risk 349 on 'Digital records – Health visiting and school nurse service' which had been merged with risk C-2024-02 'Lack of organisational digital maturity', currently scored as high risk at 15.

There had been no changes to risk scores since the previous meeting with one new risk added. The top three risks would be included within the next cover paper.

Following discussion, members were advised that whilst risk scores were updated on a three monthly basis, this captured updates in relation to the risk rather than work that had been carried out around the risk and there would be no update to the risk register if there was no change to the risk score.

Members discussed the opportunity of holding a Board development session based on risk. J Taylor and the Board Chair would discuss.

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

10. STRATEGIC OBJECTIVE - PLACE

11. STRATEGIC OBJECTIVE - PEOPLE

11.1. iMatter Benchmarking Report 2024 (Presenters: Director of People and Culture)

The Director of People and Culture provided an overview of the outcomes from the **i**Matter Benchmarking report highlighting NHS Orkney's Employee Engagement Index score had, for the third year in a row, increased 72% (2022), 74% (2023) and 75% (2024).

In response to iMatter results and additional staff feedback, in 2024 NHS Orkney agreed 6 key areas of organisational focus, which were:

- · Health and wellbeing
- · Valuing and recognising staff
- · Involving staff in decision-making
- · Living our values
- · Listening to and acting on feedback (including closing the loop)
- · Creating a culture where staff feel safe to speak up

The Chair thanked the People and Culture team for their increased visibility, success and positive energy. The increase of Board visibility was also welcomed and based on feedback, and Non-Executive Board members would return to Board walkarounds in January 2025.

Decision / Conclusion
The Board noted the update provided

12. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

12.1. 6-monthly whistleblowing report (Presenter: Chief Executive)

To Chief Executive presented the 6 monthly Whistleblowing report advising there had been one whistleblowing concern raised during the first half of the year. This concern related to the Mental Health Service. Work with the team to discuss the concerns and resolution of these had been undertaken and an action plan completed in conjunction with the team.

A whistleblowing case from the reporting period 2022/23 had been referred to the Independent National Whistleblowjng Officer for consideration and NHS Orkney awaits the formal outcome.

There were three Confidential Contacts at NHS Orkney, who had received contacts from staff in 2024/25 and these numbers were rising due to recent promotion of this important route. Many staff also choose to contact the Chief Executive directly to raise concerns and where this happens, these concerns are listened to and responded to, with the support of wider Executive Directors as needed, and the loop closed. During Quarter four of 2024/25 the Board and Executive-level lead role for whistleblowing would transfer from the Chief Executive to the Medical Director, in response to staff feedback and as part of transitional arrangements re; the Chief Executive's portfolio.

Decision / Conclusion
The Board noted the update provided sought assurance.

12.2. Healthcare Associated Infection Reporting Template (HAIRT) Report December 2024 (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute Services)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services 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:

- Teams were commended for work carried out and maintaining cleanliness across the site which was reflected in the low numbers of infections
- There was an MRSA screening dip in compliance due to the timeliness of the screening
- There was a decrease in hand hygiene scores due to a variety of reasons
- There was a decrease in Domestic scores due to long term sickness and recruitment

The Chair thanked the team in relation to the response to data and the update, actions and interventions taken place.

Following discussion members requested further information to be provided at the next meeting in relation to MRSA rates.

Decision / Conclusion
The Board noted the update provided received assurance.

13. STRATEGIC OBJECTIVE - PERFORMANCE

13.1. Integrated Performance Report (Presenter: Chief Executive)

The Integrated Performance Report by exception 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.

The Chief Executive advised that there had been a slight improvement in relation to sickness absence, and said that four-hour emergency access standard performance and unscheduled care performance remained strong, there was high vaccination update in relation to Covid-19 and influenza in adults. NHS Orkney remained on track to deliver its Financial Plan for the year and £4m savings plan.
Further focus was required around appraisal rates, reducing waiting times and reducing Delayed Transfers of Care which continued to fluctuate to levels above the agreed Target Operational Model.

Patient safety, Quality and Experience

The Chair noted the great challenge around Significant Adverse Event Reviews (SAERs) and queried whether March 2025 was a realistic deadline to complete the backlog. The Medical Director assured members that it would be achievable and all reviews would be SMART. Some of the reviews were very out-of-date with no actions and no longer relevant.

I Grieve queried the decrease in the Planned Care score and if it reflected small numbers or something more fundamental. The Medical Director highlighted the challenges around delivering planned care and whilst the score did reflect small numbers there were challenges around accessing services within NHS Grampian and the most specific services were dependent on the waiting times.

D Campbell queried where there were areas with no national matrix where local scores were at 100%, was that perfection of reality. It was agreed SLT and CLT would help quantify the data against the target.
Operational Standards Acute

J Stevenson queried the 0% target in relation to Cancer Waiting Times 62-Day Standard. The Medical Director advised that the figure was in relation to one patient in

Aberdeen and due to complex reasons regarding the patient, Aberdeen decided to delay care. The Chair queried whether it would be possible to increase rigor and transparency around patient care within the Board and if the JCCGC could produce outcomes. The Medical Director reminded colleagues that datasets with fewer than 5 cases should not be discussed at public meetings.
Community

K Cole requested clarity of the difference between allied health professional led musculoskeletal service and an allied health professional led physiotherapy musculoskeletal service. It was agreed clarity would be provided at the next Board meeting. It was also requested to included data around adult mental health waiting times, though members were advised that there was no national requirement to report on adults.

The Chair queried whether the Planned Care Programme Board were considering Podiatry waiting lists and improvement work. Members were advised that a proposal would be received from the IJB focusing on Podiatry.

Population health
Members were advised that the MMR uptake was back on track.
The Chair requested that if there were outstanding areas of success to be built into the in Chair's Assurance Report.
Members were advised that appointments had been re-scheduled following the temporary pause of the Diabetic Eye Screening.

Workforce
Following discussion it was agreed that the next report would include reporting and targets around bank hour and excess hours worked and whether excess hours posed potential risk to staff wellbeing and patient care.

Decision / Conclusion
Members noted where Key Performance Indicators were off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

13.2. Month 7 Financial Position Update (Presenter: Interim Director of Finance)

The Interim Finance Director presented the report providing a summary of the month 7 financial performance. The reported financial position at the end of month 7 was in line with the plan and the Board still expected to deliver the £5.778m original plan during the period however, the Board were required to reduce the run rate over the remainder of the financial year in line with the original plan profile as the efficiency programme matured.

Members were advised that the expectation for the next three years was the requirement to make 3% efficiency savings as the brokerage was at an end. Any reported deficits would be recorded and affect the audit opinion.

The Chair queried whether achieving the 3% savings would provide a base for success the following year or would there need to be a change in conversations moving forward. Members were advised phasing of the improvement plans would benefit the next year however there would be further complex challenges.

I Grieve raised a query around staff travel and the confidence level around the increase use of NearMe. The Medical Director advised that the level of NearMe usage within

NHS Grampian was good. A memorandum had been worked on by the Medical Director and the Medical Director of NHS Grampian to set out expectations and ways of working between consultants and staff in Orkney.

R Gold requested clarity around the assumptions under volatility in month 7 in relation to the use of medical bank spend would slow in the remaining 5 months of the year. The Interim Director of Finance advised as the budget was set there was phasing included to cost flex, the assumption was based on arithmetic on creating a run rate. The further savings under improvements identified raised the question of was that in relation to the current financial year. Members were advised this was identifying new savings, the quantification and the risk and then take a view of what to build into the year end forecast.

Members were advised that the development phase for the 2025/26 Financial Plan had commenced and the full plan would be presented to the Board in April for approval.

Decision / Conclusion
The Board sought assurance from the report.

13.3.   Improving Together Programme Update up to Month 7 (Presenters: Director of Improvement)

The Director of Improvement presented the report providing an update on the Improving Together Programme delivery phase and achievement of savings year-to-date for 2024/25.

NHS Orkney had materially improved the total identified in-year savings through October 2024 with a revised total of £4.3m and full-year savings of £4.7m. This represented an increase of £666k since last reporting to Board and was derived from converting seven pipeline schemes into implementation.

The month represented the first report where deliverable savings now exceeded the in-year target. While this was encouraging and a strong reflection of the organisations commitment to and focus on the programme, there were still cost pressures that need mitigating or reducing; as well as a continued need to control pay and non-pay spend as moving into the winter period.

Recurrent savings currently equated to £3.12m (72%) with £1.23m (34%) identified as non-recurrent. This level of recurrence now aligned with the commitment set out in the financial plan submitted to Scottish Government and, if delivered, met one of the criteria set out in the de-escalation roadmap to move out of Level 3 of the NHS Support and Intervention Framework.

Decision / Conclusion
 The Board noted the update provided

13.4.   2025/26 Improving Together Programme - proposed timescale, governance and approach (Presenters: Director of Improvement)

The Director of Improvement provided the Board with an update on the proposed timescale, governance and approach for the Improving Together Programme 2025/26. Members were advised NHS Orkney had made substantial progress with the programme this financial year compared to previous years. It had taken considerable effort to establish the programme; and to embed several new ways of working. There were eight standard workstreams that would form the basis of the 2025/26 programme and a process to review other transformational opportunities, informed by national benchmarking and other sources of comparative data.

Members were advised that the ambition of timescales were achievable and learning had been captured.

The Chief Executive advised a complete and comprehensive communications programme would be created and published within the New Year.

Decision / Conclusion
The Board noted the update provided and approved the timescale, governance and approach for the Improving Together Programme 2025/26.

13.5. Budget setting process and timeline (Presenters: Interim Director of Finance)

The Interim Director of Finance presented an overview of the proposed approach to budget setting for 2025/26. The proposed approach to budget setting as set out in the paper included planning for the next 3 years.

Managers had been invited to budget setting meetings week commencing 18 November 2024, with clear guidance to be sent to managers over the next few weeks.

Decision / Conclusion
The Board discussed and approved the budget setting template for 2025/26.

13.6. NHS Orkney Board Assurance Framework (Presenters: Chief Executive)

The Chief Executive presented the new draft NHS Orkney Board Assurance Framework. The Board Assurance Framework provided a mechanism for assurance to be monitored throughout the year, placing an emphasis on the need for the Board to be able to demonstrate it had been properly informed about the totality of risks and is assured that adequate controls and assurances are operating effectively to reduce risks to an acceptable level. This would enable oversight of the risks to the delivery of NHS Orkney's Strategic Objectives, as set out in the Corporate Strategy.

Having a Board Assurance Framework provides the structure for evidence to support NHS Orkney's Annual Governance Statement.

Progress would be reported quarterly to the Audit and Risk Committee and would go to SLT also with the Quarterly Corporate Strategy progress updates. The Board would review the complete Assurance Framework annually.

Support for the Board Assurance Framework would be through the Corporate Governance team but would require the active involvement of many across the system, including the Board, to make it work effectively.

Decision / Conclusion
The Board welcomed and approved the NHS Orkney Board Assurance Framework.

13.7. Health and Social Care Winter Preparedness Plan 2024/25 (Presenters: Chief Officer Integration Joint Board, Executive Director Nursing. Midwifery, AHPs and Chief Officer Acute Services)

The Director Nursing. Midwifery, AHPs and Chief Officer Acute Services presented the report advising the Winter plan set out an approach that was system-wide and included

capacity management and unscheduled service improvements and reviews lessons learned from 2023/24.

R Gold required clarity around the suggestions from JCCGC Chair's Assurance Report that were not included and asked that the approval be subject to the changes recommended by the JCCGC.

Decision / Conclusion
The Board approved the Health and Social Care Winter Preparedness Plan 2024/25 subject to changes recommended by JCCGC

14. STRATEGIC OBJECTIVE - POTENTIAL

15. Board Walkabouts (Presenters: Chair)

The Board noted the update provided

16. ANY OTHER COMPETENT BUSINESS (Presenters: Chair)

No other competent business discussed.

17. ITEMS FOR INFORMATION (Presenters: Chair)

The Board noted and approved the Schedule of Board and Committee Meetings for 2025/26.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 27 February 2025**
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 December 2024-February 2025, including:

- A summary of our overall operational performance (financial and operational)
- An overview of (1) our Quarter Three financial performance meeting with Scottish Government and (2) our Quarter Three Corporate Strategy performance update
- First Minister visit to NHS Orkney
- MRI funding secured for 2024/25
- External review: Cultural Development, Governance and Senior Leadership
- Director of Performance and Transformation recruitment and Interim Director of Finance arrangements
- Board Chair and Chief Executives' diaries – including meetings with external stakeholders and partners
- Corporate Strategy 2025/26 Year 2 – how we are listening to the views of patients, community, partners and staff

2.2   Background

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

Workforce

- Monthly sickness absence rates at the end of November 2024 were 6.52%, representing a slight (0.63%) increase in the current financial year. Year-to-date sickness absence data indicates a trend of increasing absences across the organisation
- Appraisal rates declined for the second consecutive month, dropping to 36.49% in December 2024, a decrease from the highest level of 37.17% recorded in October 2024
- Compliance with statutory and mandatory training continues to decrease, which is cause for growing concern. This was the focus of discussions at Staff Governance Committee in February 2025 with a number of remedial actions agreed

Operational Standards

Four-hour emergency access standard

- Four-hour emergency access standard performance at the end of November 2024 was 92.6% against the national 95% standard. NHS Orkney remains 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 (RTT) standard has increased during December 2024 to 86.9% (against the 90% national standard) compared to 79.9% in November and 75.2% in October 2024

31-and 62-day cancer standard

- Performance remains consistently better the 31-day cancer standard (100% for NHS Orkney versus the 95% national standard)

Waiting lists and backlogs

- New outpatient waiting list has seen an increase of 11.3% driven by an increase in activity
- Against the national 12-week target of 100% of patients not waiting longer than 12-weeks from agreeing treatment with the hospital to treatment for inpatient or day case treatment, compliance is 63.4%

There remains a continued focus on improving wait times in Ophthalmology, Orthopaedics, Ear, Nose and Throat and the Pain Clinic with oversight from the Planned Care Programme Board and Performance Review Meetings.

Operational (Community) standards

- Capacity issues across both public and private dentistry due to a combination of level of demand, current vacancies and lack of dentists available across the country remains a challenge

- Improved engagement with independent contractors (GPs, Dental and Optometry) is enabling a more collaborative approach to improving service delivery and patient experience

Population health

- Overall vaccination performance for both COVID and adult flu vaccinations has NHS Orkney as the top performing Board. Further work on indicators for screening has taken place with data showing good performance

Finance

- The Board's run rate remains largely on track and in line with the Financial Plan trajectory at month 9 (£14k adverse). We continue to assume delivery against the yearend forecast outturn per the Financial Plan of £5.778m overspend for 2024/25, though this is not without risk (see below). Our efficiency programme has delivered recurring savings of £1.650m at month 9

2.2.2 An overview of (1) our Quarter Three financial performance meeting with Scottish Government and (2) our Quarter Three Corporate Strategy performance update

The Quarter Three financial performance review meeting with Scottish Government in February 2025 was a largely positive one with our continued progress and focus recognised, though suitably challenging given the risks that remain to the delivery of our Financial Plan for 2024/25 and plans for the year ahead, notably:

- Savings delivery – we require significant savings delivery in Quarter Four of 2024/25 in order to meet our £4 million savings target which must be achieved to deliver the £5.8m deficit set out in our 2024/25 Financial Plan
- Run rate – we are required to get to a position where there is evidence of a sustained reduction in the monthly rate of expenditure in order to meet our projected outturn for 2024/25 and to improve the financial position in 2025/26
- Integration Joint Board contributions – there is a risk that the IJB overspends more than anticipated and require additional contributions from the NHS Board, though this risk is mitigated
- Prescribing – with a delay in prescribing data and continued increase volume and cost of prescriptions this poses a risk to the projected outturn

We have submitted the first draft of our Annual Delivery Plan for 2025/26 and 3-year Financial Plan for 2025/26 to 2027/28 with constructive feedback received to inform our final submissions, which are due on 17 March 2025.

Regarding our Quarter Three Corporate Strategy performance update, there are 75 deliverables in the Corporate Strategy Delivery Plan for 2024/25. 20 are rated Red, 17 rated Amber, 33 Green with 5 actions have been deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group. We will discuss our Quarter 3 performance at February's public Board meeting in greater detail.

2.2.3 First Minister visit to NHS Orkney

Earlier this month, we welcomed First Minister, John Swinney, to NHS Orkney, and shared our journey of improvement and how our staff are looking after our community and providing excellent care to patients.

Mr Swinney was taken on a tour of The Balfour, hearing from staff in a number of departments, including Maternity, Emergency Department, Inpatients 2 Ward and Radiology – with staff sharing what they are proud of and their many achievements as well as our challenges and how we are responding to them.

The Chief Executive and Board Chair of NHS Orkney, Chief Officer for the Integration Joint Board, Chair of the IJB and Chief Executive and Leader of Orkney Islands Council also spent time with Mr Swinney discussing Orkney's challenges and the system leadership required to respond to these.

Speaking of his visit, Mr Swinney said: "The Balfour is an incredibly impressive building - being the country's first hospital built to a net-zero standard. Meeting staff, it is clear to me the dedication and the pride each of them has in the work that they do. It is also clear that there is a lot of excellent progress being made to reduce waiting times, shift more care into the community and deliver the best services for Orkney residents."

2.2.4 MRI funding secured for 2024/25

We started 2025 with some positive news for Orkney's community following confirmation from Scottish Government that NHS Orkney has secured over half a million pounds of funding that will enable Orkney to have a mobile MRI scanner on-site at The Balfour for 12-months.

The scanner will resemble the familiar mobile unit previously seen in Orkney on a rotational basis and will continue to be stationed at the rear of The Balfour. This funding for 2025/26 ensures the continuation of the vital MRI service, providing a seamless experience for our patients and community, while avoiding unnecessary travel to other hospital sites such as Aberdeen.

This scanner will be staffed by NHS Orkney and appointments for the scanner will be issued by post to relevant patients. We hope to have the scanner up and running by the middle of 2025. In the meantime, the previously scheduled visit of the mobile MRI scanner is still set to take place in early 2025.

Over the next year, we will work to address the challenges of securing a permanent solution to ensure MRI services in Orkney remain available in the long-term – a case we pressed with the First Minster during his visit to NHS Orkney in February 2025.

2.2.5 External review: Cultural Development, Governance and Senior Leadership

Mid-2024 our Chief Executive commissioned an external review of Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement.

Scottish Government (SG) supported NHS Orkney to commission this review as part of a wider package of work we are doing to inform future progress and priorities as the organisation considers what is needed to de-escalate from Level 3 of the NHS Scotland Support and Intervention Framework.

Professor Tracy Myhill was recommended by SG to lead this work. Tracy is an experienced HR Professional and CEO and prior to her retirement was the Chief Executive of Swansea Bay University Health Board. Previously she was CEO of the Welsh Ambulance Service.

As Board Chair and Chief Executive we consider this report critical to our continuous improvement journey and as such we have already spent time as a full Board and the Board with our Senior Leadership Team discussing the actions that result from this and how we firmly lock into our Year 2 Corporate Strategy priorities for 2025/26. Our Executive Team have also spent considerable time reflecting on the report and agreeing the changes they will commit to leading.

2.2.6 Director of Performance and Transformation recruitment and Interim Director of Finance arrangements

We have appointed Tammy Sharp as our new Director of Performance and Transformation (and Deputy Chief Executive) following a comprehensive recruitment and selection process.

This post is a replacement for our Director of Improvement (Phil Tydeman) who is leaving the organisation at the end of March 2025.

This is an 18-month fixed term post, fully funded by Scottish Government, and forms part of a reduced package of national financial support that is a requirement for NHS Orkney while we are at level 3 escalation of the NHS Scotland Support and Intervention Framework (related to our financial performance).

Tammy will join NHS Orkney from East Kent University Hospitals NHS Foundation Trust, where she is currently Managing Director, where she oversees the day to day running of the hospital with a particular focus on operational performance, improvement and transformation. She has previous experience working in a number of operational, performance and commissioning-related roles at Maidstone and Tunbridge Wells NHS Trust, Brighton and Sussex University Hospitals NHS Trust and NHS Brighton and NHS Sussex CCGs.

Tammy will join NHS Orkney in Spring 2025 (exact date remains under discussion at the time of writing), and will lead on the delivery of our efficiency (Improving Together) programme, wider

integrated improvement work, planning and performance at Board level and will formally deputise for the Chief Executive.

Melanie Barnes stepped into the Interim Director of Finance from the end of January 2025, replacing Brian Steven.

Melanie is on secondment from Scottish Ambulance Service where her substantive role is Associate Director of Finance. She will be NHS Orkney's Interim Director of Finance until at least the end of September 2025; an arrangement that is supported by Scottish Government.

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

Board Chair

Meghan has spent time listening to staff with Laura, listening to staff and learning about what makes NHS Orkney an excellent place to work. It has also helped to understand how to connect Board business with our staff and the community we are here to serve.

Meghan has attended a number of meetings within the NHS Board Chairs' group, including relating to effective governance in an integrated landscape.

Meghan chaired a joint session with the Senior Leadership Team and the Board. This was the first session of this nature but the relationship between these two leadership groups is critical if we are to achieve our Corporate priorities and deliver our promise to our community.

There has been further engagement with Committee Chairs and Corporate Governance colleagues to understand and streamline how our governance system operates.

Meghan has also chaired the Local Equality Delivery Group, which is part of the Orkney Community Planning Partnership.

NHS Orkney was also delighted to host Professor Steve Barnett, a highly experienced Board Chair from the NHS in England. The development session was hugely timely and was framed around high-performing Boards.

Meghan has also chaired the North of Scotland Transforming Cancer Care Prehabilitation Group.

The visit from the First Minister was an excellent opportunity to demonstrate the strengths and opportunities within Orkney, and also for Mr Swinney to spend time listening to our excellent staff.

Chief Executive

With regard to internal commitments, Laura has spent time in a number of departments over the last few months listening to feedback from staff and also hearing about what gets in the way and how we can improve. This includes: joint visits and meetings with the Board Chair to our Dialysis Unit, our Dietetics Team and Senior Charge Nurses and a Board walkabout with our Practice Education Team, who are leading some exceptional work.

Laura continues to lead monthly drop-in listening sessions, which are open to all staff and all staff briefing sessions, which are attended by the Executive Team, to kept staff well-informed and provide an opportunity to ask questions.

Over the last few months Laura has chaired the Improvement Board, where our Executive Directors are now leading workstream updates, and the second round of Performance Review Meetings with all areas, where bank and agency spend/usage, financial efficiency and budgets were the focus, along with mandatory and statutory training, sickness absence and appraisals. Laura also chaired the first Extended Senior Leadership Team meeting of the year in January 2025, which focused on the outcomes of the External Review into Cultural Development, Governance and Senior Leadership, the causes of our deficit and next steps we need to take as an organisation and our Year 2 Corporate Strategy priorities. She also attended and welcomed the first joint Senior Leadership Team and Board meeting, which also focused on how we respond to the External Review (above), Year 2 Corporate Strategy, national, regional and local context and how we develop this important relationship moving forward and build on this productive first meeting. The new rhythm for Senior Leadership Team meetings has also commenced with two meetings a month now taking place, the first meeting in the month focusing on Patient Safety, Performance and Place and the second on Potential and People strategic objectives.

With regard to external meetings and commitments, Laura and our Board Chair had their quarterly meeting with BBC Radio Orkney, and Laura joined other senior colleagues for the end of year meeting with the Mental Welfare Commission, another important relationship.

Laura attended the first Executive to Executive Team meeting between NHS Orkney and NHS Grampian, where we discussed how we further strengthen relationships and talked through some opportunities to work even more effectively together to further improve care and services for the patients we serve, including in areas such as digital, waiting times and transformation and improvement.

Laura joined other Executive Directors for a number of key NHS Orkney's meetings with Scottish Government – including the Quarter 3 performance review meeting, feedback meeting on our Annual Delivery Plan and feedback meeting on our Planned Care submission for 2025/26.

Finally, Laura attended the monthly national Board Chief Executives meetings where the strong focus has been on financial recovery and sustainability and Reform and Renewal, with February's Board Chief Executive's meeting focusing exclusively on the latter with a planning meeting.

2.2.8 Corporate Strategy 2025/26 Year 2 – listening to the views of our patients, community, partners and staff

In April 2024, we launched our long-term Corporate Strategy 2024-28. Our Corporate Strategy is our 'compass' and determines every decision we make.

Involving our patients, community, partners, and staff in the development of our priorities for Year 2 is key so that it is meaningful to everyone. As such, engagement and listening exercises have been taking place since January 2025.

We recognise through feedback received from our staff that there are currently too many competing priorities and 'asks' being put onto people which are unreasonable. As we prepare for Year 2 of our Corporate Strategy which will set out our organisational priorities for 2025/26, it is important that we challenge ourselves to focus on a core set of the highest priorities that we agree for the year ahead so that these are fixed and are realistic, achievable and transparent to avoid trying to do everything at once. These priorities need to properly reflect national, regional and local priorities and align to the Annual Delivery Plan and Three-Year Financial Plan – both of which are under development. They will also take into account the recommendations from the External Review into Cultural Development, Governance and Senior Leadership.

We look forward to reviewing the feedback from our patients, community, partners and staff and finalising our Year 2 2025/26 priorities for the Board to approve mid-March 2025 so that we can be ready to hit the ground running in April 2025 with our refreshed priorities for the year ahead.

COMMITTEE Chair's Assurance Report to Board

Title of Report:	Joint Clinical Care Governance Committee (JCCGC) Chairs Assurance Report	Date of Meeting: 4 February 2025
Prepared By:	Debs Crohn, Head of improvement	
Approved By:	Sam Thomas, Executive Director Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute Services	
Presented By:	Rona Gold, Chair	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the **Joint Clinical Care and Governance Committee** at its meeting on **4 February 2025**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Limited assurance provided on the Quality, Safety and Experience Quarter 3 Report due to the report being in a draft format to allow time for response and investigation time limits to be met. For incidents and stage two complaints, this is 20 working days. 2. Limited assurance was taken on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 update. Director of Public Health, Chief Officer IJB and Head of Children's Services & Criminal Justice to bring the implementation plan to Committee 2 April 2025 with clear deliverables for when actions will be complete, governance structure, training for staff and engagement with Clinical Advisory Committees.	1. Peer Reviews – Clinical Executives and Chief Officer IJB and are working on a paper for the JCCGC in April 2025 on the process for peer reviews, confirming where they are centrally stored, how they will be monitored and shared with governance committees for assurance. 2. Members noted the work underway on the Water Safety Research Project in conjunction with NHS ASSURE to review the clinical handwash basins within 20 of the inpatient's rooms only at The Balfour, with a plan for removal of these sinks supported by NHS ASSURE funding.
Positive Assurances to Provide	**Decisions Made**
1. Committee took assurance on progress on the latest Corporate Risk Register. 2. Committee welcomed visibility of complaints in the Quality, Safety and Experience Quarter 3 Report. 3. Whistleblowing Quarter 3 report was noted and the transition of the Executive Lead from Chief Executive Officer to the Medical Director form 1 April 2025. 4. Realistic Medicine 6-month update report well received showcasing the excellent collaborative work taking place across the system, this has been recognised by Scottish Government.	1. Minute of Meeting 4 December 2024 approved. 2. Chairs Assurance Reports for JCCGC (2 December 2025) Area Drugs Therapeutic Committee (12 December 2024) approved 3. JCCGC Terms of Reference, Business Cycle and Workplan 2025/26 approved with the addition of Integrated Performance Report (IPR) being added to each meeting.
Comments on Effectiveness of the Meeting	
Meeting was well attended; meeting ran over time; significant discussions took place on papers presented recognising the depth of conversations.	

Finance and Performance Committee

Title of Report:	Chair's Assurance report from **Finance and Governance Committee**	Date of Meeting: 30 January 2025
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Meghan McEwen, Chair	
Presented By:	Meghan McEwen, Chair	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee on the 30 January 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. There is a risk that there is a disconnect between the ADP priorities and what is realistic within our system. 2. Planned Care Waiting Times - Concerns were raised regarding the lack of operational support and clinical leadership for Planned Care. Director of improvement to bring a paper to the 27 March Committee on patients waiting 52 weeks and over for the Ears Nose and Throat, Orthopaedics, Pain and Ophthalmology specialties. 3. Committee raised concerns on the lack of representation at the Committee from the IJB, Chair of Committee to write to IJB Chief Officer to advise that attendance is required, deputies should be confirmed to the Corporate Governance Team 7 days before the next meeting. 4. The Committee is unable to provide the Board with assurance about performance and improvement plans due to the IPR not being available at the meeting. 5. The Committee is unable to provide the Board with assurance around the Planned Care submission. The draft that was submitted for approval did not have the necessary level of detail or engagement to enable a rounded and informed discussion.	1. Consideration should be given to the level of assurance provided to the Committee in papers. Work is underway to look at this as part of the implementation of our Board Assurance Framework and will be in place in Quarter 1 2025/26. 2. The Committee asked that Staff Governance seek assurance about NHS Orkney's compliance with the Agenda for Change reform programmes, including Band 5 to Band 6 regrading to enable a better understanding of the accrual position.

Positive Assurances to Provide	Decisions Made
1. The committee commending the effective leadership shown in producing the ADP and 3 Year Financial Plan. This was evidenced in the clear links with the Corporate Strategy, and the path to financial recovery.	1. The Board Chair, Chief Executive, Committee Chair, and Interim Director of Finance would meet to discuss how to ensure Finance and Performance Committee is structured to reflect our escalation status, and that we are able to provide the Board with the necessary level of assurance around performance.

Comments on Effectiveness of the Meeting
Significant number of reports were submitted for noting, there is a need to ensure this is addressed ahead of the next meeting
Consideration should be given to the level of assurance given at the meeting.

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: 12 December 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
• Members received the Job Evaluation Internal Audit report (positive) and raised the difference in correlation within the report and feedback from staff in relation to the process and experiences. It was agreed a discussion would take place at SLT with a view to developing the scope of audits beyond narrowly defined remits as part of future audit planning.	• Development of Operational Risk Register proposals

Positive Assurances to Provide	Decisions Made
• Received and welcomed the summary around Internal Audit Progress: 2023/24 – 11 actions evidenced closed, 10 actions revised dates, 2 actions pending review by auditor 2024/25 - 6 actions evidenced closed, 4 actions pending review by auditor • Members received feedback from Governance Committee Chairs in relation to proposed areas to investigate as part of the internal audit cycle. This would be brought to SLT for further consideration as part of Internal Audit planning. • Members welcomed the triangulation provided from SLT and RMG in terms of the Risk Register which detailed discussions around risk management.	• Recommended the Board Assurance Framework onward to Board for final approval, with quarterly reporting to committee • Approved the Risk Management Group Terms of Reference • Recommended the approval of the Operational Risk Register proposal • Senior Financial Accountant to write to Audit Scotland / Counter Fraud Services highlighting concerns raised by the committee in terms of a case of fraud being recorded against NHS Orkney as a result of a speculative country wide Freedom of Information request (no evidence of fraud). • Approved change to the Public Health Scotland Waiting Times Improvement Plan – work to be overseen by the Planned care Programme Board reporting to committee via Chairs Assurance report and bi-annual paper.

Comments on Effectiveness of the Meeting

Welcomed increased attendance which enabled in-depth discussions
Noted that members were effectively scrutinising papers and identifying gaps for further investigation
Agenda and business undertaken streamlined and focused.

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: 16 December 2024
Prepared By:	Debs Crohn, Head of Improvement	
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 16 December 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Whilst plans are being developed to improve performance in five key people priority areas, notably budget alignment, job evaluation, appraisal rates, statutory and mandatory training requirements and managing sickness absence, there are not robust improvement plans in each area as yet (with detailed plans needed for appraisal, training and sickness needed as quickly as possible). 2. SLT discussion re: finance, cause of the deficit and next steps to take place at January 2025's meeting, following the December 2024 In Committee Board discussion	1. From January 2025, SLT will move to two meetings a month (no more than two hours each) and will focus on the organisation's five strategic priorities of Patient Safety, Quality and Experience, Place and Performance, People and Potential. 2. A workshop will take place on 9 January 2025 focusing on leadership at NHS Orkney as we move into 2025 and beyond and our collective responsibility as the Senior Leadership Team. 3. SLT discussed the draft Year 2 Corporate Strategy Objectives which will be a continuation of NHS Orkney's multi-year plan to achieve long-term sustainability and providing excellent care to our community by integrating feedback from patients and staff and learning and progress from Year 1.
Positive Assurances to Provide	**Decisions Made**

1. Plans being developed to improve performance in five key people priority areas
2. Month 7 Financial Results - on plan
	1. Following new risks were approved to be added to the Corporate Risk Register
	    • Island Games
	    • Public Protection
	    • Organisational Clinical Policies and Procedures
	    • Risk of respiratory infection transmission to staff, during the winter period
	    • Workforce Experience and Wellbeing
	2. Refreshed Records Management policy approved
	3. Next steps for the three remaining business cases from 2023/24 were agreed following a panel meeting chaired by the CEO, attended by the Executive Director lead, Interim Director of Finance and Director of Improvement:
	= 0.6 WTE tissue viability nurses can be recruited within existing budgeted establishment

	– Bladder and bowel nurse – staff with interest in bladder and bowel care to provide continuity of service with training to be provided (no new post) – Stoma Nurse – training to be provided and a more holistic review of long-term care needs for the elderly population of Orkney to take place (no new post)
Feedback about meeting: - Big agenda but lots of ground covered and lots of significant items approved - Lots of great challenge and engagement	

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: 08 January 2025
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Senior Leadership Team	
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 08 January 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Causes of the deficit presentation shared with SLT to ensure a shared understanding and SLT agreed the direction of travel to ensure we can develop a path to financial balance in the years to come.	1. Remedial plans for appraisal, sickness absence and training 2. SLT Senior Leadership Development session scheduled for 9 January to help build and strengthen relationships. 3. Extended SLT on 20 January where there will be a further discussion about our financial discussion and the next steps that are necessary as we prepare to submit the first draft of our three-year financial plan to Scottish Government.
Positive Assurances to Provide	**Decisions Made**
1. Business Continuity internal audit improvement plan update - more Business Continuity Plans completed since previous update, improved engagement by teams across the organisation 2. Month 8 financial results – are broadly on plan 3. 6-monthly Realistic Medicine report was welcomed, evidencing innovation and improvement 4. Cyber security risk regarding C-Cube has now been resolved following successful migration and upgrade of system.	4. Closure of outdated version of C-Cube risk agreed – target risk score has been met and mitigations are complete. 5. Two draft memorandums of Understanding between NHS Orkney and NHS Grampian which address operational inconsistencies and enhance collaborative working in acute psychiatry and scheduled care services) were discussed and feedback received from SLT. It was agreed that these MOUs would go to Hospital/GP Sub next for comments and then the final versions would come back to SLT ahead of going onward to NHS Grampian for agreement. Linked to this, it was agreed that a paper would return to a future SLT re: management of SLAs, contracts and MOUs to agree re: ownership, review and monitoring arrangements moving forward.

Feedback about meeting:

- Test of Change for the SLT Model meeting well received, significant items discussed and approved
- Lots of great challenge, a more focused agenda and improved engagement supported by a clear focus on 3 Strategic Objectives.

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: 5 February 2025
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Senior Leadership Team	
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 5 February 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. There are significant number of deliverables off track in the Corporate Strategy Quarter 3 update. There are 75 deliverables in the Corporate Strategy Delivery Plan 2024/25. 20 are RAG rated Red, 17 RAG rated Amber, 33 RAG rated Green with 5 actions deferred to 2025/26. Recovery plans are now in place to bring the plan back on track in Quarter 4. 2. The Chief Executive has commissioned an end-to-end review of the current Integrated Performance Review (IPR) process. The Improvement Hub is supporting this work to ensure a clear and robust process is in place to avoid the situation of no data being presented to Board committees occurring in the future, recognising this is an unacceptable position. 3. Annual Delivery Plan has been submitted to deadline with positive feedback received (see below). SLT members asked to engage in ensuring the plan is achievable and deliverable and for feeding this back to the Interim Head of Strategy as part of the ongoing engagement process, recognising there are many competing priorities and that we need a credible plan. 4. Risk updates: Urgent Cancer waiting times risk has been reduced due to additional work undertaken by the Clinical Governance team. The MRI Scanner risk has been reduced due to confirmation of funding from Scottish Government but will stay on the Corporate Risk Register due to time limited funding being received and the need for an options appraisal to commence for the. 5. Due to the lack of progress on updating overdue policies and procedures, the paper due to be brought to Board 27 February 2025 will be removed from the agenda. Implementation plan will be brought back to SLT following a conversation at the Executive Team meeting 6 February 2025.	1. The Anchor Strategy to be included in final Annual Delivery Plan submission for mid-March 2025. Director of Public Health to bring an update to SLT 14 February 2025 for onward approval by the Board on 13 March 2025. 2. Island Games – work ongoing re: preparedness for Island Games. Full plan, Medical Plan and Communications Plan to return to the March SLT for approval.

6. Second round of Performance Review Meetings were held on 29 January 2025, these were productive and well attended sessions. Items for escalation from January's Performance Review Meetings were:
  - Mandatory training <85% target across multiple teams
  - Appraisal rates have deteriorated in Quarter 3
  - Sickness rates exceed 6% and long-term sickness is increasing in a number of areas
  - Capacity challenges re: housing highlighted along with impact on recruitment. Director of Improvement is leading on a report which will come to SLT in March ahead of coming to the Board
  - New investment cases (pay and non pay) unaffordable – with process to take forward agreed and communicated
  - Reporting timely community wait times a challenge due to manual reporting	

Positive Assurances to Provide	**Decisions Made**
1. 3 Key submissions submitted to Scottish Government: Annual Delivery Plan (ADP) 2025/26, Planned Care Submission and 3-year Medium-Term Financial Plan. Feedback from SG re: ADP was very positive and one of the best submissions seen to date. 2. Quarter 3 15 Box Grid Self-Assessment submitted to Scottish Government 3. Improving Together programme will be much more transformational in nature in 2025/26 focusing on productivity and efficiency. 4. Month 9 financial performance results advising the reported financial position at the end of month 9 is in line with our financial plan in 2024/25. Savings plan for the year is also on-track.	1. The updated PREVENT Operational Policy was approved. 2. Members approved the Policy for High Consequence Infectious Diseases (HCID) Prevention, Control and Management of HCID 3. Members approved the high-level Year 2 (2025/26) Corporate Strategy priorities and patient, community, partner and staff engagement plan.

Feedback about meeting:
- Honest and open conversations
- A breadth of views was shared and heard.
- Useful to focus on 2 strategic objectives.

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: 14 February 2025
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Senior Leadership Team	
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 February 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Removal of the DATIX system from the digital priorities while national work is progressed, noting that there is still work required of the Clinical Governance team to manage the current system.	2. The Medical Director provided an overview of the Clinical Services Review commission outlined in the paper and the ask from Scottish Government to deliver improved models of care in Orkney. 3. Work is underway by the Spiritual Care Policy and Service Development Group. A job description is being developed for a full-time spiritual care/diversity lead.
Positive Assurances to Provide	**Decisions Made**

1. Significant increase in the number of Team Orkney nominations received this year.
2. Members welcomed the opportunity to feed into the Digital priorities for 2025/26
	• Operational Workforce Group Terms of reference approved
	• Members approved the Spiritual Care Policy and Service Development Group Terms of Reference
	• SLT agreed the following digital priorities will be stopped or paused to 2026
	   • GP IT Re-provisioning (paused to 2026)
	   • DATIX replacement
	   • PACs re-provisioning (paused to 2026 opportunity to work with NHS Grampian to deploy)
	• SLT agreed the following digital priorities for 2025/26
	   • Further roll-out of Morse
	   • Increasing the uptake of Near Me reducing the need for people to travel for appointments where clinically safe to do so
	   • Patient Focused booking including text message reminder service

	• Agreeing a model of service delivery for our Digital Services including strengthening clinical leadership
Feedback about meeting: - Honest and open conversations - Overwhelming support for the work that has been delivered by the digital services team over the past 12 months	

Chair's Assurance Report Area Clinical Forum

Title of Report:	Chair's Assurance report Area Clinical Forum	Date of Meeting: 06/12/2024
Prepared By:	Dr. Kirsty Cole	
Approved By:	Dr. Kirsty Cole	
Presented By:	Dr. Kirsty Cole	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the *** Committee at its meeting on ***		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Chair shared correspondence from interim chair of the Area Dental Committee highlighting ongoing challenges in re-establishing this committee. Medical Director agreed to explore the issues and try to support progress. 2. A number of concerns raised by Hospital Sub Committee including HDU staffing, Orthopaedic rota and induction of new staff. Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute agreed to review these concerns with the committee. 3. Area pharmaceutical committee raised concerns relating to medicines in care homes. Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute agreed to help facilitate discussions.	1. Committee welcomed the update on a memorandum of understanding in development with NHS Grampian around secondary care services. 2. Refreshed Area Clinical Forum escalation log welcomed and provided greater clarity. 3. Therapeutics, Rehabilitation and Diagnostics committee representative working with canteen services on minimising queue related delays for staff members.
Positive Assurances to Provide	**Decisions Made**
1. Welcome update on CytoSCOT developments.	1. Proposed development sessions topics discussed, timetable to be finalised – Updated ageing and frailty standards, Changes in PPE recommendations and transmission based precautions, Update from Improvement Hub and clinical engagement, Public Protecion update, United Nations rights of the Child update.
Comments on Effectiveness of the Meeting	

Chair's Assurance Report Area Clinical Forum

Title of Report:	Chair's Assurance report Area Clinical Forum	Date of Meeting: 6/2/2025
Prepared By:	Dr. Kirsty Cole	
Approved By:	Dr. Kirsty Cole	
Presented By:	Dr Kirsty Cole	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the *** Committee at its meeting on ***		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
The respiratory pathways recommended for approval have equipment requirements to progress. There are therefore additional dependencies to be overcome. Lead SALT adult vacancy ongoing. Currently the service has 2 days per week delivered remotely only.	Respiratory pathway development. ACF agreed to recommend approval of three pathways (Long COVID, Obesity Hypoventilation Syndrome and Multiple Sclerosis respiratory pathway and passport). Feedback from Board meetings on "matters of concern" back to ACF to be captured in an annotated CAR shared with ACF members.
Positive Assurances to Provide	**Decisions Made**
Very positive update from TRADAC Chair following discussions with catering services around plans to reduce waiting times.	Development session March – frailty and ageing.

Comments on Effectiveness of the Meeting
Breadth of clinical representation recognised as a significant positive to the quality of discussion. Exciting interesting development session ideas. Beneficial updates from clinical executive colleagues with commitments to progress areas of concern with individual advisory committees.

Staff Governance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report to Board	Date of Meeting 14 November 2024
Prepared By:	Rachel Ratter, Joanna Kenny and Ryan McLaughlin	
Approved By:	Joanna Kenny	
Presented By:	Joanna Kenny	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Staff Governance Committee at its meeting on 14 November 2024		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• The committee were unable to take assurance against the progress of the implementation of the Health Care Safe Staffing Act • Members were advised there was an increased risk score to 16 for the risk in terms of lack of senior leadership and capacity. • Lack of representation from clinical leadership was noted as a theme across various groups, this was particularly highlighted by the Occupational Health, Safety and Well-being committee as a barrier to progress • Members raised concern around the wellbeing committee being stood down, at present there is no identified group to take forward the key work. Work was being undertaken to identify how the work would be taken forward	• Approved the Colleague Experience Framework with the caveat that an implementation plan will be developed and brought to the Staff Governance Committee on 12 February for assurance ahead of onward submission to the Board 27 February 2025 for approval

Positive Assurances to Provide	Decisions Made
• An update was provided in relation to Medical Education, highlighting the great work undertaken by the team • Assurance was given that progress had been made towards addressing backlog of HR policies • Members received a much-welcomed update around Consultant Job Planning and received assurance that progress had been made towards completion • The Occupational Health, Safety and Well-being committee had met for the first time since April 2024	• It was agreed that a 6 monthly update would be provided in relation to the improvement plans covering People and Culture, Finance and Digital Services • Members approved the Staff Governance Monitoring Assurance letter with agreement to the re-wording in relation to meeting training and appraisal rates.

Comments on Effectiveness of the Meeting
• It was noted that a number of papers had been received outwith the correct order of the governance cycle, particularly in relation to Senior Leadership Team and the Area Partnership Forum therefore the committee were not able to take assurance from papers • The meeting was well attended

Staff Governance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report to Board	Date of Meeting 12 February 2025
Prepared By:	Rachel Ratter, Senior Corporate Governance Officer	
Approved By:	Joanna Kenny, Chair, Staff Governance Committee	
Presented By:	Joanna Kenny, Chair, Staff Governance Committee	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Staff Governance Committee at its meeting on 12 February 2025		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
- The Occupational Health, Safety and Well-being Committee was not quorate for the meeting on 10 December 2024. Members highlighted the need for the group to meet prior to the next meeting to ensure appropriate attention to Health and Safety issues and to meet legislative responsibilities. - Variable clinical representation at sub-committees, e.g. Fire Safety. Needs to be considered in relation to releasing time to lead. - It was agreed that the Board Chair, Accountable Officer and Director of Nursing Midwifery, AHP and Chief Officer Acute would raise concerns at a national level in relation to e-Roster implementation progress. - Limited assurance was provided in relation to management of corporate risks aligned to the Committee. Further information has been requested within the actions column of the risk register ahead of the next meeting. - Members were able to seek limited assurance from the Health and Care (Staffing) (Scotland) Act Quarter 3 report. Ongoing issues with mandatory training compliance, in particular people attending face-to-face courses. - Continued poor compliance with appraisal rates and the management of sickness absence.	- Extended SLT (possibly invite to every line manager) to be arranged to set expectations around mandatory management activity, including scheduling mandatory training, sickness absence management, appraisals and eRoster entry. Session to be led by Chief Executive, Director of People and Culture, Employee Director and Director of Nursing, Midwifery and Allied Health and Chief Officer Acute Services - Clear and immediate plan of action required to address mandatory training, sickness management and appraisals, supported by Corporate teams as necessary. People and Culture to provide lists of the 5 areas/departments to prioritise for improvement.
Positive Assurances to Provide	**Decisions Made**
- Members noted the excellent support provided in relation to the e-Roster implementation - Members welcomed the Value and Recognition report and the progress made to date and requested that it was provided to the Endowments Trustee committee in June 2025 - Members noted the excellent work that continues to come from the Health and Safety team.	- Members approved the Terms of Reference and Workplan 2025/26. - Colleague Experience Programme approved in full.
Comments on Effectiveness of the Meeting	

- The meeting was well attended with a good level of check and challenge.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Corporate Risk and Assurance 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

2 Report summary

2.1 Situation

The Corporate Risk Register Report is presented to the Board to support clarity, oversight, and enhance scrutiny for the organisation.

The work to align risks with one oversight committee has been completed. The oversight committee is agreed by Senior Leadership Team at stage of approval to add a risk to the corporate risk register.

As part of the alignment work, the Executive Lead and the Chair for each Committee reviewed all risks that they were seeing and agreed which remained under the remit of the committee. Where there were two or more committees that felt the risk sat under them, this was highlighted to the Executive Lead and the Chairs of each committee, and they were asked to decide which committee should take ownership.

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.

2.3 Assessment

The corporate risk register with overview is attached as appendix one. The first sheet summarises changes over two months, with an extract summary as below.

Total Number of Risks Split by Review

Risks Split by Oversight Committee
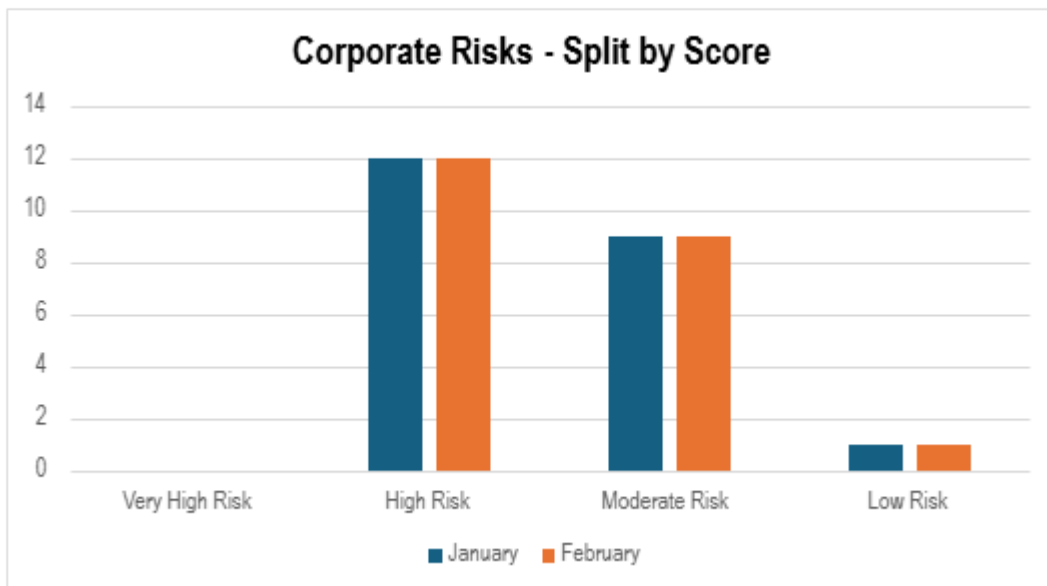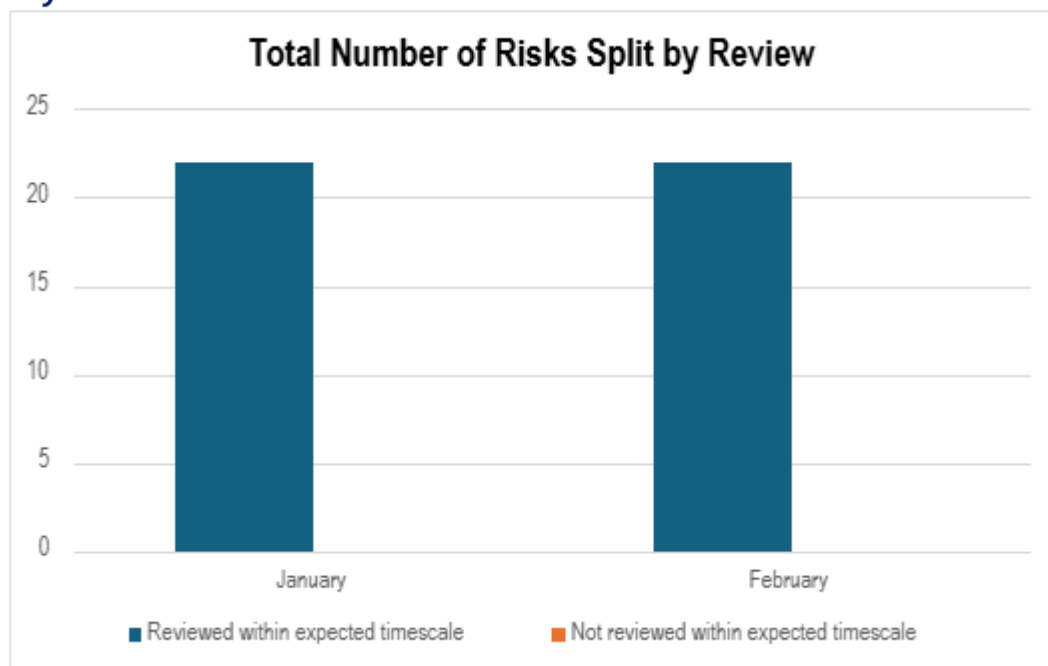
The following table sets out the three highest scored risks for the organisation.

Top three Corporate Risks							
ID	Risk Title	Current Impact	Current likelihood	Current Risk Level	Target Risk Level	Mitigating Actions	Actions
C-2024-01	Lack of senior leadership capacity and capability	4	**4**	16	4	8a – d leadership development programme and PDPs for all senior leaders SLT formal development programme 8c and d personal objectives set and agreed by Renumeration committee Interim Director of Finance commenced in post in September 2024 for 6 months Interviews for substantive Director of Finance are at the end of October Interim Head of Strategy in post on secondment for 6-month period	**Update 3 Feb 2025** – Interim Director of Finance has been appointed from SAS on a 6-month secondment. Successfully appointed the Director of Performance and Transformation (Deputy Chief Executive) start date to be confirmed. **Update 8 Dec 2024 –** Interim Director of Finance secured from February 2025 and interviews for an 18-month fixed term Director of Performance and Transformation (Deputy Chief Executive) 13 December Some phased returns for senior colleagues have commenced to ensure a supported return, and cover for colleagues on sickness absence in place (including support from Scottish Government and other Health Boards as development opportunities (finance, strategy, performance and planning) Quarter 4 2024/25 – Next phase of executive development programme to be planned and a Heads of Service development prorgamme will be a priority for the Director of People and Culture to lead delivery and to

						ensure senior colleagues feel supported

ensure senior colleagues feel supported
Extended Senior Leadership and Senior Leadership Team membership updated to be as inclusive as possible across our most senior leadership community – so that colleagues feel involved and engaged and all voices are heard
Update 03/10/2024 - Corporate Service Reviews and Improvement plans in place for Digital, People and Culture and Finance Teams. From January 2025, Bands 8A-D leaders will be asked to focus on visible and compassionate leadership, with on-site working closer to 50% of the time to maximise support for teams. Culture programme to launch in Q4 following current external review of culture, senior leadership and governance. Manager/leadership development programme to launch in April 2025Long-term sickness absence and gaps with a number of senior/Head of Service posts is impacting adversely on performance, wider colleagues and morale. Risk score increased to 16
Update 07/07/2024 Training Needs Analysis underway for all managers in the organisation, which will underpin both a

						manager induction programme (all levels of managers) and senior leadership development programme, alongside national offerings through NES.

manager induction programme (all levels of managers) and senior leadership development programme, alongside national offerings through NES.

CEO and Director of People and Culture to scope a formal development programme with Allison Trimble, to ensure golden thread between Board and Executive Team development programme to commence in Quarter 4 of 2024/25. Completed and shared with Remuneration Committee at its meeting on 11 July 2024.

Interim Head of Finance out to advert w/c 1 July 2024 (6 month cover)

Interim Head of Planning and Performance arrangements confirmed for a 6 month period

Substantive Director of Finance to be advertised by w/e 12 July 2024

Change management course completed for senior leaders, with positive feedback received.

QI methodology being scoped for NHS Orkney, and programme for Extended SLT in place for the remainder of the year, with plans to enhance engagement and communication in between meetings

Update 13th May 2024 - Risk jotter reviewed at SLT and

| C-2024-02 | Lack of organisational digital maturity | | | 5 | **3** | 15 | 5 | Terms of Reference for the Technology Enabled Care Board has been refreshed and updated. A new Digital Information Operations Group (DIOG) was launched in April 2024, with a clear remit to prioritise digital transformation across our health and social care system.

A refreshed Digital and Data Delivery plan 2024/25 is now which aligns tor NHS Orkney's Corporate Strategy with oversight from the DIOG and quarterly updates to SLT and Finance and Performance Committee.

National Information Security/Digital Maturity Improvement plan in place with oversight from the DIOG and Head of Improvement.

Roll out of MORSE Community EPR by July 2025 | agreement made to enter risk on to the Corporate risk register.

Update 04/11/2024 - Following discussion at DIOG, risk 349 proposed for closure as this risk encompasses the risk within 349. Outstanding mitigating action from risk 349 added to this risk as this has been identified through the project plan and is due to be rolled out by the end of the financial year in the first service. **Update 08/07/2024** - A refreshed Digital and Data Delivery plan 2024/25 has now been agreed by SLT. This will be taken to F&PC 11 July 2024 for assurance. Work on the National Information Security/Digital Maturity Improvement plan continues with good progress being made. Digital Champions network now operational
Update 11 June 2024 - DIOG now in place and now had two meetings. The TORs include the information governance and technology enabled care, including the review and recommendation around new technologies into the organisation. DIOG chairs report goes to SLT and F&P. A prioritisation piece of work has been completed to review all the digital plans for the year and aligning these with the corporate |

						strategy. This includes prioritising the projects in line with the strategy. DIOG in June will be reviewing this and recommending the projects to put forward for completion and the priority, which will then be escalated to SLT and F&P. There is a SLWG to address the NIS audit and the Digital Maturity Improvement plan and other digital audits. Regular meeting sof the group have been commenced and meetings with named individuals to support the collation of evidence and production of local plans to meet requirements. Following the essential digital skills survey there has been an analysis paper presented to SLT and DIOG with support gained for taking forward the training development plan. Digital Champions meetings have been arranged with the first meeting taking place 18 June 2024. The champions will contribute to developing the training plan. Additional records management and information governance training is now in place and the manager induction programme is being developed and will information and digital training as part of this. Due to first mitigating action being completed and the others underway, score

							reviewed and revised. Likelihood decreased to three. **Update 13th May 2024** - Risk jotter reviewed at SLT and agreement made to enter risk on to the Corporate risk register.
510	Corporate Financial sustainability	5	**3**	15	10	3.2m of efficiency programmes currently in implementation, 2.5m recurrent (above 3% target) in excess of 1m in cost reduction schemes Strengthened governance arrangements - scheme of delegation, performance review meetings, streamlines investment approval process Additional grip and control measures - vacancy control panel, discretionary spend, budget trackers, workforce establishments Plan currently on track to be delivered, expectation is brokerage support to this value will be received.	**Update 09/12/2024** - Risk description revised to more accurately reflect the risk. **Update 08/11/2024** - The Board continues to be where it expected to be in terms of the financial efficiencies and is on track to meet its targets. An in year budget refining exercise is underway designed to identify and address legacy issues. We have also initiated a more robust planning process for 25/26 - 28/29 which will focus on performance and activity and workforce as the main components / drivers of cost. **Update 23/07/2024** - The Board is delivering the financial position at the end of Q1 2024/25. The Board's efficiency programme is ahead of plan and is forecasting to deliver the expected forecast of recurrent savings. If the Board delivers the 5.8m deficit plan the expectation is that brokerage support would be received from Scottish Government to this value, however the Board continues to aim to deliver a position that is favourable to this

						to reduce the reliance on brokerage. There is currently in excess of 1m of cost reduction schemes in the pipeline and this continues to be a key focus across the Board. The reliance on temporary staffing is lower in comparison to last year. **Update 07/05/2024** - The improving together programme is now established in Q4 23/24. The Director of Recovery appointed 08/04/2024 and Director of Improvement appointed 15/04/2024. The Board have submitted an efficiency programme for 24/25 totalling £4million (6% of allocation). The improvement programme is underpinned by 12 recovery workstreams all of which have a designated SRO and are developing their programmes which would be subject to a quality impact assessment process. There is an integrated revised planning process scheduled for Q3 24/25 ahead of 25/26 which should inform the medium to longer term financial sustainability programme. The 24/25 plan has been approved by the Board and it is deliverable. The Board are working closely

						with Scottish Government to ensure a collaborative approach.

The following risks were added to the Corporate Risk Register in December 2024.

Risks Approved for Addition to the Corporate Risk Register			
Risk Title	Lead Executive	Risk Owner	Oversight Committee(s)
Island Games	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer for Acute	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer for Acute	Finance and Performance
Public Protection	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer for Acute	Public Protection Lead	Joint Clinical and Care Governance Committee
Organisational Clinical Policies and Procedures	Director of Public Health	Head of Improvement	Joint Clinical and Care Governance Committee
Risk of respiratory infection transmission to staff, during the winter period	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer for Acute	Head of Infection Prevention	Joint Clinical and Care Governance Committee
Workforce Experience and Wellbeing	Director of People and Culture	Director of People and Culture	Staff Governance Committee

The following risk was closed in January 2025 as all mitigating actions were complete and the target score was achieved.

Risks Approved for Closure		
Risk ID	Risk Title	Reason for Closure
C-2024-03	Outdated version of cCube	Mitigations now complete and target risk score met.

Two risks scores have been reduced in January. These are risks C-2024-04 (urgent cancer referral pathways) and C-2024-05 (cessation of MRI services).

It is asked that the Board review and discuss the corporate risk register.

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:

- Discussion – Review and discuss the corporate risk register

2 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, 27 February 2025**
Title:	**Integration Joint Board key items and decisions**
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:

- Assurance

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 (www.orkney.gov.uk/our-services/orkney-health-and-social-care-partnership/integration-joint-board-ijb/ijb-governance/).

The last meetings of the Integration Joint Board for Orkney, known locally as Orkney Health and Care occurred on 6th November.

2.3   Assessment

Key points from the November meeting include:

The Integration Joint Board reappointed Ms Morven Brooks as the Third Sector Representative on the Board.

The Alcohol and drugs partnership annual report was scrutinised. Minutes of the Performance and Audit committee were scrutinised, noting the annual accounts are yet to be published as they are currently with external auditors. Key points from the Joint Clinical and Care Governance Committee were highlighted, noting the arrangements for mobile MRI are ongoing and ensuring health inequalities are considered by the Strategic Planning Group.

In considering the Strategic Planning Group minutes the need for communication around community hubs and the role of Voluntary Action Orkney with community well being co-ordinators was discussed.   The latest housing strategy considers the model of delivery of accessible housing and the need to learn from other countries regarding the health of children was highlighted. The role of primary care mental health was highlighted for the strategic plan.

The Joint Staff Forum minute highlighted areas around various service areas and " the grow your own" approach to social care workforce.

The new finance report was welcomed and areas of spend reviewed. The recovery plan is attempting to not create issues in other parts of the system but address the financial concerns. Agency staffing costs for vacancies are a major part of the overspend.

Regarding the Performance and Audit Committee an additional member was not appointed and the National Care Service consultation response was noted.

A high level report on Primary Care Services which outlined the services provided was discussed including out of hours provision and the impact of a centralised vaccination service for patients.

An update on the progress on the Kirkwall Care Facility was provided with a planned opening date now of May 2025. Consideration is being given to the disposal of St Rognvald House.

The Orkney Community Justice Partnership's annual report was welcomed. It was noted that there was an increase in women going through the justice system, and the importance of careful reporting by the press. At a national level there is an issue with GP registrations and mental health referrals, but this was not felt necessarily to be a particular issue locally although further discussion will occur.

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 key items and decisions.

2.4 Recommendation

Board members receive assurance on key item discussed and decisions made at the integration joint board

- **Assurance**

3. List of appendices

Not Applicable

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Community Planning Partnership Update**
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:

- Discussion

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 (CPP), 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 11th December 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.

2.3 Assessment

The Guidance for fair funding for the voluntary sector was shared and it was felt that this had many good elements within it and the general principles could be endorsed.

An update was provided on the population growth and decline in Orkney, with discussion in particular around the aging population demographic. Community wealth building and the approach to the Living wage place was noted. An update on obesity within Orkney highlighted the high level of overweight and obesity in the adult population (75%) and the latest data on the low level of healthy weight in primary 1 children. The report will be discussed in Children's Services Planning group. The importance of tackling the obesogenic environment was stressed.

The local outcomes plan was reviewed and some small additions identified with a view to having a finalised version in January.

The SAS report on first responders is awaited. Reports on the local delivery groups with the cost of living task force assignment of money to support a range of services were shared.

The joint resourcing of community planning was agreed, with the intent to review how the CPP was supported in 25/26.

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

Resourcing of the community planning partnership support.

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
.
- Discussion– for members to discuss the outcome of the last Orkney Partnership Board.

3 List of appendices
Not Applicable

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Cultural Development, Governance and Senior Leadership External Review – Report, Action Plan and Next Steps**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight, Chief Executive**
Report Author:	**Laura Skaife-Knight, Chief Executive**

1   Purpose

This is presented to the Board for:

- Receiving the final Report
- Approving the Action Plan (and highest priorities) and Next Steps, including the proposal that the Board will oversee progress against the Action Plan

2   Report summary

2.1   Situation

Mid-2024 our Chief Executive commissioned an external review of Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement.

The Report has been finalised and an Action Plan drafted in response to the recommendations included in it, including some proposed priority areas for the Board to focus on in 2025/26.

This paper updates on the Report findings and conclusions, details our Action Plan and proposed priority actions that flow from it, and sets out some clear next steps for consideration by the Board.

2.2   Background

Scottish Government (SG) supported NHS Orkney to commission this review as part of a wider package of work we are doing to inform future progress and priorities as the organisation considers what is needed to de-escalate from Level 3 of the NHS Scotland Support and Intervention Framework.

This is recognising that de-escalation is about much more than achieving our Financial Plan, notably that it is also about ensuring we have the right culture and leadership to take the organisation forward.

Professor Tracy Myhill was recommended by SG to lead this work. Tracy is an experienced HR Professional and CEO and prior to her retirement was the Chief Executive of Swansea Bay University Health Board. Previously she was CEO of the Welsh Ambulance Service.

The approach to the review included ascertaining individual views and insights through 1:1, in-person and virtual discussions, with the Chair, Chief Executive, Executive Directors, Vice-Chair, a number of Non-Executives and a number of Senior Leadership Team members; attendance at Board and a number of Committee meetings; attendance at Corporate Leadership Team (Executive Team) and Senior Leadership Team meetings; discussion with the Organisational Development Consultant who has been leading a programme of Executive Team, Non-Executive Member and Board Development; and a desk-top review of key documentation.

Participants shared their experience, perspective, and advice to inform recommendations for consideration.

The desk-top documentation review included:
- Culture and Staff Experience Development Programme
- Staff Survey Results 2024
- Executive Team, Non-Executive and Board Development Programme 2024
- Proposals/scoping for future development programmes
- Governance Charts and related documentation outlining roles, responsibilities, accountabilities and reporting arrangements.
- NHS Orkney Corporate Strategy 2024-2028
- Clinical Strategy 2022-2027
- Board Papers
- Committee Papers
- Chief Executive Communications
- Board Self-Assessment

The reviewer professionally reflected on and considered the information to inform the recommendations detailed in the report.

Findings – headlines

The key findings, as detailed in the final report:

1. Values
2. Culture
3. Senior Leadership
4. Receiving and acting on staff feedback
5. Governance
6. Start, continue and stop
7. What's great about NHS Orkney

Action Plan and proposed priorities

There are 33 recommendations in total in the report, made up of work already underway/started and a small number of new actions.

The proposed highest priorities based on those that are most pressing and will have the biggest impact for the Board to consider and agree on are:

- Executive Team cohesion
- Executive clinical leadership and engagement
- Behavioural standards
- Leadership development programme (including Executive Team, Senior Leadership Team and Board Development)
- Appraisals, training and sickness
- Respect for our governance

It is proposed that these highest priorities are locked into the Year 2 Corporate Strategy Key Performance Indicators. The remaining actions will feature in a standalone Action Plan (see Appendix 2) and it is proposed that the Board oversee progress against this Action Plan at every meeting to ensure progress is made.

Next steps

1. The highest priorities are locked into the Year 2 Corporate Strategy for 2025/26
2. Progress against the full Action Plan will be monitored by the Board (ie it will come to every Board meeting for oversight such is its importance)
3. Board Committees (as per the draft Action Plan) will oversee progress against specific items (as detailed in the Action Plan) as agreed by the Lead Executive Director and Committee Chair, consistent with the proposed approach to our Corporate Strategy priorities for 2025/26
4. We share a summary of action plan with all staff and update on progress on a quarterly basis

2.3   Assessment

The Board is asked to:

- Receive the final Report
- Approve the Action Plan (and highest priorities) and Next Steps, including the proposal that the Board will oversee progress against the Action Plan

2.3.1   Quality/ Patient Care

There are a number of recommendations in this report, notably the role of our Clinical Executive Directors and requirement for closer working, in driving improvements to patient safety, experience and quality of care through greater cohesion, along with strengthened team working from our Executive Team.

2.3.2 Equality and Diversity, including health inequalities

NA

2.3.3 Communication, involvement, engagement and consultation

- In January 2025, the Report was shared in full with Board members and all Senior Leadership Team members who contributed to the external review via communication from the Chief Executive
- January 2025 - The report was shared with all staff – for transparency – along with a summary of the next steps
- Executive Team have discussed and reflected on the report at its meetings on:
    - 16 January 2025
    - 28 January 2025
    - 4 February 2025
    1-2-1 meetings with each Executive Director and the Chief Executive took place in January 2025.
- 23 January 2025 – Extended Senior Leadership Team
- 13 February - Senior Leadership Team-Board meeting – the report was shared in advance and findings and priorities discussed

2.3.4 Route to the Meeting
This paper has come direct to the Board meeting, however, there has been extensive discussion and reflection in informal meetings, as detailed above.

2.4 Recommendation

- Receive the final Report
- Approve the Action Plan (and highest priorities) and Next Steps, including the proposal that the Board will oversee progress against the Action Plan

2.5 Appendices

1. Final Report
2. Draft Action Plan

NHS Orkney

External Review: Cultural Development, Senior Leadership and Governance

SUMMARY REPORT

Purpose of Review:
The external review was commissioned by the Chief Executive to provide reflections and recommendations for learning and improvement in relation to the cultural development, senior leadership and board level governance at NHS Orkney. It proposes priority areas for attention to enable NHS Orkney to continue the improvement journey it has begun.

Context:
The Scottish Government supported NHS Orkney to commission this review, identifying the need to further understand cultural development, senior leadership and governance, as part of the suite of intelligence NHS Orkney is gathering, to inform future progress and priorities as the organisation considers what is needed to de-escalate from Level 3 of the NHS Scotland Support and Intervention Framework. The Chair and Chief Executive supported the review and recognise the benefit that can be derived from an external reflection on the status of culture, leadership and governance, and the leadership of the required changes from board members and senior leaders.

Approach and Methodology:
The approach to the review included ascertaining individual views and insights through 1:1, in-person and virtual discussions, with board members including the Chair, Vice-Chair, Chief Executive, Executive Directors and a number of Non-Executive Members; a number of Senior Leadership Team members; attendance at Board and a number of Committee meetings; attendance at Corporate Leadership Team and Senior Leadership Team; discussion with the Organisational Development Consultant leading a programme of Executive Team, Non-Executive Member and Board Development; and a desk-top review of key documentation. Participants shared their experience, perspective, and advice to inform recommendations for consideration.

Key Findings:

1. Values
The progress to agree values for NHS Orkney (ORK – Openness and honesty; Respect; Kindness) is generally well received. There is variable knowledge, however, of the values and a recognition of the need to continue the organisation's cultural development by ensuring that the values are embraced, embedded and connected to by all.

The strong steer from the Chief Executive to move the organisation forward to one that is open, respectful and kind, was noted by many individuals. There were examples cited where it was felt that the values were being practiced and examples provided where they were not reflected in the culture currently. The next stage of development is to bring them to life by developing a shared understanding of what the values mean in practice and identify the associated behaviours that align with them. Implementing the values and behaviour programme that has been developed, with the required organisational development expertise to lead it, will make a significant impact. Executive leadership in role modelling the desired culture is going to be a critical component.

2. Culture
The lack of stability at executive and senior leadership levels, over many years, has presented challenges in developing sustainable culture change, with the constant churn staff have endured

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leading to some scepticism and belief that the current leadership will not be here for the medium term and will not see through the changes they are trying to introduce. Visibly recognising and learning from the past is important and actively listening to those voices and taking heed of the past, whilst not letting it prevent change in the future, is a challenge that needs mastering in order to take people on this journey of significant change.

The pace of change being driven forward is a challenge for many and the level of understanding and acceptance, at all levels, of the need for significant change is variable. There were references to a disconnect between operational delivery and the vision of the organisation with views expressed that many executives do not understand what staff are experiencing on the ground. This disconnect requires exploration in order to move forward along with the need to build trust in, and connection with, the executive leadership, as one cohesive team. This coupled with developing and maintaining continuity of leadership for a period to embed the changes and enable sustainability is fundamental.

Constant concerns are raised about staffing levels and staff being overworked, too busy and exhausted, which prevents progress on the cultural aspects of development required in terms of staff not feeling valued and basic training and development support not being in place. Views are many and varied in this respect, and it is essential that a common understanding, based on evidence, and benchmarking where possible, of the adequacy or otherwise of current staffing levels, structures, approaches and models across the organisation is reached.

Opportunities to improve the culture are vast. People describe the values as great and implementing the planned programme of work to bring them to life, through a shared understanding of their meaning in practice, will bring a positive shift in engagement, leadership and culture. The work already under way to integrate and mainstream the values in organisational approaches, including awards and recognition, should continue and develop to be visible through all interactions and experiences in the colleague experience journey.

The developing approach to bring the senior leadership and extended senior leadership cadre closer together and closer to the executives, providing them with greater engagement and influence, will also positively impact on the organisational culture.

The lack of development and training investment in staff overtime, coupled with the very basic practice of personal appraisal and development reviews not being in place for the majority of employees, contributes to the culture change challenge. Improving access to statutory and mandatory and general training and development for staff, leaders and managers and providing access to quality personal appraisal and development reviews will provide further opportunities to embed the values and behaviours and reduce risk, particularly in relation to statutory and mandatory training.

There is a need for senior leaders to work better together and take individual and collective ownership to reach out and find solutions to some of the challenging issues, particularly those directly impacting on staff. Demonstrable progress in this respect will significantly improve the culture.

There is great optimism for NHS Orkney's future and an opportunity to build on the positives and move forward from some of the historical cultural difficulties. Almost without exception there was confidence in the future and the ability to collectively create and sustain a culture in line with the values over time. The majority of those contributing to the review believe that NHS Orkney can become a high functioning organisation delivering excellent care, enabling its population to stay well and providing fantastic opportunities for development, the testing of different and innovative approaches, and an attractive place for people to come and spend time living and working.

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3. Senior Leadership

The Chief Executive has brought a strong sense of direction and, with the Board, is seeking clarity and commitment to priorities moving forward. The work to solidify 2025 priorities in line with the direction set is important to maintain progress.

There is overwhelming support for the Chair and Chief Executive in their individual roles and their joint leadership of NHS Orkney with many comments about the positive impact and energy that they bring individually and collectively. As the two most senior leaders in the organisation the Chair and Chief Executive roles are critical to leadership of the Board and the organisation. There is an opportunity for the roles to be reaffirmed, with accountabilities clearly articulated, shared more widely, and regularly reviewed.

The Board Chair is heavily invested in NHS Orkney, which is welcomed and appreciated. She is described as a passionate individual who brings great enthusiasm and commitment to her role, is very supportive, community and patient driven and connected at various levels. The Vice-Chair has significant experience working with and in NHS Orkney and is well connected in the community, bringing local knowledge and insights. The Vice-Chair role is key in supporting the work of the Chair and the Board. As the two most senior non-executive leaders in the organisation the Chair and Vice-Chair make a significant contribution to the effective governance of the Board and ensuring this relationship is reviewed and as effective as possible is important.

There is a general view that the non-executive members complement one another by bringing varied experience, knowledge, skills and perspectives that are of value to the Board. There is no doubt that they want to make a positive difference to NHS Orkney. They support the need for ongoing development to ensure that the required scrutiny, and holding each other, executives and the system to account, in their non-executives' roles, is in place.

The need for greater collaboration and negotiation across the system with partners in such a complex environment with limited resources is also identified.

The challenge moving forward will be to keep focus and scrutiny on the immediate challenges, including those related to the escalated status of the organisation, whilst also looking forward and delivering the transformation required.

The Chief Executive is working tirelessly to open up the organisation in line with the values, inviting wide engagement and contribution directly through her extensive personal visibility and more corporately by issuing open invitations for anyone to attend Senior Leadership Team and Performance Review Meetings. This approach is viewed very positively. She is seen as a very proactive individual putting forward a positive vision and direction for change to which she brings great energy and focus. There is great hope that this may be the time when the changes stick and become sustainable. Her consistent and balanced communications are very well received at all levels. There were some examples noted of decisions made without engagement or consultation, and it is important when this needs to happen, usually due to urgency and risk, that the reasons for this are communicated well, so that it does not detract from the generally open and engaging approach the Chief Executive brings. The current overreliance on the Chief Executive is not sustainable in terms of workload or risk. The time is now right to start to spread the leadership to a more distributive model, which is critical to success. The Chief Executive needs the full support of Scottish Government and NHS Orkney at this transitional time to create a solid united team around her. There is no doubt that the appointment of the Chief Executive has been an overwhelmingly positive one.

The most prominent and frequent concern raised repeatedly throughout the review is that the Corporate Leadership Team (Executive Team) is not yet operating as a fully functioning, cohesive,

visible, executive team, role modeling the values, and providing the leadership the organisation requires. There is an urgent need to stabilize and strengthen leadership at this level, including overall capacity, capability and approach. There are also concerns raised about the pressure on executives, some remits being too wide and executives constantly reporting to committees and potentially not being afforded the time and space to connect as a team and establish themselves in their roles. This needs review. Hybrid and flexible working that maintains the balance of visible and compassionate leadership, with being an inclusive employer, should also be periodically reviewed to ensure this balance is being maintained. The executive development that is underway should continue as part of a suite of opportunities to create an effective team. Ensuring all executives are committed to and behind the values so they collectively and individually role model them within and outwith the organisation should form a part of this.

A critical component of the executive leadership challenge is the need for the three clinical executives to work together more effectively given how significant clinical leadership, voice and advice is in the organisation's improvement journey. Clinical executives recognise the need to work in a more integrated way to provide senior clinical leadership and advice to the organisation and develop joined-up clinical leadership and engagement throughout. This is critical and urgent.

There is an overwhelming view that leadership development across the organisation has been neglected, with many untapped skills in the organisation and with potential stars who could be the most senior leaders of the future. Succession planning and fast track development, including mentoring, to create the leaders of the future needs attention. There is optimism that members of the Senior Leadership Team can be developed and supported to make more cohesive, collaborative and individual contributions to move the organisation forward. People management is underdeveloped and there is a need to support senior nursing and other clinical staff with development to support them in their leadership and management roles.

A further leadership challenge identified relates to the regular external demands made on the organisation which are believed to be out of sync with what is reasonable for a small organisation.

4. Receiving and acting on Employee Feedback

There is a growing sense that people are feeling safer having their say and providing feedback, with the Chief Executive working tirelessly to encourage this through the creation of an open and safe environment, regular communication and engagement and demonstration of action taken as a consequence of the feedback received. There is evidence of employee-led change and those who have been in NHS Orkney sometime have noted that more of this is happening.

The scores from i-Matter have improved although there are varying views about its usefulness and whether staff see it as a valued tool. It needs to be supplemented with more frequent engagement and feedback, involving more people, throughout the organisation. There is evidence of change following the I-Matter survey including 'Walkabouts' involving non-executive board members which are well received along with the Chair and Chief Executive being proactive in sharing their experiences with staff and members of the community with the Board.

There is more work to do to establish stronger systems of direct clinical engagement and feedback in addition to the professional advisory groups and this is recognized and needs to progress. 'All staff' forums receive positive commentary.

5. Governance

There have been significant developments in the governance arrangements in NHS Orkney including the architecture for assurance with improved agendas and clearer papers, guided by a strong sense of corporate direction and priorities, more focused chairing, and improved assurance reports from

committees. A focus is now needed on greater support for committee chairs, including closer working between executive leads, governance and committee chairs, Despite the noted improvements there remain mixed views about the current governance structure from it being 'very full on' for an organisation the size of NHS Orkney, to requiring further improvement to be fully effective. Many questions are asked about whether the arrangements are as streamlined as they can be, with the minimal viable bureaucracy needed to ensure effective governance. There is some lack of understanding of the importance of governance and the significance of good governance which indicates some development needs requiring support, to ensure governance is practiced in line with the Blueprint for Good Governance in NHS Scotland. The governance infrastructure support is thin and fragile. The current governance structure approach and resource needs review to aid clarity of requirements, roles and standards, and to increase resilience.

A system of clinical governance with strong clear operational clinical governance processes that feed into the Board governance systems is understood to be in development and needs to be prioritised.

There is variable understanding of the Integration Joint Board and its relationship with the Health Board and further work to better understand roles, accountabilities and the commissioning processes would be helpful. A focus on integrated governance across the system will be the next stage of development.

Observation of board meetings has seen improvements that aid the smooth running of the Board and there is no doubt that the Board is moving in the right direction. It is recommended that the focus on board development and improvement continues with regular review and reflection built in to ensure ongoing progress. Board committees are developing and there is work to do to continue to enhance the effectiveness of them. Improvements to the governance arrangements and support to better serve committee chairs will undoubtedly contribute positively to this. Committee chairs clearly care about the work they do and own the work of their committees feeding into the board appropriately. Attendance at committees should be reviewed over time alongside lead executives taking 'ownership' of their committees, working in partnership with the committee chairs and governance team, to enable their committee to operate as effectively as possible.

There is a strong desire to be inclusive and engage Senior Leadership Team members more in the operational management and decision making in the organisation which is viewed as a positive development. It is described as the main engine room of the organisation with current reporting arrangements directly to the Board. There have been many views expressed that the Senior Leadership Team has ability and is embarking on the journey of improvement for the organisation, whilst recognising that there are some challenges requiring development and support to enable the Senior Leadership Team to develop into a critical contributor to the organisation.

6.   Start, Continue, Stop
Those participating in the review were asked what they thought the organisation should start, continue and stop doing to aid progress. The feedback provides important insights for consideration and is repeated verbatim below: -

Start
- Balancing the financial reality with keeping people on the journey
- Helping people become more financially savvy
- More of a focus on efficiency and productivity
- A radical review of governance to ensure it is proportionate to NHS Orkney
- Focusing more on system leadership, capacity and capability building
- More consistently doing what we say in terms of being kind and compassionate

- A major focus on staff development at all levels
- Thinking about a more mixed method of working that enables all to contribute irrespective of their living and working arrangements
- Embracing digital and hybrid working as opposed to finding it difficult and providing more equal treatment whether people are on Teams or in the room
- Leadership and management development programme to grow confidence and capability to build a thriving organisation that knows what it is about, is clear where it is going with the executives and senior leaders visibly demonstrating the values and challenging each other where behaviour is not in line with the values espoused.
- A major focus on improving statutory and mandatory training and appraisals
- To increase the focus and level of discussion on Public Health, Prevention and Community Services
- Focusing on and learning from other health systems across the world
- Developing a common view on sustainability of services with Scottish Government

Continue
- Focusing on engaging and developing the wider leadership
- Recognise and celebrate the successes more, building on the approach the Chief Executive has brought in this respect including the staff awards scheme
- Chief Executive relationship with the wider organisation and bring executives on board so that the spirit at the top and the 'shop floor' infiltrates through the whole organisation
- The work to rebuild partnerships beyond health
- Communications and engagement approach
- Leadership approach of trying to identify and get underneath the challenges and attempt to solve them
- Enabling people to generally feel more positive post covid
- Marketing Orkney as a place to live, develop a career and make a difference in an exciting environment full of possibilities

Stop
- Overcomplicating things
- Filling every role without really thinking what is needed (200+ increase in staff in last 2 years)
- Saying people rushed off their feet all the time when the hospital is really quiet
- The element of 'gossip' where issues are emotionally heightened and the focus needs to be on the work
- Criticising other parts of the public sector
- Pace of change
- Discretionary overtime which is unpaid and unsustainable
- Government dictating
- Constant narrative of overwork/busy-ness

7. **What's great about NHS Orkney?**
   Contributors to the review were asked what they thought was great about NHS Orkney. This feedback also provides important insights for consideration and is repeated below: -

- It's not a complex organisation with lots of opportunity if we can get staff on board with autonomy and support them if they fail
- It's small. We know our patients, remember them and care about them. It is described as more patient centered than anywhere else people have worked
- Size and ability to connect and understand

- Staff
- The people
- The people – most of whom are here for the right reasons and want to do the right things
- The people are amazing, friendly, welcoming, close to their community and want to do the best for them
- Good people
- Some amazing leaders at various levels
- Commitment of front-line staff
- You are part of the community you serve
- Community and staff so connected and an opportunity to use it more
- The community which is very understanding and forgiving if you are straight with them
- The services provided to our community
- Gold-plated services
- Shining new hospital
- Positive interactions as a patient
- The potential to lead the way across the world with respect to integration and partnership working.
- The opportunity to be leading the way in relation to integrated services and systems. If not done here then where?
- The opportunity to be bold, talk and walk the values, bring primary and secondary care more together
- Opportunity to make it a great place to work for everyone, not just the 'teachers' pets
- Opportunity to increase focus outside acute and into community
- Opportunity to focus on clinical change balanced with governance but that way round.
- Exciting clinical opportunities to deliver care in different ways and remote and rural care being attractive to young clinicians to come here and work
- Potential for excellent opportunities for clinical staff. This is where the focus needs to be.
- Being at the start of a journey that can make NHSO great
- The organisation is moving forwards
- The optimism
- Willingness to change
- Flexibility
- Remarkable resilience
- Great comms
- Living here
- Orkney and there is a need to promote Orkney and living in Orkney

8. Recommendations

Recommendations arising from the review are attached as Appendix A. They provide opportunities for reflection and learning. It is recognised that the external reviewer may not be aware of all the practices, approaches and programmes of work underway. It is important therefore that the recommendations are considered in this context.

Areas suggested for priority consideration are: -
- Corporate Leadership Team/Executive Team
- Executive Clinical Leadership and Engagement
- Senior Leadership Team
- Governance Improvements
- Cultural Development to translate values into behaviours and bring them to life
- Staff Development - Statutory and Mandatory Training and Appraisals

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- Board, Leadership and Management Development
- Chair and Chief Executive Role Clarity
- Build consensus and ownership
- Agreed common understanding of staffing constraints or otherwise
- Negotiate proportionate demands from Scottish Government

9 Concluding Remarks

This report has been produced following a document review, attendance at Board and Committee meetings and 1:1 discussion with a range of senior leaders, at Board, Corporate Leadership Team and Senior Leadership Team, who have provided extensive insights and perspectives through sharing their views and experiences. Contributors to the review have been generous with their time and their openness and willingness to share their perspectives which has been appreciated.

The review has focussed on senior leadership, cultural development and board level governance and has enabled the reviewer to provide professional reflections and recommendations for consideration by the organisation. The review has been conducted with the benefit of an external perspective, that is not available to those attempting to seize the opportunities and respond to the challenges faced. It is hoped that the privilege of this external perspective and the recommendations arising from it will support NHS Orkney to continue the extensive journey of improvement it has begun.

Professor Tracy Myhill OBE

Director: Tracy Myhill Associates Ltd

December 2024

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RECOMMENDATIONS   **APPENDIX A**

External Review: Cultural Development, Senior Leadership and Governance

1   Bringing the Values to Life
A detailed programme of work should be initiated to work with leaders and staff across the organisation to develop a shared understanding of what the values mean in practice and to identify the associated behaviours that align with them and importantly behaviours that do not. This work must be done with significant engagement at all levels to build the commitment needed to bring them to life.

2   Listening to the History with Fascination and Interest.
Actively listening to the voices of those who have lived through many changes in the organisation, to better understand the past, to inform the future, is important especially hearing the dissenting voices with fascination and interest as they provide insights often unheard and unseen by new leaders joining an organisation.

3   Staffing Resource Analysis
It is recommended that a common understanding, based on evidence and benchmarking, of the adequacy, or otherwise, of current staffing levels, structures, approaches and models is reached, with all executives on board with the conclusions.

4   Staff Development - Statutory and Mandatory Training
It is recommended that improving access to statutory and mandatory training for staff is urgently prioritised due to the positive impact it will have on the culture through demonstrating organisational commitment to development and support for staff but also because of the risks it will reduce in staff practice.

5   Access to Personal Appraisal and Development Reviews
It is recommended that a systematic programme of personal appraisal and development reviews in put in place as a further opportunity to enhance engagement, support development and embed the values and behaviors throughout the organisation.

6   Cultural Development Values and Behaviour Programme – Corporate Leadership Team
It is recommended that the Cultural Development Values and Behaviour Programme is initiated with the Corporate Leadership Team to ensure all are on board before wider roll–out across the organisation (as noted in Recommendation 1 - Bringing the Values to Life') and progressing through the colleague experience journey.

7   Organisational Development Capacity and Expertise
Consideration should be given to reviewing current organisational development capacity and expertise to ensure the necessary skills and capacity required to provide the significant focus required over the coming 3 years is in place.

8   Balancing the Narrative and Designing the Future State Together
It is recommended that positive hope and ambition for the future is prominent in the narrative, with achievements and opportunities a major focus and 'deficits' and 'challenges' clearly recognised, but not the overriding force for change. Alongside this wide engagement in designing the future state together is recommended.

9   Commitment to Consistent Priorities
It is recommended that wide engagement, influence and sign-up to the corporate priorities for 2025/2026 is secured and that they remain consistent with any decisions to deviate from them made with conscience and understanding of the potential consequences on progress against extant priorities and the work for individuals.

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10   Clarity of roles of Chair and Chief Executive

It is recommended that dedicated time is given to working through the roles of Chair and Chief Executive to reaffirm accountabilities and distinctions between the roles and describe clarity of role delivery in practice. Once complete this work should be shared more widely with the Board and organisation and should be subject to regular review and feedback

11   Clarity of roles of Chair and Vice-Chair

It is recommended that reflection on the role and interaction of the Chair and Vice-Chair, the Vice-Chair and non-executives, and the Vice-Chair and Chief Executive (particularly when the Chair is on periods of leave) takes place following the work to clarity and redefine the roles of Chair and Chief Executive has taken place. Once complete this work should be shared more widely with the Board.

12   Non-Executive Member and Board Development

It is recommended that the board development currently underway continues along with a specific focus on the development of non-executive members, individually and collectively.

13   Balancing Speed and Engagement

It is recommended that the balance of making progress at speed, with the potential to ease the pace and increase potential for sustainability and keeping more people on the journey, should form part of the consideration of corporate priorities for 2025.

14   Decisions without Engagement

It is recommended that the reasons for decisions being made without engagement or consultation, due to urgency and risk, are communicated well.

15   Support for the Chief Executive

It is recommended that support is available for the Chief Executive, from Scottish Government and NHS Orkney Board, to enable her to create a solid united team around her.

16   Distributive Leadership Model

It is recommended that the Chief Executive moves the organisation to a more distributive leadership model, as soon as circumstances allow, where leadership is shared and collaboration and teamwork contribute to a collective approach.

17   Increasing Resilience of Corporate Leadership Team (Executive Team*)*

It is recommended that resilience of the Corporate Leadership Team (Executive Team) is enhanced through a review of the scope of some roles, appointment to vacant roles and transitional investment in additional capacity and capability in executive leadership over a 3-year period. Consistent messaging from all executives about executive investment will be essential.

18   Continuous Development - Corporate Leadership Team (Executive Team)

It is recommended that the executive development currently underway continues with an immediate focus on bringing the team together behind the organisational values.

19   Visible Leadership with Hybrid and Flexible Working

It is recommended that hybrid and flexible working that maintains the balance of visible and compassionate leadership with being an inclusive employer successful in recruiting and retaining the leaders it requires, should be periodically reviewed to ensure this balance is being maintained.

20   Executive Clinical Leadership

It is recommended that the strengthening of executive multi-disciplinary and integrated clinical leadership is urgently prioritised, to enable the provision of strong cohesive clinical leadership to the Board and the organisation.

21   Leadership and Management Development

It is recommended that the leadership development programme, in development, is supported and includes a focus on development and succession planning.

22   Proportionate External Demands

It is recommended that consideration is given to determine if there is potential to agree with Scottish Government a revised level of appropriate and proportionate demands on NHS Orkney

particularly over the next few years whilst the organisation is on a journey of improvement and transformation with fragile leadership arrangements in place currently.

23 Employee Engagement

It is recommended that 'Walkabouts' involving board members continue with more imaginative ways explored to connect directors with those on the frontline.

24 Employee Feedback

It is recommended that a simple but effective system of providing feedback from walkabouts and other engagement activity across the organisation is developed to ensure that issues are considered in a systematic way and fed into priorities as appropriate.

25 System of Clinical Engagement and Feedback

It is recommended that a strong system of direct clinical engagement and feedback, in addition to the professional advisory groups, is progressed.

26 Proportionate and Operational Governance

It is recommended that constant review takes place to ensure governance requirements are effective and proportionate to an organisation the size of NHS Orkney and that the operational arm of governance is further developed to support the whole governance infrastructure with graduated (as opposed to repetitive) governance arrangements.

27 Governance Development for Board Members

It is recommended that consideration be given to securing a master class in board governance to ensure all understand the importance of governance and the significance and importance of good governance, including appropriate scrutiny and response.

28 Governance Infrastructure Review

It is recommended that the governance infrastructure approach and resource is reviewed to increase resilience and ensure the governance function can respond to the organisation's requirements.

29 System of Clinical Governance

It is recommended that a stronger system of clinical governance, with strong clear operational clinical governance processes that feed into Board governance, is developed by the clinical executives.

30 Integrated Governance

It is recommended that further work to aid understanding of the roles, accountabilities and the commissioning processes associated with the Integration Joint Board takes place as a pathway to a more integrated governance approach across the system.

31 Board Development and Improvement

It is recommended that the focus on board development and improvement continues with regular review and reflection built in to ensure ongoing progress.

32 Chair and Chief Executive Attendance at Board Committees

It is recommended that Chair and Chief Executive attendance at Board Committees is reviewed, over time, alongside lead executives taking 'ownership' of their committees, working in partnership with the committee chairs and governance team, to enable their committee to operate effectively.

33 Formal Executive Team

It is recommended that consideration be given to the creation of a more formal Executive Team, with formal agendas, structure and reporting, in addition to regular informal meetings, and distinct from, but still connected to, the Senior Leadership Team.

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NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 27 February 2025**
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:

- **Discussing** key themes and improvement actions from latest walkarounds
- **Discussing** and **approving** the proposed refreshed approach to Board walkarounds in 2025/26

2 Report summary

This paper summarises the main themes from the Board walkarounds between December 2024 and February 2025.

2.1 Situation

Board walkarounds are one of the ways in which we ensure the visibility of Board members and ensure staff across the organisation feel heard.

There have been five Board walkarounds between December 2024 and February 2025, to Reception/Switchboard, Dietetics, Cardiology, Practice Education and IT/eHealth.

2.2 Background

Board walkarounds involve a blend of Executive Directors and a Non-Executives visiting different teams and departments across NHS Orkney and listening to how it feels working here.

They 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?
   o 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?

   o What feedback do people using this service give you?
   o If you could change one thing, what would it be?
   o what do you wish you had more time to do?

3) How can the Board help?

   o 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)

   o Do you feel confident in reporting incidents or near misses?
   o Do you get enough feedback when you report incidents/near misses?
   o 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 36 Board walkarounds between May 2023-February 2025, spanning The Balfour, our community and our ferry-linked isles.

There have been five Board walkarounds between December 2024 and February 2025– to Reception/Switchboard, Dietetics, Cardiology, Practice Education and IT/eHealth.

Below is a summary of the main feedback received from the five most recent walkarounds.

Main themes from these visits

Positive:

- Small, highly dedicated and committed teams who provide excellent patient care and are passionate about giving the best possible learning and education experience to students and staff
- Strong teamwork within non-clinical areas to ensure efficient processes and procedures are in place demonstrating real agility and flexibility
- Practice Education are exploring modern apprenticeships with University of the Highlands and Islands – promoting staying in Orkney

- All newly-diagnosed coeliac patients are now seen locally rather than travelling to Aberdeen to see a dietitian there which has saved NHS Orkney on travel and this saved much clinical time
- Dietetics using Near Me more now than during COVID which is to be applauded
- Teams are doing incredible and innovative work that needs to be celebrated and recognised
- Excellent development and projects taking place within Practice Education
- Excellent examples of multi-disciplinary teamwork and holistic model of care within the Cardiology Team
- Positive links with NHS Grampian
- Understanding of how integral the reception and switchboard team is to the smooth running of the hospital
- The work undertaken by the IT and e-Health teams is at the core of service deliverables within the system

Areas for improvement:

- Frustrations with lack of clinical space
- Capacity within the departments to meeting increased demand on services, the lack of capacity to deliver public health and preventative medicine, the increase in referrals and the lack of clinical space to deliver dietetic care
- A general lack of resilience in the Cardiology Team, for example currently no succession planning and limited Health Care Support Worker support, and challenges with filling specialist roles
- Gap in dietetics due to long-term sickness and maternity leave
- Understanding to and responding to what currently makes teams feel forgotten – so that the team feel heard, listened to and valued
- There is a separation between Medical Education and wider Nursing, Midwifery and AHP Education – and a more integrated approach under a single umbrella is needed and would be welcomed
- Accommodation – both capacity, sub standard accommodation for students and the lack of co-ordination of allocating accommodation
- Increased investment in training and improved training environment required
- Stronger engagement with advisory committees
- Would like to see more communications about patient and staff stories
- Phonebook and Call Handling Improvements: Explore ways to improve the usability of the hospital phonebook, potentially through improved search functionality or awareness for other hospital staff to use it more efficiently rather than call switchboard
- There was a clear message that clinical leadership should be identified and work collaboratively with the IT/eHealth team – with an ask for the clinical voice to be much improved in this space

2.3   Recommendation

The Board walkabouts have been a successful engagement tool between Board members and staff/teams.

To build on the success of the past 18-months of walkabouts, a refreshed approach is proposed.

This refreshed approach will ensure that walkabouts are moments where Board members are living the values of the organisation, and there is equity of approach in how they are conducted.

The following structure is proposed as our refreshed approach to Board walkabouts:

1. In all communication between the Board members and staff/team, the team's manager and lead Executive Director will be included
2. There will be a nominated notetaker between the Board members on the walkabout
3. At the end of the walkabout, key messages/what Board members have heard will be summarised verbally before the write-up is shared
4. Following a walkabout - a summary email saying 'thank you', capturing in headline terms what was heard, as well as any items that will be picked up outside of the structured process will be communicated to the team within 2 days of the walkabout
5. The summary, as agreed by the team, using the template we have agreed, will be shared with the Corporate Governance Team within 3 days of the walkabout, so this can be sent to the team, team manager and the Executive Director lead
6. Board walkaround feedback will be better aligned with broader staff feedback and the Staff Experience Programme, under the leadership of the Director of People and Culture

The purpose of this paper is to:

- **Discuss** the key themes and improvement actions from latest walkarounds
- **Discuss** and **approve** the proposed refreshed approach to Board walkarounds in 2025/26

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Governance Committee Membership**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair**
Report Author:	**Meghan McEwen, Board Chair**

1   Purpose

This is presented to the Health Board for:

- Approval

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Board is asked to:

- **Note** the nomination of Joanna Kenny as the Chair of the IJB to start from May 2025
- **Approve** the reviewed and updated Governance Committee Membership as detailed
- **Note** the verbal update relating to recruitment, statutory and mandatory training, and development of Non-Executive members of the Board.

2.2 Background

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

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

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

2.3 Assessment

It is stated in the Scheme of Integration that and NHS Non-Executive will serve as the Chair of the IJB for a period of two years. That appointment will begin in May of 2025.

This committee membership change has been determined in light of demands of the various committees, the need to address the current risk of escalation, and also provide succession planning in a safe way to key roles including the Integration Joint Board.

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

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

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

ORKNEY NHS BOARD

Chair: Meghan McEwen
Vice-Chairperson: Davie Campbell

STANDING COMMITTEES: March 2025 – June 2025

Audit and Risk Committee:	Members:	
Four Non-Executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any Governance Committee of the Board but can be a member of other governance committees **Lead Executive – Medical Director**	Jason Taylor, Chair Currently vacant, Vice Chair Ryan McLaughlin Jean Stevenson	
Finance and Performance Committee: Four Non Executive members including the Local Authority member **Lead Officer – Director of Finance**	**Members:** Davie Campbell - Chair Meghan McEwen – Vice Chair Jean Stevenson – Local Authority Rep	
Integration Joint Board: Three Non-Executive members	**Members:** Joanna Kenny – Chair from May 2025 Issy Grieve Rona Gold	**Deputies:** Davie Campbell Meghan McEwen
Joint Clinical and Care Governance Committee: Three Non-Executive members one of whom must be the Area Clinical Forum Chair and a voting member of the Integration Joint Board.	**Members:** Rona Gold – Chair Issy Grieve, Vice Chair Kirsty Cole	

Lead Director – Director of Nursing, Midwifery, AHP and Chief Officer Acute	
Staff Governance Committee: Four Non-Executive members including the Employee Director **Lead Director – Director of People and Culture**	**Members:** Joanna Kenny, Chair Ryan McLaughlin Jason Taylor Dr Kirsty Cole
Remuneration Committee: Four Non-Executive members including the Chair of the Board and the Employee Director **Lead Director – Director of People and Culture**	**Members:** Davie Campbell – chair Meghan McEwen Ryan McLaughlin Joanna Kenny
OTHER COMMITTEES:	
Endowment Fund Sub Committee: Five Trustees, one of whom will be the Director of Finance **Lead Director – Director of Public Health**	**Members:** Davie Campbell, Chair Issy Grieve, Vice Chair Jean Stevenson – Local Authority Rep Dr Louise Wilson All other Trustees to attend in rotation
Orkney Alcohol and Drugs Partnership:	**Pharmacy Practices Committee:**
Joanna Kenny – to be reviewed Deputy - VACANT	Chair to be appointed as and when required
Area Partnership Forum:	**Area Clinical Forum:**
Ryan McLaughlin	Kirsty Cole
Orkney Partnership Board:	

Meghan McEwen	

Breakdown of Workload

Member	Current Committee membership	Committees as proposed
Meghan Mcewen	NHS Board – Chair Endowments Committee – Chair Finance and Performance Orkney Partnership Board Integration Joint Board – voting member Remuneration Committee	NHS Board – Chair Endowments Committee – Chair Finance and Performance - Chair Orkney Partnership Board Integration Joint Board – voting member Remuneration Committee
Jean Stevenson		Finance and Performance Audit and Risk Endowments Fund subcommittee
ACF Chair	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee Endowments Fund subcommittee	Area Clinical Forum Chair – (TBC) Joint Clinical and Care Governance Committee – member Staff Governance Committee
Ryan McLaughlin	Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member	Area Partnership Forum – co-chair Audit and Risk Committee Staff Governance Committee Remuneration Committee Integration Joint Board – non-voting member
Davie Campbell	NHS Board – vice chair Remuneration Committee – chair Endowments Fund subcommittee – chair Integration Joint Board – voting member Joint Clinical and Care Governance Committee	NHS Board – Vice Chair Remuneration Committee – Chair Endowments Fund subcommittee – Chair Finance and Performance Committee – Vice Chair Integration Joint Board - Deputy
Joanna Kenny	Staff Governance Committee - Chair Alcohol and Drugs Partnership Remuneration Committee	Staff Governance Committee - Chair Alcohol and Drugs Partnership Remuneration Committee – Vice Chair

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 February 2025
Title:	Infection Prevention HAIRT
Responsible Executive/Non-Executive:	Sam Thomas, Executive Director of Nursing Midwifery and AHPs & Chief Officer Acute
Report Author:	Sarah Walker Head of Infection Prevention

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board

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 December and part of January 2025. The data is set at real time and includes all cases that have been validated with ARHAI Scotland data team.

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. For reporting of LDP standards, cases are considered hospital if infections are identified after 48hrs of admission or within 3 months in the case of CDI infections. Whereas healthcare associated infections reflect intervention with any healthcare professional, both locally or regionally, within the last 30 days or a resident within a care home setting. Whereas community cases have received no interaction with a healthcare provider in the preceding

30 days and samples have been obtained within the first 48hrs of admission including within the Emergency department.

2.3 Assessment

The LDP standards for 2024-25 remain interim.

From January to December 2024, NHSO have met both *Staphylococcus aureus* bacteraemia and *Clostridioides difficile* standard and evidenced a reduction in *Escherichia coli* bacteraemia.

The paper includes some patient survey information undertaken by the Infection Prevention Team in October and November, some excellent responses and some improvement work around provision of information on healthcare associated infections and assisting or prompting for patient hand hygiene prior to mealtimes.

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, and Infection Prevention Doctor input into all bacteraemias and CDI cases.

2.3.2 Workforce

The Infection Prevention Workforce Strategic Plan 2022-24 has been implemented and some elements in regards roles and responsibilities continue to be worked through locally.

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

N/A

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:

- Submission through the Infection Prevention & Control Committee 5th February 2025.

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.

.As above -IPCC February 5th

2.4 Recommendation

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

NHS Orkney
Infection Prevention & Control HAIRT Report

Contents

2 Report Summary

2.1 Situation

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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
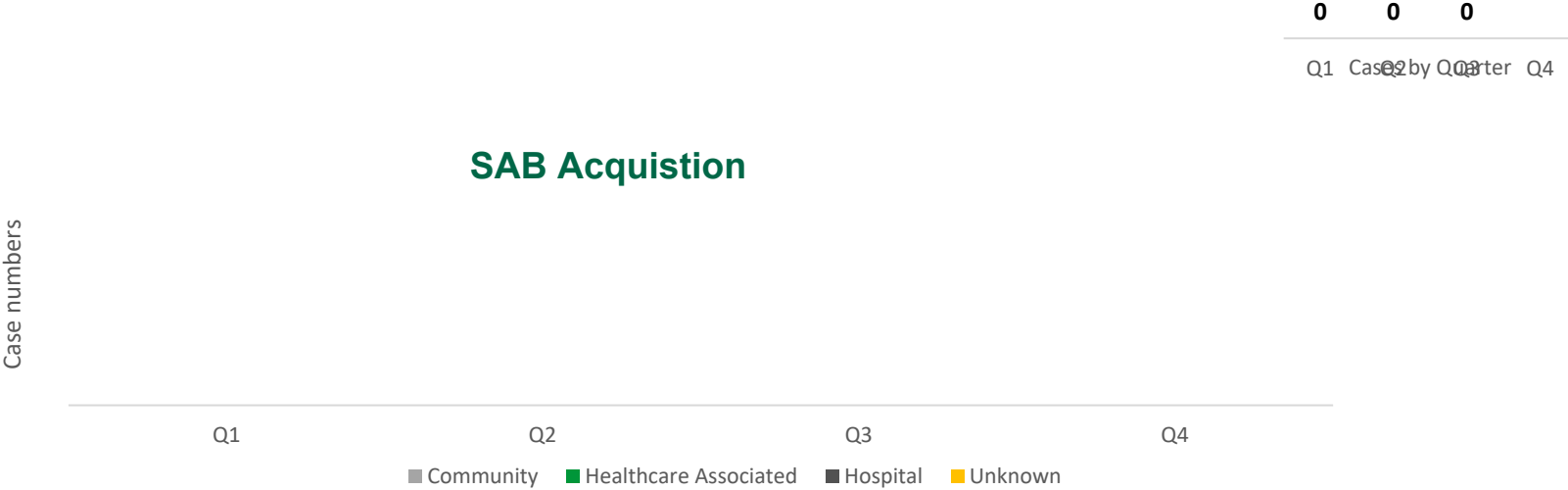
management of infections, updating staff to changes within the National Infection Prevention and Control Manual, changes in the evidence bases and providing information and rationale for areas where improvement can be made. The team also ensure that feedback is given in real time.

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 cases to report.

Dashboard

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

NHS Orkney

0 0 0

Q1 Cases by Quarter Q4

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.

1 case was confirmed and 1 removed for Q3 as does not fit the case definition. No cases for Q4

Calendar year 1st Jan - 31st Dec 2024 for *Clostridioides difficile* Infection (CDI) – LDP Standard to be confirmed

CDI Acquistion
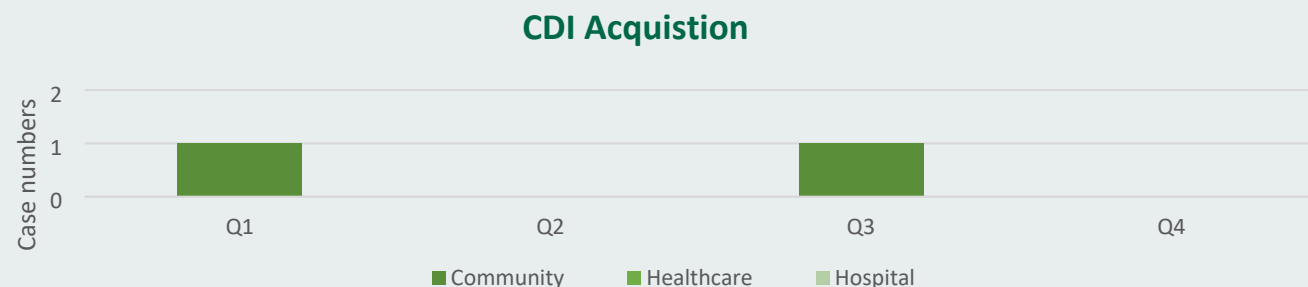
E. Coli Bacteraemia

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

1 case confirmed for Q4

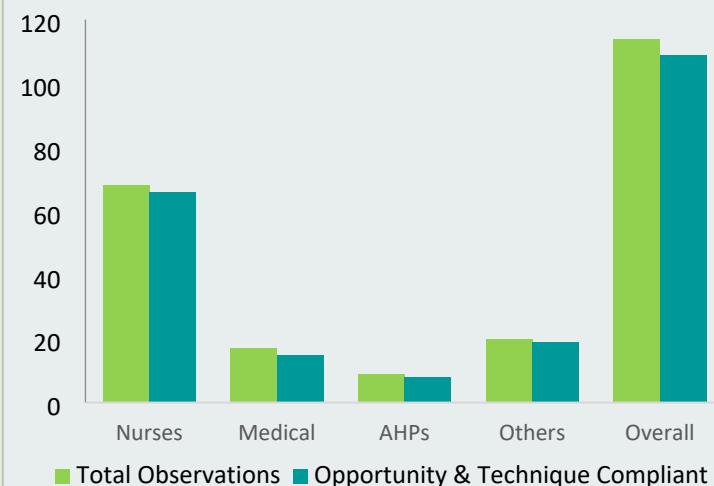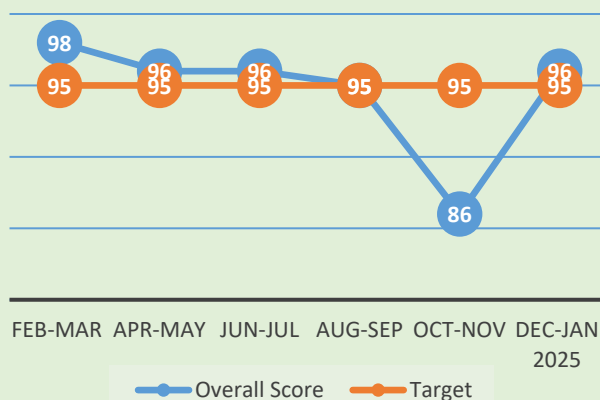Calendar year 1st Jan 2024 to 31st Dec 2024 for *E.Coli* bacteraemia (ECB) – LDP Standard TBC

ECB area of acquisition

Source of bacteraemia

![NHS Orkney logo]
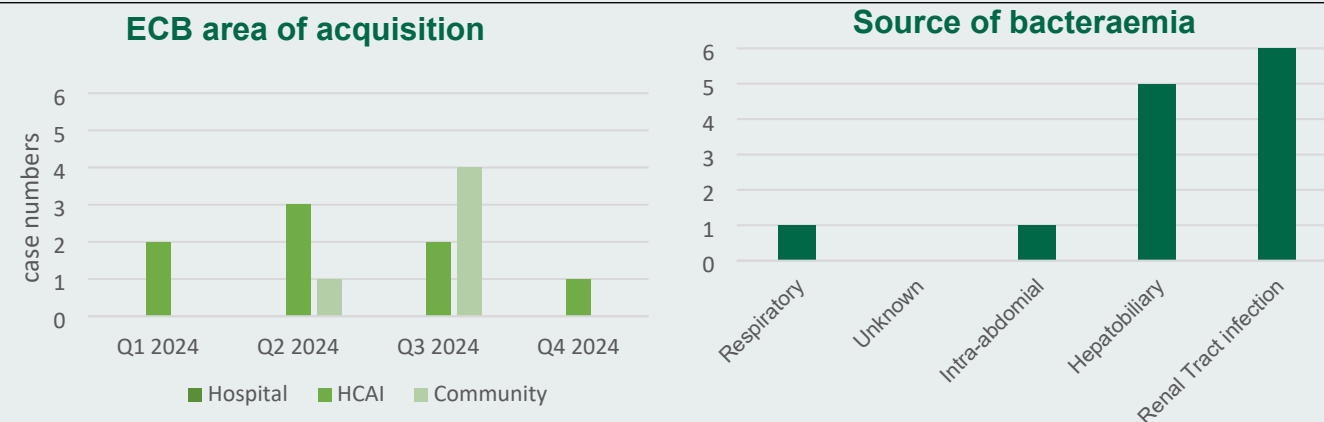
Multi Drug **Clinical Risk Assessment KPI by Quarter –Local and National Data**

Clinical Risk Assessment National Screening

There has been a drive within the teams to improve the MDRO screening target in the last quarter of 2024. No national data has been received to date and will be included in the next HAIRT report.

Quarters	Local MRSA Screening % Scores	Local CPE Screening % Scores	National MRSA Screening % Scores For Benchmarking only	National CPE Screening % Scores For Benchmarking only
Jan –Mar 2024	87%	100%	79%	78%
Apr – Jun 2024	77%	100%	81%	81%
Jul-Sept -2024	67%	100%	80%	82%
Oct-Dec -2024	Awaited	Awaited	Awaited	Awaited
National Set Target	**90%**	**90%**	**90%**	**90%**

Hand Hygiene -Dec 2024- Jan 2025

Overall Score values: FEB-MAR 98, APR-MAY 96, JUN-JUL 96, AUG-SEP 95, OCT-NOV 86, DEC-JAN 2025 96
Target: 95 across all periods

Legend: Overall Score, Target

Bar chart categories: Nurses, Medical, AHPs, Others, Overall
Legend: Total Observations, Opportunity & Technique Compliant

![NHS Orkney logo]

Hand Hygiene

The hand hygiene score for December to January have improved since the last update at 96% and therefore has returned to above target of 95%.

Work continues to embed good dress code and training for when hand hygiene needs to be undertaken, across all staff groups.

Local Domestic and Estates Environmental Scores

The environment is crucial to prevention/transmission of infection; the domestic score continues to sit above the Scottish target of 93%.

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Hand hygiene Dec-Jan by staff group

Domestics and Estates Compliance Score
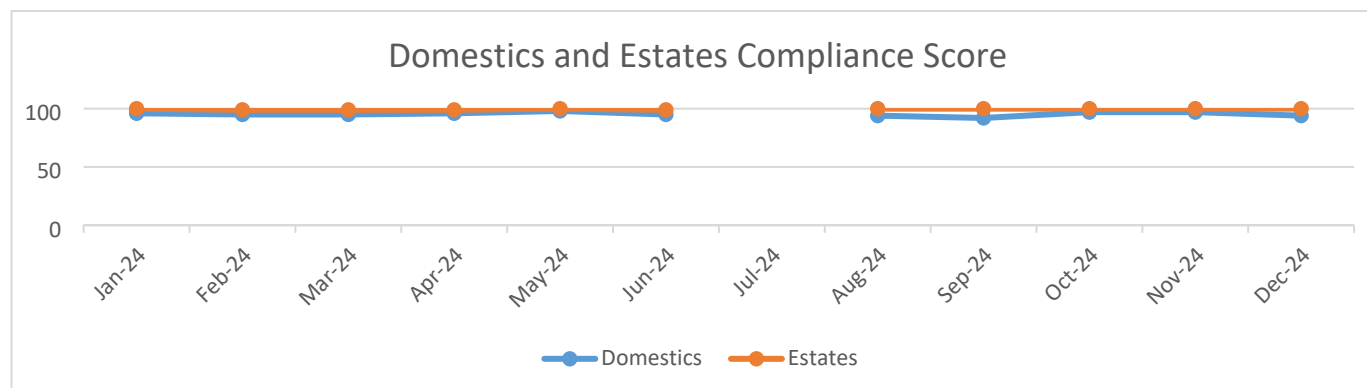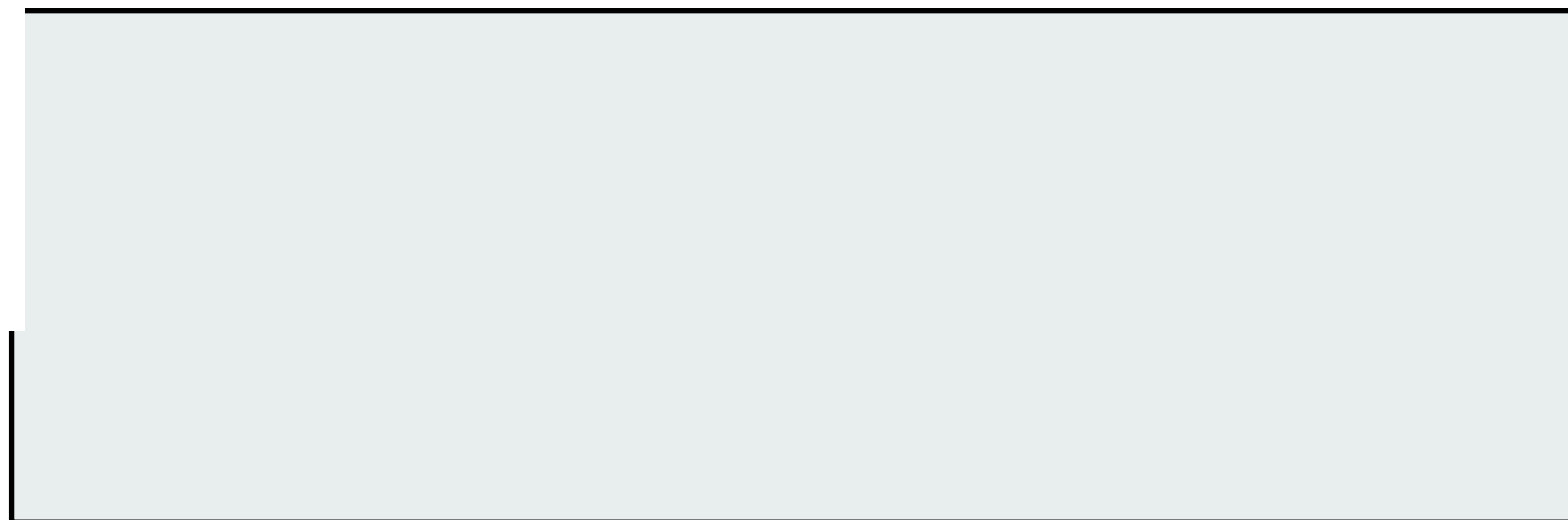
Patient Infection Prevention Survey Data

The team to undertake patient surveys every month, where possible to gain some insight into patients experience of some of the infection prevention measures such as hand hygiene both staff and their own, information shared with them around healthcare associated infections and cleanliness of the room etc. It consists of 5 short questions and a comments box and IP&C staff get patient consent for anonymous participation and can assist patients where required. Eight patient surveys were completed between October and November, due to capacity and increased respiratory infection no surveys have been completed for December and January.

Patients report that they are aware of staff cleaning their hands on a regular basis and feel their room and ward environment is clean, most would also raise a concern with staff if they felt that the area wasn't meeting their cleanliness expectations which is positive, that they feel able to raise concerns. There is some improvement work to be undertaken around providing written and verbal information on healthcare associated infections and promotion of patient hand hygiene prior to meals. Patients are provided with wipes on their meal tray, so there is improvement to be made around assisting or prompting patients to undertake hand hygiene. This information is shared at the Senior Charge Nurse meetings.

Infection Prevention Team Updates

New deliverables on the second phase of the Healthcare Associated Infection Strategy 2023-2025 was issued on the 21st November via DL (2024)29. Most actions of this DL fall to national bodies, with just four requirements aimed at territorial Boards. However, SEND have requested feedback from IPC Teams on the anticipated impact within Boards should all the nationally worked up deliverables, fall within the IPC remit, as capacity for any further deliverables without removal of other will be problematic.

The community impact of respiratory infections through the winter to date has increased admissions and affected staffing across the Board, teams have worked cohesively and collaboratively to manage the situation and additional infection prevention, and control mitigations had been implemented on a temporary basis to protect both staff and patients. Public information has been shared across the media platforms to ensure visitors are aware of requirements for visiting.

Care Home Support

Onsite and virtual care home support continues on an ongoing basis. Outbreak management and monitoring has been ongoing throughout January and February due to an increase in respiratory and gastrointestinal illnesses. This reflects the increase in cases within the community during these winter months too.

Exception Reporting to Scottish Government

No exception reports submitted.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Month 9 Financial Results**
Responsible Executive/Non-Executive:	**Melanie Barnes, Interim Director of Finance**
Report Author:	**Melanie Barnes, Interim Director of Finance**

1   Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy
- Legal requirement

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

- Effective

2.   Report Summary

2.1   Situation

It is important to continue to fully recognise that NHS Orkney currently remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance and to note the related increased scrutiny and risks that come with this status. 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 non-compliant.

2.2 Background

The reported financial position at the end of month 9 is slightly adverse to the agreed plan (£4.636m actual - V - £4.622m plan) which still supports the Board's ambition, subject to a modest improvement in run rate, to deliver the £5.778m original full year plan.

The key points to note are explicit in the attached paper but include:

- The year to date (and year end forecast) are based on a run rate which continues to be dependent on a high level of vacancies in non-clinical (i.e. excl. docs and nurses) staff groups. This equates to a full year forecast of £1.746m (fav) which is helping to partially offset the overspend in predominately medical which is overspent due to agency and bank cover for vacancies and gaps in rotas (F/Y F/C variance Docs £2.432m).
- The new contract for the Managed Labs Service has now been approved with the new pricing in place from month 10 onwards – full year additional cost pressure of £220k (approx. £55k for 2024/25).
- Month 9 'other' pay spend moved adversely due to payment of the 24/25 pay uplift for non-executive Board Members and the Chair (Circa £25k ytd), this uplift is currently unfunded however, this has been raised with SG colleagues and is under review
- There remain a few known unknowns where we have no alternative but to use best estimates at this time i.e.
  - Activity volumes delivered through the SLA's with NHS Grampian and Highland. We are currently assuming that these will not trigger any reopeners i.e. if activity is 3% above agreed volumes. Activity figures at quarter 3 will be reviewed and forecast for quarter 4 in order that the assumptions can be reviewed in month 10
  - That the funding received to cover the reduced AfC hours and band 5 to 6 exercise. A limited number of colleagues have submitted claims for the band 5 to 6 review to date. This is currently under review along with the year end accounting treatment of any unpaid claims. We are currently assuming the AfC reform funding in year will be fully utilised in 2024/25, once there is a clearer picture on this the assumptions will be updated.
  - The final national uplift to be applied to inter NHS Board SLA's and how that compares to both our original assumptions and available funding uplifts. It is now understood, as advised in December, that the proposed uplift to SLAs in 2024/25 is 6.21%,(increase from 5.17%), this will increase the costs this financial year in the region of a further £96k, this remains under review and will be clarified/ finalised when the remaining medical and dental pay uplifts are agreed.
- Volatility in certain month 9 expenditure headings as described in the table below but also including:
  - Medical agency and locum usage remains continues to fluctuate, there is also estimated costs in medical pays for backdated pay award that has not been paid yet

- Clinical supplies spend continues to slow in the remaining 3 months, there was a reduction in month 9 in line with expectations, however this must reduce further in the last quarter
- That the run rate of various small underspends continues to partially offset the above.

Full Year Forecast Position

- As referenced above one of the main variables looking at the year end is the level to which the SG provided funding related to AfC 5/6 and reduced hours will be utilised. There is an expectation by SG that we should be able to release a material component of these funds however we require to bottom out this issue before committing.
- Moving us in the opposite direction is the real risk associated with the VAT on energy issue highlighted in the month 8 report and quantified in the risk schedule that follows. At £664k this is a material issue which is now being progressed with SG colleagues to ascertain the potential for this 'no fault' issue to be funded. There may be the potential to net these two different issues off in terms of funding. This will be explored with SG colleagues.

List of appendices

The following appendix is included with this report:

- Appendix 1 - NHS Orkney Month 9 Financial Results

NHS Orkney

Financial Position – Month 09 2024/25

Introduction

It remains important for the Board to fully recognise that NHS Orkney continues to be escalated to stage 3 of the NHS Scotland Support and Intervention Framework for Finance. This level of escalation requires a significantly increased level of Scottish Government scrutiny and reporting to Scottish Government with the constant requirement to describe and enact the key milestones that demonstrate how the adverse position will be normalised.

The Board submitted a financial plan for the 2024/25 financial period which forecast 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 remains non-compliant.

As part of the 2024/25 financial planning, the Board was informed that a brokerage limit of £0.990m would apply to NHS Orkney in 2024/25, as the Board is forecasting a year end outturn of £5.778m, there was a requirement to prepare alongside the finance report for month 8, a letter to inform Scottish Government of the reasons for the Board's inability to deliver against the brokerage limit of £0.990m. A letter was submitted to the Scottish Government on 19 December 2024 on this matter. This will be further discussed at our Q3 Scottish Government review meeting scheduled to take place in early February.

Highlights

At month 9 the reported position is a deficit of £4,636k.

The reported position at month 9 is an adverse movement of £14k against the financial plan trajectory for November (£4,622k overspend). Although slightly adverse to plan, the month 9 result shows an improvement in our underlying run rate against the month 8 position of £170k. This has been affected by some notable reductions in spend particularly in other operating expenses including travel, professional fees and allocation of funding for medical pays from reserves also surgical sundries and waiting list initiative spend reduced in month to support the improved position, the main movements against run rate are highlighted in Appendix B.

Although month 9 has seen an improvement to the run rate, it remains essential that this continues in the final quarter of the year to ensure delivery of the forecast outturn of £5.778m. If the month 8 run rate continues over the remainder of the year, there is potential for the year end deficit to increase by £630k, the favourable movement in month 9 has reduced this to £403k. On this basis if the Board fails to reduce the run

rate in the last 3 months of the year, there is a potential that the reported deficit at year end could increase by between £403k and £630k.

Despite the above, the Board continues to forecast a year end outturn in line with the £5.778m deficit detailed in the original full year plan. As referenced in previous reports, this remains dependent on the planned increase in the rate of Improvement plan savings delivery over the remaining 3 months matching or exceeding the adverse position described above.

As part of the increased monthly financial reporting, activity data has been sought for some acute areas including Theatres, Inpatients and Emergency Department. This is included within Appendix D. This will be further developed for other areas in future reports.

The Board must ensure the reduction in the expenditure run rate over the remainder of the financial year as described above. To deliver against the planned outturn (£5.778m deficit), the run rate will need to reduce by between £134k and £210k per month for the remaining 3 months consistent with the forecast y/e outturn described above.
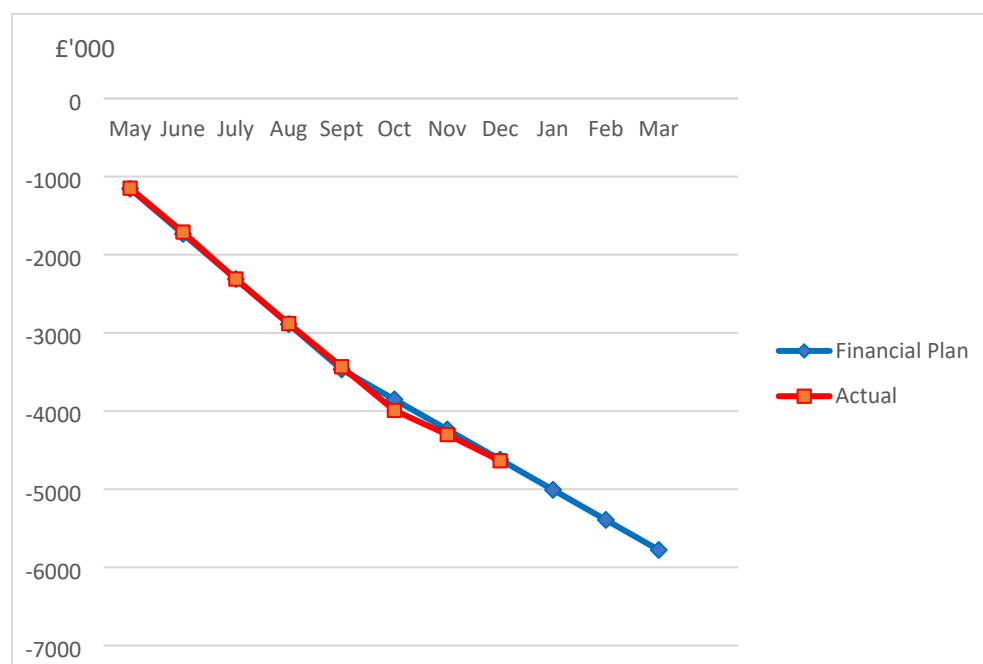
Some key points to note:

- The year to date (and year end forecast) are based on a run rate which continues to be dependent on a high level of vacancies in non-clinical (i.e. excl. docs and nurses) staff groups. This equates to a full year forecast of £1.746m (fav) which is helping to partially offset the overspend in predominately medical which is overspent due to agency and bank cover for vacancies and gaps in rotas (F/Y F/C variance Docs £2.432m).
- The new contract for the Managed Labs Service has now been approved with the new pricing in place from month 10 onwards – full year additional cost pressure of £220k (approx. £55k for 2024/25).
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- There remain a few known unknowns where we have no alternative but to use best estimates at this time i.e.
  - Activity volumes delivered through the SLA's with NHS Grampian and Highland. We are currently assuming that these will not trigger any reopeners i.e. if activity is 3% above agreed volumes. Activity figures at quarter 3 will be reviewed and forecast for quarter 4 in order that the assumptions can be reviewed in month 10
  - That the funding received to cover the reduced AfC hours and band 5 to 6 exercise. A limited number of colleagues have submitted claims for the band 5 to 6 review to date. This is currently under review along with the year end accounting treatment of any unpaid claims. We are currently assuming the

AfC reform funding in year with be fully utilised in 2024/25, once there is a clearer picture on this the assumptions will be updated.

o The final national uplift to be applied to inter NHS Board SLA's and how that compares to both our original assumptions and available funding uplifts. It is now understood, as advised in December, that the proposed uplift to SLAs in 2024/25 is 6.21%,(increase from 5.17%), this will increase the costs this financial year in the region of a further £96k, this remains under review and will be clarified/ finalised when the remaining medical and dental pay uplifts are agreed.

- Volatility in certain month 9 expenditure headings as described in the table below but also including:
  o Medical agency and locum usage remains continues to fluctuate, there is also estimated costs in medical pays for backdated pay award that has not been paid yet
  o Clinical supplies spend continues to slow in the remaining 3 months, there was a reduction in month 9 in line with expectations, however this must reduce further in the last quarter
  o That the run rate of various small underspends continues to partially offset the above.

Year to Date Financial Position

Graph 1 shows the financial plan trajectory vs the actual monthly results after 9 months of the 2024/25 financial year.

Graph: Year to Date Run Rate vs Planned Run Rate

At a budget /service holder level the most notable year-to-date over and under spends are noted in the table below and provided in further detail in **Annex A**

Area	Variance	Reason
Nursing and Acute Services	£1.856m	Supplementary staffing including nursing and medical agency to cover vacancies.
Estates and Facilities	£0.466m	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)	£6.834m	Savings includes the amount required to break even as well as the £4m of actual anticipated savings in 24/25.
Director of Human Resources	£0.306m	High level of vacancies within the Directorate
Medical Director	£0.326m	This is the main is due to underspends within Pharmacy
Other	£0.374m	There are other smaller movements (see Annex A)
Reserves	£2.685m	This includes the anticipated costs for reduced working week that still have to be quantified.
Integration Joint Board (operational areas)	£0.829m	Vacancies continuing to be higher than forecast which has reduced overall levels of expenditure, this figure excludes the IJB savings target.
Total Month 9 overspend	**£4.636m**	

Full Year Forecast Position

As noted above the Board continues to forecast delivery of the original £5.778m deficit plan for 2024/25 at this stage, this continues to be dependent on the run rate reducing over the remainder of the year in line with the expected profile of the Boards efficiency programme.

As referenced above one of the main variables looking at the year end is the level to which the SG provided funding related to AfC 5/6 and reduced hours will be utilised. There is an expectation by SG that we should be able to release a material component of these funds however we require to bottom out this issue before committing.

Moving us in the opposite direction is the real risk associated with the VAT on energy issue highlighted in the month 8 report and quantified in the risk schedule that follows. At £664k this is a material issue which is now being progressed with SG colleagues to ascertain the potential for this 'no fault' issue to be funded. There may be the potential to net these two different issues off in terms of funding. This will be explored with SG colleagues.

Savings plans

Consistent with the Boards obligations and commitment to deliver the best year end outturn possible we have established a robust Improvement resource, Governance processes, Including QIA (Quality Assurance), Tracker and Reporting. The focus remains for NHSO to deliver substantially in excess of the national 3% improvement target and create a sound springboard for 25/26 and beyond. We are currently on track to meet this obligation. It will be achieved through a combination of delivering specific improvement schemes and by embedding a culture of continuous improvement across the organisation. NHS Orkney is required to deliver approx. £4.1m efficiency savings in 2024/25 in order to deliver the £5.778m deficit plan.

Based on run rates and the scale of improvement required in the remaining 3 months as described earlier the full £4,140k Improvement plan will be required to offset the impact of the last quarter phasing of cost increases. As previously described, a significant improvement in the run rate is required in the final 3 months of the year in order that the Board delivers against the forecast year end outturn. It remains absolutely necessary that the improvement work delivers additional savings in the region of between £400k and £630k over the remaining 3 months.

Progress to date is described below:

Based on the improvements identified to date

- As at the end of month 9 we estimate that some £2,462k of savings have been delivered or 59% of the total savings planned of £ 4,085k, nb at month 9 we are 75% way through the year.
- In the remaining 3 months we have plans to deliver £1,257k
- There is currently a further £265k of pipeline savings identified and being worked up and a further £100k of additional ideas being explored
- To date, approx. £1,650k of the £2,462k identified are classified as recurring while £812k are non-recurring (NR) and will increase the organisational challenge in 25/26.
- The N/R challenge in 2025/26 will be partly or fully offset by the full year effect of recurrent improvement schemes that were only initiated part way through the year.
- Work is ongoing to identify and deliver more improvement schemes in 24/25 supported by dedicated input from the NHS Scotland Improvement Team.

We will continue to closely monitor and report progress on the above over the remaining 3 months of 24/25.

Capital

The formula-based capital resources spend as at month 9 is £2.174m with a full year anticipated allocation and spend of £4.504m. This is split £1,471k Lease (non Core), £1,964k Decarbonisation (ex Scot Gov) and £1,069k Formula.

Expenditure at Month 9 shows that the Board is on track to deliver its agreed Capital Resource Limit (CRL).

Position at Month 9

Department	Allocation	Spend at M9	Planned Spend M10- M12	Remaining Allocation (Slippage)
MEG	£150,000	£68,740	£60,297	£20,963
IT	£300,000	£144,523	£178,477	-£23,000
Estates & Primary Care	£100,000	£38,614	£77,876	-£16,490
Digital	£120,000	£0	£123,238	-£3,238
De Carbonisation Project Year 2 Solar	£188,000	£44,019	£20,000	£123,981
De Carbonisation Project Year 2 SG Funded	£1,963,927	£1,857,364	£106,563	£0
Improvement Spend	£40,000	£0	£40,000	£0
Remaining Allocation	£171,140	£8,913	£87,771	£74,456
Leases	£1,471,000	£0	£1,471,000	£0
Sale of Assets		£11,770	£0	-£11,770
Total Spend	**£4,504,067**	**£2,173,943**	**£2,165,222**	**£164,902**

- Digital and IT – On track. There has been slippage on planned projects, therefore the decision to bring forward planned works for next financial year has been agreed in principle. IT manger is finalising plans with orders to be committed early January.

- De-Carbonisation Solar – Solar works are progressing with project completion on target. A potential underspend is projected on the basis that contingency monies are not utilised. The project slippage is in the region of £120K. It should be noted that the final value will not be confirmed until the works are finished and final invoices rendered.

- De Carbonisation SG – Works have been completed as scheduled with some minor snagging works remaining, this should be finalised in January 2025.

- Medical Equipment - Monthly meetings are now being held, chaired by the Medical Director, to ensure requests are processed promptly. Any new requests will need to be agreed and signed off by the committee by month 10 to ensure equipment is on site by 31st March 2025.

- Improvement Spend – Monies are being utilised to fund the property review of the Old Balfour site and King Street property. The options appraisal to be completed by end of March 2025.

- Remaining allocation – It should be noted that the figure includes an anticipated allocation for £0.142K for Fleet works carried out in 2023/24. SG have advised that the allocation will be received by end of financial year.

Agreement for utilising the remaining funding (anticipated slippage) will be finalised with the final proposal to be agreed at the new Capital and Property Strategy Group on the 30th of January. Options include accelerating 2025/26 requirements into this financial year or a Capital to Revenue transfer.

The IFRS 16 Right of Use Asset funding requirement increased by £1,145k in November following the completion of the new Laboratory Managed Service contract, this was previously forecast to be concluded in 2025/26 but has been brought forward to 2024/25.

Forecast Range

There are a number of risks which may affect the year end outturn position. The following risks have been noted at this stage and will be updated as we progress through the year and the risks/ opportunities become clearer.

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	£0.150m
Prescribing costs	Data is behind on primary care prescribing therefore there is still a high degree of estimation in costs	£0.200m	£0.150m
National energy framework (VAT)	A review is ongoing to ascertain the correct VAT treatment of VAT reclaimed through the Robertsons contract. This relates to a definition which requires to be clarified.	£0.000m	£0.664m
AfC Reform Funding	There is a possibility that the anticipated costs for AfC reforms (Band 5 to 6 nursing review) will not transpire this financial year, resulting in a favourable movement in the forecast outturn position	£0.800m	£0.000m
Allocations from SG	There still remains 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 Band 5/6 review and PLT likely to drive pressure against the funding	£0.000m	£0.300m
Total outturn reported	*Expected outturn*	*£5.778m*	
Adjusted for variables		**£4.078m**	**£7.892m**

Brokerage

Under the NHS Scotland Support and Intervention Framework the Board is required to report its cumulative brokerage received. 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 is currently forecasting that it will require a further £5.778m of brokerage this year. 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 1st criteria in the framework, as per the table below. However when both 23/24 and 24/25 brokerage requirements are combined we anticipate that we will be below the 2nd financial escalation criteria ie will remain below the 15% threshold over the two years.

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

It is important to note that as we move into 2025/26, the Scottish Government have indicated that there will be no brokerage available to Boards and therefore all Boards must work towards break-even. Should financial balance not be achieved, this will be shown as an overspend in the financial statements, leading to potential qualification of accounts. This is also likely to impact on the escalation status of the Board.

Conclusion and Next Steps

The year-to-date financial position reported after 9 months of the 2024/25 financial year is adverse (£14K) to plan at this stage, it is still anticipated that the Board will deliver against the year end position of £5.778m per the financial plan, assuming improvements are delivered in the final 3 months as detailed in this report including full delivery of additional savings schemes and improvement work as noted.

A reconciliation between month 8 and month 9 variances is included in Appendix B.

This report will continue to be developed as we work on new reports designed to provide greater insights.

The Board continues to focus on progressing the efficiency programme and pipeline opportunities to further reduce the run rate into the final 3 months 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 9 financial position detail

Previous Month Variance M8		Annual Budget	Budget YTD	Spend YTD	Variance YTD
£000	**Core RRL**	£000	£000	£000	£000
(1,684)	Nursing & Acute Services	17,689	13,297	15,153	(1,856)
225	Medical Director	17,649	13,237	12,911	326
807	Integration Joint Board	31,689	23,644	22,815	829
360	Finance Directorate	1,432	1,067	721	346
(404)	Estates, Facilities & NPD Contracts	8,867	6,650	7,116	(466)
1	Chief Executive	5,082	4,016	4,009	8
44	Public Health	1,047	785	765	20
237	Director of Human Resources	2,737	2,053	1,747	306
2,133	Reserves	5,434	4,384	1,699	2,685
(4,919)	**Savings Targets (Board)**	**(7,378)**	**(5,534)**	**0**	**(5,534)**
(0)	*Savings Achieved (Board)*	**(0)**	**(0)**		**(0)**
(1,600)	**Savings Targets (IJB)**	*(2,400)*	*(1,800)*	*0*	*(1,800)*
500	*Savings Achieved (IJB)*	*500*	*500*		*500*
(4,301)	**Total Core RRL**	**82,348**	**62,299**	**66,935**	**(4,636)**
	Non Cash Limited				
0	Dental NCL	645	544	544	(0)
0	Ophthalmic Services NCL	299	235	235	0
0	Dental and Pharmacy NCL - IJB	912	677	677	0
0	**Total Non Cash Ltd**	**1,856**	**1,456**	**1,456**	**(0)**
	Non-Core				
(0)	Capital Grants	(1,964)	(1,473)	(1,473)	(0)
0	Non-cash Del	0	0	0	0
0	Annually Managed Expenditure	1	1	1	(0)
0	Donated Assets Income	0	0	0	0

(0)	Capital Charges	3,307	2,258	2,258		(0)
(0)	**Total Non-Core**	**1,344**	**785**	**785**		**(0)**
(4,301)	**Total for Board**	**85,548**	**64,541**	**69,177**		**(4,636)**

Nursing and Acute Services - £1.856m overspend

- *Hospital Medical Staff, £1,319k overspend*

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend to cover vacant posts in anaesthesia, obstetrics, medicine and surgery. This is an area of focus for the Improvement team

- *Ambulatory Nurse Manager, £58k overspend*

Dialysis has the highest overspend in this area with a £50k overspend at month 9, in the main this is due to overspends on surgical sundries and transport charges for patients.

- *Clinical Nurse Manager, £512k overspend*

Inpatients 1 (£339k overspend), Inpatients 2 (£19k overspend), Macmillan Specialist Nursing (£111k overspend) and the Emergency Department (£260k overspend) are all reporting significant overspends at month 9 which are being offset by an underspend in HDU (£234k underspend). The main areas of overspend within these areas are registered nursing including substantive staff, and the use of bank nursing to cover vacancies and gaps in rotas. Recent recruitment to substantive vacancies has been positive. It was previously anticipated that last agency worker would leave the organisation at the end of January, however, due to ongoing pressures within the system it is likely this will continue with the possibility of an additional agency worker required for the remainder of the financial year.

- *Laboratories, £224k overspend*

Laboratories are reporting a significant overspend at month 9 due to agency usage and consumables spend. Reagent spend continues to be significantly over budget in this area. The new managed service contract prices commence 1 January 2025, increase spend is therefore anticipated in this area for the final quarter.

Medical Director - £0.326m underspend

- *Pharmacy, £535k underspend*

The Acute Pharmacy budgets are currently overspent but New Medicines is underspent due to additional funding this year from Scottish Government for 24/25. Pharmacy are also carrying a number of vacancies which are impact their overall position for 2024/25, both as a non-recurring in year saving, but also limits their ability to deliver on strategic savings in primary care.

- *External Commissioning, £94k underspend*

External Commissioning including SLAs and 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. 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 £90k underspend*

Unplanned Activity is underspent to month 9 but it's variable by nature and is subject to significant potential movement throughout the year.

- *Patient Travel, £400k 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 - £0.471m overspend

The Delegated Services budgets report a net overspend of £0.471m (including £1.300m of unachieved savings and £0.829m operational underspend).

- *Children's Services, £239k underspend*

The underspend in Children's services is in the main related to high levels of vacancies in Health Visiting, School Nurses, Speech and Language Therapy and Occupational Therapists.

- *Primary Care, £82k underspend*

Primary Care General Medical Services is currently overspending (£123k overspend at month 9) due in the main to locum and agency spend within this area, an anticipated allocation was added in month 8 to offset the increases in Global Sum and Income and Expenditure Guarantee payments. There are offsetting underspends in Primary Care Administration (£177k underspend), Community Nurses (£12k) and Specialist Nurses (£19k underspend).

- *Primary Care – Dental £299k underspend*

The dental underspends relate in the main to Senior Dental and Dental Nursing, the underspend has slowed slightly in quarter 3 due to locum cover charges.

- *Health and Community Care, £258k underspend*

There are both over and underspending services in Health and Community Care however Community Nursing is currently underspent by £179k due to significant vacancies and the inability to attract agency staff. Mental Health Services are reporting an underspend of £59k at month end, there was an adverse movement in Community Psychiatric Nurses in month 9 due to increase in pay spend however, there were favourable movements elsewhere due to increased vacancies within Psychological Therapies.

- *Primary Care Prescribing, £86k overspend*

The Prescribing Unified budget is currently breaking even which is an adverse movement on the 8 position (£46k underspent). Updated cost information has

impacted this position. This volatile cost area will continue to be closely monitored along with the accrual assumptions which are based on payments made 2-months in arrears. Vaccination and Immunisation budget is currently overspent (£91k at month 9).

Finance Directorate - £0.346m underspend
The Finance Directorate is currently reporting an underspend of £346k, it is anticipated the Finance Directorate budget will be underspent at year-end.

Estates and Facilities - £0.465m overspend
This Directorate is reporting an overspend of £465k to date, unit price of electricity has shown a significant increase. There has also been an impact in year due to VAT charges being applicable to utility charges via our NPD provider. There are significant overspends across the directorate in particular, Estates reports, non-pay pressures within general services reporting an overspend on building maintenance £42k, Balfour energy overspend £254k and pay pressures within portering £46k overspend at month 9. There are some areas reporting underspends at month 9 including CSSD £47k underspend, Estates £52k underspend and Engineering £13k underspend.
There are also overspends within Facilities at month 9 with domestics reporting an overspend of £137k and staff houses/ flats an overspend of £66k. However, these are partially offset by underspends within other areas including catering (including staff cafeteria) of £42k.
The teams continue to work closely with the improvement team to drive efficiencies.

Chief Executive - £0.008m underspend
The month 9 position shows a slight improvement compared with the month 8 position. However, this does include the Board Members pay award increase applied in month 9 (£28k overspent), these costs are currently unfunded. This has been raised with the Scottish Government as the Island Boards have been significantly impacted by this.

Public Health - £0.020m underspend
Currently reporting an underspend of £20k. There are various over and underspending services in this area.

Human Resources - £0.305m underspend
There are a number of underspending areas within the Directorate impacting on the overall underspend, this includes vacancies across a number of services, reduced recruitment and relocation costs.

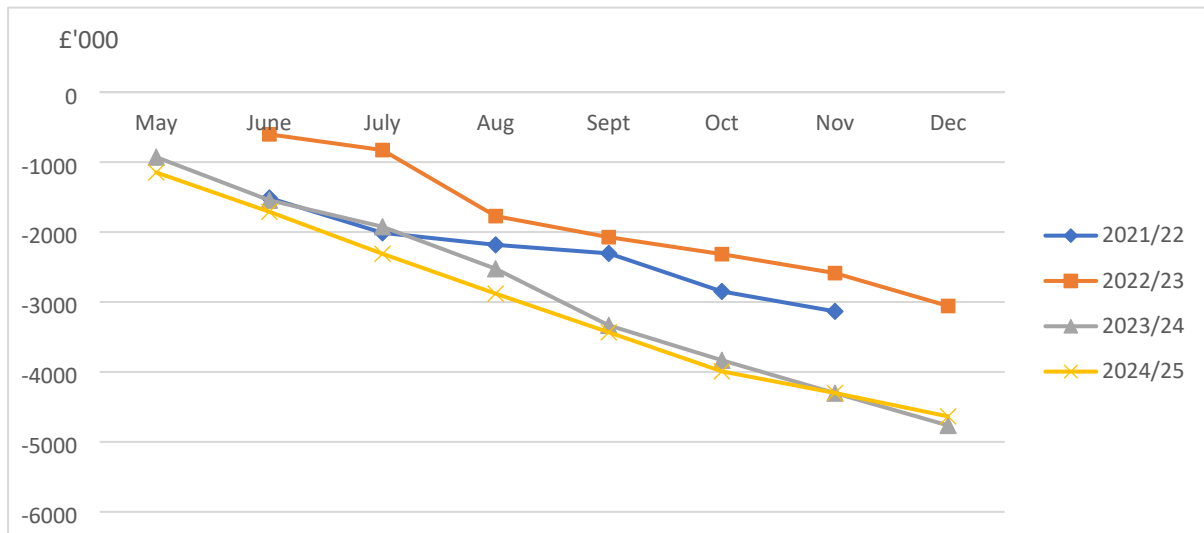# Appendix B: Month 8 to Month 9 Reconciliation

Expenditure Analysis	Mth 8 Variance £000s	Mth 8 Pro-Rated Variance £000s	Mth 9 Variance £000s	M8 Pro Rated to M9 Movement £000s	Comments
Pay					
Medical & Dental	(1,669)	(1,878)	(1,824)	54	Pay award adjustment in month 9
Nursing & Midwifery	(1)	(1)	(41)	(40)	Mental Health trained nursing increase m9/ West Mainland nursing vacancy filled & bank hours increase
Other	1,208	1,359	1,323	(36)	Non-Executive pay uplift m9 - unfunded
Sub-total	**(462)**	**(520)**	**(542)**	**(22)**	
Non Pay - Territorial Boards *Independent Primary Care Services:*					
General Medical Services	83	93	88	(5)	
Pharmaceutical Services	(27)	(30)	(28)	2	
General Dental Services	4	5	4	(1)	
General Ophthalmic Services	0	0	1	1	
Sub-total	**60**	**68**	**65**	**(3)**	
Drugs and medical supplies:					
Prescribed drugs Primary Care	18	20	(28)	(48)	Month 9 prescribing charges increased
Prescribed drugs Secondary Care	202	227	255	28	Medical gases and stock adj reduced m9 - in line with previous months' spend
Medical Supplies	(341)	(384)	(387)	(3)	
Sub-total	**(121)**	**(137)**	**(160)**	**(23)**	
Other health care expenditure:					
Goods and services from other NHSScotland bodies	70	79	59	(20)	Coding adjustment waiting list/ surgical appliances
Goods and services from other providers	59	66	35	(31)	Autism assessments increased accrual/ activity
Goods and services from voluntary organisations	(4)	(5)	(3)	2	
Resource Transfer	49	55	52	(3)	
Loss on disposal of assets	0	0	0	0	
Other operating expenses	(4,220)	(4,748)	(4,491)	257	Medical pay award funding allocated, funding allocated and reduced accrual against reserves, travel, professional fees, equipment spend, and

					rent and waiting times initiatives spend down
External Auditor - statutory audit fee & other services	(20)	(23)	(11)	12	Funding allocated per 24/25 financial plan
Sub-total	**(4,066)**	**(4,576)**	**(4,359)**	**217**	
Total Non Pay - Territorial Boards	**(4,127)**	**(4,645)**	**(4,454)**	**191**	
Income Analysis	**Variance £000s**	**Variance £000s**	**Variance £000s**		
Income from other NHS Scotland bodies	60	68	87	19	Innovation fund income
Income from NHS non-Scottish bodies	(93)	(105)	(100)	5	
Patient charges for primary care	(83)	(93)	(94)	(1)	
Non NHS:					
Overseas patients (non-reciprocal)	181	204	187	(17)	Overseas patient income decreased M9
Other	223	251	280	29	Recoding HR income
Total Income	**288**	**325**	**360**	**35**	
Net Total Expenditure - Reported	**(4,301)**	**(4,840)**	**(4,636)**	**204**	
Reserve Adjustment	**29**	**34**		**(34)**	**Net adjustments**
Net Total Expenditure	**(4,272)**	**(4,806)**	**(4,636)**	**170**	**Favourable movement**

The table above highlights where there are variances between the pro-rated year to date month 8 variance and the actual year to date month 9 variance, comments have been added where there has been a noted movement/ decline.

Appendix C: Financial Trajectory – Comparison – 2021/22 to 2024/25 YTD Variance

The chart above shows the reported year to date variances for years 2021/22 to 2024/25 for comparison. Some points to note

- The year-on-year reported deficits have worsened, in the main this is a result of the Boards inability to deliver recurring savings each year along with adverse impact of increased inflation and reduced funding uplift.
- If the Board was not delivering against the savings and improved efficiencies, the 2024/25 position would be significantly worse
- Previous years' deficits are unadjusted for inflation etc, if the reported figures were adjusted year on year for this, the prior year figures would be worse resulting in perhaps a noticeable improvement in 2024/25
- It is anticipated that the run rate will reduce in the final 4 months of the year as a result of the Improvement Plans/ efficiency savings being realised, therefore slowing down the rate of the deficit
- 2021/22 data has been removed from December 2021 due to the allocation of covid/ unachieved savings funding which skews the information.

Appendix D: Acute Spend Vs Activity Data

The graphs below highlight spend data against activity data for the period from January 2023 to December 2024. This information is intended to help identify where trends in either spending and/ or activity data exists.

Some points to note that impact on the in month spend data:

- In January 2023, AfC pay award arrears were paid
- In April 2023, Band 2 to Band 3 AfC review arrears were paid
- In November 2024, AfC pay award arrears were paid

Graph 1 – Theatre – Spend vs Theatre Utilisation
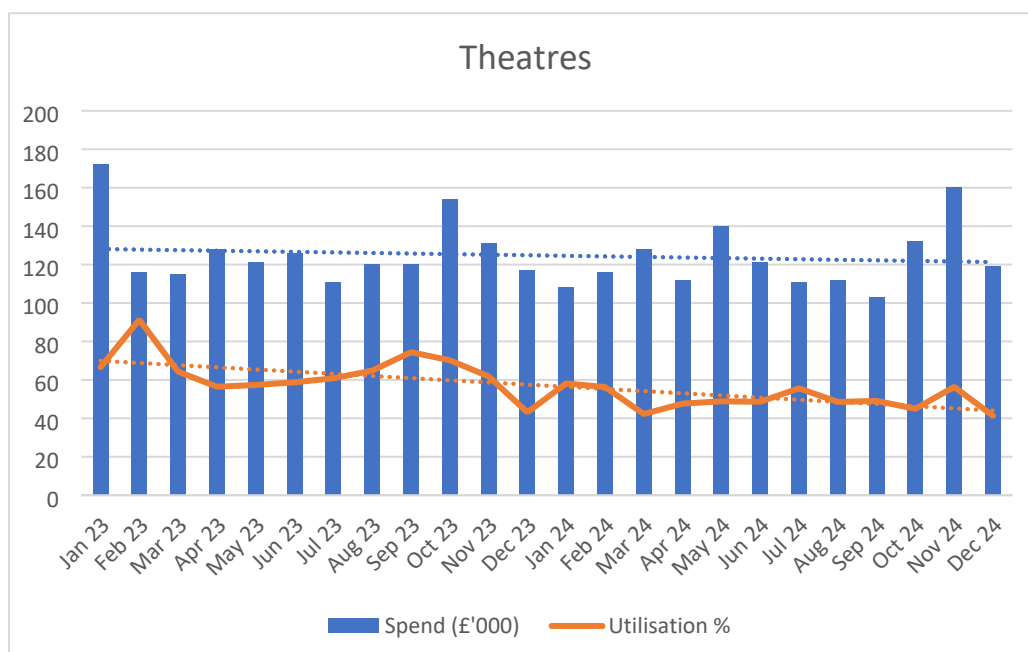
- Across the two year period highlighted, theatre utilisation has shown on average a decrease (see orange dotted trendline)
- The period with the highest utilisation is February 2023 (91.31%) and the lowest is December 2024 (41.31%)
- Spend tends to fluctuate in this area from around £111k to £121k per month, however, overall the costs have seen a decrease over the two year period (see blue dotted trendline)
- Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

Graph 2 – Inpatient (IP1, IP2 and HDU) – Spend vs Occupied Bed Days
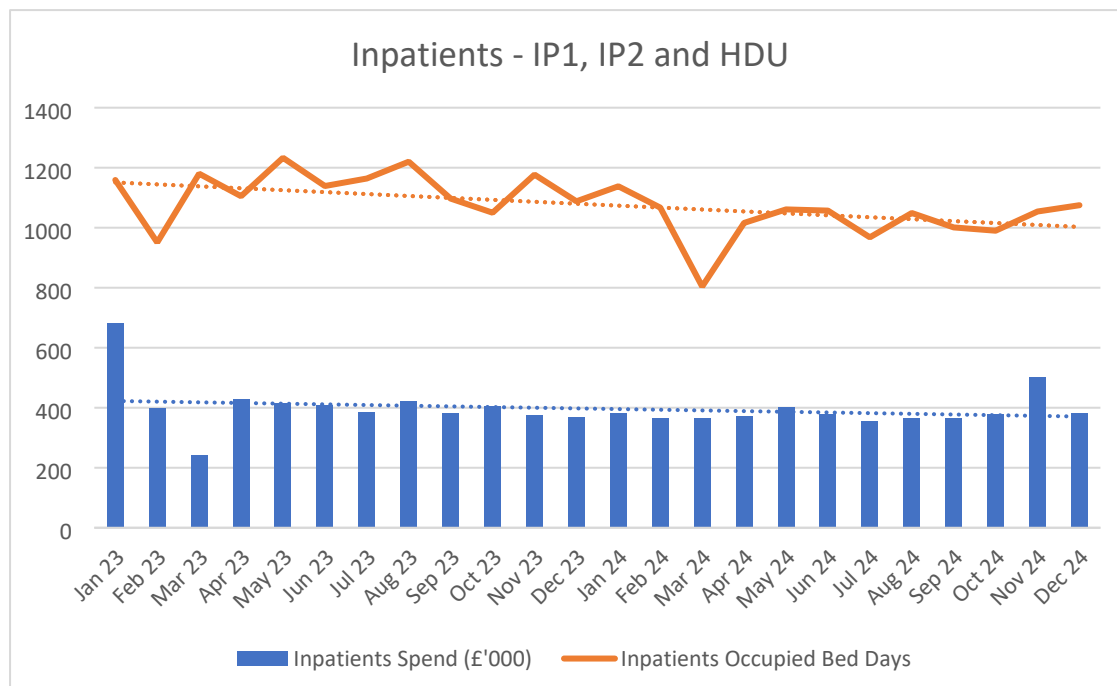
- Across the two year period detailed, occupied bed days has shown on average a decrease (see orange dotted trendline), although this does fluctuate
- The period with the highest occupied bed days is May 2023 (1233) and the lowest is March 2024 (804)
- Spend again tends to fluctuate in this area from around £365k to £415k per month, however, overall the costs have seen a decrease over the two year period (see blue dotted trendline)
  Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

Graph 3 – Emergency Department – Spend vs Number of ED Attendances
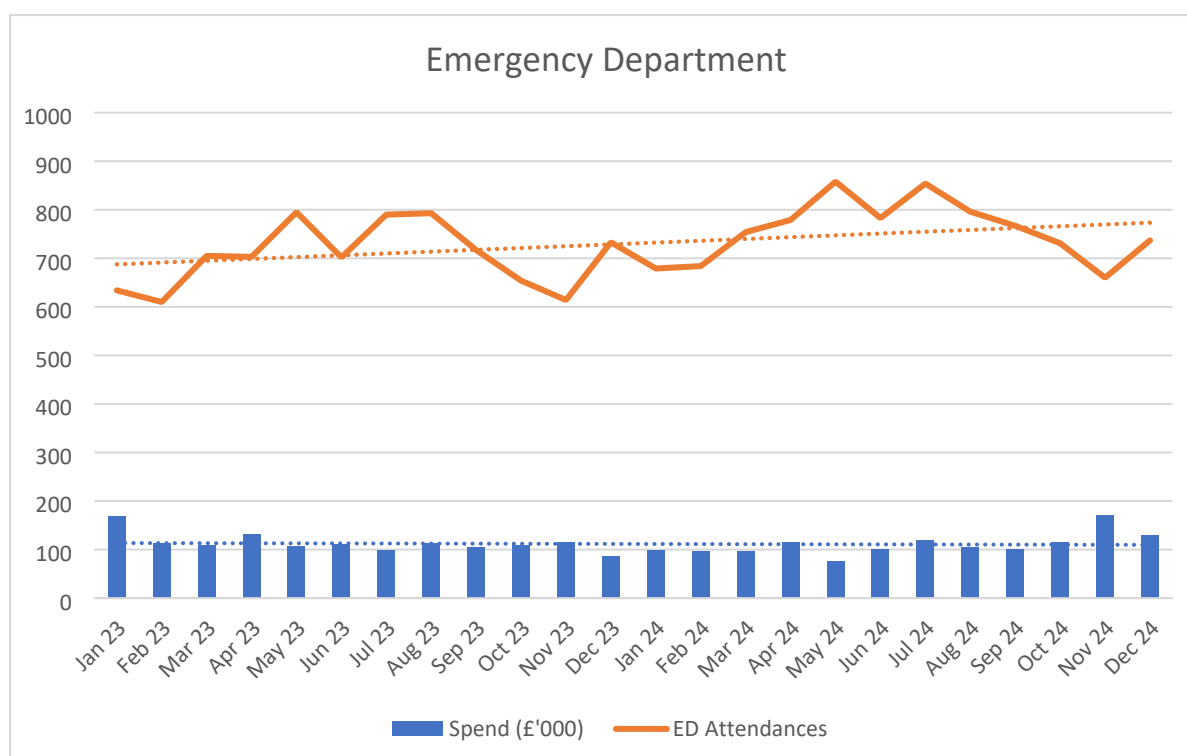
- Across the two year period shown, Emergency Department attendances have increased on average (see orange dotted trendline), although this does fluctuate
- The period with the highest Emergency Department attendances is May 2024 (858) and the lowest is February 2024 (610)
- Spend again tends to fluctuate in this area from around £85k to £115k per month, however, overall the costs have remained at a similar level ver the two year period (see blue dotted trendline)
- Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Month 10 Financial Results**
Responsible Executive/Non-Executive:	**Melanie Barnes, Interim Director of Finance**
Report Author:	**Melanie Barnes, Interim Director of Finance**

1   Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy
- Legal requirement

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

- Effective

2.   Report Summary

2.1   Situation

It is important to continue recognise that NHS Orkney currently remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance and to note the related increased scrutiny and risks that come with this status. 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 non-compliant.

2.2   Background

The reported financial position at the end of month 10 shows an improved position both against the agreed plan (£4.854m actual - V - £5.008m plan) and against the month 9 run rate which continues to support the Board's ambition, subject to a modest improvement in run rate, to deliver the £5.778m original full year plan.

The key points to note are explicit in the attached paper but include:

- The year to date (and year end forecast) are based on a run rate which continues to be dependent on a high level of vacancies in non-clinical (i.e. excl. docs and nurses) staff groups. This equates to a full year forecast of £1.681m (fav) which is helping to partially offset the overspend in predominately medical which is overspent due to agency and bank cover for vacancies and gaps in rotas (F/Y F/C variance Docs £2.497m).
- Month 9 reported that other pay spend moved adversely due to payment of the 24/25 pay uplift for non-executive Board Members and the Chair (Circa £25k ytd), this uplift is currently unfunded however, this has been raised with SG colleagues and is under review
- There remain a few known unknowns where we have no alternative but to use best estimates at this time i.e.
    - Activity volumes delivered through the SLA's with NHS Grampian and Highland. We are currently assuming that these will not trigger any reopeners i.e. if activity is 3% above or below agreed volumes. Activity figures at quarter 3 will be reviewed and forecast for quarter 4 in order that the assumptions can be reviewed in advance of year end.
    - That the funding received to cover the reduced AfC hours and band 5 to 6 exercise. A limited number of colleagues have submitted claims for the band 5 to 6 review to date. However a number of claims are progressing and it is anticipated these will be submitted by 31 March 2025. This is currently under review along with the year end accounting treatment of any unpaid claims. The forecast position continues to assume the AfC reform funding in year with be fully utilised in 2024/25, once there is a clearer picture on this the assumptions will be updated.
    - The final national uplift to be applied to inter NHS Board SLA's and how that compares to both our original assumptions and available funding uplifts. It is now understood, as advised in February, that the proposed uplift to SLAs in 2024/25 is 6.5%,(increase from 5.17%), this will increase the costs this financial year in the region of a further £100k, this remains under review and will be clarified/ finalised when the remaining medical and dental pay uplifts are agreed.
- Volatility in certain month 10 expenditure headings as described in the table below but also including:
    - Medical agency and locum usage remains continues to fluctuate, there is also estimated costs in medical pays for backdated pay award that has not been paid yet

- Clinical supplies spend continues to slow in the remaining 2 months, there was a reduction in month 9 in line with expectations and a slight increase in month 10, this therefore must reduce in line with first three quarters spend in the last 2 months
- That the run rate of various small underspends continues to partially offset the above.

Full Year Forecast Position

As noted above the Board continues to forecast delivery of the original £5.778m deficit plan for 2024/25 at this stage, this continues to be dependent on the run rate reducing over the remainder of the year in line with the expected profile of the Boards efficiency programme.

As referenced above one of the main variables looking at the year-end is the level to which the SG provided funding related to AfC 5/6 and reduced hours will be utilised.

In 2024/25 the Board will receive £1,167k funding for the Agenda for Change Reforms, £200k of this has been utilised to support the impact of the Reduced Working Week on budgets. There remains considerable uncertainty on the level of funding required to support the band 5 to 6 nursing reviews. At present, there are 24 active reviews which have been logged within the national portal relating to band 5 nurses seeking a pay grade review. Of the 24 logged, three have been fully submitted. If this position does not progress by year end, the Board will accrue costs of circa £30k to cover the back-dated element for three nurses. However, there is potential that all 24 of the active reviews are at the point of submission by 31st March 2025 and therefore impacting the Boards liability, this would increase the liability to circa £240k by year end. Following conversations internally, it is also likely that additional reviews will be sought by the end of the year, at present this is thought to be around 20 further claims that may impact on the Board liability by year end, again this would increase the liability to around £450k. The forecast position has not been updated at month 10 to reflect any release of AfC reform funding this year due to the ongoing uncertainty in this area, however, based on the information available, it is possible that the position could improve by between £500k and £930k.

Following the update last month on the potential risk of an adverse movement due to the potential VAT liability on energy costs related to the NPD contract, it is now anticipated that this will be funded in full, the Board is therefore anticipating additional funding of £665k in 2024/25. Although the funding for the VAT liability has been agreed, there remains a risk around the potential impact from any penalties or interest that may be charged and also, who will be liable for this. There is a possibility that if penalties or interest charges are levied on the NPD provider by HMRC, that these will be passed on to the Board through the current contractual arrangements. It may also be possible that HMRC find that the Board is directly responsible for the error and place penalties/ interest charges to us directly. The financial consequences are yet unknown. As this issue is faced by many other health boards, the situation continues to be closely monitored and updates sought wherever possible (See appendix 2).

List of appendices

The following appendix is included with this report:

- Appendix 1 - NHS Orkney Month 10 Financial Results

- Appendix 2 – NPD VAT Issue Update Month 10

NHS Orkney

Financial Position – Month 10 2024/25

Introduction

It remains important for the Board to fully recognise that NHS Orkney continues to be escalated to stage 3 of the NHS Scotland Support and Intervention Framework for Finance. This level of escalation requires a significantly increased level of Scottish Government scrutiny and reporting to Scottish Government with the constant requirement to describe and enact the key milestones that demonstrate how the adverse position will be normalised.

The Board submitted a financial plan for the 2024/25 financial period which forecast 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 remains non-compliant.

Highlights

At month 10 the reported position is a deficit of £4.854m.

The reported position at month 10 is a favourable movement of £150k against the financial plan trajectory for January (£5.008m overspend). Although month 10 has seen a favourable movement both in run rate and against plan, it is imperative this improvement continues over the final two months of the financial year in order that the Board delivers against the year-end outturn of £5.778m. The month 10 position has improved due to favourable movements in a number of areas including the General Medical Services funding received in month 10 being higher than anticipated, drug costs in both primary care and secondary services has reduced, along with reductions in relocation expenses and electricity costs due to credit note being received. The main movements against run rate are highlighted in Appendix B.

The month 9 position reported an adverse movement against the financial plan trajectory for December and if the month 9 run rate were to continue over the remainder of the year, there is potential for the year end deficit to increase by £403k. The favourable movement in month 10 has reduced this potential deficit to £110k. On this basis if the Board fails to reduce the run rate in the last 2 months of the year, there is a potential that the reported deficit at year end could increase by between £110k and £403k.

Despite the above, the Board continues to forecast a year end outturn in line with the £5.778m deficit detailed in the original full year plan. As referenced in previous reports, this remains dependent on the planned increase in the rate of Improvement plan savings delivery over the remaining 2 months matching or exceeding the potential adverse position described above.

As part of the increased monthly financial reporting, activity data has been sought for some acute areas including Theatres, Inpatients and Emergency Department. This is included within Appendix D.
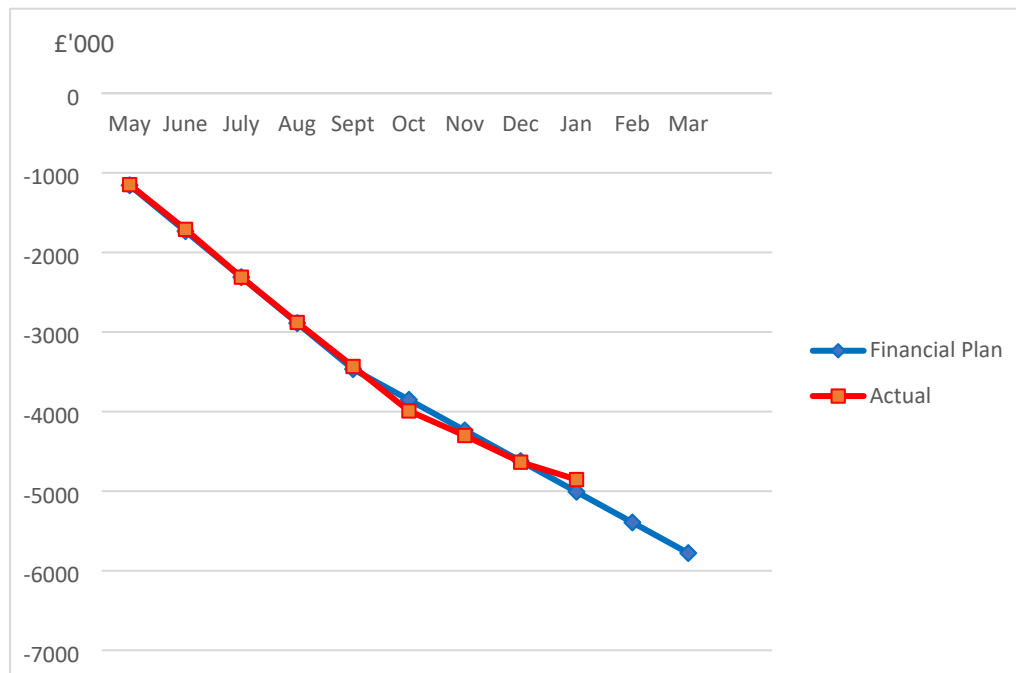
Some key points to note:

- The year to date (and year end forecast) are based on a run rate which continues to be dependent on a high level of vacancies in non-clinical (i.e. excl. docs and nurses) staff groups. This equates to a full year forecast of £1.681m (fav) which is helping to partially offset the overspend in predominately medical which is overspent due to agency and bank cover for vacancies and gaps in rotas (F/Y F/C variance Docs £2.497m).
- Month 9 reported that other pay spend moved adversely due to payment of the 24/25 pay uplift for non-executive Board Members and the Chair (Circa £25k ytd), this uplift is currently unfunded however, this has been raised with SG colleagues and is under review
- There remain a few known unknowns where we have no alternative but to use best estimates at this time i.e.
  - Activity volumes delivered through the SLA's with NHS Grampian and Highland. We are currently assuming that these will not trigger any reopeners i.e. if activity is 3% above or below agreed volumes. Activity figures at quarter 3 will be reviewed and forecast for quarter 4 in order that the assumptions can be reviewed in advance of year end.
  - That the funding received to cover the reduced AfC hours and band 5 to 6 exercise. A limited number of colleagues have submitted claims for the band 5 to 6 review to date. However a number of claims are progressing and it is anticipated these will be submitted by 31 March 2025. This is currently under review along with the year end accounting treatment of any unpaid claims. The forecast position continues to assume the AfC reform funding in year with be fully utilised in 2024/25, once there is a clearer picture on this the assumptions will be updated.
  - The final national uplift to be applied to inter NHS Board SLA's and how that compares to both our original assumptions and available funding uplifts. It is now understood, as advised in February, that the proposed uplift to SLAs in 2024/25 is 6.5%,(increase from 5.17%), this will increase the costs this financial year in the region of a further £100k, this remains under review and will be clarified/ finalised when the remaining medical and dental pay uplifts are agreed.
- Volatility in certain month 10 expenditure headings as described in the table below but also including:
  - Medical agency and locum usage remains continues to fluctuate, there is also estimated costs in medical pays for backdated pay award that has not been paid yet
  - Clinical supplies spend continues to slow in the remaining 2 months, there was a reduction in month 9 in line with expectations

and a slight increase in month 10, this therefore must reduce in line with first three quarters spend in the last 2 months
- o That the run rate of various small underspends continues to partially offset the above.

Year to Date Financial Position

Graph 1 shows the financial plan trajectory vs the actual monthly results after 10 months of the 2024/25 financial year.

Graph: Year to Date Run Rate vs Planned Run Rate

At a budget /service holder level the most notable year-to-date over and under spends are noted in the table below and provided in further detail in **Annex A**

Area	Variance	Reason
Nursing and Acute Services	£2.116m	Supplementary staffing including nursing and medical agency to cover vacancies/ gaps in rotas.
Estates and Facilities	£0.427m	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)	£7.648m	Savings includes the amount required to break even as well as the £4m of actual anticipated savings in 24/25.
Director of Human Resources	£0.384m	High level of vacancies within the Directorate

Medical Director	£0.364m	This is the main is due to underspends within Pharmacy
Other	£0.348m	There are other smaller movements (see Annex A)
Reserves	£3.219m	This includes the anticipated costs for Agenda for Change Reform that still have to be quantified.
Integration Joint Board (operational areas)	£1.022m	Vacancies continuing to be higher than forecast which has reduced overall levels of expenditure, this figure excludes the IJB savings target.
Total Month 10 overspend	**£4.854m**	

Full Year Forecast Position

As noted above the Board continues to forecast delivery of the original £5.778m deficit plan for 2024/25 at this stage, this continues to be dependent on the run rate reducing over the remainder of the year in line with the expected profile of the Boards efficiency programme.

As referenced above one of the main variables looking at the year-end is the level to which the SG provided funding related to AfC 5/6 and reduced hours will be utilised.

In 2024/25 the Board will receive £1,167k funding for the Agenda for Change Reforms, £200k of this has been utilised to support the impact of the Reduced Working Week on budgets. There remains considerable uncertainty on the level of funding required to support the band 5 to 6 nursing reviews. At present, there are 24 active reviews which have been logged within the national portal relating to band 5 nurses seeking a pay grade review. Of the 24 logged, three have been fully submitted. If this position does not progress by year end, the Board will accrue costs of circa £30k to cover the back-dated element for three nurses. However, there is potential that all 24 of the active reviews are at the point of submission by 31st March 2025 and therefore impacting the Boards liability, this would increase the liability to circa £240k by year end. Following conversations internally, it is also likely that additional reviews will be sought by the end of the year, at present this is thought to be around 20 further claims that may impact on the Board liability by year end, again this would increase the liability to around £450k. The forecast position has not been updated at month 10 to reflect any release of AfC reform funding this year due to the ongoing uncertainty in this area, however, based on the information available, it is possible that the position could improve by between £500k and £930k.

Following the update last month on the potential risk of an adverse movement due to the potential VAT liability on energy costs related to the NPD contract, it is now anticipated that this will be funded in full, the Board is therefore anticipating additional funding of £665k in 2024/25. Although the funding for the VAT liability has been

agreed, there remains a risk around the potential impact from any penalties or interest that may be charged and also, who will be liable for this. There is a possibility that if penalties or interest charges are levied on the NPD provider by HMRC, that these will be passed on to the Board through the current contractual arrangements. It may also be possible that HMRC find that the Board is directly responsible for the error and place penalties/ interest charges to us directly. The financial consequences are yet unknown. As this issue is faced by many other health boards, the situation continues to be closely monitored and updates sought wherever possible.

Savings plans

Consistent with the Boards obligations and commitment to deliver the best year end outturn possible we have established a robust Improvement resource, Governance processes, Including QIA (Quality Assurance), Tracker and Reporting. The focus remains for NHSO to deliver substantially in excess of the national 3% improvement target and create a sound springboard for 25/26 and beyond. We are currently on track to meet this obligation. It will be achieved through a combination of delivering specific improvement schemes and by embedding a culture of continuous improvement across the organisation. NHS Orkney is required to deliver approx. £4.1m efficiency savings in 2024/25 in order to deliver the £5.778m deficit plan.

Based on run rates and the scale of improvement required in the remainder of the financial year as described earlier the full £4.288m Improvement plan will be required to offset the impact of the last two months' phasing of cost increases. As previously described, an improvement in the run rate is required in the final 2 months of the year in order that the Board delivers against the forecast year-end outturn. It remains absolutely necessary that the improvement work delivers additional savings in the region of between £110k and £403k over the remaining 3 months.

Progress to date is described below:

- As at the end of month 10 we estimate that some £2,847k of savings have been delivered or 66% of the total savings planned of £ 4.288m, nb at month 10 we are 83% way through the year.
- In the remaining 2 months we have plans to deliver £1.038m
- There is currently a further £403k of pipeline savings identified and being worked up
- To date, approx. £1.979m of the £2.847m identified are classified as recurring while £868k are non-recurring (NR) and will increase the organisational challenge in 25/26.
- The N/R challenge in 2025/26 will be partly or fully offset by the full year effect of recurrent improvement schemes that were only initiated part way through the year.
- Work is ongoing to identify and deliver more improvement schemes in 24/25 supported by dedicated input from the NHS Scotland Improvement Team.

We will continue to closely monitor and report progress on the above over the remaining 2 months of 24/25.

Capital

The formula-based capital resources spend as at month 10 is £3.566m with a full year anticipated allocation and spend of £4.504m. This is split £1,471k Lease (non Core), £1,964k Decarbonisation (ex Scot Gov) and £1,069k Formula.

Expenditure at Month 10 shows that the Board is on track to deliver its agreed Capital Resource Limit (CRL).

Position at Month 10

Department	Allocation	Spend at Month 10	Planned Spend M11 – M12	Remaining Allocation (Slippage
MEG	£150,000	£87,636	£63,143	-£779
IT & Digital	£420,000	£169,592	£253,731	-£3,323
Estates & Primary Care	£100,000	£41,561	£73,859	-£15,420
De Carb Project Year 2 Solar	£188,000	£45,069	£45,000	£97,931
De Carb Project Year 2 SG Funded	£1,963,927	£1,871,486	£92,442	-£1
Improvement Spend	£40,000	£0	£0	£40,000
Remaining Allocation	£171,140	£8,913	£237,657	-£75,430
Leases	£1,471,000		£1,471,000	£0
New Hospital c/f		-£9,065	£0	£9,065
Sale of Assets		£11,770	£0	-£11,770
Total	£4,504,067	£2,226,962	£2,236,832	£40,273

- Digital and IT – Spend on track. The allocation for both areas has been combined with the Head of IT leading on both. Finalised plans were taken to Capital and Property Strategy Group in January and remaining orders due to be placed early February.

- De-Carbonisation Solar – Solar works now complete. A potential underspend is projected on the basis that contingency monies are not utilised. The project slippage is in the region of £100K. It should be noted that the final value will not be confirmed until the final contractor meeting at end of February.

- De Carbonisation SG – Works are on track. Due to weather related issues, there has been delay in snagging works with the final claim due to be processed in February.

- Medical Equipment - Monthly meetings are now being held, chaired by the Medical Director, to ensure requests are processed promptly. The remaining allocation has now been committed.

- Improvement Spend – It was agreed at the new Capital and Property Strategy Group that the costs for the King Street and Old Balfour option appraisal was not applicable to capital funding and this allocation will be repurposed into the remaining spend.

- Remaining allocation – It should be noted that the figure includes an anticipated allocation for £0.142K for Fleet works carried out in 2023/24. SG have advised that the allocation will be received by end of financial year. There is also a Capital to Revenue transfer of £100K built into the plan.

Agreement for utilising the remaining funding (anticipated slippage) has now been agreed following the proposals taken to the to be agreed at the new Capital and Property Strategy Group. It was agreed to accelerate 2025/26 requirements into this financial year and support Medical Devices Group with their replacement programme.

The IFRS 16 Right of Use Asset funding requirement increased by £1,145k in November following the completion of the new Laboratory Managed Service contract, this was previously forecast to be concluded in 2025/26 but has been brought forward to 2024/25.

Forecast Range

There are a number of risks which may affect the year end outturn position. The following risks have been noted at this stage and will be updated as we progress through the year and updates on the risks/ opportunities become available.

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 positions changes over the remained of the year and requires additional funding from the NHS Board	£0.200m	£0.200m
Inflation	There is a risk inflation remains above plan, however this could fall in the 2 months	£0.100m	£0.100m
SLA costs	All SLA costs are not yet confirmed	£0.200m	£0.200m
Prescribing costs	Data is behind on primary care prescribing therefore there is still a high degree of estimation in costs	£0.200m	£0.150m

AfC Reform Funding	There is a possibility that the anticipated costs for AfC reforms (Band 5 to 6 nursing review) will not transpire this financial year, resulting in a favourable movement in the forecast outturn position	£0.930m	£0.000m
Allocations from SG	There still remains some allocations outstanding from SG and therefore a risk allocations could be lower than anticipated	£0.000m	£0.300m
Total outturn reported	*Expected outturn*	*£5.778m*	
Adjusted for variables		**£4.048m**	**£6.978m**

Brokerage

Under the NHS Scotland Support and Intervention Framework the Board is required to report its cumulative brokerage received. 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 is currently forecasting that it will require a further £5.778m of brokerage this year. 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 1st criteria in the framework, as per the table below. However when both 23/24 and 24/25 brokerage requirements are combined we anticipate that we will be below the 2nd financial escalation criteria ie will remain below the 15% threshold over the two years.

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

It is important to note that as we move into 2025/26, the Scottish Government have indicated that there will be no brokerage available to Boards and therefore all Boards must work towards break-even. Should financial balance not be achieved, this will be

shown as an overspend in the financial statements, leading to potential qualification of accounts. This is also likely to impact on the escalation status of the Board.

Conclusion and Next Steps

The year-to-date financial position reported after 10 months of the 2024/25 financial year is favourable (£154K) to plan at this stage, it is still anticipated that the Board will deliver against the year-end position of £5.778m per the financial plan, assuming improvements are delivered in the final 2 months as detailed in this report including full delivery of additional savings schemes and improvement work as noted.

A reconciliation between month 9 and month 10 variances is included in Appendix B.

This report will continue to be developed as we work on new reports designed to provide greater insights.

The Board continues to focus on progressing the efficiency programme and pipeline opportunities to further reduce the run rate into the final 2 months 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 10 financial position detail

Previous Month Variance M9		Annual Budget	Budget YTD	Spend YTD	Variance YTD
£000	**Core RRL**	£000	£000	£000	£000
(1,856)	Nursing & Acute Services	17,735	14,807	16,923	(2,116)
326	Medical Director	17,694	14,753	14,389	364
829	Integration Joint Board	31,753	26,378	25,356	1,022
346	Finance Directorate	1,432	1,189	826	363
(466)	Estates, Facilities & NPD Contracts	9,532	8,054	8,481	(427)
8	Chief Executive	5,110	4,400	4,446	(46)
20	Public Health	1,047	872	841	31
306	Director of Human Resources	2,737	2,281	1,897	384
2,685	Reserves	5,712	4,636	1,416	3,219
(5,534)	**Savings Targets (Board)**	**(7,378)**	**(6,148)**	**0**	**(6,148)**
(0)	*Savings Achieved (Board)*	**(0)**	**(0)**		(0)
(1,800)	**Savings Targets (IJB)**	*(2,400)*	*(2,000)*	*0*	*(2,000)*
500	*Savings Achieved (IJB)*	*500*	*500*		*500*
(4,636)	**Total Core RRL**	**83,474**	**69,721**	**74,575**	**(4,854)**
	Non Cash Limited				
(0)	Dental NCL	645	627	627	(0)
0	Ophthalmic Services NCL	299	263	263	0
0	Dental and Pharmacy NCL - IJB	912	756	756	0
(0)	**Total Non Cash Ltd**	**1,856**	**1,646**	**1,646**	**(0)**
	Non-Core				

(0)	Capital Grants	(1,964)	(1,637)	(1,637)	0
0	Non-cash Del	0	0	0	0
(0)	Annually Managed Expenditure	1	1	1	0
0	Donated Assets Income	0	0	0	0
(0)	Capital Charges	3,307	2,639	2,639	(0)
(0)	**Total Non-Core**	**1,344**	**1,003**	**1,003**	**0**
(4,636)	**Total for Board**	**86,673**	**72,370**	**77,225**	**(4,854)**

Nursing and Acute Services - £2.116m overspend

- *Hospital Medical Staff, £1,483k overspend*

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend to cover vacant posts in anaesthesia, obstetrics, medicine and surgery. This remains an area of focus for the Improvement team

- *Ambulatory Nurse Manager, £58k overspend*

Dialysis has the highest overspend in this area with a £57k overspend at month 10, in the main this is due to overspends on surgical sundries and transport charges for patients.

- *Clinical Nurse Manager, £574k overspend*

Inpatients 1 (£374k overspend), Inpatients 2 (£12k overspend), Macmillan Specialist Nursing (£131k overspend) and the Emergency Department (£304k overspend) are all reporting significant overspends at month 10 which are being offset by an underspend in HDU (£261k underspend). The main areas of overspend within these areas are registered nursing including substantive staff, and the use of bank nursing to cover vacancies and gaps in rotas. Recent recruitment to substantive vacancies has been positive. It was previously anticipated that last agency worker would leave the organisation at the end of January, however, due to ongoing pressures within the system it is likely this will continue with two additional agency worker required for the remainder of the financial year.

- *Laboratories, £256k overspend*

Laboratories are reporting a significant overspend at month 10 due to agency usage and consumables spend. Reagent spend continues to be significantly over budget in this area. The new managed service contract prices commence 1 January 2025, increased spend is therefore anticipated in this area for the final quarter.

Medical Director - £0.364m underspend

- *Pharmacy, £630k underspend*

The Acute Pharmacy budgets are currently overspent but New Medicines is underspent due to additional funding this year from Scottish Government for 24/25. Pharmacy are also carrying a number of vacancies which are impacting their overall position for 2024/25, both as a non-recurring in year saving, but also limits their ability to deliver on strategic savings in primary care.

- *External Commissioning, £26k underspend*

External Commissioning including SLAs and 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. 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 £44k underspend*

Unplanned Activity is underspent to month 10 but it's variable by nature and is subject to significant potential movement throughout the year.

- *Patient Travel, £431k 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 - £0.478m overspend

The Delegated Services budgets report a net overspend of £0.478m (including £1.500m of unachieved savings and £1.022m operational underspend).

- *Children's Services, £247k underspend*

The underspend in Children's services is in the main related to high levels of vacancies in Health Visiting, School Nurses, Speech and Language Therapy and Occupational Therapists.

- *Primary Care, £106k underspend*

Primary Care General Medical Services is currently overspending (£131k overspend at month 10) due in the main to locum and agency spend within this area. There are offsetting underspends in Primary Care Administration (£198k underspend), Community Nurses (£18k) and Specialist Nurses (£22k underspend).

- *Primary Care – Dental £331k underspend*

The dental underspends relate in the main to Senior Dental and Dental Nursing, the underspend slowed slightly in quarter 3 due to locum cover charges.

- *Health and Community Care, £323k underspend*

There are both over and underspending services in Health and Community Care however Community Nursing is currently underspent by £204k due to significant vacancies and the inability to attract agency staff. Mental Health Services are reporting an underspend of £96k at month end, this in the main is due to vacancies within this area.

- *Primary Care Prescribing, £36k overspend*

The Prescribing Unified budget is currently showing an underspend of £72k which is an adverse movement on the 10 position (breakeven). Updated cost information has impacted this position. This volatile cost area will continue to be closely monitored

along with the accrual assumptions which are based on payments made 2-months in arrears. Vaccination and Immunisation budget is currently overspent (£116k at month 10).

Finance Directorate - £0.363m underspend

The Finance Directorate is currently reporting an underspend of £363k, it is anticipated the Finance Directorate budget will be underspent at year-end.

Estates and Facilities - £0.427m overspend

This Directorate is reporting an overspend of £427k to date, unit price of electricity has shown a significant increase. There has also been an impact in year due to VAT charges being applicable to utility charges via our NPD provider. There are significant overspends across the directorate in particular, Estates reports, non-pay pressures within general services reporting an overspend on building maintenance £26k, Balfour energy overspend £219k and pay pressures within portering £51k overspend at month 10. There are some areas reporting underspends at month 10 including CSSD £61k underspend, Estates £32k underspend and Engineering £16k underspend.

There are also overspends within Facilities at month 10 with domestics reporting an overspend of £147k and staff houses/ flats an overspend of £74k. However, these are partially offset by underspends within other areas including catering (including staff cafeteria) of £61k.

The teams continue to work closely with the improvement team to drive efficiencies.

Chief Executive - £0.046m overspend

The month 10 position includes the Board Members pay award increase applied in month 9 (£45k cost pressure in 2024/25), these costs are currently unfunded. This has been raised with the Scottish Government as the Island Boards have been significantly impacted by this.

Public Health - £0.031m underspend

Currently reporting an underspend of £31k. There are various over and underspending services in this area.

Human Resources - £0.384m underspend

There are a number of underspending areas within the Directorate impacting on the overall underspend, this includes vacancies across a number of services and reduced recruitment costs.

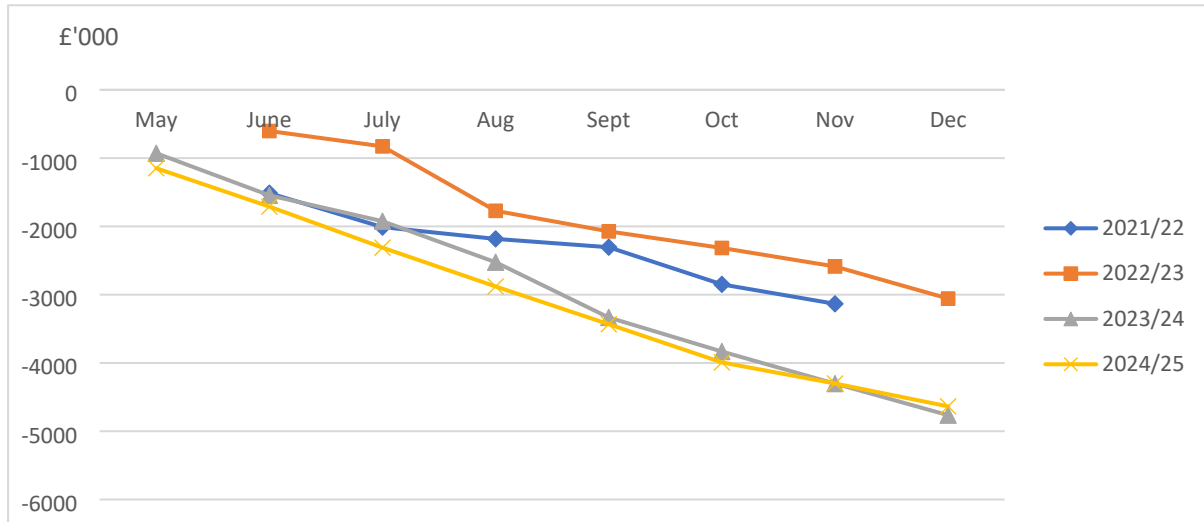## Appendix B: Month 9 to Month 10 Reconciliation

Expenditure Analysis	Mth 9 Variance £000s	Mth 9 Pro-Rated Variance £000s	Mth 10 Variance £000s	M9 Pro Rated to M10 Movement£000s	Comments
Pay					
Medical & Dental	(1,824)	(2,027)	(2,081)	(54)	Previous months' locum accrual adjustment
Nursing & Midwifery	(41)	(46)	(37)	9	
Other	1,323	1,470	1,421	(49)	Coding correction (non-pay to pay)
Sub-total	**(542)**	**(603)**	**(697)**	**(94)**	
Non Pay - Territorial Boards					
Independent Primary Care Services:					
General Medical Services	88	98	156	58	GMS funding uplift mth 10
Pharmaceutical Services	(28)	(31)	(30)	1	
General Dental Services	4	4	5	1	
General Ophthalmic Services	1	1	0	(1)	
Sub-total	**65**	**72**	**131**	**59**	
Drugs and medical supplies:					
Prescribed drugs Primary Care	(28)	(31)	40	71	Prescribing costs/ accrual decrease (up mth 9)
Prescribed drugs Secondary Care	255	283	312	29	New medicines and hospital drug spend down m10
Medical Supplies	(387)	(430)	(444)	(14)	Spend down month 9, increased m10
Sub-total	**(160)**	**(178)**	**(92)**	**86**	
Other health care expenditure:					
Contribution to Integration Joint Boards	0	0	0	0	
Goods and services from other NHSScotland bodies	59	66	5	(61)	UNPACs invoices increased
Goods and services from other providers	35	39	30	(9)	
Goods and services from voluntary organisations	(3)	(3)	(5)	(2)	
Resource Transfer	52	58	58	0	
Loss on disposal of assets	0	0	0	0	
Other operating expenses	(4,491)	(4,990)	(4,698)	292	Electricity down, credit received/ Relocation expenses accrual reduced/ Provisions down/ Reserves

	Variance £000s	Variance £000s	Variance £000s		
External Auditor - statutory audit fee & other services	(11)	(12)	(23)	(11)	2024/25 Fee setting received
Sub-total	**(4,359)**	**(4,842)**	**(4,633)**	**209**	
Total Non Pay - Territorial Boards	***(4,454)***	***(4,948)***	***(4,594)***	***354***	
<u>Income Analysis</u>	**Variance £000s**	**Variance £000s**	**Variance £000s**		
Income from other NHS Scotland bodies	87	97	136	39	Coding error to be corrected m11
Income from NHS non-Scottish bodies	(100)	(111)	(106)	5	
Patient charges for primary care	(94)	(104)	(103)	1	
Profit on disposal of assets	0	0	1	1	
Non NHS:					
Overseas patients (non-reciprocal)	187	208	193	(15)	Overseas patient income down
Other	280	311	316	5	
Total Income	**360**	**401**	**437**	**36**	
Net Total Expenditure - Reported	**(4,636)**	**(5,150)**	**(4,854)**	**296**	

The table above highlights where there are variances between the pro-rated year to date month 9 variance and the actual year to date month 10 variance, comments have been added where there has been a noted movement/ decline.

Appendix C: Financial Trajectory – Comparison – 2021/22 to 2024/25 YTD Variance

The chart above shows the reported year to date variances for years 2021/22 to 2024/25 for comparison. Some points to note

- The year-on-year reported deficits have worsened, in the main this is a result of the Boards inability to deliver recurring savings each year along with adverse impact of increased inflation and reduced funding uplift.
- If the Board was not delivering against the savings and improved efficiencies, the 2024/25 position would be significantly worse
- Previous years' deficits are unadjusted for inflation etc, if the reported figures were adjusted year on year for this, the prior year figures would be worse resulting in perhaps a noticeable improvement in 2024/25
- It is anticipated that the run rate will reduce in the final 2 months of the year as a result of the Improvement Plans/ efficiency savings being realised, therefore slowing down the rate of the deficit
- 2021/22 data has been removed from December 2021 onwards due to the allocation of covid/ unachieved savings funding which skews the information.

Appendix D: Acute Spend Vs Activity Data

The graphs below highlight spend data against activity data for the period from January 2023 to January 2025. This information is intended to help identify where trends in either spending and/ or activity data exists.

Some points to note that impact on the in month spend data:

- In January 2023, AfC pay award arrears were paid
- In April 2023, Band 2 to Band 3 AfC review arrears were paid
- In November 2024, AfC pay award arrears were paid

Graph 1 – Theatre – Spend vs Theatre Utilisation
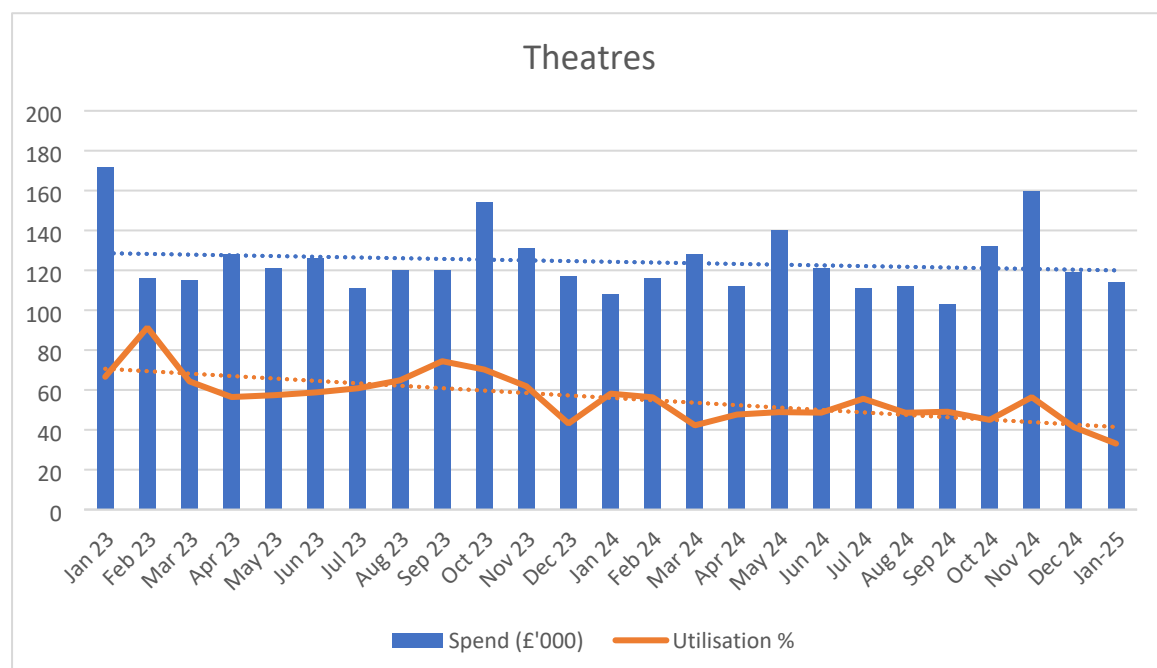
- Across the period highlighted, theatre utilisation has shown on average a decrease (see orange dotted trendline)
- The period with the highest utilisation is February 2023 (91.31%) and the lowest is January 2025 (33.08%)
- Spend tends to fluctuate in this area from around £111k to £121k per month, however, overall the costs have seen a decrease over the period (see blue dotted trendline)
- Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

Graph 2 – Inpatient (IP1, IP2 and HDU) – Spend vs Occupied Bed Days
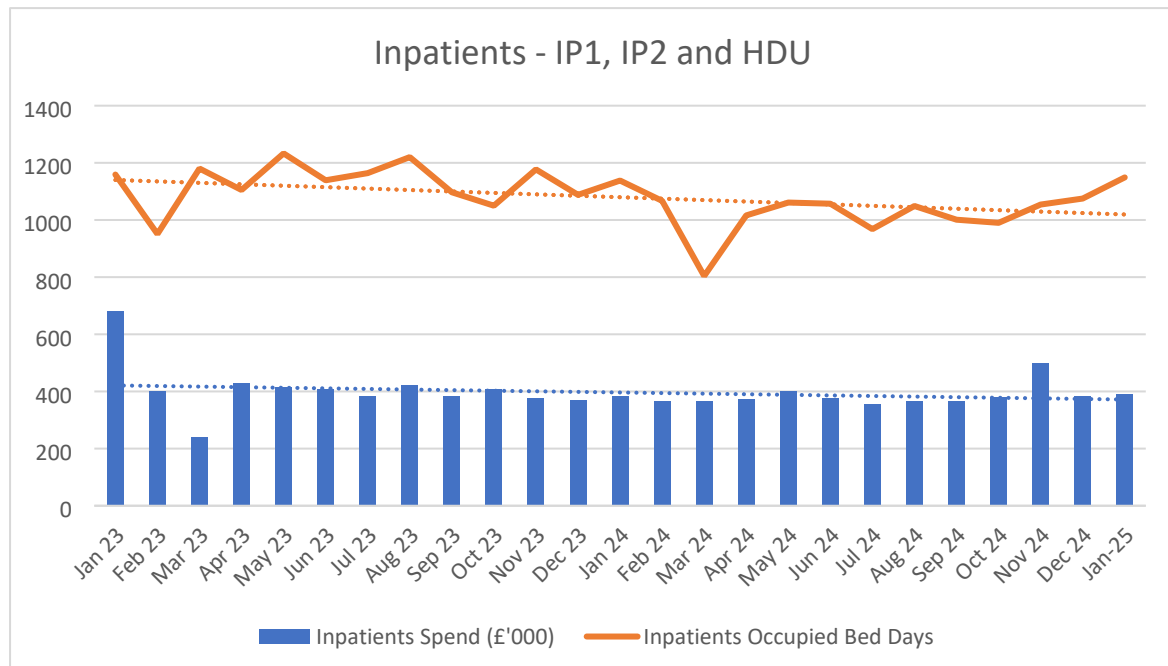
- Across period detailed, occupied bed days has shown on average a decrease (see orange dotted trendline), although this does fluctuate
- The period with the highest occupied bed days is May 2023 (1233) and the lowest is March 2024 (804)
- Spend again tends to fluctuate in this area from around £365k to £415k per month, however, overall the costs have seen a decrease over the period (see blue dotted trendline)
- Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

Graph 3 – Emergency Department – Spend vs Number of ED Attendances
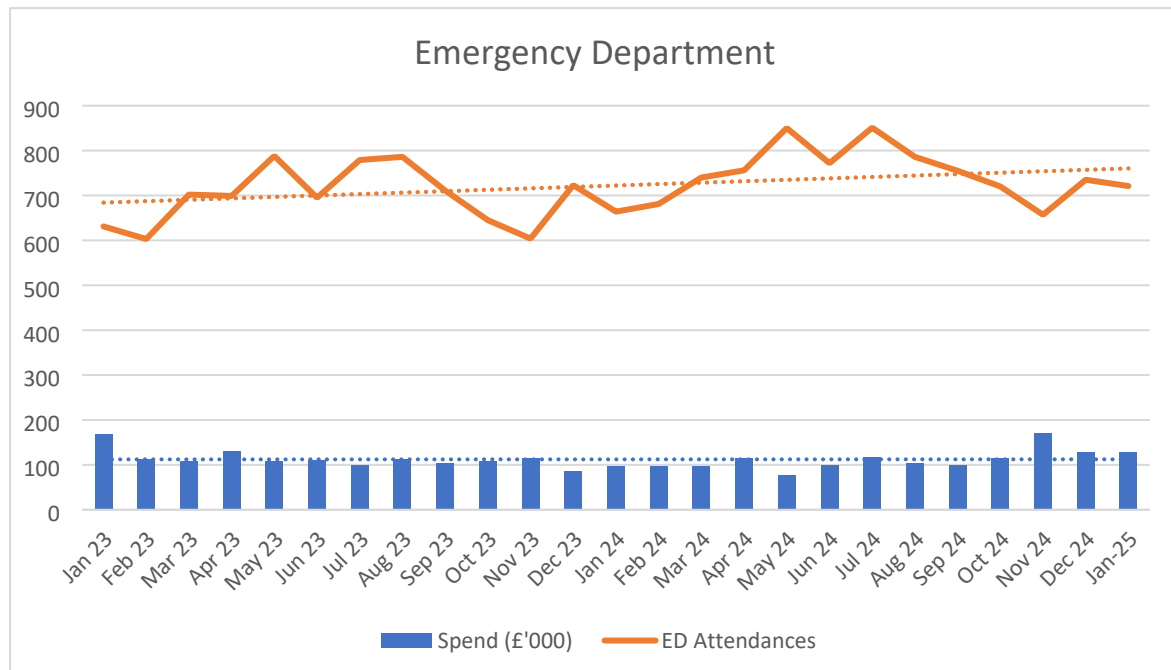
- Across the period shown, Emergency Department attendances have increased on average (see orange dotted trendline), although this does fluctuate
- The period with the highest Emergency Department attendances is May 2024 (850) and the lowest is February 2024 (603)
- Spend again tends to fluctuate in this area from around £85k to £115k per month, however, overall the costs have remained at a similar level over the period (see blue dotted trendline)
- Reduction in agency usage over this period will have impacted spend in this area whilst AfC pay award will see some offsets

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Improving Together Efficiency Programme**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight, Chief Executive**
Report Author:	**Phil Tydeman, Director of Improvement**

1.0 Purpose

This is presented to the NHS Orkney Board for:

<u>**Assurance:**</u> This paper provides an update on delivery of the 2024-25 Improving Together efficiency programme at Month 10 and a progress report on the development phase of the 2025-26 programme.

This report relates to:

- Corporate Strategy 2024 – 2028 – Potential, Performance, People, Patient Safety, Quality and Experience, Place
- Annual Financial Plan
- Financial Sustainability

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

- Effective
- Person-centred

2.0 Situation

NHS Orkney set itself an ambitious financial savings target for 2024-25 of £4.0m (6%) in-years savings with a £3.1m (72%) recurrent contribution. To support delivery, the programme was restructured from the previous year to include a strengthened governance framework, a greater focus on whole organisation engagement, clinical and operational ownership of workstreams, and enhanced executive oversight and accountability. To safeguard clinical outcomes, patient safety and staff health and wellbeing, a comprehensive clinically chaired quality impact assessment (QIA) process was introduced providing a final gateway prior to schemes moving into the implementation phase.

NHS Orkney is currently at Level 3 of the NHS Scotland Support and Intervention Framework and delivering financial efficiencies is a required component of de-escalation. The Board recognise their responsibility to establish a timetable and pathway to achieve financial balance and move toward long-term financial sustainability. To this end, a continuation of the Improving Together programme is underway with the development of a plan for 2025/26.

NHS Orkney Board is asked to receive assurances that:

(a) there is a credible route to delivery of £4.0m in-year savings and all efforts to curb influenceable expenditure for pay and non-pay continue through Quarter 4.

(b) satisfactory progress is being made in developing the £3.5m efficiency plan for 2025/26, but that any complacency in pace or focus during the current development stage will delay savings realisation and risk a deterioration in the overall financial forecast; and

(c) increased Executive Director leadership and ownership of workstreams and accountability for delivery through the Programme Board are mitigating this risk.

3.0 Background

NHS Orkney established its Improving Together Programme in readiness for the 2024-25 financial year. Ten workstreams were established with senior responsible officers (SROs), delivery and clinical leads as well as support from corporate colleagues with the aim to identify, develop and deliver in-year financial savings of £4.0m; aligned to its annual financial plan. To mitigate delivery risk grip and control measures were introduced to curb unwarranted expenditure across substantive and supplementary pay, and clinical and non-clinical non-pay categories. A Bright Ideas Campaign was launched to facilitate engagement from all levels of the organisation and to support an on-going pipeline of opportunities through-out the year.

Maintaining momentum to deliver a year-end forecast deficit position of £5.778m remains a key priority and represents a vital step toward engendering confidence in NHS Orkney's capability to deliver similar savings in each year over the medium term to reach financial balance.

4.0 Assessment

The 2024/25 Efficiency Programme

At Month 10, NHS Orkney is reporting an on-plan financial position.

As reported previously to this Board, it has been an evolving process to effectively capture and validate savings across the totality of workstreams due to previous capacity challenges with the finance team and more recently a concentration rightly on refreshing budgets in readiness for 2025/26. This has not hindered delivery of savings in any way. Through extensive efforts of the finance team and on-going engagement with workstream leads, we are now able to report savings at individual scheme level and this will come into effect from 2025/26. Assuredly, this addresses a key programme risk to improve timely and accurate reporting of underperformance and allow for early intervention to implement recovery actions and a return to plan.

There continues to be strong confidence that schemes already in implementation will continue to deliver to expected trajectories. Enhanced grip and control measures that went into effect in October 2024 have yielded additional benefits, supported by clinical review to ensure patient safety and experience are maintained.

We retain confidence that schemes moving into implementation in Quarter 4 remain with relatively low risk following on-going discussions with the respective workstream owners. The following assessment was undertaken across Month 08 and Month 09 profiling and was presented to the Improving Together Programme Board for challenge and discussion.

2024/25 Savings Profile	Forecast in-year savings (£ M)
In-Year Target	£4m
Identified Savings	£4.40m
Current Forecast	£3.76m

Forecast savings for delivered schemes	Value (£)	Risk Rating
Savings Delivered M1-M9	£2.1m	Low Risk
Year-end forecast for current schemes	£2.9m	Low Risk

Forecast for schemes realising savings from M08	Value (£)	Risk Rating
Capital to Revenue	£100k	Low Risk
Golden Jubilee	£296k	Low Risk
MRI Repatriation	£50k	Medium Risk
Vacancy Control Panel	£340k	Low Risk
TOTAL	£786k	

Current forecast	Value (£)	Risk Rating
Year-end forecast for current schemes	£2.9m	Low Risk
Forecast for schemes realising savings from M08	£786k	Low Risk
TOTAL	£3.76m	

New schemes outside of forecast	Value (£)	Risk Rating
Non-renewal of digital license	20k	Low Risk
Waste reduction	24k	Low Risk
£50m national wait times allocation	170k	Low Risk
Vacancy Control Panel enhanced controls	£100k	Medium Risk
TOTAL	£314k	

Current forecast savings profile	Value (£)	Risk Rating
Forecast savings of continued schemes	£2.9m	Low Risk
Schemes in forecast	£786k	Low Risk
New schemes outside of forecast	£314k	Low Risk
TOTAL	£4m	

If we continue with the schemes which are currently realising savings, we will achieve £2.9m in savings by year-end.

We are forecasting an additional £786k savings from M08 pending contingencies around these schemes, bringing the current forecast position to £3.7m.

We anticipate an additional £314k in savings for schemes not yet included in the forecast position. Delivering these schemes will bring total savings to the £4m target.

All pipeline ideas are now being considered as part of the 2025/26 programme and are being included within the extensive list of opportunities generated through workstream discussions or the Bright Ideas programme.

The 2025/26 Efficiency Programme

As presented to the previous meeting of this Board, next years efficiency programme launched its 'development phase' in November 2024 with the intention to present a final plan for review in April 2025.

The programme consists of twelve workstreams as set out below with executive director ownership and accountability aligned to each. A synopsis of the scope of each workstream and key opportunities are detailed below. Fortnightly meetings commenced for all workstreams in early December, and these will continue until standardised documentation for all schemes have been completed to a high standard inclusive of financial phasing, detailed narrative, implementation plan, key performance indicators, risks and a quality impact assessment.

Core Workstreams

Workstream	SRO	Delivery Lead/s	Summary of workstream
Corporate	Chief Executive	Director of Improvement	Review of corporate services workforce structures and portfolios and review of Service Level Agreements.
Diagnostics	Medical Director	Services Manager	Continuing efficiencies in diagnostics, reduced patient travel and productivity. Monitoring linked to changes in service in MRI, elastography, peripatetic ultrasound, and MSK.
Estates	Chief Executive	Head of Estates	Continuing to drive efficiencies through environmental best practice. Opportunities include waste collection services. Potential sale opportunities for the Old Balfour and King Street Dental Practice. Maximising benefits of the decarbonisation programme and looking to reduce contractual staff costs.
Facilities	Chief Executive	Head of Facilities	Modernisation of facilities workforce and reduction in supplementary pay costs through improved staffing, minimising food waste and review of transportation.
Pharmacy	Medical Director	Interim Director of Pharmacy	Continuing efforts to achieve savings through proprietary to generic switches, poly-pharmacy reviews, script switches, and medicines of low clinical value. Expanding the community dressings initiative to the West Mainland and reducing stock and medicines waste. Reviewing home oxygen services and national therapeutic indicators.
Procurement	Interim Director of Finance	Procurement Manager	Contract renegotiation, standardisation and rationalisation of clinical supplies, grip and control measures around non-pay and regional and national collaborative opportunities.
Social Care & Community (IJB)	Chief Officer – Integration Joint Board	Head of Primary Care	Focus on transformation with the GP Primary Care Service Model and enhancing IJB clinical pathway. Efforts to reduce agency spend and prioritising recruitment, reviewing allocations and contributions. Improvements to quality of prescribing and monitoring a reduction in dispensing spend.
Workforce	Director of People and Culture	Steven Phillips	Targeted sickness absence reduction, agency and overtime reduction, recruitment and retention, and exploring more cost-effective agency commission rates. Grip and control measures are being maintained for vacancies, staff travel, and relocation allocation. Opportunities for reform and transform focus on right sizing the workforce and role diversification.

Transformation Workstreams

Workstream	SRO	Delivery Lead/s	Summary of workstream
Theatre Utilisation	Executive Director of Nursing, Midwifery, AHPs and Chief Officer – Acute	Senior Charge Nurse – Theatres and Day Case	Improving theatre utilisation and scheduling. Utilisation at 58% and recognised as lowest in Scotland however reflective of being staffed for one theatre with material impact on % if lists cancelled (weather, bed availability, staff absence). Some benefit in efficiency, with minimal financial savings expected.
Outpatient Productivity	Medical Director	Clinical Nurse Manager	Enhancing outpatient productivity. Benchmarked data shows opportunity Outpatients: Orkney residents accessing NHSO for virtual appointments lower than other health boards (4.5% vs 12%). Virtual appointments with NHS Grampian reduced from first 6 months of 2023 (53%) compared to last six months of 2024 (38%). Patient initiated bookings, scheduling utilisation and review of staffing model.
Medical Recruitment	Medical Director	Director of Improvement	Reducing agency and locum usage and moving to a substantive medical model.
New Hospital Business Case	Director of Public Health	Director of Improvement	Review of service redesign opportunities and changes implemented resulting from the move to the new hospital site. Maximising clinical and estate opportunities.

Each workstream held at least one ideas generation workshop in December facilitated by the Improvement Team to create an extensive list of opportunities. Workstreams were then asked to prioritise the top five by anticipated indicative savings. In total, 88 opportunities were identified with focus until March to undertake bottom-up analysis and convert to credible plans. This is a materially improved position compared to this time last year.

From transactional to transformational
As stated above, maintaining our financial position in 2024/25 has been achieved through a more singular focus on transactional opportunities and a reliance on grip and control measures. While transactional workstreams and enhanced measures will provide benefit in 2025/26 and beyond, the contribution will be minimal as the available opportunity will be reduced. It is therefore imperative that NHS Orkney embrace a fundamental shift towards transformational change to achieve its currently draft efficiency target of £3.5m in-year savings (72% recurrent).

Steps have already been taken in this direction:

- We have engaged with the Scottish Government Financial Delivery Unit and collaboratively reviewed benchmarked data to understand key operational productivity opportunities and areas for workforce redesign. This data has been shared with workstreams and work to understand the realisable benefits is under way.
- We are undertaking quarterly reviews of available data from the 15-box grid of nationally prioritised savings to identify material areas of opportunity (medical agency spend at £1.4m; virtual outpatient appointments reduced from 53% to 38% since Q4 2023; theatre utilisation is at 58%; albeit challenged by several factors).
- We have collated workforce data and are set to review opportunities linked to current vacancies, senior role redesign opportunities at Band 7 and above, forecasting retirement trajectories; as well as a review of pay investments resulting from the annual business planning cycle (recognising that any new investments in pay must meet a strict set of criteria and be subject to a robust review process).

The executive team are also embracing the shift to transformational change and are taking on leadership roles across what has been termed the five 'whats.' These include financial governance, grip and control measures, pay trends, transformation and strategic intent.
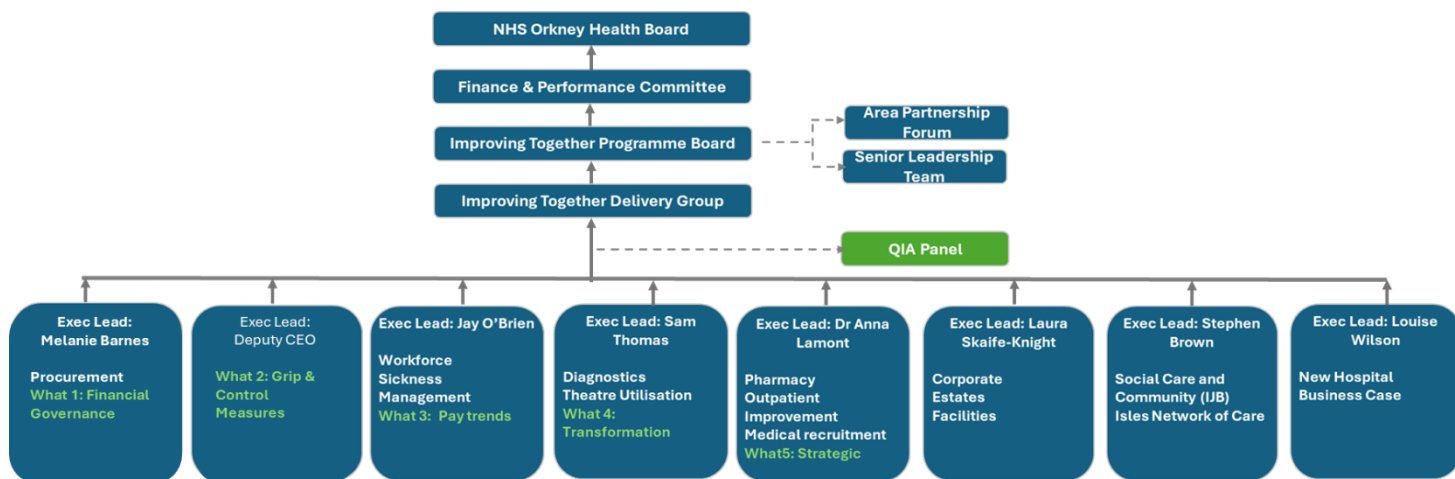
Each has a clearly defined scope with the relevant executive director personally leading on their respective 'what' and are accountable to the monthly Improving Together Board for presenting progress reports and implementing the finalised plans.

In February, a detailed presentation on workforce was received recognising the importance of role redesign, innovative staffing solutions and the need to reduce our reliance on medical agency to improving both the patient and staff experience. Similarly, work is being progressed to review transformational opportunities in how NHS Orkney can enhance its service provision, drive digital improvements and align to best practice and innovative models of care towards a future clinical vision, and a proposal on this approach was also received. Detailed presentations against each of the core workstreams will follow in future programme boards to ensure full accountability for delivery and robust challenge to the organisations level of ambition.

Next steps

Prior to the end of February, key actions include:

- all workstreams to state indicative savings for all schemes to provide an early view of gap to target.
- progress at pace each of the five whats with a detailed position on workforce opportunities.
- commence with the clinical services review commission.

Quality/Patient Care

Successful 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 Improvement function will be realised at an individual, Board, and whole system level.

Substantial medium to long-term benefits can only be achieved and sustained with organisational change that goes beyond quick fixes and technology upgrades.

Risk Assessment/Management

The Improvement programme's risk register reconciles to departmental and corporate risk registers. This will be regularly updated throughout the course of the programme. The key risks identified at this stage include:

- Financial capacity and understanding around validating opportunities and evidencing delivery will delay scheme implementation and lead to underperformance against the planned savings profile.
- There is a risk without the appropriate resources in place for the Improvement Hub, we will be unable to implement the necessary changes to support our Improvement Plan and achieve the efficiencies required by the Scottish Government.
- There is a risk that lack of robust activity data will hinder decision making.
- There is a risk that failure to cost-up efficiency projects and schemes will hinder prioritisation of deliverable milestones.

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. Evidence that satisfies each of the six elements regarding Diversity and Inclusion as listed in the QIA guidance document:

- Alignment with The National Plan for Scotland's Islands 2019 and Islands (Scotland) Act 2018

Climate Change Sustainability

Incorporated in the Efficiency Improvement Programme, are schemes to review the number of journeys both to and from the Island for both patients and staff. An additional scheme, The Green Theatres Programme enables environmentally sustainable care by reducing the environmental impact in Theatres and contributing towards Scotland's net zero target.

- Consideration has been given to the NHS Scotland Climate Emergency and Sustainability Strategy

Route to the Meeting

Components of this paper have been shared with the Improving Together Delivery Group, Improving Together Programme Board, Senior Leadership Team and Finance and Performance Committee.

3.0 Recommendation

NHS Orkney Board is asked to receive assurances that:

(a) there is a credible route to delivery of £4.0m in-year savings and all efforts to curb influenceable expenditure for pay and non-pay continue through Quarter 4.

(b) satisfactory progress is being made in developing the £3.5m efficiency plan for 2025/26, but that any complacency in pace or focus during the current development stage will delay savings realisation and risk a deterioration in the overall financial forecast; and

(c) increased Executive Director leadership and ownership of workstreams and accountability for delivery through the Programme Board are mitigating this risk.

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Integrated Performance Report – February 2025**
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 **Assurance:**

Members are asked to:

i.   **Receive** the Integrated Performance Report February 2025 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 4 (January – March 2025).
iii. **Note** the next steps for ensuring Board Committees routinely receive relevant chapters of the Integrated Report for scrutiny ahead of the IPR by exception coming onward to Board.

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
- Sustainable

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 in place to bring performance back on in Quarter 4 (January – March 2025).

In Quarter 4 of 2024/25, the IPR has not been subject to Board Committee scrutiny. An end-to-end review of the IPR is underway, which has been commissioned by the Chief Executive to ensure the timetable for having the latest data, sign off and governance is adjusted and agreed as needed to avoid a repeat of this position

moving forward. This will be corrected by Quarter 1 of 2025/26 so that Board Committees receive the IPR ahead of it coming onward to Board to ensure appropriate scrutiny of all performance data and good governance.

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) and metrics which are important to our local community.

To note – Performance and productivity have deteriorated in several areas since the last update in December 2024. Several Key Performance Indicators (KPIs) are not included in the IPR. The Health Intelligence Team continues to work with Executive Directors to ensure data shared meets The Code of Practice for Statistics is the set of standards Public Health Scotland requires all Health Board to adhere to when producing and sharing official statistics, ensuring that data is trustworthy, high quality, and of public value; this code is maintained by the UK Statistics Authority.

KPIs not included in the February 2025 IPR are:

- Current data and/or definition not available this includes KPIs for Women and Children's, Efficiency Programme, Workforce and Population Health and Patient Safety, Quality and Experience (see below)

As the IPR continues to evolve, where data is available and can be shared, every effort will be made to ensure it is included in the IPR from Quarter 1 2025/26.

2.3   Assessment

2.3.1   Quality/Patient Care

Whilst the process for the collection of the patient safety, quality and experience metrics is established and provided consistently, further work is required to expand this dataset to provide the necessary assurance to the Board. Work has commenced with service leads to expand datasets and will be complete by the end of Quarter 4 2024/25.

To note - there is no improvement target date for 'Complaints Upheld by Scottish Public Services Ombudsman.' Whilst actions are complete, due to latency in the data, this is showing as off-target in the IPR.

2.3.2   Workforce

Monthly sickness absence rates at the end of November 2024 were 6.52%, representing a 0.63% increase in the current 2024/25 financial year. Year-to-date sickness absence data indicates a trend of increasing absences across the organisation.

Appraisal rates have declined for the second consecutive month, currently standing at 36.49% at December 2024. This is a decrease from the highest level of 37.17% recorded in October 2024.

Compliance with statutory and mandatory training continues to decrease due to a focused effort by Managers, however, it remains a risk on the Corporate Risk Register.

2.3.4 Operational Standards

Operational Standards

Women and children's services

As many of NHS Orkney's maternity patients are treated by NHS Grampian there are challenges with the data being provided in a timely manner. Processes will be in place to gather the maternity data which will be available from Quarter 1 2025/26.

Four-hour emergency access standard

Four-hour emergency access standard performance at the end of November 2024 was 92.6% against the national 95% standard. NHS Orkney remains 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 (RTT) standard has increased during December 2024 to 86.9% (against the 90% national standard) compared to 79.9% in November and 75.2% in October 2024. Specialties where improvement plans are in place are: Pain Management (31.3%), Oral Surgery (45.5%), Ophthalmology (72.9%) and Oral and Maxillofacial Surgery (73.1%).

31-and 62-day cancer standard

Performance remains consistently better the 31-day cancer standard (100% for NHS Orkney versus the 95% national standard). The 62-day standard had two eligible referrals in September 2024, with the maximum wait at 75 days.

Waiting lists and backlogs

New Outpatient total wait list as of March 2024 were 1,467, with 1,634 patients at December 2024; an increase of 11.3% driven by an increase in activity. Against the national 12-week target, patients waiting in excess of this standard was 803 as at March 2024 increasing to 937 as at December, an increase of 16.7%.

There remains a continued focus on improving wait times in Ophthalmology, Orthopaedics, Ear, Nose and Throat and the Pain Clinic with oversight from the Planned Care Programme Board and Performance Review Meetings.

Treatment Time Guarantee

The inpatient total waiting list as of March 2024 was 293 and at December 2024 is 271, a decrease of 7.5%. Against the national 12-week Treatment Time Guidance (TTG) target, patients waiting in excess of this standard is 176 as at March 2024 decreasing to 99 as at December 2024, a decrease of 7.5%. As a percentage, compliance of his standard improved from 40.0% to 63.4%.

Operational (Community) standards

Capacity issues across both public and private dentistry due to a combination of the level of demand, current vacancies and the lack of dentists available across the country remaining a challenge.

Improved engagement with independent contractors (GPs, Dental and Optometry) is enabling a more collaborative approach to improving service delivery and patient experience.

Population health

Overall vaccination performance for both COVID and adult Flu vaccinations has NHS Orkney as the top performing Board. Further work on indicators for screening has taken place with data showing good performance.

2.3.6 Financial

The Board remains at level 3 of the Scottish Government's Finance Support and Intervention Framework. The Board's run rate remains largely on track and in line with the financial plan trajectory at month 9 (£14k adverse), and we continue to assume delivery against the yearend forecast outturn per the financial plan of £5.778m overspend for 2024/25. The efficiency programme has delivered recurring savings of£1.650m at month 9.

2.3.7 Risk Assessment/Management

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

- Risk 510 - Corporate Finance Risk
- Risk 1225 - System Capacity
- Risk 1228 - Fragile Services

There is a significant risk that the lack of digital maturity, leadership, governance, and a digital strategy which is understood and owned 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.

2.3.8 Route to the Meeting

This paper has been produced for the purposes of the Board in February 2025 following approval at the Senior leadership Team 5 February 2025. The IPR has not been to Board Sub Committees ahead of Board (as above).

3. Recommendation(s)

Assurance - The NHS Orkney Board is asked to:

i.   **Receive** the Integrated Performance Report February 2025 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 4 (January – March 2025).
iii. **Note** the next steps for ensuring Board Committees routinely receive relevant chapters of the Integrated Report for scrutiny ahead of the IPR by exception coming onward to Board.

2   List of appendices

The following appendix is included with this report:

Appendix 1, Integrated Performance Report - February 2025

NHS
Orkney
Integrated Performance Report
February 2025

Chief Executive: **Laura Skaife-Knight**

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

HEALTH Intelligence

ORK.healthintelligence@nhs.scot

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, Workforce, Patient Safety, Quality, and Experience, and Finance

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 recover performance 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 'x̄' 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	3	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	↔
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%	93%	Green	↑
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	3	Red	↑
7	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 1 5 Working Day Response Compliance	Medical Director	100%	66.66%	Red	↑
8	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 2 20 Working Day Response Compliance	Medical Director	100%	66.66%	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%	0.00%	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%	83.33%	Red	↓
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	↔
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	100%	94.44%	Red	↓
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	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%	63.47%	Red	↓
18	Operational Standards	Planned Care	10% reduction in waiting times for Treatment Time Guarantee patients	Medical Director	-10%	-9.38%	Red	↓
21	Operational Standards	Planned Care	90% of planned/elective patients to commence treatment within 18 weeks of referral	Medical Director	90%	86.90%	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%	45.45%	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%	92.35%	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%	76.12%	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%	66.67%	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%	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%	92.6%	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	22:23	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%	26.67%	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	4	10	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	56	300	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	↔
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%	100%	Green	↔
36	Operational Standards	Women and Children	50% of women receive care during the intrapartum period from the primary, buddy or member of the team who she has met.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	50%	44.4%	Red	↓
37	Operational Standards	Women and Children	75% of scheduled antenatal care delivered by the primary and no more than one other midwife.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	75%	52.3%	Red	↑
38	Operational Standards	Women and Children	75% of scheduled community based postnatal care delivered by the primary and no more than one other midwife.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	75%	50%	Red	↑
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 allied health professional led musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	56.07%	Red	↓
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 allied health professional led podiatry musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	9.09%	Red	↑
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 allied health professional led physiotherapy musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	65.12%	Red	↓
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 allied health professional led orthotics musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	30.00%	Red	↑
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%	Green	↔
46	Community	Psychological Therapies	18 Week Referral to Treatment	Chief Officer (Integration Joint Board)	90%	92.86%	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	18.5	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	8	Green	↑
49	Population Health	Prevention of Disease	Immunisation uptake rate 6-in-1 primary Course by 12 months	Director of Public Health	95%	98.00%	Green	↑
50	Population Health	Prevention of Disease	Immunisation uptake rate MMR2 by 6 years of age	Director of Public Health	95%	96.20%	Green	↑
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	40%	43.5%	Green	✕
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	✕
54	Population Health	Promoting health and wellbeing outcomes	Bowel Screening - 60% of eligible persons successfully completing a screening test (i.e. an outright positive or negative test result).	Director of Public Health	60%	69.90%	Green	✕
55	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%	91.1%	Green	✕
56	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%	100%	Green	↔
57	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	Director of Public Health	100%	100%	Green	↔
58	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	Director of Public Health	100%	100%	Green	↔
59	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%	100%	Green	✕
60	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	✕
62	Workforce	Sickness Absence	Sickness rates consistently below the national average of <6%	Director of People and Culture	6.23%	5.34%	Green	↑
63	Workforce	Sickness Absence	Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	Director of People and Culture	6.45%	6.52%	Red	↑
64	Workforce	Appraisals	Appraisal compliance rate over the previous 12 months	Director of People and Culture	85%	36.49%	Red	↓
65	Workforce	Hours Utilised	Agency	Director of People and Culture	x̄	2256.33		↑
66	Workforce	Hours Utilised	Bank	Director of People and Culture	x̄	5452	Red	↓
67	Workforce	Hours Utilised	Overtime	Director of People and Culture	x̄	478	Green	↑
68	Workforce	Hours Utilised	Excess	Director of People and Culture	x̄	997	Red	↑
69	Finance	Finance	Financial performance against plan - YTD.	Director of Finance	£4,622,000	£4,636,000	Red	↑
70	Finance	Finance	Financial performance against plan - Forecast.	Director of Finance	£5,778,000	£5,778,000	Green	↔
72	Finance	Finance	Efficiency performance against plan - Forecast.	Director of Finance	£4,000,000	£4,084,000	Green	↓
74	Finance	Finance	Capital performance against plan - YTD.	Director of Finance	£2,274,000	£2,174,000	Green	↓
75	Finance	Finance	Capital performance against plan - Forecast.	Director of Finance	£4,504,000	£4,504,000	Green	↔

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 these KPIs and endeavour to deliver these in the next edition of the IPR scheduled for release in April 2025.

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	Position Change
27	Operational Standards	Inpatients	Ensure that acute receiving occupancy is 95% or less.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%			✕
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%			✕
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%			✕
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%			✕
71	Finance	Finance	Efficiency performance against plan - YTD.	Director of Finance		£2,462,000		✕
73	Finance	Finance	Efficiency programme recurrent savings against plan.	Director of Finance		£1,650,000		✕

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 numbers of complaints, falls and pressure ulcers is reducing. While response times to complaints has improved, we are still below the standard, with improvement plans discussed at January's Performance Review Meetings to recover performance.

The compliance for Maternity Early Warning Scores (MEWS) and Paediatric Early Warning Scores (PEWS) remains high, with 100% compliance against MEWS and PEWS that require escalation.

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

All open Significant Adverse Event Reviews are now overdue. One is close to completion and will be signed off by the Commissioner by the end of February. The other two can only be reviewed by people with specific training and due to the nature of the review and the multiple agencies involved and the timeframe the review covers, take significantly longer to complete.

Patient Safety, Quality, and Experience
Complaints Received

Total Complaints Received

● Total Complaints ● Target
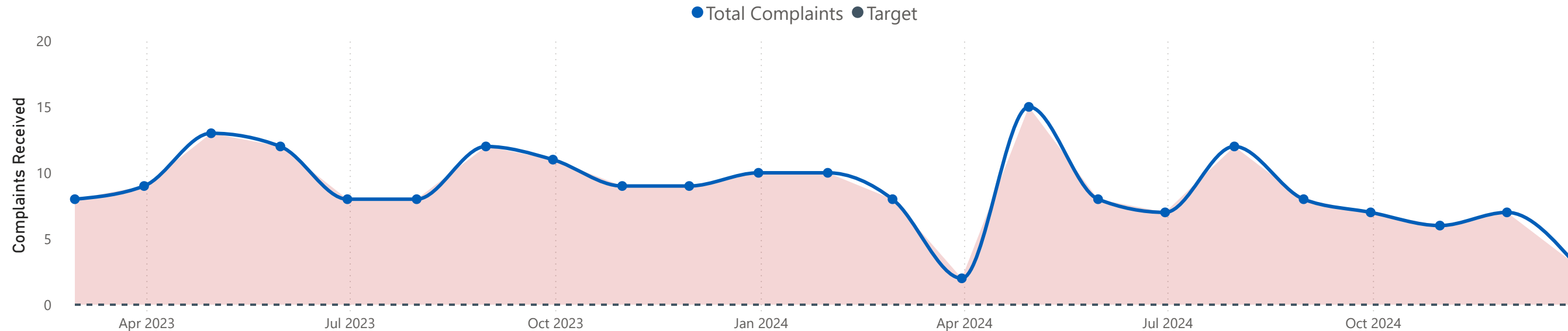
KPI	Target	Actual	RAG Value
Change in number in complaints received this reporting period	0	3	Red

Actions to Improve/Recover Performance

The numbers of complaints have fallen over the last six months starting in July with 12 and December with 3. As part of the next Clinical Quality Group a discussion will take place around to the target of zero complaints. This is unrealistic and with the organisation wanting to engage with the community, complaints are welcome to improve on the services we provide. Once a target has been agreed with a rationale, this will be brought to SLT for agreement and then proposed for the next iteration of the IPR.

Improvement Target Date
31/03/2025

Patient Safety, Quality, and Experience
Stage 1 Complaints

Stage 1 Complaints - 5 Working Day Response Compliance

● Stage 1 Complaints Received ● 5-Day Response Compliance % ● Target
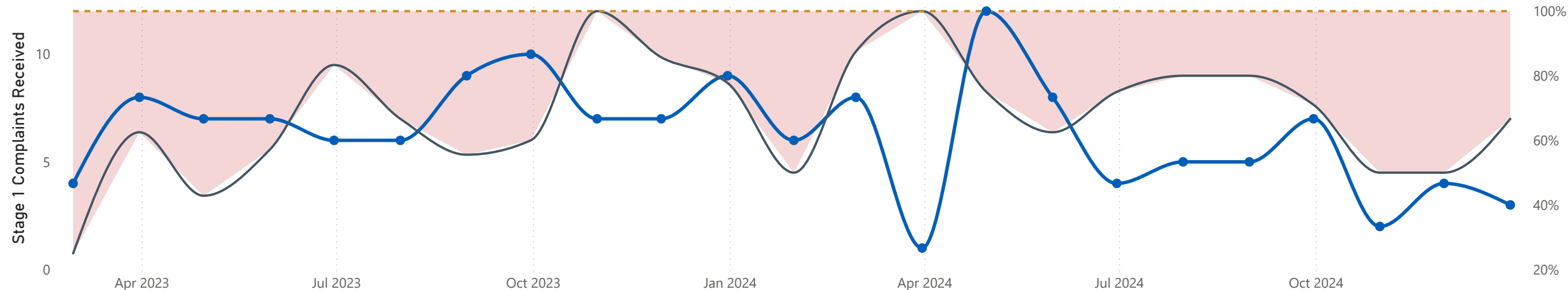
KPI	Target	Actual	RAG Value
Complaints Received - Stage 1 5 Working Day Response Compliance	**100%**	**66.66%**	**Red**

Actions to Improve/Recover Performance

The compliance against timeframes has increased this month and support is offered to all staff in undertaking these in a timely manner, including the highlighting or training available to support this.

Improvement Target Date

31/03/2025

Stage 2 Complaints - 20 Working Day Response Compliance

● Stage 2 Complaints Received ● 20-Day Response Compliance % ● Target
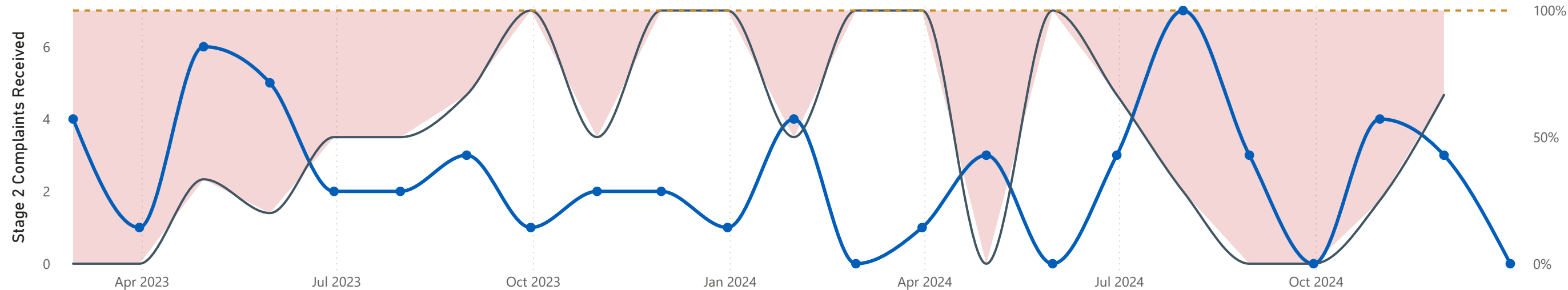
KPI	Target	Actual	RAG Value
Complaints Received - Stage 2 20 Working Day Response Compliance	**100%**	**66.66%**	**Red**

Actions to Improve/Recover Performance
As with the stage 1 complaints the number of these fell in December and therefore one complaint can have an excessive effect on compliance.

Improvement Target Date

31/03/2025

Patient Safety, Quality, and Experience
Inpatient Falls

Inpatient Falls

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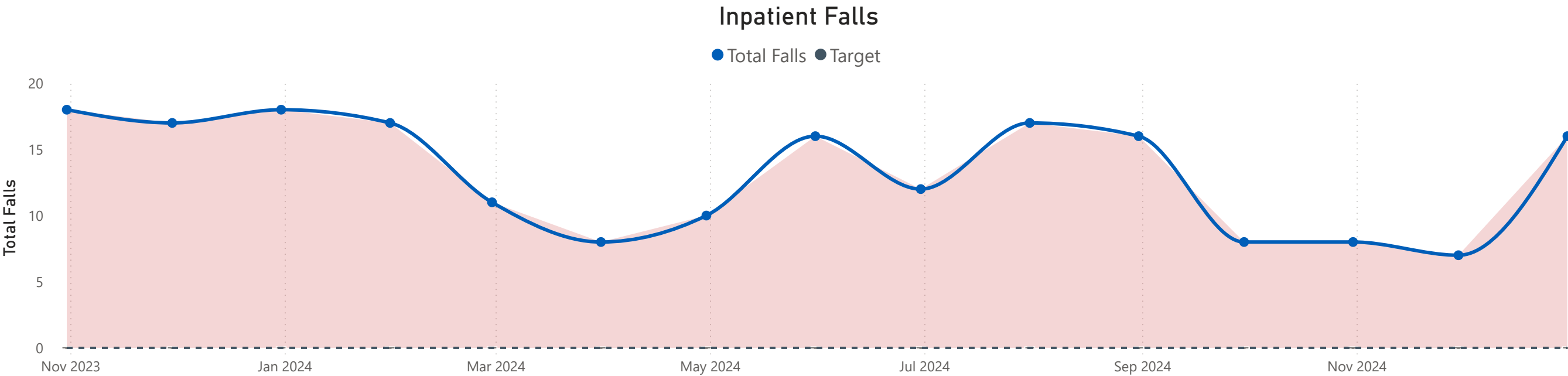
KPI	Target	Actual	RAG Value
Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	0	16	Red

Actions to Improve/Recover Performance

Inpatient falls in Inpatient 2 have remained low with a total of 3 recorded in the month of December 2024. This is in line with the falls improvement programme. No falls recorded in Macmillan inpatients. Inpatient falls in Inpatient 1 have increased to a total of 13 in December. Each of these falls have been reviewed and it was noted that a percentage of these falls were one individual patient who is at high risk of falls. Additional measures were put in place for this individual patient, we continue with the falls improvement programme and continue to promote positive mobility messages.

Improvement Target Date
31/03/2025

Patient Safety, Quality, and Experience
Pressure Ulcers

Pressure Ulcers Acquired in Hospital

● Total Pressure Ulcers ● Target
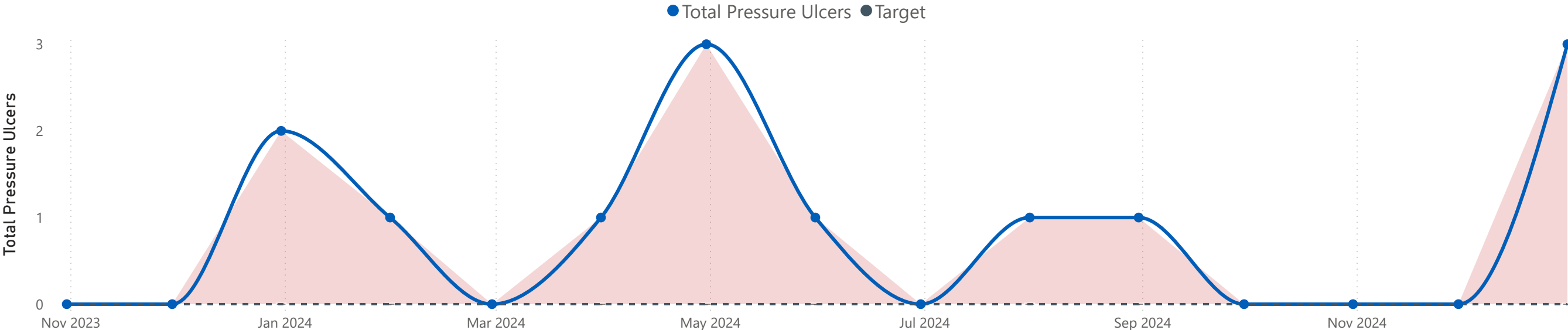
KPI	Target	Actual	RAG Value
Number of inpatient acquired pressure ulcers this month	0	3	Red

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

31/03/2025

Patient Safety, Quality, and Experience
Significant Adverse Event Reviews

Significant Adverse Events – Review Compliance

- ● SAER's Commissioned
- ● % SAER Compliance
- ● Target
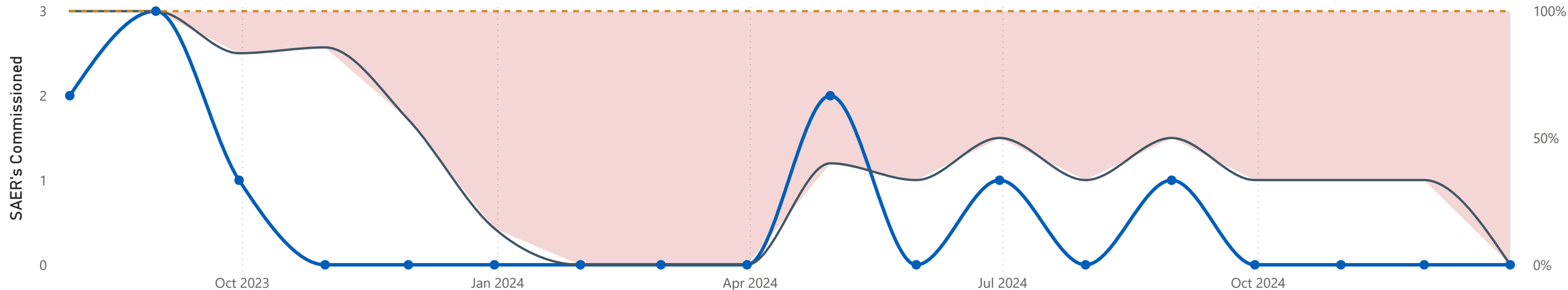
KPI	Target	Actual	RAG Value
Significant Adverse Event Review Compliance (closed within target date)	**100%**	**0.00%**	**Red**

Actions to Improve/Recover Performance

There are three open SAER with no new commissioned. A draft report for one of these has now been received and should be closed by the end of February 2025. The remaining two reviews are more complex with one of which is being carried out by an external reviewer due to needing specialist training. There are regular review meetings to ensure that they are being undertaken in a timely manner. Alongside this a recent piece of work has been undertaken to review the recommendations and actions from SAER and update these. This will be reflected in future reporting on SAER through the Clinical Governance Structure. Work is also planned to look at training when the revised Adverse Event Framework is released by Health Improvement Scotland at the end of March 2025.

Improvement Target Date

31/03/2025

Patient Safety, Quality, and Experience
Maternal Early Warning Score Observations

Maternal Early Warning Score Observations

● No. Charts Reviewed ● % Charts Completed & Frequency Met ● Target %
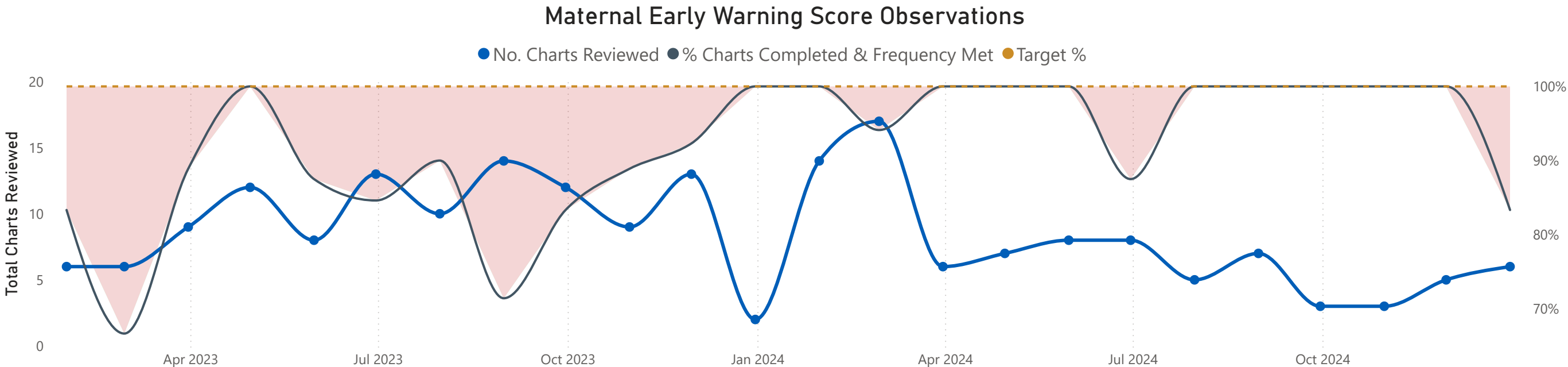
KPI	Target	Actual	RAG Value
Maternal Early Warning Score Observations	**100%**	**83.33%**	**Red**

Actions to Improve/Recover Performance

There is a slight fall in the compliance with the first KPI this quarter. This is the result of one non compliant chart out of six in the audit, due to the small numbers the percentage change reported is significantly affected. Training is underway around obstetric emergencies, and this includes looking at the MEWS charts and escalation.

Improvement Target Date

30/04/2025

Paediatric Early Warning Score Compliance (Age, Observation, Scoring)

- Cases Reviewed
- Total Compliant %
- % Target
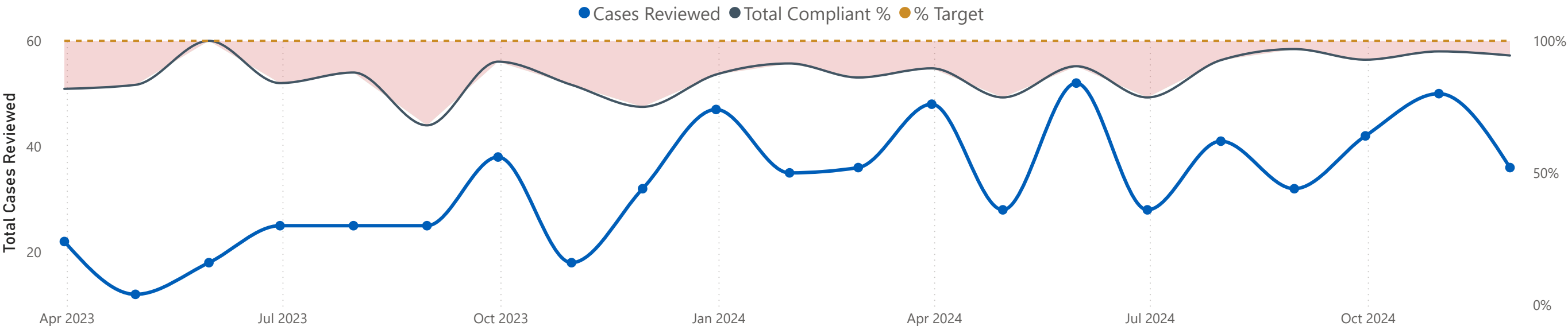
KPI	Target	Actual	RAG Value
Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	100%	94.44%	Red

Actions to Improve/Recover Performance

The compliance for PEWS remains high and all cases where the PEWS triggered were escalated as appropriate as demonstrated with the 100% compliance. There are education packs available for all staff but provided to new staff to support them in understanding the PEWS charts and the escalation process.

Improvement Target Date

30/04/2025

Operational Standards Acute

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

What's Going Well?

The Planned Care Programme Board has established scrutiny of planned care in critical areas including Ophthalmology, Orthopaedics, Ear Nose and Throat (ENT) and pain. An expert peer review was completed on the 8 January with the Centre for Sustainable Delivery and NHS Highland. Quarterly planned care reviews with the Scottish Government policy team have identified opportunities for contracting in services, with approaches made to external providers.

As of 5 January 2025, 262 patients were waiting for all forms of ophthalmology clinic appointments, with 191 of those waiting over 12 weeks. While this remains a significant challenge, it is a marked improvement from a high of 366 patients in mid-July, which reflects the additional clinical consultant sessions organised since mid year. For cataract surgery specifically, the waiting list has reduced from 140 in June to 86 patients out of a total of 109 awaiting all eye surgeries.

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

Improvement action plans from service delivery teams by the end of March 2025 and the action plans must prioritise the waiting times for a first appointment. However, due to a consultant for Ophthalmology moving to a new post with NHS Highland, we have lost significant outpatient and theatre capacity. This post has been hosted by NHS Highland and it is not clear when or if it will be replaced.

Operational Standards
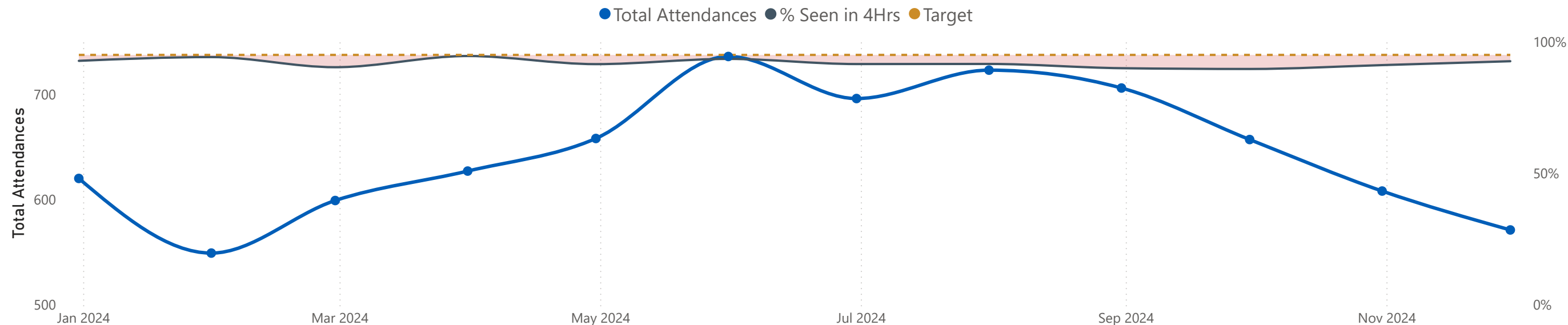## Accident & Emergency 4-Hour Compliance

Accident & Emergency 4-Hour Standard Compliance

● Total Attendances ● % Seen in 4Hrs ● Target

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%**	**92.6%**	**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. Over the month of December we saw increased whole system pressures which continued into January. Performance against 8 and 12-hour targets remains consistently strong.

Improvement Target Date

31/03/2025

Operational Standards
Treatment Time Guarantee 12 Week Compliance

Data Source

TTG Weekly Return

Latest Data

03/01/2025

Treatment Time Guarantee – 12 Week Compliance

● Patients Waiting ● Target ● 12Wk Compliance %
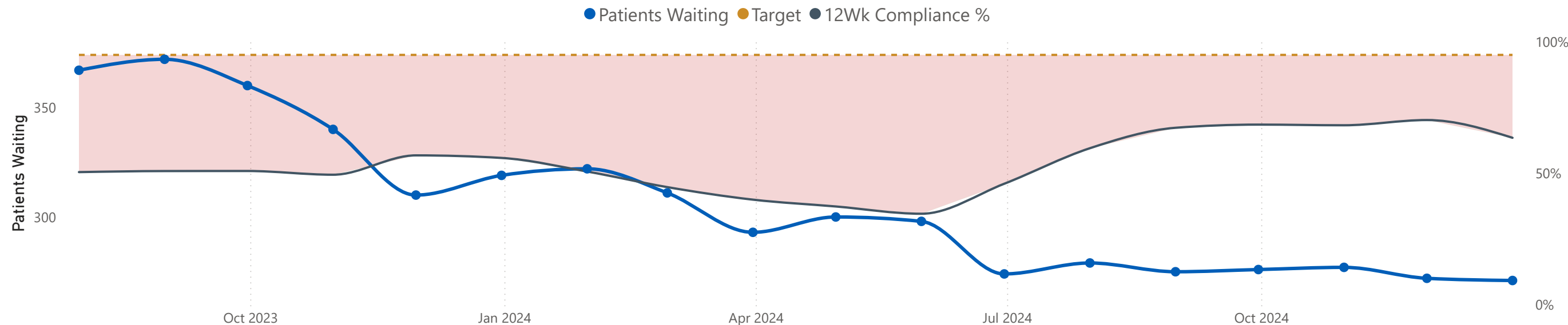
KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	**100%**	**63.47%**	**Red**

Actions to Improve/Recover Performance

12 week TTG compliance has shown improvement from mid 2024, however the rate of improvement has not continued. NHS Orkney is dependent on NHS Grampian for specialist services and we remain challenged to improve this with limited visits from specialists and a small on-site consultant service. To note that when the number of people being seen at outpatients is limited, that the TTG will appear to improve due to fewer patients being scheduled for inpatient treatment. A commission to Scottish Government has been submitted for a short term resource to map services and service models before the end of 2024/25.

Improvement Target Date

31/07/2025

Treatment Time Guarantee – Local 10% Waiting Times Reduction Compliance

● List Size +/- ● % Variation ● Reduction % Target
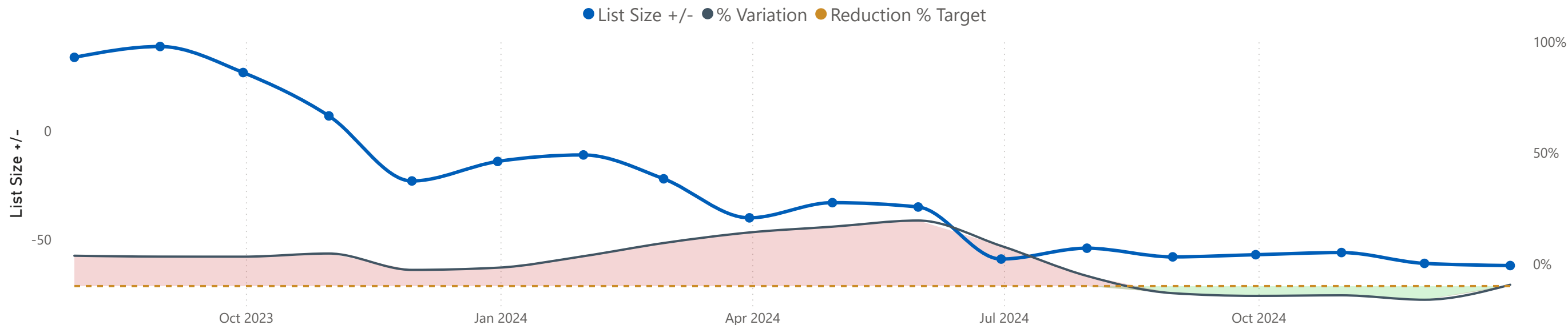
KPI	Target	Actual	RAG Value
10% reduction in waiting times for Treatment Time Guarantee patients	-10%	-9.38%	Red

Actions to Improve/Recover Performance

As previously, while the changes appear to be positive the waiting time for TTG is related to the number of people assessed and referred into treatment pathways. Actions to improve in orthopaedics, chronic pain, ENT and ophthalmology continue to be tracked through the planned care programme board. A commission to Scottish Government has been submitted for a short term resource to map services and service models before the end of 2024/25.

Improvement Target Date

31/07/2025

Operational Standards
Referral to Treatment 18 Week Compliance

Referral to Treatment – 18 Week Compliance

● Patients Treated   ● 18Wk RTT Compliance %   ● Target
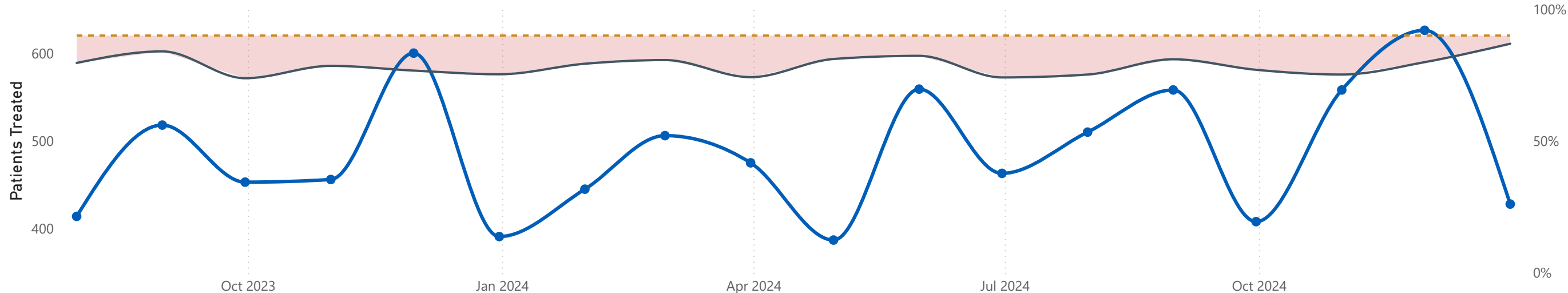
KPI	Target	Actual	RAG Value
90% of planned/elective patients to commence treatment within 18 weeks of referral	90%	86.90%	Red

Actions to Improve/Recover Performance

The compliance rate for the RTT remains close to target, however the challenge on meeting this target is masked over the festive period by reduced number of referrals for treatment. Actions to improve in orthopaedics, chronic pain, ENT and ophthalmology are being tracked through the Planned Care Programme Board. A commission to Scottish Government has been submitted for a short term resource to map services and service models before the end of 2024/25.

Improvement Target Date

30/09/2025

Operational Standards
Diagnostic Endoscopy 6 Week Compliance

Diagnostic Endoscopy – 6 Week Compliance

● Patients Waiting ● % Compliance ● Target
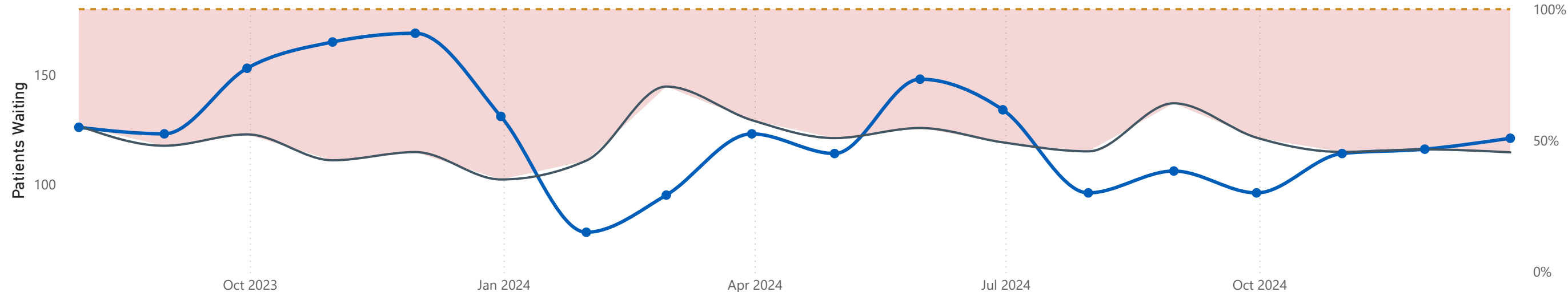
KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	45.45%	Red

Actions to Improve/Recover Performance

Performance remains stable but well below target. The challenge in delivering effective compliance for this KPI in endoscopy is sufficient qualified local staffing. Long-term improvement will depend upon substantive recruitment. Scottish Government planned care team have offered to support a request if made from NHS Orkney to purchase service through the Centre for Sustainable Delivery, and an approach to contract these services has been made in January.

Improvement Target Date

31/07/2025

Operational Standards
Diagnostic Imaging 6 Week Compliance

Diagnostic Imaging – 6 Week Compliance

● Patients Waiting ● % Compliance ● Target
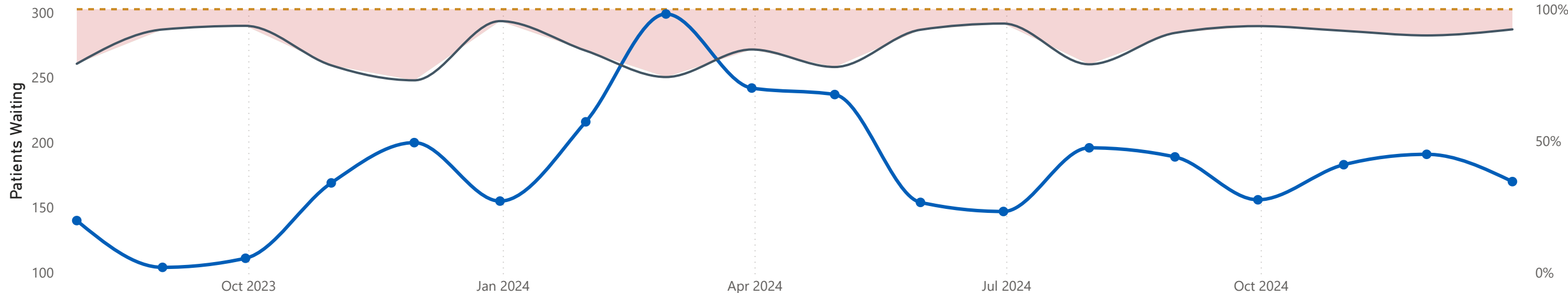
KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	92.35%	Red

Actions to Improve/Recover Performance

Waiting times for diagnostics within Orkney are excellent and reflect the local diagnostics 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

30/06/2025

Operational Standards
Diagnostic Cardiology 6 Week Compliance

Diagnostic Cardiology – 6 Week Compliance

Legend: ● Patients Waiting ● % Compliance ● Target
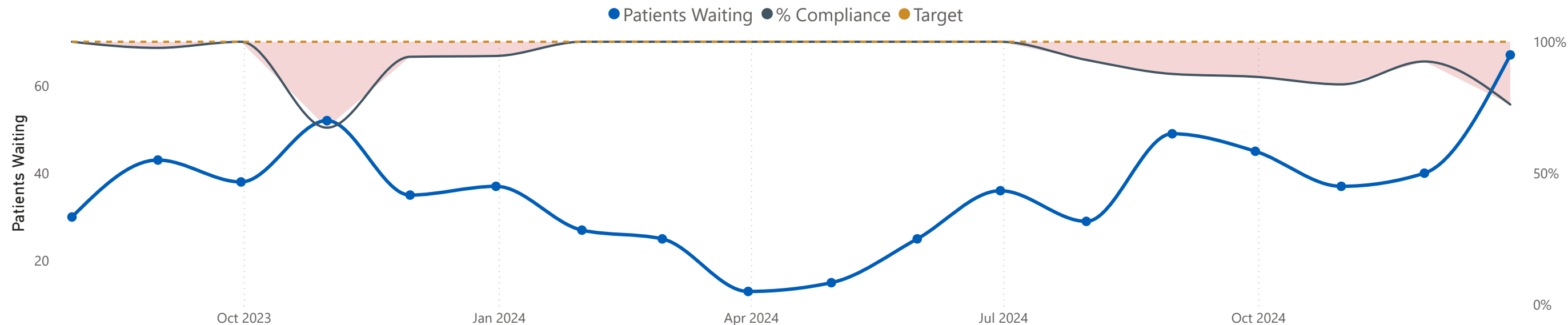
KPI	Target	Actual	RAG Value
100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	76.12%	Red

Actions to Improve/Recover Performance

This diagnostic service is only available outside of NHS Orkney, and reflects changes in waiting times in Aberdeen. Local models of cardiology ultrasound have been approved though recruitment has not been so far effective.

Improvement Target Date

31/07/2025

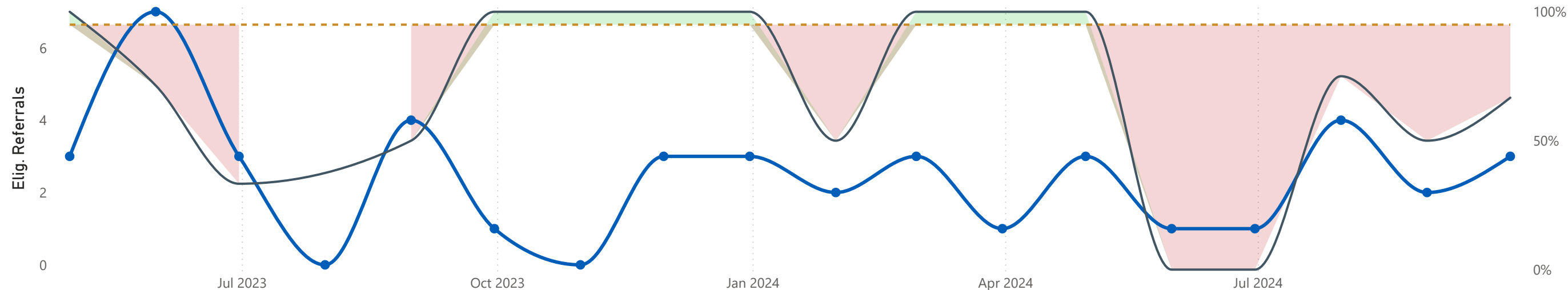# Operational Standards
Cancer Waiting Times 62-Day Standard

Cancer Waiting Times – 62 Day Standard

● Elig. Referrals ● 62-Day % Compliance ● Target

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%	66.67%	Red

Actions to Improve/Recover Performance

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
31/12/2025

Operational Standards
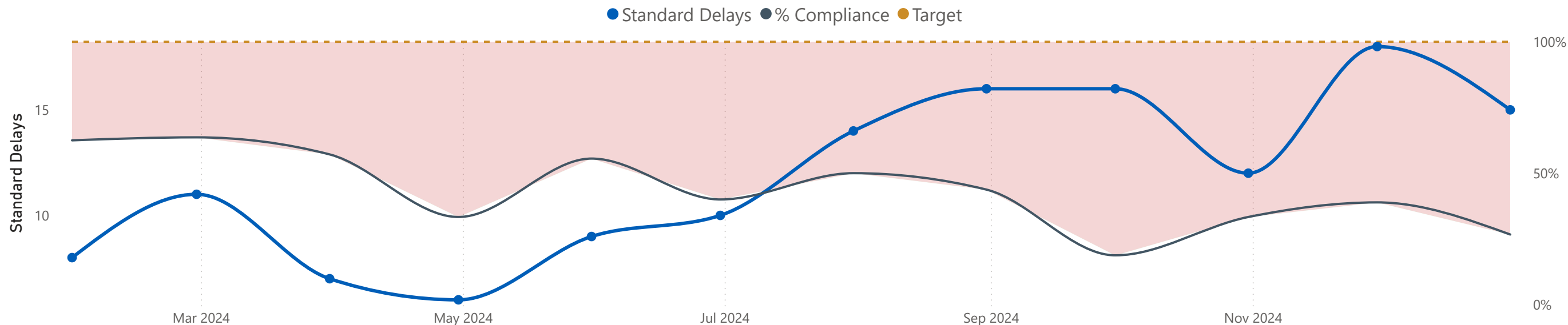## Delayed Transfers of Care Discharge Compliance

Delayed Transfers of Care - Discharge Within 14 Days Compliance (excl. Code 9)

● Standard Delays ● % Compliance ● Target

KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	26.67%	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 planned 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

31/03/2025

Operational Standards
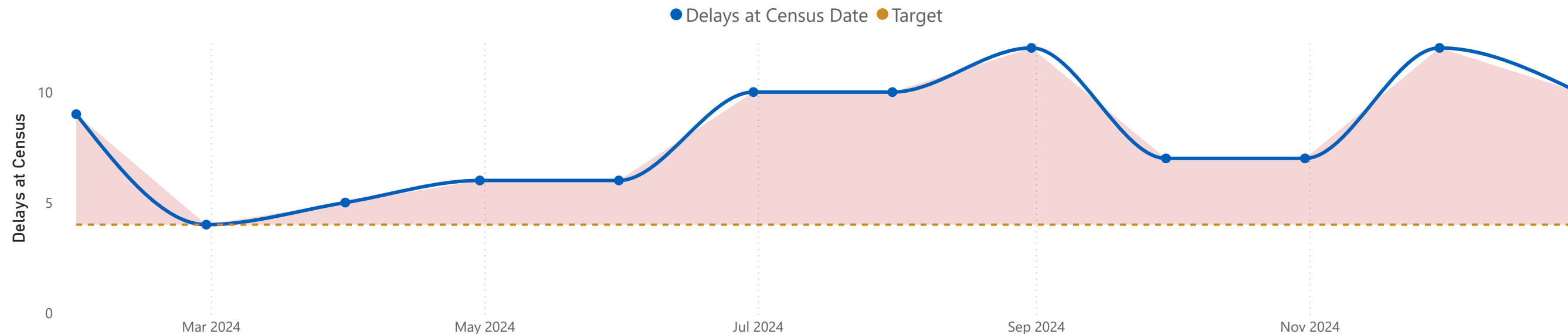## Delayed Transfers of Care at Census Date

Delayed Transfers of Care - Delays at Census Date

● Delays at Census Date ● Target

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	4	10	**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 planned 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 24/01/2025 is 10 delayed transfers of care. Of these 10, 7 are awaiting residential home placement.

Improvement Target Date

31/03/2025

Operational Standards
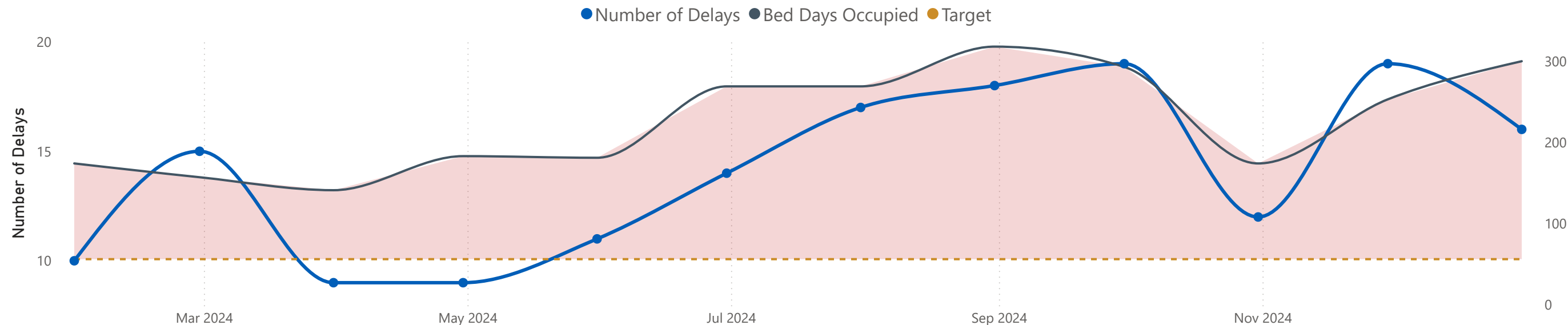## Delayed Transfers of Care Bed Days Occupied

Delayed Transfers of Care - Bed Days Occupied

● Number of Delays ● Bed Days Occupied ● Target

KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	56	300	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 planned 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 24/01/2025 is 10 delayed transfers of care. Of these 10, 7 are awaiting residential home placement. Over the first two weeks of January facilitated discharges helps to release site capacity.
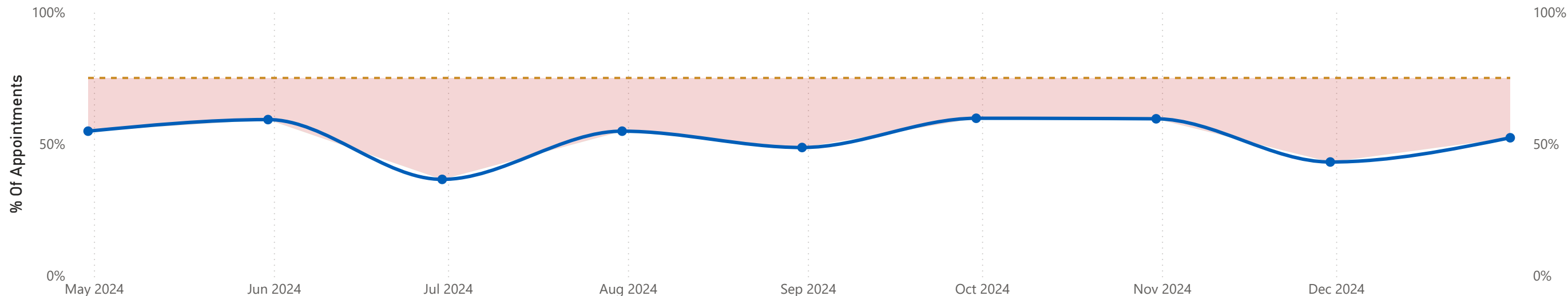
Improvement Target Date

31/03/2025

Antenatal Care Appointment Delivery – Primary/Buddy Midwife %

● % of appts completed by PMW or BMW ● Target

KPI	Target	Actual	RAG Value
75% of scheduled antenatal care delivered by the primary and no more than one other midwife.	75%	52.3%	Red

Actions to Improve/Recover Performance

Recent updates were made to the main system used in recording maternity data to better document the data points around the team/buddy way of working. This means that some women are yet to reach the stages of intrapartum or postnatal care since these updates, and may not yet be represented accurately in terms of compliance with these metrics. We expect this to improve over the course of 2025.

Improvement Target Date

31/12/2025

Operational Standards
Receipt of Intrapartum Midwifery From Primary/Buddy/Team Midwife

Data Source

Badgernet

Latest Data

31/12/2024

Intrapartum Midwifery from Primary/Buddy/Team Midwife

● % of women who received intrapartum care from PMW/BMW/TMW ● Target
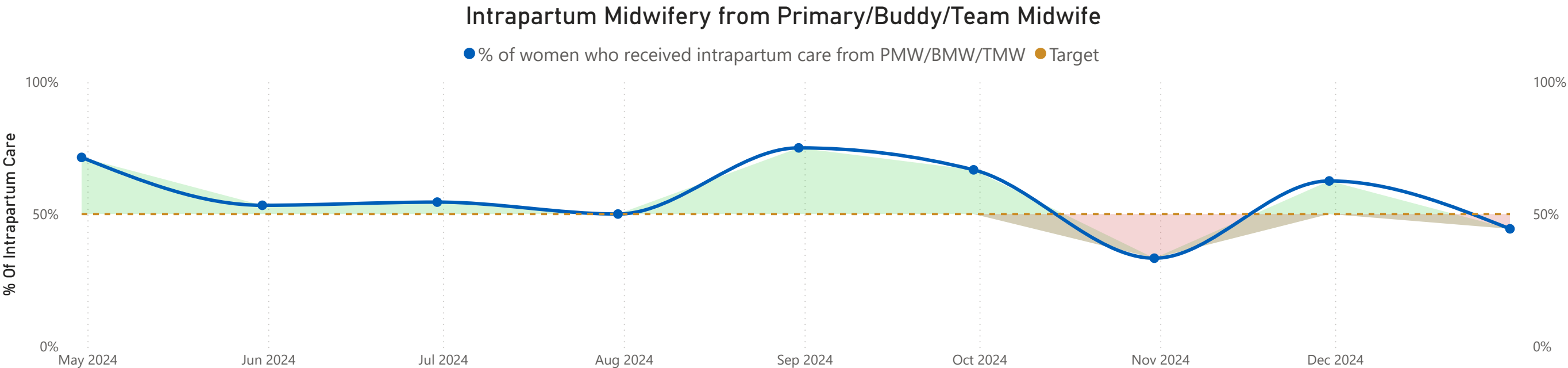
KPI	Target	Actual	RAG Value
50% of women receive care during the intrapartum period from the primary, buddy or member of the team who she has met.	**50%**	**44.4%**	**Red**

Actions to Improve/Recover Performance

Recent updates were made to the main system used in recording maternity data to better document the data points around the team/buddy way of working. This means that some women are yet to reach the stages of intrapartum or postnatal care since these updates, and may not yet be represented accurately in terms of compliance with these metrics. We expect this to improve over the course of 2025.

Improvement Target Date

31/12/2025

Operational Standards
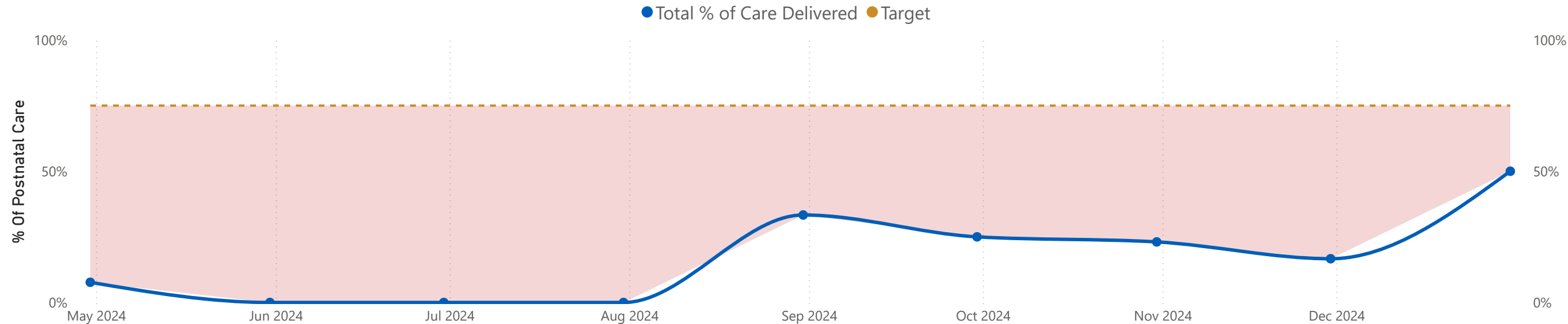## Postnatal Midwifery Care Delivery By Primary/Buddy Midwife

Intrapartum Midwifery from Primary/Buddy/Team Midwife

● Total % of Care Delivered ● Target

KPI	Target	Actual	RAG Value
75% of scheduled community based postnatal care delivered by the primary and no more than one other midwife.	**75%**	**50%**	**Red**

Actions to Improve/Recover Performance

▲

Recent updates were made to the main system used in recording maternity data to better document the data points around the team/buddy way of working. This means that some women are yet to reach the stages of intrapartum or postnatal care since these updates, and may not yet be represented accurately in terms of compliance with these metrics. We expect this to improve over the course of 2025.

Improvement Target Date
▼

31/12/2025

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.

Improved engagement with independent contractors, both in terms of GPs, Dental and Optometry, enabling a more collaborative approach to improve service delivery and mitigate challenges being faced.

Despite significant staffing challenges, Care at Home, Home First, Responder and Occupational Therapy services are collectively preventing admission and re-admission whilst increasing packages of care to those who are most vulnerable.

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

Significant vacancies/capacity issues within Mainland Community Nursing.

Capacity issues across both public and private dentistry due to a combination of level of demand, current vacancies and lack of dentists available across the country.

Community
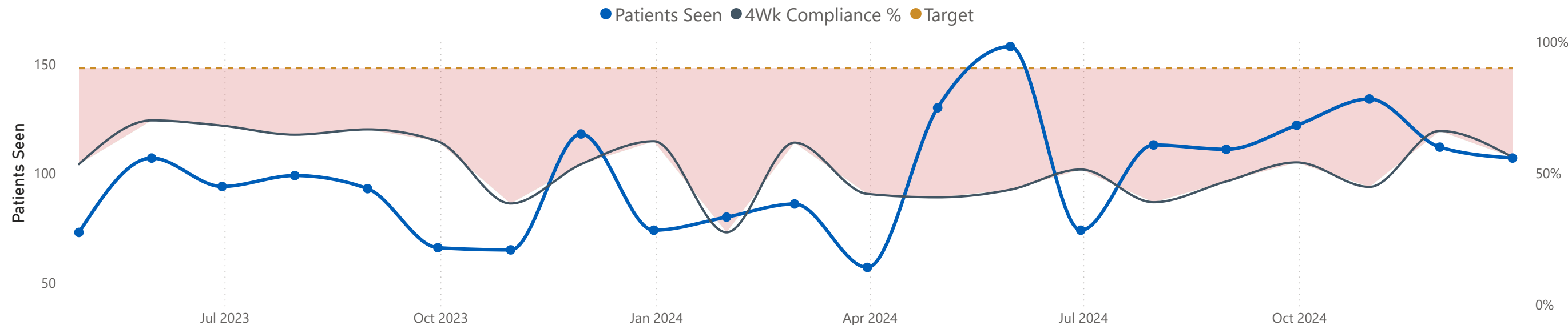## AHP MSK 4 Week Compliance - All Specialties

AHP MSK All Specialties - 4 Week Compliance

● Patients Seen ● 4Wk Compliance % ● Target

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 allied health professional led musculoskeletal services.	**90%**	**56.07%**	**Red**

Actions to Improve/Recover Performance
This target is an amalgam of the following three indicators and the actions are detailed by specialty in the following sections.

Improvement Target Date
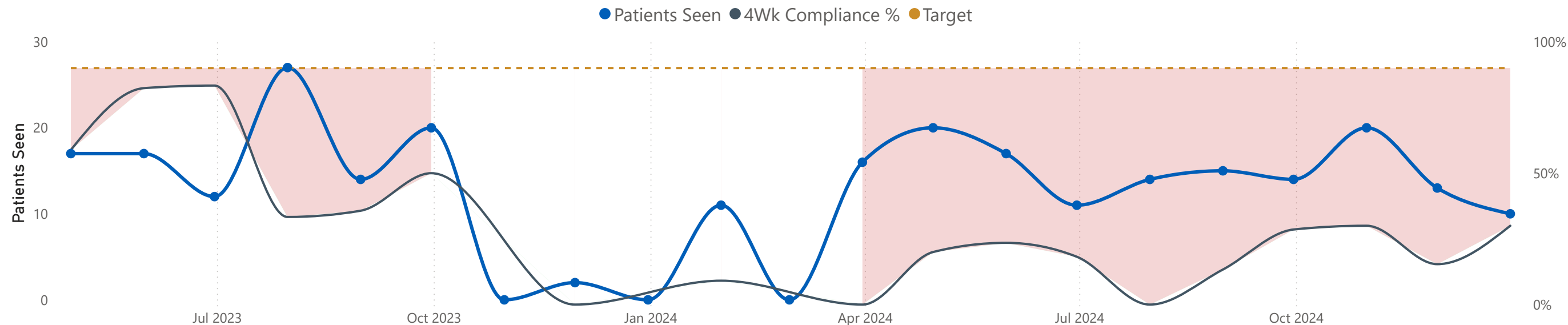31/03/2025

Community
AHP MSK 4 Week Compliance - Orthotics

Data Source

MSK Quarterly Publication/TrakCare

Latest Data

31/12/2024

AHP MSK Orthotics - 4 Week Compliance

● Patients Seen ● 4Wk Compliance % ● Target

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 allied health professional led orthotics musculoskeletal services.	**90%**	**30.00%**	**Red**

Actions to Improve/Recover Performance

Orkney now has a regular monthly orthotic clinic provided via an SLA with Buchanan Orthotics. Orkney is receiving a regular service and a contingency is built in in the event the single handed Orthotist in unavailable. A short-term waiting list initiative to address routine referrals has been developed for consideration of waiting list initiative funding.

Improvement Target Date

31/03/2025

Community
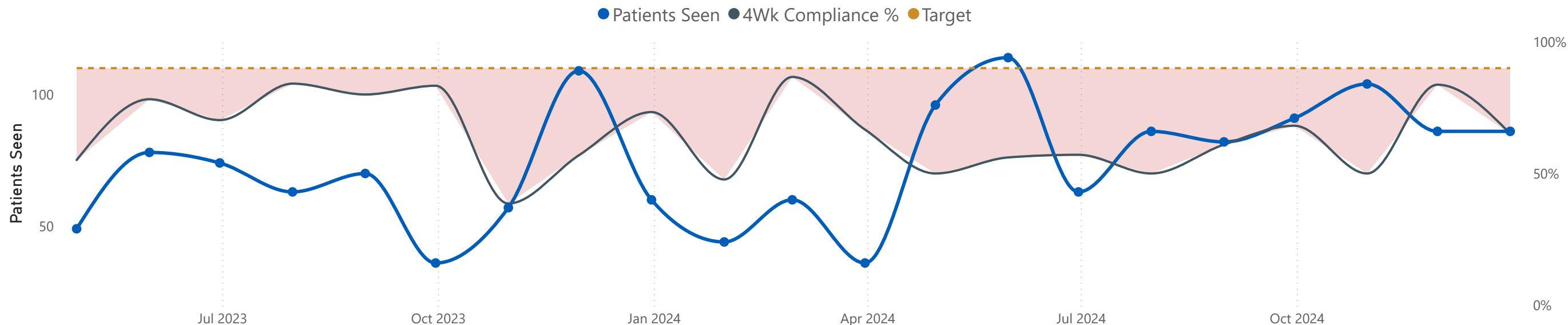## AHP MSK 4 Week Compliance - Physiotherapy

AHP MSK Physiotherapy – 4 Week Compliance

● Patients Seen ● 4Wk Compliance % ● Target

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 allied health professional led physiotherapy musculoskeletal services.	**90%**	**65.12%**	**Red**

Actions to Improve/Recover Performance

A significant improvement initiative will be undertaken by physiotherapy under the Planned Care Board, Waiting Times Initiative Funding. A review of technology available to support waiting list reductions has been undertaken, it has been agreed to fund the PHIO app, a clinically supported customisable digital musculoskeletal pathway. Stage 1 has been completed with the support of the National Elective Coordination unit. Stage 2 where patients can opt in to the app will be completed by 31 January 2025. The alternative recruitment approach against hard to fill First Contact Practitioner (FCP) has been supported by GP Sub-committee and approved via Vacancy Scrutiny Panel on 14 January and is now progressing to advert. Repurposing existing clinical space (creation of three treatment cubicles) is underway and will be completed by 15 February 2025.

Improvement Target Date
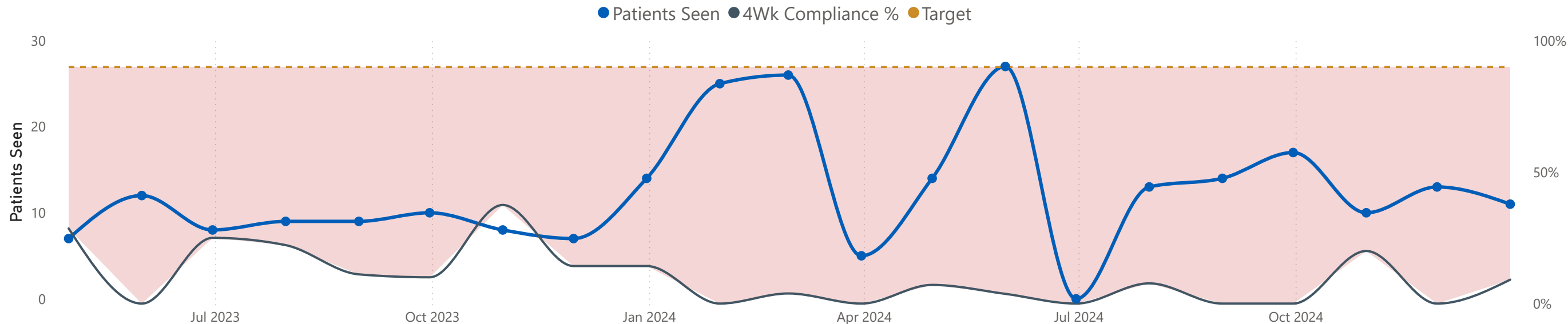31/03/2025

Community
AHP MSK 4 Week Compliance - Podiatry

AHP MSK Podiatry - 4 Week Compliance

● Patients Seen ● 4Wk Compliance % ● Target

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 allied health professional led podiatry musculoskeletal services.	90%	9.09%	Red

Actions to Improve/Recover Performance

Staff shortage and annual leave, along with clinical prioritisation of critical, and foot protection of 'high risk' critical patients (non MSK) must take priority against clinical capacity and need to address musculoskeletal (MSK) 'new' waiting lists. Successful recruitment of a 0.4 WTE Podiatrist commencing January 2025 after induction and onboarding will support the team to balance critical urgent work with routine MSK work. This will be evident by end of quarter 4 reporting.

Improvement Target Date

31/03/2025

Population Health

Section Lead(s):
Director of Public Health

What's Going Well?

Diabetic eye screening has recommenced.

Immunisation uptake rate for MMR2 at 6 years is back above 95%.

Covid-19 vaccination is drawing to a close with the offer ending 31 January. Currently Orkney is the top performing Board with 58.4% overall uptake. NHS Orkney is also the top performing Board for adult flu vaccination at 63.8%.

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

Work continues to promote smoking cessation with training of staff to undertake 'very brief advice'.

Workforce

Section Lead(s):
Director of People and Culture

What's Going Well?

Five key priorities have been agreed for 2025/26, including improving the management of sickness absence, conducting colleague appraisals, ensuring compliance with statutory and mandatory training, rolling out a leadership and management development program, and defining the meaning of NHS Orkney's values and creating behavioural standards. Remedial plans are in place for the first three (detailed in the following pages) and project plans in development for the latter two.

We have seen an in-month reduction in sickness absence across the organisation and a 10% reduction in the rates of sickness absence due to stress.

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

Appraisal rates have declined for the second consecutive month, currently standing at 36.49% as of December 2024. This is a decrease from the highest level of 37.17% recorded in October 2024. It has been noted that 41 appraisals are in progress, which can be finalised by taking some immediate actions, the manager has been notified.

Year-to-date sickness absence data indicates a trend of increasing absences across the organisation. Managers have provided feedback regarding the support they need to help colleagues return to work and to implement the NHS Once for Scotland workforce attendance policy. They have expressed that they do not have the capacity to undertake the responsibilities and actions required. This issue has also been extensively discussed in Senior Leadership Team, Corporate Leadership Team, and Performance Review meetings. A small group will come together with a particular focus on releasing adequate Time to Lead.

Compliance with statutory and mandatory training is decreasing and this is a risk on the Corporate Risk Register. Monthly reports are sent to Executive Directors on training compliance in their areas and a list of all non-compliant people will be pulled from Turas so that those people can be contacted directly. A training matrix is in development to make clear what training is required by job family, and at what intervals. This will also allow an opportunity to review training recertification periods. In 2025 we will pilot scheduled days of 'boxed-sets' whereby staff can be booked on to multiple mandatory training courses in the same day. Inpatients 1 have already expressed interest in piloting.

Workforce
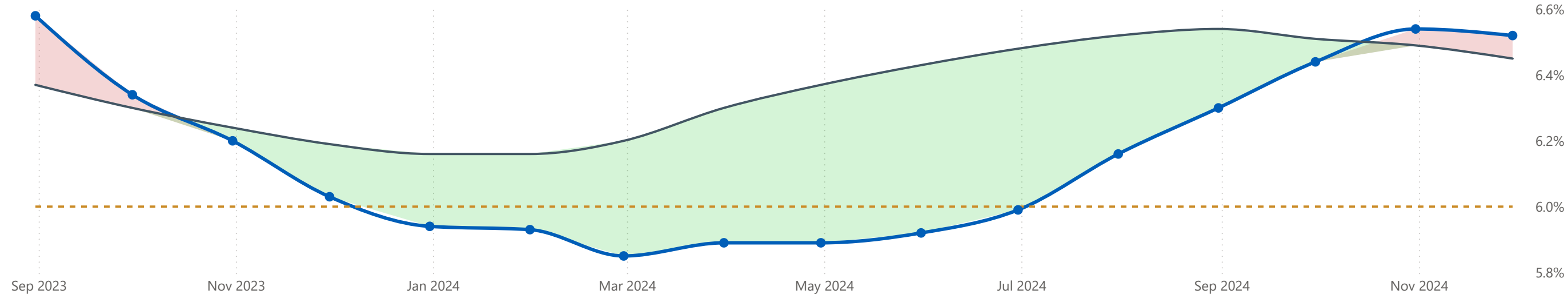**NHS Orkney Annual Sickness Absence**

Data Source

SSTS/eESS National

Latest Data

30/11/2024

Sickness Absence - NHS Orkney vs. National Average

● NHS Orkney Annual Average ● NHS Scotland Annual Average ● Local Target %

KPI	Target	Actual	RAG Value
Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	**6.45%**	**6.52%**	**Red**

Actions to Improve/Recover Performance

Year-to-date sickness absence has increased within the organisation and can be associated with the increased level of long-term sickness. A detailed analysis was provided to Executive Team. Detailed sickness absence data is reported monthly to executive directors including the reasons for absence. Monthly meetings are held between HR and Occupational Health to go through absence case by case to support return to work. Direct communications are had with managers (via email and face-to-face meetings) to highlight those people who trigger stages in the Once for Scotland Attendance Policy, and to support managers with return-to-work conversations and policy implementation.

Improvement Target Date

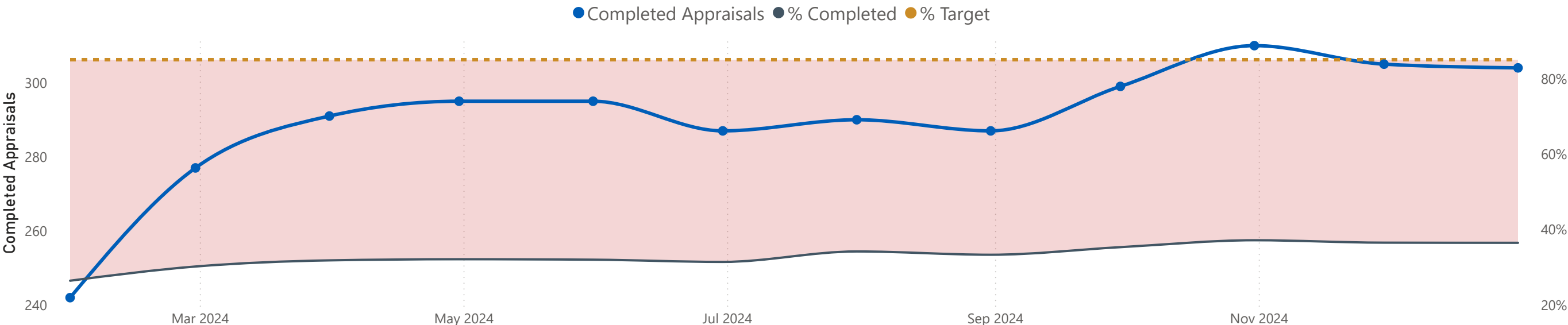31/03/2025

Workforce
NHS Orkney Appraisal Rates

Completed Appraisal Rates

● Completed Appraisals ● % Completed ● % Target

KPI	Target	Actual	RAG Value
Appraisal compliance rate over the previous 12 months	**85%**	**36.49%**	**Red**

Actions to Improve/Recover Performance

Appraisal rates within the organisation have decreased from 37.17% to 36.49% month ending December 2024. Previously, improvements were driven by the efforts of the People and Culture team, which provided support and training to managers and employees in preparing for appraisals. To further enhance this process, notifications have been sent to those whose appraisals are partially complete (41 people), outlining the actions needed to complete them. Lists of colleagues who have not yet had an appraisal are being shared with managers, and where structures need amending in the system, the People and Culture Team are working with those teams. Additional system functionality is available to allow paper uploads and this will be communicated to managers to ease the system requirements.

Improvement Target Date

31/03/2025

Workforce
Bank Hours Utilised

Hours Utilised - Bank Hours

● Bank Hours ● Bank Hours 12-Month Average
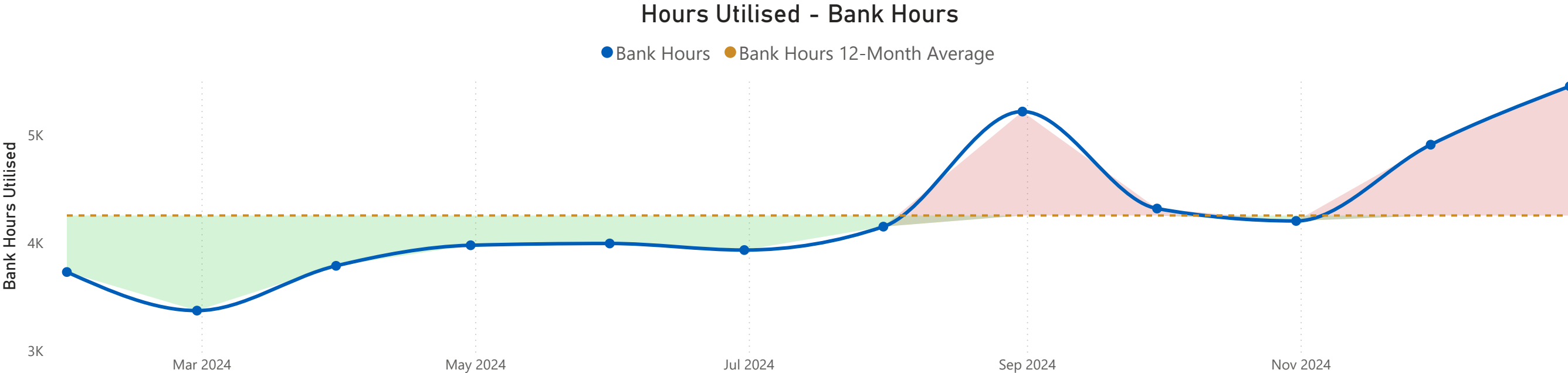
KPI	Target	Actual	RAG Value
Bank	x̄	5452	Red

Actions to Improve/Recover Performance

We do not have an organisational target for bank usage but have undertaken analysis to look at bank, overtime and excess hours in relation to total hours of absence. The use of additional hours should not exceed hours vacant or lost to absence. Current analysis does not include vacancies and work is ongoing to better triangulate data.

A suggestion has been made to include all requests for bank spending in the Vacancy Control Panel Terms of Reference to support the approval process of any expenditure.

Improvement Target Date

31/03/2025

Workforce
Excess Hours Utilised

Hours Utilised - Excess Hours

● Excess Hours ● Excess Hours 12-Month Average
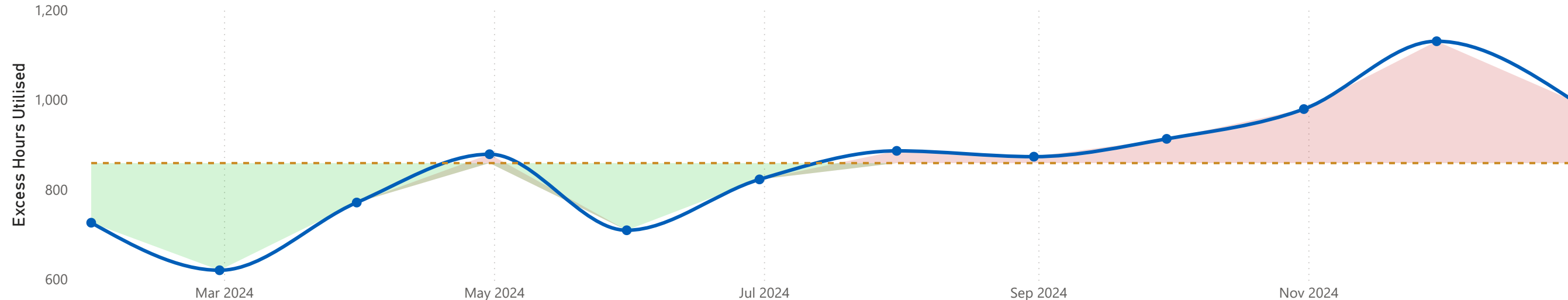
KPI	Target	Actual	RAG Value
Excess	x̄	997	Red

Actions to Improve/Recover Performance

Requests for excess hours in both clinical and non-clinical areas are approved by the relevant Executive Director in accordance with the terms of reference of the Vacancy Control Panel. These approvals are recorded by the implementation hub and reported weekly to the Vacancy Control Panel for oversight.

Improvement Target Date

31/03/2025

Finance

Section Lead(s):
Director of Finance

What's Going Well?

The Board's run rate remains largely on track and in line with the financial plan trajectory at month 9 (£14k adverse), we continue to assume delivery against the year end forecast outturn per the financial plan of £5.778m overspend for 2024/25.

The efficiency programme has delivered recurring savings of £1.650m at month 9.

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

NHS Orkney continues to be placed on level three of the NHS Scotland Support and Intervention Framework for Finance.

The Board is delivering against a Board approved deficit plan for the 2024/25 financial year of £5.778m, however this 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 £3.000m and is a deficit which is more than the £1.000m brokerage cap set by Scottish Government.

Financial Performance Against Plan
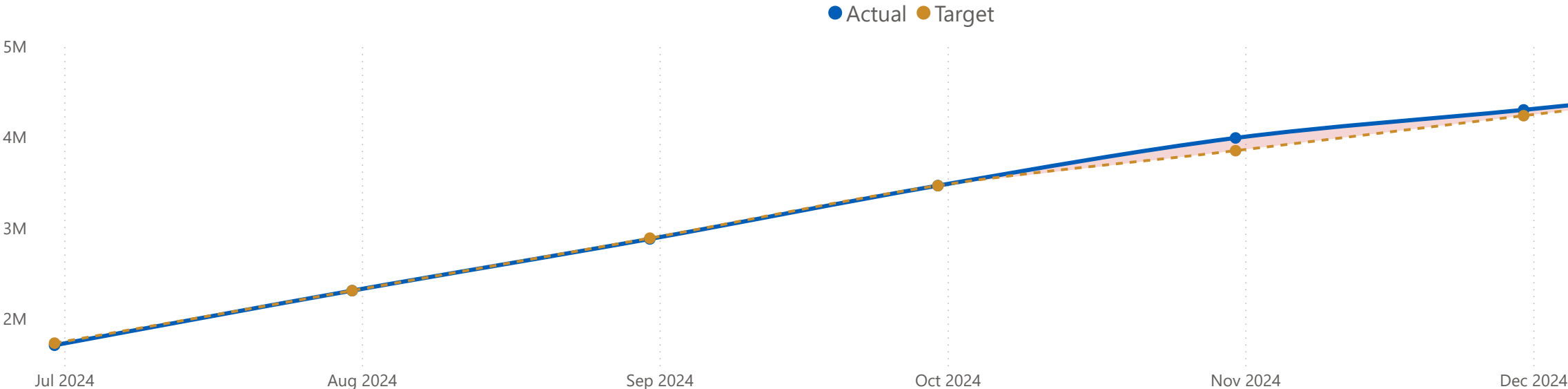
● Actual ● Target

KPI	Target	Actual	RAG Value
Financial performance against plan - YTD.	£4,622,000	£4,636,000	Red

Actions to Improve/Recover Performance

At month 9, we are £14k worse than plan, this has improved significantly from month 7 (£140k adverse against plan). An improvement in run rate is required over the final quarter £134k per month. The focus for the final quarter therefore continues to be continued scrutiny and control of costs that has been successful in the last 2 months to reduce the run rate along with acceleration of implementation of improvement plans and close monitoring of our reserves. The delivery of savings per the savings plan in the final quarter is significant and this will required to be closely monitored with corrective action taken quickly if these go off track.

Improvement Target Date

31/03/2025

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Corporate Strategy 2024/25 Quarter 3 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.   To **receive** the Year 1 Corporate Strategy Quarter 3 report
  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 4 (January – March 2025).

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 is presented to the Board for awareness of performance of the Corporate Strategy 2024/25 Year 1 deliverables in Quarter 3.

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

A consolidated performance scorecard and exception report for actions rated red and amber in Quarter 3 is included at Appendix 1.

2.2 Background

Quarter 3's focus has remained on delivery, performance across all National and Local KPI's, including the Corporate Strategy KPIs/objectives, are now an integral part of our Performance Review Meetings (PRM's) which commenced in October 2024.

2.3 Assessment

Quarter 2 performance

Appendix 1 provides an update on delivery against each of the Quarter 3 deliverables outlined in the Corporate Strategy Delivery Plan 2024/25 and exception reports for the deliverables rated Red and Amber along with the specific improvement actions to bring deliverables back on track in Quarter 4.

Each of the strategic objective deliverables have been given a RAG (Red, Amber, Green) status by the Executive Leads. Table 1 provides a definition for each the Red, Amber Green Status along with the number of deliverables in each category.

There are 75 deliverables in the Corporate Strategy Delivery Plan 2024/25. 20 are RAG rated Red, 17 rated Amber, 33 Green with 5 actions deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group.

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

Category/Status rating	Q1	Q2	Q3
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	3	20
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	5	18	17
Green - Remains on track. • Action implemented. • Stated deliverables and improvement evidenced	62	49	33
Deferred to 2025/26	5	5	5
Total number of deliverables	75	75	75

Exception Report

The following section sets out the strategic objectives rated red and amber along with the improvements required to bring the deliverable back on track in Quarter 4.

Strategic Objective – Place - Executive Director: Director of Public Health

RAG Status	KPI	Deliverable at Risk	Improvement actions in place to bring action back on track in Quarter 4
Amber	Move forward on plans for the Old Balfour site and King Street – to ensure we maximise the use of these assets to support the delivery of our Corporate and Clinical Strategies	Funding proposal developed and presented to the Board in June 2024.	Work with Hub North Scotland to complete a full options appraisal for both sites. To be completed by 31 March 2025 with presentation of the report to the Board in April 2025.

Strategic Objective – People – Executive Director: Director of People and Culture

RAG Status	KPI	Deliverable at Risk	Improvement actions in place to bring action back on track in Quarter 4
Red	Develop a new staff experience programme	Use staff feedback to validate programme domains aligned to global best practice and Staff Governance Standards Staff experience programme launched Consider real-time feedback options based on Webropol pilot Test use of Webropol for real-time feedback (possibly with community teams).	This action has been deferred to Quarter 4 to ensure the recommendations from the external review of cultural development, governance and senior leadership are included in the SLT development programme.
Red	Improve iMatter scores for employee engagement score from 74% to at least 78%	Continue with action plan Continue 'you said/we did' communications wherever possible.	iMatter update released to all staff in January 2025. Awaiting confirmation of timings for 2025 iMatter survey.
Red	Development programme commissioned for the Senior Leadership Team	Use staff feedback to validate program domains aligned to global best practice and Staff Governance Standards - complete and final design work underway. Staff experience programme launched - planned for February 2025 Consider real-time feedback options based on Webropol pilot Test use of Webropol for real-time feedback (possibly with community teams)	This action has been deferred to Quarter 4 to ensure the recommendations from the external review of cultural development, governance and senior leadership are included in the SLT development programme. SLT approval for funding will be required and following approval a full tender process will need to be launched.
Red	Develop an innovative recruitment campaign which positions Orkney as a great place to live and work	Launch first phase of recruitment campaign by end of November 2024.	Recruitment improvement project underway with end-to-end process mapping and staff feedback complete.
Red	>40% appraisal rates	No action required - deliverable significantly off track.	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. SLT discussions and Performance Review Meetings are focused appraisals, mandatory training compliance and sickness absence and new Operational Workforce Group.
Red	Sickness rates consistently below the national average of <6%	No action required - deliverable significantly off track.	A comprehensive analysis report has been undertaken on sickness absence within the organisation. Sickness due to stress/anxiety and other psychiatric illness was extensively discussed by the Senior Leadership Team, the Area Partnership Forum, and Area Clinical Forum to develop meaningful actions to prevent absences, support colleagues to stay at work, and facilitate a return to work. SLT discussion and Performance Review Meetings include appraisals, mandatory training compliance and sickness absence.
Amber	Introduce Power BI in our Data and Improvement Team	Power BI training rolled out to Health Intelligence and People and Culture Team by December 2024.	As a decision has not yet been made at a national level on the use of PowerBI across NHS Scotland this action will now be deferred to Quarter 1 2025/26
Amber	>5% of staff completed Quality Improvement (QI) training, prioritising the Improvement Team and Heads of Service	Develop NHS Orkney's (NHSO) QI methodology by December 2024 NHSO QI training programme in place by December 2024.	NHSO QI methodology now agreed. Work has commenced on developing the programme with the aim of rolling out the Programme to SLT and members of the improvement team in Q1 2025/26 as part of the wider Leadership Development Programme.

Amber	Collaborate closely with schools and higher education institutions to offer career opportunities at NHS Orkney	Launch first phase of recruitment campaign by end of November 2024.	Recruitment improvement project underway with end-to-end process mapping and staff feedback complete. Campaign plan to be created although some activity is underway, e.g. taking up advertising opportunities.
Amber	Introduce a new Managers' Induction for new and existing line managers which covers: • Budget management • Appraisals • Sickness management • Compassionate leadership and conversations • Values and behaviours	No action required - deliverable off track.	Training Needs Analysis undertaken and plan developed, to be presented to SLT alongside Leadership Development plans in February 2025. Training is already available, e.g. monthly sessions on Turas for managing attendance although the manager development programme will bring modules together for a singular experience.
Amber	Ensure patients have a single point of contact – wherever possible to improve communication between our community and NHS Orkney	Patients clear on who their named contact is and how to contact them.	An action plan is being developed by the Boards Realistic Medicine lead which encompasses all patient engagement which will be shared with the SLT in February 2025 to bring the action back on in track in Quarter 4.

Strategic Objective – Patient Safety, Quality and Experience – Executive Director: Medical Director

RAG Status	KPI	Deliverable at Risk	Improvement actions in place to bring action back on track in Quarter 4
Red	Patient/ staff stories and learning at public Board meetings	Identify previous good practice in NHSO and other island boards Approve mechanism for identifying stories and supporting patients or relatives to present.	An action plan is being developed by the Board's Realistic Medicine lead which encompasses all patient engagement which will be shared with the SLT in February to bring the action back on in track in Quarter 4
Red	Put in place a structure for ensuring patient engagement and voice is heard at all levels of the organisation	Establish framework of responsibility for responding to feedback - paper to and approval by SLT.	Patient Safety Quality and Experience paper now includes feedback from patients and families, This action will now be taken forward by the Boards Realistic Medicine Lead. An action plan for all patient engagement will be developed and shared with the SLT in November to bring the action back on in track in Quarter 3. Developing a clear patient experience programme and approach to patient engagement will be a priority in Year 2 of the Corporate Strategy, with a more integrated approach to experience (patient and staff experience) overall. Care Opinion has been rolled out into a number of areas across the Balfour and support to staff to increase engagement with this continues.
Red	25% of all clinical staff will complete Compassionate Conversations training	No action required - deliverable off track.;	The target for staff completing compassionate conversations training in 2025/26 is 25%. 2 members of staff have completed the training this financial year as part of work of undertaking Serious Adverse Event Reviews (SEAR's). The complaints training available via Turas has been highlighted to Senior Charge Nurses in their weekly meeting to support the management of complaints, but also the engagement with members of the public. A reminder of what training is available to staff will be circulated in Quarter 4 to try and increase engagement.
Red	Work with the isles Wellbeing Co-ordinators to ensure the voice of our ferry-linked isles' communities are heard.	Further work will depend on routes and resources identified.	An action plan is being developed by the Board's Realistic Medicine lead which encompasses all patient engagement which will be shared with the SLT in February 2025 to bring the action back on track. Engagement work on Year 2 of our Corporate Strategy presents opportunities also.
Red	25% reduction in complaints relating to poor communication with patients and families	No action required - deliverable off track.	The complaints training available via Turas has been highlighted to SCNs in their weekly meeting to support the management of complaints, but also the engagement with members of the public. A reminder of what training is available to staff will be circulate in Quarter 4 to try and increase engagement.
Red	New volunteer programme in place for NHS Orkney to connect with our community and third sector partners	No action required - deliverable significantly off track.	The People and Culture team have started to assess what volunteer groups exist to fulfil this objective as an extended role. Business case to be developed to bring together volunteering, spiritual care, and role of NHSO Chaplain in Quarter 4 to bring the action back on track.

RAG Status	KPI	Deliverable at Risk	Improvement actions in place to bring action back on track in Quarter 4
Red	Improve iMatter score for staff feeling able to raise safety concerns from 75-80%	No action required - deliverable significantly off track.	More concerns are going to Confidential Contacts, who are closing the loop. More work to do on sharing learning from speak up cases with the wider organisation, including INWO referrals. Anonymous feedback form introduced to maximise ways in which staff can raise concerns. Quarterly meetings with Confidential Contacts, Executive Lead for Whistleblowing, Whistleblowing Champion and Head of Patient Safety, Quality and Risk – to share feedback and themes. Leadership to transition from CEO to Medical Director in response to staff feedback There is a 'How We Listen / Speak Up' page within the Wellbeing SharePoint site. This includes the policies on whistleblowing and other policies relating to other types of concerns. It also includes the different ways we listen with contact details as well as a link to the anonymous reporting form.
Red	Improve iMatter the score for staff feeling confident concerns will be followed-up when they speak up from 65 to over 70	No action required - deliverable significantly off track	As above
Amber	A multi-disciplinary approach to learning rolled out across the Organisation	Assess current group/committee opportunities for significant event analysis activity/M&M hospital reviews Identify and agree 3 things what will help us become a learning organisation.	The revised PSQE report has been submitted to the JCCGC and SLT highlighting learning areas of good practice and areas of improvement, this will continue to be reviewed by SLT. Work is currently underway looking at the process for the management of reviewing incidents that meet the criteria for a category two review and how this can be a team-based review approach to support positive involvement from teams, realistic actions and open and honest review and communication when things don't happen as expected. Culture work is due to commence Quarter 4 following the external review of cultural development, governance, and leadership. This will be built into the improvement plan in Quarter 4.
Amber	Increase staff engagement in risk management processes, as measured by participation in risk awareness activities and feedback	Resource required dependent on recruitment in Quality and risk to exiting vacant role.	The revision of the risk management processes continues. The Risk Management Group which is multi-disciplinary and covers the whole organisation is actively participating in this and currently working on an implementation plan which will look at how information is communicated across the organisation and how training will be undertaken. As part of the process organisation wide surveys have been sent out to try and gain insight into levels of knowledge and interest and what and how individuals and teams need and want
Amber	Enhanced Board understanding and oversight of risk, including delivery of a risk workshop for Board members, the Risk Management Forum, and Extended Senior Leadership Team	No action required - deliverable off track.	The Risk Management Group has had a basic level of training during one of the meetings. Work is ongoing to look at how a workshop can be managed for Board members.
Amber	Medical Director, Director of Nursing, Midwifery, AHPs and Chief Officer for Acute and the Director of Public Health will work together to improve clinical engagement, including relaunching our Clinical Advisory Groups to ensure the clinical voice is listened to	Activities and resource dependent on discovery work in previous quarter.	A discovery and define session have taken place led by the Medical Director to document the problem statement and to agree what is required in relation to clinical engagement ahead of work commencing in Quarter 1 2025/26 to refresh the Clinical Strategy.

Strategic Objective – Performance – Executive Director: Director of Nursing, Midwifery, AHPs and Chief Officer Acute

RAG Status	KPI	Deliverable at Risk	Improvement actions in place to bring action back on track in Quarter 4
Red	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	Develop and design improvement plan for access to key services by December 2024.	Plans commissioned through planned care improvement board on target. Peer review for improvement plan for eye services completed. Plans to be reviewed in Quarter 4 for compliance with objectives. Performance against the 18-week Referral to Treatment (RTT) standard has increased during December 2024 to 86.9% (against the 90% national standard) compared to 79.9% in November and 75.2% in October 2024. New Outpatient total wait list as of March 2024 was 1,467 and in December 2024 is 1,634, an increase of 11.3%. Against the national 12-week target, patients waiting in excess of this standard was 803 as at March 2024 increasing to 937 as at December, an increase of 16.7%. As a percentage, compliance to this standard deteriorated from 45.3% to 42.7%. Specialties where improvements are required are Pain Management (31.3%), Oral Surgery (45.5%), Ophthalmology (72.9%) and Oral and Maxillofacial Surgery (73.1%).

Red	Deliver our financial performance and delivering our Financial Plan for 2024/25, which includes achieving our £4million savings requirement	Conclude budget setting process in Quarter 3 Introduce NHSO Scheme of Delegation Put in place a process to monitor £4 million delivery of financial plan month on month.	Conclude budget setting process in Quarter 4. A series of initial meetings have taken place however a more robust approach is required to fully align budgets across all specialties and services and ensure triangulation with activity, performance, and workforce. This work has been impacted by capacity constraints within the Finance Team however will continue through the second half of the year and will inform the 2025/26 integrated planning process. Introduce NHSO Scheme of Delegation - Renewed scheme of delegation has been completed and shared at Senior Leadership Team and Finance and Performance Committee in September 2024 for approval. This work has been approached in 2 stages and will be rolled-out across the organisation from October 2024.
Red	Reduction in waiting times for planned care services (Treatment Time Guarantee and outpatient standards) >10%	No action required - deliverable off track.	Monthly Planned Care Programme Board enacted. Weekly review meetings of wait time performance with specialty representatives taking place. National Elective Coordination Unit (NECU) undertaking validation exercise of new outpatient wait list in Ophthalmology, Orthopaedics and Ear, Nose and Throat. Recovery plans being developed for specialties where 52-week ++ waiters aligned to Scottish Government directive to have '0' by 31 March 2026. Peer review of Ophthalmology commenced from December 2024 80 orthopaedic joints commissioned through Golden Jubilee national treatment centre. Identify opportunities to apply national wait time funding allocation to invest in additional capacity where wait times are excessive. Inpatient totals wait list as of March 2024 was 293 and in December 2024 is 271, a decrease of 7.5%. Against the national 12-week Treatment Time Guidance (TTG) target, patients waiting in excess of this standard was 176 as at March 2024 decreasing to 99 as at December and decrease of 7.5%. As a percentage, compliance to this standard improved from 40.0% to 63.4%
Amber	Improve the discharge experience of patients, including those living on ferry-linked isles, via the isles Wellbeing Co-ordinators	Define problem statement and put in place process for improving discharge experience for patients by 30th September 2024.	Work has commenced to look at improving the discharge experience. The latest Multi-Disciplinary Team (MDT) Short Life Working Group discharge planning meeting was held in October 2024, the actions from the whole system meeting are now being taken forward.
Amber	Improve pre-noon discharges from 20% to 30%	Implement 7 day working across Multi-Disciplinary Teams (MDT's) to ensure timely and safe discharges pre-noon by 30th December 2024.	Pre-noon discharge target is 20% - and current average performance over Quarter 3 is 14%. Pre-noon discharges are variable based on system pressures and the principles of safe discharge. Work on this links closely with the action above and having in place whole system approach to discharge planning and utilisation of the collection lounge.
Amber	Develop a cancer performance improvement plan	Link to the deep dive on planned care recommendations and audits.	Following the planned care deep dive, the recommendation to develop a cancer performance improvement plan has commenced. The cancer waiting times co-ordinators and the Head of Improvement are working with NHSG to develop a cancer performance and improvement plan which aligns with the Framework for Effective Cancer Management Action Plan. This will be in place by the end of Quarter 4.
Amber	Reduce cancelled operations by 50%	Optimise theatre room and endoscopy room by ensuring earlier start to increase theatre capacity & utilisation, knife to skin by 08:50-09:00. 6-4-2 implemented to reduce the number of DNA's & Cancellations through forward planning & booking.	Theatre cancellation percentages for quarter 3 are as follows: October - 264 operations scheduled, 16 cancelled. Cancellation rate = 6% November - 267 operations scheduled, 22 cancelled. Cancellation rate = 8% December - 225 operations scheduled, 33 cancelled. Cancellation rate = 14% December had fewer operations scheduled due to public holidays, system pressures, patient availability. and reduced surgeon availability over the Christmas and Hogmanay period. In addition, two complete lists (one dental and one cystoscopy) were cancelled due to surgeon unavailability. Plan to target 85% utilisation of one theatre required for planned care submission. Full validation of 12-month activity underway and will be completed by the end of January 2025 for review by team. Aim to maximise theatre schedule aligned to additional sessions where we have long wait lists

Amber	Prioritise reviewing our SLAs with NHS Grampian and NHS Highland	Ongoing discussions with providers Review of speciality SLA's (ophthalmology, rheumatology) to demonstrate value for Money.	The action remains off track as a review of the SLA's is not yet completed. This work is being taken forward as part of our Improving Together Programme and Interim Director of Finance. This remains challenging due to the lack of engagement from NHS Highland and NHS Grampian.

Strategic Objective – Potential – Executive Director – CEO

RAG Status	KPI	Deliverable at Risk	Mitigations
Red	Implementation and reprovisioning of GP IT system	Roll-out plan to be shared with DIOG September 2024 as part of the national deployment Pre-migration work complete by the end of September 2024	Due to the current situation with the GP IT provider - the project is currently on pause. To note this is a national project, the Board has no control over delivery of this milestone/deliverable.
Red	Engage with all relevant professional groups and leads to develop a single Education Strategy	Initiate an interprofessional education group to oversee strategy development Undertake a SWOT analysis of education at NHSO Compile feedback from academic partners and learners.	As part of the development of the Business Case for the Education and Improvement Hub, an MDT group has been set up to oversee the development of an integrated Education Strategy. A SWOT analysis of education at NHSO will be undertaken in Quarter 4 with feedback from academic partners and learners forming part of the Business Case. At January's SLT, it was agreed in principle to proceed to a full optional appraisal and costed Business Case for a new and inclusive Education and Improvement Hub.
Red	Set up a pipeline of students to undertake design or other innovation/improvement projects between NHS Orkney and our university partners and looking to source additional funding to support innovation	Agree processes and timelines for recruitment, onboarding, mentorship, project development, presentation, and assessment.	As part of the development of the Business Case for the Education Centre an interprofessional education group will be established to oversee strategy development. A Strengths, Weakness, Opportunities and Threats (SWOT) analysis of education at NHSO will be undertaken in Quarter 4 with feedback from academic partners and learners forming part of the Business Case.
Red	Launch a refreshed Clinical Strategy following engagement with patients, community, partners, and staff	Proposal to Board setting out our approach to refreshing Clinical Strategy by end of December 2024.	A discovery and define session have taken place led by the Medical Director to document the problem statement and to agree what is required in relation to clinical engagement ahead of work commencing in Quarter 1 2025/26 to refresh the Clinical Strategy.
Amber	Implementation of Community Electronic Patient Record (new action)	90% of staff trained on the system by December 2024.	Whilst work has commenced on the deployment of the Community EPR system, training has not yet commenced as the team are still in the process of building the forms and setting up administration rights. Once these have been configured training will commence and be completed by the end of Quarter 4. As part of the exploration of the establishment of the North of Scotland (NoS) Digital Collaboration, conversations are taking place with NHS Grampian to look at the possibility of having a single NoS contract for MORSE, this will include post implementation support and system maintenance.
Amber	Upgrade Trakcare functionality	Back to referrer/advice functionality rolled out providing the ability to send a reply straight to GP (and SCI Store) from vetting screen electronically Undertake a requirement gathering exercise as part of the Excellence in Care Programme to document functionality required for Trakcare upgrade Inpatient EPR by June 2024 ED functionality.	Trakcare upgrade deferred to Quarter 4 2025. To note NHS Orkney has no control over when the upgrade will take place as Trakcare is hosted by NHS Grampian. The Head of Improvement and our Digital Clinical Lead is now a member of NHS Grampians Digital Delivery Board ensuring NHSO's requirements/needs are heard

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 performed 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 and discussed and agreed at the Senior Leadership Team Meeting – 5 February 2025.

2.4   Recommendation (s)

The NHS Orkney Board is asked to:

i.   **Receive** the NHS Orkney Year 1, Quarter 3 Performance Scorecard, and exception report.
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 4 (January – March 2025).

2.3 Appendices

The following appendix is included with this report:

Appendix 1, NHS Orkney Year 1, Quarter 3 Performance Scorecard, and exception report

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Year 2 Corporate Strategy - Engagement Approach and Development of Priorities**
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 **Assurance:**

The Board is asked to.

- To **approve** the approach of community and staff engagement
- To **note** how we will build our top priorities into our governance and assurance systems and plans

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

The purpose of this report is to present to the Board the draft high-level Year 2 (2025/26) Corporate Strategy priorities for review and endorsement and note the approach being taken to engage with our patients, community, partners, and staff.

These objectives build on the progress and learning from Year 1 (2024/25) underpinned by our organisational values and provide the building blocks to the organisation's path to de-

escalation from Level 3 of the NHS Scotland Support and Intervention Framework and the foundations to becoming a high-performing organisation reflecting our commitment to

continuous improvement and transformative change across all areas so we can achieve our vision of 'looking after our community and providing excellent care.'

This report summarises:

1. The approach being taken to communications, engagement, feedback, listening and engagement to date
2. How we will build our top priorities into our governance and assurance systems and plans

2.2 Background

In April 2024, we launched our long-term Corporate Strategy 2024-28. Our Corporate Strategy is our 'compass' and determines every decision we make.

Involving our patients, community, partners, and staff in the development of our priorities for Year 2 is key so that it is meaningful to everyone. As such, engagement and listening exercises will take place between January and March 2025.

We recognise through feedback received that there are currently too many competing priorities and 'asks' being put onto people which are unreasonable. As we prepare for Year 2 of our Corporate Strategy which will set out our organisational priorities for 2025/26, it is important that we challenge ourselves to focus on a core set of the highest priorities that we agree for the year ahead so that these are fixed and are realistic, achievable and transparent to avoid trying to do everything at once. These priorities need to properly reflect national, regional and local priorities. They will also take into account the recommendations from the recently published External Review into Cultural Development, Governance and Senior Leadership.

These conversations started at the all staff briefing on 15 January 2025 and continued at our the Extended Senior Leadership Team session on 22 January 2025 where circa 50 most senior leaders at NHS Orkney came together to discuss our high-level thoughts for priorities for the year ahead.

1. **Engagement approach and feedback**

A clear communication and engagement plan is in place setting out our approach to engagement and feedback, and this includes:

- All staff communications
- Staff briefing sessions
- Anonymous online and paper survey
- A social media campaign
- External communications
- Media release/interviews – including CEO column in The Orcadian
- Personal letters to all partners/organisations/individuals inviting them to meet with the Chief Executive and Head of Improvement

2. **How we will build our Year 2 (2025/26) Corporate Strategy Objectives into our governance and assurance systems**

Progress against our Year 2 (2025/26) Corporate Strategy priorities will continue to be overseen, monitored and embedded into the following:

- Board agendas
- Board Assurance Framework
- Risk Management Framework
- Integrated Performance Report chapters are aligned to the Strategic Priorities
- All Board Committee and Senior Leadership Team agendas which are aligned to the Strategic Objectives
- Each high-level objective will be mapped across to our Board Committees so that progress can be more closely and explicitly tracked at Board Committee level
- Appraisal documentation/discussion alignment
- Induction alignment for new starters
- Will form the basis of all personal objective setting conversations for Team Orkney

Our final draft Corporate Strategy 2025/26 and Delivery Plan (including Key Performance Indicators which will underpin each high-level priorities) will be brought to the In Committee Board on 13 March 2025 for final approval ahead of publication in April 2025. This paper will also include the outputs from our engagement, feedback and listening sessions with our patients, community, partners, and staff.

2.3. Assessment

Our long-term Corporate Strategy sets out how we will build on the improvements over the last 12-months to further improve care, services and the experience for patients and our community and the experience of working at NHS Orkney via our five new strategic objectives.

2.3.1 Quality/Patient Care

Delivery of the metrics and KPIs set out in the Strategy will further improve the quality of care (and services) for patients and our community. Patient safety, quality, and experience of one of our strategic objectives.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

The new strategic priorities are aligned to our risk register and new risk management framework.

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 2025/26.

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 performed 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 and discussed at the
- Senior Leadership Team Meeting – 5 February 2025

3   Recommendation(s)

The Board is asked to.

- To **approve** the approach of community and staff engagement
- To **note** how we will build our top priorities into our governance and assurance systems and plans

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 27 February 2025**
Title:	**Digital Delivery Plan Quarter 3 Report**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight - Chief Executive**
Report Author:	**Debs Crohn - Head of Improvement**

1 Purpose

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

The Board is asked to.

- To **receive** the Digital Delivery Plan Quarter 3 Report
- To **note** where deliverables are off track and the recovery actions in place to bring deliverables back on track in Quarter 4 (January - March 2025)

This report relates to a:

- Corporate Strategy 2024-2028 – Potential
- Integrated Joint Board Strategic Plan
- Annual Delivery Plan 2024-2025 (ADP)
- Enabling, Connecting and Empowering: Care in the Digital Age strategy (2021)
- 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

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 awareness, noting the Quarter 3 progress update 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 status of the national and local digital projects the Digital Services team have delivered since the last update.

2.3   Assessment

Quarter 3 2024/25 update

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.

Performance at the end of Quarter 3 is as follows[1].

Status	Quarter 1	Quarter 2	Quarter 3
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	1	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	1	1	1
Green - Remains on track. ● Action implemented. ● Stated deliverables and improvement evidenced	25	22	19
Blue – Complete ● Action complete	2	4	6
Action Deferred ● Deferred to 2025/26 following digital prioritisation exercise	11	11	11
Total number of actions	**40**	**39**	**39**

Whilst Scottish Government have funded a dedicated programme manager until April 2025, this will be built into the options appraisal being undertaken in Quarter 4 on the future target operating model for digital services.

Scottish Government and the North of Scotland (NoS) digital leads recognise the challenges smaller Boards face in terms of project management and service delivery. Conversations continue at a NoS level to look at how Boards could potentially share resources.

Two Corporate Strategy deliverables remain RAG rated red and 1 amber in Quarter 3. These are as follows.

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[1] Appendix 1 provides an update on delivery against each of the digital projects at the end of Quarter 3 (Q3).

Red RAG rated deliverables.

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)[2] share to each programme. Whilst national programmes are not delivered by NHS Orkney's Digital Services team, there is a requirement for the team to be involved in the deployment as well as supporting the business change.

GP IT implementation and re-provisioning – There has been some delays and challenges encountered at a national level with the system supplier. Scottish Government are working with Health Boards to develop and implement a recovery plan. As NHS Orkney have not commenced deployment of the new GP IT system, impact to patient care is minimal as there are operational systems in place to ensure continuity of care.

The lone accredited system provider for the GPIT Re-provisioning project, Cegedim INPS, entered voluntary Administration 10 December 2025. All migrations nationally have been suspended, and contingency planning is ongoing. Efforts are being made to secure a buyer for the company, with offers to be submitted to the Administrators by 24 January 2025. In the interim, assurances have been given that support will continue as normal.

Amber RAG rated deliverables.

Power BI training rolled out to Health Intelligence and People and Culture Team by December 2024 - Whilst the deliverable has not been achieved, a strategic conversation is required to understand the business requirements in terms of the roll out of Power BI as the product has not yet been approved by Scottish Government. Consideration also needs to be given to the capacity and capability of our workforce to support the roll out of Power BI at this current time. This will be taken into consideration as part of the digital services option's appraisal being undertaken in Quarter 4.

1.4 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028.

2.3.1 Quality/Patient Care

Successful and safe digital information services deliver 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.

2.3.2 Workforce

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

2.3.2 Financial

Poor information management and security causes inefficiency which demands additional human and monetary resources. If the organisation does not invest in digital transformation, infrastructure, and training this will impact on our ability to deliver our financial recovery plan.

All Boards have been advised to include a 20% uplift for the M365 contract which will be in place from April 2025.

2.3.4 Risk Assessment/Management

There are several corporate and clinical risks which arise from a low level of digital maturity across the Organisation. Regular reporting on the Digital and Information Services Delivery Plan to the SLT will enable continued oversight of increasing levels of regulatory compliance and maturity within the range of digital systems across the Board.

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.

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. As Digital Services are audited by the Scottish Competent Authority, Digital Services are required to demonstrate how services are supporting the Public Sector Equality Duty, Fairer Scotland Duty including services delivered in our ferry linked isles.

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.

2.3.7 Communication, involvement, engagement, and consultation

This paper has been produced for the purposes of the NHS Orkney Board following engagement with the following.

- Digital Information Operations Group – 20 January 2025
- Senior Leadership Team – 22 January 2025

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

3. Recommendation(s)

Awareness – The Board is asked to.

- To **receive** the Digital Delivery Plan Quarter 3 Report
- To **note** where deliverables are off track and the recovery actions in place to bring deliverables back on track in Quarter 4 (January - March 2025)

1. Appendices

The following appendices are included with this report:

- **Appendix 1**, Digital & Information Services Delivery Plan 2024-25
- **Appendix 2,** Update on Digital Services, and IT Infrastructure projects
- **Appendix 3,** Capital Budgets 2024/25
- **Appendix 4,** Digital and Cybersecurity Roadmap 2024-2025

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

Primary Care Ferry Linked Isles

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. The project is currently on track and is scheduled to be completed by the end of January 2025. Further to the migration of the phones for isles and the gain of the new technical capabilities, the isles are profiting from the new cloud-based call routing system which will divert their lines to other practices during the times that they are closed to other practices or voicemail depending on needs. A further capability is the DR ability in the event the site is offline, the phones will also divert automatically.

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 went live on the 5th of October 2024 with minimal disruptions with issues now resolved.

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 for services where confidentiality is required for example Community Mental Health Team (CMHT) or the Pharmacy Department.

A test of change has already been carried by the Digital Services team following adverse weather conditions over the Christmas period, this enabled the whole team to work remotely with no interruption to service delivery.

Following several network level issues identified and resolved by the Digital Servies team, a further Test of Change will now be undertaken early February 2025 with administrative staff who require the use of a desk phone at the Balfour.

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 continue to 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 have already been migrated to this (2023) as test of change sites. The rest of the isles will be migrated in January 2025

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.

The new switches were installed prior to the festive period and will now undergo disruptive testing to ensure their continued function to support the hospital. It is anticipated that the migration will be in March 2025 and is current on schedule.

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.

The firewalls and switch migration and upgrade has been completed. The step in the project is the implementation of the WIFI systems. Due to the previous installation not being done in a correct manner (no survey, design, or placement) the current project can not take advantage of that situation and needs to perform these tasks to ensure that the new implementation corrects this oversight which explains the current 'patchy' service.

Cybersecurity, Infrastructure and Technical Advisory Group (CITAG)

A Cybersecurity, Infrastructure and Technical Advisory Group (CITAG) has been operational since October 2024 providing technical expertise to the organisation as a subgroup of the Digital Information Operations Group (DIOG). The Group is now online and operating efficiently with a direct report to DIOG.

Cyber Security

Digital Services and Cybersecurity are two of the corner stones of NHS Orkney'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 (CM) Process

The change management process is now embedded into the team and will undergo continuous improvement through the Jira improvement Group. The CM Process was shared with the NIS auditors who commended the process as an exemplar process, and we have been asked to share the process with other Health Boards.

IT Service desk Quarter 3 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 a downward trend for the backlog of tickets reducing as outlined in Figure 1. This indicates that the team is challenged with 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.
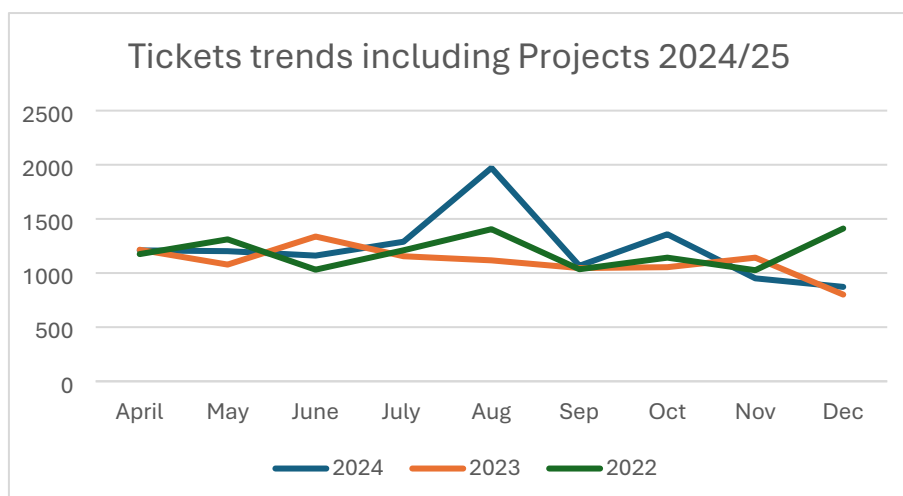
Tickets trends including Projects 2024/25

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, and what changes need to be implemented as a result. The outcomes from the staff survey 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 enabled the articulation of the workload of the Digital Teams which has significantly increased but has moved us forwards in terns if 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 the end of the 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.
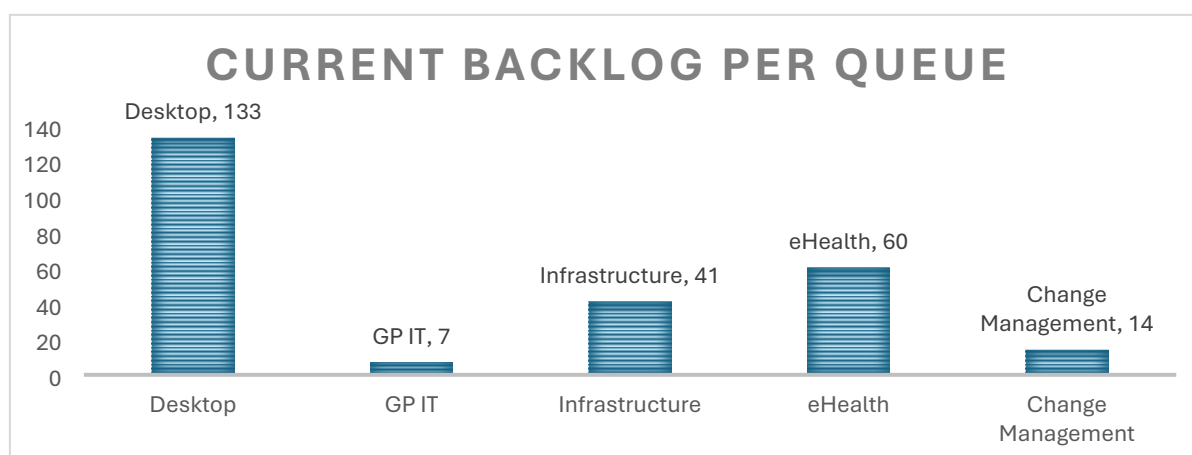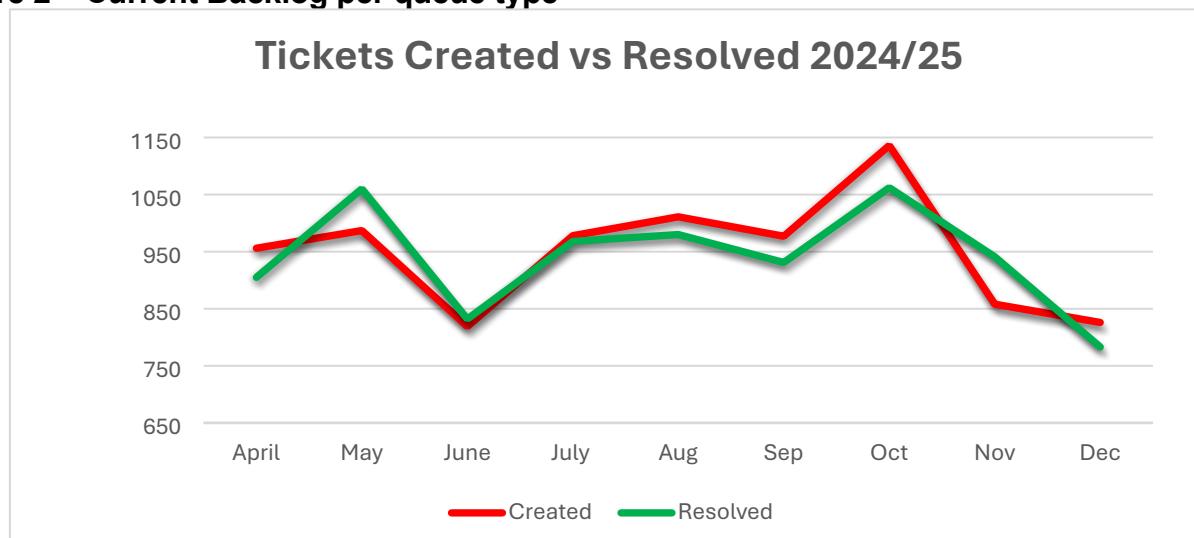
CURRENT BACKLOG PER QUEUE

Figure 2 – Current Backlog per queue type

Tickets Created vs Resolved 2024/25

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, 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 41 between them.

Network and Information Systems (NIS) and Digital Maturity assessment Quarter 3 update.

Over the last four years, NHS Orkney has scored poorly against the NIS audit criteria, compliance is currently 38%. A review of the findings from the Audit Report received in December 2023 identified key areas for improvement and highlighted that the organisation was selling itself short in terms of its compliance against the NIS regulations. Auditors in 2023 highlighted that the lack of engagement and ownership of the process and the limited documentation provided was the reason compliance was assessed at 38%.

In 2023, 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 NHS Orkney meets an additional 13% of controls increasing our compliance rate to 50%.

Since the last audit, the Digital Services team have created workflows within the Jira service desk to ensure timely and accurate reporting on areas relevant to their service provision.

A central storage location has been created, evidence provided by the group has been saved to and cross-referenced with the master audits spreadsheet.

Following evidence gathered in early August 2024[3], there are 15% of NIS controls still being reviewed which is almost two months ahead of the submission deadline. It is therefore anticipated NHS Orkney will meet a

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[3] 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.

minimum of 61% of the controls in 2024, 11% above the target of 50% set within this year Corporate Strategy delivery plan.

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. 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.

e-Health (applications) Quarter 3 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 December 2024, there were 3 weeks where we had no eHealth support. This leaves us in an extremely fragile situation which will be taken into consideration as part of the Digital Services Options Appraisal taking place in Q4.

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 Training environment

Work has been completed to upgrade the Trakcare training environment a mandatory requirement as part of our Service Level Agreement with NHS Grampian.

Community Electronic Patient Record

NHSO has now commissioned Cambic to deploy their MORSE Community Electronic Patient Record, A project group led by the business continues to work with the Digital Services team, 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)

Work continues to plan for the go-live of th4e new PACS replacement in September 2025.

Upgrade and migrate current version of cCube.

The cCube upgrade and migration is now complete. The risk has been removed from the Corporate Risk Register; project is now closed.

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 lone accredited system provider for the GPIT Re-provisioning project, Cegedim INPS, entered voluntary Administration 10 December 2025. All migrations nationally have been suspended and contingency planning is ongoing. Efforts are being made to secure a buyer for the company, with offers to be submitted to the Administrators by 24 January 2025. In the interim, assurances have been given that support will continue as normal.

The project has moved to red rating in Quarter 3.

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 Installed Dec 2025 Testing Jan 2025 Go Live March 2025	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 June 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 Jan 2025	Green
BT Phone migration (residence)	Remove and consolidate phone lines for NHSO residential properties	£ 15,000	Moved to Aug 2025	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 In BAU	Completed
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 – Jan 2025	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. Island devices have arrived ready for deployment	Green
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**		

15.1

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	CompleSte
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	Complete
Airwatch Decom - August change of service	01-Jan-24	30-Jun-24	Camplete
NIS Audit – 2024	02-Jan-24	30-Dec-24	Complete
Sip Trunk migration to Call Manager	02-Jan-24	21-Oct-24	Complete
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	Scomplet
Instatus	15-Jan-24	10-Jun-24	Complatet
Ricoh Equitrac	15-Jan-24	30-Apr-24	Cromplete
Laptop replacement program – 2024	27-Jan-24	31-Aug-24	Lamplete
Pager system enhancement and implementation of licensed capability.	12-Feb-24	07-Apr-24	Paglete
Intune USB Blocking	21-Feb-24	19-May-24	Comtlete
Implement project management within IT	01-Mar-24	31-Dec-24	Complete
Imprivata Appliance upgrade	20-Mar-24	30-Sep-24	Complete
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	Complete
BT Line migration - isles and remote area	01-Apr-24	31-Dec-24	In Delivery
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 Delivery
Switch replacement for Remote sites	10-May-24	01-Oct-24	Scomplete
Raspberry Pi deployment	29-Jun-24	06-Nov-24	In Delivery
Airwatch decommission	30-Jun-24	17-Oct-24	Complete
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	Complete
VMWare upgrade	31-Aug-24	18-Feb-25	Cancelled
Morse - Technical Delivery aspect	02-Sep-24	30-Nov-24	Complete
Isles GP Pagers - Mobile app deployment	12-Sep-24	29-Oct-24	Complete
Datix migration and upgrade to new platform	13-Sep-24	31-Oct-24	Complete
C-Cube Upgrade	01-Oct-24	10-Feb-25	Complete
Application updates for standard issued apps	21-Oct-24	31-Dec-24	In Delivery
Enterprise Certificate Authority	31-Oct-24	31-Jan-25	Completed
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	In Planning

Staff Governance Committee Minutes

NHS Orkney
14/11/2024 09:30GMT

Attendance

Present:

Members: Kirsty Cole, Debs Crohn, Joanna Kenny, Anna Lamont, Ryan McLaughlin, Steven Phillips, Rachel Ratter, Laura Skaife-Knight, Jason Taylor, Sam Thomas

Guests: Lynn Adam, Lewis Berston, Wendy Corstorphine, Jenny Fraser, Lawrence Green, Tracy Myhill, Karen Spence, Huw Thomas

Absent:

Members: Jarrard O'Brien

1. Cover Paper

2. Apologies (Presenters: chair)

   Apologies were received from J O'Brien.

3. Declarations of Interest - Verbal (Presenters: Chair)

   There were no declarations of interest raised.

4. Minute of meeting held on 14 August 2024   Chairs assurance report 14 August 2024 (Presenters: Chair)

   The minute of the Staff Governance Committee meeting held on 14 August 2024 was accepted as an accurate record of the meeting and approved.

5. Matters Arising - Verbal (Presenters: Chair)

   There were no matters arising.

6. Action Log - Verbal (Presenters: Chair)

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

7. Chair's Assurance Reports

   7.1. Area Partnership Forum Chair's Assurance Report and Minutes (Presenters: CEO, Employee Director)

      The Employee Director presented the report highlighting:
      - Concerns were raised about releasing representatives/staffside time – and the need for a different solution moving forward re: resilience and succession planning. The policy was being updated as part of the Once for Scotland re-fresh which would provide the opportunity to provide stable monitoring arrangements for facility time to ensure proportionate allocation of time.

J Taylor queried the discussions around Distant Islands Allowance and the decision that no actions would be made retrospectively and whether the arrangement had been based on legal advice. The Employee Director advised advice had been sought by the Central Legal Office and were in line with the Agenda for Change terms and conditions.

J Kenny raised concern around the lack of Integrated Joint Board (IJB) or partnership representation at Area Partnership Forum Meetings. Members were advised that the Chief Executive had written to the Chief Officer, IJB requesting representation at meetings moving forward.

Decision / Conclusion

Members noted the update provided.

7.2. Occupational Health, Safety and Wellbeing (OHSW) – September 2024 Chair's Assurance Report, approved action notes

The Employee Director highlighted the group had met for first time since April 2024 with mixed attendance.

Matters of concern highlighted were:

- Ongoing challenge in obtaining clinical representation at meetings of the OHSW committee and the sub-committees. Work would be carried out with clinical leadership to overcome the issue
- Ongoing challenge around mandatory training compliance, especially for face-to-face training, including PPE practice, which had been escalated by the Infection Prevention and Control Team

J Kenny noted the Wellbeing Committee had been stood down given lack of attendance and work plan and hoped this would be progressed moving forward. In response, the Chief Executive highlighted an operational governance review was due to commence and one output of the People and Culture review was the structure of operational governance.

Decision / Conclusion

Members noted the update provided.

7.3. JLNC Chairs Assurance Report - Paper not received (Presenters: JLNC Chair)

The Joint Local Negotiating Committee Chair provided a verbal update highlighting:

- There had been good staff side attendance at the last meeting with progress in attendance of senior managers.
- Progress had not been made in key areas and was not clear why
- The the main concern was around job planning
- Work was ongoing in relation to IT onboarding problems
- Clarity around clinical line management remained an issue. Distinction between professional line management and clinical line management was required.

W Corstorphine highlighted an issue in relation to staff accommodation whereby a member of staff was placed in cold, unequipped and untidy accommodation which was not acceptable and could in the long run create an additional cost to the organisation. The Chief Executive agreed that it was unacceptable and advised that the Director of Improvement was reviewing accommodation.

Decision / Conclusion

Members noted the update provided.

7.4. Health Care Staffing Act Programme Board Chairs assurance report - Verbal (Presenters: Director of People and Culture)

The Health Care Staffing Lead provided a verbal update advising there had not been a meeting during the last quarter but with the change in leadership to the Director of People and Culture

there had been a meeting around what was required from the Board moving forward. The group would be replaced and a draft Terms of Reference was underway.

The Chair noted the importance of the group and expressed disappointed that there was neither a Chair's Assurance Report or Chair present and hoped at next meeting there would be Terms of Reference for the new group along with a Chair's Assurance Report and the requirement to evidence progress to Health Improvement Scotland (HIS).

The Chief Executive echoed the Chair and emphasised the new group must meet before end of Quarter 3.

Decision / Conclusion

Members noted the update provided.

8. Corporate Risk Register (Presenters: Director of People and Culture)

The Head of People and Culture presented the report advising there were no very high risks, 6 high risks, 1 moderate risks and 1 new risk added in relation to risks aligned to the Staff Governance committee.

The Chief Executive highlighted the increased risk score to 16 for the risk in terms of lack of senior leadership and capacity. There was two risks that would be presented to the Senior Leadership Team in relation to lack of training compliance with a focus around health and safety, and the second was in relation to workforce experience and well-being. Both risks would be included in the next iteration of the report.

Members agreed that the cover paper of the report required alteration with a committee focus and risks relevant to the committee only. The full corporate risk register would no longer be presented to the committee, it would be the relevant chapters only.

J Taylor stressed that was what was agreed at the Audit and Risk committee therefore the committee should only be presented with aligned risks.

Decision / Conclusion

Members discussed the risks aligned to the Staff Governance committee.

9. PEOPLE

10. Sickness Absence and an organisational response to Stress (Presenters: Head of People and Culture)

The Head of People and Culture presented the report providing an overview of absence review that was conducted across the organisation for the period of July 2023 to June 2024, with specific focus on sickness absence in relation to anxiety, stress, depression or psychiatric illnesses. The presentation included in the pack was presented to the Senior Leadership Team (SLT) to provide and highlight work carried out and identified key facts and points to support leadership and to gain an understanding on the organisational impact.

The findings were shared with a number of committees across the organisation including Extended SLT, Area Partnership Forum and Area Clinical Forum. A focus of the presentations had been to discuss sickness absence due to stress in particular and importantly, what was required to be done differently at an individual, team, and organisational level to support people to be well at work. All discussions had been fairly broad and had been successful in gaining collective understanding and ownership of the problem, although few ideas for change had been offered.

The paper continued to be connected to the organisations five priorities. A considerable amount of work was required to support colleagues and find solutions.

The Chair thanked the Head of People and Culture for the well presented report and noted the huge amount of work taken place and the improvement of data over the last three years.

J Taylor noted the impact sickness absence had on particular directorates and sub groups and referenced the poor responses to Return to Work notices and trigger notices issued by HR and queried how the dynamic could be changed to focus on specific cohort of people to upskill and support. The

Head of People and Culture advised that communication was required across the organisation to empower colleagues and to understand it also supports them on their return.

The Employee Director emphasised that it remained a core issue around time and people felt they did not have appropriate time to carry out such tasks.

The Director of Nursing, Midwifery, AHP and Chief Officer Acute provided thanks for the report and that it shared the same aspects of clinical care, quality and patient safety and was about embedding fundamental basic building bricks. Whilst agreeing the importance of understanding what a persons role was there was also aspects under the Health Care Staffing Act where there was responsibilities as employers to employees whereby certain nuances were required. A national programme had been developed with NES on how to equip leaders with the skillset and information as a whole .

L Berston advised although there was a high level of sickness absence under anxiety, stress, depression or psychiatric illnesses it identified that staff were confident enough to share their reasons for not being at work.

Members discussed the challenge around accurately capturing the data due to the varied approach of recording sickness absence across the organisation.

The Chief Executive noted that the problem was being well articulated and moving forward clarity and oversight of interventions and actions taken place across the organisation in relation to sickness absence, with particular focus on anxiety and stress was required in the next iteration of the report to allow the committee to seek assurance on progress.

Decision/Conclusion
Members discussed the report and opportunities for improvement.

11. Leavers Monitoring Report – Carried forward from August 2024 meeting (Presenters: Head of People and Culture / Workforce Systems Manager)

The Workforce Systems Manager presented the report providing an overview of leavers across the organisation noting over the five-year period from 2019/20 to 2023/24, a total of 799 individuals had departed from the organisation, with an average of 159.8 departures per year.

The Chair thanked the Workforce Systems Manager for the report and collection of data and appreciated the work involved.

The Employee Director noted the ageing workforce and that there were a large proportion of staff who were not aware they could partially retire. Therefore, it may be beneficial to advertise partial retirement to try and retain staff.

J Taylor highlighted the importance of exit interviews and queried whether there was any feedback on the topic. The Head of People and Culture advised a touchpoint included in the Colleague Experience Programme was around exit interviews and how staff identified them as a key point of the employee life cycle. Themes would therefore be identified as part of the overall programme.

K Spence highlighted that a large number of reasons for leaving was marked as other or unable to obtain data therefore identified the importance of exit interviews.

Decision/Conclusion
Members discussed the report.

12. People and Culture Review (Presenters: Chief Executive)

The Chief Executive presented the report providing the Committee with the results of the People and Culture review that was commissioned in 2024 and an update on next steps following initial discussions with the People and Culture leadership group and wider team.

The review comprised two levels of attention, the first being a focus on things relevant to the whole directorate, and the second being a more detailed assessment of the operating model for Human Resources, Organisational and Learning Development, and Health and Safety. There were seven areas of focus, including:
· Purpose and reputation
· Strategic and operational delivery

- · Structure and relationships
- · Capability
- · Policy, processes and governance
- · Technology
- · Analytics and KPIs

Overall feedback from the CIPD was that they were struck by the "kindness" of the people they engaged with at NHS Orkney and overall the review was positive.

There were 22 recommendations in the report, a plan and timeline would be created in December and reported through the Improvement Programme Board.

K Spence raised concern from the Clinical Administration Team around being placed under the People and Culture Directorate and there was no mention within the recommendations. She also highlighted the importance of having continued oversight of the actions from the commissioned review.

The Chief Executive advised there were a few options available on where Clinical Administration could be placed and would include within the recommendations as well as honest discussions with the team.

The Chair raised disappointment that a CIPD representative was unable to attend the meeting and present the report. The Chief Executive shared the disappointed and had insisted a representative attended the December Board meeting.

Decision/Conclusion

Members examined and considered the report.

13.   Medical Education Update Report (Presenters: Director of Medical Education)

The Medical Education Director presented the report providing an update on the work across several areas and development within the medical education team.

Members were advised the team was stable and sufficient for the current level of activity. Nevertheless, much of the clinical supervision of students and trainees was dependent on Dr Wendy Corstorphine. The teaching practices in Orkney (Skerryvore, Dounby, & Heilendi) required the Balfour Hospital to provide a medical rotation for GP trainees. This would come under threat without a consistent clinical supervisor at the Balfour and would be the case for those practices hosting ScotGem medical students.

To help offset this risk, a bid was successfully made to ACT in April 2024 for 2 PA consultant sessions for undergraduate teaching and supervision. NHS Orkney was now in receipt of £30,682 recurrent money.

A flagship project that had been created using ACT funding was the mentorship of school pupils who were interested in a career in medicine. NHS Orkney now had a service level agreement with Heilendi Practice to take this forward. Having local children progress to medical school and one day return here to work was important for Orkney.   This project was only possible through the use of our ACT allocation.

Accommodation for medical students remained a challenge.

Future projects included the proposal of a Medical Education Suite, a business plan would be developed.

J Taylor thanked the Medical Education team for the positive report and welcomed the focus on young people in schools given the ageing population. In relation to Senior Staffing within the Emergency Department he requested clarity around the requirement to build in the redundancy in relation medical education.

W Corstorphine advised there was no Emergency Department Consultants and Jr Doctors were working on their own with Medical/Surgical consultants available for medical or surgical problems. Wendy herself worked two days per week acting as a middle ground supervising and assisting juniors and students. There was no clinical leadership within the department. Work underway under the leadership of the Director of Nursing, Midwifery, AHP and Acute Officer.

K Cole welcomed the report and highlighted the importance and the potential positive impact and benefits of the schools mentoring programme, especially within a rural location.

The Chief Executive thanked the Director of Medical Education for the uplifting presentation and thanked both himself and Wendy for their fabulous leadership and drive. In regards to the business case for the education centre a timeline would be presented to SLT in January 2025 and their would be focus on an overarching education strategy. The Director of Improvement would carry out work in relation to

accommodation, the peer review in terms of the Emergency Department would be presented at the next Joint Clinical Care Governance Committee meeting in December 2024 and further work was required around succession planning that would commence in Quarter 4 under the leadership of the Director of People and Culture.

Decision/Conclusion
Members sought assurance from the report.

14. Staff Governance Monitoring Assurance letter (Presenters: Head of People and Culture)

The Head of People and Culture presented the report providing an overview of the assurances gathered in relation to NHS Orkney and details tailored questions that the Scottish Government were looking for more information on.

As guardians of the Staff Governance Standard, the Scottish Workforce and Staff Governance (SWAG) Committee had requested that Boards provide assurance that they are committed to upholding the Staff Governance Standard to support our workforce and effective partnership working. SWAG had also requested board data on bullying and harassment and whistleblowing. In addition, Boards were requested to provide data on retire and return.

J Taylor raised concern around not meeting the Staff Governance Standards with regards to training and appraisal rates and suggested re-wording. The Chief Executive agreed to provide supporting narrative to provider fuller context.

Decision/Conclusion
Members approved the Staff Governance Monitoring Assurance letter with agreement to the re-wording in relation to meeting training and appraisal rates. This would be circulated virtually to ratify.

15. PATIENT

15.1. Health and Care (Staffing) (Scotland) Act (Presenters: Health Care Staffing Lead)

The Health Care Staffing Lead presented the report advising the level of assurance had been assessed as limited assurance. This remained unchanged from the previous three quarters, and in part could be attributed to the Health and Care and Staffing Board not having met during the quarter and an incomplete senior clinical leadership structure.

Three areas had moved from red to amber which were duty to seek clinical advice on staffing, duty to ensure adequate time to leaders and duty to follow the common staffing method. One area remained red which was the planning, securing and the provision of healthcare from others due to SLAs and commissioning.

The mandated legislative requirement to return a high cost agency template to the Scottish Government had been completed and there was a number of areas which met the threshold of 150% which was in nursing, medical staff and laboratory.

There was a dip in quarter 2 in relation to carry out Real Time Staffing which was used through SafeCare therefore an area that required further attention.

The Executive Lead for NHS Orkney for the Health and Care Staffing Act had transitioned to the Director of People and Culture.

The Director of Nursing, Midwifery, AHP and Acute Officer thanked the Health Care Staffing Lead for the report and the progress made throughout the quarter and noted there had been a dip in the SSTS SafeCare partially due to having two systems impinging on Time to Lead.

J Taylor highlighted the difficulty of the RAG rating to understand the movement within rating and understand the progress. It was identified that it can be challenging to include all the evidence documented however it was agreed there would be further narrative in the next iteration of the report.

The Employee Director noted the low numbers reported within the SafeCare completion table with many with no completion during the period and therefore highlighted another symptom of a wider problem in relation to capacity and engagement.

The Chief Executive echoed the Employee Director and the requirement for intense support across specific areas.
Decision/Conclusion
The Committee reviewed the report and did not take assurance from the information provided.

15.2.   National Human Resource Directors discussions (Presenters: Head of People and Culture)

Members noted the update.

16.   PERFORMANCE

16.1.   Workforce Report to include Training Compliance Rates (Presenters: Workforce System Manager)

The Workforce Systems Manager presented the bi-annual report providing an overview of workforce related information for the first half of 2024/25.
The Head of People and Culture advised that the report included the compliance rates across the organisation, one of the agreed activities was to include as part of the Corpotate Risk Register and training rates in relation to moving and handling and violence and aggression would be addressed at the CEO briefing. The People and Culture team would review the E-Rota and how that would be implemented across the organisation and ways to support colleagues.
J Taylor highlighted the impact of long term sick absence and the occupational health strategy to address the issue. He also noted the success of redeployment activity and the low face to face training rates.
Decision/Conclusion
Members discussed the report and implications.

16.2.   Colleague Experience Programme (Presenters: Head of People and Culture)

The Head of People and Culture presented the report providing details on key ongoing activities, outline identified priorities, and summarised progress related to the specified touchpoints identified through the Colleague Experience Programme. By actively collaborating with key Operational Groups, teams and colleagues across the organisation to validate the 41 touchpoints, key focus areas had been identified.
The programme contained a number of short, medium, and long-term actions that would span a four-year period. Colleagues would assist with identifying priorities for each period.
The colleague highlight report was provided providing progress made against touchpoints and would include the 5 priorities agreed by the Senior Leadership Team moving forward to ensure appropriate stakeholders were included.
Decision/Conclusion
Members approved the Colleague Experience Framework with the caveat that an implementation plan would be developed and brought to the next committee meeting on the 12 February for assurance ahead of onward submission to the Board 27 February 2025 for approval.

16.3.   Job Evaluation Performance Report (Presenters: Director of People and Culture, Business Support Officer)

The Head of People and Culture presented the report highlighting the Job Evaluation Performance Report submitted to STAC to evidence that the governance of Job Evaluation was maintained, enabling all staff to be treated fairly and consistently in accordance with the Staff Governance Standard.
Decision/Conclusion

Members noted the report that had been approved by the Area Partnership Forum.

16.4.   Consultant Job Planning Report (Presenters: Medical Director)

The Medical Director joined the meeting to present the report advising NHS Orkney was working towards a critical transition to the Allocate eJobPlan system as part of the national eRostering programme. The programme was set to close on 30 November 2024, by which time all health boards, including NHS Orkney, must meet the requirements to go live with Allocate eJobPlan. The update outlined the status of the implementation, areas for further development, and next steps needed to achieve compliance with NHS Scotland's programme expectations.

Members were advised the deadline of the 30 November 2024 would not be met due to commencing part way through the year and one of the challenges was there was not a champion with expertise in relation to the system within the organisation.

Information sessions were held with consultants in Obstetric & Gynaecology, and Medicine on developing job plans and a consistent approach to allocation of sessions for direct care and supporting professional activity.

Following an initial request for consultants to discuss their job plans, consultants were invited to participate in individual job planning sessions as of 5th September, with flexibility for in-person or virtual sessions via MS Teams. Fourteen consultants booked sessions, with eight completed to date. These meetings were intended to facilitate the transition from paper-based to electronic job plans.

NHS Orkney's implementation was broadly on track, with key national targets met. All clinical users were now activated on eJobPlan, and job plan entries had commenced, fulfilling one of the core assumptions for go-live.

K Cole queried whether there would be a risk once work plans were uploaded that they did not match information stated in employment contracts and what the process was to review such instances. Members were advised that job planning was not a contract discussion and guidance had been communicated that any dispute over contracts was to be raised and discussed with the Director of Nursing, Midwifery, AHPs and Chief Officer Acute.

J Fraser emphasised Medical Staff had always completed paper job plans and staff were keen to carry them out however the electronic system did not appear to be user friendly and there was a risk that there was details included that could not be inputted into Allocate.

Decision/Conclusion

Members sought assurance from the report.

16.5.   Workforce Policy Implementation Progress Report (Presenters: Head of People and Culture, Employee Director)

The Head of People and Culture presented the report advising a soft launch of the NHSScotland Workforce Policies - Phase 2.2 would now take place between 15 October 2024 and 15 January 2025. This was a preparatory period for the HR team and colleagues to ensure for the Boards readiness for launch with colleagues and managers in early February 2025.

To address outdated policies, the team had been actively reviewing and updating them in collaboration with partners. The first two policies were being progressed to the Senior Leadership Team (SLT) for approval prior to their relaunch. In addition, the team continued to work on reviewing other policies and guidelines to fill identified gaps and implement necessary updates:

Decision/Conclusion

Members sought assurance from the report.

16.6.   Internal Audit Planning (Presenters: Chair)

In relation to identifying potential areas for the internal audit planning cycle, it was agreed that suggestion would be sent to the Chair.

17.   Potential

17.1.   Health and Safety Update Report (Presenters: Health and Safety Lead)

The Health and Safety Lead provided an update highlighting the key points:
- There had been a general downturn adverse advents over 2 month period however there were no concern
- Compliance rate details around H&S related training was provided and highlighted a downturn in relation to moving and handling rates rate due to the trainer required to take annual leave and attend courses himself

J Taylor queried whether anything could be done to encouraging people to attend face to face training and whether there was scope to look at previous lessons learned to ensure they were embedded.

The Employee Director queried whether there was a time limit before escalation occurred outwith the Health and Safety team in relation to control books sign off. The Health and Safety Lead advised work was on-going and there was a lot of required of staff to complete risk assessments prior to sign off. The aim for sign off to be completed would be the end of March 2025.

Decision/Conclusion
Members discussed the report and implications.

18.   Any other competent business - Verbal

There was no other competent business.

19.   Items to be included on the Chair's Assurance Report - Verbal (Presenters: All)

Items to be included on the Chair's Assurance Report were:
Medical education update
Progress on Consultant Job Planning
People and Culture Review Update
Staff Experience Programme update for assurance at the February meeting
Increased risk score to 16 for the risk in terms of lack of senior leadership and capacity.
Lack of assurance around the HCSA report
Incorrect governance route of papers

20.   ITEMS FOR INFORMATION AND NOTING

20.1.   Schedule of Meetings for 2024/25 (Presenters: Chair)

Members noted the schedule of meetings for 2024/25.

20.2.   Record of Attendance (Presenters: Chair)

Members noted the attendance record.

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on
6th December **2024 12:15pm.**

Present:
Kirsty Cole, GP Sub Committee – Chair
Rona Harcus, TRADAC
Kirsti Jones, NAMAC
Lyndsay Steel, Pharmacy
Ellen Kesterton,

In Attendance:
Anna Lamont, Medical Director
Louise Wilson, Director of Public Health
Miranda Gardiner, Committee Support

1 Apologies

Apologies were received from Nick Crohn and Wendy Lycett

2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

3 Minute of meeting held on October 2024

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

Members noted the Chairs Assurance Report submitted to Board.

4 Matters Arising

There were no matters arising that were not covered on the agenda.

5 Area Clinical Forum Action Log

The Action Log was reviewed, noting that there Was one outstanding item 01-202/25

6 Escalation Log

The Chair and Corporate Governance team were to arrange individual meetings with Chairs to discuss escalated items.

7 Chairs Reports

7.1 Board Update

The 2023-24 Annual Review is complete and an update will be shared with members.

7.2 National ACF Chairs meeting

Updated was provided previous meeting and therefore not discussed.

| 7.3 | **CHAIRS ASSURANCE REPORTS** |

| 7.3.1 | **GP Sub Committee** |

The Chair presented the report for noting and welcomed any questions or feedback.

Decision/Conclusion

Members noted the key points from the Committee through the Chairs Assurance Report.

| 7.3.2 | **Nursing and Midwifery Advisory Committee – NAMAC** |

The previous NAMAC report for September was available for noting as K Jones advised unable to meet in November.

Decision/Conclusion

The next NAMAC meeting is scheduled for January 2024

| 7.3.3 | **Therapy, Rehabilitation, Assessment and Diagnostic Advisory Committee – TRADAC** |

R Harcus update quorate for previous meeting. Winter planning is underway with OT and Physio.

Decision/Conclusion

Process for clinical audit and pathways discussed, Clinical Governance group to undertake local research, alongside external audits and national audits.

| 7.3.4 | **Area Pharmaceutical Committee – APC** |

The Chair presented the report for noting and welcomed any questions or feedback, overarching medication management procedures in the care setting and community.

Decision/Conclusion

Careers pathways framework being rolled out. Engagement has improved for external contractors and regular committee meetings.

| **8** | **Governance** |

Public Protection – United Nations rights of the Child Topic – Potential Development session.

| **9** | **Business Items** |

| 9.1 | **Island Games 2025 (Strategic Priority – Place) – Chairs Assurance Report** |

S Thomas updated re scheduled clinics, theatre and outpatients' appointments. Road closure meeting to take place over the next few weeks and update will be provided then. K Cole informed discussions taking place regarding pharmacy and prescribing issues for visitors.

Decision/Conclusion

Members noted the update provided.

9.2 **Proposed Pathways for Respiratory Physiotherapy**

Item moved to February 2025 meeting

Decision/Conclusion

None noted

10	Development Sessions

10.1 **Development Session**

Suggestions sought for 2025 Development sessions - The Aging and Frailty Standards for Care of the Older People, The Infection Prevention Control Team, Changes in Delivering Care, Public Protection.

11 **Any Other Competent Business**

No Other Competent Business noted

12 **Chair's Assurance report to Board**

Members agreed on the content of the Chairs Assurance Report to Board.

13 **Items to be Communicated with the Wider Clinical Community**

Information would be shared to the full committee following the presentation from the Care Opinion team.

14	For Information and Noting

14.1 **Correspondence**

No correspondence had been received.

14.2 **Schedule of Meetings 2024/25**

Members noted the schedule of meetings for 2024/25.

14.3 **Record of Attendance**

Members noted the record of attendance.

Joint Clinical and Care Governance Committee - 2 December 2024 Minutes

NHS Orkney
02/12/2024 14:00GMT

Attendance

Present:

Members: Councillor Lindsey Hall, Ryan McLaughlin, Councillor Ivan Taylor, Stephen Brown, Rona Gold, Issy Grieve, Anna Lamont, Wendy Lycett, Michelle Mackie, Meghan McEwen, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

Guests: Debs Crohn, Elvira Garcia, Lynsey Harper, Tracy Myhill

Absent:

Members: Lynda Bradford, Kirsty Cole, Morven Gemmill, Kat Jenkin, Joanna Kenny, Darren Morrow, Jarrard O'Brien

1.   Apologies (Presenters: Chair)

Apologies were noted from Kirsty Cole, Kat Jenkin, Louise Willis, Darren Morrow and Louise Brewer,

2.   Declarations of Interests – Agenda Items (Presenters: Chair)

No declarations of interest were noted with regard to agenda items,

3.   Minute of Meeting held on 1 October 2024 (Presenters: Chair)

The minute of the Joint Clinical and Care Governance meeting held on 1 October 2024 were accepted as an accurate record of the meeting.
Chair of the Committee thanked J Stevenson for the excellent chairing at the last meeting.
The Chair of the Board asked for clarity on metrics within the Integrated Performance Report (IPR) and patient voice. The Chief Officer of the Integration Joint Board advised that actions in relation to the Mental Health peer review assurance report will be covered later in the meeting. Both updates will come to Committee in February 2025.
Councillor Hall asked for a correction to their name to read Lindsey Hall.
Councillors Hall and Taylor to be recorded as Committee members not guests,
Minutes of the meeting were approved with amendments listed above.

4.   Action Log (Presenters: Chair)

Endoscopy Peer Review - Committee Chair asked for clarity on feedback from the Centre for Sustainable Delivery (CfsD) endoscopy visit. The Medical Director continues to work with the Director of Nursing, Midwifery, Allied Health Professionals (AHP's) (DoNMAHP) and Chief Officer Acute Services on the recommendations from the review. A further update will be brought to the February Committee Meeting.
Report Authors are asked to be mindful of the use of acronyms in papers, all acronyms to be written in full.
The Chief Executive advised that a piece of work is required is required to set out the Boards approach to conducting peer reviews. This should include;
- Confirmation of peer reviews completed to date

- How peer reviews are commissioned including Terms or Reference, scope and outcomes
- Agreement on the governance route for the review
- How lessons learned will be shared following the review.

The Chief Executive confirmed the approach to conducting peer reviews will be undertaken during Quarter 4 of 2024/25.

Director of Public Health provided an update on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. Director of Public Health to bring an update paper to February Committee.

I Grieve asked for assurance on the NHS Grampian critical incident on Friday 29 November 2024. The DoNMAHAP advised that NHS Orkney and NHS Shetland have direct communication channels with NHS Grampian. At no point during the critical incident were NHS Orkney patients affected, NHS Orkney continues to ensure that patients are re-repatriated were appropriate to do so.

Decision / Conclusion
 The Committee agreed the action log would be updated accordingly.

5. Chairs Assurance Report

Members noted the Chairs Assurance Report.
Decision / Conclusion
The Committee reviewed the report and took assurance on the information provided.

6. CHAIRS ASSURANCE REPORTS

6.1. Area Drugs and Therapeutics Committee Chair's Assurance Report (Presenters: Medical Director)

Members noted the report from the Area Drugs and Therapeutics Committee .
Chair of the Committee asked for clarity on the term PGD - Patient Group Directive.
Medical Director highlighted the improvement work being undertaken by the NHS Orkney pharmacy team and savings being achieved.
Decision / Conclusion
 The Committee reviewed the report and took assurance on the information provided.

6.2. Quality Impact Assessment Chair's Assurance Report (Presenters: DoNMAHP)

Members noted the report from the Quality Impact Assessment (QIA) Group. The Committee Chair asked for timescales for completing Quality Impact Assessments. DoNMAHP to bring back an update to the next Committee meeting.
Chair of the Board sought clarity on how the impact on staff is measured and how assurance will be brought to Committee. Medical Director advised that NHS Orkney's QIA process has been highlighted as best practice by the Realistic Medicine Forum, Scottish Government have asked that the QIA process is shared across NHS Scotland.
Chair of the Committee thanked those involved in the the production of the QIA process.
Decision / Conclusion
The Committee reviewed the report and took assurance on the information provided.

6.3. Infection, Prevention Control Committee Chair's Assurance Report (Presenters: DoNMAHP)

Members noted the report from the Infection, Prevention Control (IPC) Committee.
I Grieve asked for assurance on the new schedules for toilet flushing. DoNMAHP advised that there are no risks to patients of moving to the new schedule.

Chair of the Board asked for cross committee assurance regarding staff attending training and face fit testing. DoNMAHP advised work has been completed, this will be shared with Staff Governance Committee.

Decision / Conclusion

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

6.4. **Social Work and Social Care Governance Board Chairs Assurance Report (Presenters: Chief Social Work Officer)**

Members noted the report from the Social Work and Social Care Governance Board.
Chair of the Board asked that we celebrate the positive assurance from the Care Inspectorate on the work undertaken particularly work by the Fostering and Children's Services Team.
Chief Officer Integration Joint Board (IJB) confirmed actions relating to the Mental Health Service are included in the Mental Health Improvement Plan.
Committee Chair asked how the impact of Child friendly complaints process will be measured. A template and process has been developed but currently unable to measure the impact as the process has only recently been launched. There is a need to ensure the process is identical across the health and social care system.
Committee Chair sought clarity on when the work of Multi Agency Refferal Assessment Conference (MARAC) will be aligned to the work of child exploitation. Any changes will come through the Chief Officers Group for assurance to Committee and the IJB.

Decision / Conclusion

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

7. **JCCGC Terms of Reference, Business Cycle and Workplan**

The Committee reviewed the JCCGC Terms of Reference, Business Cycle and Workplan.
Chief Executive Officer welcomed sight of the documents and thanked those involved in developing them.
The Chief Executive asked that the following by consider
- Patient experience/engagement - DoNMAHP to add patient experience/engagement to the workplan including planning with people guidance
- Pharmacy updates - Medical Director advised updates will continue to be discussed at JCCGC through the Chair Assurance Report from the Area Drugs and Therapeutics Committee
- Realistic Medicine/Values Based Medicine - Positive feedback has been received from Scottish Government.

Chair of the Board and Chief Executive confirmed we should only be producing Annual Reports which are absolutely necessary and mandated/essential to ensure so we focus our efforts in the right areas.
Chair of the Board asked for clarity on the purpose of 3 minute briefings. DoNMAHP advised that 3 minute briefs or executive summaries are a way of providing assurance to Committee. The use of 3 minute briefings will be monitored with a formal review at the 12 month point.

Decision / Conclusion

Amendments to the Terms of Reference, Business Cycle and work plan were approved with the following amendments

Business Cycle
- Six monthly Realistic Medicine report to be added to the JCCGC Business Cycle for November 2025
- Patient experience/engagement including planning with people guidance to be added to the workplan
- Agreed the first meeting of the JCCGC 2025/26 will be April 2025
- Patient Safety, Quality, Experience and Place Corporate Strategy Strategic Objectives are overseen by JCCGC.

Terms of Reference

- Page 36 - Quality Impact Assessment Panel quarterly updates to be brought to Committee for noting
- Page 39 - items to be raised to other governance Committees to be added to all Committee agendas.

8. PATIENT SAFETY, QUALITY & EXPERIENCE

8.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee (Presenters: Medical Director)

The Medical Director presented the Corporate risks aligned to the Committee, advising one risk which has changed since the last meeting.
The risk score for colonoscopy surveillance has increased due to staffing challenges.
Decision / Conclusion
The Committee took assurance on the information provided.

8.2. Public Protection Accountability Assurance Framework (Presenters: Public Protection Lead)

The NHS Public Protection Accountability and Assurance Framework (PPAAF) was published by the Scottish Government in October 2022. The framework was developed in response to broad variations in public protection roles, functions, resourcing and governance within health boards leading to inconsistencies in lines of accountability; shared understanding of governance; and support for public protection services which is a statutory single agency requirement for all Boards.
The Chair of the Board asked for clarity on NHS Orkney's position in delivery against the Framework as the report was received by Senior Leadership Team September 2024. Public Protection Lead shared concerns regarding input and commitment to moving the PPAAF forward.
Committee Chair advised that there are other professionals across the public and Social Care system who can support with embedding the PPAF.
Chief Executive acknowledged the need to establish a working group to embed the PPAAF across the Organisation.
Public Protection will be reflected in our Year 2 Corporate Strategy as a key priority.
Chair of the Board asked that Public Protection be added to the Corporate Risk Register and discussed at the SLT 16 December 2024.
Medical Director confirmed that adult support and protection is also part of the Turas modules and mandatory for all staff.
Decision / Conclusion
The Committee reviewed the report and agreed that public protection be moved forward as an improvement project with an update to the Senior Leadership Team in February 2025.

8.3. Maternity Services Annual Report (Presenters: Lead Midwife)

The Lead Midwife presented the Maternity Services Annual Report.
Committee Chair welcomed the paper noting engagement from the public. DoNMAHP thanked the team for producing the annual report.
Decision / Conclusion
 The Committee reviewed the report and took assurance on the information provided.

8.4. Chief Social Work Officer Annual Report (Presenters: Chief Social Work Officer)

Chair of the Board welcomed the annual report, particularity the inclusion of the voice of young people.
The Committee Chair welcomed how demographics were set out in the annual report.

Chief Executive advised that the Annual Report is an exemplar which should be shared across the Organisation.

Decision / Conclusion

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

8.5.   Winter Preparedness Plan 2024/25 (Presenters: Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services , Chief Officer)

The DoNMAHP's presented the Winter Preparedness Plan 2024/25.
J Stevenson asked when e-Rostering would be rolled out. DoNMAHP's confirmed 95% of teams are now live with e-Rostering and we are seeing benefits of moving to the new system.
Medical staffing will be the final team to move to e-Rostering.
I Grieve welcomed the layout of the plan and sought clarity on surge capacity. DoNMAHP's advised surge capacity is covered in the Target Operating Model.
Chair of the Board asked how outcomes for ED 4-hour target will be measured over the winter period. DoNMAHP's advised Key Performance Indicators (KPI's) will be reported via the Integrated Performance Report exception report to Committee and onwards to Board for assurance.
Committee Chair asked for confirmation on timelines for completion of actions and financial plan. DoNMAHP advised that unscheduled care monies will be used for winter planning.
Clarification was sought by Committee Chair regarding staff sickness - this is captured through other Governance Committees.

Decision / Conclusion

The Committee recommended the Winter Preparedness Plan 2024/25 go to Board for approval with the addition of information on how performance will be measured, timescales, finance and staff sickness prior to onward approval by the Board.
I Grieve and Councillor Hall left the meeting at 4pm.
R McLaughlin joined the meeting at 4pm

8.6.   Public Health Protection Report (Presenters: Director of Public Health)

Elvira Garcia (Consultant in Public Health) joined the meeting at 4pm and presented the Public Health Protection Report to Committee.
Chair of the Board welcomed the content of the report and asked for clarity on pages 4 and 5 of the report in relation to the Breast Screening Van not being on island during the period the report covers.
Consultant in Public Health advised that national breast screening data is provided by Public Health Scotland (PHS) annually hence it not being included in the report.
Chair of the Board asked for confirmation of the number of Health and Social Care workers receiving a Covid/Flu vaccinations asking if more needs to be done to increase uptake.
Communications have been issued to staff by the Executive team including The Orcadian.
Director of Public Health confirmed this is a national challenge and one PHS are aware of and are reflecting on messaging to staff recognising there is no national campaign.
Chair of the Board asked that the SLT look at how the Board increases uptake of Covid/Flu Vaccinations noting this is voluntary.
Chief Executive commissioned the Director of Public Health, Medical Director and DoNMAHP to issue a further joint communication to the Extended Senior Leadership Team to encourage the uptake of staff Covid/Flu Vaccinations.

Decision / Conclusion

The Committee reviewed the report and took assurance on the information provided noting the points above.

8.7.   Quality, Safety and Experience Quarter 2 Report (Presenters: Medical Director)

The Medical Director presented the Quality, Safety and Experience Quarter 2 Report.
Chair of the Board asked what other metrics were available to measure Quality Experience in addition to complaints.
Medical Director advised that patient experience is monitored through the bi-monthly IPR and the roll out of Care Opinion.
Cllr Taylor asked for assurance on the number of outstanding Serious Adverse Event Reviews (SAER's). Medical Director advised one of the challenges in the limitation of the DATIX system and the number of people who are trained to undertake reviews. There is a plan to move to a new system for recording SAER's, this will form part of the digital prioritisation exercise for 2025/26.
Medical Director confirmed that priority is given to reviews were patient harm has occurred.
Chief Executive asked for assurance on the plan for addressing behaviours identified through complaints and how this is being built into our culture programme. Chief Executive will follow up with Medical Director, Chief Officer and DoNMAHP on dealing with complaints.
Behavioural standards have been built into the Corporate Strategy Quarter 4 deliverables, this work is being led by the Director of People & Culture.
Decision / Conclusion
 The Committee reviewed the report and took assurance on the information provided.

8.8.   Clinical Governance Group Terms of Reference (Presenters: Medical Director)

The Committee discussed the Clinical Governance Group Terms of Reference.
The Committee Chair asked if the Chair of the Area Clinical Forum (ACF) should be included in the Clinical Governance Group Terms of Reference. Medical Director to confirm the Chair of the ACF be included in the extended membership,
Medical Director is leading a piece of work to review the role of Clinical Advisory Groups.
Chief Executive asked the Medical Director to bring the Clinical Governance Group Terms of Reference to the Extended Senior Leadership Team in January 2025.
Decision / Conclusion
 The Committee approved the Clinical Governance Group Terms of Reference following confirmation of the addition of the Chair of the ACF.

9.   PEOPLE

No items discussed

10.   PERFORMANCE

11.   Emergency Department - Peer Review (Presenters: Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services)

The Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services provided an overview of the Emergency Department (ED) Peer Review and delivery of the action plans.
J Stevenson and Chair of the Board asked for the timelines for implementation of the recommendations within the review.
DoNMAHP advised that NHS Orkney will be rolling out the Manchester Triage process, training will be delivered at The Balfour reducing the need for staff to travel to Aberdeen.
Paediatric life support training has been delivered to 24 members of staff across the health and care system.
DoNMAHP confirmed Advanced Nurse Practitioner (ANP's) are employed in the ED and that the report has been shared with staff in the ED.
Chief Executive acknowledged that clarity on all peer reviews is required

Chief Executive confirmed that Committee are not being asked to approve the recruitment of an ED Consultant. As this is a new post it will be subject to a full business case subject to scrutiny through Vacancy Control Panel.

Decision / Conclusion

The Committee reviewed the report and noted the information provided.

12. Integrated Performance Report (Quality and Performance) (Presenters: Medical Director)

The Medical Director presented the Quality and Performance chapters of the Integrated Performance Review for scrutiny and assurance on delivery.

Committee chair asked for assurance on the risk of care beds - Chief Officer of the IJB advised that despite staffing challenges we continue to operate at 97% occupancy. Alternative models (extra care housing, supported living) have been built into the IJB strategic plan.

The Board Chair asked that the Muscular Skeletal (MSK) targets are explored in detail to understand what additional support can be put in place to reduce waits in the MSK pathway. A digital solution is in the process of being deployed this will support reduction in waiting lists.

Decision / Conclusion

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

13. Internal Audit Planning (Verbal update) (Presenters: Chair)

Committee discussed potential areas for internal audit to present to the Audit and Risk Committee Chair.

Board Chair asked Committee to maximise opportunities for learning from internal audits.

Chief Executive advised that the Corporate Leadership Team (CLT) are reviewing internal audit planning Thursday 5 December 2024.

Decision/Conclusion

Committee agreed that winter planning and public protection be presented to the Audit and Risk Committee Chair

14. POTENTIAL

No items discussed.

15. PLACE

No items discussed.

16. Emerging issues and Key National Updates (Presenters: Chair)

Medical Director updated on the national position with Physician Associates - due to the supervision requirements Physician Associates will not be introduced at NHS Orkney at this time.

17. Agree items to be included in Chair's Assurance Report to Board (Presenters: Chair)

18. AOCB (Presenters: Chair)

No AOCB discussed.

19. Items for Information and Noting Only

19 - Members noted the publication of new deliverables for the 2nd phase of the 'Healthcare Associated Infection Strategy 2024-2025'

19.1.   Schedule of Meetings 2024/25 (Presenters: Chair)

Members noted the meeting dates for 2024/25.

19.2.   Schedule of Meetings 2025/26 (Presenters: Chair)

Members noted the JCCGC schedule of meeting for 2025/26

19.3.   Record of Attendance (Presenters: Chair)

Members note the record of attendance.

NHS Orkney Board

Timetable for Submitting Agenda Items and Papers 2025/26

Initial Agenda Planning Meeting[1]	Final Agenda Planning Meeting	Papers in final form[2]	Agenda & Papers	Meeting
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**	**09:30**
< 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 >*
	27 March 2025	15 April 2025	17 April 2025	**24 April 2025**
1 May 2025	29 May 2025	17 June 2025	19 June 2025	**26 June 2025 (Annual Accounts)**
3 July 2025	31 July 2025	19 August 2025	21 August 2025	**28 August 2025**
4 September 2025	2 October 2025	21 October 2025	23 October 2025	**30 October 2025**
6 November 2025	13 November 2025	2 December 2025	4 December 2025	**11 December 2025**
18 December 2025	29 January 2026	17 February 2026	19 February 2026	**26 February 2026**

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[1]   *Draft minute of previous meeting, action log and business programme to be available*

[2]   *Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent*

[3]   *Draft agenda, minute and action log issued to Directors following meeting*

NHS Orkney - Board - Attendance Record - Year 1 April 2024 to 31 March 2025:

Name:	Position:	25 April 2024	27 June 2024	18 July 2024	22 August 2024	24 October 2024	12 December 2024	27 February 2024
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attended	Attended	Attended	Attended	Attended	Attended	
D Campbell	Vice Chair	Attended	Attended	Attended	Attended	Attended	Attended	
D Creasey	Non-Executive Board member	Attended	Attended	Attended	Apologies			
I Grieve	Non-Executive Board Member	Attended	Attended	Attended	Attended	Attended	Apologies	
R Gold	Non-Executive Board Member	Attended	Attended	Attended	Apologies	Attended	Attended	
K Cole	Area Clinical Forum Chair	Attended	Attended	Attended	Attended	Attended	Apologies	
J Kenny	Non-Executive Board member	Attended	Attended	Attended	Attended	Attended	Attended	
R McLaughlin	Employee Director	Attended	Attended	Attended	Attended	Attended	Apologies	
J Taylor	Non-Executive Board member	Attended	Attended	Attended	Attended	Attended	Apologies	
J Stevenson	Non-Executive Board Member	Attended	Attended	Apologies	Attended	Attended	Attended	
	Executive Board Members:							
A Lamont	Medical Director	Attended		Attended	Attended	Attended	Attended	
L Skaife-Knight	Chief Executive	Attended	Attended	Attended	Attended	Attended	Attended	
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attended	Attended	Attended	Attended	Apologies	Attended	
L Wilson	Director of Public Health	Attended	Attended	Attended	Attended	Attended	Attended	
	In Attendance:							
Paul Corlass	Recovery Director	Attended	Attended	Attended	Attended			
Phil Tydeman	Director of Improvement	Attended	Attended	Attended	Attended	Attended	Attended	
S Brown	Chief Officer – IJB	Attended	Attended	Attended	Attended	Apologies	Attended	
J O'Brien	Director of People and Culture	Attended	Attended	Attended	Attended	Attended	Attended	
J Colquhoun	Corporate Governance Lead	Attended	Attended	Attended				

Name:	Position:	25 April 2024	27 June 2024	18 July 2024	22 August 2024	24 October 2024	12 December 2024	27 February 2024
J Daniels	Head of Primary Care					Attended		
Michelle Mackie	Deputy Director of Nursing					Attended		
Debs Crohn	Head of Improvement					Attended	Attended	
Tracy Mayhill	External Consultant					Attended		
Rachel Ratter	Senior Corporate Governance Officer				Attended	Attended	Attended	