

NHS Orkney Board

22 February 2024

Purpose of Meeting

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

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

Our **Corporate Aims** are:

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

Quorum:

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

There will be a hybrid meeting of **Orkney NHS Board** on **Thursday 22nd February 2024** at **10:00am**

Meghan McEwen
Chair

Physiotherapy Service Improvement Programme Presentation

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 14 December 2023	Chair		To check for accuracy and <u>approve</u>
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions
6	Board Chair and Chief Executive Report to Board	Chief Executive/ Chair	OHB2324-104	To <u>reflect</u> on progress and <u>share</u> key messaging
7	Key Issues			
7.1	Integrated Performance Report	Chief Executive	OHB2324-105	To <u>scrutinise</u> the report and <u>consider</u> the implications of current performance levels
7.2	Board Risk and Assurance Report	Medical Director	OHB2324-106	To <u>discuss, evaluate</u> and <u>manage</u> Corporate Risks

Item	Topic	Lead Person	Paper Number	Purpose
7.3	Annual Accounts Learning Exercise	Chair	OHB2324-107	To <u>accept</u> the recommendations and <u>receive</u> an update on improvement plan
8.	Financial Performance			
8.1	Finance Report Month 9	Director of Finance	OHB2324-108	To <u>review</u> the in year financial position
	Finance Report Month 10		OHB2324-109	
8.2	Finance and Performance Committee Chair's assurance report	Finance and Performance Committee Chair	OHB2324-110	To <u>seek assurance</u> from the report
9	Governance			
9.1	Senior Leadership Team Chair's Assurance reports and outcome of 6 month review	Chief Executive	OHB2324-111	To <u>seek assurance</u> from the report and consider the recommendations from the review exercise
9.2	Policy Development Framework	Corporate Governance Lead	OHB2324-112	To <u>approve</u> the Framework
9.3	NHS Orkney Improvement and action plans – key priorities and oversight arrangements	Chief Executive	OHB2324-113	To <u>receive</u> the key priority areas as agreed by the Chairs of the Governance Committees and <u>approve</u> oversight arrangements
9.4	Governance Committee Membership	Chair	OHB2324-114	To <u>approve</u> the reviewed and updated Governance Committee Membership
10	Strategy			
10.1	Children's Services Plan	Chief Officer	OHB2324-115	To <u>approve</u> the plan
10.2	Strategic Priorities Q3 Report	Chief Executive	OHB2324-116	To <u>review</u> and <u>seek assurance</u> on progress

Item	Topic	Lead Person	Paper Number	Purpose
10.3	Anchor Strategy – 6 monthly performance update	Director of Public Health	OHB2324-117	To <u>seek assurance</u> on progress against the agreed strategy
11	Clinical Quality and Safety			
11.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2324-118	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
11.2	Quarter 3 2023/24 – Public Health Workplan	Director of Public Health	OHB2324-119	To <u>receive an update</u> on key public health activity in Quarter 3 2023/24 and <u>seek assurance</u> on progress
11.3	Joint Clinical and Care Governance Committee Chair's assurance report	Joint Clinical and Care Governance Committee Chair	OHB2324-120	To <u>seek assurance</u> from the report
12	Person Centred			
12.1	Themes from Team Orkney feedback	Chief Executive and Chair	OHB2324-121	To <u>receive an update</u> from Board Walkarounds
13	Workforce			
13.1	iMatter – National Health and Social Care Experience Report 2023 and proposed next steps	Interim Director of People and Culture	OHB2324-122	To <u>update</u> the Board on the national benchmarking and to discuss next steps
14	Any other competent business	Chair	Verbal	
15	Minutes			
	<ul style="list-style-type: none"> • Senior Leadership Team • Joint Clinical and Care Governance 	Chair		To <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	• Area Clinical Forum			
16	Items for Information			
16.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
16.2	Record of Attendance*			To <u>note</u> attendance record

Open Forum – Public and Press Questions and Answers session

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 14 December 2023** at **10:00am**

Present

Meghan McEwen, Chair
 Davie Campbell, Vice Chair
 Laura Skaife-Knight, Chief Executive
 Des Creasey, Non-Executive Board Member
 Mark Doyle, Director of Finance
 Rona Gold, Non-Executive Board Member
 Issy Grieve, Non-Executive Board Member
 Joanna Kenny, Non-Executive Board Member
 Steven Johnston, Non-Executive Board Member
 Jason Taylor, Non-Executive Board Member
 Sam Thomas, Director of Nursing, Midwifery, AHP and Acute
 Louise Wilson, Director of Public Health

In Attendance

Steven Brown, Chief Officer, Integration Joint Board
 Julie Colquhoun, Corporate Services Lead
 Malcolm Metcalfe, Interim Medical Director
 Rachel Ratter, Senior Corporate Services Officer (minute taker)
 Carrie Somerville, Planning, Performance and Risk Manager
 Monique Sterrenburg, Deputy Interim Medical Director

	<p>Patient Story – MND</p> <p>Andrew and Irene Drever joined the meeting to share their patient story and experience following Irene's diagnosis of Motor Neurone Disease (MND).</p> <p>Mrs Drever's symptoms began during the pandemic and further to examination was referred to NHS Grampian. Following a consultation with Dr Duncan, the diagnosis of MND was confirmed.</p> <p>Soon after the diagnosis NHS professionals and Moira Flett, Multiple Sclerosis (MS) Advisor, set up support for Irene covering all aspects of current and future needs. Mr and Mrs Drever expressed their gratitude and thanks for the support provided by Moira and the wider team.</p> <p>An allocation of 5 hours per week was incorporated into Moira's contract to carry out work in relation to MND in addition to her role as MS Advisor. Moira, a single-handed practitioner, highlighted the importance of a team with co-ordinated care to provide continuity and noted the strong working relationships with Neurologists and Consultants in Aberdeen and there was a comprehensive process in place to ensure a person and family-centred approach to the delivery of care.</p> <p>Board members thanked Mr and Mrs Drever for sharing their experience and to Moira and the team.</p>
B124	<p>Welcome and Apologies</p> <p>Apologies were received from R McLaughlin.</p>

B125	Declarations of interests No declarations of interest on agenda items or in general were made.
B126	Minutes of previous meetings held on 26 October 2023 The minute of the meeting held on 26 October 2023 was accepted as an accurate record of the meeting and was approved.
B127	Matters Arising <u>No matters arising we raised.</u>
B128	Board Action Log The action log was reviewed, and corrective action agreed on outstanding issues (see action log for details).
B129	Board Chair and Chief Executive Report to Board – OHB2324-80 The Chief Executive presented the report, providing an update to the Board on key external/internal events and activities from September to October 2023. On 27 November 2023, NHS Orkney were notified by the Scottish Government that they had been moved to the first stage of formal national escalation due to the deteriorating financial position. The organisation would fully embrace the process and welcome the additional national support NHS Orkney would receive. The Board Chair highlighted the work involved in the 2023 Annual Review process which included a patient engagement session, providing powerful feedback. Decision / Conclusion The Board thanked the Chief Executive and Chair for the report.
B130	Making continuous improvements and preparing for 2024/25 – OHB2324-81 The Chief Executive presented the report which provided a summary of key priorities for quarters three and four of 2023/24 to ensure the right, and strengthened foundations were in place to guide NHS Orkney's future and appropriately respond to local, regional and national priorities. The latest version of the Blueprint for Good Governance (November 2022) had been reviewed to ensure the governance system was fit for purpose and to further strengthen. S Johnston thanked the Chief Executive for the report and the benefits of it being framed around the Blueprint for Good Governance and the requirement to include clinical opinions. I Grieve raised concern around the work yet to be implemented and queried how it would be tracked. The Chief Executive assured members that progress would be tracked via several forums, including Executive Team meetings and visibility at Senior Leadership Team and Board.

	<p>Decision / Conclusion</p> <p>Members reviewed and discussed the proposed improvements for 2024/25 and welcomed the format of the report.</p>
B131	<p>Integrated Performance Report – OHB2324-82</p> <p>The Chief Executive presented the refreshed Integrated Performance Report which had been created to provide timely updates in relation to Workforce, Safety, Quality and Experience, Finance, Operational Standards and Waiting Times (acute and community).</p> <p>NHS Orkney were the best performing Board in Scotland for the emergency access standard for the October period, had achieved the waiting time guarantee for Child and Adolescent Mental Health Services in September and October 2023 and the psychological therapies waiting time guarantee had been consistently met.</p> <p>Areas of improvement and focus included appraisal rates, overdue clinical incidents, financial performance, numbers of delayed transfers of care and waiting times for planned care and outpatients.</p> <p>The Board Chair welcomed the data included within the report and requested strengthened mitigating actions against challenges in future versions of this report.</p> <p>Members discussed the benefits around the on-island MRI scanner and the future potential provisions of the service.</p> <p>The Finance and Performance Committee would monitor waiting times and meetings had increased to every month.</p> <p>Members discussed the requirement for a low-cost electronic system to issue appointment reminders following numbers of high missed appointment rates and the cost implication. The Chief Executive informed members that the Head of Improvement would lead on this matter, with input from the Associate Director of AHPs and was already in hand as part of the improvement work.</p> <p>S Johnston raised concern around excess hours and cost had substantially increased during 2023. The Director of Nursing, Midwifery, AHPs and Acute informed members that discussions had been held at the weekly incident review group around DATIX backlogs. A report would be presented to SLT and Board.</p> <p>Following a discussion around overtime, the Director of Finance agreed to provide an update at the next Board meeting.</p> <p>In response to concern raised around accommodation challenges highlighted within the report, the Chief Officer assured members that the accommodation group had been re-established and actions were in place to address the challenges. Outcomes would report to SLT and the Board as needed.</p> <p>The Director of Nursing, Midwifery, AHPs and Acute would provide a post meeting note around delayed transfers of care following a conversation on the potential scope for shared room models across the hospital where individuals were medically fit.</p>

	<p><i>Post meeting note:</i></p> <p><i>Despite the leniency in infection control guidelines during the COVID pandemic, Orkney did not have to compromise on these standards, largely due to the predominantly single-room structure of its acute estate. However, following SHPN 04-01 standards, the minimum space required for patient safety and infection prevention made it impractical to house two patients in a room measuring 4.5 meters in width. Issues like droplet transmission, which had a range of 1-2 meters, and risks associated with proximity to clinical hand wash basins and en-suite doors opening onto beds, further complicate this arrangement. The Balfour patient rooms, with their natural ventilation, also present challenges in maintaining safe air quality when housing multiple patients. These factors, along with the risk of nosocomial infection transmission, health and safety requirements, and patient dignity, are the reasons why patients are not housed together in single rooms at the Balfour site. This decision aligns with the standards set for patient placement, isolation, and cohorting, ensuring patient safety and care quality.</i></p> <p>J Taylor thanked the Chief Executive for the report and queried the level of contact with the third sector in relation to podiatry services and waiting lists. The Chief Officer assured members that there was a great deal of ongoing work taking place.</p> <p>The Board Chair raised concern around Speech and Language Therapy waiting times in particular children awaiting appointments and queried whether an improvement plan could be articulated to address the wait to access the service. The Chief Officer agreed and informed the Board that the IJB had recruited to a post which would improve focus. Glenn Carter from the Royal College of Speech and Language Therapists had recently visited Orkney and his reflections across the country identified a disconnect between the demand and services.</p> <p>Decision / Conclusion</p> <p>Board members discussed and examined and considered the implications of current performance levels.</p>
B132	<p>Board Risk and Assurance Report – OHB2324-83</p> <p>The Chief Executive presented the report providing an update on the full review which had been undertaken for all Tier 1 and Tier 2 risks and to share with the Board an overview of the proposed changes to the Corporate Risk Register.</p> <p>A complete refresh and cleanse of the Corporate Risk Register had been undertaken led by the Chief Executive and Planning, Performance and Risk Manager. Discussions were held with Executive Director Leads through the Corporate Leadership Team and meetings were held with each of the Executive Directors to review the risks held in Tier 1 and Tier 2 risks. The outcomes of these discussions had been captured within the Proposed Corporate Risk Register.</p> <p>The proposed risk register had 16 Corporate risks, 5 new risks had been added to Tier 1 and 11 risks were reviewed and made inactive. The refreshed Corporate Risk Register had 3 very high and 8 high risks, the highest risk related to Corporate Finance. All very high and high risks would be reviewed within 3-months.</p> <p>Members discussed the appetite for risk management and agreed this would feature at the March 2024 Board development session. Meanwhile, the Audit and Risk</p>

	<p>Committee would continue to receive the Risk Forum Chair's report and minutes.</p> <p>The substantive Medical Director, Dr Anna Lamont emphasised that there were many layers involved in risk scoring and re-assured members that risk was an area that she would provide great focus and carried a wealth of expertise.</p> <p>The Board Chair raised concern around the absence of a digital record system which provided a risk in relation to colleagues' professional registration. She also queried the risk that related to ambiguity regarding care pathways for children. The Director of Nursing, Midwifery, AHPs and Acute would provide a post meeting note.</p> <p><i>Post meeting note: Currently all unscheduled attendances by paediatrics are managed in the Emergency Department under the care of the Physician or the Surgeon. All cases are discussed with Consultant Paediatricians in Aberdeen Childrens Hospital as per guidance and usually the child is then transferred to Aberdeen for on going care. Occasionally the child remains at the Balfour overnight following surgical intervention or for observation prior to discharge.</i></p> <p><i>All medical staff are made aware of these pathways on induction and the clinicians at SCOTSTAR (paediatric retrieval service) are available for advice 24/7. There have been 2 cases of children attending the Emergency Department where there have been identified issues in care provided and in light of this and the current absence of Consultant leadership specifically from an Emergency Medicine aspect I have requested an Emergency Department Consultant to come and support a review of all clinical pathways in the ED and the current medical model provided. It is hoped this review will take place within the next 2 months. This review is secondary to the SLA review which covers community paediatric services and out patient activity.</i></p> <p>Decision / Conclusion</p> <p>The Board discussed and considered the proposed changes to the Corporate Risk Register and thanked the Chief Executive and all involved for the significant work involved in the report.</p>
B133	<p>Formal Escalation for Finance – OHB2324-84</p> <p>The Chief Executive presented the report advising on Monday 27 November 2023, NHS Orkney were notified by the Scottish Government that the organisation was being moved to the first stage of formal national escalation due to the deteriorating financial position.</p> <p>The report included an update around the reasons for escalation, the organisation's response to the Scottish Government and to summarise the next steps, including the development of a tailored support package for NHS Orkney.</p> <p>Decision / Conclusion</p> <p>The Board received the correspondence with the Scottish Government and noted the next steps.</p>

	<u>Governance</u>
B134	<p>Senior Leadership Team – Chair’s reports – OHB2324-85</p> <p>The Chief Executive presented the report highlighting the following items had been discussed at their meeting on the 4 and 17 and 21 November 2023 and the 4 December 2023:</p> <ul style="list-style-type: none"> • There would be a review of SLT in January 2024 • There had been a number of really engaging sessions and a great start to extended SLT • The first Board and extended SLT meeting had taken place on the 8 December 2023 • Items for escalation included annual appraisals, financial escalation due to deteriorating performance, limited assurance regarding patient safety, quality and experience reporting in the absence of a rounded report, Digital Maturity Assessment results, the absence of senior and clinical leadership buy-in in relation to financial improvement, Staff Experience and iMatter benchmarking with other Boards showing NHS Orkney as the worst territorial Board in 7 key areas. <p>S Johnston queried NHS Orkney’s involvement in planning for the 2025 Island Games. The Chief Executive informed members that the Director of Public Health was the Executive and Board-level Lead and there was wider operational input from the Director of Nursing Midwifery, AHPs and Acute. Nick Crohn, Radiology and Audiology Manager would be involved, and discussions were taking place around a Medical Lead position. The Games Director had recently attended SLT and would return on a quarterly basis.</p> <p>Decision / Conclusion</p> <p>The Board welcomed the format of the reports and noted the update provided.</p>
B135	<p>Operational Governance Review – OHB2324-86</p> <p>The Chief Executive presented the report seeking Board approval of the refreshed Governance Committee reporting structure for implementation and dissemination.</p> <p>The Corporate Governance Lead would carry out a full review of those groups and Committees that report into the governance committees, to review Terms of Reference, workplans in line with the principles of good governance, ensuring an integrated governance system with assurance flows up and down through the structure. The outputs of this work would return to the February 2024 Board.</p> <p>Decision / Conclusion</p> <p>The Board approved the refreshed Governance Structure and future proposals.</p> <p>Following a discussion around policies it was agreed that the policy section would be removed and updated.</p>

B136	<p>NHS Orkney Improvement and action plans – key priorities and oversight arrangements -OHB2324 – 87</p> <p>Paper not received.</p>
B137	<p>Schedule of meeting dates 2024/25 – OHB2324-88</p> <p>The Board Chair presented the report seeking Board approval of the schedule of meeting dates from 1 April 2024 to 31 March 2025.</p> <p>Members were advised that the schedule followed the same format and frequency as previous years with an increased frequency to the Finance and Performance Committee and the Joint Clinical Care Governance meeting. Final papers were due 9 days prior to scheduled meetings and no late papers would be accepted.</p> <p>The Remuneration Committee meetings were to be held quarterly.</p> <p>Decision / Conclusion</p> <p>The Board approved the schedule of meeting dates for 2024/25 with the update of the Finance and Performance Committee and Remuneration Committee.</p>
B138	<p>Board and Committee appointments – OHB2324-89</p> <p>The Corporate Governance Lead presented the report advising that following the appointment of Cllr Jean Stevenson, to the role of nominated Local Authority Councillor for Orkney Islands Council, as a Non-Executive Board Member from the 1 December 2023. A further review of committee membership had been undertaken to allow all Non-Executives time to carry out their duties within their current time commitment.</p> <p>Rona Gold stepped up from Vice-Chair to Chair of the Joint Clinical Care Governance Committee.</p> <p>Decision / Conclusion</p> <p>The Board noted the appointment of Cllr Jean Stevenson to the role of nominated Local Authority Councillor for Orkney Islands Council, as a Non-Executive Board Member from the 1 December 2023 for a four-year period and approved the reviewed and updated Governance Committee Membership as detailed.</p>
	<u>Strategy</u>
B139	<p>Corporate Strategy engagement plan – OHB2324-90</p> <p>The Chief Executive presented the report providing an update on the plan and timescale for engagement and producing the organisation's new long-term Corporate Strategy.</p> <p>The new Corporate Strategy would guide all governance processes, systems, and assurance and determine priorities.</p> <p>The plan would complement the Clinical Strategy and reinforce commitment to high-quality services that meet the needs of the community and promote the organisation as a kind, inclusive and supportive place to work.</p>

	<p>Decision / Conclusion</p> <p>The Board noted the development and timescales.</p>
B140	<p>Chief Executive's 100-day report – progress update - OHB2324-91</p> <p>The Chief Executive presented the report summarising the continued progress against each of the three key recommendations identified following the final 100-Day report which was published in August 2023.</p> <p>Good progress had been made and there remained a strong focus on the core recommendations in the report which was to reconnect in a meaningful way with patients, the local community, and staff and this would remain a priority for the Board.</p> <p>Decision / Conclusion</p> <p>The Board noted the update and continued progress being made. Updates and progress would be reported through the annual planning cycle and reporting and organisational culture programme.</p>
	<p><u>Clinical Quality and Safety</u></p>
B141	<p>Healthcare Associated Infection Reporting Template – OHB2324-92</p> <p>The Director of Nursing, Midwifery, AHPs and Acute presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives and highlighted the following:</p> <ul style="list-style-type: none"> • Escherichia Coli bacteraemia (ECB) cases had increased with the majority being hepatobiliary in nature, no commonalities could be identified within these and all were currently community cases. • The current hand hygiene score was 90%. A cautionary approach was required when viewing the results groups where small numbers of observations were made • Outstanding levels cleanliness within care settings remained • The Uniform Policy would be re-launched • There had been two Covid breakouts within inpatients which had been handled well • Training had been delivered within residential care homes following a training needs analysis • Training was delivered to teams on Standard Infection Prevention & Control Precautions peer level audits • Training on CDI had been given to the clinicians from the Infection prevention & Control Doctor, as some areas for improvement around appropriate testing and treatment had been identified <p>Decision / Conclusion</p> <p>The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection.</p>

B142	<p>Data Quality Review outcomes and improvement plan – OHB2324-93</p> <p>The Chief Executive presented the report seeking Board approval of the Improvement Plan and to accept the recommendations identified within the Public Health Scotland (PHS) Report. The Chief Executive thanked PHS for their support and staff for embracing the learning opportunity.</p> <p>In July 2023, NHS Orkney commissioned Public Health Scotland to investigate concerns around data quality, and specifically, to undertake an independent review of their National Waiting Times data collection, adherence to national guidance and subsequent local and national reporting.</p> <p>Terms of Reference were agreed for the external review and the final report was completed on 31 October 2023 with a clear set of recommendations.</p> <p>The final PHS report was presented to the Senior Leadership Team (SLT) for discussion on 21 November 2023. The draft Improvement Plan was presented for discussion and approval at SLT on 4 December 2023, ahead of going to Audit and Risk Committee on 5 December 2023 for approval. The Audit and Risk Committee had recommended to the Board that it accepted the recommendations and approved the plan. Subject to Board approval, it was proposed that NHS Orkney published the report, its response, and the Improvement Plan in full in the spirit of openness and transparency on 14 December 2023.</p> <p>E Strange, PHS attended the meeting to summarise the review undertaken by PHS and presented the recommendations.</p> <p>R Gold queried the recommendation around the prospect of allocating additional resource to support the Waiting Times Co-ordinator and whether the Board were accepting a new post or alternative arrangements. The Chief Executive informed members requests for new posts and additional resource would be considered through the annual planning process.</p> <p>Decision / Conclusion</p> <p>The Board accepted the recommendations in the PHS report and approved the Improvement Plan.</p>
B143	<p>Joint Clinical and Care Governance Committee Chair's Assurance report – OHB2324-94</p> <p>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 27 November 2023:</p> <ul style="list-style-type: none"> • Concern was raised around the Child Health Surveillance report and the gaps in assurance provided to the JCCGC. A discussion would be held at the next development session to consider moving forward • The issue of the Mental Health transfer bed had been reported previously along with the adverse impact that the use of the facility has on routine clinics. The establishment of a nurse-led psychiatric liaison service was agreed in principle by the IJB but progress with this had been challenging and limited. • Delayed transfers of care and impact on unpaid carers.

	<ul style="list-style-type: none"> • A focused piece of work had been carried out to address the backlog of patients awaiting Colonoscopy. A weekly meeting was in place to monitor progress and keep the work on track. • JCCGC noted the positive progress in bringing clinical policies up to date and highlighted the importance of staff being informed and effective dissemination of the key updates. • The reformation of the Area Drugs & Therapeutics Committee had been successful with a fulsome report being presented to JCCGC • Work to improve the governance around Blood Transfusion had progressed well with support from a Transfusion Practitioner from the national team. Work to adopt a national transfusion record in Orkney was underway. A written report outlining new arrangements would be presented to JCCGC in due course. • JCCGC agreed that a piece of work would take place to review the work of the Quality Forum (QF) and review all matters escalated from QF to JCCGC since April 2023 to ensure these matters had been picked up in the absence of a Chair's Assurance Report • Discussion had been held around the outstanding DATIX reports and targeted work to bring the number down, particularly those which had been open for more than one year. <p>Decision / Conclusion</p> <p>The Board noted the update provided.</p>
B144	<p>Area Clinical Forum Chair's report – OHB2324-95</p> <p>The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on the 1 December 2023:</p> <ul style="list-style-type: none"> • The withdrawal of administrative support for the Advisory Committees had a noticeable adverse effect on work with meetings cancelled, papers not received and additional strain on clinicians who are office bearers. In addition, the situation had made the position of ACF Chair less appealing. • It was highlighted that the Financial Sustainability Office would require clinical engagement and the ACF have expressed a willingness to provide some of that clinical advice, as a structure already in place within NHSO. • It was highlighted that private online clinics for a range of conditions were increasing in popularity. These had implications for prescribing and monitoring of drugs, particularly for GPs. ACF recommended that the issue was raised at the Area Drug and Therapeutics Committee NHSO would need to adopt a supportive, clear stance on the matter • Following a change in process the ACF had been alerted that Women receiving post miscarriage or post-termination of pregnancy care who require Ultrasound were being invited to the Maternity Unit for this, rather than the Radiology Department. This could lead to distress for these patients and the matter had been raised with the Lead Midwife, seeking a change in process. • Clinical Accommodation remained a concern

	<p>Decision / Conclusion</p> <p>The Board noted the update provided.</p>
	<p><u>Person Centred</u></p>
B145	<p>Patient Experience Report – OHB2324-96</p> <p>The Interim Medical Director presented the report providing information for October 2023.</p> <p>Delivery and oversight of NHSO clinical governance system and process had been a challenge due to capacity constraints formed by vacancies within the team. An evaluation of the clinical governance establishment was an essential component of the ongoing clinical governance framework review.</p> <p>The number of incidents Under Review/or Overdue had reduced from 661 in August 2023 to 560 by October 2023. Most incidents fell under slips trips and falls and other allied ward issues.</p> <p>The Board Chair believed the report to be more technical rather than experience based and requested focus on patient experience.</p> <p>Decision / Conclusion</p> <p>The Board sought assurance from the report.</p>
	<p><u>Workforce</u></p>
B146	<p>iMatter – National Health and Social Care Experience Report 2023 2023 – OHB2324-97</p> <p>The report was not presented due to time constraints of the meeting.</p>
B147	<p>Staff Governance Committee Chair’s assurance report - OHB2324-98</p> <p>The Chair of the Staff Governance Committee presented the report from the meeting held on the 22 November 2023. The report highlighted the following:</p> <ul style="list-style-type: none"> • Low appraisal rates remained a concern • There had been great improvements to statutory and mandatory training figures <p>Decision / Conclusion</p> <p>The Board took assurance from the report.</p>
	<p><u>Organisational Performance</u></p>
B148	<p>Financial Performance Report – OHB2324-99</p> <p>The Director of Finance presented the report which provided an analysis of the financial position for the period up to 31 October 2023. Information was provided relating to resource limits, actual expenditure, and variance against plan.</p>

	<p>The revenue position for the seven months reflected an overspend of £3.833m and there was an anticipated outturn of £6.245m overspend as highlighted in the financial recovery plan and caveated by several assumptions as detailed in the report.</p> <p>The Director of Finance highlighted that NHS Orkney had entered financial escalation due to deteriorating performance since the report was written.</p> <p>It was anticipated that the Board would deliver against its Capital Resource Limit. The assessment of the year-end position would continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position.</p> <p>D Campbell requested the possibility of the Finance and Performance Committee to scrutinise the report and whether there would be the opportunity to provide and integrated position.</p> <p>Decision / Conclusion</p> <p>The Board noted the content of the month seven Financial Performance Report, and the expected achievement of the three targets against Revenue Resource Limit, Capital Resource Limit and Cash at yearend.</p>
B149	<p>Financial Recovery Plan Update Report - OHB2324-100</p> <p>The Director of Finance presented the report providing and update on the delivery of the Financial Recovery Plan for 2023/24.</p> <p>NHS Orkney's five-year financial recovery plan highlighted a significant funding gap for 2023/24 of £6.8m. In 2023/24, the Financial Sustainability Office (FSO) continued to build on the foundation and structure implemented in 2022/23 to support colleagues across the organisation to deliver against the ongoing financial recovery plan.</p> <p>NHS Orkney had continued to implement several additional strengthened actions to tackle the financial challenges faced across the board. The Board requested additional support from the Financial Delivery Unit and continued to engage to highlight areas for improvement and drive forward efficiencies.</p> <p>On 10 November 2023, the Chief Executive and Director of Finance met with the Director of Health Finance and Governance, Scottish Government to discuss the 2023/24 financial position and financial plans for 2024/25.</p> <p>The current spend patterns had a significant impact on the forecast financial position for 2023/24 with the Board at month 7 forecasting an overspend of £6.245m at year end.</p> <p>There had been significant work carried out by the Financial Sustainability Office during 2023/24 towards the delivery of the financial recovery plan. In March 2023, the Board approved the delivery of savings schemes and to date several actions had been taken towards the delivery of the £3.7m savings target. In addition, to stabilise the position in 2023/24, the Executive Directors agreed to balance the operational budgets within their respective areas.</p> <p>Decision / Conclusion</p> <p>The Board took assurance in the mitigations and improvements in place.</p>

B150	Finance and Performance Committee Chair's assurance report – OHB2324-101 The report was not presented due to time constraints of the meeting.
	<u>Risk and Assurance</u>
B151	Annual Accounts learning exercise – OHB2324-102 The report was not presented due to time constraints of the meeting.
B152	Chair's Assurance Report Audit and Risk Committee – OHB2324-103 The report was not presented due to time constraints of the meeting.
B153	Any other competent business
B154	Minutes The Board adopted the approved minutes from the following committees: <ul style="list-style-type: none"> • Senior Leadership Team • Joint Clinical and Care Governance • Area Clinical Forum • Staff Governance • Finance and Performance • Audit and Risk
	<u>Items for noting</u>
B155	Key Documentation issued Members noted the key legislation issued.
B156	Board Reporting timetables 2023/24 Members noted the dates of future meetings.
B157	Record of attendance Members noted the record of attendance.

NHS Orkney Board Action Log Updated 1 November 2023

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

No	Action	Source	Target date	Owner	Status / update
03-2023/24	<u>Planning with People</u> Next steps to be articulated to Board	Board meeting 22 June 2023	October 2023	Chief Executive	Complete
04-2023/24	<u>Audit recommendations</u> Full report to be provided to the Board from the Audit and Risk Committee	Board meeting 22 June 2023	October 2023	Director of Finance/Audit and Risk Committee Chair	Complete
05-2023/24	<u>Clinical Strategy</u> Six monthly reporting	Board meeting 22 June 2023	October 2023	Medical Director	Complete
	<u>Mental Welfare Commission Report action plan</u> Outcome focus and improvement report	Board meeting 26 October 2023	April 2024	Chief Officer	
OHB2324-82	<u>Integrated Performance Report – Datix Backlog</u> The Director of Nursing, Midwifery, AHPs and Acute informed members that discussion had been held at the weekly incident review group around	Board meeting 14 December 2023	February 2024	Medical Director	

No	Action	Source	Target date	Owner	Status / update
	DATIX backlogs. A report would be presented Board.				
OHB2324-82	Following a discussion around overtime, update at the next Board meeting.	Board Meeting 14 December 2023	February 2024	Director of Finance	
OHB2324-86	Policy Framework	Board meeting 14 December 2023	February 2024	Corporate Governance Lead	
OHB2324-86	Carry out a full review of those groups and Committees that report into the governance committees, TOR and workplans.	Board Meeting 14 December 2023	April 2024	Corporate Governance Lead	
OHB2324-89	Governance Committee Membership	Board Meeting 14 December 2023	February 2024	Chair	

*Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 22 February 2024
Title:	Board Chair and Chief Executive Report to Board
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-Knight
Report Author:	Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

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

- Operational performance summary
- Vaccination rates
- Financial position
- Team Orkney Awards
- CEO and Chair diaries – including meetings with external stakeholders and partners – and visits and speakers
- Recruitment updates
- Asking our patients, community and staff what matters most as we develop our new Corporate Strategy

2.2 Background

2.2.1 Operational performance summary

Our four-hour emergency access standard performance improved in January 2024 at 94.19% against the national 95% standard (compared to 92% for NHS Orkney in December 2023). NHS Orkney is consistently a top three performing Health Board in Scotland for this national standard, which is an important indicator of quality and experience.

Our performance against the 18-week Referral to Treatment standard has improved in this period to 88.6% (against the 90% national standard) compared to 75.3% in December 2023. There are specialties where improvements are needed, these including Cardiology (72.7%), Rheumatology (83.3%) and Oral Surgery (75%)

A total of 321 patients were waiting for diagnostic tests/scans at the end of January 2024 (compared to 323 patients in December 2023). 79 patients have been waiting over six weeks, compared to 94 patients in December 2023. Patients waiting for MRI scans has increased from 3 in December 2023 to 37 in January 2024 due to the visiting MRI mobile scanner not being on-island in this period.

Our performance remains consistently strong against the national 31-day cancer standard, remaining at 100% (versus the 95% standard). At the end of December 2023 compliance against the 62-day standard was at 100% (which is three patients for context) (95% standard), despite this positive performance, this remains an area where improvement is needed for NHS Orkney with a plan in place to do so which was recently submitted to the Scottish Government (January 2024).

We continue to focus on addressing our waiting lists and backlogs, including the areas where we have waits which are longer than we would wish for our patients. For context, at NHS Orkney, at the end of January 2024 we had 1,506 outpatients in total on our waiting lists for appointments (1,364 at the end of December 2023). 833 patients have been waiting over 12-weeks for an appointment, an increase compared to the 788 waiting over 12-weeks at the end of December 2023. Our performance against the 12-week standard is disappointingly at 44.69%, and this compared to the 44.61% performance at the end of December 2023.

We have seen a slight but continued improvement in our performance against the Treatment Time Guarantee for inpatients (that patients will not wait longer than 12-weeks), with 157 waiting more than 12 weeks out of 322 total patients waiting. The end of December 2023 showed a similar picture with 141 breaching 12-weeks out of 319 on the waiting list.

Later on the agenda we will discuss the areas in which we are off track for our performance spanning: people and workforce, finance, operational performance (acute and community) and quality, safety and patient experience – via our Integrated Performance Report.

2.2.2 Vaccination update

NHS Orkney continues to perform above the Scottish average uptake for both COVID-19 and flu vaccination in almost all cohort groups; with a 66.7% uptake for COVID-19 vaccination

(compared to 57% in Scotland) and 65.2% for flu vaccinations (compared to a 53.8% in Scotland). These figures are accurate and are up to 28 January 2024.

NHS Orkney is currently the highest performing Board in terms of overall percentage adult flu vaccinations and the second highest performing Board for COVID-19 vaccinations.

2.2.3 Finance update

There are already signs that we are making some progress, with our December 2023 results an improvement on the previous months (forecast year-end overspend of £5.9m versus £6.2m in October 2023). We continue to develop our plans for the year ahead and set out the decisions that are necessary and what is needed in order to create NHS Orkney's path to financial balance which is the ask of the Scottish Government in addition to developing credible plans to deliver a minimum of 3% recurrent savings and an opening outturn position which is improved from 2023/24. We are due to submit our three-year financial plan to the Scottish Government by mid-March 2024 and lots of work is underway to map out what actions, change and improvements are needed starting in 2024/25 in order to set NHS Orkney off on the right path and to do what is necessary to create a sustainable future.

Central to this work will be honest and open conversations about the choices we will need to make – including the more difficult decisions. For some context, if we look to the year ahead, the size of our savings challenge is going to be in the region of (a 6% efficiency requirement) – and this equates to £10,958 savings a day or £329,000 a month from April. As we map out the efficiencies, changes to how we work and the improvements that are necessary - recognising we must use this as a lever for positive and much-needed changes to how we work also, including the digitisation of our services - we have put in place the necessary quality impact checks which our most senior clinical members of our Board are overseeing so that we can ensure any decision we make does not adversely impact on patient safety, quality of care or staff wellbeing and this process is central to our decision-making on a daily basis.

In January 2024, we requested a meeting with the Scottish Government to present the findings of a Rapid Review exercise, which was completed in December 2023, and which gave us an independent assessment of the actions that are necessary to improve our financial position. This meeting was attended by our CEO, Chair, Executive Team and some of our Non-Executives, as well as Scottish Government colleagues.

This was followed in February 2024, when we held an extended Senior Leadership Team meeting for 60 leaders across the organisation to discuss the cause of our deficit, our opening position, our 2024/25 Cost Improvement Programme and the decisions that are needed to ensure we achieve our financial targets moving forward.

2.2.4 Team Orkney Awards

At the beginning of February 2024, we announced and congratulated the colleagues and teams who have been nominated for our 2024 Team Orkney Awards. We received 106 nominations this year.

Each nomination tells a unique story of our dedicated teams and staff, and it makes us enormously proud to hear of the many ways that colleagues have gone that extra mile to deliver

exceptional care to our patients, keep our services running, and work hard to improve our services.

We are delighted to be working in partnership with The Orcadian for our staff awards – which have been reintroduced this year in direct response to staff feedback.

The categories for our 2024 awards are follows:

- Clinical Team of the Year
- Non-Clinical Team of the Year
- Outstanding Care Award, Leader of the Year
- Learner of the Year
- Special Recognition
- Innovation Award
- Values Award
- People's Choice Award (this category was open to votes from our public and local community)

[Click here](#) to see our full list of our 2024 nominees by category, which is available on our website.

The next stage of the process will be the shortlisting – with the shortlist to be announced at the end of February. Our shortlisting panels are made up of staff from across NHS Orkney, patients and external partners. The winners will be announced at a special event which will take place on Friday 22 March 2024.

Our awards are possible thanks to the support from our sponsors and the Orkney Health Board Endowment Funds - a registered Scottish charity.

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

Chairs Diary

I attended the meeting with Board Chairs and the Cabinet Secretary where there was a discussion and exploration of financial challenges facing the system.

I have spent a great deal of time on our Corporate Strategy and listening sessions, which have been rewarding and insightful. I have been pleased to hear how much NHS Orkney matters to our community, and how important it is to remember that it is a privilege to serve our community. I attended a Dementia Steering Group meeting, which is always a pleasure. I have also been asked to join the Robert Gordon University Advisory Board which had its first meeting in January.

Our Team Awards have been an incredible success, with a phenomenal amount of nominations! We have heard from staff how important rewarding and recognising their incredible contribution is, and it is a joy to take the first step in making a difference.

There are some further sessions in the community with stakeholders to hear about what matters to them and inform our Corporate Strategy, which I will attend in person.

I have had a number of one to one meetings with Non-Executive colleagues, and also the wider network of Committee Chairs within the organisation to ensure we are aligned and supportive of all the good governance taking place.

I was also very pleased to attend a joint session with Orkney Islands Council where we heard information from Public Health Scotland around some key demographic information that is so important to Orkney, and also that in many areas we are the envy of Scotland, and they were keen to hear how we had done. This is around things like cardiovascular disease and healthy life expectancy, these are successes we should celebrate more.

CEO's Diary

I have in recent months spent much time listening to the experience of our colleagues. Areas and departments I have visited include: Pharmacy, our Laboratory and IT Teams. I have also enjoyed meetings with our Clinical Nurse Managers and Medical Education Team.

I have met with a number of patients and their families to hear their stories and experiences of receiving care and using our services. Whilst there are many positives to celebrate, recognise and share with our colleagues, there are many experiences that present opportunities for learning and positive change.

I continue to join our Corporate Induction on a monthly basis to meet all of our new starters and to extend a warm welcome to colleagues. Through these sessions, I cover a number of areas including our values, what is important to me as CEO, which includes working as a team (Team Orkney) and remaining connected to our purpose as an organisation (delivering high quality care and services to our local community) and the routes and channels for speaking up and whistleblowing, and how we communicate with and listen to staff.

We were delighted to welcome the Chair, CEO and Chief Officer of the national Public Health Scotland Team to Orkney in January 2024 for a joint NHS Orkney Board and Orkney Islands Council session about prevention and improving population health management for our community here in Orkney. We look forward to working together with our local authority and third sector partners so we can remain focused on improving health, health outcomes and services for our community.

2.2.6 Recruitment update

Dr Anna Lamont joined us as our new substantive Medical Director on 22 January 2024, bringing much experience and expertise to NHS Orkney and our Board.

Thank you to Dr Malcolm Metcalfe, Deputy Medical Director and Consultant Cardiologist at NHS Grampian, for stepping in as our Interim Medical Director in the recent period.

We look forward to Jarrad O'Brien joining NHS Orkney as our new substantive Director of People and Culture on 3 March 2024.

Thank you to Linda McGovern who has been our Interim Director of People and Culture since Autumn 2023 for her hard work and support and for the contributions she has made.

Very many congratulations also to Kat Jenkin who was appointed to the role of Head of Patient Safety, Quality and Risk and who started in her new role on 5 February 2024, reporting to our Medical Director. This new role brings quality, safety and risk together and will ensure Clinical Governance has a renewed focus and that further improving patient experience and safety remains firmly at the top of our agenda.

In response to our financial escalation status we have appointed Paula Tinniswood as our Recovery Director to support our improvements in this area, and Debs Crohn has returned from her secondment with Scottish Government as our Head of Improvement. These appointments and arrangements are part of a bespoke and tailored support package for NHS Orkney, agreed with the Scottish Government, in response to being formally escalated.

2.2.7 Asking our patients, community and staff what matters most as we develop our new Corporate Strategy

We have been asking our patients, local community and staff about what matters most to our them so we can continue our exciting improvement journey.

As we prepare to develop our new Corporate Strategy, vision, values and strategic objectives, we have been seeking feedback and listening in a number of ways, including local community events, online listening sessions, 1-2-1 sessions and via a questionnaire. We have also attended a number of our Clinical Advisory Forums to listen to colleagues' views throughout the course of the last few months, and sought the views of staffside colleagues via our Area Partnership Forum.

We are grateful to everyone who has had their say. These listening opportunities are one of the many ways we are reconnecting with our community, listening and acting on feedback so that we can further improve care and services for our patients and community and the experience of working here for our staff.

We aim to launch our new strategy in April 2024, and ensure it is one that puts our community front and centre and is for our community.

2.3 Recommendation

- Awareness – For information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Integrated Performance Report
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville – Head of Planning, Performance, and Information

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Integrated Performance Report summarises performance in the rounds for NHS Orkney, across these domains:

- People, Workforce and Culture
- Patient Safety, Quality and Experience
- Operational Standards and Waiting Times (acute and community)
- Finance

The Integrated Performance Report captures the national reporting requirements as well as those indicators which matter to our patients and local community in Orkney.

2.2 Background

The Health Intelligence Team in collaboration with the service leads have captured key metrics in relation to each of the agreed reporting sections. Recognising that work to develop and refine the report further continues to benefit the organisation both from an assurance and operational perspective, we continue to refine this report with each meeting cycle.

Each section benefits from a summary from the Executive Lead, with further information contained in relation to each of the metrics which highlights a performance summary, planned or mitigating actions and assurance.

2.3 Assessment

An overview of performance in December 2023 is as follows:

Areas of strong performance

- Sickness absence - we have moved from being one of the worst performers to being in the top five in December.
- Appraisal rates - continue to improve month on month and are now at 27%
- Emergency access performance – continued strong performance when benchmarked against the rest of Scotland, and consistently a top three performance compared to other Territorial Health Boards (December performance 92% versus 95% standard)
- Child and Adolescent Mental Health Services and Psychological Therapies achieved the waiting time guarantee standard for November and December 2023.

Areas of concern where improvements are necessary.

- Delayed transfers of care - Agreement via national Target Operating Model to achieve no more than 4 at The Balfour. Achieving this standard has been challenging, with numbers peaking at 12 in December
- Financial performance – at the end of December, we are forecasting an overspend of £5.967m for 2023/24, month-on-month improvement since October, but still significantly adrift of the £3.1m year-end forecast overspent position as per our plan.
- Cancelled operations – Fewer cancelled operations in December, however, 16 procedures were cancelled by a patient or the Board which resulted in the 2nd or more cancellation for that procedure over the date range for each of these patients. Of these 16 patients, 6 have experienced 5 or more cancellations.

2.3.1 Quality/ Patient Care

Performance metrics within the Safety and Quality section which aims to deliver a better outcomes for patients, through a structured approach to early resolution to challenges or obstacles to success, with action plans with clear timelines and outcomes which can be measured.

2.3.2 Workforce

As with Quality/Patient Care, the Integrated Performance Report enhances and standardises the reporting approach, ensuring that clear plans are established to support the delivery of improvements.

2.3.3 Financial

The Integrated Performance Report includes key metrics in relation to spend against budget and savings achieved.

2.3.4 Risk Assessment/Management

The following risks are captured in the Corporate Risk Register and may impact on the Boards ability to timeously deliver patient care, impacting on the patient experience:

- Risk 510 - Corporate Finance Risk - Risk that lack of long term financial sustainable solution and national escalation status impacts adversely on patient safety, quality, and experience, as well as organisational culture improvements that are underway.
- Risk 1225 - System Capacity - There is a risk that through lack of availability of Residential Care Home beds, that the patient journey is a poor experience with lengthy delays of transfers of care. This system wide pressure on Acute Capacity equates to a risk that elective procedures are cancelled meaning delays in treatment and staffing pressures are experienced with an increased nurse to patient ration. Lack of system capacity also risks longer waits for patients presenting acutely at the Emergency Department with a risk that we are unable to offload SAS.
- Risk 1228 - Fragile Services - Lack of some sustainable clinical services leading to long waits for patients and potential adverse outcomes and harm (for example Pain, Ophthalmology, Dentistry, Rheumatology).

2.3.5 Equality and Diversity, including health inequalities.

NHS Orkney is seeking to address health inequalities through effective performance management.

2.3.6 Climate Change Sustainability

NHS Orkney is a leader in terms of sustainability and addressing climate change.

2.3.7 Other impacts

No other impacts to report at this stage.

2.3.8 Communication, involvement, engagement, and consultation

Executive Lead sign-off and engagement.

2.3.9 Route to the Meeting

This full Integrated Performance Report has been prepared for the purposes of the Senior Leadership Team and NHS Orkney Board meetings in February 2024. However, the relevant chapters of the Integrated Performance Report (Finance, Operational Standards and Community) have been to Finance and Performance Committee on Monday 19 February 2024.

2.4 Recommendation

- **Discussion** – Examine and consider the implications of current performance levels.

2 List of appendices

The following appendices are included with this report:

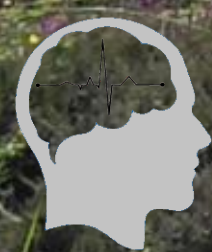
- Appendix 1: Integrated Performance Report (December 2023)



Integrated Performance Report

December 2023

Chief Executive: **Laura Skaife-Knight**



HEALTH Intelligence

ORK.healthintelligence@nhs.scot

Executive Summary

Domain	Going Well	Cause for Concern
Workforce Pages 4 to 7	<ul style="list-style-type: none">NHS Orkney has moved from being in bottom 5 Health Boards to top 5 Boards for sickness absence.Appraisal rates have improved to 27%	<ul style="list-style-type: none">Ongoing concerns regarding completion of Personal Development Plans and discussions taking place regarding contingencies to put in place.Job Evaluation – participation continues to be challenging however discussions have taken place at Area Partnership Forum to request additional Managers to be trained to support the process.
Safety & Quality Page 8	<ul style="list-style-type: none">Review of Clinical Governance structure underway with agreement reached on formal quarterly reporting to the forum as a NHSO Clinical Governance group.Patient experience review proposed framework for future individual experience reporting within NHS Orkney, emphasising the integration and promotion of the Care Opinion platform and the establishment of a structured programme for encouraging service user feedback. The objective is to foster a transparent, responsive, and improvement-oriented approach to healthcare service delivery.	<ul style="list-style-type: none">Number of Datix records on incidents reported to be reducing. Problems persist with mechanism to close potential incidents early at initial assessment.
Finance Pages 9 to 12	<ul style="list-style-type: none">Recovery Director and Head of Improvement in post.CIP programme for 2024/25 under development.	<ul style="list-style-type: none">Financial position continues to be of significant concern despite the work which is being progressed. The anticipated outturn of £5.956m (month 10) is significantly worse than the position reported in the Financial Plan for 2023/24 of £3.1m overspend, though the month 9 and 10 results are an improvement on previous months (£6.045m).
Operational (Acute) Standards Pages 13 to 22	<ul style="list-style-type: none">Reduction in cancelled operations (72 Dec compared to 96 Nov)Fewer patients waiting > 52 weeks (25 December; 36 October).Continued strong performance vs. 4hr emergency access standard.	<ul style="list-style-type: none">High numbers of multiple cancelled operations - review underway.Our outpatient waiting list continues to grow with long waits in Ophthalmology, Ear, Nose and Throat, Trauma and Orthopaedic, and Dentistry.
Community Pages 23 to 30	<ul style="list-style-type: none">Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies met the waiting time guarantee for both November and December 2023.	<ul style="list-style-type: none">Increasing demand and complexity of patient need.Staff working to the very top of their registration.Demand for general adult psychiatry continues to rise.Major shortage of staff in Community Nursing.Accommodation shortages, both in residential and office/clinic space, which impacts the services ability to meet patients as timely as hoped.

Sections

1. Workforce

4. Operational (Acute) Standards

2. Safety & Quality

5. Community

3. Finance

Workforce

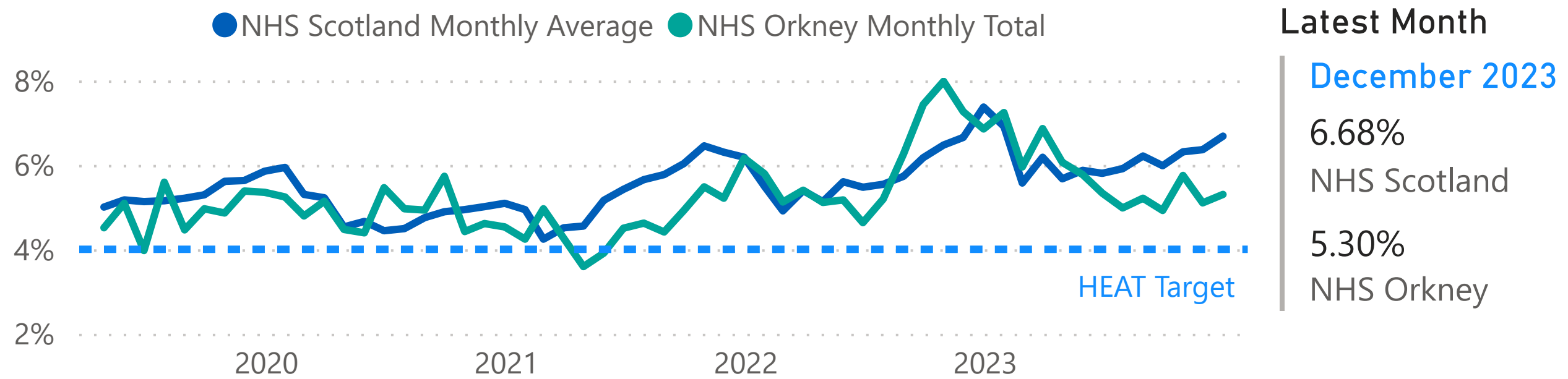
Section Lead: Interim Director of People and Culture

Comments	Successes	Challenges
<ul style="list-style-type: none"> The team continued with the roll-out of eRoster across the organisation, with a continued focus on supporting colleagues to use and engage with the system. On 1 November 2023, the following Once for Scotland Phase 2 policies were launched with all supporting documents made available to colleagues upon launch. <ul style="list-style-type: none"> Flexible Work Location Flexible Work Pattern Retirement Career Break Special Leave Maternity New Parent Support Shared Maternity and Shared Adoption Parental Leave Breastfeeding Adoption, Fostering and Kinship 	<ul style="list-style-type: none"> Statutory/Mandatory Training year-to-date 2023/24 is currently 81.84% (in January 2024), which is an increase from 67.3% in May 2023 First Board in NHS Scotland to have fully implemented and trained staff in rosters National acknowledgement for the work NHS Orkney and managers have undertaken with eRoster. <p>Focus on :-</p> <p>Reducing sickness absence (bottom 5 to top 5 Board - December)</p> <p>Improving appraisal rates - now 27%</p> <p>Improving staff morale - over 100 nominations for Team Orkney Awards</p>	<ul style="list-style-type: none"> Manager participation and undertaking activities such as doing appraisals and improving training rates. Human Resource Manager resignation with current HR Administrator vacancy. A significant reduction in capacity within the team is expected with team planning starting. Job Evaluation participation continues to be challenging with capacity pressures across the system. Continued use of eRoster across the organisation e.g. updating the system daily and annual leave requests.

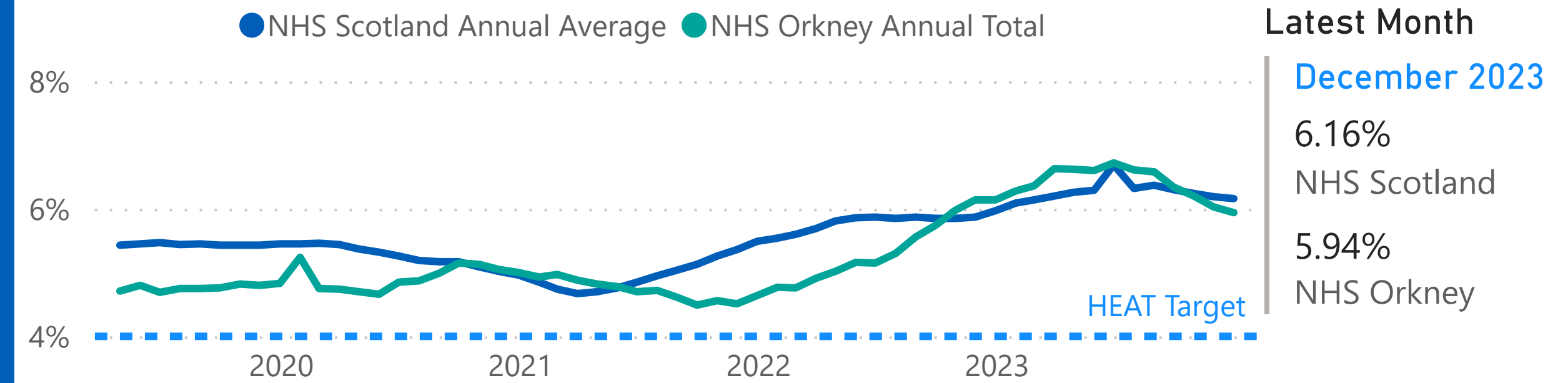
Sickness Absence (Source: Workforce Dashboard)

Latest Data: December 2023

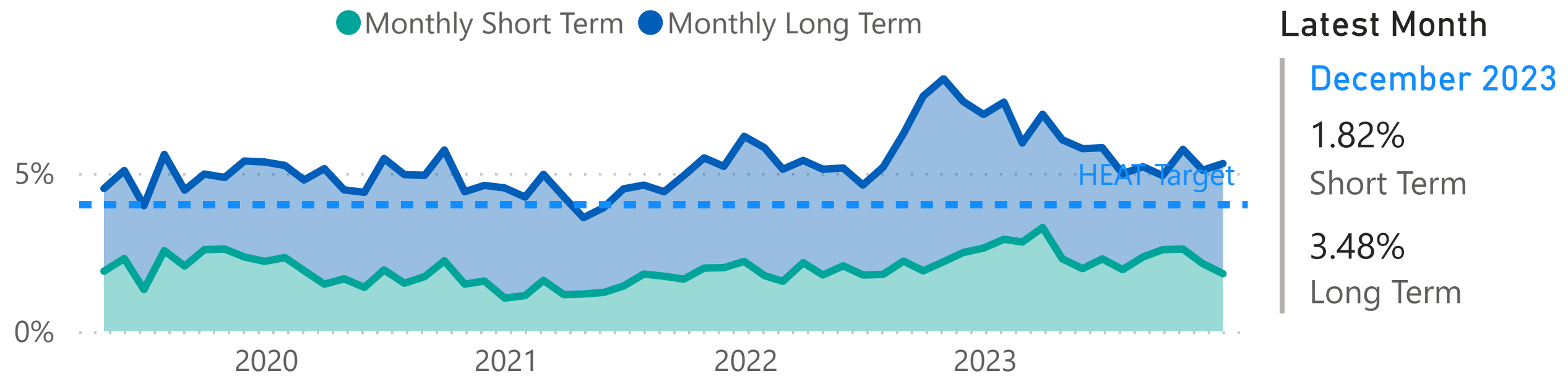
Monthly Comparison - NHS Scotland & NHS Orkney



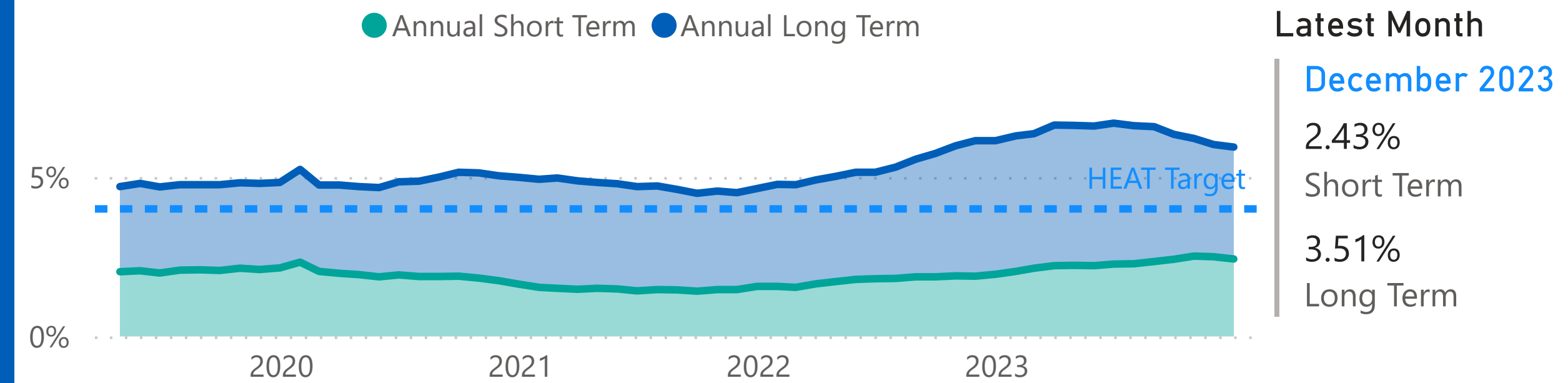
Annual Comparison - NHS Scotland & NHS Orkney



Monthly Comparison - NHS Orkney Long & Short Term Absence



Annual Comparison - NHS Orkney Long & Short Term Absence



Issues/Performance Summary

- NHS Orkney has moved from being in the bottom 5 Health Boards within NHS Scotland to being in the top 5 in December 2023. This is significant for the Board and is testament to the work Managers are undertaking with staff to support them to back to work or, to remain at work but support.

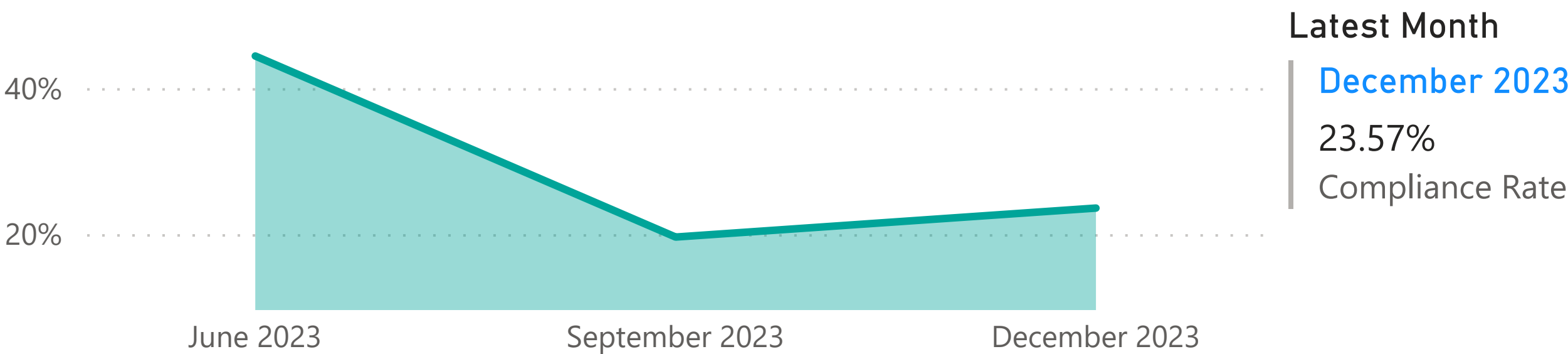
Planned/Mitigating Actions

- The 5 areas with highest absence rates have an action planning meeting with the HR manager.
- Progress reviews are conducted weekly – allows for early intervention and escalation with additional support from Occupational Health where required.
- Sickness Absence Training and more specific manager training has been provided where required to support managers.
- Employee Assistance Programme awareness sessions are underway.

Assurance/Recovery Trajectory

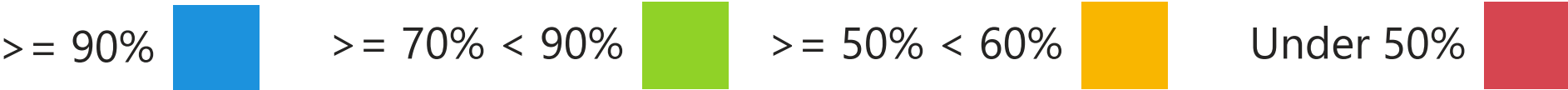
- Confident that all absences are being recorded in SSTs, and that the right training was provided to help managers talk about absence matters.
- Training is available when needed with an additional TURAS module now available.

Appraisal Compliance (excludes Medical Staff)



Division	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Director of Finance	28%	27%	28%	
Director of Human Resources	32%	56%	59%	
Director of Nursing & AHP and Acute Services	17%	8%	20%	
Director of Public Health	39%	47%	53%	
Head Children Families and Criminal Justice	36%	37%	60%	
Head of Estates and Facilities	20%	20%	33%	
Head of Health & Community Care	6%	15%	7%	
Head of Primary Care	23%	21%	29%	

Module	01/24	05/23	07/23	09/23	11/23
Adult Support and Protection	78.5%	33.3%	58.1%	67.0%	72.2%
Breaking the Chain of Infection	87.4%	81.8%	81.5%	81.5%	56.9%
Child Protection	78.5%	31.4%	56.4%	68.7%	73.8%
Cyber Security	86.7%	77.8%	80.3%	80.2%	67.7%
Equality & Diversity	85.8%	68.8%	76.8%	79.5%	68.6%
General Fire Safety	77.0%	42.2%	61.8%	66.1%	68.9%
Hand Hygiene	85.5%	78.3%	78.5%	78.7%	56.1%
Health & Safety	77.0%	71.3%	73.3%	75.6%	71.4%
Information Governance	79.2%	83.8%	83.8%	78.8%	70.1%
Moving & Handling	85.3%	84.6%	85.2%	86.1%	70.9%
Prevent	80.9%	59.3%	67.9%	71.1%	74.3%
Respiratory & Cough Hygiene	85.4%	77.1%	77.7%	77.9%	54.1%
Violence & Aggression	87.7%	81.1%	81.4%	82.5%	68.6%
Why IP&C Matters	71.0%	71.4%	68.2%	68.8%	56.4%



Issues/Performance Summary

- Following a previous report of historical low performance for appraisal within NHS Orkney, the month of January saw the Board with a slight improvement in the figures which has increased from 23.57% to 26.45%. Work continues in this area with the Team providing overall support (including 1-2-1) with managers and teams which will see the improvements continue.
- Complexity within the system to provide 100% assurance of statutory/mandatory training (still operation with historical LearnPro training data).

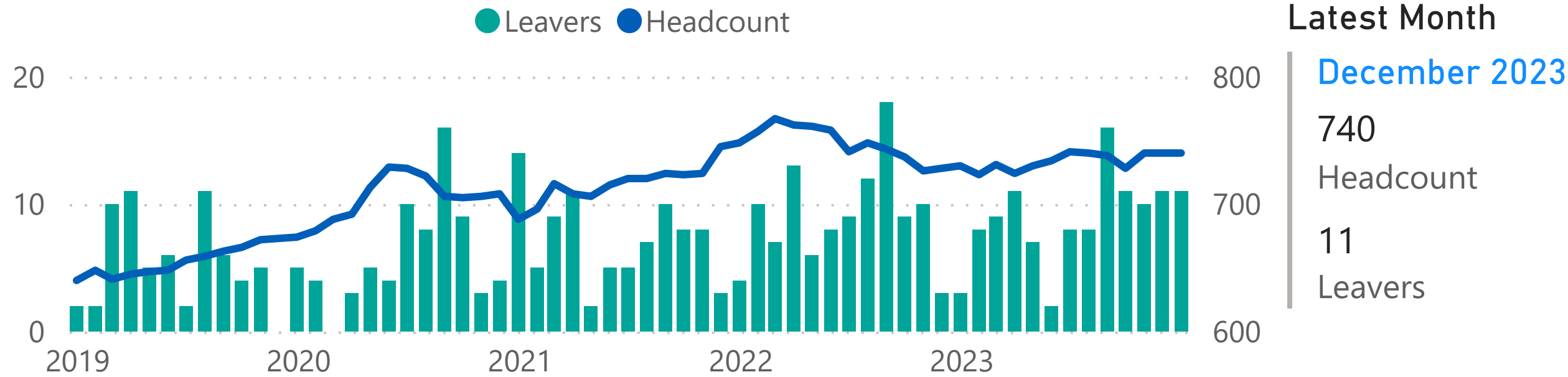
Planned/Mitigating Actions

- Action raised via Staff Governance Committee to the Board. Executives now have appraisal targets within personal objectives.
- Currently reviewing all training available to support managers and colleagues to prepare and undertake yearly appraisals.
- Direct emails have been sent to increase colleague awareness of training compliance.
- Managers have been provided with training reporting awareness sessions.
- Appraisal compliance reporting is to be shared with Senior Leadership Team.

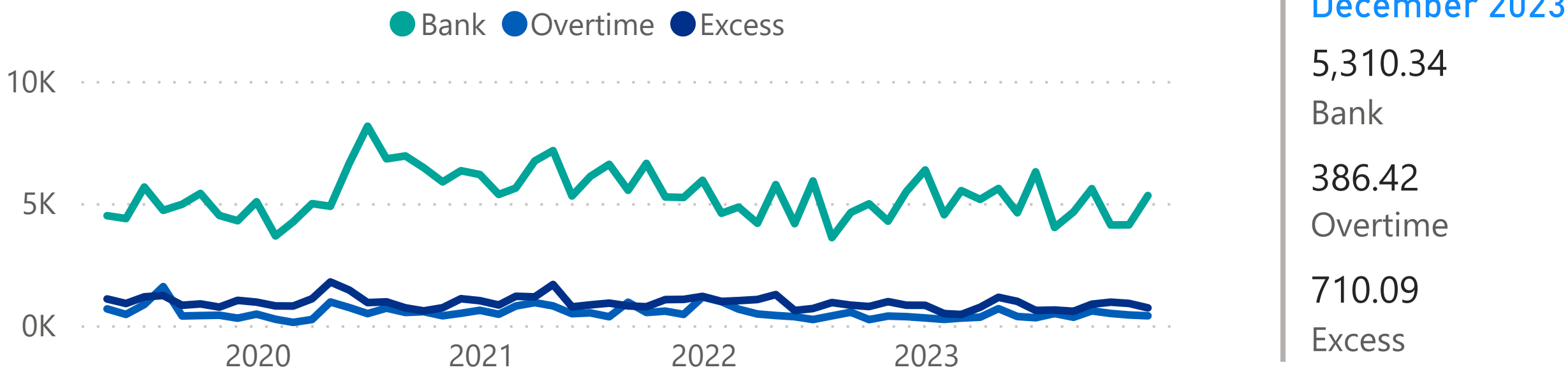
Assurance/Recovery Trajectory

- Additional training will be available to support colleagues and managers. Chief Executive and Employee Director leading on improvement plan across the organisation.

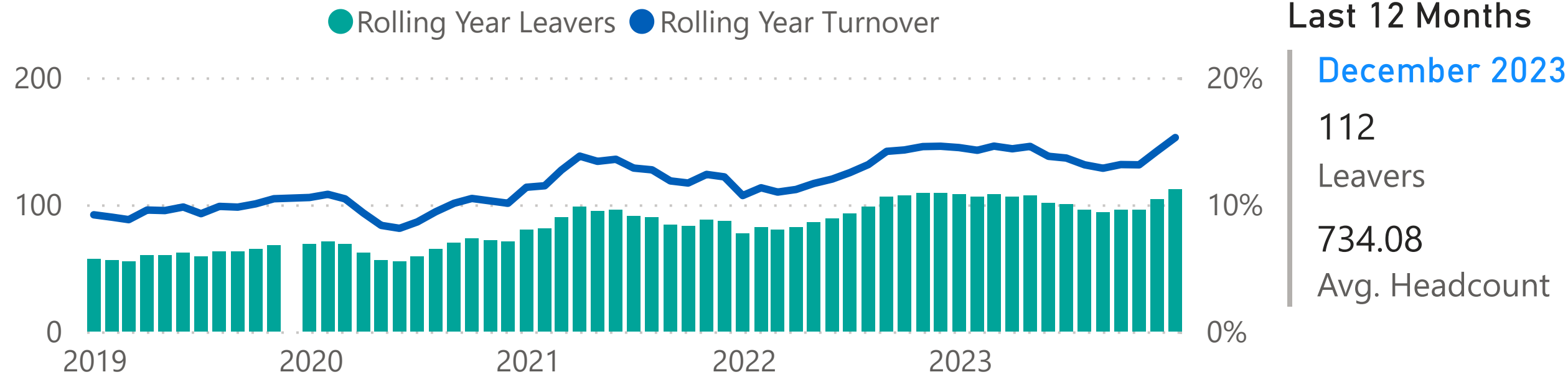
NHS Orkney - Headcount & Leavers



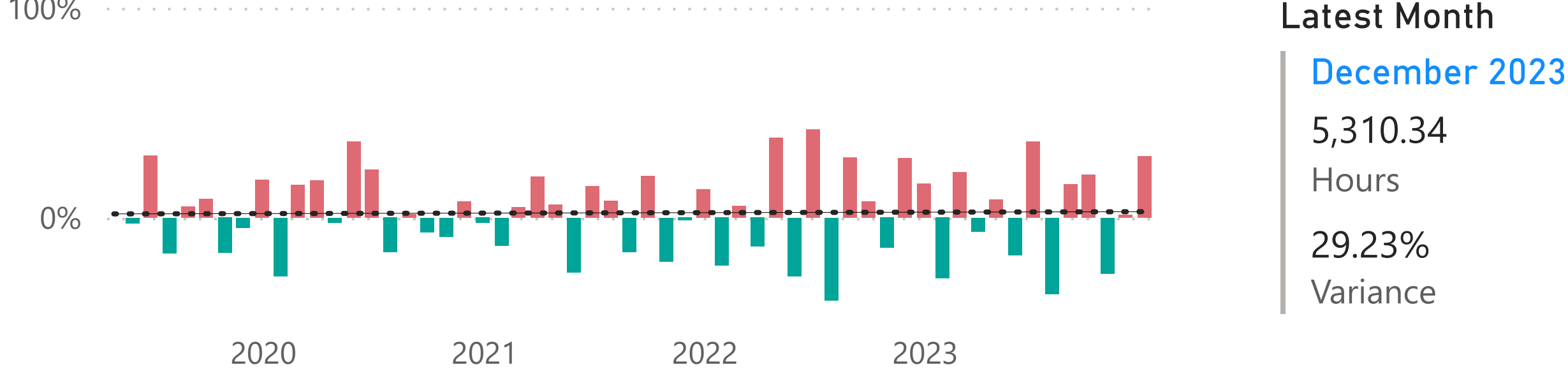
NHS Orkney - Hours Utilisation



NHS Orkney - Headcount & Leavers (Rolling Year)



NHS Orkney - Bank Hours Utilised vs. Previous Month



Issues/Performance Summary

- High cost/use of agency in Pain Management, Endoscopy, Orthopaedic and Trauma areas.

Planned/Mitigating Actions

- Establishment review completed - actual contract versus budgeted position understood.
- Bank, Overtime and Excess hours to be shared with Senior Leadership Team on a quarterly basis to support directorate reviews.
- Annual leave usage reports are to be downloaded to allow for Quarter 4 department planning and reduction in Annual Leave carryover.

Assurance/Recovery Trajectory

- The implementation of eRoster is expected to provide better quality reporting to managers.
- Recruitment is underway to key leadership roles where there are current risks.
- Exit interview feedback shared with relevant Executive Leads for those leaving.

Safety & Quality

Section Lead: Interim Medical Director

Comments	Successes	Challenges
<ul style="list-style-type: none"> • The new Head of Patient Safety, Quality and Risk, was appointed and started on 5 February. • Quality Forum will continue to meet monthly until the new Clinical Governance structure is agreed. A quarterly Medical Director’s report will be compiled and provided for assurance based on report submissions to the Quality Forum. • Incident/complaint reporting and investigation training remains a requirement. Similarly, an integrated risk management approach is required. • Business cases reviewed for quality improvement; constraints of finance require most to remain for further assessment in 2024/25 • Quality Forum met twice in February due to the number of items brought on agenda and actions to update on. • Reporting for assurance to the Joint Clinical and Care Governance Committee through a compiled report and accountable to the Senior Leadership Team. 	<ul style="list-style-type: none"> • PHS waiting times review report actions are reported as on target for progress and completion to plan. • Learning summaries from Significant Adverse Event Review reports • Colonoscopy surveillance reporting improvements. • Endoscopy surveillance improvement project at completion, with update on improving BAU practice to avoid recurrence also due in March. • Substantive Medical Director commenced in post January 2024. • Updates to Hip fracture pathway, Serious Adverse Event Review action planning and monitoring, nurse online stroke training, and theatre fasting guidance (due in March). 	<ul style="list-style-type: none"> • Maintaining quality improvements within financial recovery plan • Vacancy in Clinical Governance (CG) is continuing to impact on capacity across the team. • Capacity of team leads / Senior Charge Nurse / Senior Charge Midwife and senior leaders to review clinical incidents. • Communication of the learning from incidents, complaints, and Significant Adverse Event Review to staff • Continuing effective senior clinical engagement in Q&S with operational challenges • Managing the overdue incidents effectively due to limited resource • Effectively embedding learning in the organisation and closing the loop on incidents and learning

Finance

Section Lead: Director of Finance

Comments	Successes	Challenges
<ul style="list-style-type: none">• At the end of December, NHS Orkney reports an in-year overspend of £4.765m against the Revenue Resource Limit.• We continue to work with our partners and Budget Managers to review in-year opportunities, to support a reduction in spend wherever possible.	<ul style="list-style-type: none">• The forecast Financial position has improved marginally by £278k since October 2023, with reduction in Acute Nursing Agency locum spend and the allocation of reserves.	<ul style="list-style-type: none">• NHS Orkney received notification on 27 November 2023 that it has been moved to level 3 of the NHS Scotland Support and Intervention Framework.• At the end of January 2024, the Board were forecasting an overspend of £5.956m which is a reduction since December position of £5.967m for 2023/24.

Summary Financial Position

Latest Data: December 2023

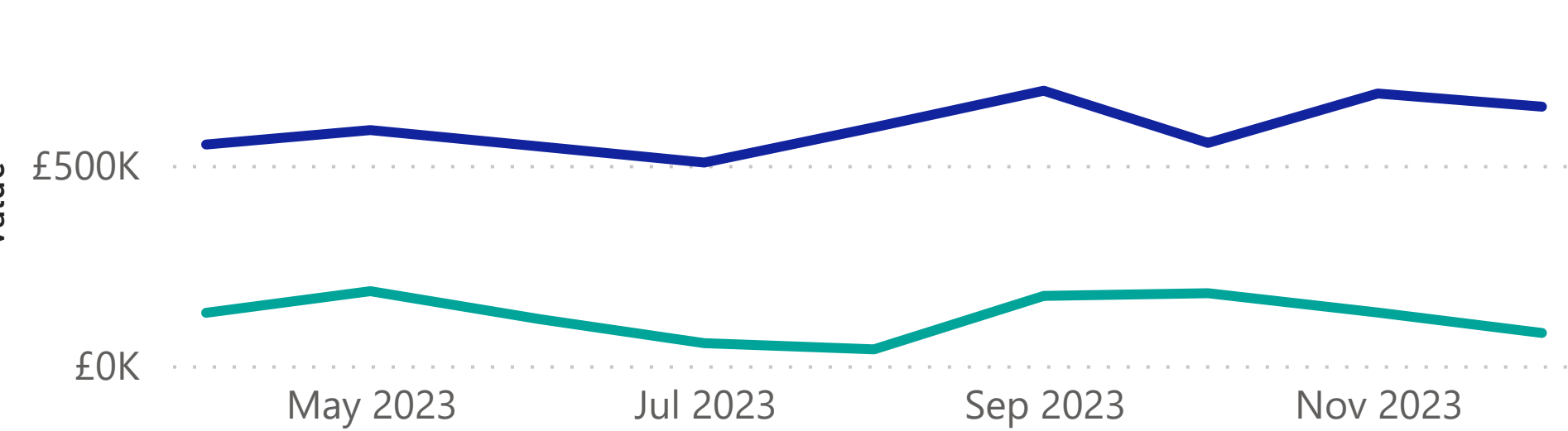
Group	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD%	Forecast Year end Variance
Core RRL	0	0	0	0		0
Nursing & Acute Services	16,767	12,673	15,358	-2,686	-21.19%	-3,195
Medical Director	17,412	12,966	12,858	108	0.83%	169
Integration Joint Board	29,971	22,569	22,520	49	0.22%	92
Finance Directorate	2,576	1,795	1,778	17	0.96%	-17
Estates, Facilities & NPD Contracts	8,323	6,244	6,768	-524	-8.39%	-709
Chief Executive	1,352	1,009	980	29	2.87%	56
Public Health	1,001	751	774	-24	-3.15%	-42
Director of Human Resources	1,633	1,172	1,279	-108	-9.20%	-151
Reserves	1,867	709	0	709		946
Savings Targets (Board)	-4,390	-3,066	0	-3,066		-4,390
Additional Savings Target (Board)	-100	-75	0	-75		-100
Savings Achieved (Board)	2,164	2,164	0	2,164		3,187
Savings Targets (IJB)	-2,400	-1,947	0	-1,947		-2,400
Savings Achieved (IJB)	588	588		588		588
Total Core RRL	76,762	57,551	62,316	-4,765	-8.28%	-5,967
<hr/>						
Non Cash Limited						
Dental NCL	965	486	486	0	0.00%	0
Ophthalmic Services NCL	256	216	216	0	0.00%	0
Dental and Pharmacy NCL - IJB	791	739	739	0	0.00%	0
Total Non Cash Ltd	2,011	1,441	1,441	0	0.00%	0
<hr/>						
Non-Core						
Capital Grants	0	0	0	0	0.00%	0
Non-cash Del	0	0	0	0	0.00%	0
Annually Managed Expenditure	1	1	1	0	-0.06%	0
Donated Assets Income	0	0	0	0	0.00%	0
Capital Charges	3,318	2,371	2,371	0	0.00%	0
Total Non-Core	3,319	2,372	2,372	0	0.00%	0
<hr/>						
Total for Board	82,092	61,363	66,129	-4,765	-7.77%	-5,967

Key Costs: Pay (Source: Board Financial Performance Return)

Latest Data: December 2023

NHS Orkney - Consultant

Sub-Group Agency Permanent



Latest Month

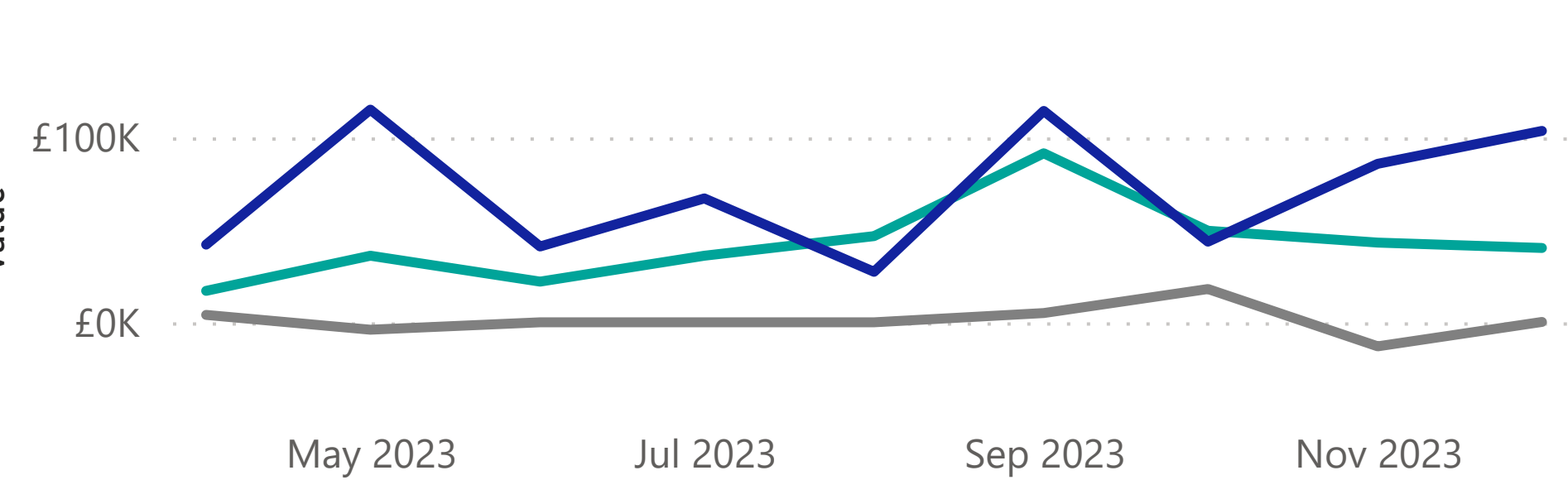
December 2023

£726,200

Value

NHS Orkney - Junior Doctor

Sub-Group Agency Bank Permanent



Latest Month

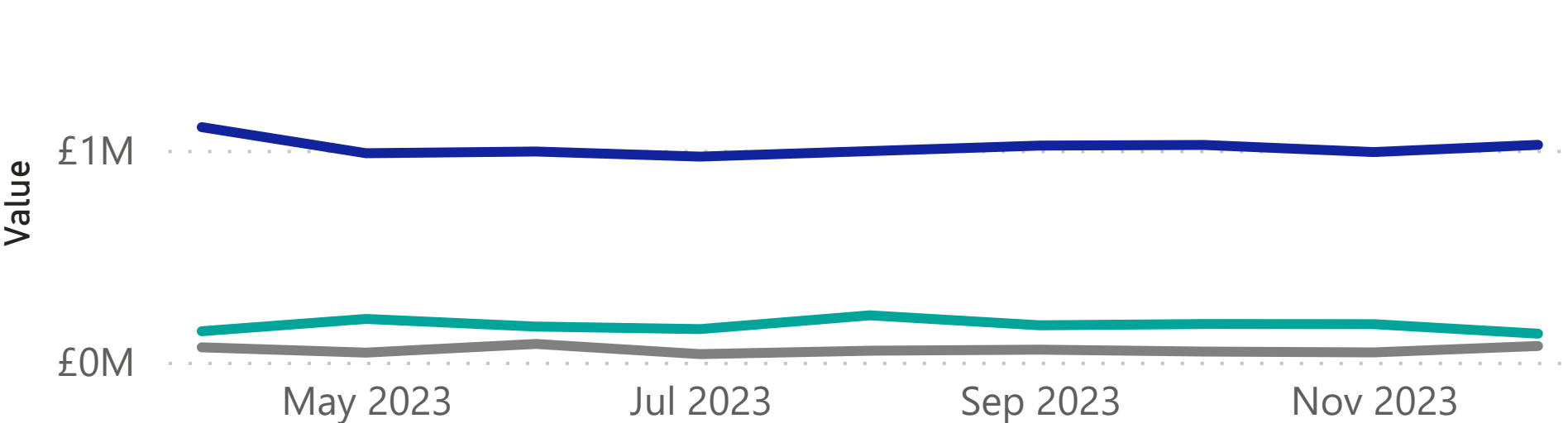
December 2023

£143,900

Value

NHS Orkney - Nursing (Registered & Unregistered)

Sub-Group Agency Bank Permanent



Latest Month

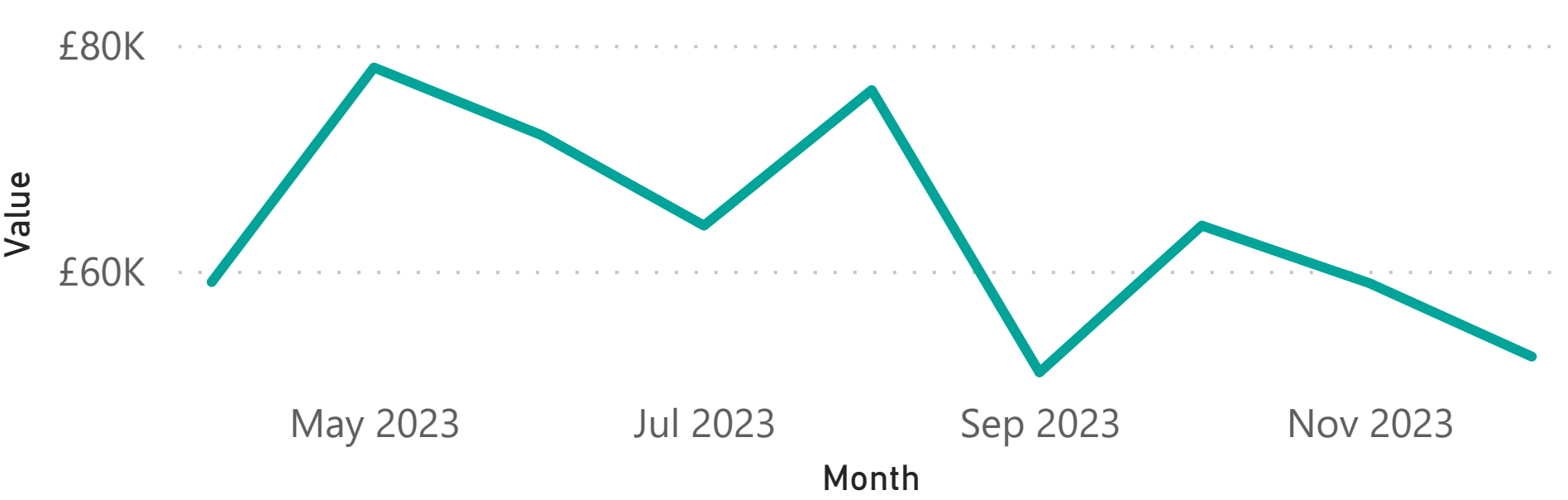
December 2023

£1,230,300

Value

NHS Orkney - AHP

Sub-Group Agency



Latest Month

December 2023

£52,400

Value

Issues/Performance Summary

- A significant contributor to the Board's overspend is the continued reliance on temporary staffing models staff to cover gaps in rotas and vacancies. The information presented includes the key costs as reported to Scottish Government.
- There has been improvements in terms of spend relating to temporary staffing models across Acute Nursing, contributing to the improved financial forecast. The monthly costs for Agency Nursing has reduced from an average monthly spend of circa £180k to £135k.

Planned/Mitigating Actions

- The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services continues to implement, the instructions of the Supplementary Staff Task & Finish Group to reduce reliance and expenditure on nurse agency. There is exit strategy for all Acute Agency nursing by 31 March 2024.
- Work continues to build the Medical payroll locum bank to support unavoidable gaps in rotas in the most cost effective way, whilst ensuring continuity of care to patients.

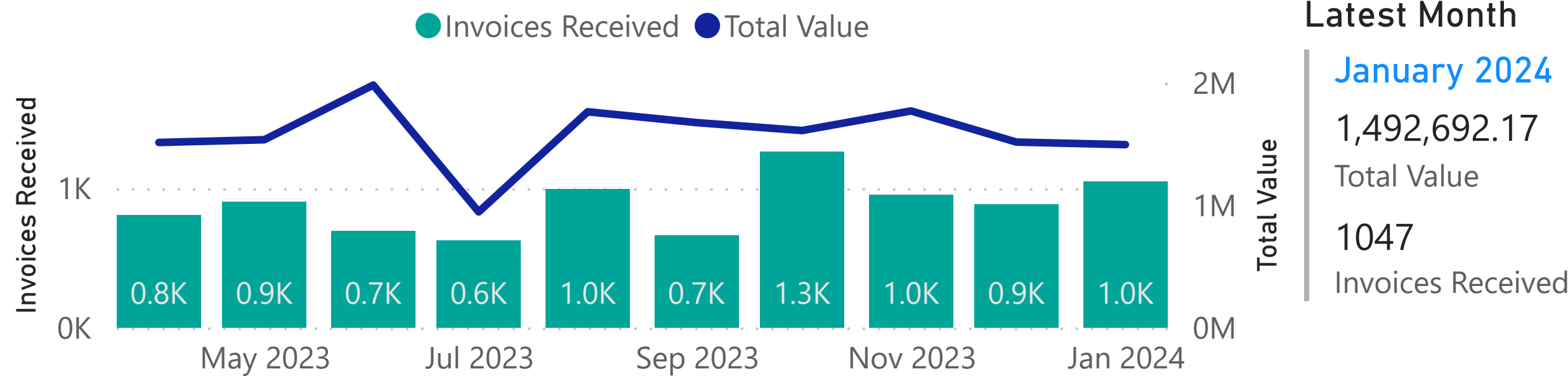
Assurance/Recovery Trajectory

- Weekly Vacancy Control Panel Chaired by CEO.
- Additional approval for overtime in place with Corporate requests approved by CEO or Director of Finance. Clinical requests approved by the Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services.

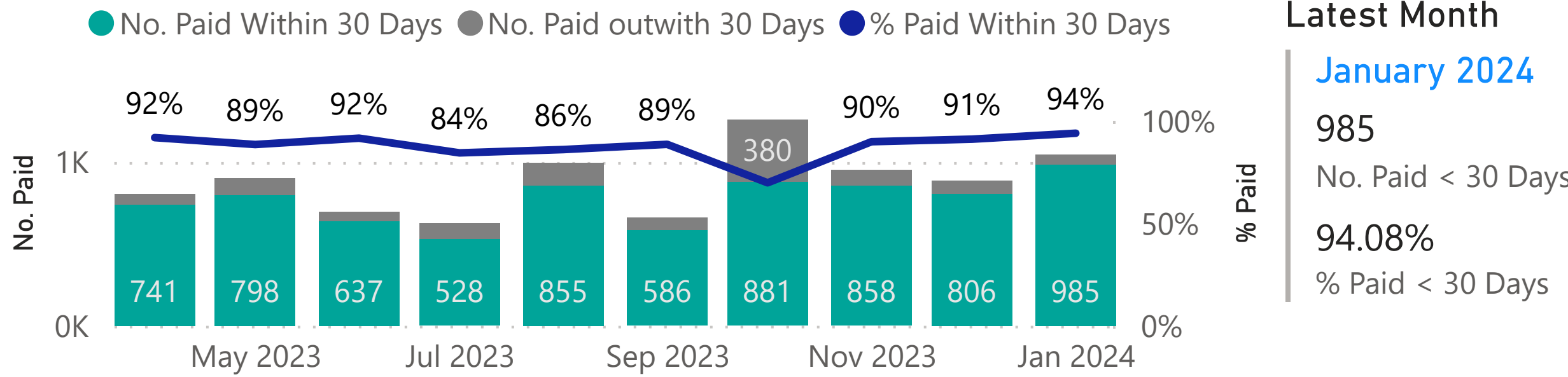
Accounts Payable (Source: AP Performance Report)

Latest Data: January 2024

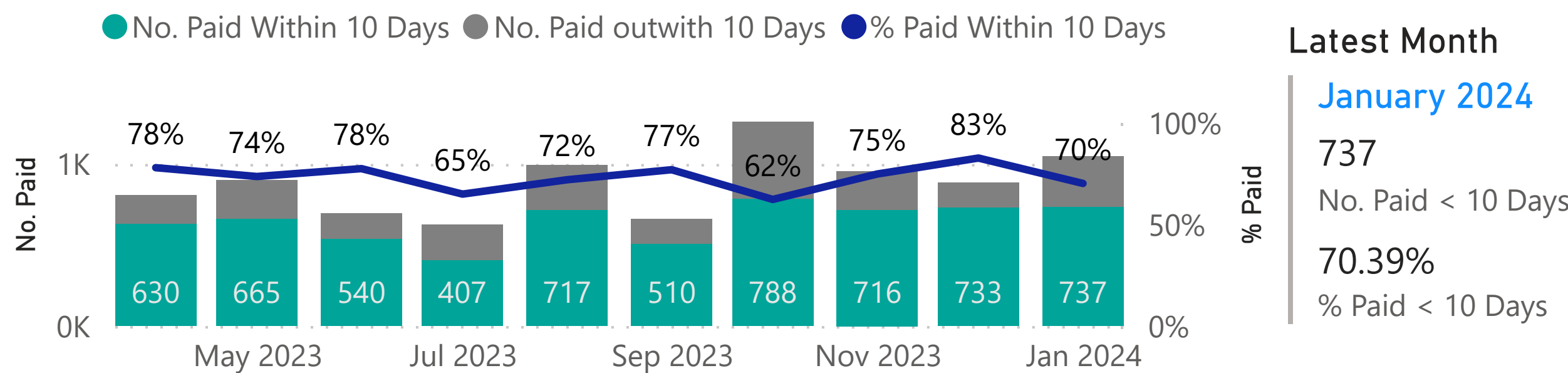
NHS Orkney - Invoices Received & Value



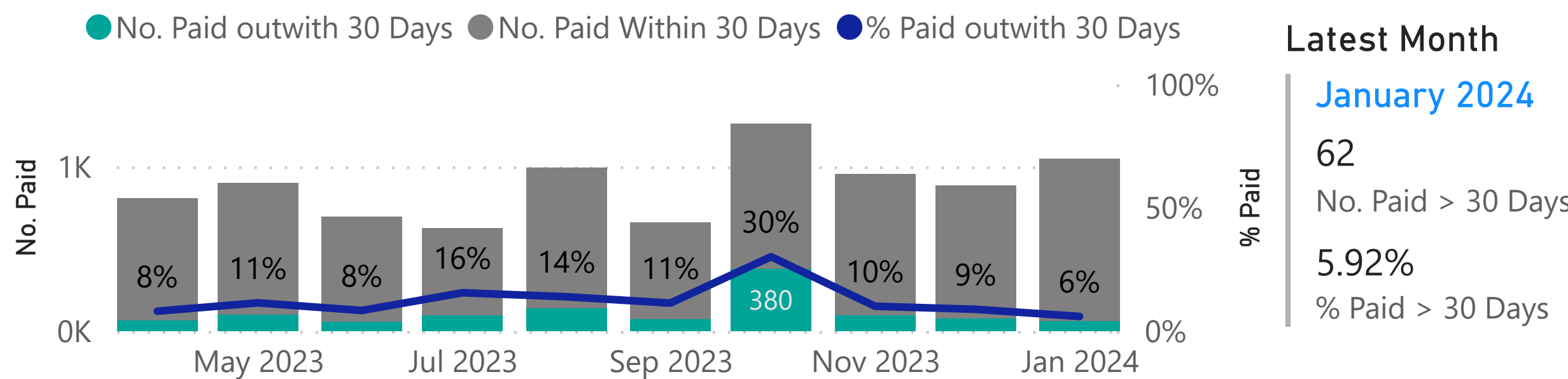
NHS Orkney - Paid Within 30 Days



NHS Orkney - Aspirational 10 Day Target



NHS Orkney - Paid Outwith 30 days



Issues/Performance Summary

- 90% of invoices processed in January were paid within the 30 day target, with the number of invoices paid out with 30 days reduced from 380 to 96. The aspirational target of payment within 10 days showed a strong performance with 75% of invoices processed in November, within this timescale.

Planned/Mitigating Actions

- The Finance Team continue to communicate to colleagues across the organisation with a view to improving first time matches for all invoices being received (for example goods being receipted at delivery point, no purchase order/ no payment).

Assurance/Recovery Trajectory

- Increased capacity has resulted in a more proactive approach, with colleagues acting to clear/resolve invoice queries in a timelier manner.

Operational Standards

Section Lead(s): Interim Deputy Medical Director
Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services
Director of Public Health

Comments	Successes	Challenges
<ul style="list-style-type: none"> • The Service Level Agreement reviews were discussed at the December Board and the Extended Senior Leadership Team Development Session. • There is positive collaboration between clinical and non-clinical teams to address challenges and ensure the best patient experience and outcomes. This includes work to address waiting lists for General Surgery, Endoscopy and Pain Management. • The weekly waiting times meeting has been refreshed and changes planned for the new year to create clinical ownership. 	<ul style="list-style-type: none"> • Discharge planning continues to focus on pre-noon discharge. • Additional to the consistently strong performance in relation to emergency access 4-hour waits, work continues to support unscheduled care to support NHS Orkney achieving above 95% for both minors and admitted performance. • No 12-hour breaches recorded against the National Performance Standards. 	<ul style="list-style-type: none"> • Lack of social care and residential beds availability and staff for both residential and care at home. • Review of Outpatient capacity required to address increasing waits for patients. • Ophthalmology is currently a challenge due to the existing arrangement with NHS Highland and their struggle to deliver the service required by NHS Orkney. • The Fragile Service Review has been delayed due to capacity. • The report highlights the frequency of cancelled operations and those cancelled on multiple occasions, highlighting a poor experience for our patients. A full review will be undertaken and make the improvements that are necessary.

Latest Report: 31 December 2023

Board Level KPI Summary - National

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Ayrshire & Arran	62%	8	-1	82%	13	-3	88%	13	0	66%	12	0	66%	9	0
Borders	61%	9	0	84%	9	-1	90%	12	-3	66%	12	2	62%	6	2
Dumfries & Galloway	73%	6	0	88%	7	2	92%	9	-1	48%	4	-1	64%	8	-2
Fife	60%	10	-2	90%	6	-1	98%	5	-4	62%	11	-1	62%	6	-1
Forth Valley	44%	14	0	70%	14	0	84%	14	0	44%	3	0	54%	4	-2
Grampian	58%	12	1	82%	12	1	94%	8	3	59%	8	0	77%	14	0
Greater Glasgow & Clyde	59%	11	-1	84%	10	-3	94%	7	-1	59%	8	2	72%	12	0
Highland	77%	5	0	94%	5	1	98%	6	1	59%	8	1	61%	5	1
Lanarkshire	55%	13	-2	82%	11	0	92%	10	0	66%	12	0	66%	9	1
Lothian	62%	7	5	85%	8	4	91%	11	1	57%	6	-1	73%	13	-1
Orkney	92%	2	2	99%	4	0	100%	1	0	58%	7	-2	44%	2	1
Shetland	82%	4	-1	100%	1	2	100%	1	4	41%	2	0	53%	3	1
Tayside	86%	3	-1	99%	3	-1	100%	4	-3	56%	5	0	70%	11	0
Western Isles	98%	1	0	100%	1	0	100%	1	0	33%	1	0	34%	1	0

Peer Benchmarking Summary

We continue to be reported as one of the top performing Boards in Scotland. We have sustained improvement against the core targets, meaning that 90% of our patients have been seen in less than 4-hours. We compare well to other island Boards.

Board Level KPI Summary - Island Boards

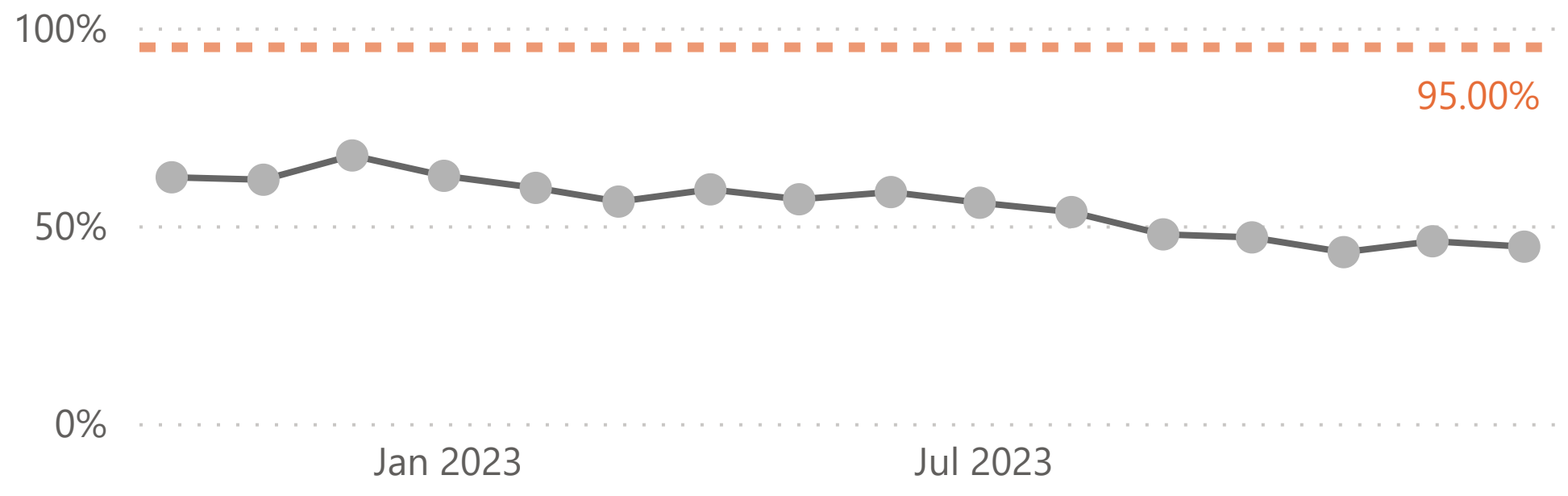
Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Shetland	82%	4	-1	100%	1	2	100%	1	4	41%	2	0	53%	3	1
Orkney	92%	2	2	99%	4	0	100%	1	0	58%	7	-2	44%	2	1
Western Isles	98%	1	0	100%	1	0	100%	1	0	33%	1	0	34%	1	0

KPI Red, Amber, Green (RAG) values shown above represent the relative change in position for each board when comparing the same metric from the previous edition of this report.

New Outpatients (Source: TrakCare)

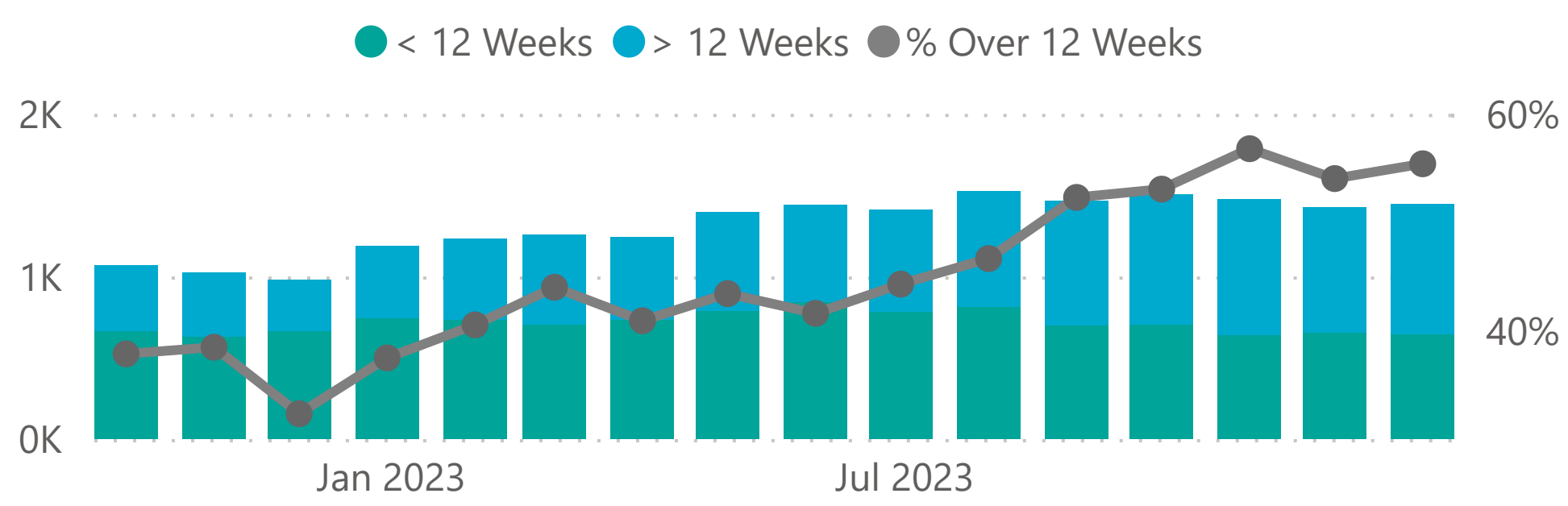
Latest Data: December 2023

New Outpatients Compliance



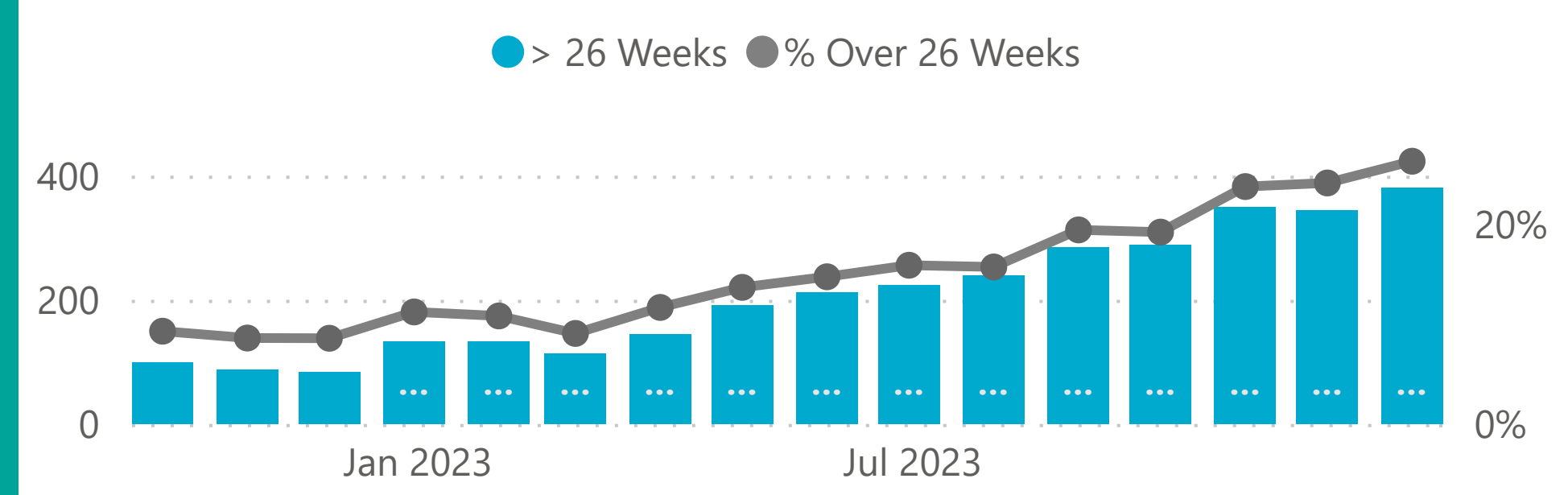
Latest Month
December 2023
1446
No. Waiting
44.61%
Compliance

New Outpatients Waiting > 12 Weeks



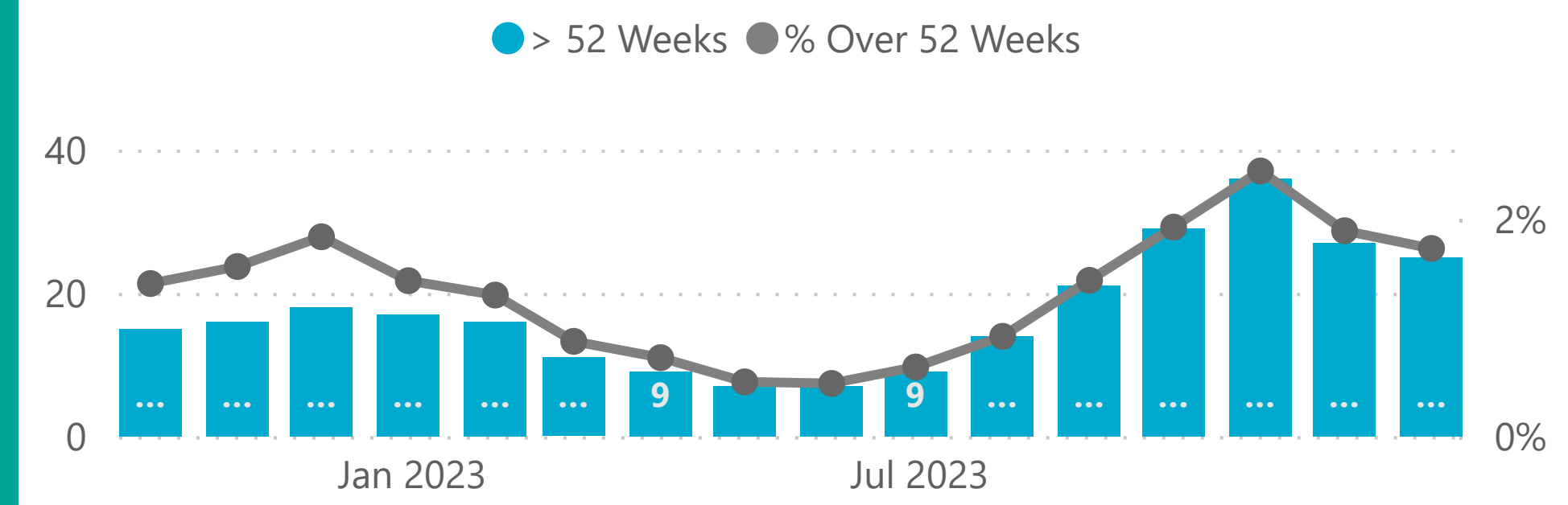
Latest Month
December 2023
801
> 12 Wks.
55.39%
% Over 12 Weeks

New Outpatients Waiting > 26 Weeks



Latest Month
December 2023
380
> 26 Weeks
26.28%
% Over 26 Weeks

New Outpatients Waiting > 52 Weeks



Latest Month
December 2023
25
> 52 Weeks
1.73%
% Over 52 Weeks

Issues/Performance Summary

- The longest waits continue within Ear Nose and Throat (ENT) Ophthalmology, Trauma and Orthopaedics and Dentistry. We also have waits over 26-weeks within Cardiology and Pain Management.
- There has been an improvement within Pain Management during December. The number of patients waiting overall decreased from 32 to 19 due to additional clinics being held at the start of December.
- At the end of December 2023, 1,446 new patients are waiting to be seen in Outpatient Clinics, of this 25 patients have waited over 52-weeks for new Outpatient appointments. 3 of those patients have been allocated appointments (2 x ENT and 1 x Oral Surgery) and 1 unavailable (Pain Management).

Planned/Mitigating Actions

- Additional outpatient clinics continue to be scheduled to prevent long waits within Gynaecology, General Surgery and Ophthalmology.
- Discussions continue to take place in relation to those Service Level Agreements which support activity around Trauma and Orthopaedics, Ophthalmology, Ear Nose and Throat, to ensure that they are fit for purpose and sufficient to meet the long waits and also the ongoing demand.
- A review of the space available to support additional clinics is being undertaken through the improvement and planning hub, with a view to improving performance for those patients waiting longest and with the greatest clinical need.

Assurance/Recovery Trajectory

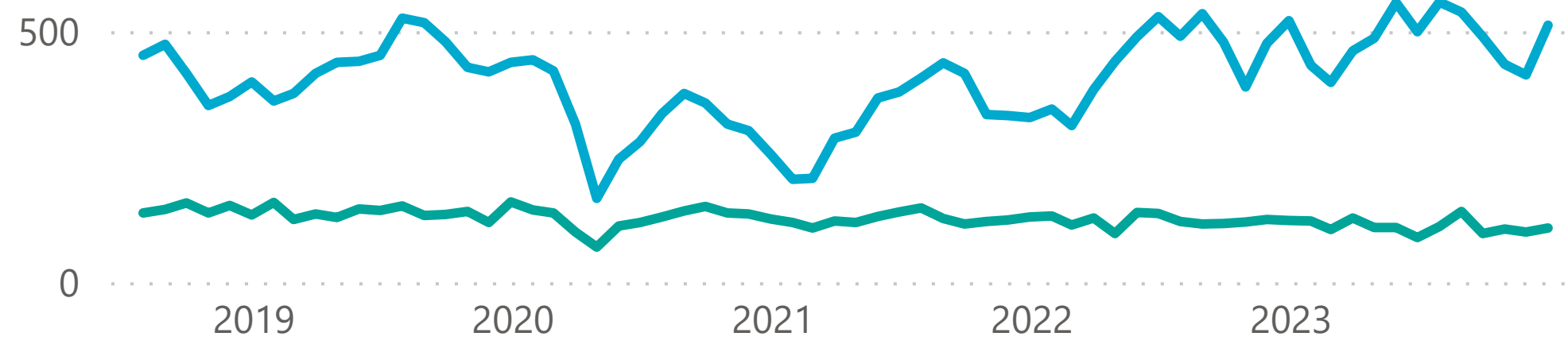
- It was forecast that at the end of March 2024 there would be 4 patients who had waited over 104-weeks, with a further 13 waiting over 52 weeks. The total list size is forecast to be 1,209.
- There are currently 5 restorative Dentistry patients who have waited over 104-weeks. We are working with NHS Grampian and expect that all patients will be seen early in Quarter 1 of 2024/2025.
- The focus within the quarter October - December 2023, was those waiting greater than 52 weeks. This has seen a decrease in the numbers waiting since October (36 to 25).

Accident & Emergency (Source: TrakCare)

Latest Data: December 2023

Monthly Attendances

Dischg. Type ● Admitted ● Non-Admitted



Latest Month

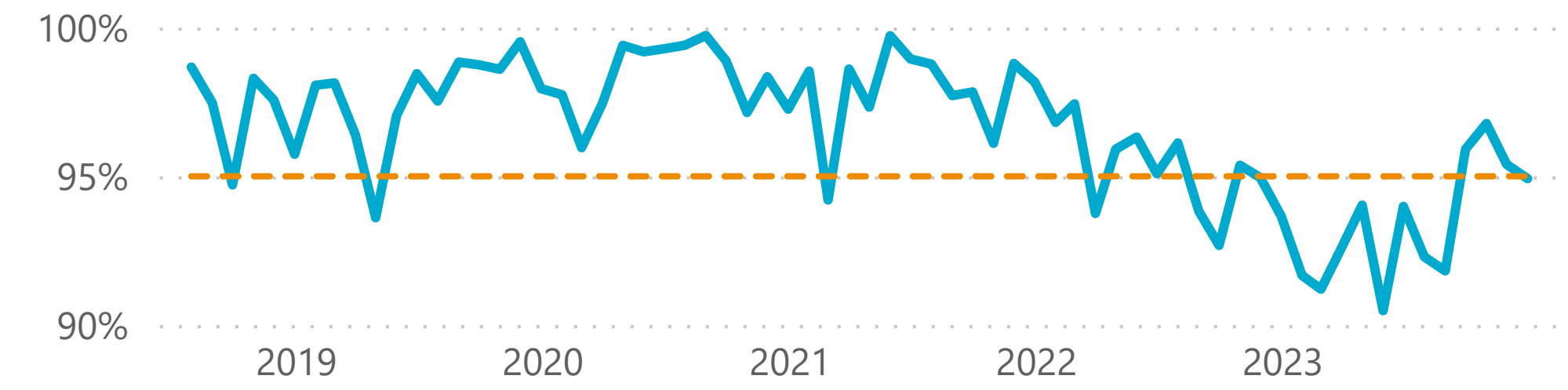
December 2023

620
Attended

108
Admitted

Monthly Compliance (Non-Admitted)

● Compliance ● Target



Latest Month

December 2023

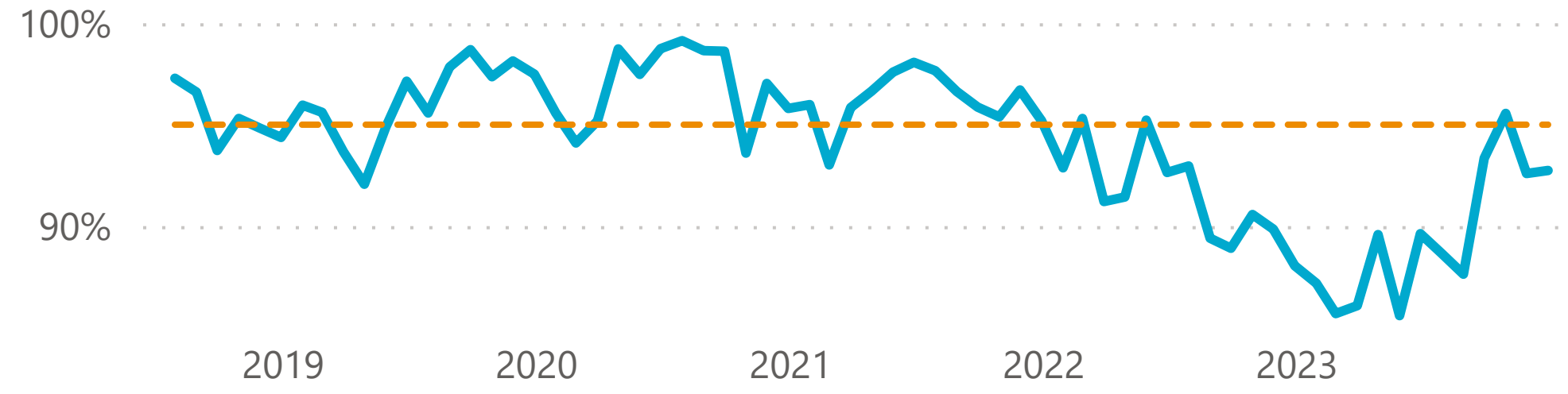
512
Attended

26
Breach

94.92%
Compliance

Monthly Compliance

● Compliance ● Target



Latest Month

December 2023

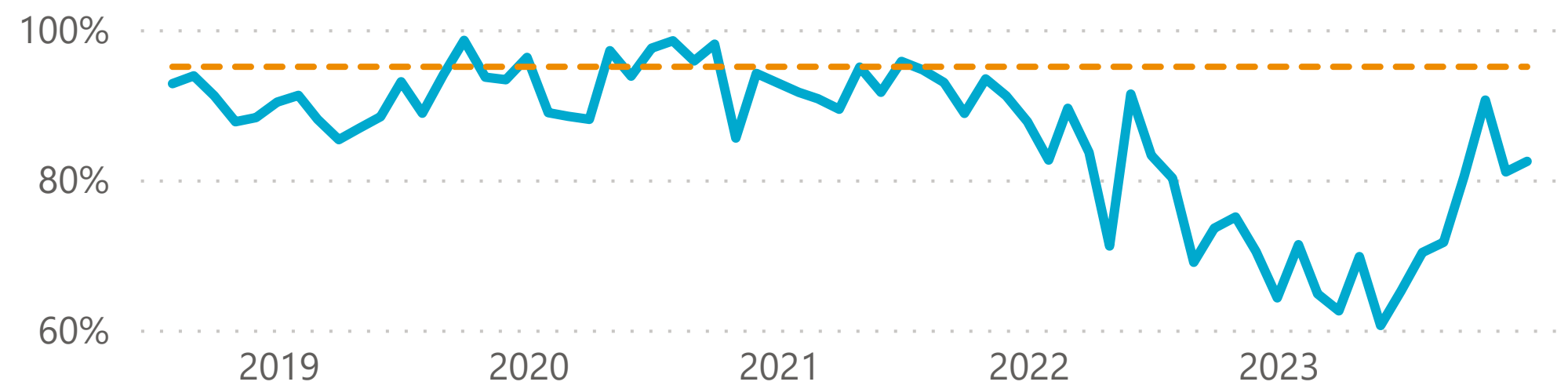
620
Attended

45
Breach

92.74%
Compliance

Monthly Compliance (Admitted)

● Compliance ● Target



Latest Month

December 2023

108
Attended

19
Breach

82.41%
Compliance

Issues/Performance Summary

- Emergency access performance remains strong. Some of the highlights, include:
 - Performance against core performance measures remains > 90% for both admitted and minors
 - No 12-hour breaches reported within the last period
 - Scottish Ambulance Services (SAS) turnaround time remains <15mins

Planned/Mitigating Actions

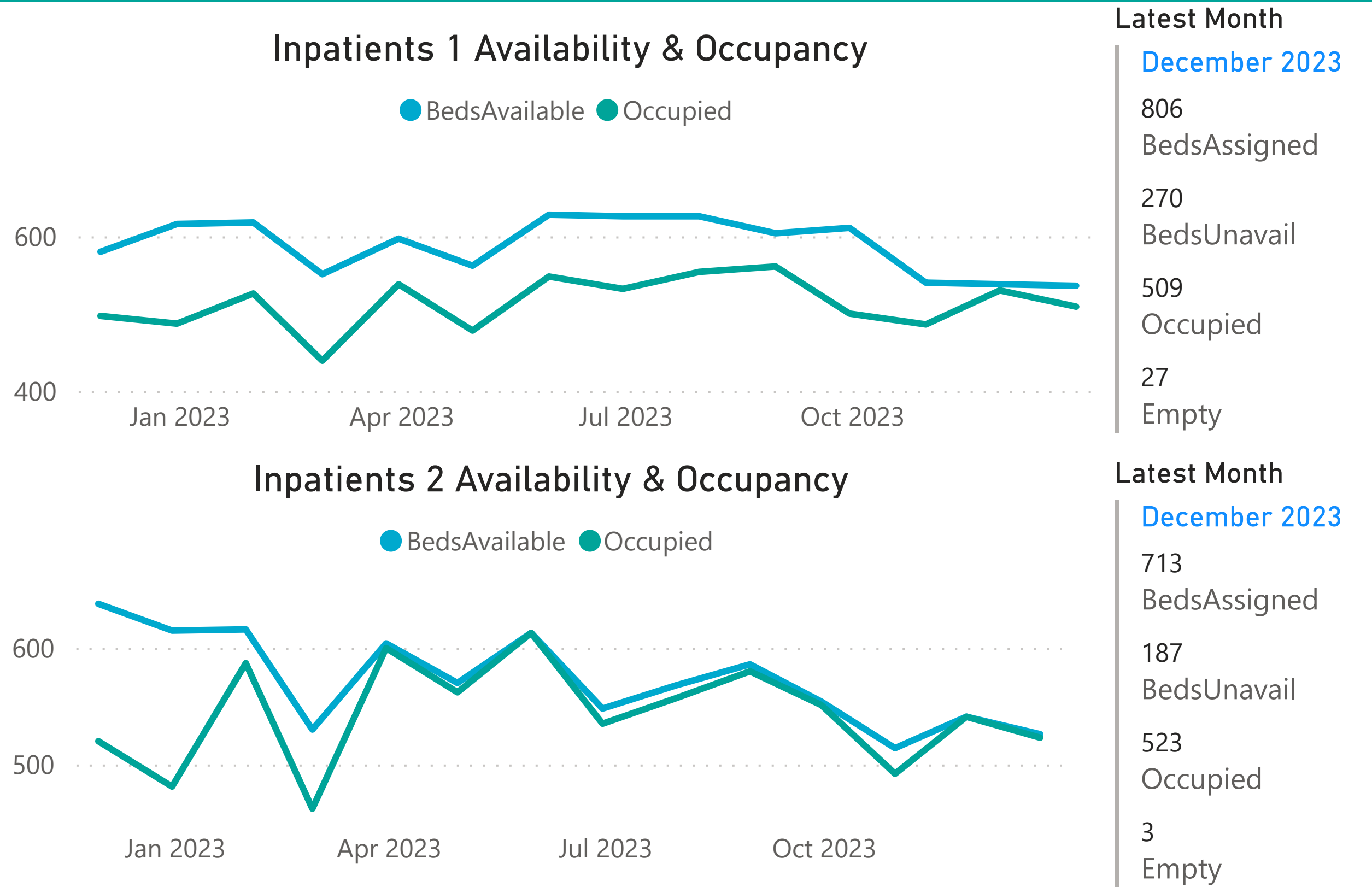
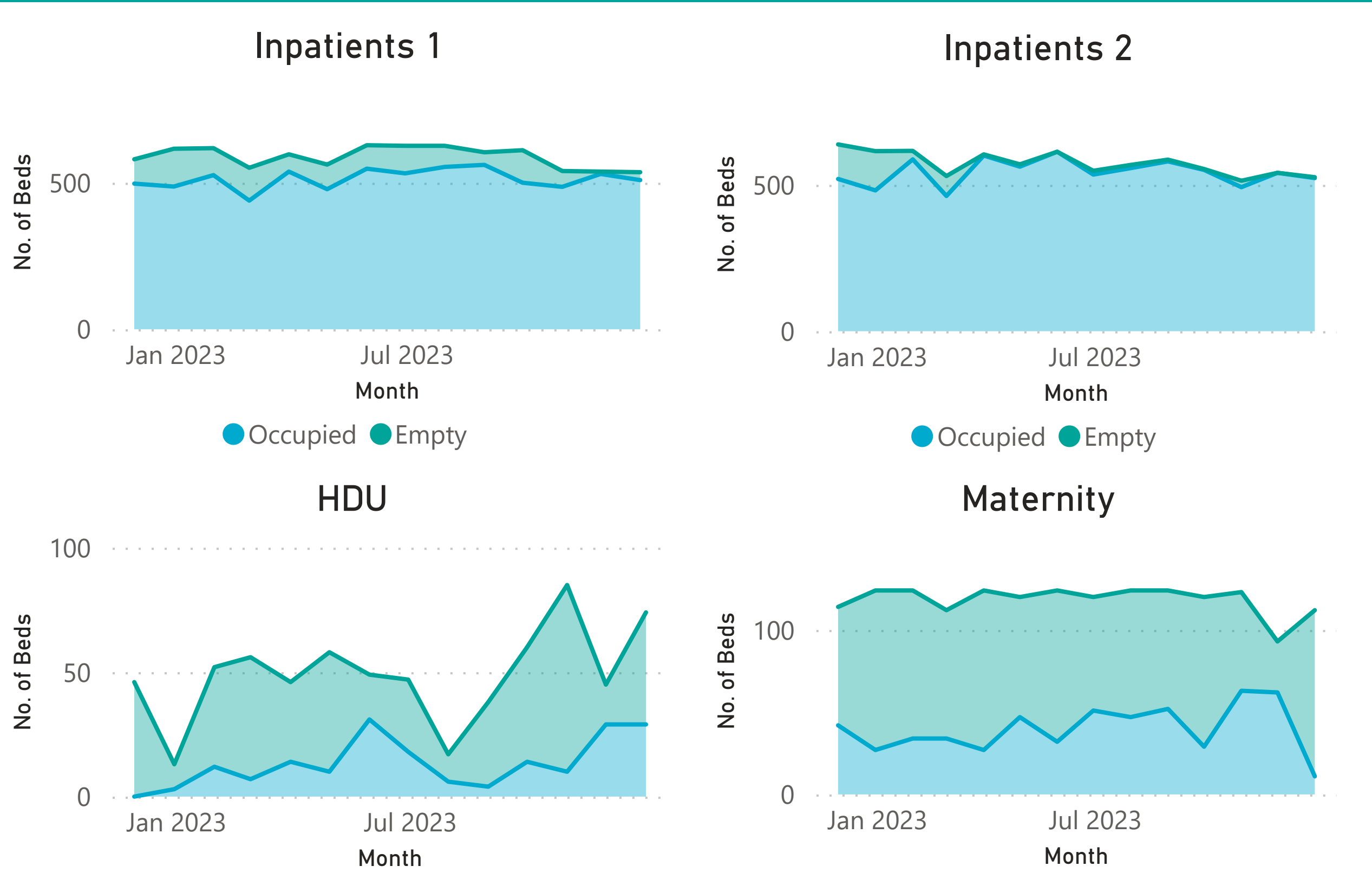
- Continued focus on 4-hour standard to ensure best outcome for patients.
- Active attendance and participation in National Workstream - Flow Navigation operational delivery group to bring best practice to NHS Orkney.
- Peer review of Emergency Department service provision and staffing is scheduled for quarter 4 2023/24.

Assurance/Recovery Trajectory

- Site escalation plan in place for The Balfour.
- Winter Plan being embedded with focus on understanding best practice models including flow navigation utilisation and scheduling unscheduled care, and how they can positively impact performance locally.
- Current December data shows maintained performance and sustained improvement. Weekly compliance 20/12 - 26/12 was at 98.29%.

Bed Occupancy & Availability (Source: TrakCare)

Latest Data: December 2023



Issues/Performance Summary

- Occupancy in Inpatient 1 ward over December and the beginning of January was operating at 80% occupancy. This was in part due to unscheduled admissions decrease and work done to facilitate discharge where possible.
- Macmillan occupancy remains static with 75% the majority of the time.
- Inpatient 2 ward occupancy was held at 14 beds due to staffing and acuity concerns, however due to the requirement for inpatient bed space over the month of December into January, these beds were also utilised.

Planned/Mitigating Actions

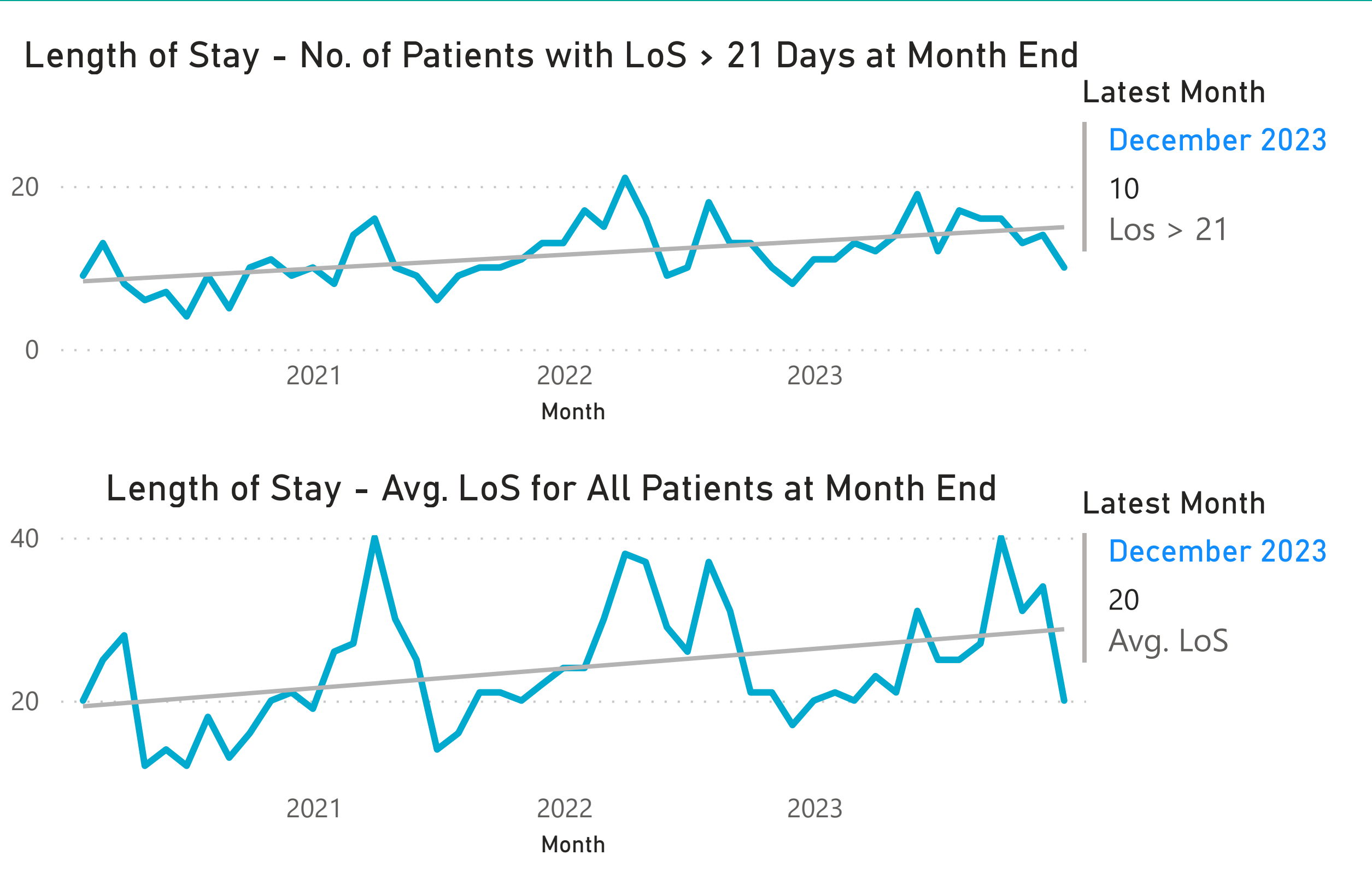
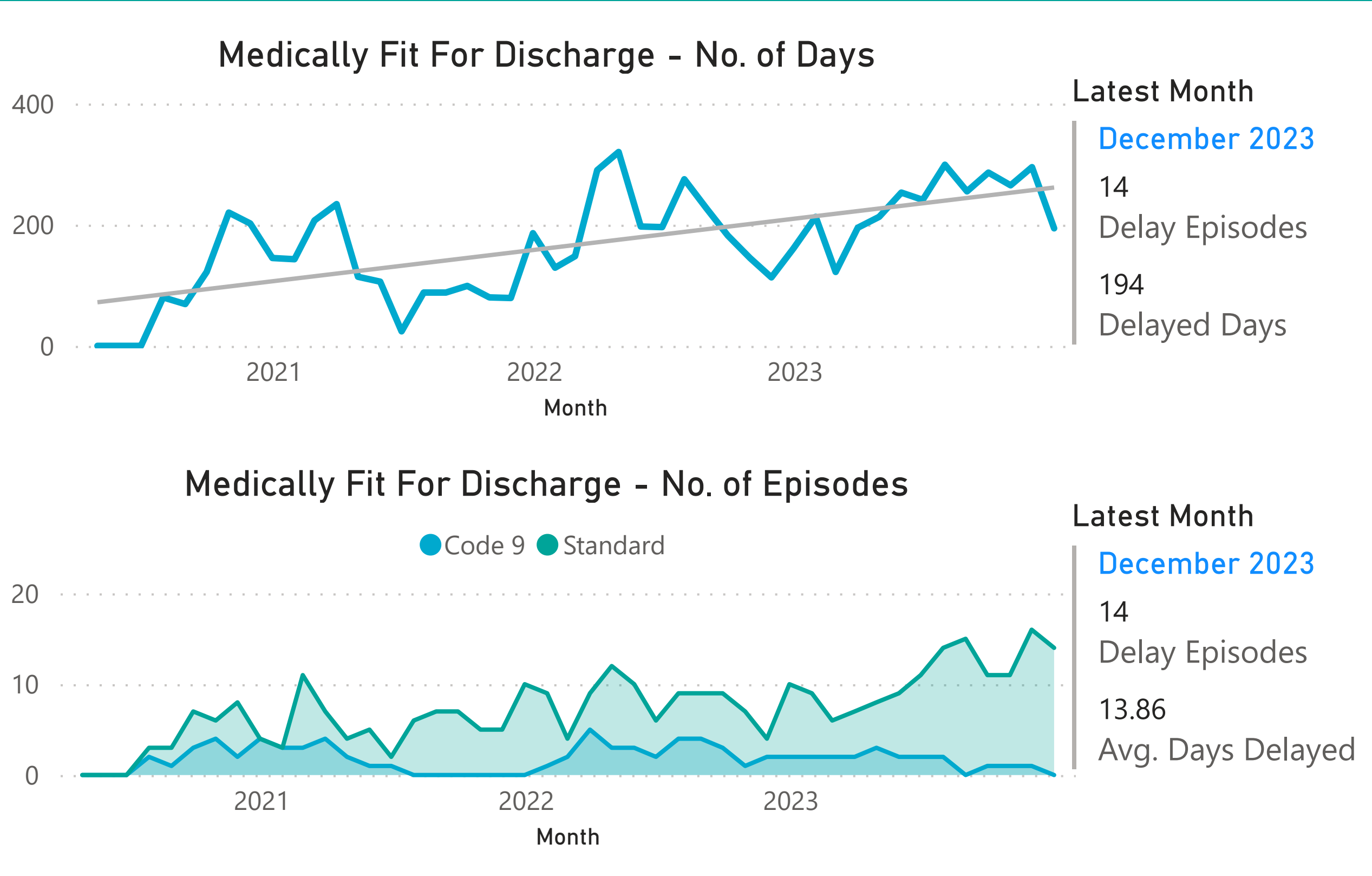
- Focus on discharge planning with early facilitated discharge and criteria-led discharge.
- Weekend discharges increased. Weekday and weekend discharges prior to noon = 20%.
- Winter Plan – Outpatient Parenteral Antimicrobial Therapy, has delivered 3 episodes of care for this time period, saving 25 bed days.

Assurance/Recovery Trajectory

- The aim is to maintain bed occupancy across the site in each area at no more than 90%. Allowing for a surge in unscheduled presentations and to preserve elective activity.
- Work continues to facilitate discharge and timely transfer of care with links into national pieces of work around admission and discharge.

Delayed Discharges & Length of Stay (Source: Bed Manager, TrakCare)

Latest Data: December 2023



Issues/Performance Summary

- Continued capacity challenges were noted into early December. Peaking at 12 delayed transfers of care with a reduction to 4 delayed transfers of care prior to the festive period, which continued to decrease over December.
- The average length of stay decreased from 34 days in November to 20 in December.
- During January, unscheduled admissions due to frailty and associated core morbidities has increased leading to 9 current delayed transfers of care.

Planned/Mitigating Actions

- Weekly performance and oversight report continues to be submitted to CEOs at NHS Orkney and Orkney Islands Council, with intervention and further escalation/challenge as needed.
- Weekly health attendance at Remote Monitoring and Management.
- Agreement via national Target Operating Model to achieve no more than 4 Delayed Transfers of Care on site, which will help to address challenges throughout the whole system.

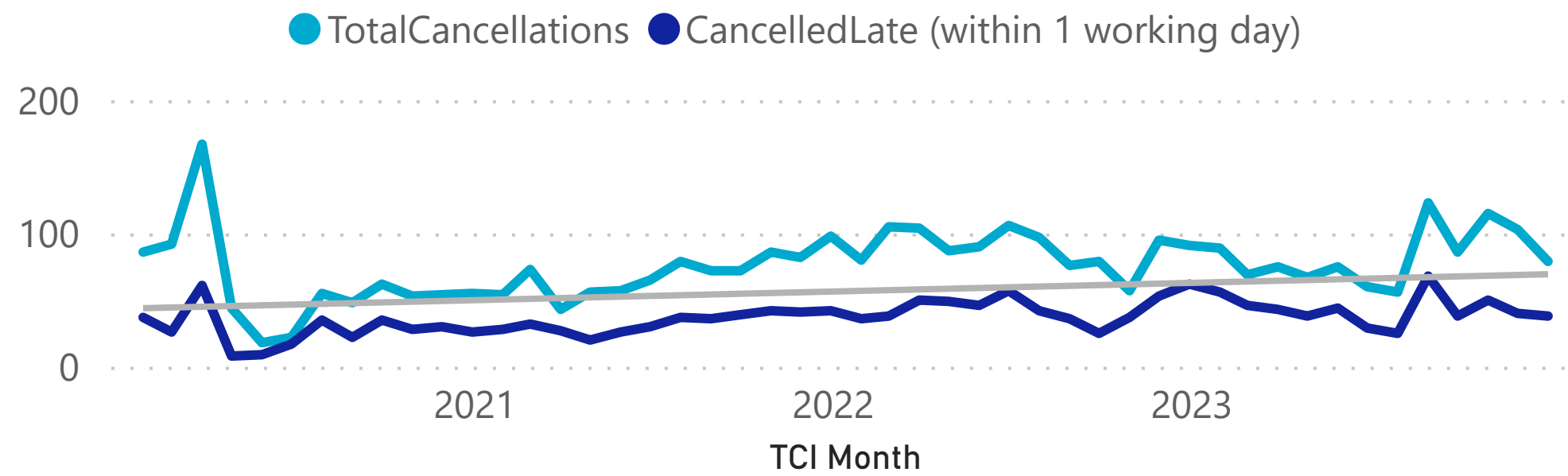
Assurance/Recovery Trajectory

- Each delayed transfer of care has been reviewed and alternative actions considered where applicable.

Cancelled Operations (Source: TrakCare)

Latest Data: December 2023

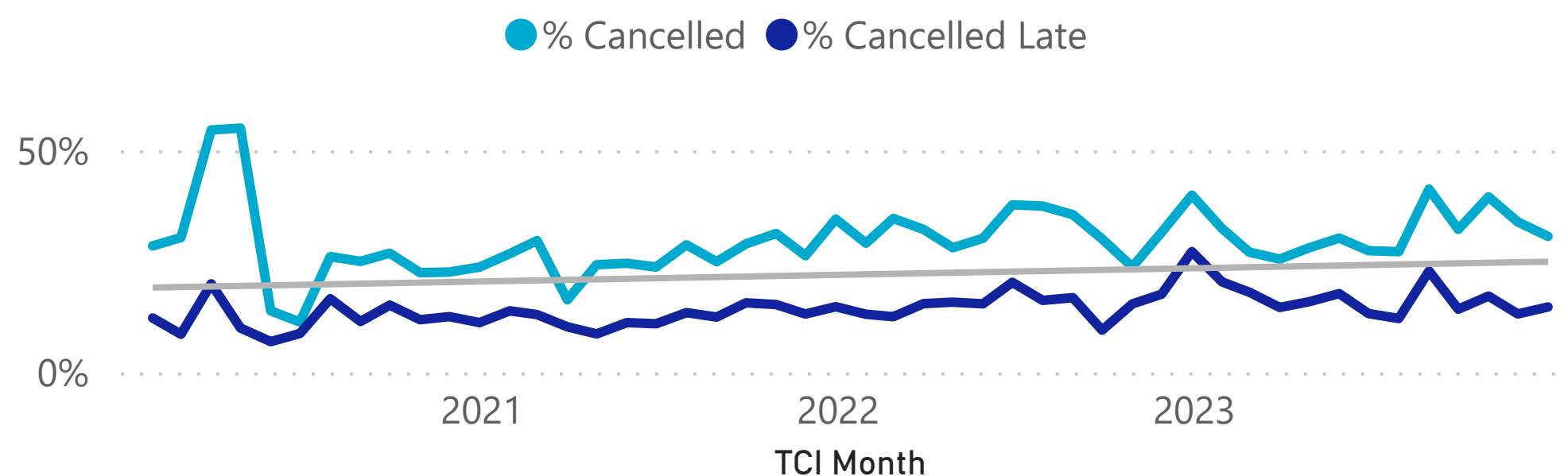
Cancelled Operations - Total No. of Cancellations



Latest Month
December 2023

75	Cancelled
38	CancelledLate
0	DNA
4	Not Performed

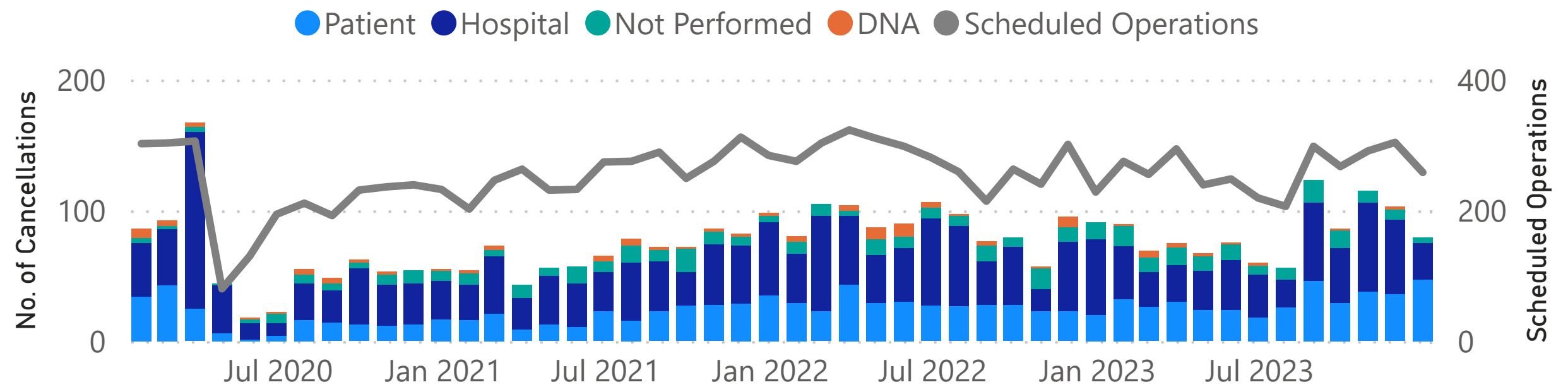
Cancelled Operations - Cancellations as % of Scheduled Ops.



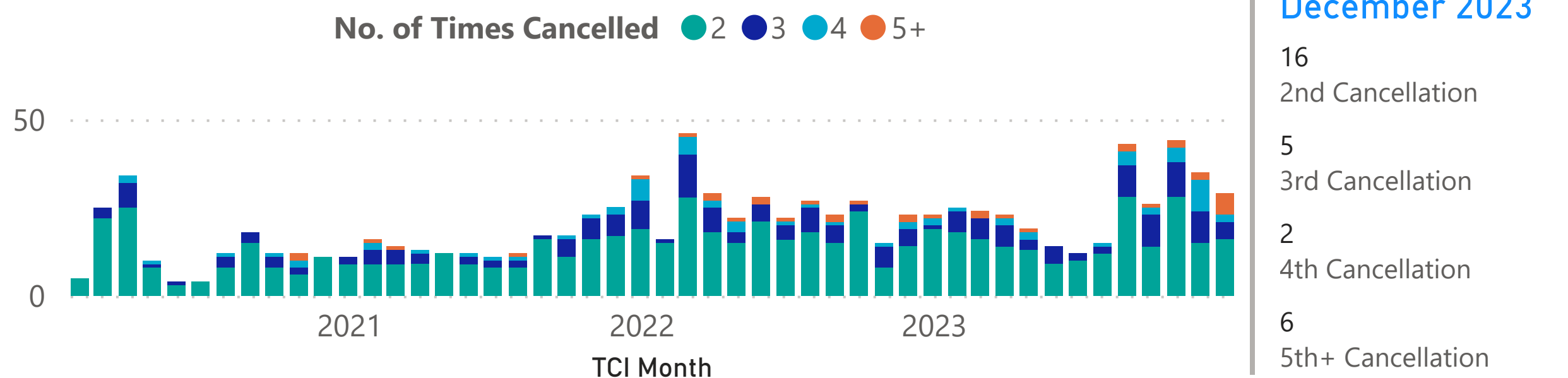
Latest Month
December 2023

258	Scheduled
30.62%	% Cancelled
14.73%	% Cancelled Late

Cancelled Operations - Initiator/Type of Cancellation



Cancelled Operations - Multiple Cancellations



Latest Month
December 2023

16	2nd Cancellation
5	3rd Cancellation
2	4th Cancellation
6	5th+ Cancellation

Issues/Performance Summary

- There has been a reduction in the number of procedures cancelled throughout December (72) in comparison to November (96). The percentage of cancelled operations reduced from 32.1% to 28.2% in the same period.
- Cancellations were for a variety of reasons including patient not fit for surgery on the day, patient unable to travel, restrictions on staff travel due to weather and on 2 occasions lack of inpatient bed capacity on the acute site.

Planned/Mitigating Actions

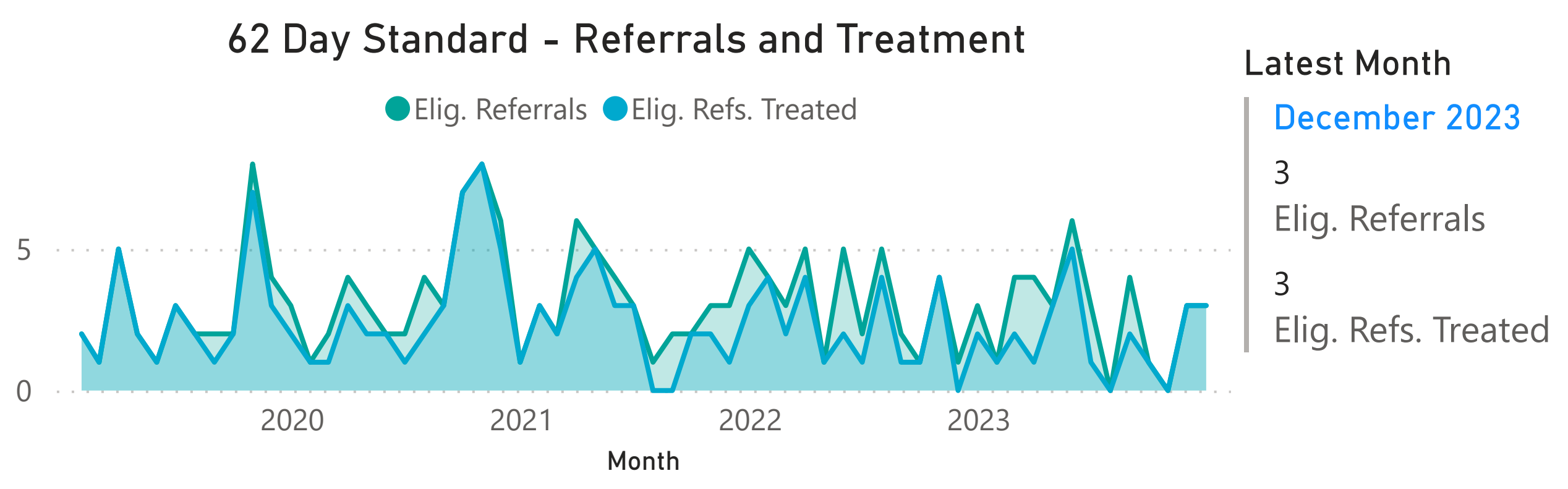
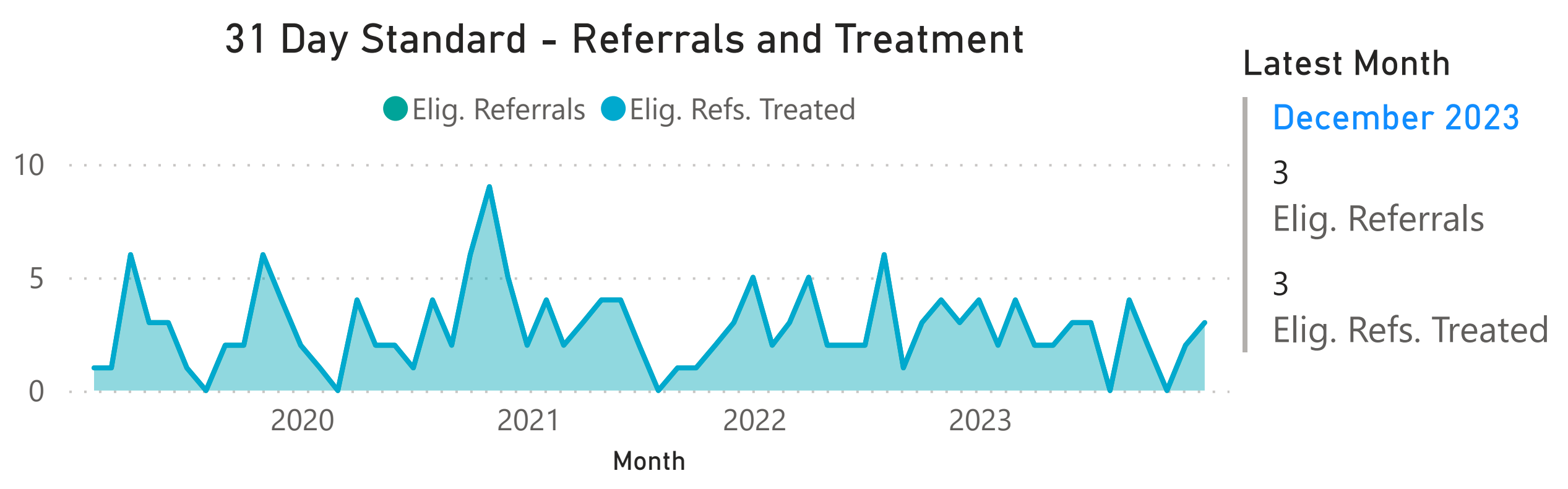
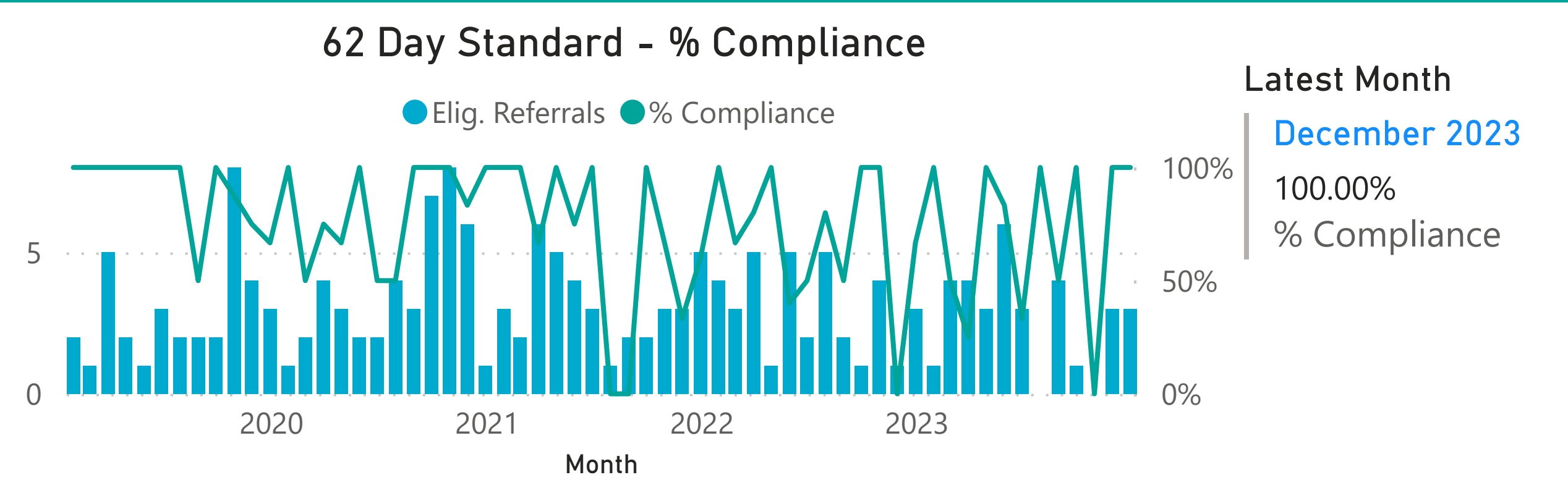
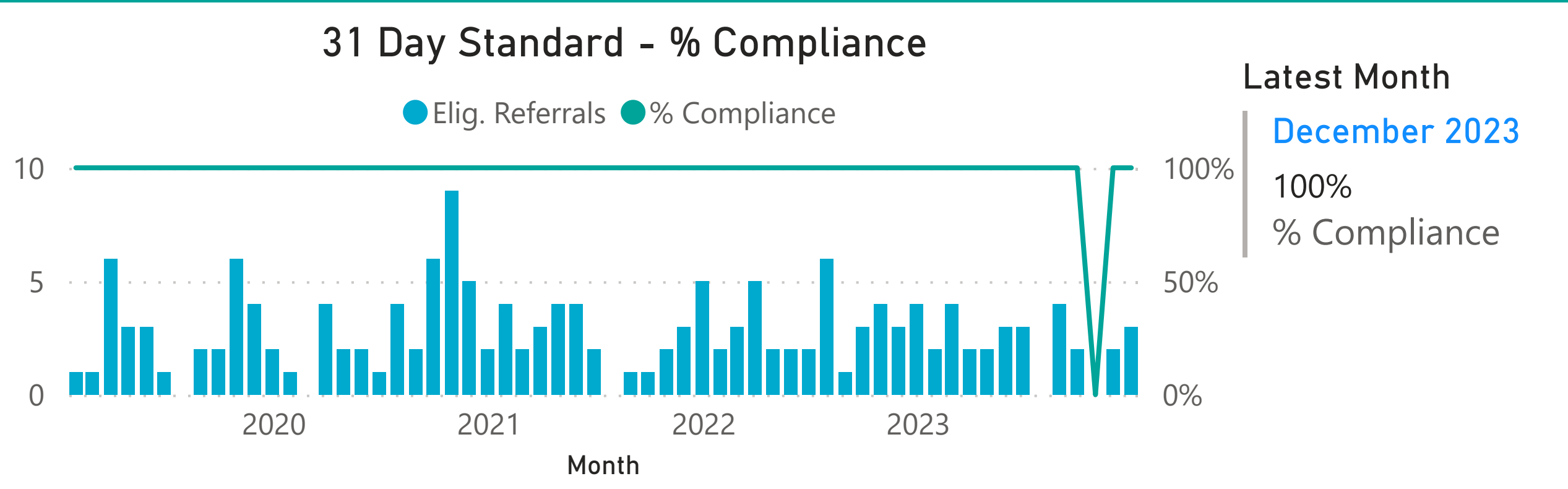
- A review of the data submitted to Public Health Scotland is undergoing.
- A review of cancelled operations to be undertaken to address the current performance. For the reported period 16 procedures were cancelled by a patient or the Board which resulted in the 2nd or more cancellation for that procedure over the date range for each of these patients. Of these 16 patients, 6 have experienced 5 or more cancellations. It is crucial that where a cancellation occurs that the Access Policy is applied on each occasion.

Assurance/Recovery Trajectory

- Over the last 3 months there has been a sustained performance in the reduction of cancellations.

Cancer Waiting Times (Source: Cancer Waiting Times Co-Ordinators)

Latest Data: December 2023



Issues/Performance Summary

- Both 31 and 62 day performance was 100 per cent.

Planned/Mitigating Actions

- Continue liaison meetings with NHS Grampian using breach analysis to identify any additional actions that can occur locally. Participate in the 4-6 weekly national breach meeting to learn from other boards.

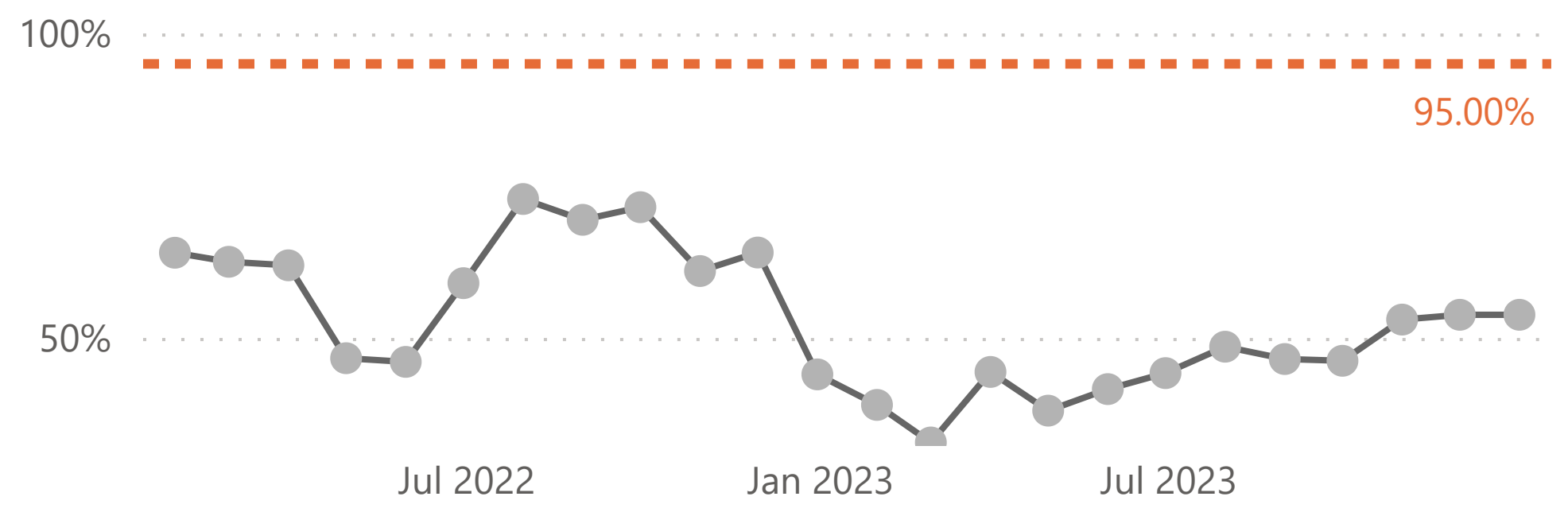
Assurance/Recovery Trajectory

- Better system connectivity is now present, but performance at 62 days will likely continue to oscillate dependent on tumour type and access to diagnostics/treatment in NHS Grampian

Treatment Time Guarantee (Source: TrakCare)

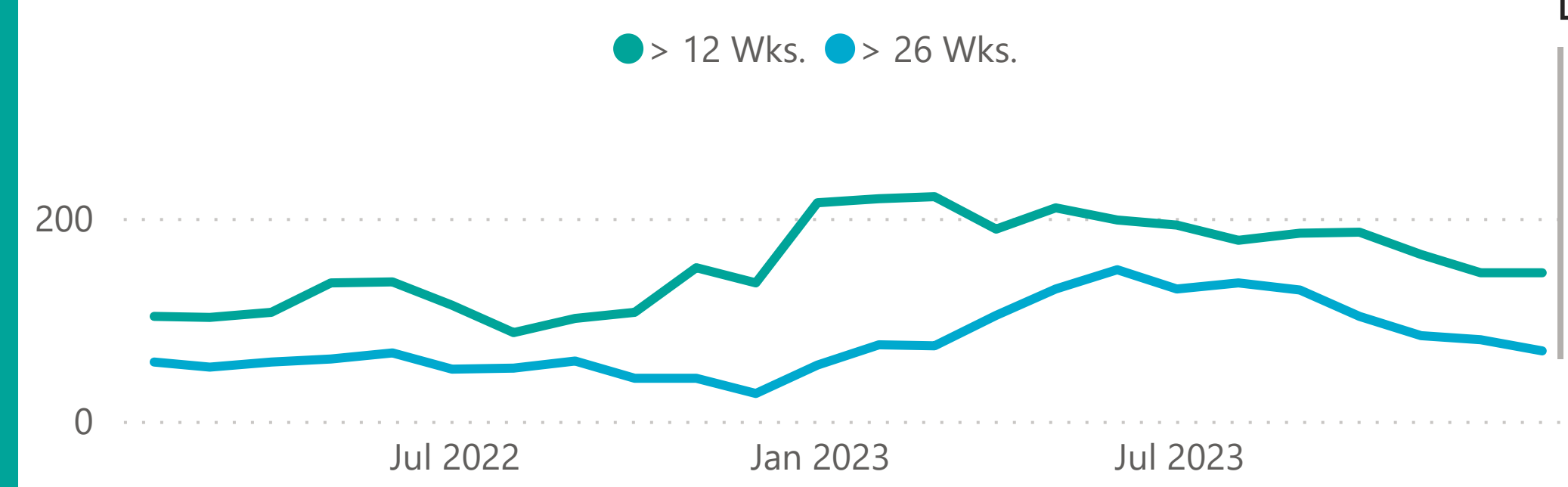
Latest Data: December 2023

TTG - % of Patients Waiting < 12 Weeks



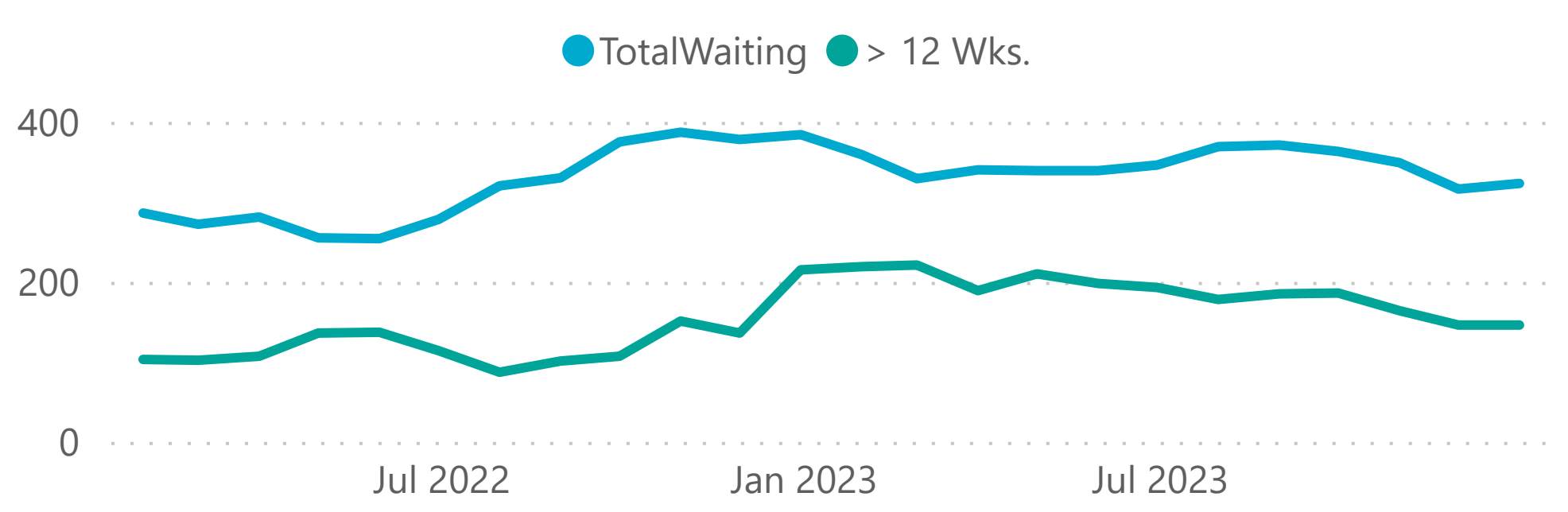
Latest Month
December 2023
323
TotalWaiting
146
> 12 Wks.

TTG - Patients Waiting >12 & 26 Weeks



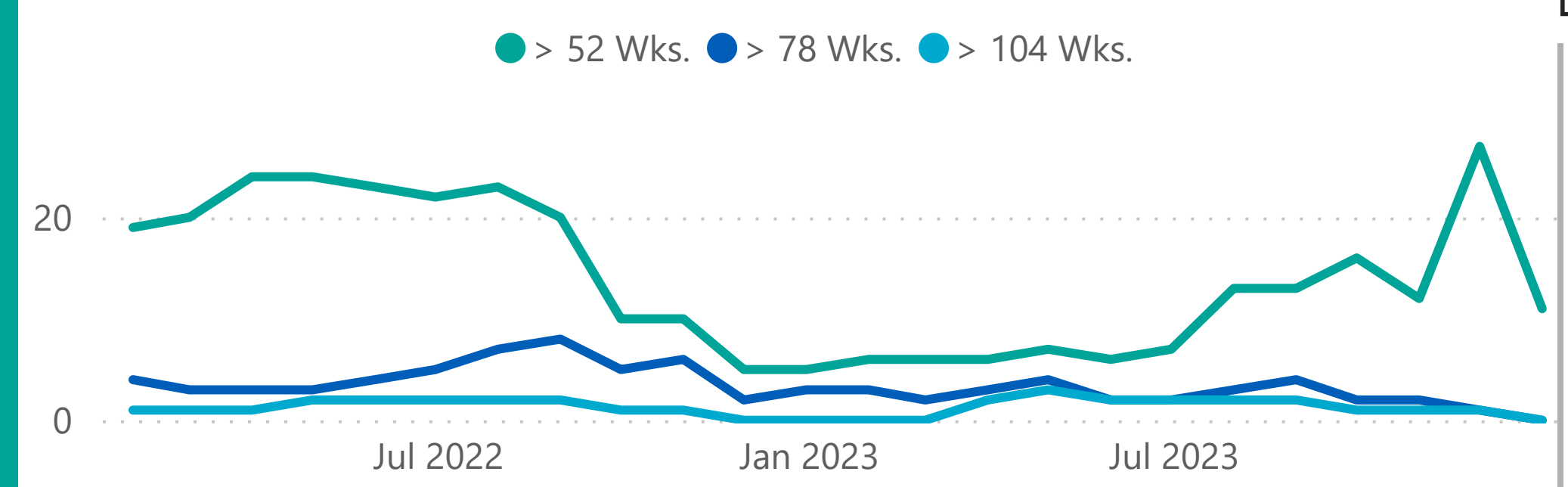
Latest Month
December 2023
146
> 12 Wks.
69
> 26 Wks.

TTG - Total Waiting & > 12 Weeks



Latest Month
December 2023
323
TotalWaiting
146
> 12 Wks.

TTG - Patients Waiting > 52, 78 & 104 Weeks



Latest Month
December 2023
11
> 52 Wks.
0
> 78 Wks.
0
> 104 Wks.

Issues/Performance Summary

- There are long waits for Inpatient treatment/procedures, with waits over 52 weeks in Ophthalmology and Pain Management.
- The numbers waiting over 52 weeks towards the end of December was impacted due to the timing of the visiting Ophthalmology service.
- The total list size for December is 323 compared to 349 at the end of October.

Planned/Mitigating Actions

- Establish a focus group for Ophthalmology to create ownership and reduce the Inpatient waiting list.
- Initial meeting with the national ophthalmology performance lead to identify alternative ways of reducing the waiting list within the specialty.

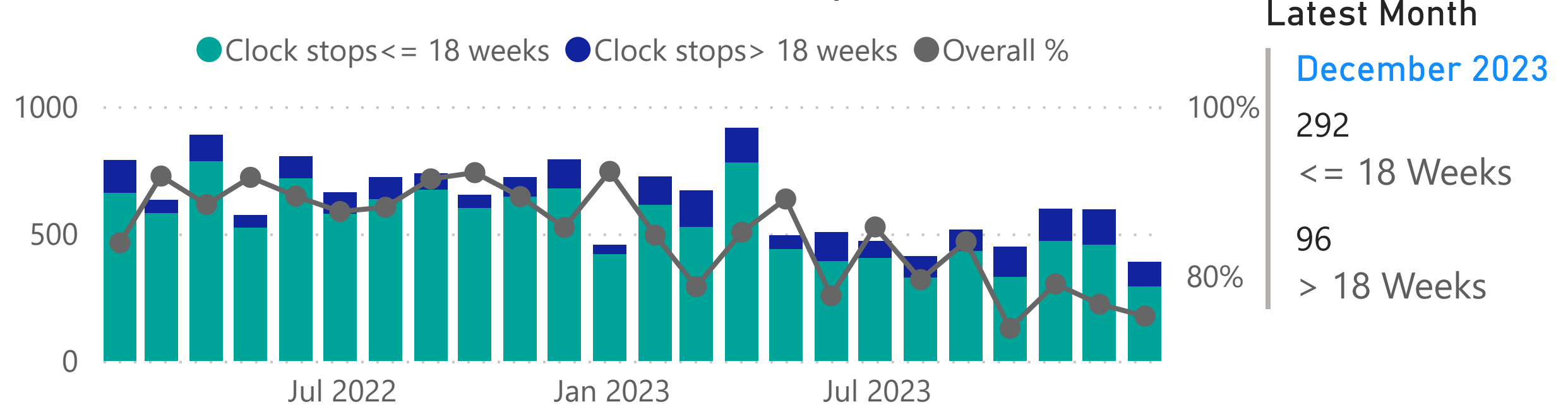
Assurance/Recovery Trajectory

- We remain on track to deliver against the forecasted trajectory for long waits both over 78 weeks and 104 weeks.
- There are currently 11 patients waiting longer than 52 weeks. This was forecast to be no more than 2 patients waiting by the end of March 2024.

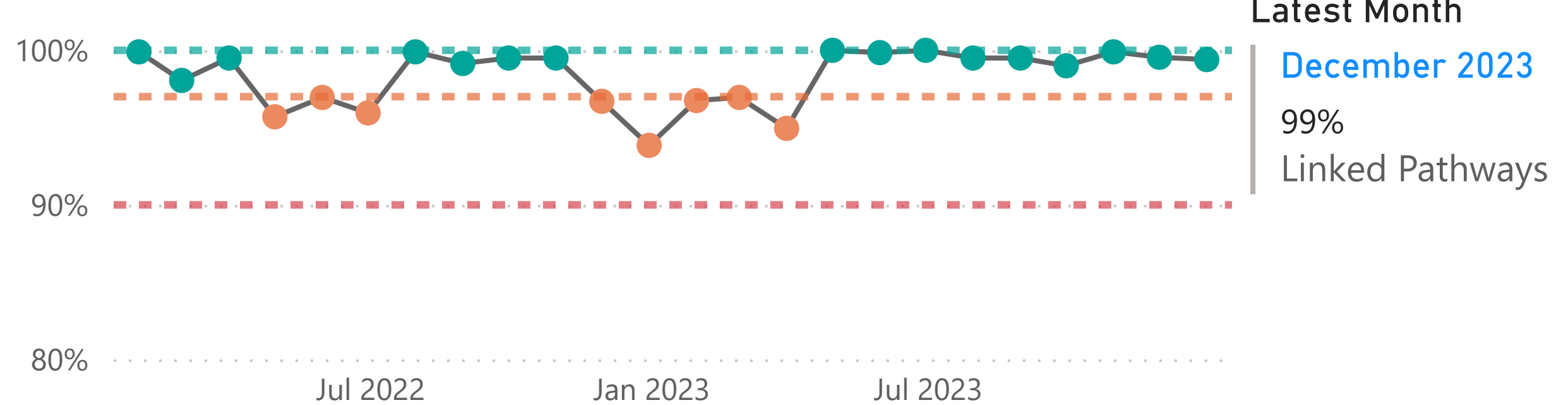
18 Week Referral to Treatment (Source: TrakCare)

Latest Data: December 2023

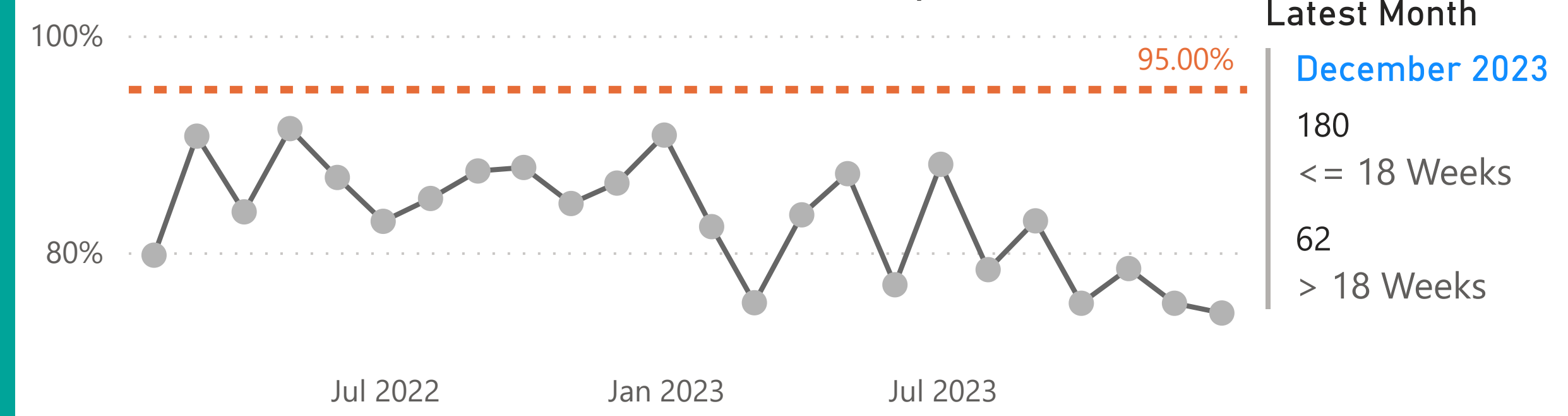
18 Week RTT - Overall Compliance



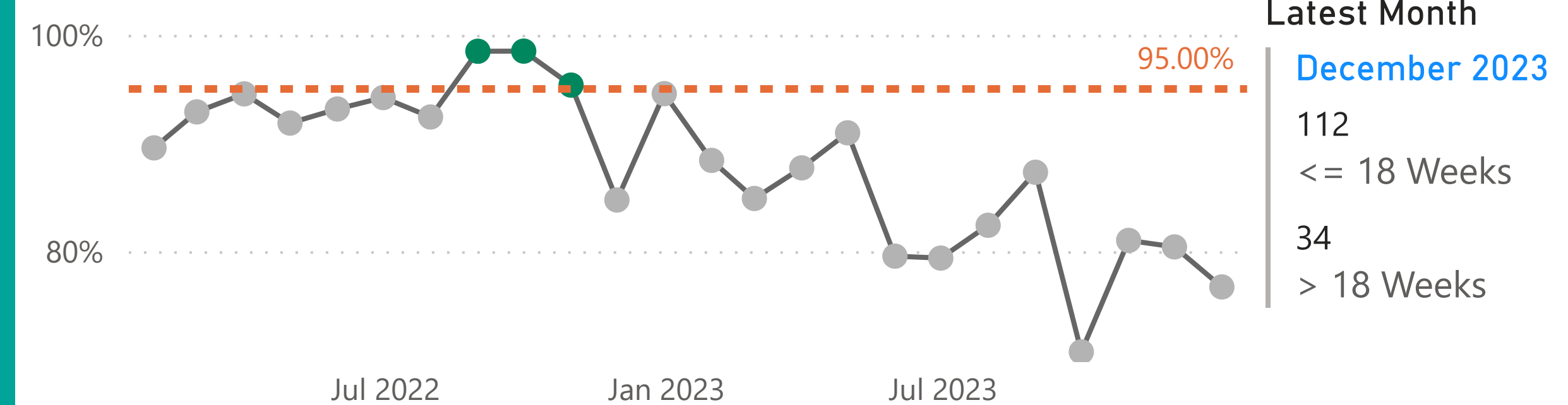
18 Week RTT - % of Pathways Linked



18 Week RTT - Non-Admitted Compliance



18 Week RTT - Admitted Compliance



Issues/Performance Summary

- Those services performing which reported 100% of patients treated/ discharged within 18-weeks of referral at the end of December include Gynaecology and Rheumatology.
- Those services underperforming against the standard include:
 - Ear, Nose and Throat 29%
 - Ophthalmology 60%
 - Oral and Maxillofacial Surgery 64%

Planned/Mitigating Actions

- Continue to share audit reports to improve data quality particularly in relation to missing outcomes. The actions taken in relation to the audit will support increasing the accuracy of reporting and support identification of key areas for improvement.
- Improvement Plan in relation to Public Health Scotland Review will be used to progress key actions, with a view to improving data quality across the organisation.

Assurance/Recovery Trajectory

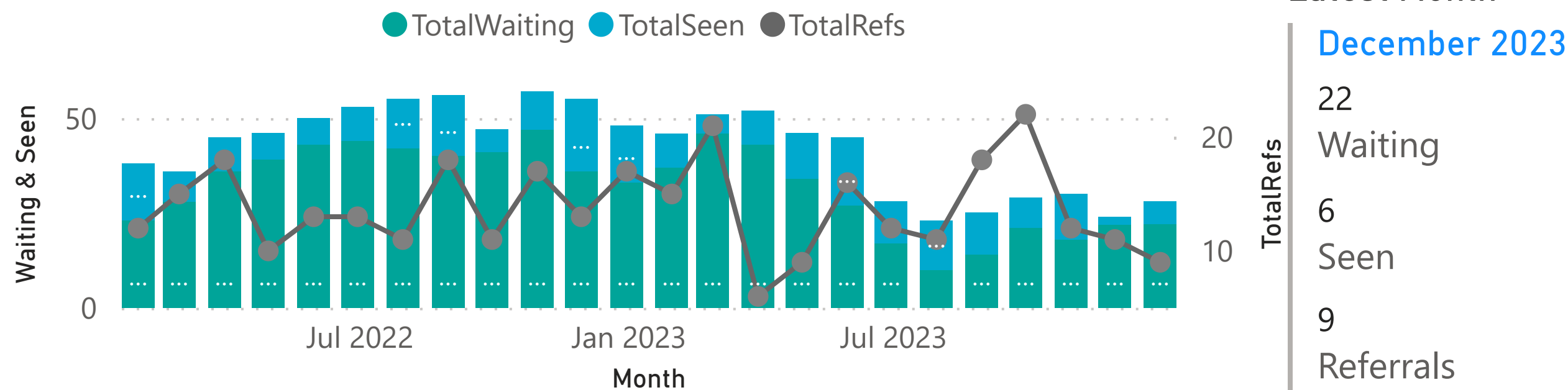
- A review of membership and also the agenda for the weekly Waiting Times performance meeting is underway to incorporate representation from medical colleagues, to support timely action against obstacles to success and renewed ownership.
- The Interim Deputy Medical Director chairs the meeting which has helped create better links between clinical and non-clinical teams, with a view to improving performance.

Community

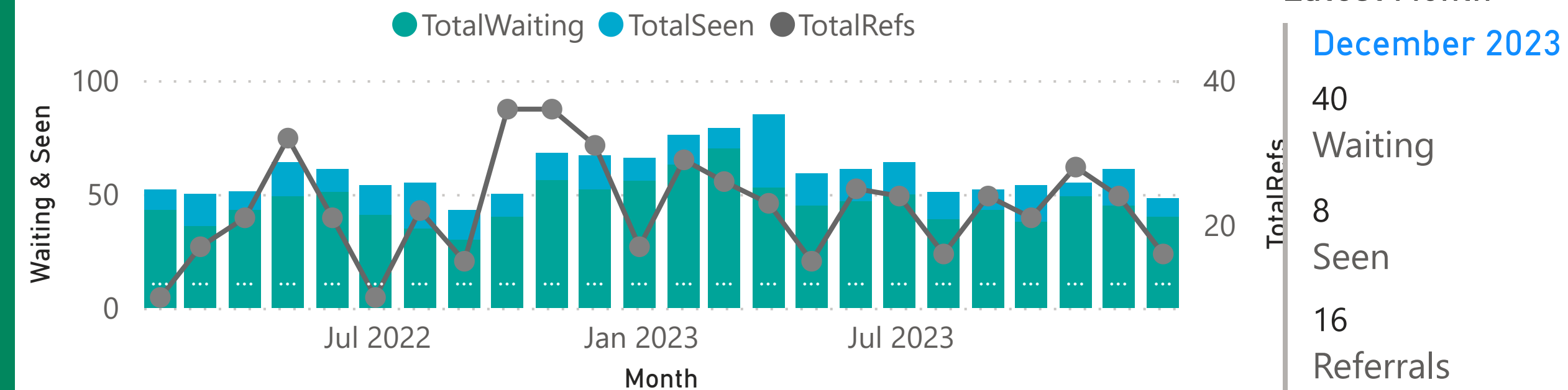
Section Lead: Chief Officer (Integration Joint Board)

Comments	Successes	Challenges
<ul style="list-style-type: none">• All community services continue to be stretched with increased demand and complexity. Superimposed on these pressures are shortages arising from vacancies and other absences.	<ul style="list-style-type: none">• Child and Adolescent Mental Health Services (CAMHS) met the waiting time guarantee.• Psychological Therapies consistently meet waiting time guarantees over 90% of the time.• Appointment to Clinical Lead Physiotherapist, with postholder due to commence early in 2024. Two new Community Nurses posts were appointed and commenced in post in February 2024.• Positive development on the upgraded PARIS system continues.	<ul style="list-style-type: none">• Increasing demand and complexity of patient need.• Staff working to the very top of their registration.• Demand for general adult and older adult psychiatry continues to rise.• Major shortage of staff in Community Nursing and Speech and Language Therapy for Adult services.• Accommodation shortages, both in residential and office/clinic space, which impacts the services ability to meet patients as timely as hoped.• Lack of robust information systems in some areas of services (e.g. Mental Health) continues to cause some challenges.• Recent challenges in the process for locum arrangements.

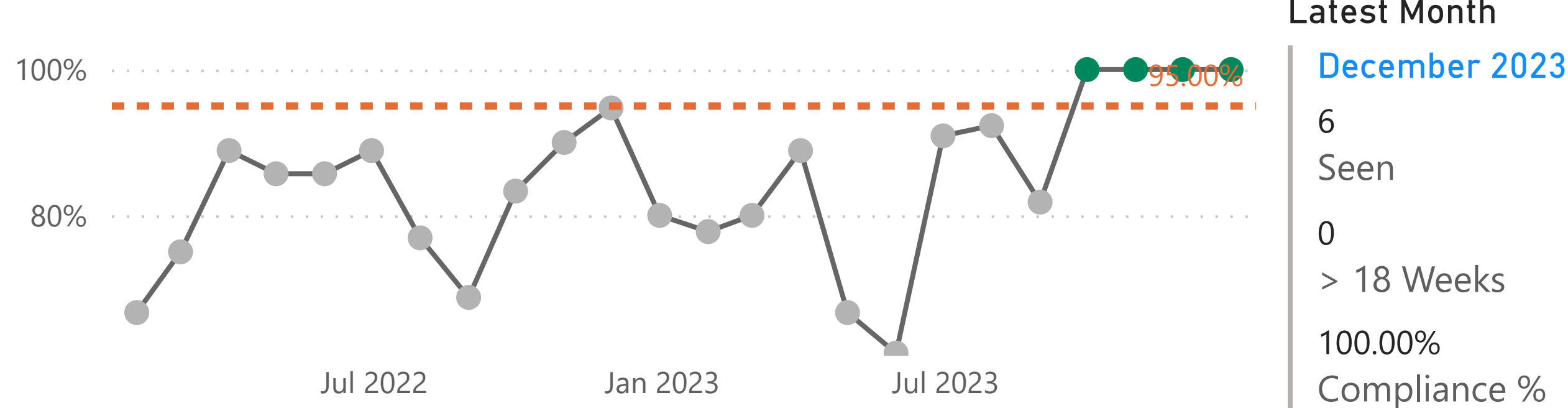
CAMHS - Referrals, Patients Seen, Patients Waiting



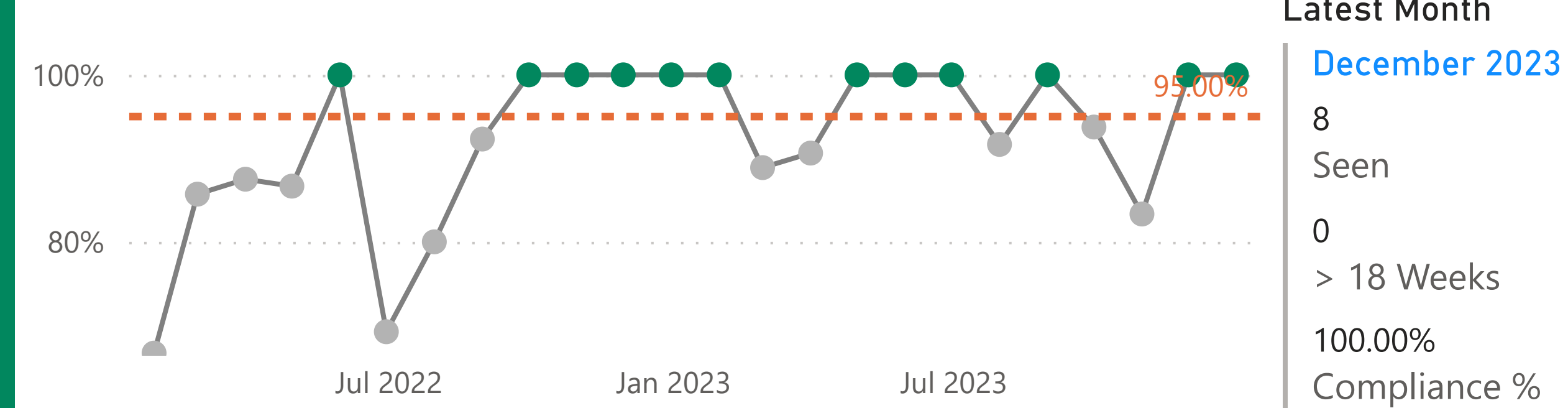
PT - Referrals, Patients Seen, Patients Waiting



CAMHS 18 Week RTT - Completed Waits % Compliance



PT 18 Week RTT - Completed Waits % Compliance



Issues/Performance Summary

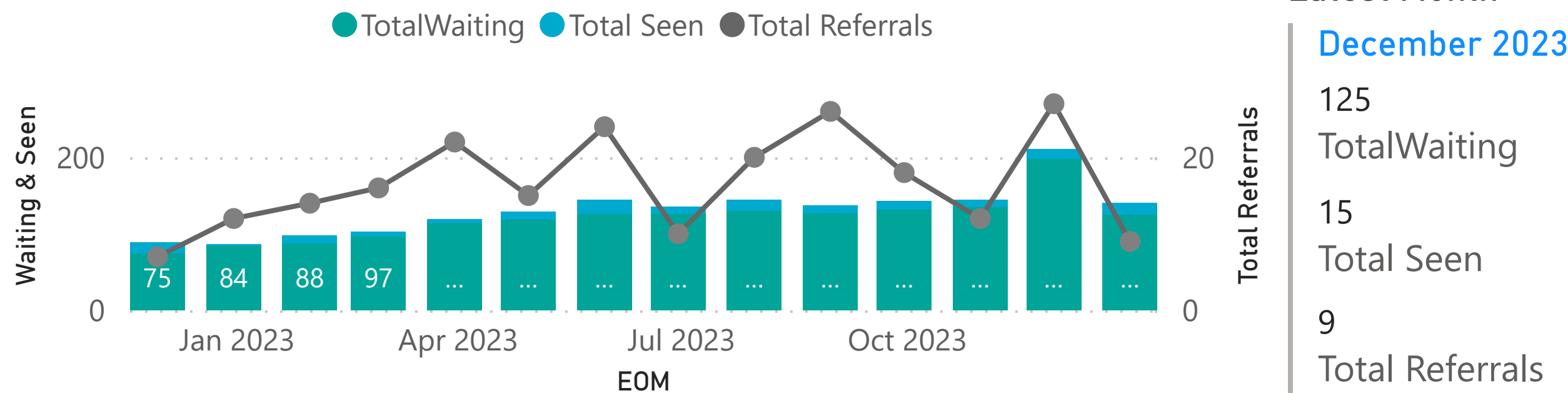
- Both are currently achieving 100% HEAT target compliance. It should be noted however that CAMHS submit adjusted data and Psychological Therapy submit unadjusted data.

Planned/Mitigating Actions

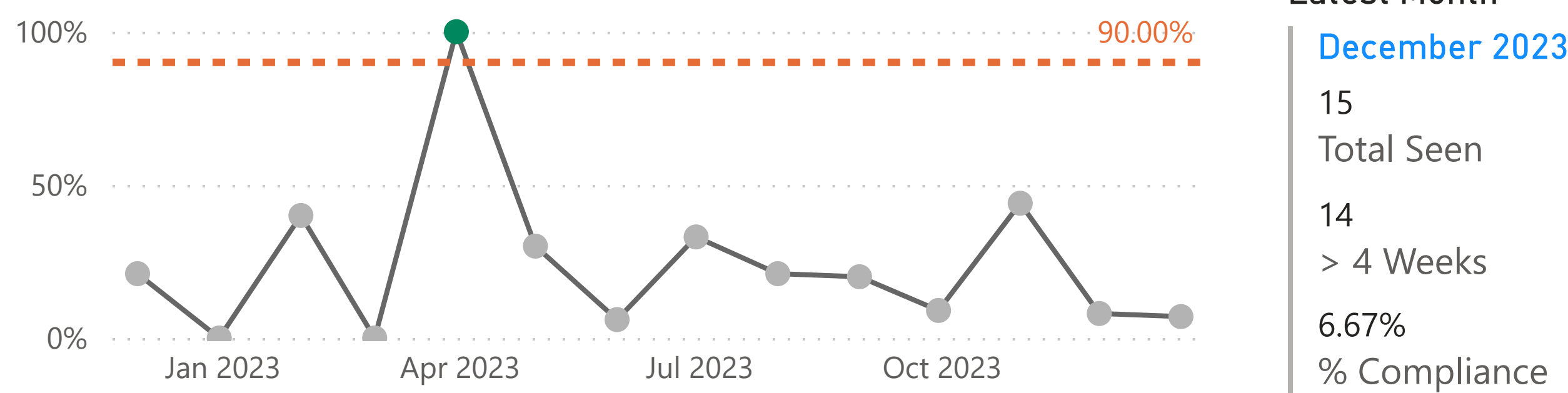
Assurance/Recovery Trajectory

- All efforts will be continue to meet the targets going forward but also achieve beyond.

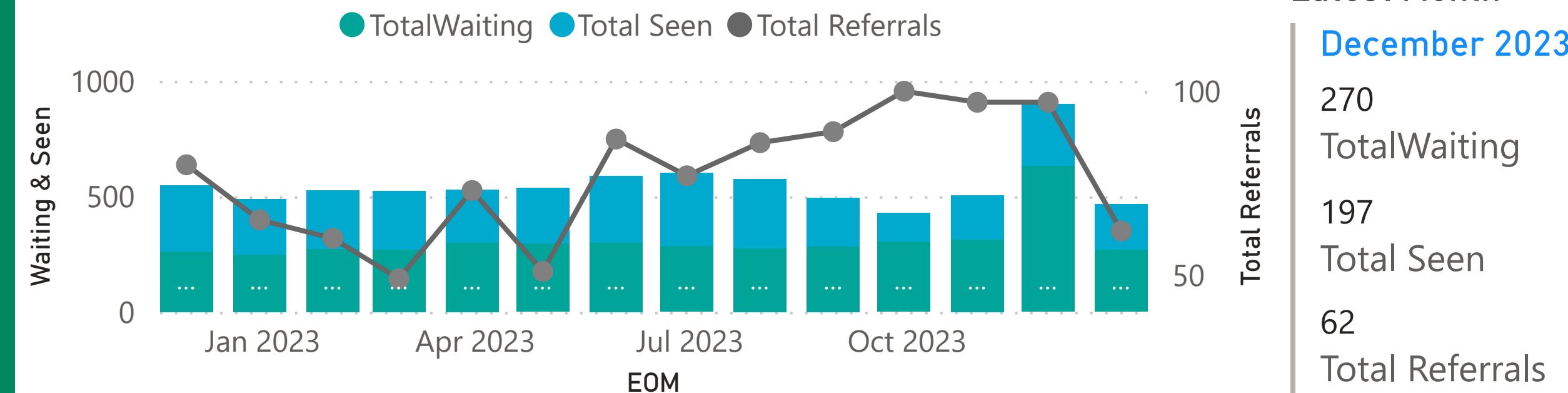
Podiatry - Referrals, Patients Seen, Patients Waiting



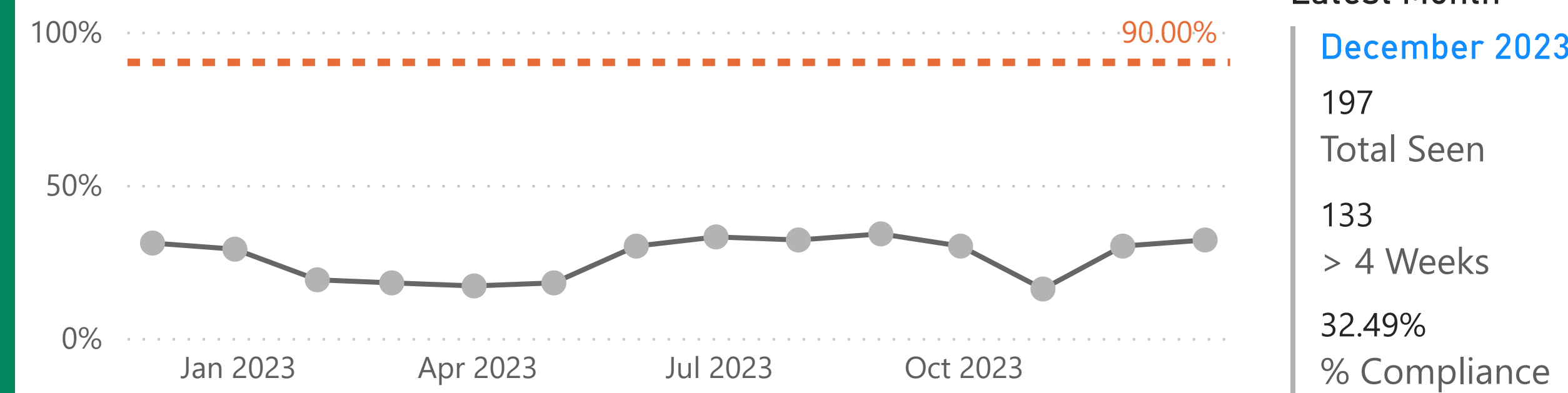
Podiatry 4 Week MSK - Completed Waits Compliance



Physiotherapy - Referrals, Patients Seen, Patients Waiting



Physiotherapy 4 Week MSK - Completed Waits Compliance



Issues/Performance Summary

- Physio Musculoskeletal new referrals have increased by 50% possibly linked to vacant primary care First Contact Practitioner role. Did not attend rates remained static causing significant productivity losses. An average of 70 appointment slots per month. Longest waits are on an improving trajectory. 45 new and return Podiatry patients treated in Dec, 66 new unallocated referrals. 14 did not attends, activity affected by leave (10 clinical days in total, 2 days to sickness absence). Musculoskeletal Podiatry referrals are clinically triaged as lower priority compared to patients with high risk diabetes, active foot diseases. These patients are at significant risk of increased morbidity and mortality. The current podiatry resource for Musculoskeletal is 0.4 WTE clinical time. In October 17 clinical days lost to planned leave. All activity is redirected to patients at high risk.

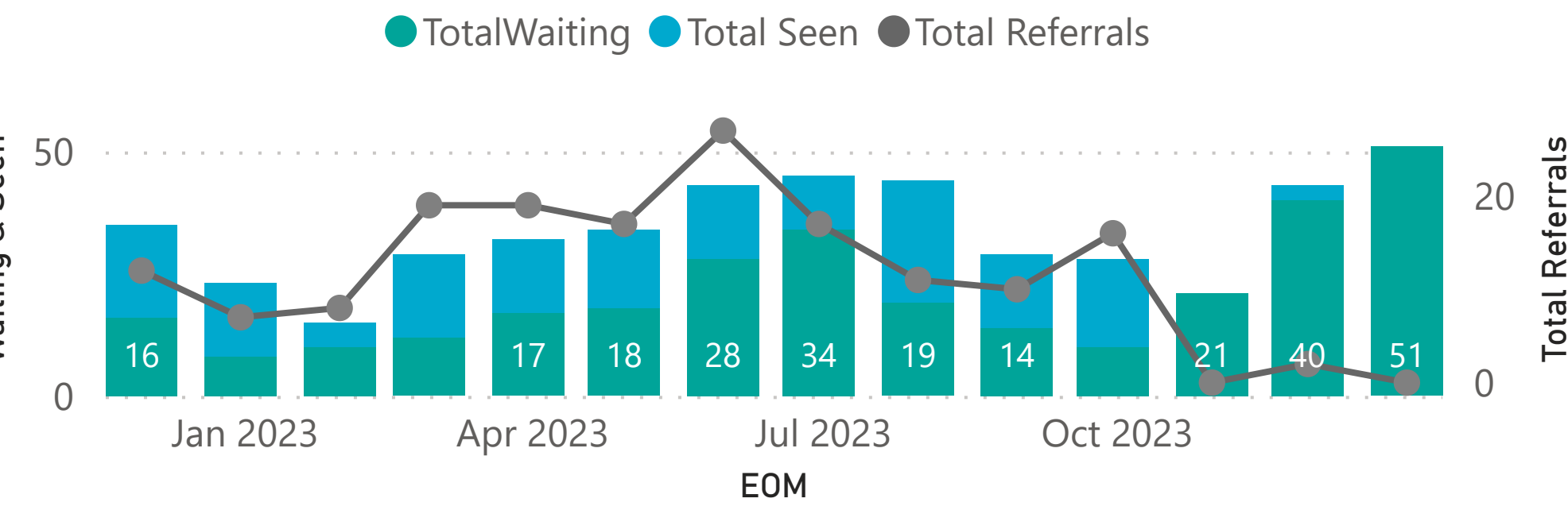
Planned/Mitigating Actions

- First Contact Practitioner proposed Annexe 21 post to attract and retain specialist clinician. Standing Operating Procedure developed to address Did not attend patient levels. Service Access Policy being applied. Electronic patient booking and text alert system may reduce did not attend and cancellations. New to review ratio's benchmark as best performing across Scotland. Peripatetic Isles service proposal to address longest waits as a statistical outlier.
- Vacancy against the Musculoskeletal establishment from end of December (0.4 WTE) All Musculoskeletal patients waiting have received a telephone triage. Workforce plan identifies the need for capacity for patients requiring podiatric intervention. Personal footcare pathway has redirected approx. 400 people to alternative providers.

Assurance/Recovery Trajectory

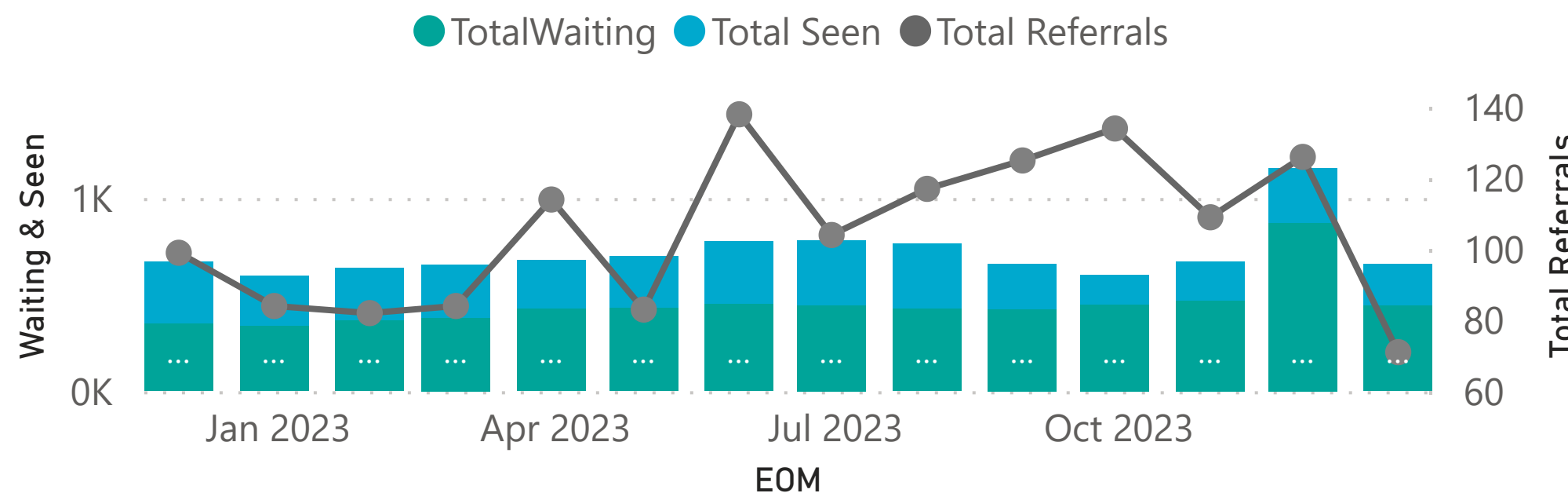
- Short term waiting list initiative is required to address legacy demand, improvement programme in physio continuing with dashboard development and triage work. Podiatry vacancy recruitment solutions to be explored. Vacancy impacts in both Physio and Podiatric Musculoskeletal services.

Prosthetics/Orthotics - Referrals, Patients Seen, Patients Waiting



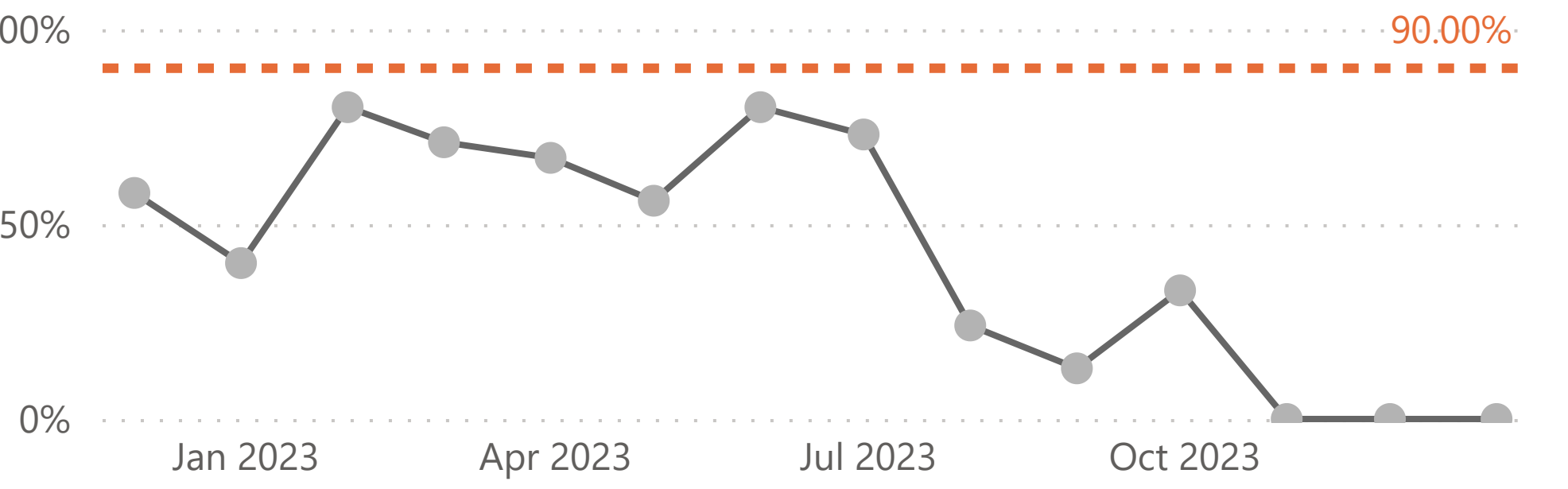
Latest Month
December 2023
51
Total Waiting
0
Total Seen
0
Total Referrals

All Specialties - Referrals, Patients Seen, Patients Waiting



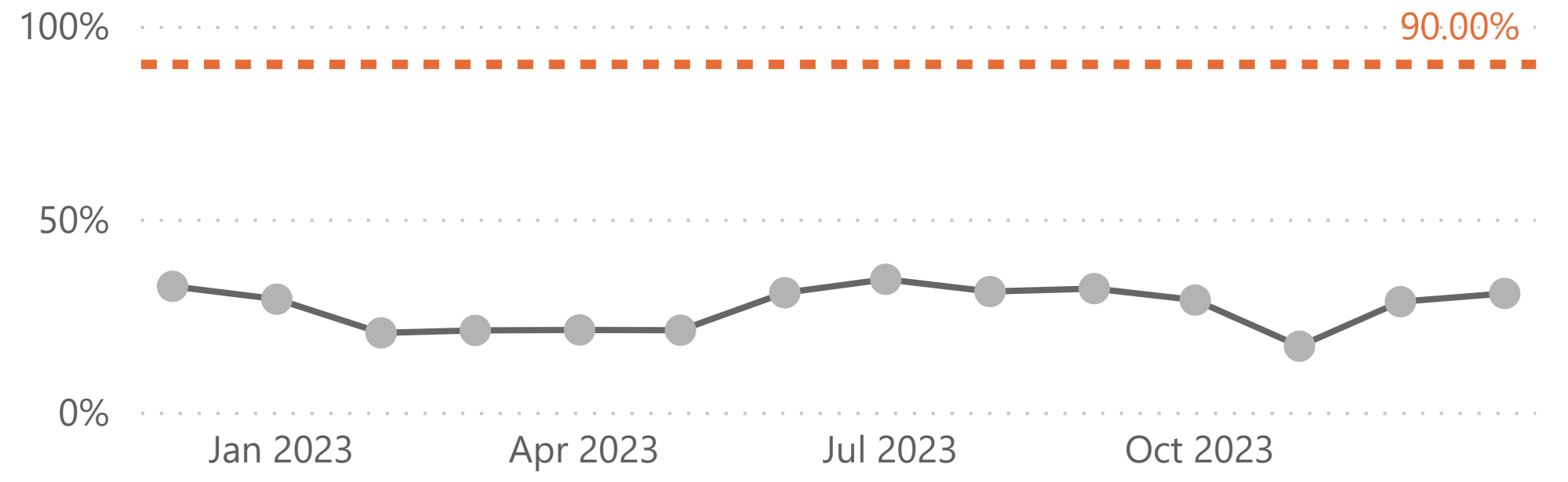
Latest Month
December 2023
446
Total Waiting
212
Total Seen
71
Total Referrals

Prosthetics/Orthotics 4 Week MSK - Completed Waits Compliance



Latest Month
December 2023
0
Total Seen
0
> 4 Weeks
100.00%
% Compliance

All Specialties 4 Week MSK - Completed Waits Compliance



Latest Month
December 2023
212
Total Seen
147
> 4 Weeks
30.66%
% Compliance

Issues/Performance Summary

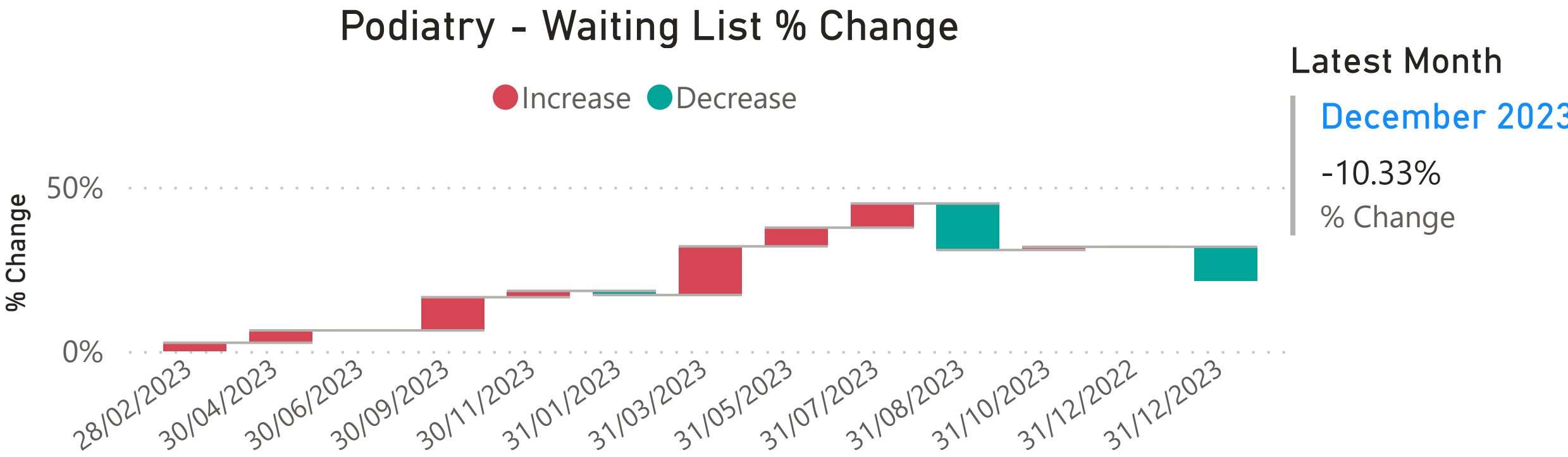
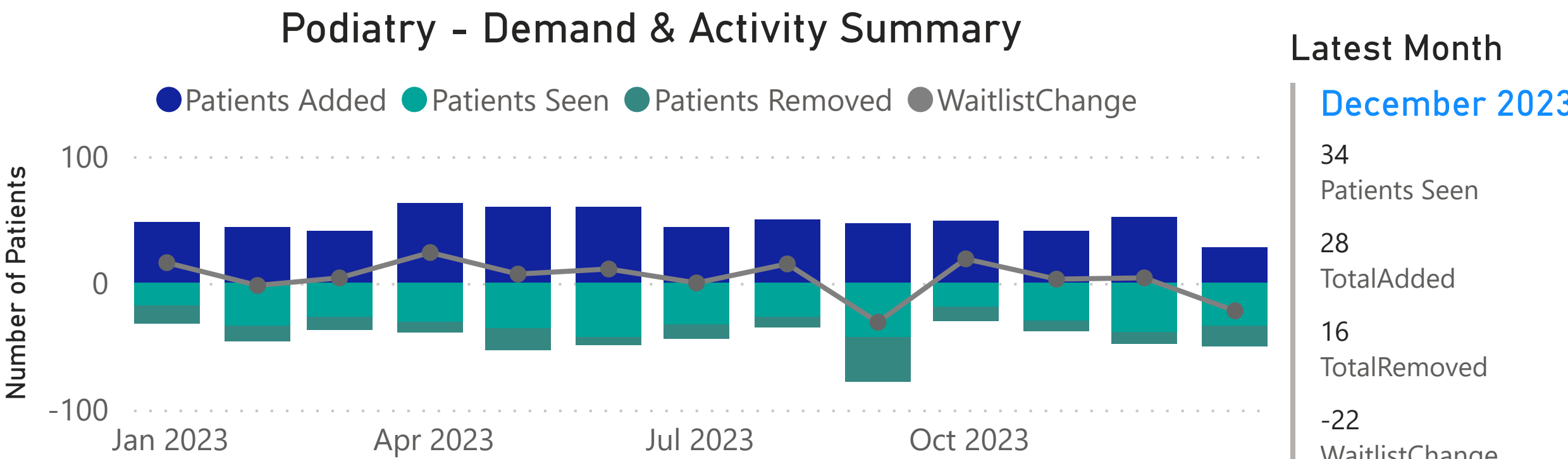
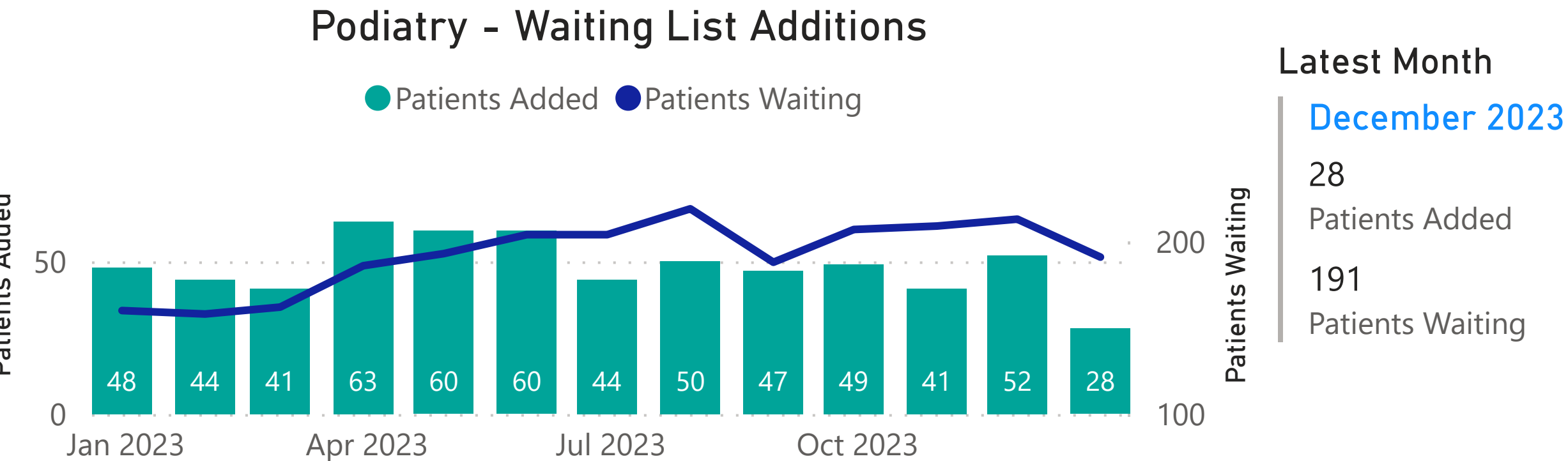
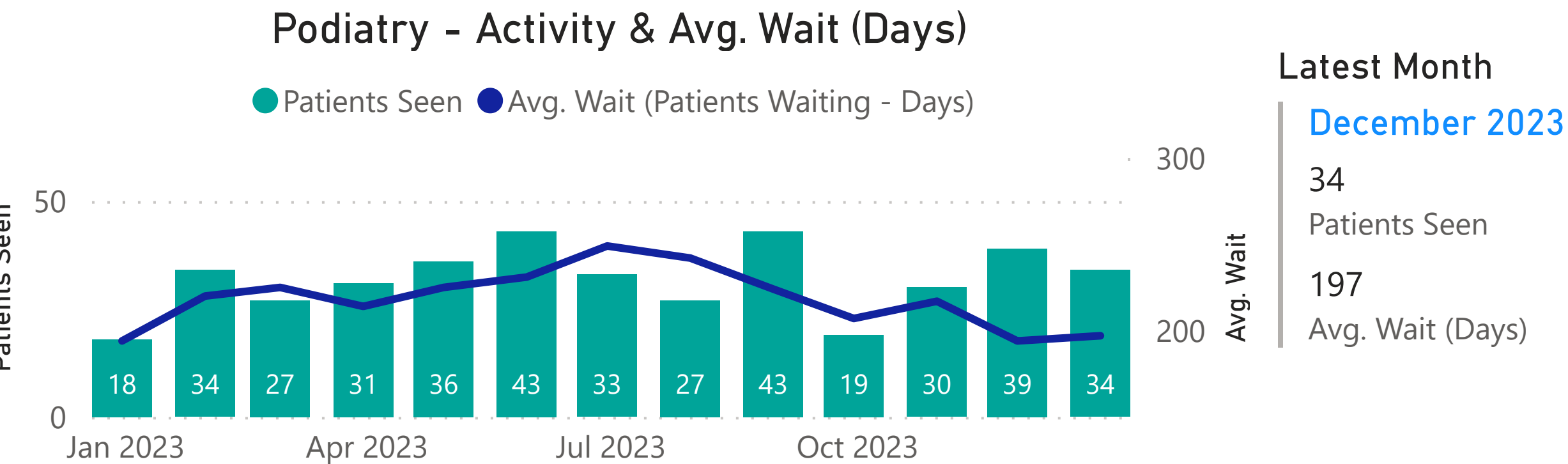
- No adverse waits for Orthotic Services.

Planned/Mitigating Actions

- Service Level Agreement (SLA) under review and option appraisal of sustainable model planned.

Assurance/Recovery Trajectory

- No significant concerns at present.



Issues/Performance Summary

- Clinical workforce establishment has not kept pace with population and epidemiological needs. Patient care needs are exceptionally high circa 360 new and return appointments per month. 70 new and return other appointments in December 11 patients discharged and 11 DNA's.
- DOMICILLARY VISITS
Home Visits Waiting List - 6 new, return Home Visits - 44.

Planned/Mitigating Actions

- Review of Demand, Capacity, Activity and Queue, actions to address DNA's such as access policy and patient electronic alerts.
- Continue /refresh education and footcare training with stakeholders.

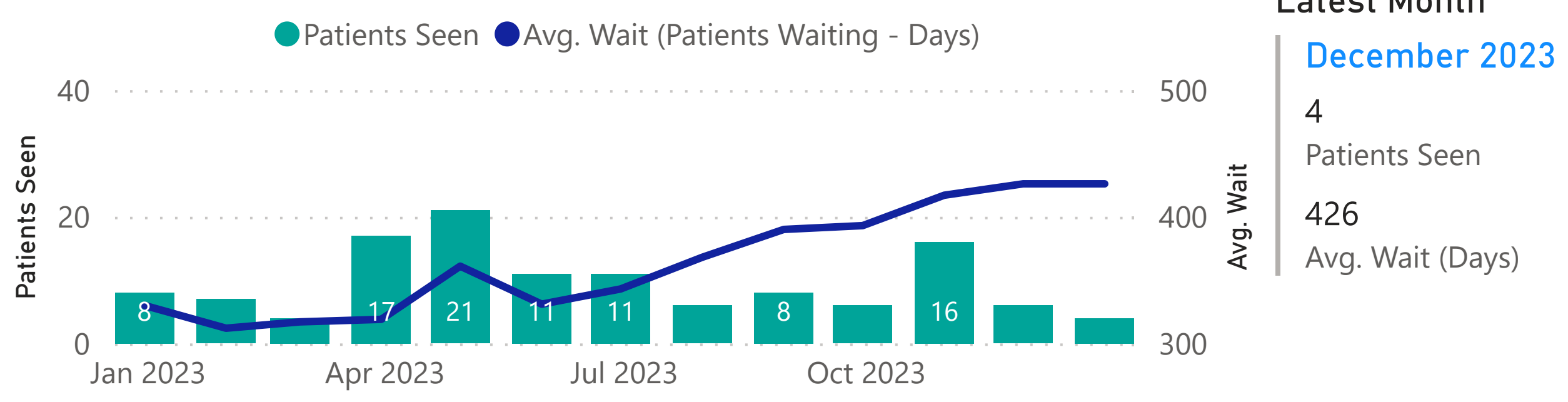
Assurance/Recovery Trajectory

- High risk patients treated on time and in line with evidence, MSK targets will not be met and a national discussion on the relevance with this target is required through Chief Allied Health Profession Officer. The more and most significant work is footcare protection, prevention of active foot disease and the management of active foot disease.

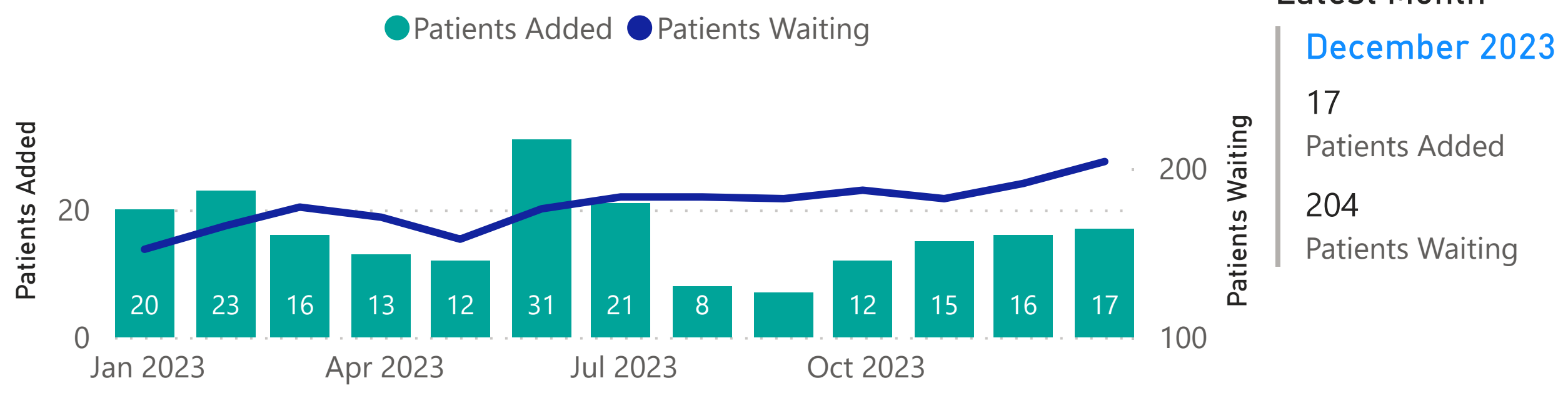
Speech and Language Therapy (Source: TrakCare)

Latest Data: December 2023

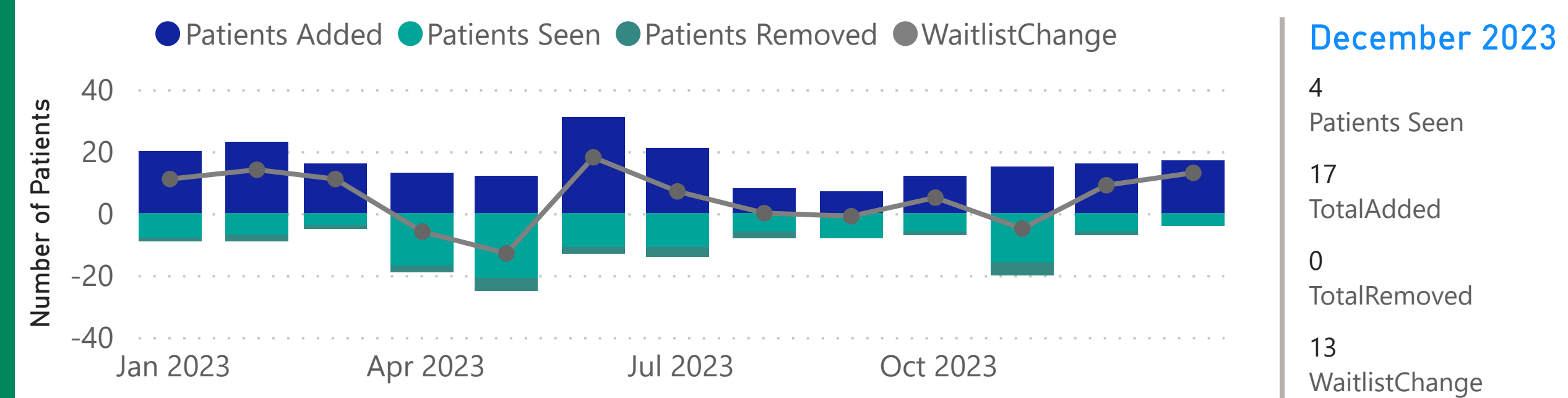
SaLT - Activity & Avg. Wait (Days)



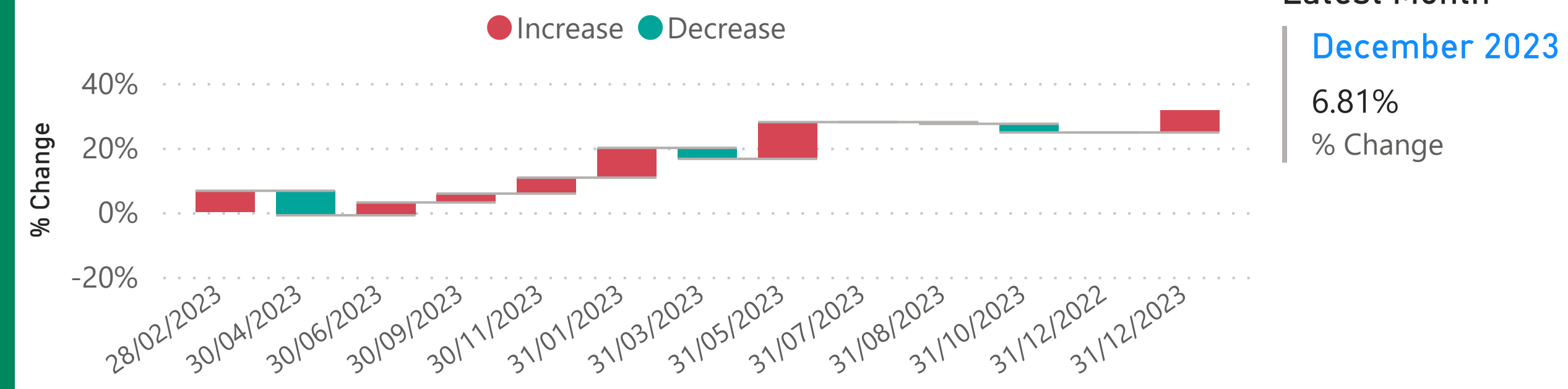
SaLT - Waiting List Additions



SaLT - Demand & Activity Summary



SaLT - Waiting List % Change



Issues/Performance Summary

- Children's Service waits remain unfavourably high.
- Adult Service is at high risk - unable to recruit since January 2023.

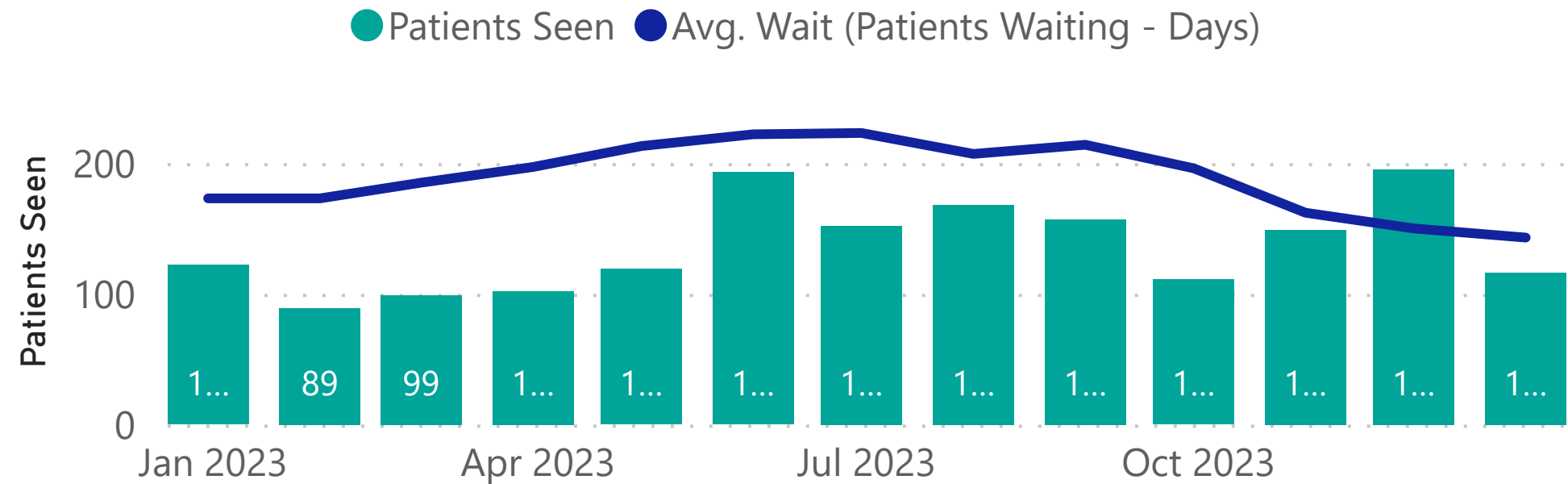
Planned/Mitigating Actions

- Additional investment will bring the Children's Service WTE to 3.25. Work is underway with the Royal College of Speech and Language Therapy to undertake a supportive service review. Adult Service remote only service being trialled with on Island support from Rehab Support Workers. Locum support for adults with learning disabilities and also paediatric specialist requested.

Assurance/Recovery Trajectory

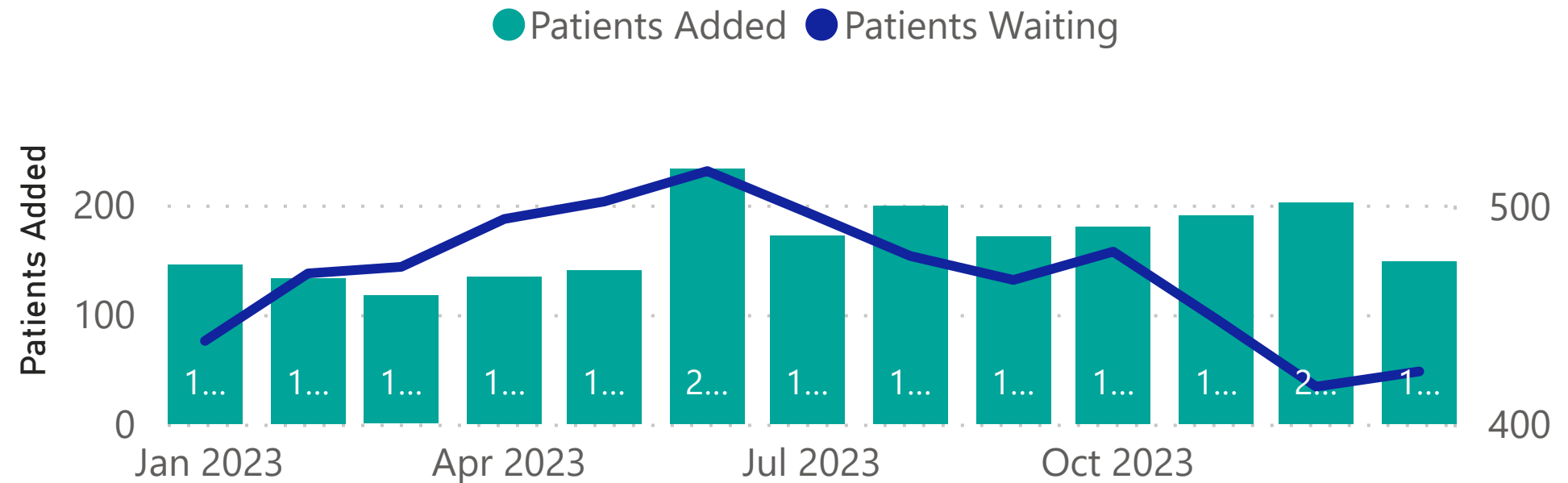
- Additional post will support service recovery for Children's services, however detailed forecasting and service need against capacity requires to be prioritised in line with Health and Care Staffing, Safe Staffing legislation.

Physiotherapy - Activity & Avg. Wait (Days)



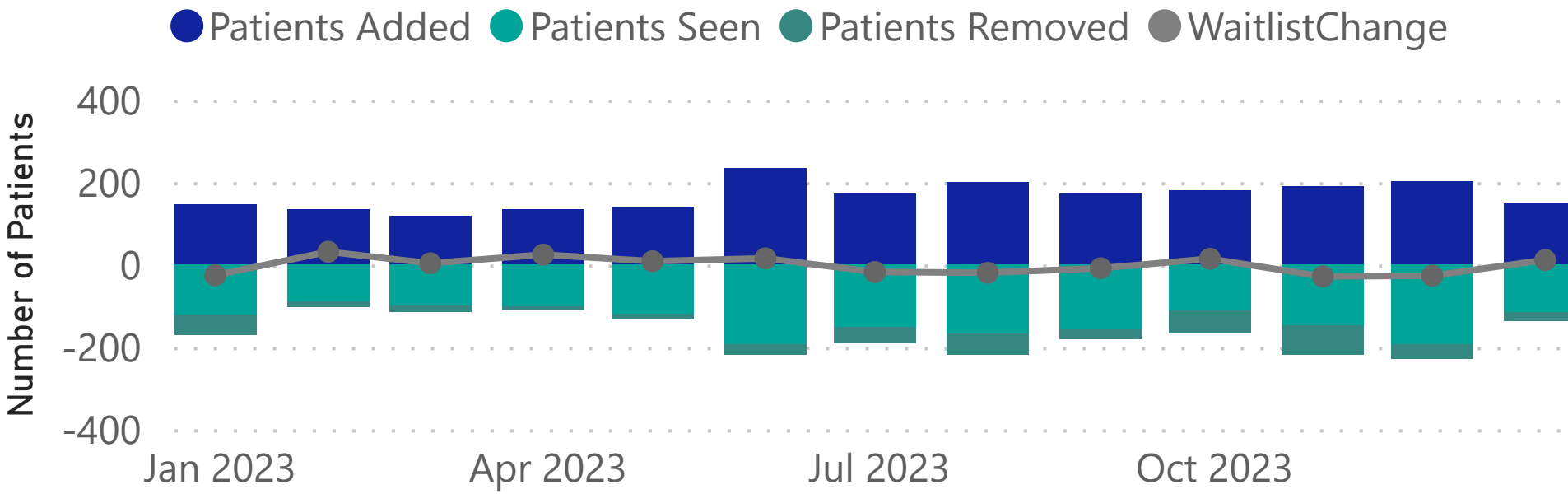
Latest Month
December 2023
116
Patients Seen
143
Avg. Wait (Days)

Physiotherapy - Waiting List Additions



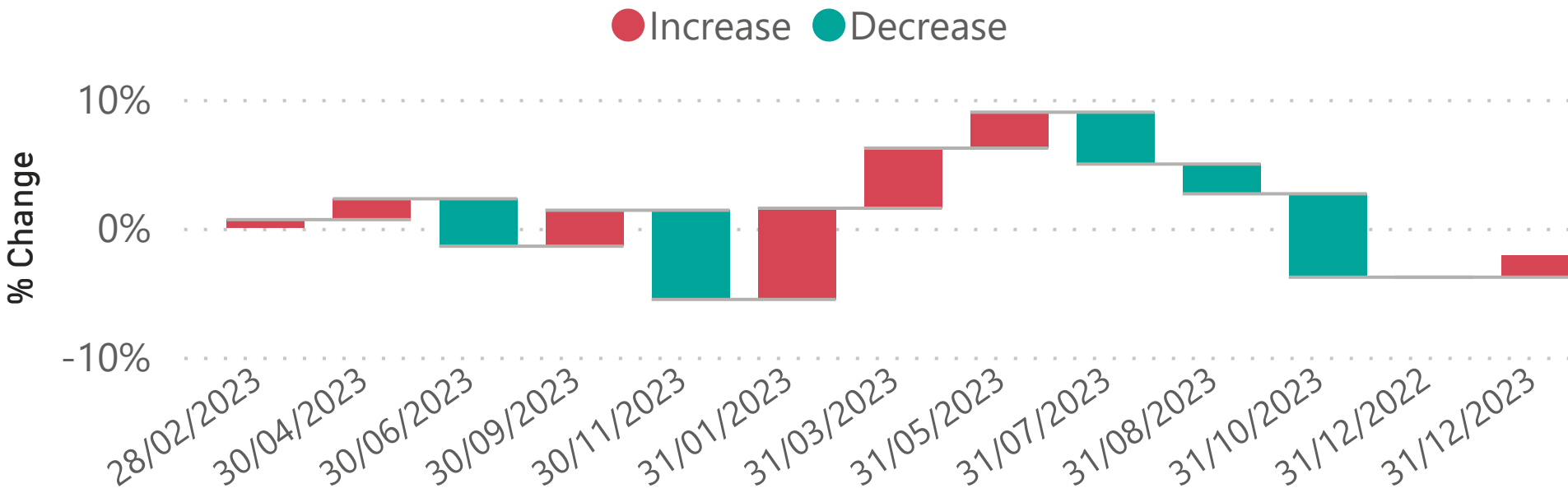
Latest Month
December 2023
148
Patients Added
424
Patients Waiting

Physiotherapy - Demand & Activity Summary



Latest Month
December 2023
116
Patients Seen
148
TotalAdded
21
TotalRemoved
11
WaitlistChange

Physiotherapy - Waiting List % Change



Latest Month
December 2023
1.68%
% Change

Issues/Performance Summary

- Whole of service improvement project underway, this is looking at three key workstreams of People and Team, Data and Performance, Professional and Quality.
- Presentation at public Board in February 2024.

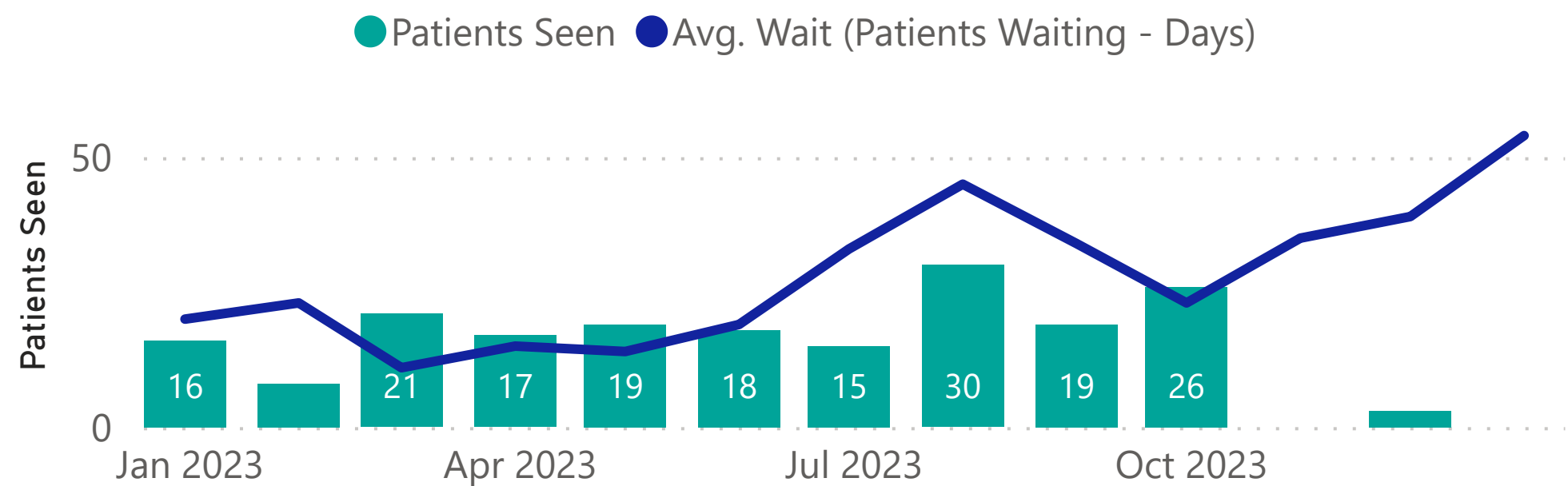
Planned/Mitigating Actions

- Dashboard for at a glance performance in development, service standards being reviewed in line with best practice. Recruitment for key posts active. Supervision training completed and sessions rolled out. Appraisal completion rates reviewed and actively managed. Documentation audits commenced.

Assurance/Recovery Trajectory

- New Clinical Lead in post 2024, continue improvement work and option appraisal for most efficient and effective models of person centred delivery.

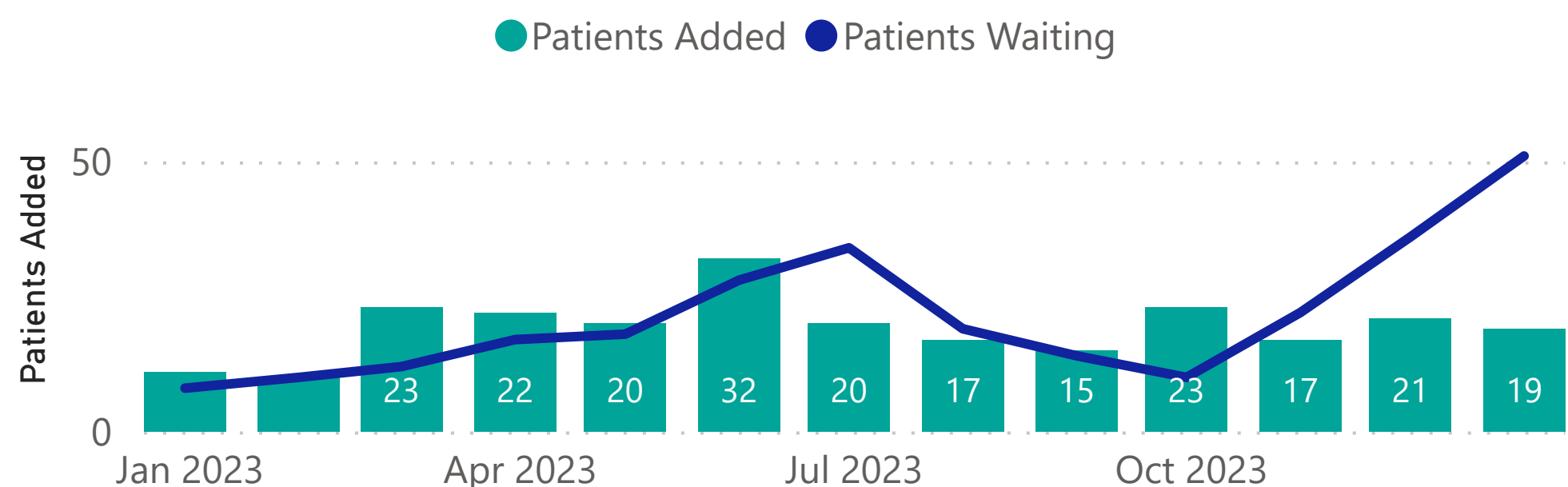
Prosthetics/Orthotics - Activity & Avg. Wait (Days)



Latest Month
December 2023

0
Patients Seen
54
Avg. Wait (Days)

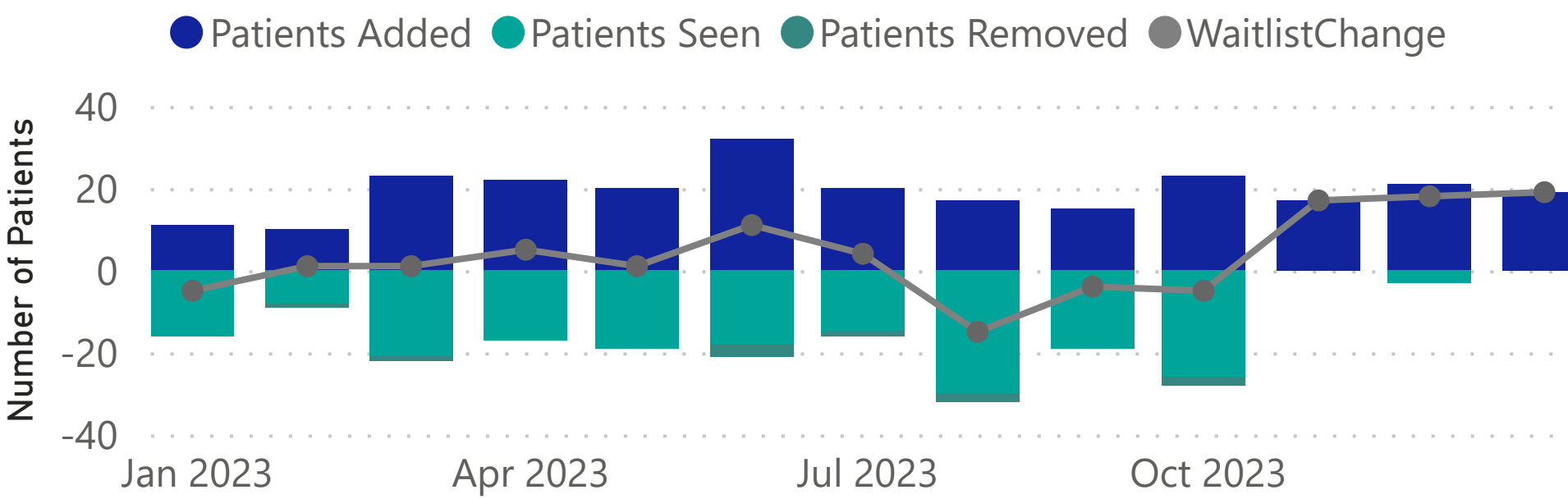
Prosthetics/Orthotics - Waiting List Additions



Latest Month
December 2023

19
Patients Added
51
Patients Waiting

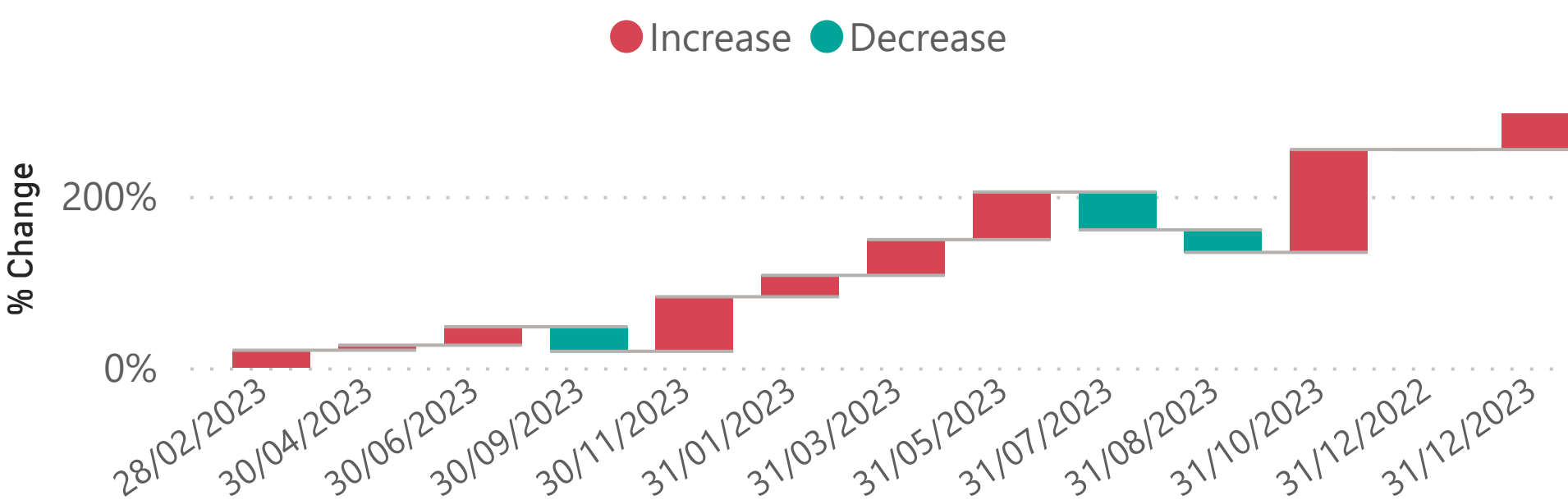
Prosthetics/Orthotics - Demand & Activity Summary



Latest Month
December 2023

0
Patients Seen
19
TotalAdded
0
TotalRemoved
19
WaitlistChange

Prosthetics/Orthotics - Waiting List % Change



Latest Month
December 2023

41.67%
% Change

Issues/Performance Summary

- Orthotics SLA scoping progressing well, no adverse waits for service. Clinics booked and covered as clinically required. SLA proposal to be submitted to Senior Leadership Team for approval mid February to commence mid March.

Planned/Mitigating Actions

Assurance/Recovery Trajectory

- Anticipated cost reduction for the year 2024/25.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Corporate Risk and Assurance Report
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Carrie Somerville, Head of Planning, Performance, and Information

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update to the Board on the current status of all Corporate Risks.

This paper links to the following priority areas of the Board.

- Workforce
- Culture
- Quality and Safety
- Systems and Governance
- Sustainability

2.2 Background

The refreshed Corporate Risk register has now been embedded in the Governance and Operational Assurance meetings.

The next stage of this exercise will be for a review and produce a new approach to risk management at NHS Orkney, alongside the development of a new Board Assurance Framework and Corporate Strategy (April 2024).

2.3 Assessment

The Corporate Risk Register currently captures 16 risks. 15 of those risks have been reviewed and updated by the Risk Handler within the review dates set. 1 risk is overdue review, and this relates to system capacity. The risk is currently scored as high (16). The last update was in November 2023, and review was scheduled for December 2023.

There is currently 1 very high risk, this relates to Corporate Finance and the most recent update was provided on 6 February 2024. All very high and high risks will be reviewed within 3 months.

There are a further 9 high risks and 6 medium risks. A copy of the risks and the most recent update is included as appendix 1 for members to review and includes any change in terms of potential mitigations.

2.3.1 Workforce

There are 4 Corporate Risks identified (3 high and 1 medium), which may have an impact on staff capacity, capability, and training and development. These risks will be reported through Staff Governance Committee. There has been no change to the risk levels since the last reporting period.

2.3.2 Quality/Patient Care

There are 7 Corporate Risks identified (4 high and 3 medium) which may have an impact on patient experience, safety, or quality of care. These risks will be reported through Joint Clinical and Care Governance Committee. There were previously 2 very high risks, 3 high and 2 medium – indicating a reduction in the level of risk.

2.3.3 Financial

There are 5 Corporate Risks identified (1 very high, 2 high and 2 medium), which may have an impact on Digital, Performance Management or Spend. There has been no change to the risk levels since the last reporting period.

2.3.4 Risk Assessment/Management

Effective risk management processes are required to underpin the Board's corporate objectives. Risk identification, assessment and management is embedded in organisational process, in line with the Risk Management Strategy.

2.3.5 Equality and Diversity, including health inequalities

NHS Orkney's Risk Management Strategy and Policy provides a documented process for identifying and managing risks across all services to ensure the safety of patients, staff, visitors, and the public.

2.3.6 Climate Change Sustainability

There is a risk in relation to climate change and sustainability.

2.3.7 Other impacts

Planning processes that are being reviewed and are at an initial stage of development may potentially highlight opportunities to support NHS Orkney's risk management strategy.

2.3.8 Communication, involvement, engagement, and consultation

Engagement in risk management is supported by the Risk Management Forum and where operationally we look to:

- Bring together risk handlers and owners to share best practice and learning.
- Embed the Board's Risk Management Strategy throughout NHS Orkney.
- Developing and implementing Risk Management strategy, supporting framework and procedures.
- Supporting the strategic objectives of NHS Orkney.

2.3.9 Route to the Meeting

The paper has been prepared for the purposes of the February Senior Leadership Team and Board meetings only.

2.4 Recommendation

- **Discussion** – For Members to evaluate and manage Corporate Risks.

3 List of appendices

The following appendices are included with this report:

Appendix 1: Board Corporate Risk Register January 2024

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	2022/2023 Annual Accounts Learning Exercise
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Claire Sweeney Board Governance Lead NES

1 Purpose

This is presented to the Board for:

- Decision
- Discussion
- Approval

This report relates to a:

- Legal requirement
- Government policy/directive
- Local policy

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

- Effective

2 Report summary

2.1 Situation

NHS Orkney was not able to submit its Annual Report and Accounts to the Scottish Parliament by the statutory deadline of June 30, 2023. There were numerous attempts to reschedule the Audit and Risk Committee meeting and Board to gain approval that were unsuccessful. Following the eventual approval on August 24, 2023 and in discussion with the Scottish Government, the Board Chair undertook an improvement exercise to

understand the issues relating to the non-submission and identify any areas of systemic weakness and recommend improvements.

2.2 Background

The review process was undertaken with the support of Scottish Government colleagues and with the support of an external Director of Finance and Governance Lead at NHS NES. The exercise involved an initial submission of timelines from stakeholders, and subsequent individual reflection conversations to elaborate and understand the organisational and system-wide factors that led to the failure to submit accounts by deadline.

The conversations were led by the Board Chair and supported by the Governance Lead from NHS NES, and notes were taken along the thematic lines identified to ensure that the process remained reflective and focused on system-wide opportunities for learning and improvement.

2.3 Assessment

The exercise identified key thematic areas of learning, and these are: governance, communication, escalation, and systems and process. The timeline submissions and reflective conversations reinforced the need to strengthen the rigour and attention surrounding governance.

It became clear that during this period there were significant external factors relating to the Annual Accounts process that should have resulted in an escalation of risk to the Board. These included the late appointment of new external auditors, a new audit regime, and the arrival of a new Chief Executive/Accountable Officer.

There were numerous instances of staffing challenges and changes that emerged over the audit period, that should have resulted in the Board being sighted on the risk relating to accounts and audit for this period.

Numerous opportunities to escalate concerns were missed. Informal conversations and updates relating to the Annual Report and Accounts were not captured, and therefore information was not properly escalated when deadlines were missed.

Deadlines for papers were not prioritised, and there was no established process for the approval of late papers at that time. When deadlines were missed, there was no communication or escalation to the Committee Chair or Accountable Officer to make alternative arrangements.

2.3.4 Route to the Meeting

This process has been overseen by the Annual Accounts Learning Exercise Review Group.

- Draft approval by external DoF and Board Governance Lead, 24 November
- Learning Review Group

- Focus Group for Stakeholders 1 December

2.4 Recommendation

Decision – To approve the recommendations in the report and receive an update on implementation

Discussion - To note the feedback from stakeholders, and reflections around the report.

3 List of appendices

The following appendices are included with this report:

- Annual Accounts learning exercise
- Annual Accounts Improvement Plan

NHS Orkney Annual Accounts Learning Exercise

Report

Introduction

NHS Orkney did not submit their Annual Report including the externally audited Accounts by the Scottish Government deadline of June 30th, 2023. The meeting to approve the Accounts was scheduled for the 22nd of June, with the deadline for papers being June 8th.

Throughout this exercise it was clear that everyone involved was committed to doing a careful and thorough job, and that most people believed that the timeline could be met. There has also been significant reflection and improvement work already undertaken by teams and individuals to implement learning from the experience. This report is not meant to replace the excellent work already undertaken at team level, but rather to offer the reflections on the system wide improvements that are needed to respond effectively and implement learning.

The themes for improvement represent an analysis of the timelines submitted by stakeholders, and the reflections offered during follow-up conversations. Those key areas of learning are governance, communication, escalation, systems and processes.

Context

There were several factors which should have raised the levels of risk around the organisation's ability to produce the accounts on time in that year. These include:

- New external auditors
- Delay in external auditors being appointed. (This meant that interim audit work was being done late when final accounts preparation should have been the priority).
- Changes to Senior leadership in Finance Team (Acting up arrangements for the Director of Finance and no backfill for the Head of Finance)
- New auditing standards.
- Capacity and resource issues (including sickness and annual leave).
- Start date and handover of Chief Executive/Accountable Officer

Despite the context, the accounts should have been ready on time and any risks to this should have been made clear to the Board well in advance.

There was no clear and understood process of escalation of concerns, and many conversations taking place informally and therefore unrecorded.

Some of the themes that emerged throughout the process were not within the remit and scope of this learning exercise but have been captured for full visibility within the Board. These relate specifically to culture around speaking up, and the escalation of concerns.

Reason for this improvement work

This learning exercise is to understand why this happened and to put in place actions to prevent this happening again. It is also a chance for any wider lessons to be learned.

It is important to note that while ultimately the accounts were produced without significant issues highlighted, there is learning for everyone involved in the process.

The report sets out several issues based on discussions with the people involved and the timeline of events. In carrying out this work we would like to thank the following people for their time and reflections:

- Emma West, Corporate Services Manager
- Jason Taylor, Non-Executive Director, Chair of the Audit & Risk Committee
- Keren Somerville, Head of Finance
- Laura Skaife-Knight, Chief Executive
- Mark Doyle, Director of Finance
- Suzanne Gray, Senior Financial Accountant
- Matthew Moore, KPMG LLP (UK)
- Rachel Ratter, Senior Corporate Services Officer
- Rashpal Khangura, Director, KPMG LLP (UK)

Key Themes and Recommendations

Governance

1. A major contributory factor to how events unfolded was that various **customs and practice** and 'how we do things round here' had evolved over several years, and more **rigor and due regard to good governance was needed**. This meant that insufficient attention was paid to recognising the inherent risks in year, to managing these risks and to escalating concerns. Not enough attention was paid to the **assurance and governance needed** around the process. The timeline submissions and conversations with individuals highlighted that the 8th of June deadline for papers was not properly prioritised.
2. There were various points where **decisions** should have been made that would have meant that either the deadlines could have been met, or that failing this, risks were escalated. Many of these points related to **informal conversations** or catch ups that were not documented and where action was not taken in response to the issues discussed.
Some of the missed opportunities to highlight the risk of non-submission or escalate concerns include:
 - Absence of robust response to the May 2nd Audit and Risk Committee flagging that capacity was impacting on the external audit plan.
 - Handover of new Accountable Officer and subsequent briefings around Annual Report, External Audit, and Accounts.
 - June 6th closing meeting where numerous outstanding items relating to the audit opinion were raised.
 - June 8th when the papers were not submitted by deadline set out in Code of Corporate Governance
 - 15th June when papers were not submitted by informally agreed deadline.
3. The annual accounts process could have been better **planned from the outset**. This is a core part of NHS Board business and needs to be thoroughly scheduled in at the start of each year, so that everyone is clear about the requirements and responsibilities and any risks managed by taking a more robust project management approach to this exercise. This needs to be regularly reviewed throughout the year, with an assessment made of progress and crucially, any risks or issues appropriately escalated. A model schedule is attached at Appendix 1.

4. The governance of the Annual Report and Governance Statement, which includes external audit and annual accounts was not **robust or transparent** to the entire Board. Much of the work took place in isolation within the finance team, with minimal connection to the wider organisation. The Annual Report and Accounts is an organisational obligation and there should be greater transparency and collaboration spanning many teams and internal stakeholders around both its production but also the governance system that provides the necessary assurance it is accurate, timely, and appropriate.
5. There was a lack of escalation and no clear processes to support escalation. Despite the context, **the Board should have been kept informed of the progress and risks relating to the accounts throughout the year**. While there was discussion and papers on progress, these were limited to the finance and external audit teams. The lack of escalation seems to have been for various reasons, including: not being aware of the significance of the issues or the associated risks to the organisation, not feeling able to share problems (which points to a culture issue), believing that the situation could be handled, until it was too late.
6. **Accountability** was not clear, particularly relating to the Director of Finance role. While this was set out, there seemed to be some variation in practice throughout this time period. In real time this introduced delays and complexity at critical points in the process. Roles and responsibilities need to be noticeably clear to all concerned for the sake of good governance, including when there are Acting Up arrangements in place due to the absence of substantive postholders. Whilst it is hoped that NHS Orkney does not experience such a period of change and flux, plans must be put in place and clearly communicated to mitigate the risks presented by changes in leadership, specifically around key pieces of work in delivering the Board's legal, statutory, and corporate obligations.

Recommendation:

An escalation process for governance concerns should be written and approved by the full Board. Whilst this report relates specifically to external audit, escalation processes of key risks within the governance system should be clear and well communicated.

The external auditors should be provided with the escalation process for concerns within the organisation including the Chair of the Audit and Risk Committee and the Accountable Officer.

Recommendation:

A project planning approach should be adopted to provide the Audit and Risk Committee with assurance that audit deadlines are being met, and that early indicators of slippage can be addressed or escalated as appropriate. There should be a log of the progress and pace relating to external audit, and the submission of information around the Annual Report. This log should be centrally held and available to CLT, and the ARC regularly.

Recommendation:

When a new external auditor is appointed, the role and accountability of NHS Orkney should be clearly set out including the role of the Accountable Officer, Chair of the Audit and Risk Committee, and Board Secretary. An appropriate and proportionate communication plan should

be produced. Internal schedules relating to papers and deadlines should be clearly communicated and prioritised.

Recommendation:

Ownership of key pieces of work should be clearly communicated, and consistent across the organisation. This should include leadership at committee level, interim and temporary arrangements. **Rigour and discipline within the assurance system** should be strengthened to clarify points of ambiguity and hold the organisation to account for effective delivery.

Recommendation:

Acting up and interim arrangements need to be clearly communicated and transparent to the full Board, with due care and consideration shown to the corporate support system.

7. **Greater visibility and transparency are needed so non-executives can conduct their role of holding to account and the team are supported in carrying out their work.** While the work to produce the accounts is the responsibility of the finance team, significant business of the Board is a corporate responsibility. Too much reliance was placed on the finance team and its ability to deliver the work without sufficient checks and balances in place. The relationship between the external audit team and the finance team is paramount, but there is also a significant role for the Accountable Officer, Board Secretary, and the Board. Delivering the accounts, as with other significant business of the Board is not solely reliant on the work of one person or department.

Recommendation:

The visibility and understanding of the role of non-executives should be strengthened within the Senior Leadership Team, and the role of a Committee Chair should be understood and respected. There should be clear and universal processes for late papers, along with processes for escalation to Committee Chairs when deadlines are missed.

Recommendation:

The role of different stakeholders in producing the Annual Report and Accounts needs to be clear, including ownership for the Report moving outside of the Finance Team.

8. **There was no process relating to late papers.** This meant that, once the deadline for papers was missed, the deadline drifted, with papers being promised for an extended and changing set of dates with no grip or discipline around this.
The lack of process, communication, and escalation when papers were not submitted was pervasive during this process. There was a 'genuine hope' and 'optimism bias' spoken about during the conversations but no acknowledgement that processes that were in place were not known or followed. This included communication with the Committee Chair and Accountable Officer when the 8th of June deadline for papers was missed and alternate plans needed to be made.
9. **The importance and significance of the deadline not being hit was not recognised by all.** We heard that the final position did not change to any great extent therefore there was no real issue. Awareness could be better about the need for good governance and the key business of

the Board and the importance of key deadlines and the roles, responsibilities, and accountabilities of all members of the Board. Deadlines and procedures for papers should be clearly communicated and prioritised for all key items of business

Culture and communication.

10. While implementing the good governance processes set out above will help, there is undoubtedly a **cultural aspect** that also needs to be considered and addressed by the entire Board.
11. **Relationships and positive working across teams** is paramount and this needs to be fostered and taken seriously. Where there are problems or difficulties with relationships, these need to be addressed and recognised as potentially business limiting.
12. **Communication lines** need to be clear. As noted above there was a multitude of catchups, 1-1 meetings and discussions, but even the limited communication at the point of concern, was confused. Responsibilities for escalation and communication need to be clearly set out. **Briefing for senior leaders needs to be more formal and accurate along with an understanding of what escalation needs to look like in different circumstances.**
13. While all involved hoped that the deadlines would be hit, and **relied on reassurances**, a sense emerges that a more proactive approach was needed. There were many instances where people hoped that deadlines would be hit. For example, we heard examples of people passing on the reassurances they had been given, without these being questioned or evidence sought. **Better questioning, along with tighter processes**, would have addressed this. This is important not only for good governance, but also to keep staff safe and supported.
14. **Staffing issues** were flagged but the offer of assistance and additional support and resource does not seem to have been taken up. Capacity problems were evident in the finance team and in the governance team throughout this process. There was a culture of just getting on with the work and not communicating any problems. An important lesson is that the work is for the organisation and any risks are the organisation's risks. It was clear that responsibilities and workload had developed over time and needed to be reviewed, for example with the finance team responsible for the accounts and pulling together the annual report at that critical time of year. The Annual Report was produced by individuals across the organisation, and the Finance Team was responsible for collating the sections and ensuring the Accounts and Audit sections were complete. The Annual Report needs to be owned more effectively by the entire organisation.
15. There was a **significant amount of change in staffing** during the year, at Chief Executive/Accountable Officer level, external auditor, in the finance and corporate services teams. **This was a real risk that was not well recognised. Handovers and updates** need to be much stronger within the Board. Points of change, be it in staffing or activities are often points of risk and therefore should be handled properly. Backfill also needs to be in place when

temporary or acting up arrangements are made, and the support and induction of these interim colleagues needs to be more universal and transparent along with clarity about what these colleagues are accountable for in relation to Board and Committee business.

Focus on improvement:

16. This exercise is a major step in **embedding a learning culture in the organisation**. This is an essential part of a well-functioning Board.
17. What is clear from the discussions is that **reflection has taken place, improvements already made, and people have thoughts about how further improvements can be introduced**.
Examples of this include:
 - Debrief between KPMG and finance team which has identified areas for improvement (*note the A&R committee might want to request these and use them to help monitor future performance)
 - Changed responsibilities so finance team is no longer responsible for annual report during their busiest time.
 - Introduction of a new Chair's assurance report across all Board Committees, Senior Leadership Team, and wider organisation.
 - Stronger links between committee chair and directors
 - Clarity about executive directors updating and engaging with Committee Chairs about papers and readiness.
 - Strengthened approach to paper deadlines, with no late papers permitted unless by exception.
 - the organisation and the importance of scrutiny and assurance.

Recommendation 1:

An escalation process for governance concerns should be written and approved by the full Board. Whilst this report relates specifically to external audit, escalation processes of key risks within the governance system should be clear and well communicated.

The external auditors should be provided with the escalation process for concerns within the organisation including the Chair of the Audit and Risk Committee and the Accountable Officer.

Recommendation 2:

A project planning approach should be adopted to provide the Audit and Risk Committee with assurance that audit deadlines are being met, and that early indicators of slippage can be addressed or escalated as appropriate. There should be a log of the progress and pace relating to external audit, and the submission of information around the Annual Report. This log should be centrally held and available to CLT, and the ARC regularly.

Recommendation 3:

When a new external auditor is appointed, the role and accountability of NHS Orkney should be clearly set out including the role of the Accountable Officer, Chair of the Audit and Risk Committee, and Board Secretary. An appropriate and proportionate communication plan should

be produced. Internal schedules relating to papers and deadlines should be clearly communicated and prioritised.

Recommendation 4:

Ownership of key pieces of work should be clearly communicated, and consistent across the organisation. This should include leadership at committee level, interim and temporary arrangements. **Rigour and discipline within the assurance system** should be strengthened to clarify points of ambiguity and hold the organisation to account for effective delivery.

Recommendation 5:

Acting up and interim arrangements need to be clearly communicated and transparent to the full Board, with due care and consideration shown to the corporate support system.

Recommendation 6:

The visibility and understanding of the role of non-executives should be strengthened within the Senior Leadership Team, and the role of a Committee Chair should be understood and respected. There should be clear and universal processes for late papers, along with processes for escalation when deadlines are missed.

Recommendation 7:

The role of different stakeholders throughout the organisation in producing the Annual Report and Accounts needs to be clear, including the final drafting and overall production of the Report moving outside of the Finance Team.

Wider themes and next steps:

This process was focussed on the Annual Audit and Accounts process for the financial year 2022-2023, and the recommendations to the Board reflect the scope and remit of the exercise. It is worth noting, however, some overarching themes that emerged around communication and escalation. It would not be appropriate for this report to make recommendations on organisational culture and behaviour, but it is worth consideration within the wider work of the Board as it seeks to be a continuous learning organisation that embraces a speak-up culture.

Appendix 1 - Practical annual accounts cycle as it relates to Board Business – an example.

At the start of each year, the Board Secretary should set out a cycle of committee and board meetings along with the relative business that will come to those meetings. This includes the points at which the finances and the accounts will be considered. The whole Board should be aware of this plan in its entirety. The schedule for business should be approved by the Board.

The Board should be clear about how to address any real time and urgent financial issues that might arise. The job of the Audit and Risk Committee should consider the issue and determine whether it needs to come to the full Board. If it does, the Board Secretary will be asked to schedule a private meeting.

As well as professional awareness and training, the Director of Finance will receive annual updated guidance on preparing the accounts.

Set out below is an example of how consideration and approval of the finances is handled in one Board. While the names of the committees may vary, the core cycle should be broadly common across Boards.

Timing	Activities and key actors	Notes
Pre-January	Director of Finance develops the <u>draft budget</u>	
January	Audit and Risk Committee considers the <u>Draft Budget</u>	Given their responsibility for oversight of the annual accounts and financial processes.
February	Quarter 3 financial report considered by the full and public Board –but see note	The Board Secretary and the Director of Finance will form a judgement about whether the Q3 report should go to the full and public Board, it may be too close to the year end to do this.
February	Full private Board meeting considers and approves the <u>Draft Budget</u>	
February	Board Secretary will take the draft <u>Schedule of Business</u> to the Full Board for approval	<ul style="list-style-type: none"> This will typically contain two schedules of business one for private Board meetings and one for public Board meetings. There may be a third showing Board development. 100% transparent -all members of the board and the public can see what's coming through and when. From the 1 April onwards, this informs how all Board and Committee agendas are compiled.
March	Board - final approval of <u>Draft Budget</u>	
<u>Budget</u> changes over this period as needed given developments		
	Executive submits <u>Budget</u> to Scottish Government	Various negotiations to reach final position take place over this period
tbc	<ul style="list-style-type: none"> <u>Final budget</u> to full and public Board once Scottish 	Once the budget is in place services can confirm service plans which will have

	<p>Government have confirmed this.</p> <ul style="list-style-type: none"> • The Board Secretary will keep an eye on when the budget is approved by Scottish Government and therefore when this can go to the full public Board 	<p>been being developed in parallel to the financial planning.</p>
May	<p><u>Quarter four financial report</u> to private Board meeting. First Board meeting of new financial year.</p>	<p>**This can vary by board - some take this through Audit and Risk Committees (or equivalent) others use the full Board. This depends on the Standing Financial Instructions for the Board.</p>
After above	<p>Audit and Risk Committee will consider the <u>accounts</u>.</p>	
Early June	<ul style="list-style-type: none"> • Audit and Risk Committee considers <u>draft annual accounts</u>. 	<p>**nothing in the accounts should be a surprise to the Board members because of the steps above.</p> <p>**important to schedule a good amount of time for a proper detailed discussion of these. Will also consider the Annual report alongside this – they are a package at this point.</p> <ul style="list-style-type: none"> • Auditor is at the Audit and Risk Committee • Any changes made at this point should be well documented in the cover paper when the accounts go to the full and private meeting of the Board which comes next.
End of June	<p>Full and private Board meeting to sign off the <u>accounts</u>.</p>	<p>Statutory deadline for sign off</p>
August	<p>Quarter 1 financial report considered by the full and public Board</p>	
November	<p>Quarter 2 financial report considered by the full and public Board</p>	
November	<p>Board Secretary will take the draft <u>Schedule of Meetings</u> to the Full Board for approval</p>	

7.3.2

Recommendation	Action	Lead	Timescale for Completion	Progress
Governance				
An escalation process for governance concerns should be written and approved by the full Board. Whilst this report relates specifically to external audit, escalation processes of key risks within the governance system should be clear and well communicated. The external auditors should be provided with the escalation process for concerns within the organisation including the Chair of the Audit and Risk Committee and the Accountable Officer.	An escalation process for governance concerns shall be produced, and communicated within the Board, SLT, and key external stakeholders	Corporate Governance Lead	March 2024	
The visibility and understanding of the role of non-executives should be strengthened within the Senior Leadership Team, and the role of a Committee Chair should be understood and respected. There should be clear and universal processes for late papers, along with processes for escalation when deadlines are missed.	Joint Board and extended SLT sessions to be held minimum of twice yearly Board walkarounds and learning to be reinforced Etiquette and expectations of Board members will be communicated widely	Board Chair Chief Executive	March 2024	Sessions underway and dates being diarised for 2024 Walkaround learning work Chair attendance at CLT monthly
The role of different stakeholders in producing the Annual Report and Accounts needs to be clear, including ownership for the Report moving outside of the Finance Team.	Project management approach to Annual Report with ownership across CLT and by Heads of Service.	Chief Executive		
A project planning approach should be adopted to provide the Audit and Risk Committee with assurance	Project management approach to Annual Report with ownership across CLT.	Chief Executive		Initial meeting arranged for internal stakeholders (CEO, Director of Finance, Head of Finance,

7.3.2

that audit deadlines are being met, and that early indicators of slippage can be addressed or escalated as appropriate. There should be a log of the progress and pace relating to external audit, and the submission of information around the Annual Report. This log should be centrally held and available to CLT, and the ARC regularly.				Corporate Governance Lead and Corporate Services Manager) – Corporate Services Manager to lead the Annual Report production.
When a new external auditor is appointed, the role and accountability of NHS Orkney should be clearly set out including the role of the Accountable Officer, Chair of the Audit and Risk Committee, and Corporate Governance Lead. An appropriate and proportionate communication plan should be produced. Internal schedules relating to papers and deadlines should be clearly communicated and prioritised.	An on-boarding process of new External Auditors will be produced and held by the Audit and Risk Committee. This should include communicating the roles, and processes of escalation within NHS Orkney.	Director of Finance		
Ownership of key pieces of work should be clearly communicated, and consistent across the organisation. This should include leadership at committee level, interim and temporary arrangements. Rigour and discipline within the assurance system should be strengthened to clarify points of ambiguity and hold the organisation to account for effective delivery.	Project planning approach Improvement hub Assurance framework	Chief Executive Head of Improvement Board Chair		
Acting up and interim arrangements need to be clearly communicated and transparent to the full Board, with due care and consideration shown to the corporate support system.	Comms plan for interim and acting up arrangements Remuneration committee assurance reports to Board	Director of People and Culture Corporate Governance Lead		

7.3.2

	Evidence of learning and development within Exec and SLT community	Chair of Remuneration Committee		
--	--	---------------------------------	--	--

DRAFT

NHS Orkney

Meeting:	Finance and Performance Committee
Meeting date:	Monday, 19 February 2024
Title:	Financial Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Effective

2.1 Situation

The purpose of this report is to inform the Finance and Performance Committee of the financial position for the period 1 April 2023 to 31 December 2023.

2.2 Background

The revenue position for the third quarter 31 December 2023 reflects an overspend of £4.765m. The Board's financial plan submitted to the Scottish Government in March 2023, outlined a forecast overspend of £3.1m for 2023/24, this has moved significantly in year and we are now forecasting an overspend of £5.967m, the movement is detailed below:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:
 - Agreed reduction in covid agency spend not implemented £1.5m
 - Agency and locum spend hospital services £1.6m
 - Estates and Facilities £0.7m
 - Additional SLA cost pressures £0.4m
 - Other offsets including reserves (£1.3m)

The forecast outturn has improved in the last quarter to £5.967m overspend, at October 2023 the Board was forecasting an outturn of £6.245m with a positive movement in November to £6.045m. Following the quarter 1 review and correspondence from the Scottish Government, it was requested that the Board worked to ensure that the forecast outturn position for 2023/24 was no worse than that reported at quarter 1 (£5.9m overspend for 2023/24). The favourable movement during quarter 3 has been as a result of measures taken in the quarter including significant reduction nurse agency (higher than previously forecast, £90k favourable movement) and review of board reserves and unallocated funding (£190k favourable movement). In addition, there have been a number of additional grip and control measures implemented which have supported the savings delivery in year against the £3.7m savings target set for 2023/24. These include:

- Vacancy management controls £125k (non-recurring)
- IJB reserves review £575k (non-recurring)
- Staff travel - £15k (non-recurring)

It is important to note that the numbers continue to be heavily caveated and based on several assumptions. These assumptions will be updated as we continue to progress through the year:

- The year-end position is predicated on the delivery of £3.7m of recurring and non-recurring savings as detailed in the financial recovery plan, this is currently being estimated with delivery of non-recurring savings of £2.834m (75% of 2023/24 savings target) and £0.941m of recurring savings (25% of 2023/24 savings target)
- The £5.967m forecast overspend also assumes no further savings delivered against the identified savings target of £3.7m
- The financial plan anticipated that the Health and Social Care Partnership (HSCP) would deliver £0.465m of recurring savings in 2023/24, this is not currently on track and is no longer assumed for delivery in 2023/24, however the HSCP has agreed to release £0.575m of reserves against their position and against the non-recurring savings for 2023/24
- Inflation continues to cause a significant challenge for the Board and remains under continuous review
- There continues to be assumptions around anticipated allocations

- We continue discussions with other Health Boards to monitor SLA activity – the forecast reflects the best available information and will be updated as up to date activity figures are known
- Prescribing costs – (both unit cost and activity) can fluctuate significantly and remain under review. Due to a national issue with prescribing data, the Board along with all other Health boards are estimating costs for the period September to December, with April-August being the confirmed charges to date. Prescribing data is normally provided two months in arrears so this is an area of risk and continues to be monitored closely as updates become available
- Assuming covid costs for Test and Protect, PPE and vaccinations will be contained within the SG allocated funding for these areas.

We continue to review spend patterns and refine plans to ensure updates are reflected.

We anticipate achievement of £3.7m of the £6.8m financial gap identified in the financial plan for 2023/24.

The HSCP has a recurring savings target of £2.400m of which we anticipated £0.465m would be delivered against the fully delegated budgets in the financial plan. This is no longer assumed for delivery during 2023/24 and the recurring savings target of £2.4m will roll forward for delivery in future periods if there are no recurring savings delivered in the year.

The main areas contributing to the Board's overspent operational performance at month 9 are:

Nursing and Acute Services - £2,686k overspend

Estates and Facilities - £524k overspend

Director of Human Resources - £108k overspend

Under-Achieved Savings (including the Health and Social Care Partnership) - £2,336k overspend

There are also some off-setting underspends:

The Health and Social Care Partnership (operational areas) - £49k underspend

Medical Director - £108k underspend

Finance Director - £17k underspend

Reserves - £709k

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the Senior Leadership Team, Finance and Performance Committee and the Board ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

NHS Scotland Support and Intervention Framework

At its meeting on 15 November the National Planning and Performance Oversight Group (NPPOG) discussed NHS Boards' position on the recently published NHS Scotland Support and Intervention Framework. NHS Orkney were previously at level one of this framework for finance.

Due to the scale of the forecast deficit within NHS Orkney, variation from original plan, and overall assessment of the financial environment, the Board has been moved to level three of the framework. This is the first stage of formal escalation and comes with enhanced monitoring and support. NPPOG will be informed of progress on a regular basis. In order for a stage de-escalation to be considered, a material movement on the position would have to be evidenced, with a credible medium-term recovery plan to ensure a return to financial balance.

2.3 Assessment

Capital Programme

The formula-based resources for 2023/24 is £1.027m. The Capital Plan was approved at the Board meeting on 22 June 2023. The approved areas for expenditure are broken down below:

- **Estates and Primary Care - £100k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £250k**

This will be used to support our Digital Strategy.

- **Medical Equipment £150k**

Spending priorities will be decided by the Medical Equipment Group.

- **King Street development £120k**

The Board continues discussions around the development of King Street for residential accommodation. Plans have been submitted to Orkney Islands Council for consideration and discussions continue to take place to progress. At this time, it is likely that there will be an underspend on this allocation as we await planning permission, this slippage will be re-allocated.

- **Other – £156k**
- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the Covid pandemic. A short life working group (SLWG) has been established, chaired by the CEO to consider options for the Old Balfour hospital. At this time, the property is not actively marketed for sale until further discussions take place.

In August the Board received £141k of Capital funding, which includes £41k for fleet decarbonisation and £100k National Infrastructure funding.

It is anticipated that the Board will deliver against its Capital Resource Limit.

Financial Allocations

Revenue Resource Limit (RRL)

In June 2023, NHS Orkney received confirmation of our core revenue allocation. Our initial baseline recurring core revenue resource limit (RRL) for the year was confirmed at £60.217m.

Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 9, per Appendix 1.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
GDS element of the Public Dental	1,825,927			1,825,927

1,825,927	0	0	1,825,927
-----------	---	---	-----------

Summary Position

At the end of December, NHS Orkney reports an in-year overspend of £4.765m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system.

Operational Financial Performance for the year to date includes a number of over and under-spending areas and is broken down as follows:-

Previous Month Variance M8		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(2,414)	Nursing & Acute Services	16,767	12,673	15,358	(2,686)	(21.19)	(3,195)
23	Medical Director	17,412	12,966	12,858	108	0.83	169
156	Integration Joint Board	29,971	22,569	22,520	49	0.22	92
37	Finance Directorate	2,576	1,795	1,778	17	0.96	(17)
(434)	Estates, Facilities & NPD Contracts	8,323	6,244	6,768	(524)	(8.39)	(709)
14	Chief Executive	1,352	1,009	980	29	2.87	56
(21)	Public Health	1,001	751	774	(24)	(3.15)	(42)
(106)	Director of Human Resources	1,633	1,172	1,279	(108)	(9.20)	(151)
518	Reserves	1,867	709	0	709	n/a	946
(2,780)	Savings Targets (Board)	(4,390)	(3,066)	0	(3,066)	n/a	(4,390)
(67)	Additional Savings Target (Board)	(100)	(75)	0	(75)	n/a	(100)
1,978	<i>Savings Achieved (Board)</i>	2,164	2,164	0	2,164	n/a	3,187
(1,220)	Savings Targets (IJB)	(2,400)	(1,947)	0	(1,947)	n/a	(2,400)
12	<i>Savings Achieved (IJB)</i>	588	588	0	588	n/a	588
(4,303)	Total Core RRL	76,762	57,551	62,316	(4,765)	(8.28)	(5,967)
	Non Cash Limited						
(0)	Dental NCL	965	486	486	(0)	(0.00)	(0)
0	Ophthalmic Services NCL	256	216	216	(0)	(0.00)	(0)
(0)	Dental and Pharmacy NCL - IJB	791	739	739	(0)	(0.00)	(0)
(0)	Total Non Cash Ltd	2,011	1,441	1,441	(0)	(0.00)	(0)
	Non-Core						
0	Capital Grants	0	0	0	0		0
0	Non-cash Del	0	0	0	0		0
0	Annually Managed Expenditure	1	1	1	(0)	(0.06)	0
0	Donated Assets Income	0	0	0	0		0
0	Capital Charges	3,318	2,371	2,371	(0)	(0.00)	(0)
0	Total Non-Core	3,319	2,372	2,372	(0)	(0.00)	(0)

(4,303)	Total for Board	82,092	61,363	66,129	(4,765)	(7.77)	(5,967)

Nursing and Acute Services

- Hospital Medical Staff, £1,163k overspend (YTD Budget £3,217k, overspend equates to 36.1% of year-to-date budget)

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend and cost pressures within Junior Doctors' establishment.

- Ambulatory Nurse Manager, £155k overspend (YTD Budget £1,565k, overspend equates to 9.9% of year-to-date budget)

Dialysis and Theatres & Day Unit are overspent at month 9 due to reliance on agency and bank staff to cover vacancies and gaps in rotas.

- Clinical Nurse Manager, £871k overspend (YTD Budget £4,036k, overspend equates to 21.6% of year-to-date budget)

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 9 due to reliance on agency and bank nursing to cover vacancies and gaps in rotas. Nurse agency usage is anticipated to reduce for the remainder of the year following successful recruitment and the international recruits completing the orientation period.

- Laboratories, £477k overspend (YTD Budget £940k, overspend equates to 50.7% of year-to-date budget)

Laboratories are reporting a significant overspend at month 9, both staffing due to agency usage and consumables are overspending, reagent spend increased significantly.

- Women's Health, £14k overspend (YTD Budget £1,010k, overspend equates to 1.3% of year-to-date budget)

Maternity ward is overspent by £90k at month 9 mainly due to bank usage within the ward. There are underspending areas within Women's Health reducing the overall overspent position.

- Radiology and Audiology, £58k overspend (YTD Budget £665k, overspend equates to 8.7% of year-to-date budget)

Radiology is overspent by £52k, this relates to agency spend within this area and has reduced due to substantive staff returning to post.

Medical Director

- Pharmacy, £311k underspend (*YTD Budget £2,973k, underspend equates to 10.5% of year-to-date budget*)

The Acute Pharmacy budgets are currently underspent. Spend in this area remains low and under review.

- External Commissioning, £208k overspend (*YTD Budget £8,147k, overspend equates to 2.6% of year-to-date budget*)

External Commissioning including SLAs and patient travel 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.

Health and Social Care Partnership – Delegated Services

The Delegated Services budgets report a net overspend of £1.310m (including £1.359m of unachieved savings and £0.049m operational underspend).

- Integration Joint Board, £1,598k overspent (*YTD Budget £2,017k, overspend equates to 79.2% of year-to-date budget*)

This includes the unachieved savings to date of £1,359k.

- Children's Services, £170k underspend (*YTD Budget £1,189k, overspend equates to 14.3% of year-to-date budget*)

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

- Primary Care, Dental and Specialist Nurses, £191k underspend (*YTD Budget £9,642k, underspend equates to 2% of year-to-date budget*)

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

- Health and Community Care, £152k underspend (*YTD Budget £4,505k, underspend equates to 3.4% of year-to-date budget*)

There are both over and underspending services in Health and Community Care. Mental Health continues to be overspent by £87k. The overspend remains in the main

due to the unfunded Consultant Psychiatrist post. Community Nursing is currently underspending due to significant vacancies in this area.

- Primary Care Pharmacy, £213k overspend (YTD Budget £3,549k, overspend equates to 6% of year-to-date budget)

Pharmacy services are currently overspent within prescribing unified with an overspend forecast by year-end. Invoices are currently 4 months in arrears due to ongoing reporting issues nationally. This volatile cost area will continue to be closely monitored along with the accrual assumptions which would normally be based on payments made 2-months in arrears.

The table below provides a breakdown by area:-

Previous Month Variance M8	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(1,425)	Integration Joint Board	2,432	2,017	3,616	(1,599)	(2,125)
156	Children's Services & Women's Health	1,579	1,189	1,018	170	218
177	Primary Care, Dental & Specialist Nurses	12,855	9,642	9,451	191	268
119	Health & Community Care	5,994	4,505	4,358	146	156
(11)	Covid Costs	530	281	293	(12)	(14)
(70)	Pharmacy Services	4,733	3,549	3,762	(213)	(230)
(1,054)	Total IJB	28,123	21,184	22,499	(1,315)	(1,727)

Finance Directorate

- The Finance Directorate is currently reporting an underspend of £17k, it is anticipated the Finance Directorate budget will be underspent by year-end. (YTD Budget £1,795k, underspend equates to 0.9% of year-to-date budget)

Estates and Facilities

- This Directorate is reporting an overspend of £524k to date, unit price of electricity has shown a significant increase. There are significant overspends across the directorate in particular, Estates reports, non-pay pressures within general services reporting an overspend of £72k, building maintenance £55k and pay pressures within portering £30k overspend at month 9. There are also overspends within Facilities at month 9 with domestics reporting an overspend of £89k, catering an overspend of £39k and staff houses an overspend of £60k. The forecast overspend is £709k at year-end. (YTD Budget £3,549k, overspend equates to 8.4% of year-to-date budget)

Chief Executive

- Currently reporting an underspend of £29k and is anticipating an underspend at year-end. *(YTD Budget £1,009k, underspend equates to 2.9% of year-to-date budget)*

Public Health

- Currently reporting an overspend of £23k, the cost pressure within public health relates to pays. *(YTD Budget £750k, overspend equates to 3.1% of year-to-date budget)*

Human Resources

- Currently overspent by £108k and anticipating an overspend at year end. Recruitment and relocation costs are impacting on the reported position. *(YTD Budget £1,171k, overspend equates to 9.2% of year-to-date budget)*

Key Actions

Following the significant deterioration of the financial outlook for 2023/24 forecast overspend and formal notification from the Director of Health and Social Care Finance, Digital and Governance of NHS Orkney's move to level three of the Intervention and Support Framework, the board has continued to implement a number of additional strengthened actions this financial year to tackle the financial challenges faced across the board.

During 2023/24, the following control and reporting mechanisms are now in place to monitor progress:

- Grip and Control Board – now meeting weekly to progress and track our recovery plan actions
- Monthly financial performance meetings attended by the Board Chair, Chief Executive, Chair of the Finance and Performance Committee, Director of Finance and Head of Finance
- Various engagement sessions with the Senior Leadership Team, Budget Holders and the Board facilitated by the Financial Sustainability Office
- Reporting through the Finance and Performance Committee (monthly)
- Reporting through the Board (bi-monthly)

The Board continues to take forward the following actions:

- Progress the opportunities issued by the Financial Improvement Group.
- Increased engagement with Discovery through our local Discovery Champion which will allow us to perform benchmarking across NHS Scotland and identify ways to improve financial and operational performance.
- The Director of Nursing and Acute Services is ensuring that we implement where possible, the instructions of the Supplementary Staff Task & Finish Group to reduce reliance and expenditure on nurse agency.
- Ensure buyers' guides issued by National Procurement are implemented to generate non-pay savings where applicable.
- Finance representation on the Area Drugs and Therapeutic Committee to look at medicines reviews and options to promote value from prescribing.

The Finance team continues to engage with additional support from the Financial Delivery Unit on focussed areas for improvement and drive forward efficiencies where possible.

We also note strengthened actions underway following receipt of the letter from the Director General for Health & Social Care and Chief Executive of NHS Scotland requesting a review of the financial position set out and actions that can be taken locally to reduce expenditure in 2023/24. Given our significantly overspent position, many of these actions were already in place.

Discretionary spend - The Board continues to monitor and challenge discretionary spending, we have taken steps through our Procurement team to put additional controls in place.

Earmarked funding - A review of all earmarked funding is underway, we are taking the opportunity to discuss with service leads and finance the available options to scale back work and reduce spend.

Integrated working - We continue to work closely with our Health and Social Care Partnership colleagues, with our Director of Nursing, Midwifery, AHPs and Acute Services and Interim Medical Director meeting regularly with the Chief Operating Officer to discuss pressure points and areas of concern that can be supported jointly over the whole system. Winter planning has been done collaboratively to ensure that support is available in the right places.

We continue to review and make use of Scottish Government funded earmarked reserves balances to support wherever possible. The reserves are reviewed regularly to ensure these are being utilised.

Financial Flexibilities - Financial flexibilities are reviewed on an ongoing basis throughout the year and we factor in any financial benefit at the earliest opportunity. We continue to review further opportunities to redirect spend away from core RRL and make best use of AME, Capital and other funding streams where appropriate.

Vacancies - We have taken the opportunity to revise the membership of our Vacancy Scrutiny Panel which is now chaired by our Chief Executive, the reduced and revised membership ensures that vacancies are held wherever possible and only recruit to those that have an immediate need.

Savings

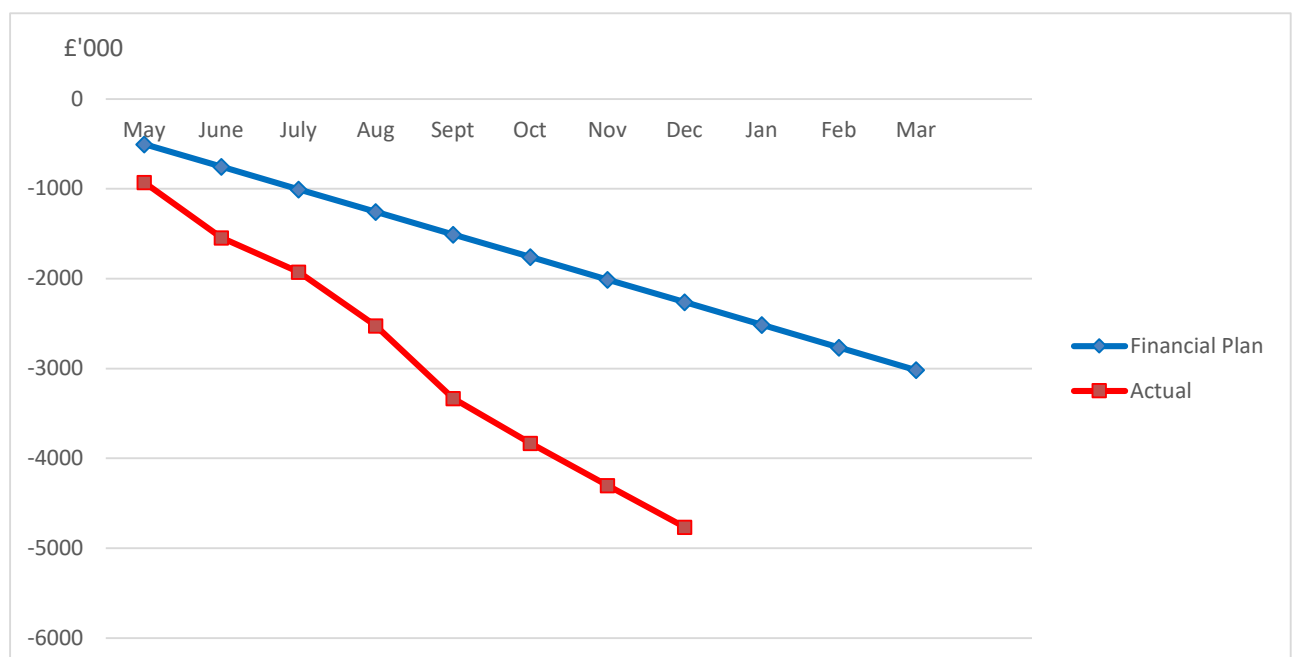
NHS Orkney continues to be represented at the Financial Improvement Network and takes advantage of any potential savings opportunities highlighted, we also share with Executive Directors benchmarking data which is disseminated via the Financial Improvement Group (FIG) and information provided by the Financial Delivery Unit.

The Board continues through the FSO and the Grip and Control Board to progress plans to deliver the anticipated savings of £3.7m for 2023/24. To date the organisation is tracking £0.941m of the £1.5m of recurring savings and £2.712m of the £2.2m of non-recurring savings.

The organisation continues to progress a number of savings schemes to both deliver against the £3.7m of savings target highlighted in financial plan and also towards the 3% savings required by Scottish Government.

Financial Trajectory

The graph below shows the run rate (actual) against the Financial Plan trajectory for 2023/24 and assumes that anticipated allocations will be received.



The following forecast outturn has been prepared for the remainder of the financial year:

	Forecas t to M7	Forecas t to M8	Forecas t to M9	Forecas t to M10	Forecas t to M11	Forecas t to M12
Core RRL	£0	£0	£0	£000	£000	£000
Nursing & Acute Services	(2,001)	(2,211)	(2,601)	(2,854)	(3,002)	(3,195)
Medical Director	38	23	34	127	145	169
Integration Joint Board	(42)	(49)	169	61	73	92
Finance Directorate	11	16	22	4	(9)	(17)
Estates, Facilities & NPD Contracts	(366)	(418)	(483)	(578)	(632)	(709)
Chief Executive	(5)	(2)	23	38	47	56
Public Health	(47)	(54)	(24)	(30)	(36)	(42)
Director of Human Resources	(89)	(103)	(119)	(122)	(137)	(151)
Reserves	509	581	583	788	867	946
Savings Targets (Board)	(2,512)	(2,888)	(3,182)	(3,840)	(4,281)	(4,723)
Additional Savings Target (Board)	(35)	(40)	(75)	(92)	(100)	(109)
<i>Savings Achieved (Board)</i>	1,856	2,138	2,280	2,846	3,187	3,528
Savings Targets (IJB)	(1,198)	(1,438)	(1,515)	(2,098)	(2,249)	(2,400)
<i>Savings Achieved (IJB)</i>	95	178	156	588	588	588
Total Core RRL	(3,787)	(4,269)	(4,733)	(5,162)	(5,539)	(5,967)
Non Cash Limited						
Dental NCL	0	0	0	0	0	0
Ophthalmic Services NCL	0	0	0	0	0	0
Dental and Pharmacy NCL - IJB	0	0	0	0	0	0
Total Non Cash Ltd	0	0	0	0	0	0
Non-Core						
Capital Grants	0	0	0	0	0	0
Non-cash Del	0	0	0	0	0	0
Annually Managed Expenditure	0	0	0	0	0	0
Donated Assets Income	0	0	0	0	0	0
Capital Charges	0	0	0	0	0	0
Total Non-Core	0	0	0	0	0	0
Total for Board – Forecast - Trajectory	(3,787)	(4,269)	(4,759)	(5,162)	(5,540)	(5,967)
Total for Board – Actual - Run Rate	(3,833)	(4,303)	(4,765)			
Trajectory v Run Rate variance	(46)	(34)	(6)			

Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Forecast Position

As outlined above, the Board is forecasting a £5.967m overspend at year end, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:
 - Agreed reduction in covid agency spend not implemented £1.5m
 - Agency and locum spend hospital services £1.6m
 - Estates and Facilities £0.7m
 - Additional SLA cost pressures £0.4m
 - Other offsets including reserves (£1.3m)

The position will be monitored and revised as updated information becomes available.

Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position.

The premise on which the financial plans were developed was that a breakeven position is achieved across operational budgets in addition and the Board delivers against the savings programme of £3.7m for 2023/24. Given the significant cost pressures that continue to be incurred across a number of areas the forecast position (against the financial plan) has been updated to reflect spending patterns. The Board will continue to work to address the position and wherever possible, deliver against its initial planned overspend of £3.1m for 2023/24 and delivery of 3% recurring savings.

2.4 Recommendation

Discussion –

- **discuss** the reported overspend of £4.765m to 31 December 2023
- **discuss** the forecast overspend of £5.967m for 2023/24
- **discuss** the narrative to the year-end assumptions and outturn

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 31/12/23 £	Variance £	Outstanding £
Allocations Received				
Initial Baseline	59,831,164	60,195,729	364,565	
NRAC Adjustment	749,977	610,000	(139,977)	
3rd & 4th quarter payments for OU students - 2021/22	45,000	50,000	5,000	
Breast Feeding	31,000	26,000	(5,000)	
CAMHS Improvement - LD, Forensic and Secure CAMHS	3,509		(3,509)	
New Medicines Fund	734,091	750,929	16,838	
Primary Care Improvement Fund - Tranche 1	313,520	485,991	172,471	
Funding Uplift for Alcohol and Drug Partnerships	69,000	85,105	16,105	
District Nurse Posts	45,070	38,000	(7,070)	
Realistic Medicine network and projects	30,000	30,000	0	
Unitary Charge	1,121,964	1,123,000	1,036	
Mental Health Outcomes Framework	265,122	777,185	512,063	
Local Development aligned with DHAC Strategy	211,186	211,186	0	
Integration Authorities - Multi-disciplinary teams	135,000	154,558	19,558	
School Nurses Commitment Tranche 1	56,120	64,250	8,130	
PASS Contract	(2,844)	(2,910)	(66)	
NDC top slicing	(40,270)	(43,340)	(3,070)	
NSD Riskshare Mark Doyle	(225,068)	(264,019)	(38,951)	
Primary Medical Services	5,968,445	6,214,000	245,555	
Learning & Disability Health Checks	9,860	6,902	(2,958)	
Outcomes Framework	496,357	514,128	17,771	
Perinatal & Infant Mental Health Services	61,000	25,532	(35,468)	
Foundation Training	(16,600)	(26,803)	(10,203)	
Drug Tariff reduction	(315,673)	(301,020)	14,653	
Open University Nursing Students 1st & 2nd Quarter Patments	55,000	10,000	(45,000)	
CAMHS improvement - Neurodevelopmental Professionals	15,340		(15,340)	
CAMHS Improvement - Intensive Home Treatment Teams	10,026		(10,026)	
CAMHS improvement - CAMHS Liaison Teams	8,773		(8,773)	
CAMHS Improvement - Intensive Psychiatric Care Units	8,272		(8,272)	
CAMHS improvement - Out of Hours unscheduled care	5,865		(5,865)	
Community Pharmacy Champions	5,000	5,000	0	
Child Death Review	3,969	3,969	0	
Children's Hospices Across Scotland	(34,530)	(35,043)	(513)	
GDS element of the Public Dental	1,825,927	1,825,927	0	
Allocations Awaited				
Primary Care Improvement Tranche 2	388,520		(388,520)	388,520
Mental Health Strategy Action 15 Workforce - First Tranche	80,210		(80,210)	80,210
Mental Health Action 15	75,850		(75,850)	75,850
Mental Health & Wellbeing in Primary Care Services	54,011		(54,011)	54,011
Ventilation Improvement Allowance	25,066		(25,066)	25,066
Integrated Primary and Community Care	21,812		(21,812)	21,812
Increase Provision of Insulin Pumps for Adults and CGMs	17,150		(17,150)	17,150
Mental Health Pharmacy Technician	12,642		(12,642)	12,642
Discovery Top Slice	(2,842)		2,842	(2,842)
Pre-Registration Pharmacist Scheme	(12,204)		12,204	(12,204)
Contribution to Pharmacy Global Sum	(23,035)		23,035	(23,035)
Positron Emission Tomography (PET Scans - Adjustment	(46,235)		46,235	(46,235)
Depreciation	(1,228,000)		1,228,000	(1,228,000)

	<u>70,843,517</u>	<u>72,534,256</u>	<u>1,690,739</u>	<u>(637,055)</u>
--	-------------------	-------------------	------------------	------------------

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Financial Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

1. Purpose

This is presented to the Board for:

- Discussion on the revenue position from 1 April 2023 to 31 January 2024.
- Discussion on the full year expected deficit revenue position for financial year 2023-24.
- Assurance on mitigating actions being taken to reduce this deficit.
- Update on Capital position for 2023-24.

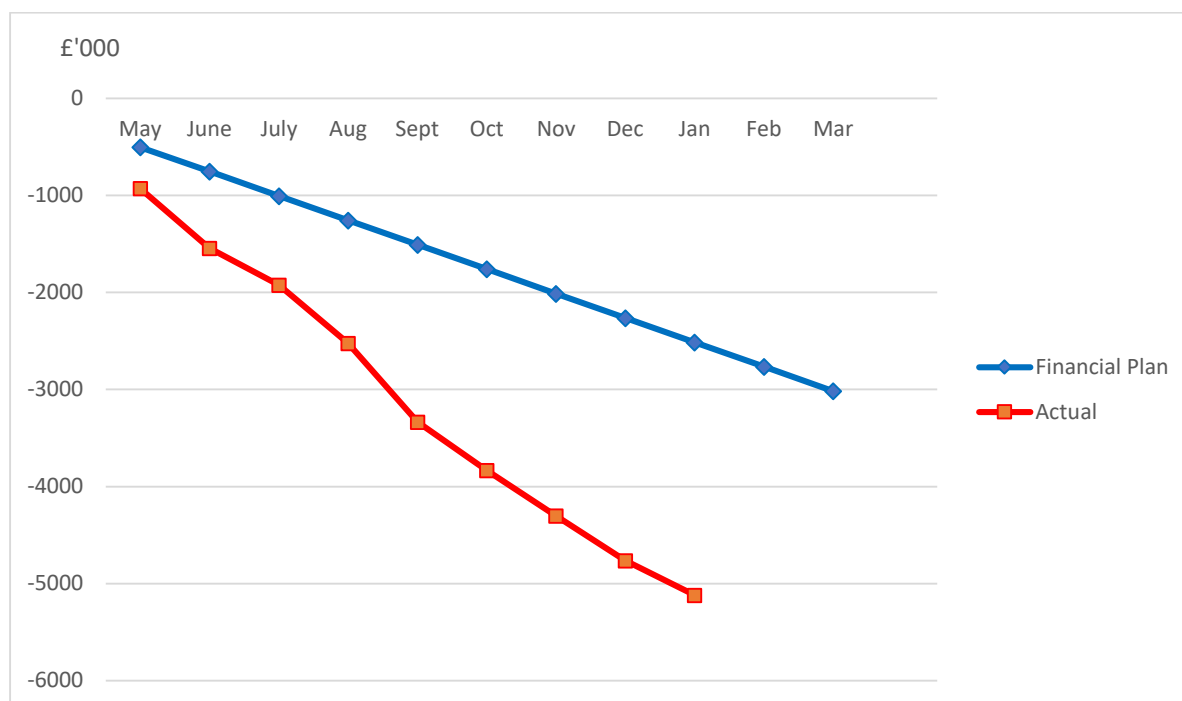
2. Context

NHS Orkney was placed on level three of the NHS Scotland Support and Intervention Framework for finance in November 2023 which is the first formal escalation stage. NHS Orkney has not previously required repayable brokerage from Scottish Government, however expects to for the first time in 2023-24. External support is currently in place to improve the financial position both in 2023-24 and developing a plan for 2024-25 with the ambition to be de-escalated within the next financial year.

3. Year to Date Financial Position

The revenue position for the 10 months to 31 January 2024 reflects an overspend of **£5.118 million**. This compares to a planned overspend at month 10 of **£2.513 million**. An adverse variance of £2.605 million (104%). Graph 1 on the following page shows the Financial Plan trajectory vs the actual monthly results up to month 10.

Graph: Year to Date Run Rate vs Planned Run Rate



The overspend at Month 10 is driven by the areas below. More detail can be found in **Annex A**.

Area	Movement	Reason
Nursing and Acute Services	£2.870 million	Supplementary staffing including nurse agency and locums as well as cost pressures within Junior Doctors.
Under-Achieved Savings – including IJB Unachieved Savings	£2.596 million	Savings not delivered – in line with forecast overspend for 2023/24.
Estates and Facilities	£0.612 million	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.
Director of Human Resources	£0.079 million	Recruitment and relocation costs have been higher than planned.
Other	£0.053 million	There are other smaller movements (see Annex A)
Reserves	£0.742 million	
Integration Joint Board (operational areas)	£0.199 million	Vacancies being higher than forecast which has reduced expenditure

Medical Director	£0.045 million	There is an underspend in acute pharmacy, which is partially offset by an overspend in external commissioning particularly to NHS Grampian.
Total Month 10 overspend	£5.118 million	

4. Full Year Forecast Position

4.1 Summary of 2023-24 forecast position

The revenue position for 2023-24 is forecast to show a full year deficit of **£5.956 million**. This compares to a planned full-year overspend of **£3.016 million**. An adverse variance of £2.94 million (98%).

The main reasons for this movement are set out below;

Area	Movement	Reason
Unachieved Savings	£3.10 million	As per the approved financial plan for 2023/24.
Supplementary staffing	£3.198 million	Increased use of nurse agency and medical locums above planned trajectory.
Estates and Facilities	£0.750 million	Energy prices and staffing pressures exceeding plan
Service Level Agreements	£0.400 million	Service Level Costs exceeding plan
Non recurring benefits	£1.492 million	Reserves, underspends and other non-recurring benefits
Total forecast year end overspend	£5.956 million	

4.2 Savings plans

NHS Orkney has an integrated improvement function which is responsible for driving savings within the organisation. £3.775 million of savings are expected to be delivered in 2023-24. To date the organisation is tracking £0.941 million of the £1.526 million of recurring savings and £2.747 million of the £2.249 million of non-recurring savings.

4.3 Variables to 2023-24 year end position

There are a number of variables which may affect the year end outturn position. Please see detail in the following table showing a best and worst case movement against the reported position of **£5.956 million**.

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	£0.100 million	£0.250 million
IJB outturn	There is a risk the IJB overspends and requires funding from the NHS Board	£0.000 million	£0.200 million
Inflation	There is a risk inflation remains above plan, however this could fall in the final quarter	£0.050 million	£0.100 million
SLA costs	All SLA costs are not yet confirmed	£0.200 million	£0.350 million
Prescribing costs	Data is behind on primary care prescribing therefore there is still a high degree of estimation in costs	£0.100 million	£0.150 million
Allocations from SG	There remain some allocations outstanding from SG and therefore a risk allocations could be lower than anticipated	£0.000 million	£0.300 million
Total outturn reported	As per summary above	£5.956 million	
Adjusted for variables		£5.506 million	£7.306 million

This shows the position could improve to £5.506 million, however could also worsen to £7.306 million. Actions are noted in the next session to move towards the best case scenario.

4.4 Actions to reduce the deficit

The current expected position at **£5.956 million** is not acceptable and is far behind both the financial plan and NHS Orkney's statutory responsibility to break even and operate within the resource allocation given. Urgent work across the Executive team is taking place to improve on the position in year as well as ensure there is a robust recovery plan in place for 2024-25. Current actions include;

- Progress the opportunities issued by the Financial Improvement Group
- Increased engagement with Discovery through our local Discovery Champion which will allow us to perform benchmarking across NHS Scotland and identify ways to improve financial and operational performance.
- The Director of Nursing and Acute Services is ensuring that we implement where possible, the instructions of the Supplementary Staff Task & Finish Group to reduce reliance and expenditure on nurse agency, it is anticipated that acute agency nursing will be removed by 31 March 2024.
- Work continues on recruitment to substantive medical grade posts, considerable work in this area is being carried out by the Medical Director and Director of Nursing and Acute Services in order to recruit to substantive posts and identify exit strategies for high-cost locums.
- Ensure buyers' guides issued by National Procurement are implemented to generate non-pay savings where applicable.
- Finance representation on the Area Drugs and Therapeutic Committee to look at medicines reviews and options to promote value from prescribing.
- The Board has also requested additional support from the Financial Delivery Unit and will continue to engage to highlight areas for improvement and drive forward efficiencies where possible.
- The Recovery Team continue to explore opportunities to reduce the in year deficit.
- We are working closely with the provider SLA boards to review the activity to date and our year end assumptions.
- It is anticipated the Board will have up to date Prescribing information by end February, reducing the accruals back to the 2 months as previously reported on.

4.5 Enhanced reporting

During 2023/24, the following control and reporting mechanisms are now in place to monitor progress:

- Grip and Control Board
- Additional focused financial performance meetings with Executive Directors and their Senior Leadership Team and the CEO and DoF to take place bi-monthly.
- Financial Sustainability Workstreams meetings with workstream leads and the FSO (monthly)
- Monthly financial performance meetings attended by the Board Chair, Chief Executive, Chair of the Finance and Performance Committee, Director of Finance and Head of Finance
- Various engagement sessions with the Senior Leadership Team, Budget Holders and the Board facilitated by the Financial Sustainability Office
- Reporting through the Finance and Performance Committee (bi-monthly)

- Reporting through the Board (bi-monthly)
- Additional scrutiny by the Finance and Performance Committee will commence with monthly meetings taking place from October

5. Capital

The formula-based capital resources for 2023-24 are £1.026 million. The Capital Plan was approved at the Board meeting on 22 June 2023. The approved areas for expenditure are broken down below which would bring the Board to a breakeven position:

Area	Value	Detail
Estates and Primary Care	£0.100 million	This will be used for equipment purchases, property works and primary care priorities.
IT	£0.250 million	This will be used to support our Digital Strategy.
Medical Equipment	£0.150 million	Spending priorities will be decided by the Medical Equipment Group.
King Street development	£0.120 million	The Board continues discussions around the development of King Street for residential accommodation. Plans have been submitted to Orkney Islands Council for consideration and discussions continue to take place to progress. At this time, it is likely that there will be an underspend on this allocation as we await planning permission, this slippage will be re-allocated.
Capital to Revenue Transfer	£0.250 million	The Board proposes a capital to revenue transfer of £250k.
Other	£0.156 million	
Total spend	£1.026 million	

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the Covid pandemic. A short life working group (SLWG) has been established, chaired by the Board Chief Executive to consider options for the Old Balfour hospital. The Head of Estates, Facilities and NPD will provide an update on the options available to the Board in due course.

In August the Board received an in year allocation in the addition to the above of £141k of Capital funding, which includes £41k for fleet decarbonisation and £100k National Infrastructure funding.

Work also continues on the decarbonisation of the Board's properties in 2023/24 which is funded through grant funding, the project is on target to deliver phase 1 in 2023/24. The Project Board meets regularly (chaired by the Director of Finance) to monitor progress and next steps.

6. 2024-25 outlook

There is extensive work being done in conjunction with Viridian Associates, to prepare a financial plan for 2024-25. Scottish Government have communicated their expectations that NHS Orkney will reduce their brokerage requirements to £1.5 million as a maximum, and achieve at least 3% recurrent savings. The draft financial plan is due to be presented to the Board on 22 February 2024 with submission to the Scottish Government on 23 February 2024. The final submission on 11 March 2024.

7. Summary and next steps

NHS Orkney will continue to take all steps possible to reduce the deficit in 2023-24 and ensure moving into 2024-25 that recurring savings plans are in place by 1 April 2024 wherever possible.

We will engage with colleagues across all areas including the public where necessary to be clear on the safety, quality, workforce and performance impacts of any savings plans being taken forward.

Annex A: Month 10 financial position detail

Nursing and Acute Services - £2.870 million overspend

- *Hospital Medical Staff, £1,235k overspend*

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend and cost pressures within Junior Doctors establishment.

- *Ambulatory Nurse Manager, £156k overspend*

Dialysis and Theatres & Day Unit are overspent at month 10 due to reliance on agency and bank staff to cover vacancies and gaps in rotas.

- *Clinical Nurse Manager, £943k overspend*

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 10 due to reliance on agency and bank nursing to cover vacancies and gaps in rotas. Spend in these areas has slowed down due to reduction in acute agency nursing from November onwards.

- *Laboratories, £515k overspend*

Laboratories are reporting a significant overspend at month 10, both staffing due to agency usage and consumables are overspending, reagent spend has increased significantly and significantly exceeds the forecast spend for this area.

- *Women's Health, £13k overspend*

Maternity ward is overspent by £98k at month 10 mainly due to bank usage within the ward. There are underspending areas within Women's Health reducing the overall overspent position

- *Radiology and Audiology, £63k overspend*

Radiology is overspent by £55k, this relates to agency spend within this area and has reduced due to substantive staff returning to post.

Medical Director £0.045 million underspend

- *Pharmacy, £437k underspend*

The Acute Pharmacy budgets are currently underspent. Spend in this area remains low and under review.

- *External Commissioning, £367k overspend*

External Commissioning including SLAs and patient travel 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.

IJB – Delegated Services

The Delegated Services budgets report a net overspend of £1.311m (including £1.510m of unachieved savings and £0.199m operational underspend).

- *Integration Joint Board, £1,741k overspent*

This includes the unachieved savings to date.

- *Children's Services, £195k underspend*

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

- *Primary Care, Dental and Specialist Nurses, £284k underspend*

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

- *Health and Community Care, £194k underspend*

There are both over and underspending services in Health and Community Care. Mental Health continues to be overspent by £85k. The overspend remains in the main due to the unfunded Consultant Psychiatrist post. Community Nursing is currently underspending (£106k) due to significant vacancies in this area.

- *Primary Care Pharmacy, £232k overspend*

Pharmacy services are currently overspent within prescribing unified with an overspend forecast by year-end. Invoices are currently 3 months in arrears due to ongoing reporting issues nationally. This volatile cost area will continue to be closely monitored along with the accrual assumptions which would normally be based on payments made 2-months in arrears.

Finance Directorate

The Finance Directorate is currently reporting an underpend of £31k, it is anticipated the Finance Directorate budget will be underspent at year-end.

Estates and Facilities

This Directorate is reporting an overspend of £612k to date, unit price of electricity has shown a significant increase. There are significant overspends across the directorate in particular, Estates reports, non-pay pressures within general services reporting an overspend of £81k, building maintenance £57k and pay pressures within portering £32k overspend at month 10. There are also overspends within Facilities at month 10 with domestics reporting an overspend of £105k, catering an overspend of £54k and staff houses an overspend of £62k. The forecast overspend is £750k at year-end.

Chief Executive

Currently reporting an underspend of £49k and is anticipating an underspend at year end.

Public Health

Currently reporting an overspend of £27k.

Human Resources

Currently overspent by £79k and anticipating an overspend at year end. Recruitment and relocation costs are impacting on the reported position.

Annex B: Full year expected outturn by area

	Forecast to M7	Forecast to M8	Forecast to M9	Forecast to M10	Forecast to M11	Forecast to M12
Core RRL	£000	£000	£000	£000	£000	£000
Nursing & Acute Services	(2,001)	(2,211)	(2,601)	(2,854)	(3,011)	(3,198)
Medical Director	38	23	34	127	59	79
Integration Joint Board	(42)	(49)	169	61	198	209
Finance Directorate	11	16	22	4	16	6
Estates, Facilities & NPD Contracts	(366)	(418)	(483)	(578)	(670)	(750)
Chief Executive	(5)	(2)	23	38	57	64
Public Health	(47)	(54)	(24)	(30)	(33)	(40)
Director of Human Resources	(89)	(103)	(119)	(122)	(90)	(101)
Reserves	509	581	583	788	817	891
Savings Targets (Board)	(2,512)	(2,888)	(3,182)	(3,840)	(4,115)	(4,390)
Additional Savings Target (Board)	(35)	(40)	(75)	(92)	(96)	(100)
<i>Savings Achieved (Board)</i>	1,856	2,138	2,280	2,846	3,017	3,187
Savings Targets (IJB)	(1,198)	(1,438)	(1,515)	(2,098)	(2,249)	(2,400)
<i>Savings Achieved (IJB)</i>	95	178	156	588	588	588
Total Core RRL	(3,787)	(4,269)	(4,733)	(5,162)	(5,514)	(5,956)
Non Cash Limited						
Dental NCL	0	0	0	0	0	0
Ophthalmic Services NCL	0	0	0	0	0	0
Dental and Pharmacy NCL - IJB	0	0	0	0	0	0
Total Non Cash Ltd	0	0	0	0	0	0
Non-Core						
Capital Grants	0	0	0	0	0	0
Non-cash Del	0	0	0	0	0	0
Annually Managed Expenditure	0	0	0	0	0	0
Donated Assets Income	0	0	0	0	0	0
Capital Charges	0	0	0	0	0	0
Total Non-Core	0	0	0	0	0	0

Total for Board – Forecast - Trajectory	(3,787)	(4,269)	(4,759)	(5,162)	(5,514)	(5,956)

Total for Board – Actual - Run Rate	(3,833)	(4,303)	(4,765)	(5,118)		
-------------------------------------	---------	---------	---------	---------	--	--

Trajectory v Run Rate variance	(46)	(34)	(6)	44		
--------------------------------	------	------	-----	----	--	--

8.2.1

F&P Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the F&P Committee	Date of Meeting: 23 rd November 2023
Prepared By:	Des Creasey (F&P Chair)	
Approved By:	Mark Doyle (DoF)	
Presented By:	Des Creasey (F&P Chair)	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the F&P Committee at its meeting on 23 rd November 2023.		
Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway
<ul style="list-style-type: none">• A number of papers had not been submitted in a timely manner to be included in the meeting. These included the Performance paper and Risk paper, which is completely unacceptable.• There is a significant sum of recurring cost saves sitting with the IJB (c. £465k), which the NHSO Director of Finance feels will not be delivered this financial year. Therefore, this will likely add a further cost pressure into the organisation.• The position to balance a shortfall in recurring savings by delivering additional non-recurring savings seems to have been made without a formal governance process being followed, though it was agreed that any formal proposal would go to Senior Leadership Team and onwards to a future Finance and Performance Committee (see opposite)• There remains concern that the Medical Director's absence (including no deputy in attendance) remains a feature at Finance and Performance Committee, which cannot continue.		<ul style="list-style-type: none">• With the escalation of NHS Orkney to Level 3 of the NHS Scotland Support and Intervention Framework (due to a deterioration of our financial position) it was agreed to run the F&P Committee on a monthly basis for the foreseeable future. These extra sessions will focus purely on financial matters and improvement with every member of the Executive Team to be in attendance at each meeting.• Further clarity requested around what and when savings will be delivered this financial year (e.g. what is the actual savings being delivered by reducing agency usage?)
Positive Assurances to Provide		Decisions Made
<ul style="list-style-type: none">• Additional non-recurring c. £400k of savings have been identified this financial year, above the £2.2m planned savings.• NHS Orkney continues to delivery on its Sustainability promise and work is maintaining “best practice” across NHS Scotland which should be celebrated• Papers on the Business Continuity and Disaster Recovery highlighted some outstanding work and a very positive outcome using the recently developed <i>Digital Defender</i> process during a simulation and training exercise		<ul style="list-style-type: none">• Further review and understanding about the impact of a shortfall in the recurring savings planned for this year.• Requested that SLT provide more transparency in decision making around movement of funds from recurring to non-recurring buckets.• Approvals around Locum annual leave and Management Steering Group (MSG) Medical Bank Workers rates of pay given following legal advice.• Request to consider Emissions savings be included in the medium-term in the Sustainability reports that are shared.
Comments on Effectiveness of the Meeting		
<ul style="list-style-type: none">• Given the missing papers, the meeting fell short of the areas it should have covered and reviewed• Some key individuals were unable to attend the session, which meant some question/queries could not be made		

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: 09 January 2024
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:	SLT	
Presented By:	Laura Skaife-Knight	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 09 January 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> Annual appraisals - only 1 in 5 of staff have had appraisals – break down of appraisal rates shared with staff via CEO blog this week and needs to remain an area of focus Financial escalation – Rapid Review Report shared with SLT by Viridian and next steps agreed re: in-year savings opportunities, recognising the pace now required to return the best possible in-year results 	<ol style="list-style-type: none"> Develop much clear mitigations and actions for each Corporate risk 35 opportunities for savings to be developed further with the support of Viridian prior to 22 January 2024 meeting – with work to be done outside of SLT Design of Chronic Pain Service model to be developed aligned to NHS Highland Service and service costed Longer-term business cycle to be developed for SLT so that we have a plan for the year and look further ahead
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> Revised streamlined risk register positively received Engagement work started on new Corporate Strategy (SLT will dedicate time on the 22 January 2024 agenda to sharing their views on the future strategy) 6-monthly review of SLT provided positive feedback and areas of improvement. Positive areas included: members feeling much better informed and engaged, improved collective awareness and visibility of key issues and priorities, improved relationships between teams Areas for improvement included: extend meeting time to allow for more in-depth discussions, be clear where papers need to go (ie Board Committees or SLT to reduce/avoid duplication and to split the agenda so the first meeting in the month is core standing agenda items (including: Integrated Performance Report, Risk, Finance and Safety and Quality report) and the second meeting is other items of business. 	<ol style="list-style-type: none"> Approved the Patient Transport Contract (transport from Aberdeen airport – Aberdeen Royal Infirmary) SLT to be extended by 30 mins to enable more in-depth discussion on key items moving forward and from February 2024

<p>SLT membership – to be expanded to the Recovery Director and Head of Improvement</p> <p>4. Progress in relation to colonoscopy surveillance and plans for duty of candour with patients agreed</p>	
<p>Feedback about meeting:</p> <ul style="list-style-type: none"> - Run over time – but a large agenda so time was needed - Could have been smarter in sifting papers that don't need to come to this meeting moving forward (when operational governance system begins to - Breadth of papers and areas covered welcomed - Good conversations and strong engagement 	

9.1.1

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: 22 January 2024
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:	SLT	
Presented By:	Laura Skaife-Knight	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 22 January 2024.		

Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway	
<ol style="list-style-type: none"> Potential gaps in Anaesthetics from 29 January to 11 February could impact on service delivery Sypol COSHH management system no longer supported by NHS Grampian, Health and Safety Executive require Boards to have a system for the management and control of risks in this area 		<ol style="list-style-type: none"> 23 business cases received, agreed scoring and decision making criteria will be used for each case with decisions issued by end of the week. Progress with the work required to dispose of the Old Balfour Hospital Site Audit Plan for 2024/25 discussed, final plan to come back through Senior Leadership Team prior to going to Audit and Risk Committee, work underway to agree timetable and reporting cycle to SLT. Rapid Cancer Review recommendations need to be prioritised and considered in line with the financial context Sustainable Services Report submitted to Scottish Government 	
Positive Assurances to Provide		Decisions Made	
<ol style="list-style-type: none"> Progress in relation to Strategic and Operational Estate issues, including the establishment of a Strategic Estates and Planning group to oversee and develop work in the wider estate and a Space Utilisation Group for The Balfour. 62 day Cancer performance update received and future governance reporting agreed Major Incident – Major Emergency Plan received and approved prior to endorsement at Finance and Performance Committee on 19 February. Planned exercise aims and objectives approved with further discussion required on timing and training required prior to the event. Financial position at month 9 showing reduction in reduction in projected position at year end. 		<ol style="list-style-type: none"> Revised Senior Leadership Team Terms of Reference and membership approved. Approved the new Policy Framework for onward endorsement at the Board on 22 February. Business case for funding for Sypol COSHH management system to be added to the cases received 	

9.1.1

<p>Feedback about meeting:</p> <ul style="list-style-type: none">- Good meeting, better contributions- Long agenda but productive- Build in more breaks to the agenda	

- Good meeting, better contributions
- Long agenda but productive
- Build in more breaks to the agenda

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Policy Framework
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Julie Colquhoun

1 Purpose

This is presented to the Group for:

- Approval

This report relates to a:

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

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

- Effective

2 Report summary

2.1 Situation

The Board are asked to approve this refreshed Policy Development Framework for implementation and dissemination across the organisation.

2.2 Background

NHS Orkney Board approved the findings and recommendations of an Operational Governance Review. The outcome of the review was a number of improvements to strengthen our governance systems, in line with The Blueprint for Good Governance.

This Policy Framework aims to ensure NHS Orkney has consistent, relevant and up-to-date governance documentation.

“Boards should ensure that operational policies are subject to approval and regular review by the Board and the standing committees. To manage this in a

co-ordinated manner a policy framework should be established and maintained for all significant healthcare policies.”

2.3 Assessment

This Policy Framework provides guidance for NHS Orkney policy development including development, consultation, approval, dissemination, implementation, monitoring and review.

2.3.1 Quality/ Patient Care

Ensures all operational practice is governed by up to date, relevant documentation.

2.3.2 Workforce

The Framework applies to all staff involved in the drafting of NHS Orkney Policy documentation, in addition the Framework includes procedures, guidelines, protocols and pathways, to enable a standardised approach and governance.

2.3.3 Communication, involvement, engagement and consultation

Implementation of this Framework will ensure NHS Orkney has carried out its duties to involve and engage with all key stakeholders in respect of policy and strategy development.

2.3.4 Route to the Meeting

The Operational Governance Review was approved at the Board. It was recommended that further work be done in relation to this Policy Framework.

The Senior Leadership Team received and approved on the 22nd of January 2024.

2.4 Recommendation

The Board **approve** this Framework

3. List of appendices

The following appendices are included with this report:

Policy Framework

Policy Framework

Document Author	Corporate Records Manager
Document Owner (for updates)	Corporate Governance Lead
Engagement and Consultation Groups	Senior Leadership Team
Approval dates	
Senior Management Team	
Equality and Diversity Rapid Impact Assessment	
Version control	
Version number	0.1
Date of original document	
Last change and approval date	
Last review date	
Next formal review date	
Location and access to documents	
Location of master document	
Location of backup document	
Location of equality assessment	
Access to document for staff	
Access to document for public	
Post holders' names at last review	
Title	Name
Corporate Records Manager	Kate Doughty
Corporate Governance Lead	Julie Colquhoun
Equality Impact Assessment (EQIA) – for strategies and policies	
Assessor name	
Assessment date	
Island Communities Impact Assessment (ICIA) – for strategies and policies	
Assessor name	
Assessment date	

1. Introduction

The Blueprint for Good Governance sets out clearly the ask of all NHS Boards to have strategic and commissioning plans aligned with operational policies. This Policy Development Framework aims to ensure NHS Orkney has consistent, relevant and up-to-date governance documentation.

“Boards should ensure that operational policies are subject to approval and regular review by the Board and the standing committees. To manage this in a co-ordinated manner a policy framework should be established and maintained for all significant healthcare policies.”

2. Purpose and scope

This Policy Framework provides guidance for NHS Orkney policy development including development, consultation, approval, dissemination, implementation, monitoring and review.

The Framework applies to all staff involved in the drafting of NHS Orkney Policy documentation, in addition the Framework includes procedures, guidelines, protocols and pathways, to enable a standardised approach and governance.

3. Definitions

The following definitions are based on those currently used within NHS Orkney.

Strategy	A comprehensive document defining a plan adopted by the Board that the Board will follow to achieve a specified objective
Policy	A written statement which conveys purpose, including intentions, an approach and objectives. A policy enables staff to make decisions and comply with relevant legislation, organisational rules, and good working practices.
Procedure	A set of detailed, methodological instructions which ensure staff can achieve policy objectives. Procedures should detail the highest standards possible to ensure efficiency, consistency and safety. They are sometimes known as Standard Operating Procedures (SOPs). SOPs should not be deviated from, other than in exceptional and justifiable circumstances.
Guideline	A written statement made by the organisation outlining its approach to a particular matter or issue. Guidelines are provided to ensure high quality decision making and a considered, consistent approach

Protocol	A specific, directive document which stipulates the agreed standard of practice required in order to fulfil an objective. Protocols should not be deviated from, other than in exceptional circumstances
Pathway	A tool used to manage the quality of healthcare, standardising processes to ensure effective outcomes for patients

4. Responsibilities

The Chief Executive	is the accountable officer with overall responsibility for ensuring that NHS Orkney has the right strategies, policies, and other documentation in place to achieve the Board's aims and objectives.
Executive Directors	support the Chief Executive and Heads of Department in ensuring the correct governance documentation is in place
Heads of Department	will lead on document development and implementation within the remit of their portfolios. They will ensure that documents have been developed considering any relevant legal, regulatory, and statutory requirements. Heads of Department are also responsible for ensuring that documents requiring approval are escalated to the appropriate committee or group.
Corporate Governance Team	are responsible for maintaining the register of official NHS Orkney documents and for notifying document owners when existing documents are due for review.
All managers	are responsible for staff in their area accessing, understanding and complying with NHS Orkney documents. Managers are also responsible for the information created by staff under their areas of responsibility as Information Asset Owners

All staff are required to familiarise themselves with NHS Orkney documents and comply with all those relevant to their work.

5. Minimum requirements of official documents

Every policy must have an individual postholder as the owner. The owner will be responsible for the policies development, consultation, approval, dissemination, implementation, monitoring and review. The policy owner is usually the author of the policy, but this may not always be the case.

A template is available at **Appendix 1** to assist with policy development, this template must be used for all policies, and can be used as a guide for procedures, codes of practice and guidance documents.

All official documents must:

- Have a reference number allocated by the Corporate Records Manager and be listed on the document register. These will be assigned to existing documents upon their next update, and for all new documents upon creation
- Include the NHS Orkney logo. The Orkney Islands Council logo should also be used on joint documentation.

6. Process

6.1 Initiate

Identify the need for a new or revised version of a governance document. Define what it will be, and how it will be used. Confirm the relevant Head of Department's approval for taking this forward.

Advise the Corporate Governance Team that a new document is being created, or that a document is being revised. The Corporate Records Manager will allocate a document reference number if there is not one already assigned and update the document register so staff are aware of the draft-in-progress.

Use the document template and cover sheet in **Appendix 1** to begin the new draft.

6.2 Consult

Consult with relevant stakeholders, including patient or staff groups who may be affected by the document, and keep a record of this to add to the approval cover paper.

Policy owners should take cognisance of, and ensure compliance with, other NHS Orkney policies in consultation with relevant policy owners as appropriate.

The Chief Executive holds responsibility for Strategies and Non-clinical Policies. The Director of Nursing, Midwifery, AHPs and Acute Services holds responsibility for Clinical Policies.

Remember: Consultation should be sought early and from as many of the below groups as necessary. Contributions should be incorporated throughout to ensure positive and meaningful collaboration across Team Orkney.

9.2.1

Documents impacting on:

Clinical delivery	<p>should go to the Area Clinical Forum for comment on behalf of the professional bodies:</p> <ul style="list-style-type: none">• Area Medical Committee• Area Dental Committee• Nursing and Midwifery Advisory Committee• Therapy Rehabilitation and Diagnostic Advisory Committee• Area Optical Committee• Area Pharmaceutical Committee
Staff	<ul style="list-style-type: none">• should go to the Area Partnership Forum and other subject matter experts
Orkney Health and Care	<ul style="list-style-type: none">• should go to the Quality Forum and Integration Joint Board and other subject matter experts

Care should be taken that joint policies adhere to this procedure as well as any guidance issued by the partner body.

For clarification on the most appropriate route of document authorisation contact the Corporate Governance Team.

6.3 Draft

Make drafts and amendments to the document, circulating until it is complete. Attach any appendices.

Remember: All NHS Orkney documents must, unless professional accreditation guidelines direct otherwise, be produced using the standard NHS Orkney corporate template and style guidelines as set out in **Appendix 1**.

6.4 Impact assess

Equality Impact Assessments (EQIA) and Island Communities Impact Assessments (ICIA) are required for **strategies** and **policies** upon each significant revision.

Pass the completed strategy or policy, including any appendices, to a trained Impact Assessor within your department, or contact the Corporate Records Manager who will identify assessors from another department where available. This person should not have had any other role in drafting the document but will need to understand the content. They will complete the assessments and return the forms to the document author with any recommendations. These recommendations should be actioned, and the forms should be attached to the end of the policy or strategy ready for approval.

The assessment templates on OneTrust are attached as Appendix 2. If you require a OneTrust account please contact the Corporate Records Manager via ork.dp@nhs.scot.

Procedures, protocols and guidelines do not need to have these assessments but should still consider equality principles as well as any impacts upon members of island communities.

6.5 Approve

Once complete, strategies and policies should be passed to a relevant member of the Senior Leadership Team. The document owner may be required to liaise with the Corporate Governance Team to ensure, where necessary, the document is added to the Senior Leadership Team agenda and circulated with the meeting papers.

The standard model meeting paper template should be used to introduce the new or revised document. This template is attached as **Appendix 3**.

The document owner and/or author may be required to attend the SLT meeting to present their document and respond to questions.

Strategies, and the **Risk Management Policy**, must be approved by the **Board**.

Policies must be approved by the **Senior Leadership Team**, which meets twice a month, with assurance to the Board through the Chairs Assurance Report.

Clinical Procedures, Guidelines, Protocols and Pathways must be approved by the senior clinician within the relevant area. Once in place, these documents should also be brought to the attention of the Quality Forum.

Non-clinical Procedures, Guidelines, Protocols and Pathways must be approved by the appropriate Head of Department or Senior Leader.

If, upon inspection, the document is not deemed suitable for approval and publication it will be returned to the author with an explanation and recommendations for resubmission.

Minor, non-material amendments to Policy documents may be approved by the relevant manager as for Procedures. This includes reauthorisations of unchanged documents at the end of the two or three yearly cycle. The document owner/author should provide each new version to the Corporate Records Manager along with proof of approval.

6.6 Publish

9.2.1

If a **Policy** or **Strategy** has been approved for publication, the owner/author will be told via the Corporate Governance Team after the Senior Leadership Team meeting. The decision will be listed by the Corporate Governance Team in the minutes of the meeting in which the document was approved.

The Corporate Governance Team will provide the finalised document and proof of ratification to the Corporate Records Manager (CRM) who will update the cover sheet as appropriate.

When **Procedures**, **Guidelines**, **Protocols** and **Pathways** are approved, the owner/author will be notified by the approver, and should then provide the document to the CRM who will update the cover sheet as appropriate.

For all NHS Orkney documents, the Corporate Records Manager will update the document register and publish the document via Microsoft Teams to SharePoint for staff to view. The Corporate Records Manager will advise the document owner that this has been completed.

Policies published externally (for example nationally by NHS Scotland) which are relevant to NHS Orkney should be shared with the Corporate Records Manager by the appropriate departmental lead once formally adopted by NHS Orkney via the approval route.

Official documents will be published externally as per the NHS Orkney Model Publication Scheme.

6.7 Implement

The Senior Leadership Team will ensure the operational effectiveness of policies and procedures, and provide onward assurance to Board Committees regarding policy compliance.

The Senior Leadership Team (SLT) and Managers will ensure compliance with all applicable documents. Managers will ensure staff:

- Have access to the Microsoft Teams/SharePoint site
- Understand their responsibilities
- Are given an induction and necessary training
- Receive staff communications regularly

Newly issued documents will be discussed in briefings, meetings, and published via other means of staff communications as necessary. It is the responsibility of the owner/author to publicise the document among those it is relevant to, and the responsibility of each manager to ensure compliance.

6.8 Monitor and review

The Corporate Governance Team is responsible for reviewing, approving and monitoring the operational effectiveness of policies and procedures. The Corporate Governance Team will provide onward assurance to Board Committees regarding policy compliance to allow constructive scrutiny by the associated governance committees.

Documents usually require review after **two years**, or upon a change in working practices or legislation. Document owners should remain vigilant in the case of any necessary changes before the renewal date.

The Corporate Records Manager (CRM) will provide notification to document owners up to three months before they are due for review. Further reminders may be issued to ensure documents are monitored effectively. Document review will be scrutinised via the Senior Leadership Team.

Document owners and authors will be expected to review and seek approval for their documents in a timely manner, keeping the Senior Leadership Team and the CRM updated on progress.

The Corporate Governance Team will collate a list of approved policies to add to the SLT Chairs Assurance Report submitted to each Board meeting.

7. Naming conventions and version control

7.1 Naming conventions

It is important to give clear and succinct names to documents so that the content is easily interpreted and understood by users. Names should offer a clear indication of what the document contains, and how it can be used without further context required.

Titles should be succinct and include the type of document after the content. For example 'Document Development Procedure' rather than 'Procedure for Document Development'.

Document names should also be used as file titles, with the version number at the end.

7.2 Version control

Version control ensures that the correct document is circulated to the correct people in a timely manner. This also provides an audit trail of previous drafts and approvals should it be necessary to refer to them; for example, to understand what working practices were in place on a given date.

9.2.1

Previous approved versions of documents will be kept for reference by the Corporate Records Manager and may be consulted as required.

Principles of version control:

- Add version numbers to any official document that may be changed through time or have several people working on it
- Version numbers are to be used as follows:
 - The first draft is version 0.1, increasing by increments of .1 until a final version is complete and approved (0.2, 0.3...)
 - The first approved document will be version 1.0
 - Later revisions will increase by increments of 0.1 until the next approval (1.1, 1.2, 1.3...)
 - The next approved document will be version 2.0

The version number should be clearly displayed at the end of the file title, on the document cover page, and in the header of each page of the file.

Once a document has been approved, a 'read-only' tag can be applied to the document by opening the Properties and checking the 'read-only' box.

8 Procedure Flowchart



11. Appendix 1 – Document template and cover sheet



Name of Document (font size between 18 and 36)

Document Author	
Document Owner (for updates)	
Engagement and Consultation Groups	
Approval dates	
Senior Management Team	
Equality and Diversity Rapid Impact Assessment	
Version control	
Version number	
Date of original document	
Last change and approval date	
Last review date	
Next formal review date	
Location and access to documents	
Location of master document	
Location of backup document	
Location of equality assessment	
Access to document for staff	
Access to document for public	
Post holders' names at last review	
Title	Name
Equality Impact Assessment (EQIA) – for strategies and policies	
Assessor name	
Assessment date	
Island Communities Impact Assessment (ICIA) – for strategies and policies	
Assessor name	
Assessment date	

9.2.1

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please contact Orkney's alternative formats mailbox or phone the *NHS Grampian* Communications Team:

Email: ORK.alternativeformats@nhs.scot

Telephone: Aberdeen (01224) 551116

(font size 18)

Contents

1.	Changes since last approval	13
2.	References	13
3.	Introduction	13
4.	Purpose and scope	13
5.	Definitions	14
6.	Responsibilities	14
7.	Content (change headings and add more as needed)	14
7.1	Subheadings if required	14
8.	Appendices	14

1. Changes since last approval

Change	Version	Date
Example change by example author	0.0	MM/YYYY

2. References

Document	Location
Related document name	https://.....

3. Introduction

Why has this document been written?

4. Purpose and scope

What does this document cover and who is intended to use it?

5. Definitions

Are there any words or themes that may not be familiar to all readers?

6. Responsibilities

Who will ensure this document is updated, read, used, reviewed?

7. Content (change headings and add more as needed)

7.1 Subheadings as required

8. Appendices

These must be referred to within the content of the document and listed at the end in order of reference. Appendices should be supplementary, not an essential part of the document, and must be provided in advance of the equality impact assessment (EQIA).

NHSO Document development style guide

- Headings should be Arial size 14, bold font
- Text should be Arial size 12
- Numbers should be used with section headings
- A blank line should be present between headings
- Text should be kept as left-aligned
- Use sentence case, not capitals
- Use bold for emphasis, not italics or underlines
- Expand acronyms and abbreviations on first use, with the acronym in brackets at the end
- Avoid colour fonts or images
- Use page numbers
- Update the document header and footer with
 - Document number
 - Document title
 - Classification
 - Version number

12. Appendix 2 – Equalities Monitoring templates

OneTrust links to:

- Island Communities Impact Assessment (ICIA)
- EQuality and Diversity Impact Assessment (EQIA)

<https://app-uk.onetrust.com/assessment/wizard/select>

OneTrust access can be requested via the Corporate Records Manager or ork.dp@nhs.scot

13. Appendix 3 – Model Meeting Paper template

NHS Orkney

Meeting: Click or tap here to enter meeting name
Meeting date: Click or tap to enter a date.
Title: Click or tap here to enter text.
Responsible Executive/Non-Executive: Choose an item.
Report Author: Click or tap here to enter text.

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:

- Awareness
- Decision
- Discussion

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- 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

Provide a concise statement of the situation. Why is this being brought to the meeting's attention? What is the strategic context? What is the Board being asked to do? (Cross-reference with Recommendation Section below).

2.2 Background

Provide pertinent information relating to the situation. Summarise issues of significance, any National / Local objectives involved and relevant legislative / Healthcare Standards.

2.3 Assessment

Provide analysis of the situation and considerations. Assess the current position, identifying any organisational risks, stakeholder considerations and evidence base to help inform decision making.

2.3.1 Quality/ Patient Care

Describe any positive and negative impact on quality of care (and services).

2.3.2 Workforce

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

2.3.3 Financial

Describe the financial impact (capital, revenue and efficiencies) and how this will be managed.

2.3.4 Risk Assessment/Management

Describe relevant risk assessment/mitigations.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes, including consideration of our island setting and ferry-linked islands.

An impact assessment has been completed and is available at... or

An impact assessment has not been completed because...

2.3.6 Climate Change Sustainability

Describe the impacts relating to climate change and environmental sustainability

2.3.7 Other impacts

Describe other relevant impacts

2.3.8 Communication, involvement, engagement and consultation

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

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

- Stakeholder/Group Name, date written as 1 January 2019
- Stakeholder/Group Name, date written as 1 January 2019

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.

- Committee/Group/Meeting Name, date written as 1 January 2019
- Committee/Group/Meeting Name, date written as 1 January 2019

2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

- **Awareness** – For Members' information only.
- **Decision** – Reaching a conclusion after the consideration of options.
- **Discussion** – Examine and consider the implications of a matter.

2 List of appendices

The following appendices are included with this report:

- Appendix No, Document title
- Appendix No, Document title
- Appendix No, Document title

NHS Orkney

Meeting:	NHS Orkney Board meeting
Meeting date:	Thursday, 22 February 2024
Title:	NHS Orkney Improvement and Action Plans – key priorities and oversight arrangements
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Head of Planning, Performance and Information

1 Purpose

This is presented to the Board for:

- Approval of the oversight arrangements

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

All Executive Leads were asked to submit a list of all Strategies, Improvement Plans and Action Plans which were held within their area of responsibility, which was done in 2023 and presented to the Board in October 2023. This was to be followed up at a future Board

meeting and following a further discussion between Executive Leads and the Chairs of Board Committees to agree the oversight arrangements for key Improvement and Action Plans so that assurance can be sought via Board Committees of progress in each area.

2.2 Background

A single register was created and shared with, the Senior Leadership Team and NHS Orkney Board in October 2023. Following feedback at Board, further review of the register took place, and the register has been rationalised from 66 to 28 key Strategic Plans. The register maps each of the plans to a Governance Committee and the Plan on a Page Strategic Priorities.

This paper builds on the previous paper following further discussions with Executive Leads and Board Committee Chairs and lays out the proposed oversight and reporting cycle for these key Strategies, Improvement Plans and Action Plans. The next step, subject to Board approval, is to ensure each of these Strategies, Improvement Plans and Action Plans are built into the workplans for each Board Committee for 2024/25.

2.3 Assessment

All plans have been prioritised and an agreed reporting cycle linked to Governance Committees. All plans have also been mapped to the Board's Strategic Priorities.

Senior Leadership Team

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Corporate Strategy	Board Strategy	Annually	Systems & Governance	CEO	Head of Planning, Performance, and Information
Anchor Strategy	Board Strategy	6 Monthly	Sustainability	Director of Public Health	Public Health Manager
Delivery Plan Progress Updates	Action Plan	Quarterly	Systems & Governance	CEO	Head of Planning, Performance, and Information
Strategic Priority Progress Updates	Action Plan	Quarterly	Systems & Governance	CEO	Head of Planning, Performance, and Information

Audit and Risk Committee

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Data Quality Review - Improvement Plan	Improvement Plan	Every Second Meeting	Quality & Safety	CEO	Head of Planning, Performance, and Information
Annual Accounts Review – Improvement Plan	Improvement Plan	Every Second Meeting	Systems & Governance	Director of Finance	Head of Finance

Finance and Performance Committee

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Digital Strategy	Board Strategy	2021 – 2026	Systems & Governance	CEO	Head of Improvement
Information Governance Strategy	Board Strategy	2022 – 2026	Systems & Governance	CEO	Head of Improvement

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
NIS Audit	Action Plan	Annually	Systems & Governance	CEO	Head of Improvement
Financial Improvement Plan	Action Plan	Annually	Sustainability	Director of Finance	Head of Finance
Winter Plan	Action Plan	Annually	Quality & Safety	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer – Acute	Head of Planning, Performance, and Information
Sustainability Report	Action Plan	Quarterly	Sustainability	CEO	Head of Estates and Facilities
Property Asset Management Strategy / NHSO Asset Management - Integrated with North Regional Asset Management Plan	Action Plan	Quarterly	Systems & Governance	CEO	Head of Estates and Facilities

Joint Clinical Care and Governance Committee

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Child Poverty Strategy	Board Strategy	2022 – 2026	Systems & Governance	Director of Public Health	Public Health Manager
Mental Health Strategy	Board Strategy	2020 – 2025	Systems & Governance	Chief Officer – IJB	Head of Health and Community Care
Alcohol & Drugs Partnership Strategy	Board Strategy	2021 – 2031	Systems & Governance	Chief Officer – IJB	Head of Health and Community Care
Orkney Dementia Strategy	Board Strategy	2020 – 2025	Systems & Governance	Chief Officer – IJB	Head of Health and Community Care
Clinical Strategy	Board Strategy	2022 – 2027	Systems & Governance	Medical Director	
Children's Services Plan	Board Strategy	2023 – 2026	Quality & Safety	Chief Officer – IJB	Head of Children's Services

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
-------------	-----------	-----------------	-------------------------	----------------	-----------

UNICEF Baby Friendly Standards – Gold Accreditation	Action Plan	Annually	Culture	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer – Acute	Interim Deputy Director of Nursing and Lead Midwife
The Best Start – 5-year plan continuity of carer – Midwives	Action Plan	Annually	Culture	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer – Acute	Interim Deputy Director of Nursing and Lead Midwife
Framework for Effective Cancer Management	Action Plan	Quarterly	Quality & Safety	Medical Director	Head of Planning, Performance, and Information
Implementation of MAT Standards	Action Plan	Quarterly	Quality & Safety	Chief Officer – IJB	Head of Health and Community Care
Audiology Action Plan	Action Plan	Quarterly	Quality & Safety	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer – Acute	Audiology Manager

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
62-Day Cancer	Improvement Plan	Quarterly	Quality & Safety	Medical Director	Head of Planning, Performance, and Information
Planned Care	Improvement Plan	Quarterly	Quality & Safety	Medical Director	Interim Deputy Medical Director
Primary Care	Improvement Plan	Quarterly	Quality & Safety	Chief Officer – IJB	Head of Primary Care
Mental Welfare Commission	Improvement Plan	6 Monthly	Quality & Safety	Chief Officer – IJB	Head of Health and Community Care

Staff Governance

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Corporate Health and Safety Strategy	Board Strategy	2021 – 2024	Systems & Governance	Director for People and Culture	Health and Safety Officer

Description	Plan Type	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Health Care Staffing Act	Action Plan	Each Meeting	Workforce	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer – Acute	Healthcare Staffing Lead
Workforce Plan	Action Plan	Annually	Workforce	Director of Public and Culture	Head of People and Culture
Spiritual Care – National Framework	Action Plan	Annually	Culture	Director of Public and Culture	Chaplain
Staff Governance Action Plan	Action Plan	Each Meeting	Culture	Director of Public and Culture	Head of People and Culture

The NHS Orkney Board will receive assurance for key Improvement and Action Plans through Committee Chairs Assurance reports. However, the following key strategies will come to Board for full oversight.

Description	Reporting Cycle	Strategic Priority Link	Executive Lead	Plan Lead
Corporate Strategy	Quarterly	Systems & Governance	CEO	Head of Planning, Performance, and Information
Clinical Strategy	6 Monthly	Systems & Governance	Medical Director	
Anchor Strategy	6 Monthly	Sustainability	Director of Public Health	Public Health Manager
Delivery Plan	Quarterly	Systems & Governance	CEO	Head of Planning, Performance, and Information

2.3.1 Quality/ Patient Care

10 plans are aligned to the organisational Quality and Safety Priority. Of those 8 will report into Joint Clinical Care and Governance, 1 reporting in to Audit and Risk and the other in to Finance and Performance. 5 of those plans are categorised as Improvement with the other 5 Action Plans. Governance Committees will be updated on the plans in the predetermined cycle. Where there are obstacles to success this can be highlighted and addressed in a timely manner to ensure quality and safe patient care, with improved patient outcomes/experience.

There are 14 plans aligned to the Systems and Governance Strategic Priority. Of those plans, 9 are aligned to Board Strategies (2 to Finance and Performance, 5 to Joint Clinical Care and Governance, 1 to Staff Governance and 1 to Audit and Risk). There are 2 Action Plans which will report into Finance and Performance and 1 Improvement Plan which will report into Audit and Risk.

2.3.2 Workforce

2 plans are aligned to the organisational Workforce Priority, both of which are action plans aligned to the Staff Governance Committee. There are 4 plans which align to the Culture Strategic Priority. 2 are action plans aligned to Joint Clinical Care and Governance and 2 are action plans aligned to Staff Governance.

2.3.3 Climate Change Sustainability

3 plans are aligned to the organisational Sustainability Priority, 1 is a Board strategy aligned to Senior Leadership Team and 2 are action plans which are aligned to the Finance and Performance Committee.

2.3.4 Communication, involvement, engagement and consultation

This information has been gathered through engagement with Executive Leads and their wider teams.

2.3.8 Route to the Meeting

This report has been prepared for submission to Senior Leadership Team meeting in February for review and endorsement.

2.4 Recommendation

- Approval – Members' are asked to review and ensure that all Strategies, Improvement Plans and Action Plans for their area of responsibility are included and captured and to agree the oversight arrangements, reporting cycle and governance route.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
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 appointment to the Board of Cllr Jean Stevenson, nominated Local Authority Councillor for Orkney Islands Council, as a Non-Executive Board Member, from the 1 December, 2023.
- **Approve** the reviewed and updated Governance Committee Membership as detailed

2.2 Background

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

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

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

2.3 Assessment

Following the appointment of the nominated local authority councillor and a further review to allow all Non-Executives time to carry out their duties within their current time commitment the membership of the NHS Orkney Board has been amended to reflect this and is provided for approval.

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: Jan 2024 - March 2025

Audit and Risk Committee: Four non executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees <u>Lead Officer – Director of Finance</u>	
Current Members: Jason Taylor, Chair Issy Grieve, Vice-Chair Rona Gold Ryan McLaughlin	Updated Members: Jason Taylor, Chair Des Creasy Ryan McLaughlin Jean Stevenson
Finance and Performance Committee: Four non executive members including the Local Authority member <u>Lead Officer – Director of Finance</u>	
Current Members: Des Creasy- Chair Steven Johnston Meghan McEwen Local Authority Rep - VACANT	Updated Members: Meghan McEwen- Chair Davie Campbell Des Creasy Jean Stevenson – Local Authority Rep
Integration Joint Board: Three non executive members	
Current Members: Issy Grieve, chair Davie Campbell Meghan McEwen	Updated Members: Issy Grieve – Vice Chair Meghan McEwen Joanna Kenny

Deputies: Rona Gold Joanna Kenny	Deputies: Rona Gold Davie Campbell
Joint Clinical and Care Governance Committee: Three non executive members including the Area Clinical Forum Chair and a voting member of the Integration Joint Board. <u>Lead Director – Medical Director (Clinical)/ Chief Officer (Care)</u>	
Current Members: Steven Johnston, Chair Davie Campbell Rona Gold	Updated Members: Rona Gold – Chair Issy Grieve ACF Chair – To be confirmed
Staff Governance Committee: Four non executive members including the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Joanna Kenny, Chair Ryan McLaughlin Des Creasy Jason Taylor	Updated Members: Joanna Kenny, Chair Ryan McLaughlin Jason Taylor ACF Chair – to be confirmed
Remuneration Committee: Four non executive members including the Chair of the Board and the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Davie Campbell – chair Meghan McEwen Ryan McLaughlin Joanna Kenny	Updated Members: No change
<u>OTHER COMMITTEES:</u>	
Endowment Fund Sub Committee: Five trustees, one of whom will be the Director of Finance	

<u>Lead Director – Director of Finance</u>	
Current Members: Davie Campbell, Chair Issy Grieve, Vice Chair Meghan McEwen Steven Johnston Mark Doyle, Director of Finance	Updated members: Davie Campbell, Chair Issy Grieve, Vice Chair Jean Stevenson – Local Authority Rep Mark Doyle All other Trustees to attend in rotation
Orkney Alcohol and Drugs Partnership:	
Joanna Kenny Des Creasey – Deputy	No change required
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Ryan McLaughlin	No change required
Area Clinical Forum:	
Steven Johnston – until Feb 2024	To be confirmed
Orkney Partnership Board:	
Meghan McEwen	No change required
Ethical Advice Group:	
Jason Taylor	Currently in abeyance

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 Orkney Partnership Board Integration Joint Board – voting member Remuneration Committee
Jean Stevenson		Finance and Performance Audit and Risk Endowments Fund subcommittee
ACF Chair (Steven Johnston until Feb 2024)	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

Member	Current Committee membership	Committees as proposed
	Integration Joint Board – Deputy	Integration Joint Board – Voting Member
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
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 Audit and Risk Committee Integration Joint Board - deputy	Joint Clinical and Care Governance Committee- Chair Audit and Risk Committee
Des Creasey	Finance and Performance Committee, Chair Staff Governance Committee ADP Deputy	Finance and Performance Committee – Chair Audit and Risk Committee ADP deputy

NHS Orkney

Meeting:	Board of NHS Orkney.
Meeting date:	Thursday, 22 February 2024
Title:	Children Services Plan.
Responsible Executive/Non-Executive:	Stephen Brown, Chief Officer
Report Author:	James Wylie, Corporate Director of Education, Leisure and Housing; Stephen Brown, Chief Officer; Peter Diamond, Head of Education and Maureen Swannie, Interim Head of Children, Families and Justice Services / Head of Strategic Planning and Performance.

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is invited to note:

The responsibility for children's services planning rests with a local authority and its relevant health board, working collaboratively with other members of their Community Planning Partnership as well as with children, young people and their families.

The Children's Services Plan 2023-26 has been prepared by the Orkney Children's Services Strategic Partnership.

The need to review and update the plan annually, and, in particular, better represent the outcomes of involvement and engagement with those involved in delivering children services, as well as Orkney's children, young people and families.

It is recommended:

That Orkney's Children's Services Plan 2023-26, attached as Appendix 1 to this report, be approved, in so far as it relates to the remit of NHS Orkney.

2.2 Background

Statutory guidance relating to the planning of children's services was issued by Scottish Ministers under section 15 of the Children and Young People (Scotland) Act 2014 (the Act) and revised in 2020. The guidance provides local authorities and health boards, working in partnership with other public bodies and organisations, with information and advice about how they should exercise the functions conferred by Part 3 (Children's Services Planning) of the Act.

Part 3 of the Act seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

Overall responsibility for children's services planning rests with a local authority and its relevant health board, working collaboratively with other members of their Community Planning Partnership as well as with children, young people and their families.

Section 8(1) of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. The last children's services plan to be published in Orkney covered the period 2021-23.

2.3 Assessment

The Children's Services Plan 2023-26 has been prepared by the Orkney Children's Services Strategic Partnership. This group, which formed following a review of how planning for children's services is being supported, brings together senior leaders from the agencies and sectors which provide children's services within Orkney. It also provides a key link between the statutory partners (the Council and local health board), the Chief Officers Group and Orkney's Community Planning Partnership Board.

The Children's Services Plan 2023-26 is attached at Appendix 1. In preparing the Plan it was recognised that it is only with the help and support of the Community Planning Partnership and the wider Orkney community, as well as children, young people, and their families that the aspirations of the plan be fully realised.

Wider engagement with young people is one of the plan's priorities, however the voice and views of a small group of young people were included within each section of the Plan. The group of young people includes young people who have experience of the Care System. The Plan however, acknowledges that more work needs to be done to ensure this voice is consistently heard and appropriate actions and improvements follow.

The Plan's vision is that children and young people in Orkney grow up loved, safe, and respected, so that they can realise their full potential.

The four priorities within the Plan are:

- Child Protection.
- Mental Health and Wellbeing.
- Reducing Poverty and Disadvantage.
- Involving Young People.

Section 1 of the Plan introduces the purpose and summarises the background to Children's Services Planning in Scotland. Section 2 offers a summary of the Plan. Section 3 provides some context to each of the priorities and includes the feedback from young people. Section 4 offers an overview of the planning structure and the relationships between the partners. Section 5 sets out some of the background information and data, including some of the key performance indicators that allow comparisons between Orkney and other parts of Scotland to be carried out. Section 6 is the action plan. There is an intentional focus on year one, in recognition of the need to review and update the Plan annually, and, in particular, better represent the outcomes of involvement and engagement with not just those involved in delivering children services, but also Orkney's children, young people and families.

2.3.1 Quality/ Patient Care

Progress on the action plan, at section 6 of Appendix 1, will improve service delivery and enable better outcomes for children and young people in Orkney.

2.3.2 Workforce

There are no immediate workforce implications directly arising from this report.

2.3.3 Financial

There are not anticipated to be any significant financial implications arising from the recommendations to this report.

It is anticipated that all of the planned actions can be resourced within existing budgets.

2.3.4 Risk Assessment/Management

There are no risk implications directly arising from this report.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been carried out and is attached as Appendix 2 to this report.

As the Plan being reviewed in terms of this report has been assessed as being unlikely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities) in Orkney, a full Island Communities Impact Assessment has not been undertaken.

2.3.6 Climate Change Sustainability

There are no climate change sustainability implications directly arising as a result of this report.

2.3.7 Other impacts

There are no other implications directly arising as a result of this report.

2.3.8 Communication, involvement, engagement and consultation

The draft Plan was discussed at the Orkney Youth Forum meeting on 28 November 2023 and further shared with young people, including Care Experienced young people, to get their views.

A draft version of the Plan was also circulated to the Chief Executives of NHS Orkney and Orkney Island Council, the Chairs of the Integration Joint Board and NHS Orkney and the Leader of the Council for feedback.

At the meeting of the Joint Clinical and Care Governance Committee on the 8 February, the Plan was considered, and the Plan was recommended for approval by the Integration Joint Board and NHS Orkney, in so far as it relates to the remit of both organisations.

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.

- Orkney Children's Services Strategic Partnership, various dates in 2023 and 9 January 2024.
- Joint Clinical and Care Governance Committee, 8 February 2024.
- Policy and Resources Committee, 20 February 2024.
- Integration Joint Board, 21 February 2024.
- Board of NHS Orkney, 22 February 2024.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

2 List of appendices

The following appendices are included with this report:

- Appendix 1: Children's Services Plan 2023-25.
- Appendix 2: Equality Impact Assessment.



Orkney Children's Services Plan
2023—2026

10.1.1

Content

1. Introduction	4
2. Summary of our Plan	5
2.1 Our Vision	5
2.2 Our Priorities	5
2.3 Our Commitments	5
3. Our Priorities	6
3.1 Child Protection	6
3.2 Mental Health and Wellbeing	7
3.3 Involving Children and Young People	9
3.4 Reducing Poverty and Disadvantage	10
4. The Children's Services Planning Structure	13
5. Orkney Context	15
5.1 Strengths	15
5.2 Challenges	15
5.3 Poverty	16
5.4 Population	17
6. Our Action Plan	20
6.1 Child Protection	21
6.2 Mental health and Wellbeing	22
6.3 Involving Children and Young People	24
6.4 Reducing Poverty and Disadvantage	25
7. Related Plans and Strategies	27
8. Context and Links to National Policies	28

1. Introduction

The guidance for the planning of children's services in Scotland specifies that Children's Services Plans must be prepared with a view to:

- safeguarding, supporting, and promoting the wellbeing of children and young people.
- ensuring any action to meet needs (including prevention) is taken at the earliest appropriate time.
- integrating services from the point of view of recipients.
- achieving the best use of available resources.

While overall responsibility for children's services planning rests with Orkney Islands Council (the local authority) and NHS Orkney (the relevant health board), the practice, ongoing expectation, and commitment is to collaboration with the whole community.

Orkney's Community Planning Partnership shared mission is: Working together for a better Orkney. With this foundation in mind, the Children's Services Strategic Plan has been prepared by the Orkney Children's Services Strategic Partnership (OCSSP; there is more about the OCSSP in section 4).

In preparing the plan, it is fully recognised that only with the help and support of the Community Planning Partnership and the wider Orkney community, as well as that of children, young people, and their families can the aspirations of the plan be fully realised. Included as part of section 3 (Our Priorities) is a reflection by young people on some of the issues that are important to them.

**Orkney Children's
Services Strategic
Partnership**



2. Summary of our Plan

2.1 Our Vision

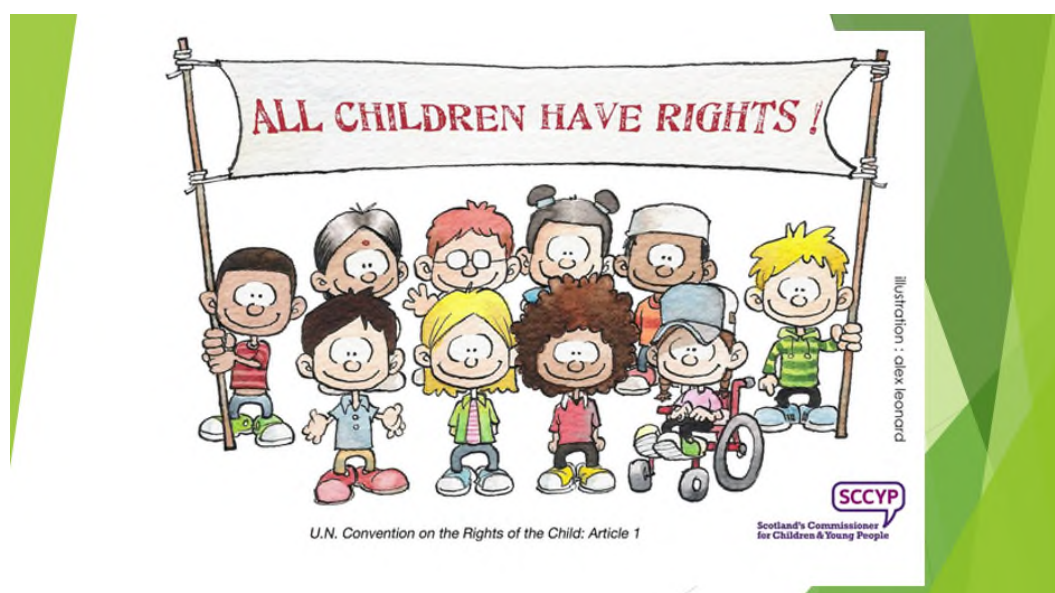
- Children and young people grow up loved, safe, and respected, so that they can realise their full potential.

2.2 Our Priorities

- Child Protection
- Mental health and wellbeing
- Involving Young People
- Reducing poverty and disadvantage

2.3 Our Commitments

- Keeping our children safe
- Implementing 'The Promise'
- Incorporating UNCRC and human rights into all areas of our work
- Achieving a positive destination for all our young people



3. Our Priorities

3.1 Child Protection

It is everyone's responsibility to make sure that children and young people are safe and protected from harm. While most young people in Orkney, like the rest of Scotland, grow up in safe and loving households, unfortunately, this is not always the case and it is important for everyone to be alert to signs of abuse and to respond appropriately to make sure that young people and their families get the help and support they need, when they need it.

In 2020, the Children's Services Partners in Orkney (Police, Education, Social Work, Health Services, and voluntary organisations) were found by inspectors to be failing in their responsibilities to ensure that children were protected. Professionals across those agencies did not always recognise when a child or young person may be at risk, organisations did not work together as well as they should and many of the basic structures to support and protect young people were not in place.

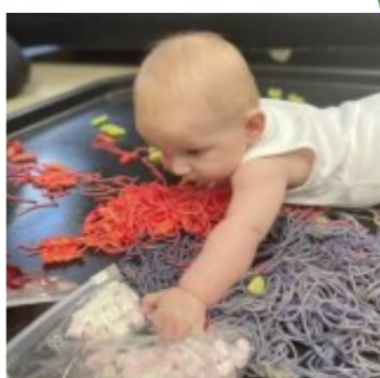
Since that time, the inspectors have been back in Orkney twice to make sure that progress is being made. On both occasions they have found that practices have continued to improve but report that there is still much to do.

We have an established improvement plan that helps all agencies to focus on the things we need to do to get it right for young people. We are also working on our policies and procedures to bring them into line with Scotland's national child protection guidance. All areas across Scotland are working on this just now.

Orkney is no different to other parts of the country in that young people, at times, need protection due to issues of domestic abuse at home, or when their parents are struggling with drug or alcohol issues or mental health problems. Some young people are physically or sexually abused by a parent or an adult they know well and some experience neglect. At such times, it is important that young people can be supported and helped to make sure that the abuse stops and that they are supported moving forward.

10.1.1

Our aim is to ensure that when young people need protection, our response, and the support we provide, is quick and effective. We also aim to provide early support to children and young people, parents, families and our communities, and to ensure capacity building where we assess it is required.



With reference to child protection, young people said... it would be helpful if we knew more about child protection procedures, so we know what to do if we feel we are being abused or we know it might be happening to our friends.

3.2 Mental Health and Wellbeing

A growing number of young people across Orkney are struggling with their mental health and wellbeing. The full impact of the COVID 19 pandemic and the lockdown periods, where young people missed out on normal activities with other young people, is still not fully known. In addition, some young people are having to contend with the stress and strain of exams; issues of bullying which can happen face to face or online; issues of sexuality or gender as they grow and develop; and many other issues from the cost-of-living crisis to the unstable global environment.

The transition back to school for children and young people with neurodiversity was particularly difficult, as the change from Learning without social demands to readjusting to the demands of the school day was very stressful to a number of young people. This led to the creation of guidance for schools supporting vulnerable children and young people to make a successful transition back to school education.

10.1.1

Orkney has experienced a rise in the numbers of young people requiring support with their mental health and wellbeing. Recently the community has been significantly affected by the death of young people by suicide. Third sector organisations who provide support and counselling to young people have growing waiting lists and our schools counselling service and Child and Adolescent Mental Health Service are both experiencing increased demand.

While Covid has created or accentuated some issues, it does not offer a complete explanation, reason, or excuse. Our engagement with young people tells us that mental health and wellbeing is the single most important issue for them. As a Children's Services Partnership, we have already provided additional funding for supports to young people; we have grown our Child and Adolescent Mental Health Service resource considerably, progressing from two to twelve members of staff with a further two posts to be filled; and taken our school counselling service in house.

At present we employ two full-time counsellors and continue to try to successfully recruit to the one vacant post. In 2022, we established a Suicide Prevention Task Force and during this time, we have worked with partners, including Community Learning, Development & Employability, to provide more early intervention activities and opportunities.



The Mental Health Guidance for Orkney Education Staff – A Framework to support Children's and young people's Emotional Wellbeing was created. It focuses on universal approaches to wellbeing for all young people as well as drawing attention to more targeted approaches for vulnerable young

10.1.1

people. Following a launch to all schools a training needs analysis was undertaken to support implementation.

The See Me See Change Programme was introduced to the mainland secondary's schools and Junior High's in order to reduce stigma around mental health issues and build confidence across staff and pupils in talking about mental health.

Together all the digital mental health support platform was recommissioned with an increased age band. Now all 16-31 years olds can access mental health support online 24 hours a day, 7 days a week from any area within Orkney.

Despite the work to date, we know there is much more to do.

With reference to mental health and wellbeing, young people said...

We would like our community to have a better understanding and awareness of children and young people's mental health. We would also like to know where to access support wherever you are in Orkney. It would be good to be able to meet with organisations to discuss stigma and discrimination, mental health awareness, as well as be able to access support and support guides so individuals can improve their own mental health. We also think that greater use could be made of social prescribing, as well as getting help from other people such as friends, family, professionals, a trusted adult, NHS etc. Where there are limited things to do, taking risks with drink, drugs, cars and sex can feel like the only option.

3.3 Involving Children and Young People

Before the Pandemic, Orkney's Children's Services Partnership had built up strong links with children and young people to help shape and plan services and supports. Unfortunately, much of this work was paused during the COVID 19 pandemic period. Some of the great work that had been done before the pandemic has already resumed. For example, the Orkney Youth Conference was held in March of this year, the first time since 2019.

In collaboration with young people, we were able to launch the Growing Up in Orkney website during the pandemic and have recently established a Care Experienced Young People's Board. Our Community Learning, Development & Employability Services have increased coordination and

10.1.1

activity to ensure inclusion of representative voices of young people, including the return of the Orkney Youth Conference, Young Islanders, support to our local MSYP's, with the July 2023 Scottish Youth Parliament Sitting taking place in Orkney, and the creation of a local employability lived experience panel who are influencing and informing the work of the Local Employability Partnership.



In addition, some young people are now actively engaged in work around our suicide prevention agenda and are involved in the development of a support app and working with NHS and Council Communications Teams in mental health awareness campaigns. Schools across Orkney have been trained in 'Talking Mats' and other non-verbal approaches to capturing the 'voice' of the child' in inclusive ways for all children and young people.

The Children's Services Partnership is committed to strengthening even further the role and voice of children and young people in developing services and support that best meet their needs. As one young person put it, this plan should be written by young people or carers.

With reference to involving children and young people, young people said... It would be good if the wider community knew more about UNCRC and that they understood that everyone has these rights and it's their (the community's) responsibility to set a standard to uphold those rights.

3.4 Reducing Poverty and Disadvantage

The current cost of living crisis is affecting families and, when families are struggling financially, this has a big impact on the lives of children and young people. The number of children living in poverty in Orkney is lower

10.1.1

than in some areas of Scotland but is growing. This means that some children and young people are going hungry at times and living in cold houses in the winter. These hardships can have a lasting impact on children and young people's growth and development, make it harder to learn and to study and can cause health issues too.

Reducing the number of young people living in poverty means supporting things that will put money in the pockets of parents. As such, the Children's Services Partnership has supported the Child Poverty Action Plan over the last few years and will continue to look at ways to better support children, young people and their families.

There are a number of other things which can disadvantage some young people more than others. Young people who are, or have been, care experienced, for example, do not always have the support of family when growing up and becoming adults. Their chances of further and higher education, good housing and job prospects can, sometimes, be affected. It is important that care experienced young people have the additional help and support they need.

Young people living in Orkney can experience some disadvantages due to our geography. Young people living on our ferry-linked isles travel to, and live on, the Orkney mainland to attend secondary schools. Starting secondary school can be a challenging time for young people and the need to be away from home and family can make this even harder. The work of our Education Services to make the transition as easy as possible, and our Halls of Residence as homely as possible, continues to be a big priority.



10.1.1

Some young people who need support with their speech and language development or require autism assessments can wait a significant amount of time. This is something we need to improve upon. Some children and young people with disabilities or health conditions, at times, require leaving Orkney to receive treatments and inputs from specialists on the Scottish mainland. Sometimes this is because we don't have that specialist support available on the island – we are simply too small a population to have a specialist in everything. We will, however, continue to explore opportunities to bring these specialists here whenever that is possible. Orkney needs to develop and implement a Neurodevelopmental Pathway to ensure that children, young people and their families receive appropriate services within the community throughout the life cycle.

With reference to reducing poverty and disadvantage, young people said... More needs to be done on reducing the stigma of young people in poverty or accessing support. e.g. young people not having P.E kit, being hungry. Young people need to know which places can provide support to them and their families. It needs to be non-discriminatory for them to access this support.

Maybe it works better if poverty alleviation is in disguise, e.g. support being accessed by all rather than in target groups?

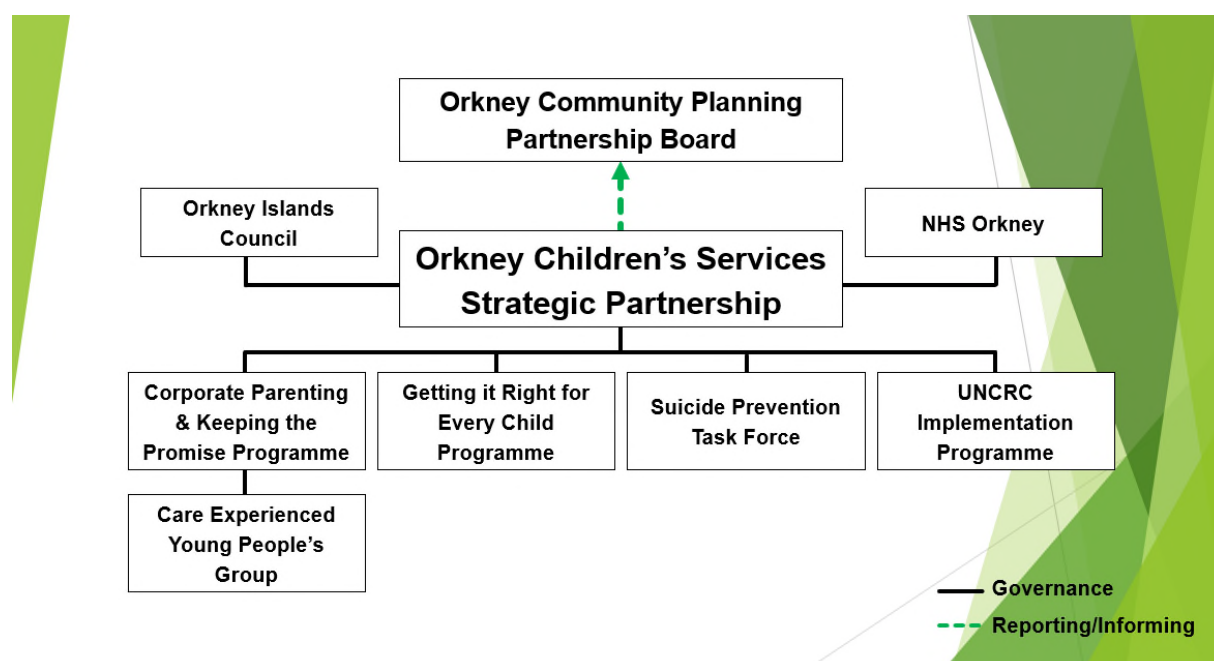
More could be done around: promoting the use of discounts etc available in Orkney ie: Young Scot Card; looking at transport for example additional buses in areas which don't have regular services so the free bus travel is more accessible; also the ferries, so that free transport is accessible for all to access services when they need to.

There needs to be more work experience from a younger age, this way young people from a younger age get the chance to try practical tasks and get used to what being in employment is like as well as know that there are other opportunities out there.

There needs to be more: opportunities for young people to access career advice; funding available to young people to attend courses etc; access to independent living skills and well-being support etc as it is felt that not all of this can be covered in school.

4. The Children's Services Planning Structure

The structures to support the work of Children's Services in Orkney have recently been reviewed, and the structure chart below represents the new arrangements.



Each group meet independently, with the chair from each group, along with representatives from the key services and agencies across the Children's Service Sector, meeting each quarter as the Orkney Children's Services Strategic Partnership (OCSSP) to:

- Support collaborative planning.
- Monitor progress with Children's Service Plan.
- Provide quality assurance and
- Prepare progress reports and updates as required.

By building upon the array of high-quality supports delivered through the Third Sector and ensuring that these complement the work of statutory agencies, the Partnership aims to create an 'eco-system' of supports and

10.1.1

services designed to best support the needs of children, young people and their families across Orkney.

*Note that the Suicide Prevention Task Force has a remit for all ages

5. Orkney Context

5.1 Strengths

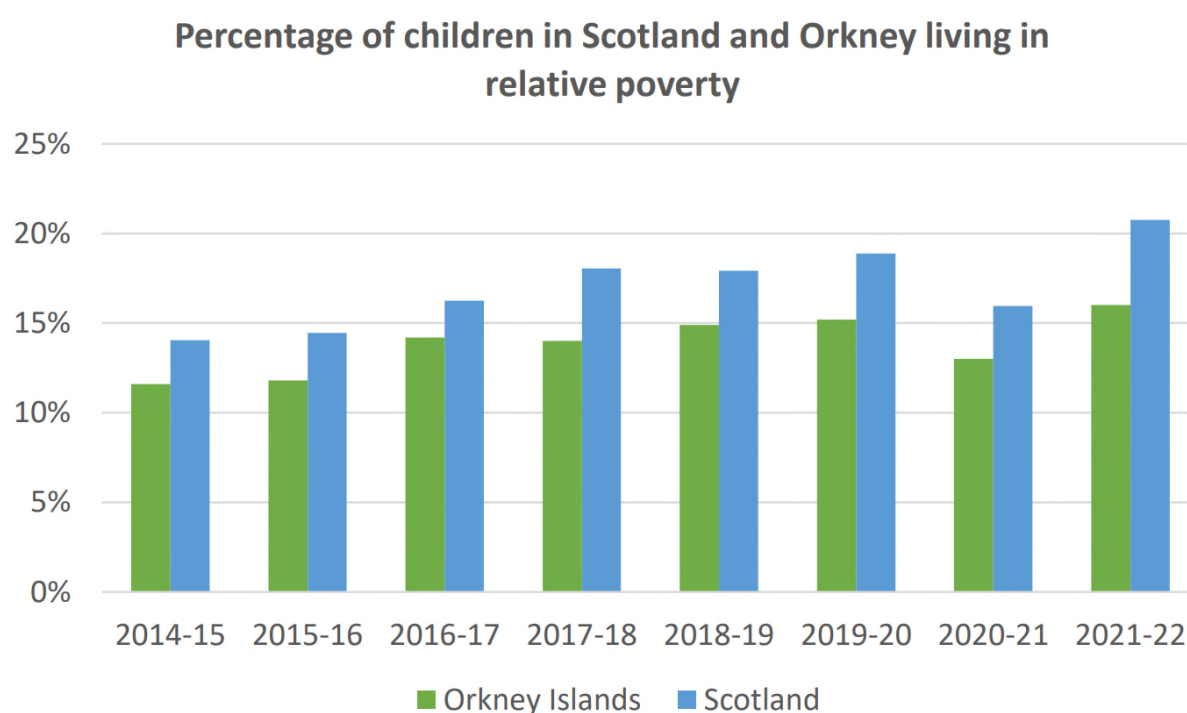
- Orkney's small size (see 5.4) provides a unique opportunity for us to work together, as a partnership, to achieve our vision that all children and young people here grow up loved, safe and respected so that we realise our full potential.
- It is easier in Orkney to develop strong relationships with colleagues across organisations, so that we can all work together to support our children and young people.
- We, as a community, have strong collaboration across agencies, public services, third sector and voluntary to support those in need of support.

5.2 Challenges

- There are workforce challenges across all services, but this presents an opportunity for us to work closer together and in creative ways that we might not have previously tried.
- Our geographical spread can make it difficult to have equality of access to services.
- Our remoteness can present additional challenge for those experiencing isolation or social exclusion within the community.

5.3 Poverty

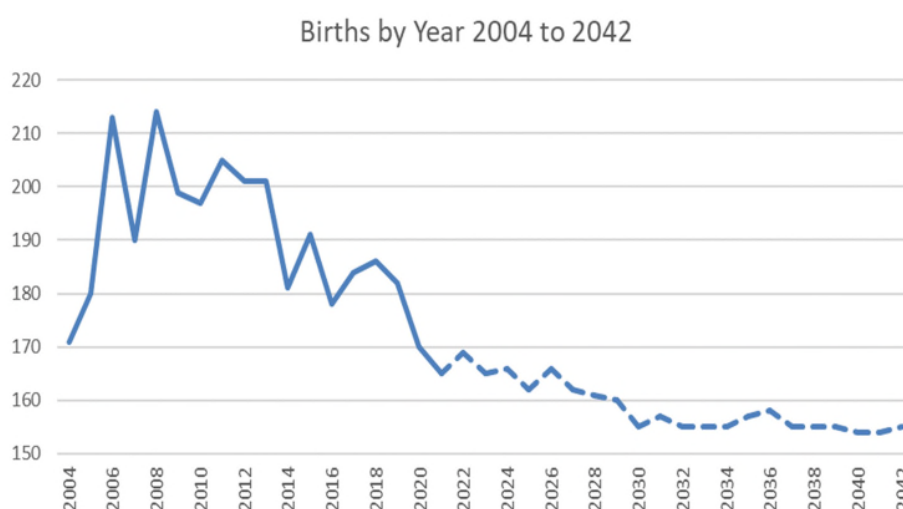
‘There is a perception that Orkney is an idyllic place to live and bring up children, and for many it is. However, we cannot ignore evidence of an undercurrent of poverty in our islands. It may be less visible than in other areas, but it exists and is rising’ ([Orkney Child Poverty Strategy 2022 to 2026](#))



(Source: Orkney Local Child Poverty Action Report 2022-23)

5.4 Population

Isles populations by age group (estimated at January 2021)			
Age group	Mainland and linked south isles	Ferry-linked isles	Orkney Total
0 - 15	3,189	393	3,582
16 - 59	10,525	1,250	11,775
60 - 74	3,781	700	4,481
75+	2,032	400	2,432
Total	19,527	2,743	22,270



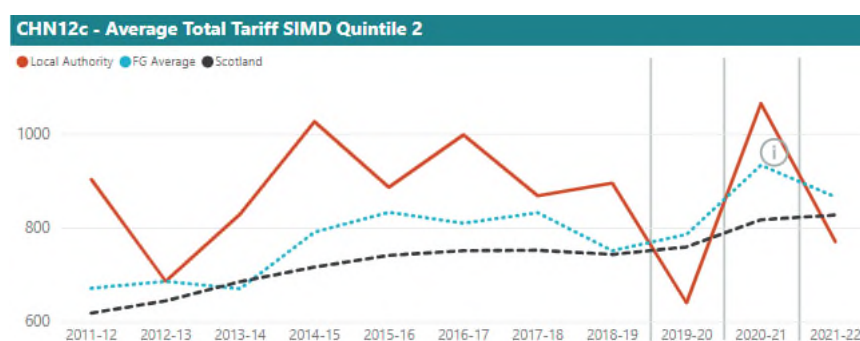
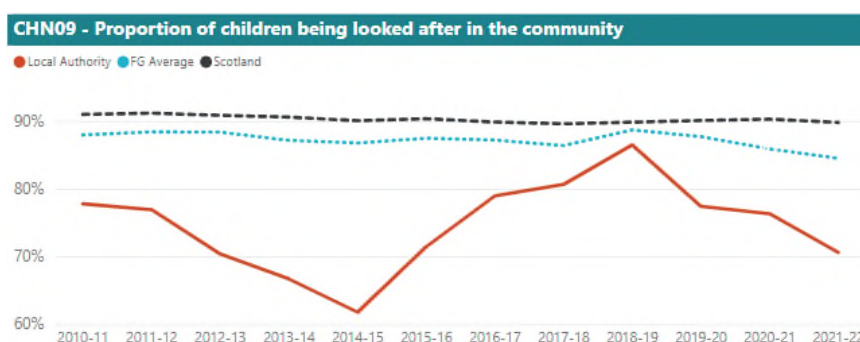
The drop and projected drop in the number of children in Orkney is reflected in school rolls and the school roll forecasts for Orkney's primary and secondary schools. The actual number on roll continues to be balanced however, to some extent by, inward migration. The net impact is short term upturn in secondary numbers and the overall nursery/school population remaining at around 3000 for planning purposes.

5.5 Performance

A small number of the performance measures that are included in the Local Government Benchmarking Framework (LGBF) are included here to assist with monitoring overall success.

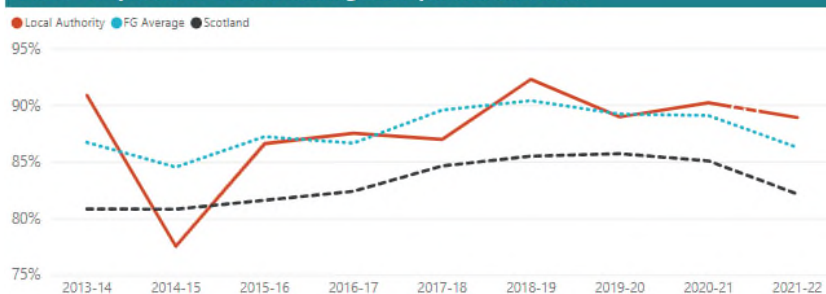
The trend data included for reference also shows the average performance for Scotland and that of the 'family group' of local authorities that Orkney sits within.

Each indicator helps set the aims and ambitions of the plan in the context of what it means to grow up in Orkney.

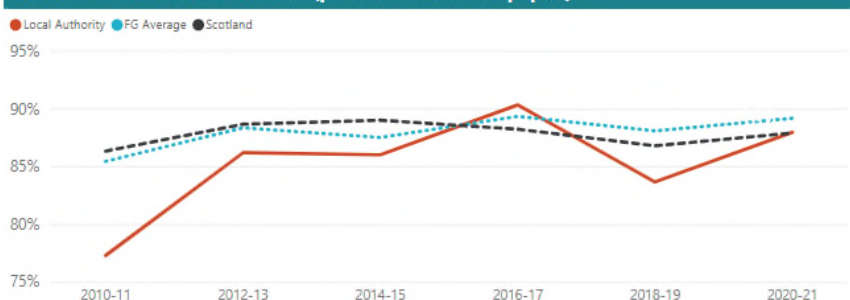


10.1.1

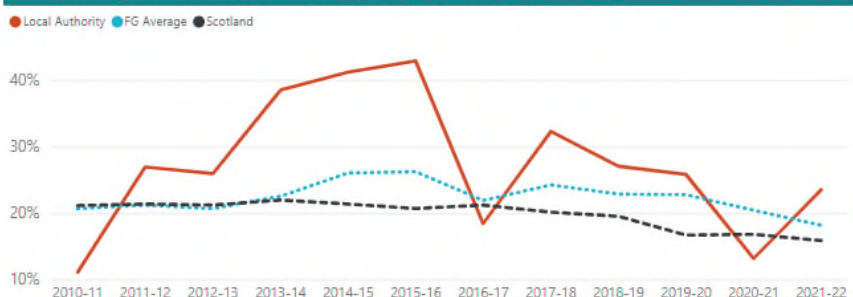
CHN17 - Proportion of Children meeting developmental milestones



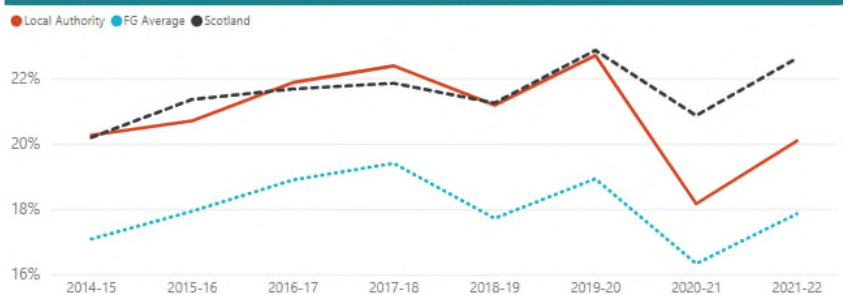
CHN19b - School attendance rates (per 100 'looked after pupils')



CHN23 - Proportion of LAC with more than 1 placement in the last year

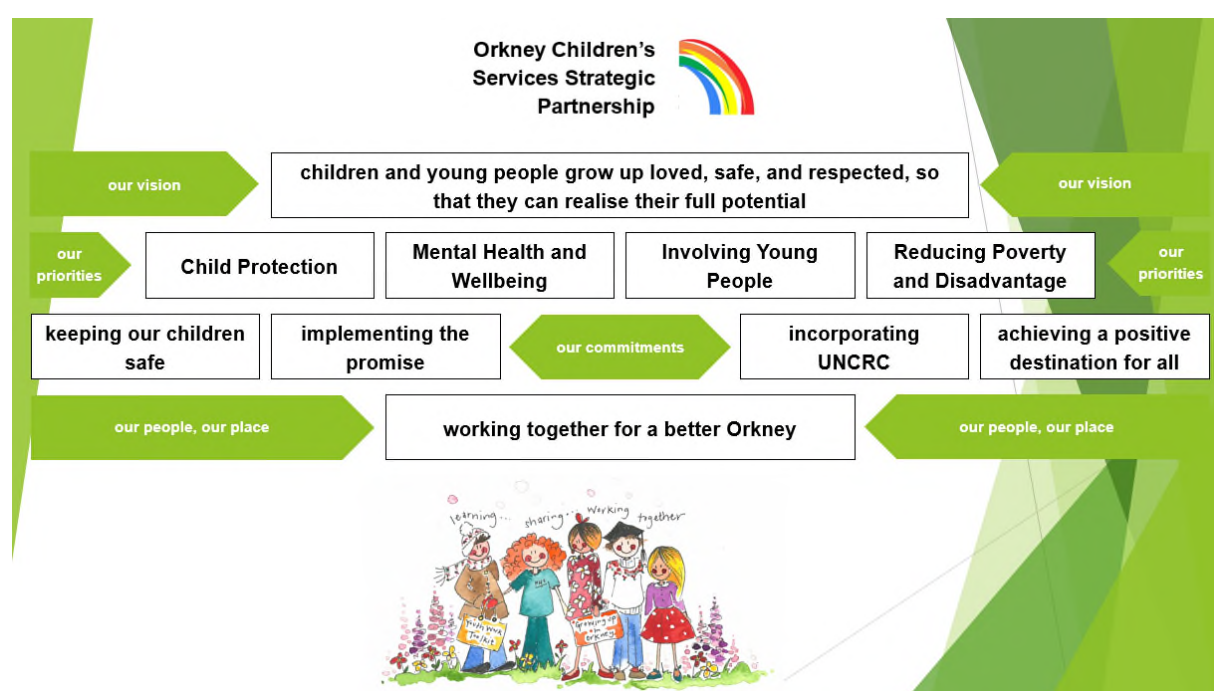


CHN24 - Proportion of Children Living in Poverty (After Housing Costs)



6. Our Action Plan

The tables (6.1-6.4) outline what we will do over the course of the first year of the plan. There is a focus on year one, in recognition of the need to review and update the plan annually. Each action we plan to take is aimed at improving things in at least one of the priority areas. However, we remain mindful of the fact that actions can and will have positive consequential impact across more than one priority area.



6.1 Child Protection

What will we do?	How will we do it?	Who will do it?	When will it be done by?	Outcome measure
Review all policies and procedures in line with the National Child Protection Guidance	All agencies will work together to bring our procedures in line with the National Guidance, ensuring that these can be delivered to meet the needs of Orkney.	The Quality Assurance Sub-Group of the Public Protection Committee	September 2024	New multi-agency child protection procedure available
Ensure that all professionals and support staff working with young people are alert to issues of neglect and know what to do	Embed specific 'Neglect training into the Public Protection calendar	Public Protection Learning and Development Officer	March 2024	Training sessions on the issue of neglect will have been delivered to practitioners across organisations
Raise awareness of sexual exploitation amongst young people	Provide training and increase publicity around sexual exploitation of young people	Police Scotland CLDE	June 2024	Training schedule created Sessions delivered Media posts created and viewed Evaluation and feedback

6.2 Mental health and Wellbeing

What will we do?	How will we do it?	Who will do it?	When will it be done by?	Outcome measure
Create and launch a local suicide prevention app	We will work with young people to create a Suicide Orkney Support app	A short-life working sub-group of the Suicide Prevention Task Force	December 2023	An App will be developed, promoted, and engagement numbers monitored
Improve the speed of access to the Child and Adolescent Mental Health Service	We will grow the service in line with the Scottish Government funding and improve response times for assessment and treatment.	Clinical Director, Child and Adolescent Mental Health Service	March 2024	Referral to treatment times will have improved. (Baseline 80% - target 90%)
Improved support in schools	Conduct a needs analysis in relation to mental health and wellbeing support needs in schools. Create a menu of training to support the implementation of the Mental Health Guidance for Orkney Education staff. Share Save a Life Training across Education staff. Create See Me See Change Implementation Plans in secondary	Service Manager Support for Learning and Inclusion. Educational Psychology.	December 2023	Needs analysis available. Strategy agreed by Council and implemented by service.

10.1.1

	<p>schools and junior high schools.</p> <p>Establish a strategy for Support for Learning and Inclusion which further develops relationship-based approaches (nurture, restorative practice etc.</p>			
Increase awareness and support for young people to promote and sustain positive health and wellbeing	Coordinate mental health awareness training to upskill people, reduce stigma and promote an understanding of mental wellbeing	<p>Community Learning Development & Employability</p> <p>NHS Orkney</p> <p>Voluntary Action Orkney</p>	Sept 2024	<p>Programme of training developed</p> <p>Number of sessions delivered</p> <p>Number of participants</p> <p>Participant feedback</p>
Expand and develop an array of opportunities and experience to support young people health and wellbeing	Work with partners to coordinate and develop health and wellbeing programmes and activities	<p>Community Learning Development & Employability</p> <p>Educational Psychology</p>	March 2026	<p>Programmes developed</p> <p>Opportunities offered</p> <p>Sessions delivered</p> <p>Participants attendance</p> <p>Participant feedback</p> <p>Partner feedback</p>

6.3 Involving Children and Young People

What will we do?	How will we do it?	Who will do it?	When will it be done by?	Outcome measure
We will establish a Care Experienced Young People's Group	We will work with young people to establish a group that has a powerful voice in the newly established Children's Services structure.	Team Manager Fostering & Adoption.	September 2023	A Care Experienced Young People's Group will be in place and linking with the Corporate Parenting Board. This group will have a clear purpose and terms of reference.
Improve youth voice opportunities and representation across Orkney.	Develop a relevant, coordinated and representative youth voice structure.	Community Learning Development and Employability and partners.	June 2024.	Youth voice structure created. Number of participants. Organisations represented. Young peoples feedback. Training events. Input into decision making.

6.4 Reducing Poverty and Disadvantage

What will we do?	How will we do it?	Who will do it?	When will it be done by?	Outcome measure
We will improve access to supports and services.	We will work with key professional groups to develop plans and improvement trajectories on waiting times Neurodevelopmental Assessment and Speech and Language Therapy, we will create a Neurodevelopmental Strategy for Orkney, ensuring children and families receive the right supports at the right times.	Lead AHP/Service Manager, Children's Health, Principal Educational Psychologist.	Sept 2023	Plan and improvement trajectories for both areas of service will be available.
Increase access to support and opportunities for priority groups to achieve positive outcomes.	Deliver life skills courses and free learning opportunities to help people most impacted by the cost-of-living crisis.	Community Learning Development & Employability.	Sept 24.	Number of life skills courses delivered Number of free learning courses. Number of participants. Participant feedback.
Maximize family's income so that everyone is aware of the benefits they are entitled to and know of	Regular media and communications through OIC and schools' channels. Let's talk Money group with partner agencies.	Quality Improvement Officer, Achievement and Attainment with Let's talk money Orkney team.	Monthly from Aug 2023 – July 2024.	Agencies will report an increase in uptake of their services.

10.1.1

support that can be accessed when needed.				
Upskill education staff's knowledge of benefits and money support so that they can provide signposting to services for families.	Deliver poverty awareness training. Signpost schools to the Child poverty action group – ilearn courses.	Quality Improvement Officer, Achievement and Attainment with Let's talk money Orkney team.	Aug 2024	Number of participants on course Increased referrals to support agencies.
Ensure equity of access to all school activities.	Encourage schools to participate in the Cost of the School Day toolkit resulting in considered cost implications for all families	Quality Improvement Officer, Achievement and Attainment with Let's talk money Orkney team and Headteachers.		Increased number of schools using Cost of the School day toolkit Increased creative examples of equity of access being created Targeted children and young people participating in all activities.
Reduce the attainment gap for children and young people in receipt of FSM	Work in partnership with schools ensuring impactful spending of Pupil Equity Funding (PEF)	Quality Improvement Officer, Achievement and Attainment with Let's talk money Orkney	Aug 2026	Increase attainment in literacy / numeracy reaching local authority stretch aims

		team.partnership with all.		
--	--	-------------------------------	--	--

7. Related Plans and Strategies



[Orkney CLD Partners Plan](#)



[Orkney's Child Poverty Strategy](#)



[Orkney's Good Parenting Plan](#)



[The Raising Attainment Strategy](#)



[Orkney Schools Attainment Report](#)

8. Context and Links to National Policies

The Scottish Government's ambition, as stated in **The Promise** is that Scotland will be the best place for children and young people to grow up – that every child will grow up loved, safe and respected so they realise their full potential.

The aim is that better outcomes for children and young people will be achieved through Getting it right for every child (GIRFEC), Scotland's approach to improving child wellbeing. The upholding of rights is the foundation for better wellbeing, and GIRFEC is underpinned by rights, and is aligned with the United Nations Convention on the Rights of the Child (UNCRC).

Our plan aligns with this ambition with its focus on improving outcomes for all those children and young people who may need additional support to achieve improved wellbeing. We have a commitment to incorporate UNCRC and human rights into all areas of our work.

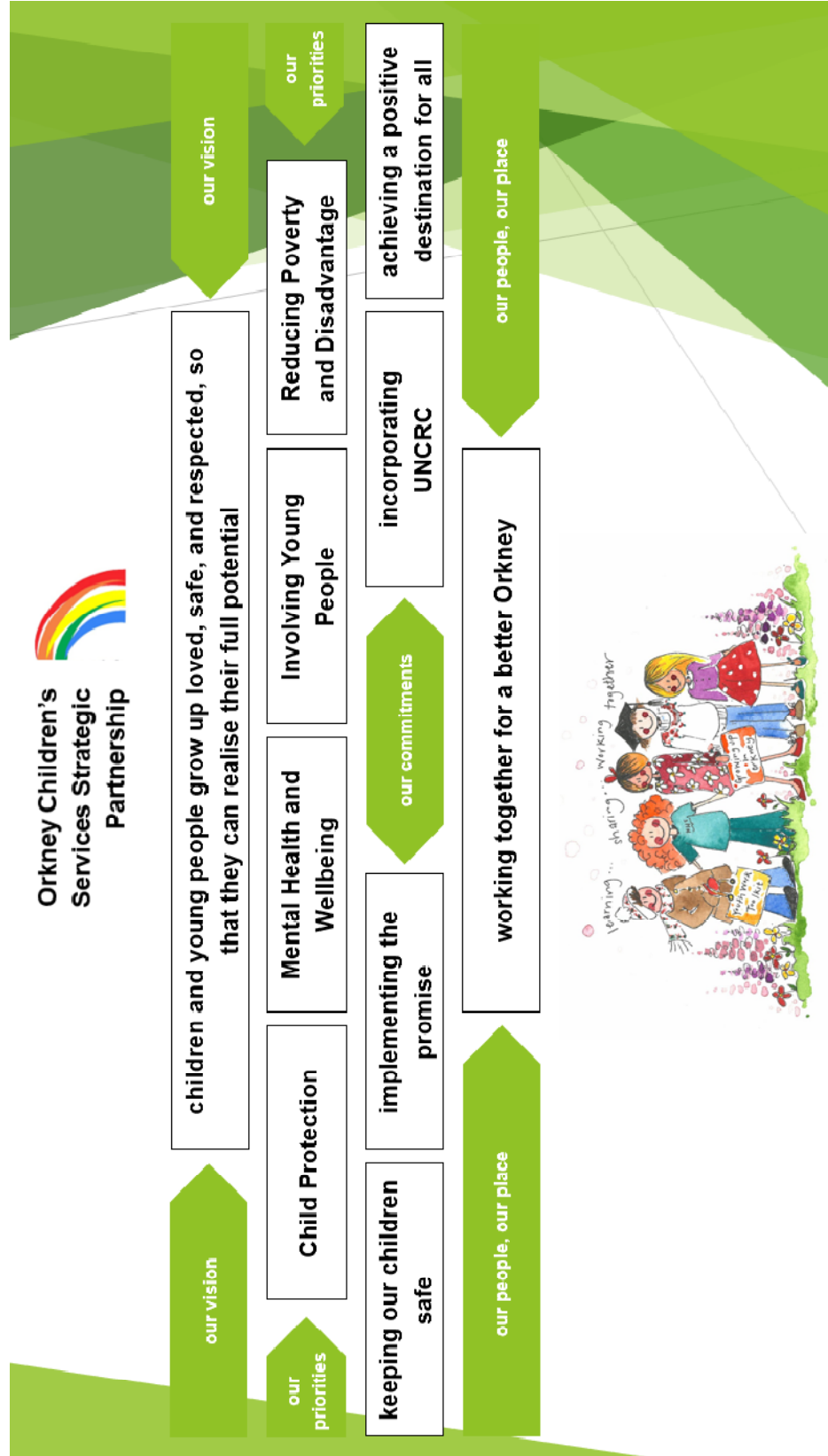
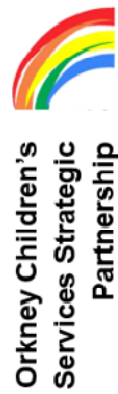
In Orkney, Getting it right for every child is well embedded, but with the release of revised guidance in late 2022 we will review our multi-agency processes and revise these where necessary to ensure that these continue to reflect national guidance.

Other national developments include Framework for Inclusion; the introduction of a **National Service Specification** for Child and Adolescent Mental Health Services (CAMHS); and The best start: five-year plan for maternity and neonatal care.

In Education, we have a Framework for Inclusion Working Group which will lead on actions aimed at improving outcomes for children and young people with additional support needs.

Orkney Children's Services Plan

2023—2026



10.1.1



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney's Children's Services Plan 2023 – 26.
Service / service area responsible.	Children, Families and Justice Services / Education Services.
Name of person carrying out the assessment and contact details.	James Wylie, extension 2477, james.wylie@orkney.gov.uk Stephen Brown, extension 2601, stephen.brown3@nhs.scot
Date of assessment.	26 October 2023.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	Revised Plan.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	This Plan seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing.
Is the function / policy / plan strategically important?	(Strategic plans include major investment plans, new strategic frameworks or plans such as annual budgets, locality plans or corporate plans).

State who is, or may be affected by this function / policy / plan, and how.	All children and young people in Orkney will be affected by the revised Plan.
How have stakeholders been involved in the development of this function / policy / plan?	Service leads across a range of sectors have had the opportunity to support the construction of the plan; young people have been involved in editing the final (draft) version for approval, this includes young people who are care experienced.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	The following were used to inform preparation of the Plan: <ul style="list-style-type: none"> • The Joint Inspection of Children and Young People in Need of Care and Protection and subsequent Progress Reviews. • Orkney's Child Poverty Strategy. • Orkney's Child Poverty Local Action Report 2022/23. • The Children's Services Plan 2020-2023
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Guidance for Public Bodies for further information.	Reducing poverty and disadvantage is one of the Priorities within the Plan. Information from both Orkney's Child Poverty Strategy and Orkney's Child Poverty Local Action Report has helped inform the Plan.
Could the function / policy have a differential impact on any of the following equality areas?	(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	None.
2. Sex: a man or a woman.	None.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	None.
4. Gender Reassignment: the process of transitioning from one gender to another.	None.

5. Pregnancy and maternity.	None.
6. Age: people of different ages.	This Plan addresses the needs of children and young people only.
7. Religion or beliefs or none (atheists).	None.
8. Caring responsibilities.	None.
9. Care experienced.	The disadvantages associated with care experience are acknowledged, as are specific actions to tackle these issues.
10. Marriage and Civil Partnerships.	None.
11. Disability: people with disabilities (whether registered or not).	The impact of poor mental health, alongside strategies to address these issues, are specifically addressed in the Plan.
12. Socio-economic disadvantage.	One of the priorities of the plan, Overcoming Disadvantage, specifically addresses child poverty, as a result of socio-economic disadvantage.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No. This Plan exclusively addresses the needs of children and young people. Over the 12 equality areas, this Plan only impacts age and socio-economic disadvantage, both positively.
How could you minimise or remove any potential negative impacts?	N/A.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	No.
What action is to be taken?	N/A.
Who will undertake it?	N/A.
When will it be done?	N/A.
How will it be monitored? (e.g. through service plans).	N/A.

Signature:

Name: James Wylie

Date: 18 January 2024.

(BLOCK CAPITALS).

Signature:

Name: Stephen Brown

Date: 18 January 2024.

(BLOCK CAPITALS).

Please sign and date this form, keep one copy and send a copy to HR and Performance. A Word version should also be emailed to HR and Performance at hrsupport@orkney.gov.uk

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Strategic Priorities – Quarter 3 Progress Report
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Head of Planning, Performance and Information

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper has been produced to provide a progress update against each of the actions aligned to the Strategic Priorities for the organisation as part of the 2023/24 and to highlight any risks or issues which could impact on delivery against of the action/s.

The Board is asked to discuss the update, note the areas where positive progress has been made and the areas where greater focus is needed, and strengthened actions are needed to further improve performance.

Please find attached in Appendix 1 a presentation summarising progress against the strategic objectives in Quarter 3 at a glance, as well as the full details in Appendix 2.

2.2 Background

Each strategic objective has an Executive Lead, and each priority area is underpinned by clear actions and deliverables (which where possible are measurable). Progress against these actions is monitored on a quarterly basis via Senior Leadership Team and the Board. This is the third quarterly update, and feedback is welcomed so that we can continue to develop and refine this reporting over time.

2.3 Assessment

Strategic objectives:

1. Workforce – Executive Lead: Interim Director of People and Culture
2. Culture – Executive Lead: CEO
3. Quality and Safety – Executive Lead: Medical Director
4. Systems and Governance – Executive lead: CEO
5. Sustainability – Executive Lead: Director of Finance

The table below summarises by strategic objective progress for Quarter 3 by action and RAG ratings, with Quarter 2 total for comparison.

	Green	Amber	Red
Workforce	3 (3)	4 (4)	0 (0)
Culture	2 (2)	2 (2)	0 (0)
Quality & Safety	3 (2)	3 (3)	0 (1)
Systems & Governance	0 (2)	6 (4)	0 (0)
Sustainability	2 (2)	0 (0)	1 (1)
Total	10 (11)	15 (13)	1 (2)

There is 1 red RAG-rated action which highlights that insufficient progress has been made and there is risk that the action will be achieved within the 12-month period. This action is in relation to the multi-year financial recovery plan and the ownership across the organisation to ensure successful delivery of the action. This has also captured as the highest Corporate Risk.

2.3.1 Quality/ Patient Care

6 actions in the Plan on a Page align to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

2.3.2 Workforce

11 actions in the Plan on a Page align to Workforce and Culture within the NHS Orkney Strategic Priorities for 2023/24.

2.3.3 Financial

2 actions in the Plan on Page align to Sustainability within the NHS Orkney strategic priorities for 2023/24 and are in relation to the Financial Recovery Plan.

2.3.4 Risk Assessment/Management

Risk and issues have been identified against each action, and controls are detailed.

2.3.5 Equality and Diversity, including health inequalities

NHS Orkney seeks to address health inequalities through effective performance management.

2.3.6 Climate Change Sustainability

1 action in the Plan on Page align to Sustainability within the NHS Orkney strategic priorities for 2023/24 and are in relation to Climate Change.

2.3.7 Other impacts

No other impacts to report at this stage.

2.3.8 Communication, involvement, engagement, and consultation

Executive Directors provided updates against each of the actions aligned to the strategic priorities.

After the Board a summary of how we're doing will be shared internally (with staff) and externally with our patients, local community, and partners.

2.3.9 Route to the Meeting

This report has been prepared for the Senior Leadership Team and NHS Orkney Board meetings in February 2024.

2.4 Recommendation

- **Awareness** – For Members' **review** the report and **seek assurance**.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Strategic Priorities 2023/24 – Quarter 3 position summary
- Appendix 2 – Q3 Strategic Priorities 2023/24 – Action Tracker.



Strategic Priorities 2023/24 – Quarter 3 Update

Workforce



Workforce is at the heart of NHS Orkney and our local community. Now more than ever we face profound challenges, and we must take steps to retain the great staff we have through strengthened support and development options whilst attracting the best people to join us.

Action	Executive Lead	Q2 Update
Acknowledge the range of pressures our workforce face personally and professionally and maximise support for them through a range of actions.	Interim Director of People and Culture	<ul style="list-style-type: none">The organisation has launched the Health Assured Employee Assistance Program with awareness sessions conducted and additional communications shared weekly. The wellbeing coordinator joined the organisation on December 23. The Team Orkney awards have been launched and voting methods have been shared across the organisation and the community. The awards evening is confirmed to be on Friday 22 March 2024.
Invest in leadership and staff development.	Interim Director of People and Culture	<ul style="list-style-type: none">Proposal developed and agreed with the CEO for Executive Team development. Funding has been secured by Scottish Government for this. Currently sourcing an OD Specialist to support the programme which will commence in January 2024. From this a plan will be put in place for full Board development.

Action	Executive Lead	Q2 Update
Use the Healthcare Staffing Act to enhance and shape our actions in relation to staffing.	Director of Nursing, Midwifery, AHPs and Chief Officer for Acute (DoNMAHP)	<ul style="list-style-type: none"> Work continue on this and structure reviews taking place. Mid-year reviews taken place for full Executive Team and fed into the Remuneration Committee.
Support teams to review their roles, responsibilities and engage with others to promote shared learning and collaboration.	Interim Director of People and Culture	<ul style="list-style-type: none"> Work continues on this action and structure reviews taking place. Mid-year reviews taken place for full Executive Team and fed into the Remuneration Committee.
Use the Workforce Plan to support succession planning.	Interim Director of People and Culture	<ul style="list-style-type: none"> Establishment Review undertaken and presented to F&P in December 2023. 1-2-1 Appraisal training ongoing . Succession Planning Policy developed and put on hold for discussions during Q4 and implementation 2024/25
Explore how to strengthen our induction and orientation process.	Interim Director of People and Culture	<ul style="list-style-type: none"> Feedback taken on board and work will continue to ensure any updates relating to on-board and induction are included in the future programme. Feedback gathered from Bank workers on the challenges they face when joining the organisation. Further work is planned to review this process and the support/orientation they require from the hiring manager.
Build on learning from Covid, ensure wellbeing and resilience is central to our decision-making processes.	Interim Director of People and Culture	<ul style="list-style-type: none"> iMatter National update due to be provided to the Board December 2023 with Action. Actions will be updated and circulated for discussion at a join APF and Staff Governance Founm in Q4.

Culture



Improving our Culture is at the heart of how we continue to develop as an organisation. It will help us to secure the future that places the needs of those we care for central to how we act, by listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care and building a sustainable future

Action	Executive Lead	Q2 Update
Using the key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.	Chief Executive	<ul style="list-style-type: none"> • APF have agreed a clear set of priorities, including improving appraisal rates (being led by CEO and Employee Director) • Weekly touchpoint agreed with APF to ensure engagement is strengthened re: financial escalation • Internal communications continues to be strengthened via CEO briefings with Executive Team, blogs, listening events and various all staff communications to ensure lines of communication are open and communications are clear, honest and regular • New Team Orkney Awards launched in response to staff feedback
Ensure our Clinical Strategy informs our strategic decision-making process.	Interim Medical Director	<ul style="list-style-type: none"> • Progress update presented by Interim Deputy Medical Director in October 2023.
Explore development opportunities for staff to support enhanced communication skills.	Interim Director of People and Culture	<ul style="list-style-type: none"> • Sessions have been organised with Managers to have 1-2-1 sessions on completion of PDPR's. Figures for each Department are now included on a monthly basis within the CEO blog to emphasise the importance of completion of these. iMatter - Action Plan developed for Board in Decembr 2023 with updates along with a joint APF / Staff Governance Session taking place during Q4 to highlight the areas and work through the Action.
Work to ensure governance work is visible and meaningful to staff.	Chief Executive	<ul style="list-style-type: none"> • Operational governance review completed by December 2023 as planned (phase 1) and communicated to staff • First Board-Extended SLT meeting took place in December 2023 – to improve • Corporate Governance Lead (interim) in place to strengthen resource and experience in this area • Complete cleanse of current Risk Register completed and presented ay Board in December 2023 as planned • All staff are invited to attend SLT to observe as part of development and for transparency of decision-making

Quality and Safety



Quality and Safety is critical to ensure we are delivering the best for those who need our care. Focusing on the experience of our patients and the outcomes they achieve will build confidence that we are delivering the highest quality care for our local community

Action	Executive Lead	Q2 Update
Use latest guidance to ensure meaningful patient feedback mechanisms are in place which demonstrate that we listen, act, and learn.	Interim Medical Director	<ul style="list-style-type: none"> Successfully appointed to Substantive Medical Director, due to start 22 January 2024 and Head of Patient Safety, Quality and Risk, due to start 5 February 2024.
Empower staff to make changes to improve care.	Interim Medical Director/ DoNMAHP	<ul style="list-style-type: none"> Operational Governance Review was approved by Board in December 2023. Policy Framework was approved at Senior Leadership Team and will go to Board in February 2024 for approval.
Support staff to learn when things don't go as planned.	Interim Medical Director	<ul style="list-style-type: none"> Medical colleagues job plans updated to include clinical governance like Datix reviews and SAER investigations.
Continue to embed the Serious Adverse Events and learning from incidents process.	Interim Medical Director	<ul style="list-style-type: none"> Medical colleagues job plans updated to include clinical governance like Datix reviews and SAER investigations.
Explore where single points of failure exist what can practically be done to address these.	Interim Medical Director	<ul style="list-style-type: none"> Outcomes of local fragile services review shared via template Nationally and to Director of Planning for North of Scotland in December 2023.
Ensure learning from the HSE visit is acted on and risk management is firmly embedded with visible leadership present in all teams.	Interim Medical Director/ Interim Director of People and Culture	<ul style="list-style-type: none"> Risk and Assurance Report produced for all Governance Committees and Board. SLT updated monthly via Risk and Assurance report. Chairs Assurance report submitted to Audit and Risk Committee. Corporate Risk registered refreshed and implemented. Further work required to review Operational risk registers.

Systems and Governance

Systems and Governance supports everyone working in the organisation to know the way we work is aligned to our values, is fair and that decisions made will be consistent.



Action	Executive Lead	Q2 RAG
Continue our focus on strengthening governance processes across NHS Orkney services.	Chief Executive	<ul style="list-style-type: none"> Operational governance review completed by December 2023 as planned (phase 1) and communicated to staff First Board-Extended SLT meeting took place in December 2023 – to improve relationships First extended SLT meetings to focus on: Financial improvement and service annual planning Corporate Governance Lead (interim) in place to strengthen resource and experience in this area All staff are invited to attend SLT to observe as part of development and for transparency of decision-making Invite list for Extended SLT open to all senior leaders in the organisation New monthly meeting with Board Chair, Chairs of Board Committees, CEO and Corporate Governance Lead Board Chair attends Executive Team month once a month to discuss governance and Board issues
Empower staff to make decisions in a collaborative, open and transparent way.	Chief Executive	<ul style="list-style-type: none"> Successful Speak Up week Continued evidence of better involving staff in decision-making – including CSB changes – we have listened to and acted on staff feedback Continue to seek feedback from staff via monthly staff briefings and various listening forums to act on feedback in the moment A continued focus on closing the loop and feeding back to staff when concerns are raised or improvements are suggested
Learning from Covid remains a priority, ensuring we are mindful of the wider impact on health and wellbeing across our community.	Chief Executive	<ul style="list-style-type: none"> Work underway to increase use of technology (as we did during COVID) to reduce unnecessary travel for patients Integrated Improvement Function to be implemented Quarter 4 23/24 Improvement project underway in Physiotherapy – led by staff – to reduce waiting times and improve staff experience

Action	Executive Lead	Q2 RAG
Services must not make patients suffer because we do not wish to change, we need to share information, collaborate, and ensure an effective flow across organisational boundaries.	Chief Executive	<ul style="list-style-type: none"> • Anchor Strategy launched • Patient feedback sought as part of Annual Review process
Build on the communication successes to grow our impact.	Chief Executive	<ul style="list-style-type: none"> • Continued effective relationship building with a range of external partners and stakeholders – including: <ul style="list-style-type: none"> Third sector (regular meetings) Politicians (monthly meetings) CEOs at NHSO, Council and Police (quarterly meeting) Media (quarterly meetings with The Orcadian and BBC) • Annual Review involved seeking feedback from patients and local community • CEO and Chair monthly columns in The Orcadian to share news and updates with local community
Strengthen training for leaders and managers to allow decision-making to take place at an appropriate level.	Interim Director of People and Culture	<ul style="list-style-type: none"> • Sessions have been organised with Managers to have 1-2-1 sessions on completion of PDPR's. Figures for each Department are now included on a monthly basis within the CEO blog to emphasise the importance of completion of these. CEO Blog and Briefings highlighting the areas of support required to all staff.

Sustainability



Sustainability has to be a goal that we strive for, not only environmentally but also financially and from a workforce perspective. NHS Orkney has profound challenges that will require consistent and multi-year efforts to achieve sustainability.

Action	Executive Lead	Q2 RAG
Support the organisation to achieve a sustainable future by using the Clinical Strategy, Workforce plan and Financial Sustainability Plans to inform and shape our decisions.	Director of Finance	<ul style="list-style-type: none">Joint Planning Sessions took place in November and December through Extended Senior Leadership Team.
Use Net Zero as a driver for change in our models of care.	Director of Finance	<ul style="list-style-type: none">Update provided to Finance and Performance Committee in November 2023.Discussions have taken place with the Green Theatres National team to discuss and progress opportunities to drive Net Zero.
Continue the progress of the multi-year financial recovery plan by getting ownership across the organisation.	Director of Finance	<ul style="list-style-type: none">Notification received on 27 November that NHS Orkney has been moved to Level 3 of the NHS Scotland Support and Intervention Framework. Support package commissioned to establish a Recovery team to address the underlying financial position.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Anchor Strategy – Six Monthly Update
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Hannah Casey

1 Purpose

The purpose of this report is to provide the Board with an update on key activity in relation to the anchor strategy and oversight of the baseline metrics for submission to Scottish Government.

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy/directive

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney Anchor Plan 2023-27 was approved by the NHS Orkney Board in October 2023. It was subsequently submitted to Scottish Government and feedback was received on the 31st January. In November 2023, Scottish Government set out a list of baseline metrics which the board is required to respond to in March 2024.

Work has begun to implement the actions under this plan. Notably, NHS Orkney has been invited to present the Anchor Strategic Action Plan to the Community Planning Partnership (CPP) in March. The Community Planning Partnership gives an opportunity to create and develop strong place-based partnerships with other local anchor organisations in Orkney as well as the opportunity to work together to develop local community wealth building. Additionally, at a local level, NHS Orkney is working with partner organisations within the Cost of Living CPP Delivery Group in relation to reducing child in Orkney. The Orkney Money Matters Project is ongoing which gives a local referral pathway for financial inclusion support. NHS Orkney is working to reflect this in the organisation's financial inclusion referral pathways. NHS Orkney continues to be linked to anchor activities at a national level.

2.2 Background

NHS Orkney aims to improve health and reduce health inequalities. As a health board we are able to have a wide influence on our local community by the actions we take to achieve those aims. The NHS Orkney Strategic Anchor Plan is based around the five ways in which NHS organisations act as anchor institutions identified by The Health Foundation in 2019. These five areas of focus are employment, procurement and commissioning, capital and estates, service design and deliver and working in partnership. These were used to develop five commitments for NHS Orkney which formed the basis of the action plan.

2.3 Assessment

Following receipt of the assessment of the plan by Scottish Government, dates are awaited for further discussion with Scottish Government to further refine the plan. The strategic intent and ambition of the plan was recognised, with consideration to be given to the development of more specific actions and timelines. The provision of the metrics by Scottish Government will help support the appropriate focus.

The NHS Orkney baseline metrics for the year 2022/23 are set out below. Sustainability metrics are to be captured through other reporting mechanisms via the Sustainability Group.

Information for the baseline metrics reported in this report was provided by the lead for each area.

Commitment - NHS Orkney will provide fair work and employment opportunities. 2022/23

Code	Metric	Response	Related Actions
W1	How many employability programmes were underway within your Board in the reporting year?	Foundation Apprenticeship (FA) in social services and	Develop a suite of workforce planning/succession planning training and roll out to complement the

Code	Metric	Response	Related Actions
		Healthcare Placements (5)	introduction of NHS Orkney's planning cycle.
		National Qualification (NQ)(Access to Nursing) Placements (9)	Trial pathways to Modern Apprenticeship opportunities to mitigate future workforce demands and ease supply pressures by providing a robust on the job learning route.
		Maternity Insight day followed by a programme of activities developed by DYW and the Maternity department. (9)	Implement volunteering opportunities across the organisation, using the learning from other NHS Boards and local volunteering groups.
		Supported work placement for All Age Learning Disability Service Users. (1)	Undertake an organisational training needs analysis to identify the training requirement across the organisation to aid workforce analysis, succession planning and service delivery.
		School engagement sessions Including: -Lunch with an Employer -Career talks -Career Fairs (Approx 145)	Develop management and Leadership opportunities across the organisation including a management induction programme. Ensure succession planning is embedded into service area development by

Code	Metric	Response	Related Actions
			developing tools to assist managers.
W2	How many people have you engaged through employability programmes in the reporting year?	As within the brackets above	As previous
W3	Are you accredited as a Real Living Wage employer?	No, not currently working towards this.	Invest in workforce development to support the delivery of Fair work first-Working in collaboration with the Local Employability Partnership (LEP).
W4	Are you accredited as Carer Positive?	No	
W5	Are you accredited as Disability Confident?	Yes	
W6	Are you accredited as Equally Safe at Work?	No	
W7	Are you accredited as Menopause Friendly?	No	
W8	Are you accredited with the Young Person's Guarantee?	No	
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes Revalidated at Gold in 2023	Continue to participate in Supporting Armed Forces Employment (SAFE) Programme in partnership with NES to support NHS Orkney to become an employer of choice.
W11	Do you publish a race pay gap?	No	
W12	Do you publish a disability pay gap?	Yes	
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?	Yes	Support the development of NHS Orkney as an Anchor institute, by continuing

Code	Metric	Response	Related Actions
			relationship building with our Local Employability Partnership and providing support to future task and finish groups established by the Scottish Government.
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) within your Board.	Yes Name and title: Ali Sabiston Talent and Culture Manager	
W15	Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting).	The groups are not included in the detail. However we are not targeting specific groups but will try to accommodate most requests from external partners who are part of the LEP	Create and embed pathways for unrepresented groups in workforce development including supporting the diversification of the workforce.
W16	Do you have plans to systematically collect data on any of these groups?	Yes, we always drive equality data	
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year?	NHS Orkney Workforce Monitoring Report 2022-2023 (scot.nhs.uk) Specific data to be available late February 2024	Create and embed pathways for unrepresented groups in workforce development including supporting the diversification of the workforce.

Code	Metric	Response	Related Actions
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year?	NHS Orkney Workforce Monitoring Report 2022-2023 (scot.nhs.uk) Specific data to be available late February 2024	
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year?	Not required for this report as per the supplementary guidance for NHS boards, Dec 2023.	

Commitment - NHS Orkney will increase social value within its procurement processes.

2022/23

Code	Metric	Response	Related actions
P1	What is your total spend on local businesses in the reporting year?	£1.052,025.10	Routinely monitor/analyse local spending. Review and adapt internal procurement policies to increase spend with local/target populations where possible.
P2	What percentage of your overall spend is on local businesses in the reporting year?	7.17%	As previous.
P3	What is your total spend with SMEs in the reporting year?	£7,588,666.60	As previous.
P4	What percentage of your overall spend is with SMEs in the reporting year?	51.72%	As previous.
P5	What is your total spend on contracts with supported business in the reporting year?	£0	As previous.

Code	Metric	Response	Related actions
P6	What is your total spend with third sector bodies in the reporting year?	NHS Orkney does have this detail currently	As previous.
P7	Please list all community benefits delivered through procurement during the reporting year.	None but will pick this up through the Community Benefits Portal which NHS Orkney participates in.	Support the Community Benefits Portal.
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	NHS Orkney will be able to report on this from 23/24 on our regulated procurements.	Review and adapt internal procurement policies to increase spend with local/target populations where possible.

Land and Assets

2022/23

Please note – There are no related actions to these outcomes in NHS Orkney's current anchor strategic plan as these relate to work which is either not applicable or already completed due to NHS Orkney's recent new build.

Code	Metric	Response	Related actions
LA1	How many asset transfer requests have you received to date?	0	Nil
LA2	How many asset transfers have been awarded to date?	0	Nil
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes, it is always our preference to utilise local services and companies wherever we can.	Nil
LA4	Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities	Yes, we provide local employment opportunities by employing apprentices and attending local	Nil

Code	Metric	Response	Related actions
	(including apprenticeships) through direct or indirect employment through suppliers.	school and college careers events.	
LA5	Do you have a process in place for embedding anchor sustainability activities in a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations) b) existing sites (e.g. green space, café, bookable multipurpose spaces)?	a) Yes, our new development use renewable energy sources. b) Yes, our greenspace polytunnel area uses all renewable (solar) energy.	Nil
LA6	Does your strategy for new building and estates development include provision for community use a) now (e.g. green space, café, bookable multipurpose spaces) b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?	a) Yes b) Yes/No	Nil
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes we always engage with Orkney Islands Council.	Nil
LA8	Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?	n/a	Nil
LA9	Do you engage with other anchor partners in planning	Yes, we always engage with the	Nil

Code	Metric	Response	Related actions
	new developments (e.g. local authority, college, university)?	local authority and engage with other anchor partners where relevant.	
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	No	Nil
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	No	Nil
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	n/a	Nil
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Yes, we follow the process as outlined by the Scottish Governments Property Transactions Handbook.	Nil
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	Polytunnel area at the Balfour. Vaenta is also utilised by Orkney Islands Council.	Nil
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	n/a	Nil

Commitment - NHS Orkney will have a positive impact on the environment.

As the sustainability agenda is monitored through other performance measures, there are no direct anchor metrics relating to this commitment from Scottish Government. These actions will be monitored through NHS Orkney's Sustainability Group.

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

There are no direct anchor metrics relating to this commitment from Scottish Government. These actions will be monitored primarily through the annual delivery plan reporting.

NHS Orkney will become an exemplar anchor institution.

There are no direct anchor metrics relation to this commitment from Scottish Government. Anchor Institutions are a part of the Community Wealth Building work which is a priority for the Community Planning Partnership in Orkney. NHS Orkney participates in the Community Wealth Building Delivery Group. These actions will be monitored through NHS Orkney's Sustainability Group.

2.3.1 Quality/ Patient Care

The metrics are concerned with NHS Orkney's ambition as an anchor institution, which will improve sustainability of services and therefore it likely to have a positive impact on quality/patient care through the completion of this plan. However, there are no direct patient/quality of care metrics.

2.3.2 Workforce

The workforce measures give a baseline for the measurement of NHS Orkney's impact as an anchor institution in relation to employment.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

These anchor metrics are encouraging consideration of equality and diversity and reducing inequalities within the community of Orkney.

2.3.6 Climate Change Sustainability

The metrics relating to climate change and sustainability have not been incorporated into these metrics at this time as it is considered that these metrics are reported to Scottish Government through other reporting structures.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Approval by Executive Director

2.4 Recommendation

Discussion:

The Board considers the update on actions taken in relation to the anchor strategy and NHS Orkney's baseline measures against the national metrics relating to its work as an anchor institution which will be submitted to Scottish Government in March.

3 List of appendices

None

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 February 2024
Title:	Infection Prevention & Control HAIRT
Responsible Executive/Non-Executive:	Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Acute Services
Report Author:	Sarah Walker

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective

2 Report summary

2.1 Situation

- This report provides an update of Infection Prevention & Control and wider team activity and progress for December 2023 and January 2024. The data is set at real time and includes all fully investigated cases and findings.

2.2 Background

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

2.3 Assessment

- The Staphylococcus aureus bacteraemia and Clostridioides *difficile* local delivery targets are met, with the LDP target of three or less, cases per annum.
- The LDP reduction target of 25% for healthcare associated *E. Coli* bacteraemia (ECB) has been met with a reduction of cases from seven in 2022 to five in 2023.
- No national update has been received for Multi drug resistant organism clinical risk assessment compliance since Q2 2023.
- The national cleaning and Estates monitoring bench marking is included within this HAIRT and shows that the team are consistently performing well against other Boards.
- Support and training continue to be delivered to teams on Standard Infection Prevention & Control Precautions peer level audits.
- IPC Nurse Kelly Laing-Herridge has achieved her PG Certificate in Infection Prevention & Control.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

As described in 2.3.1

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

N/A

2.3.9 Route to the Meeting

HAI Executive Lead for IP&C


2.4 Recommendation

- The Board is asked to note the report against targets and IP&C continued strive for improvement through their day-to-day work and by ensuring staff are fully sighted on areas for improvement and the rationale supporting the recommendations.
- **Awareness** – For Members' information only.

2 List of appendices

The following appendices are included with this report:

- None



NHS Orkney

Infection Prevention & Control HAIRT Report

February 2024

Created By:

Sarah Walker

Infection Control Manager

Contents

Report Summary – 05

Staphylococcus aureus bacteraemia (SAB) – 07

Clostridioides *difficile* Infection & E. Coli Bacteraemia – 08

Multi Drug Resistant Organism National Screening & Hand Hygiene – 09

Local Domestics and Estates Environmental Scores & National Cleaning scores – 10

National Domestic Services Monitoring – 12

National Estates Fabric Monitoring – 13

IP&C Quality Assurance – 14

IP&C Update – 15

Care Home Support, Exception Reporting to SG - 16



2 Report Summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

All LDP targets are met at time of report, there has been a reduction of two E. Coli bacteraemia healthcare associated and hospital associated cases, since 2022. An investigation has been undertaken for each case including input from GPs and Senior Medical staff, and underlying route of infection identified, no cases were device related or preventable. The classification of healthcare associated or hospital, is due to some form of healthcare interaction in the preceding 30 days or due to the timeliness of the blood culture being drawn.

All missed hand hygiene opportunities resulted from staff, across groups, leaving the immediate patient area, without removing their PPE therefore no hand hygiene had been undertaken. This is always raised at the point of observation on an individual basis with staff and as a learning opportunity for the future.

Departmental Standard Infection Control precautions audits are ongoing, supported by the IP&C team, for data collection and inputting of data. More recently the team have supported an environmental audit in the Central Decontamination Unit (CDU), in collaboration with the CDU Manager

The team continue to support all three care homes, dropping in on a weekly basis to speak to staff and offer support and answer questions, in addition to providing infection prevention advice for staff when caring for individual residents with known or suspected infections. Further PPE training has been requested for one care home manager and is scheduled.

IPC Nurse Kelly Laing-Herridge has achieved her PG Certificate in Infection Prevention & Control, this success provides stability and future service provision.

2.4 Recommendations

The Board is asked to note the report against targets and IP&C continued strive for improvement through their day-to-day work and by ensuring staff are fully sighted on areas for improvement and the rationale supporting the recommendations.

Staphylococcus aureus bacteraemia (SAB)

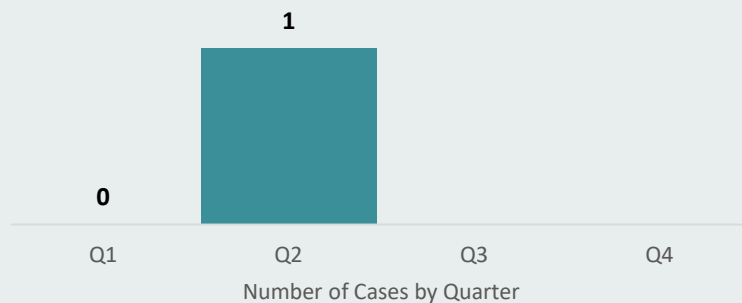
Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP Standards is set for Orkney at 3 per year, with the expectation that the aim is to achieve **zero** where possible.

Currently, there is one SAB confirmed case, which was considered a community case. There are no cases to date for Quarter 4.

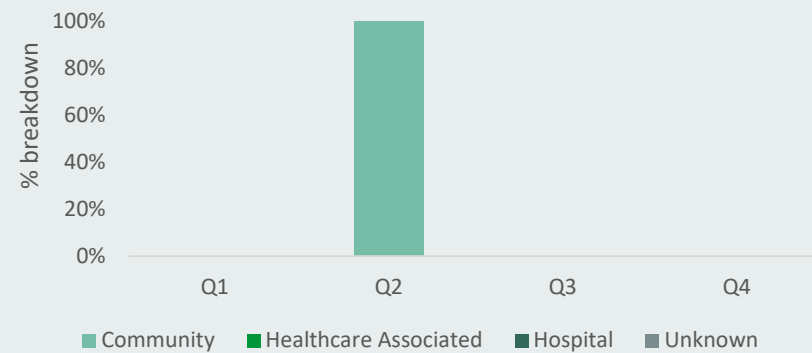
Dashboard

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

SAB numbers Jan - Dec 2023



SAB Acquisition



Clostridioides difficile Infection

Clostridioides difficile Infection Surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The LDP Standard is set at 3 per year.

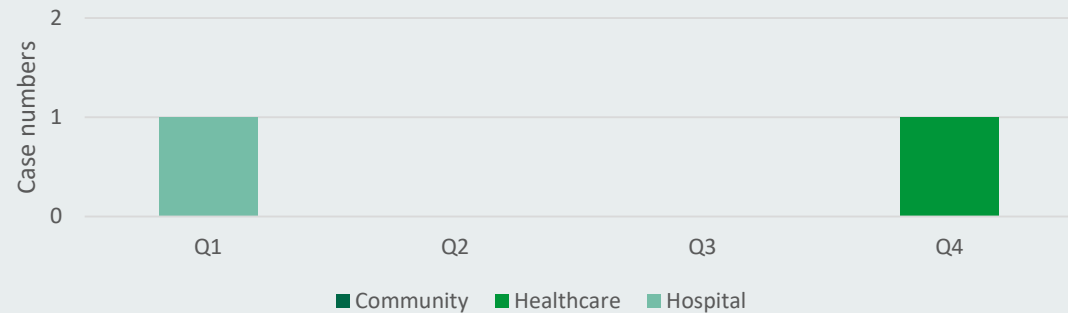
One further case for reporting for Q4, this case was treated appropriately for their presenting condition, therefore no learning identified for this case.

Educational session delivered by the ICD to medical staff in October, including a briefing on the changes to treatment guidelines.

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

LDP Standard target 3

CDI Acquisition



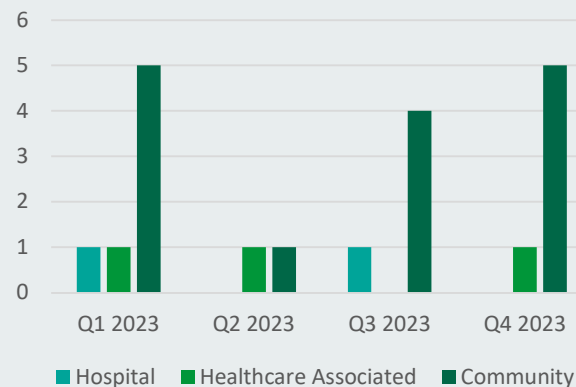
E. Coli Bacteraemia

National surveillance of *E. Coli* bacteraemia has a target reduction in place of 25% for healthcare associated gram negative blood stream infections.

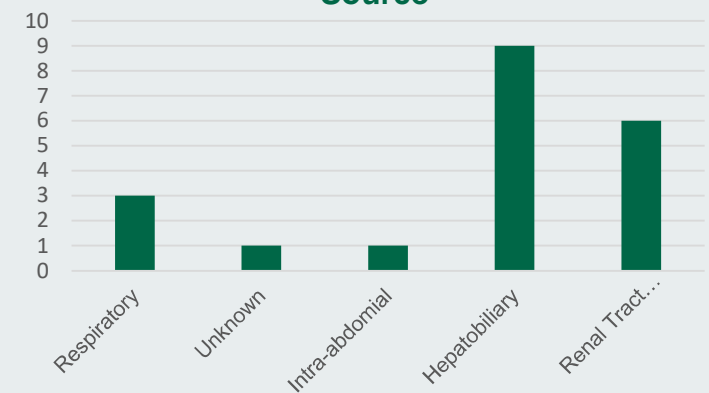
To date we have had six healthcare and hospital associated infections with is a reduction of two from the previous LDP target year, therefore achieving the 25% reduction target.

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

Origin

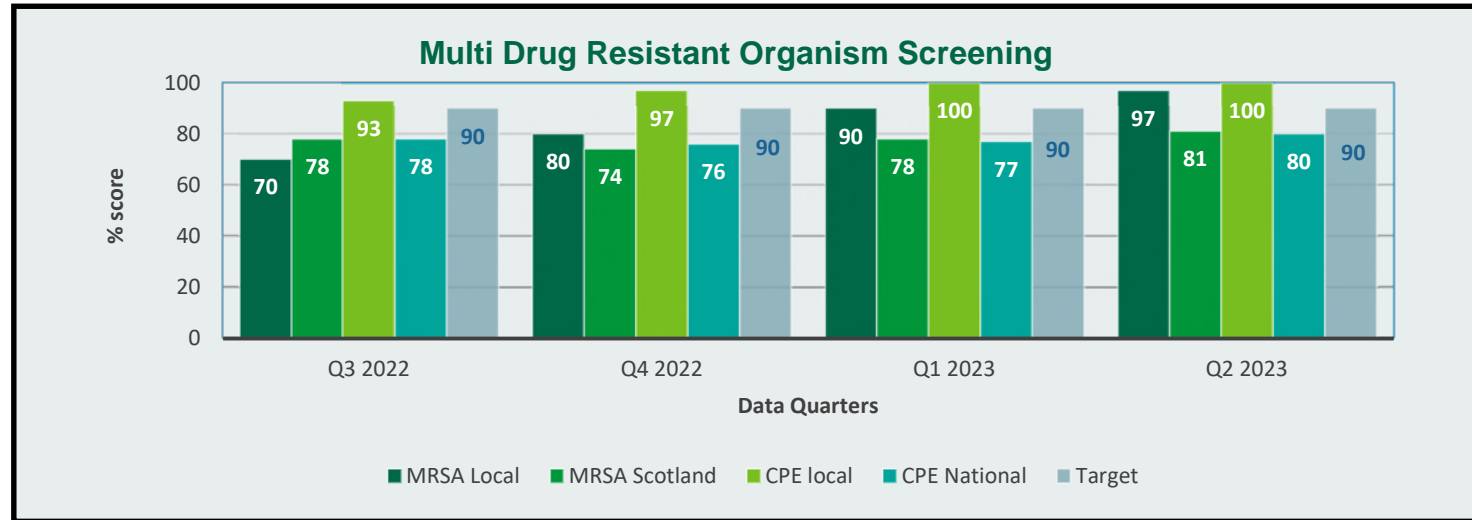


Source



Multi Drug Resistant Organism (MDRO) National Screening

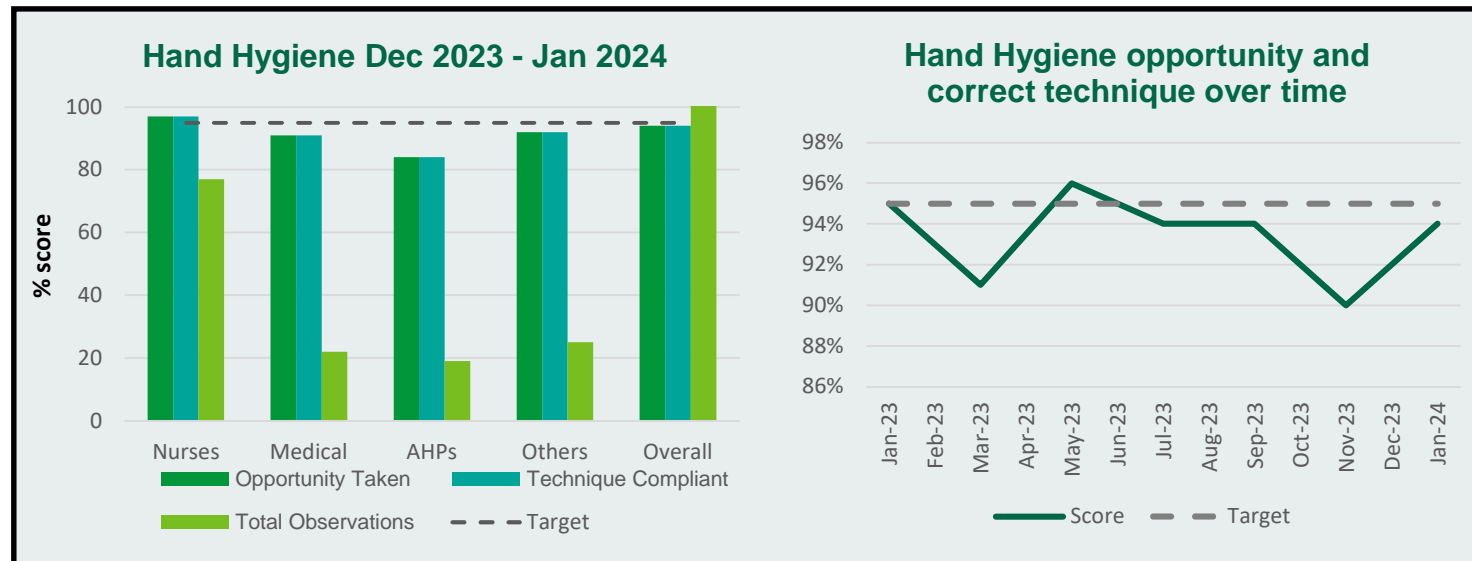
No further update received.



Hand Hygiene

Currently the hand hygiene score is 95% this is for compliance with both opportunity and technique. A total of 143 observations were undertaken from December through to end of January.

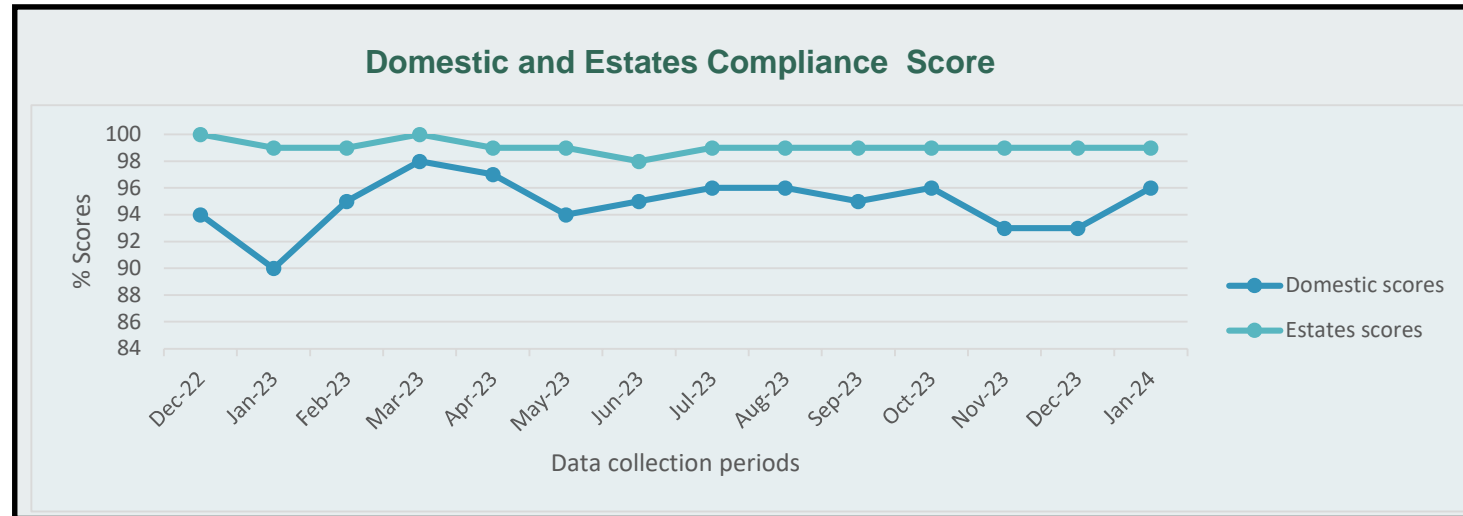
All missed opportunities result from failure to remove PPE before exiting the patient room, therefore hand hygiene was not undertaken at the point of care, this occurred in all staff groups.



Local Domestic and Estates

Environmental Scores

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



National Cleaning and Maintenance scores

NHS Scotland Cleaning Compliance Quarter 3 2023-24 - Domestic and Estates Services

Health Board & Zones	Domestic Result	Estates Result
NHS Scottish Ambulance Service	96.4	94.6
East Central Region	96.6	90.5
North Region	96.1	92.8
South East Region	95.1	98.1
West Region North	96.1	97.6
West Region South	96.2	94.2
NHS State Hospital	94.9	99.3
NHS Golden Jubilee	98.3	97.7
NHS NSS – SNBTS	95.2	97.3

Health Board & Zones	Domestic Result	Estates Result
NHS Highland	96.0	97.7
A&B CHP	94.8	96.5
New Craigs	97.4	96.5
North and West Highland	96.3	94.0
Rainmore	96.1	99.6
South & Mid Highland	98.5	98.8

Health Board & Zones	Domestic Result	Estates Result
NHS Shetland	96.8	99.4

Health Board & Zones	Domestic Result	Estates Result
NHS Orkney	93.9	99.4

Health Board & Zones	Domestic Result	Estates Result
NHS Western Isles	95.6	99.4

Health Board & Zones	Domestic Result	Estates Result
NHS Forth Valley	96.6	96.6

Health Board & Zones	Domestic Result	Estates Result
NHS Grampian	92.9	93.1
Aberdeen Maternity Hospital, RACH & Outlying Areas	93.9	95.0
Aberdeen Royal Infirmary	92.6	94.2
Aberdeenshire North & Moray Community	94.7	89.2
Aberdeenshire South & Aberdeen City	92.7	92.3
Dr Grays Hospital	93.1	91.2
Foresterhill Campus	92.4	93.1
Royal Cornhill Hospital	92.4	93.1
Woodend Hospital	91.7	91.9

Health Board & Zones	Domestic Result	Estates Result
NHS Dumfries & Galloway	96.6	96.6

Falkirk Community Hospital	95.6	87.6
FV North Sector	95.8	94.7
FV South Sector	96.2	92.7
FVRH	95.6	95.0
SCH	94.7	95.3

Health Board & Zones	Domestic Result	Estates Result
NHS GGC	94.7	94.8
Admin Bases	94.9	96.9
Hospitals	94.6	94.3
East Dunbartonshire HSCP	96.8	97.9
East Renfrewshire HSCP	n/a	n/a
Glasgow City HSCP - North East Sector	95.2	99.0
Glasgow City HSCP - North West Sector	94.6	99.2
Glasgow City HSCP - South Sector	94.9	99.2
Inverclyde HSCP	94.7	93.7
PRIs and SPS Services	95.4	97.4
Renfrewshire HSCP	96.5	99.8
West Dunbartonshire HSCP - Lomond	95.8	95.7
West Dunbartonshire HSCP - Glasgow	89.8	100.0

Health Board & Zones	Domestic Result	Estates Result
NHS Lanarkshire	95.9	95.1
Hairmyres	96.2	96.3
Monklands	95.2	91.1
North	97.6	96.9
South	97.8	98.5
Westhaw	95.5	96.3

Health Board & Zones	Domestic Result	Estates Result
NHS Ayr and Arran	95.3	97.0
East	95.7	97.4
North	94.3	97.0
South	95.1	96.3

Health Board & Zones	Domestic Result	Estates Result
NHS Dumfries and Galloway	94.6	99.5
CRH	92.3	96.9
DGRI	94.5	99.7
PCCD East	93.0	99.3
PCCD West	96.2	100.0

Health Board & Zones	Domestic Result	Estates Result
NHS Borders	95.7	98.3
Borders General Hospital	95.4	98.1
Community	96.7	98.7
Mental Health	96.4	98.3
Non-Clinical	n/a	n/a

Nineveh's Hospital	93.3	99.7
Perth Royal Infirmary	96.8	100.0
Perthshire Community Hospitals & H.C	97.7	100.0
Royal Victoria Hospital	96.2	99.7
Stracathro	95.8	97.6
Strathmarline-Duthope	96.4	99.6
Whitehills-Arbroath-Kinross-Carnoustie	96.0	94.6

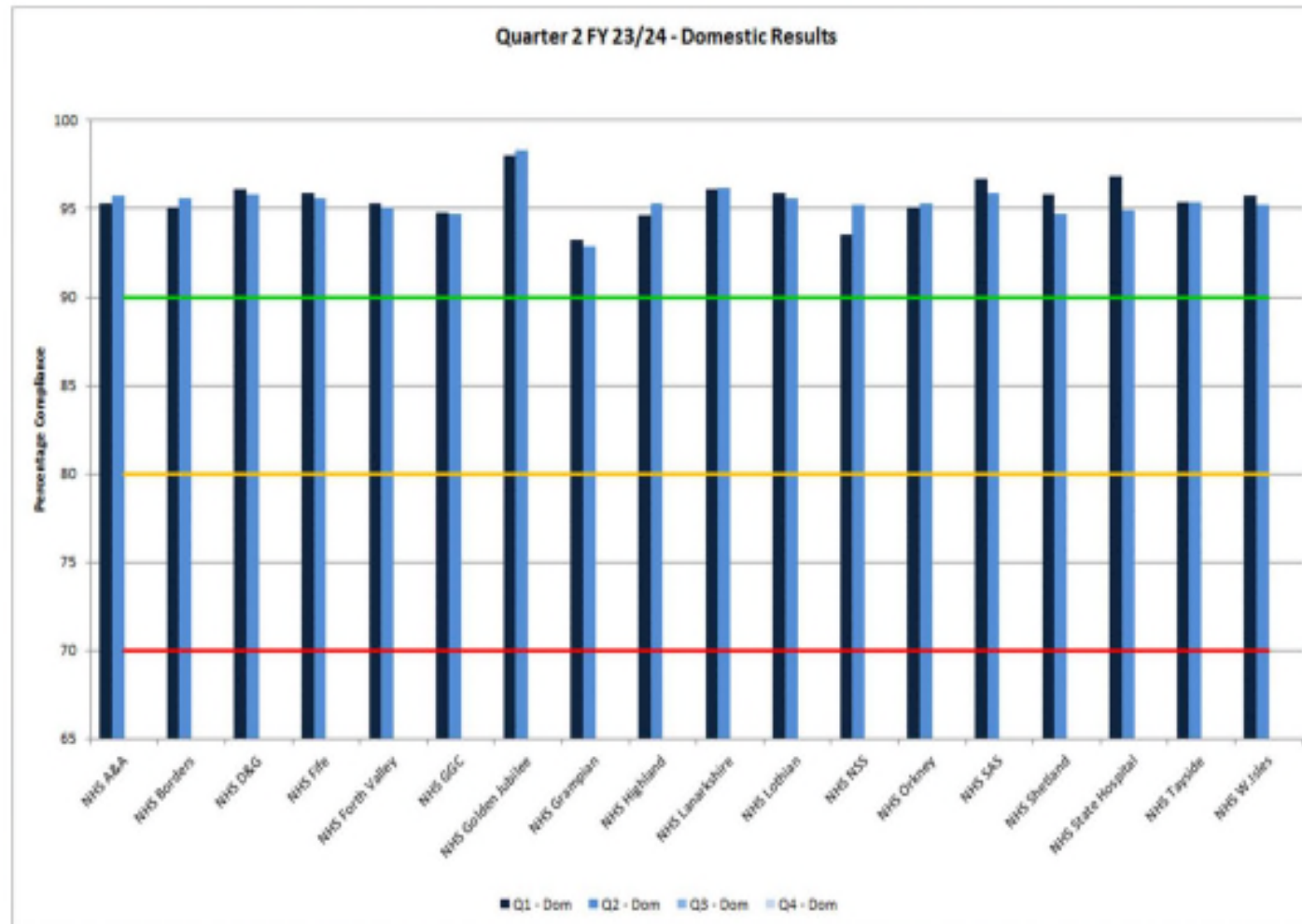
Health Board & Zones	Domestic Result	Estates Result
NHS Fife	96.0	95.9
Central Fife	96.5	95.4
Lynebank Hospital	97.1	94.5
North East Fife	93.9	98.1
Queen Margaret Hospital	96.9	95.8
Stratheden	94.6	90.4
Victoria Hospital	96.1	97.0

Health Board & Zones	Domestic Result	Estates Result
NHS Lothian	95.8	97.3
East & Mid Lothian	95.3	98.3
Edinburgh Acute	96.1	96.9
Edinburgh Community	94.9	98.2
Edinburgh Royal Infirmary	95.8	97.5
External Contractors Sites	91.3	99.5
West Lothian	96.1	96.8

Compliance Key	less than 70%	between 70% - 90%	90% or higher
----------------	---------------	-------------------	---------------

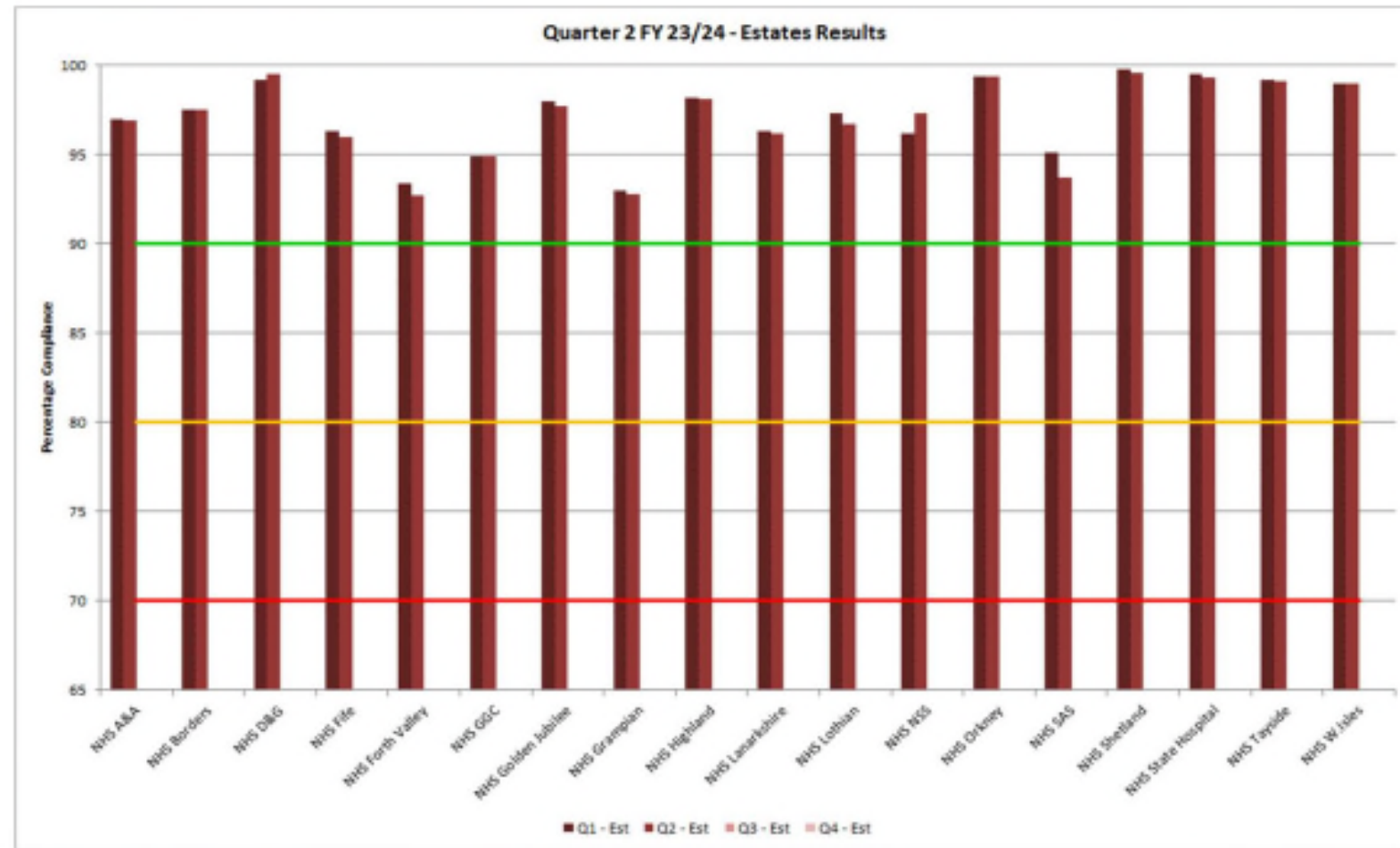
National Domestic Services Monitoring

Domestic Cleaning Services Monitoring Tool – NHS Boards' Performance



National Estates Fabric Monitoring

Estates Fabric Monitoring Tool – NHS Boards' Performance



IP&C Quality Assurance

IP&C Quality Assurance Audits

Continued improvement and engagement from all staff groups working within OPD A, with ongoing support from the IPC team to continue the improvement journey. There has been a large improvement in the environmental cleaning within OPD B and the quality assurance audit and departmental SICPs continue to reflect this. There does remain some issues with senior staff not signing cleaning schedules, but this is an ongoing picture and working with the teams to improve on this.

Date of last full audit	Date of last mini audit	Patient Rooms	Maty LDRP Room	Patient Treatment Areas	Patient Bay	HDU Space	Waiting, Corridors, Toilets etc	Touch Down, Equip & Corridors etc	Clean Utility & Consumables	Dirty Utility & Waste Holds	Linen	Finishing Kitchens & Lounges	Clinical Practice	Changing Room	Staff Covid Questions	
05/10/2023	05/01/2024	96%						83%	82%	81%	100%	100%	95%			
03/10/2023	10/01/2024	96%						95%	91%	91%	100%	81%	90%			
06/10/2023	04/01/2024			94%			86%		92%	83%	63%		50%			
19/01/2024	07/12/2023			97%			100%		100%	100%			190%			
20/09/2023	18/12/2023	95%	100%				100%		100%	100%	100%	100%	93%			
21/12/2023	24/03/2023			94%			100%		83%	100%			90%			
04/10/2023	22/11/2023			94%			71%		100%	90%	100%	93%	90%			
19/10/2023	20/07/2023				96%				100%	100%	94%	100%	100%			
21/09/2023	16/06/2023			98%			100%		100%	100%	100%		100%			
05/10/2023						96%										
14/10/2021																
04/10/2023	19/07/2023			100%			100%		92%	100%	100%	100%	92%			
20/10/2023	14/07/2023			87%			94%	merged with	92%	100%	100%	87%	90%			
		Patient Placement	Hand Hygiene	Respiratory Hygiene	PPE	Management of Care Equipment	Control of Environment	Safe Management of Linen	Management of Blood, Body Fluids	Safe Disposal of Waste	Occupational Exposure	Comm, Info & Education	Clinical Practice			
28/09/2023	20/12/2023	100%	91%	100%	100%	90%	88%	100%	100%	100%	100%	100%	100%			
		Environmental Cleaning	Patient Environment - Anaesthetic Rooms	Patient Environment - Operating Theatres	Patient Environment - Scrub Room	Patient Environment - Recovery Room	Patient Environment - Corridor	Patient Environment - Prep Room	Prep Room	Hand Hygiene	PPE	Asepsis & Blood & Body Fluid Management	Multi Purpose Room	Patient Equipment	Dirty Utilities & Waste Holds	Linen, Staff Changing and Storeroom
18/09/2023	14/12/2023	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Departmental SICPs

Work is continuing to support the departments with the completion of their departmental Standard Infection Control Precautions (SICPs) audits. Staff groups have had education on the completion of the online SICPs templates for completion and there has been improvement noted. IPCT

continue to provide support to some departments with the completion of online SICPs as IT issues have meant that access to the online templates has been difficult, as some staff have had to request IT access to the online folder.

Patient Safety Improvements

Work to support ward staff with aspects of device related safety is ongoing. The catheter associated urinary tract infection (CAUTI) safety cross was reintroduced in November and is ongoing. This will raise awareness of catheter usage within the department and support staff to use a risk-based approach to catheter insertions, timely removal of urinary catheters and recording of catheter infections. Improvements have been celebrated with the teams.

IP&C Update

Team development

Infection prevention & Control Nurse Kelly Laing-Herridge has achieved her PG certificate in Infection prevention and Control through UHI, she plans to continue to her PG Diploma and MSC in Infection Prevention in the future. Staff development provides stability and future service planning, and the team are delighted that Kelly has achieved her PG certificate, she has worked consistently hard both academically as well as practically, since joining the team in April 2021, firstly, by converting her registered nurse diploma to a nursing degree and now onwards to the PG Cert. Congratulations Kelly!

Different ways of working

The IP&C team have altered the way the workload is distributed, with team members now allocated to each of the inpatient areas and being available to staff within the ward for support. This has been a positive change to the way of working and engagement has improved within these areas with staff having a nominated person to discuss IPC concerns, questions, and comments with.

The team also have dedicated areas for audit, and this enables them to build rapport with departmental teams, and provides consistency with audit process, feedback and follow up.

Care Home Support

Support to care homes continues, with regular drop ins by the team to answer any queries, this involves a walk around and staff are able to ask any questions that they may have. In recent months, following training, the team have introduced the transmission-based precautions posters to the care homes, that previously used a green/red signage. They are keen to follow the guidance within the national Care Home infection prevention & control Manual and therefore introduced the transmission-based precaution posters. Posters are on the inside of the resident's room, to maintain confidentiality within the care home, to date this seems to be working well and staff have embraced the changes.

Exception Reporting to Scottish Government

None to time of report.

NHS Orkney

Meeting:	NHS Orkney Board meeting
Meeting date:	Thursday, 22 February 2024
Title:	Public Health Update
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Elvira Garcia, Hannah Casey, Kirsti Jones

1 Purpose

The purpose of this report is to provide the Board with an update on key public health activity undertaken.

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- NHS Orkney Clinical Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report has been provided to update the Board on key public health activity including:

- Emerging measles infection
- Immunisations including the autumn/winter vaccination programme and RSV
- Screening Programmes including Breast screening remobilisation and the no cervix exclusion audit.
- Health Improvement including work in relation to the cost of living crisis, suicide prevention, health working lives and smoking cessation.

2.2 Background

The public health department has a broad remit, working to protect the health of the population and to focus on prevention and upstream interventions across all other aspects to improve health and wellbeing in the community with a focus on inequalities, working closely with Public Health Scotland and the Community Planning Partnership. This includes action to mitigate the impact of the Cost-of-Living Crisis, reduce child poverty, obesity, and smoking. It also provides oversight of the delivery of the Scottish Immunisation Programme and Scottish National Screening Programmes, and the NHS Orkney Resilience function.

2.3 Assessment

Health protection

Measles

Concerns have been raised across the UK about a resurgence of measles cases within our population, with those unimmunised or partially immunised at highest risk. A number of actions have been put in place to address this issue:

- Measles preparedness meetings for Scotland are being led by Public Health Scotland (PHS), the NHS Orkney Immunisation Coordinator is contributing to these meetings.
- Clinicians across Orkney may not have seen a case of measles previously, guidance has been circulated to assist them in the identification and management of a case/contacts and to promote early notification to public health.
- The local measles elimination plan has been revised. We have had a longstanding policy of, in addition to the childhood routine vaccination schedule, offering Measles Mumps and Rubella (MMR) vaccination to any un/under-immunised pupils in secondary schools at each immunisation visit. Current vaccination uptake rates remain high in this population at 94.39%.
- For pre school children the data for the latest quarter available (1st July to 30th September 2023), shows uptake at 24 months (first dose) as 100% above the Scottish average of 93.3% and at three to five years (completed course) 96.1% above the Scottish average of 89.6% and the desirable threshold of 95%.

Immunisations

Autumn/Winter Vaccination Programme

The COVID 19 and Influenza vaccination programme is ongoing until 31st March 2024, in general uptake rates for Orkney are higher than those seen across Scotland.

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory virus that usually causes mild, cold-like symptoms. Globally, RSV infects up to 90% of children within the first 2 years of life and frequently reinfects older children and adults. For most people, RSV infection causes a mild respiratory illness. Babies

under one year of age and the elderly are at the greatest risk of hospitalisation with more severe RSV. The clinical significance of RSV in infants is that it can cause bronchiolitis which leads to the inflammation of the small airways and significant breathing difficulties. In older adults, RSV is an important cause of acute respiratory illness, particularly those living with frailty and co-morbidities.

Following advice from the Joint Committee on Vaccination and Immunisation (JCVI), PHS is working with Scottish Government and NHS Boards to prepare for the introduction of a new (RSV) immunisation programme for older adults and pregnant women or neonates to protect individuals at a highest risk. The Orkney Immunisation Coordinator is contributing to this work.

Screening

Breast Screening Programme

Continuing the phased remobilisation of the breast screening programme from the 1st December 2023 the self-referral of all clients aged 71 years and over was reinstated extending self-referral to clients aged 75 years and over with no previous history of breast cancer, the programme has now completed remobilisation. The next visit of the North East of Scotland screening service is scheduled for March this year.

No Cervix Exclusion audit

The records of all excluded participants included on the Scottish Cervical Call Recall System (SCCRS) with either a “No cervix” and/or “No further recall” are to be audited. The audit includes a review of all existing records of patients currently resident in Scotland to ensure they have been correctly excluded from the national programme. 554 women are included in this audit from within NHS Orkney.

Excellent progress has been made undertaking the audit, the work reviewing the records for the current cohorts is now complete. The audit process for a final cohort of women is being considered nationally.

Health improvement

Cost of Living Crisis

Public Health is working with the Orkney Money Matters project to support appropriate referrals into this project from frontline services. The referral form has been approved by Information Governance and a financial inclusion pathway for child orientated health services had been drafted and is ready to be shared with relevant teams for further development prior to implementation.

Suicide Prevention

Ask, Tell, Save a Life suicide awareness training is being delivered to employers and their staff in Orkney. During Q1 to Q3 2023/24 a total of 47 participants from eight different organisations have attended this on line training delivered by the Public Health Team.

Healthy Working Lives

Breathing Space delivered three sessions to raise awareness about their 'You Matter, We Care' campaign to NHS Orkney staff between August and September. There was signposting over the festive period to local agencies for employees to access support.

Smoking Cessation

In Quarter 3, the specialist smoking cessation service in Orkney received 19 referrals. This brings the total referrals for the year to 76. The highest proportion of these continue to be self-referrals. Maternity referrals account for 18% of the overall referrals from April to December 2023.

The services performance against the smoking cessation LDP target in quarter 1 of 2023/24 is shown in Table 1 below.

Board	Quit attempts	LDP 12 week quits	Cumulative target	LDP 12 week quit rate (%)	Cumulative performance against cumulative target (%)
Orkney	12	4	7.75	33.3	51.6

Table 1: Smoking Cessation performance. Source: PHS 2023 - [Dashboard - NHS stop smoking services - local delivery plan standard 2023/24 quarter 1 - NHS stop smoking services quarterly - Publications - Public Health Scotland](#)

Whilst Orkney is not achieving the LDP target for smoking cessation, Figure 1 below shows that only one board across Scotland is currently achieving this target.

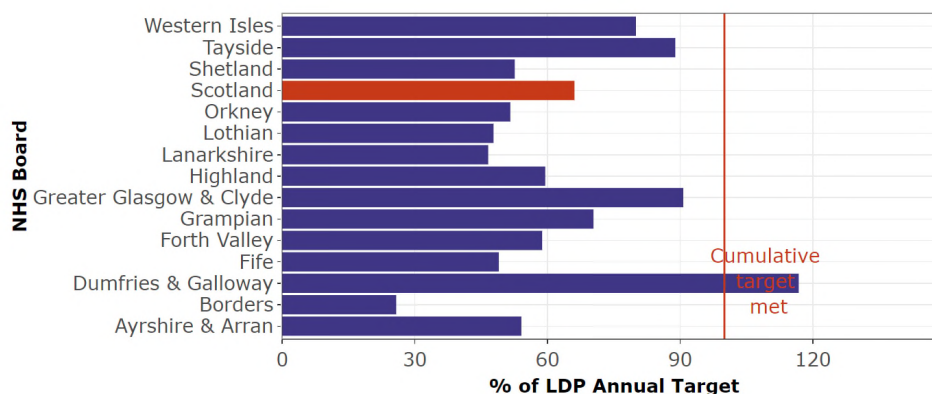


Figure 1: Cumulative 12-week quits as a % of the LDP Cumulative Target. Source: PHS 2023 - [Dashboard - NHS stop smoking services - local delivery plan standard 2023/24 quarter 1 - NHS stop smoking services quarterly - Publications - Public Health Scotland](#)

Additionally, a training needs assessment has been completed with Maternity and Isles Nursing staff to inform a training plan to ensure confidence of these practitioners of supporting people who wish to quit smoking. Service promotion has also continued through social media and the Orcadian.

The Smoking Cessation Team in NHS Orkney have been working with maternity services to ensure smoking cessation specialist support is available to pregnant women who smoke. Referrals received from maternity services are prioritised as required, and a carbon monoxide (CO) monitor has been purchased for maternity to support midwife led discussions and midwife led support for quits.

2.3.1 Quality/ Patient Care

The activity included in the report highlights our commitment to improving the health of the Orkney population and quality of care received.

2.3.2 Workforce

There are no current workforce implications outlined in this report.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk Assessment/Management

Risks identified are managed through normal NHS Orkney Public Health risk procedures with escalation through the Risk Management Forum as required.

2.3.5 Equality and Diversity, including health inequalities

The Public Health Department aims to reduce inequalities.

2.3.6 Climate Change Sustainability

Through the provision of preventative health care, such as the delivery of national immunisations and screening programmes, the pressure on the NHS can be reduced increasing sustainability.

2.3.7 Other impacts

No other impacts have been identified.

2.3.7 Communication, involvement, engagement and consultation

The report has been produced by the Public Health Department.

2.3.9 Route to the Meeting

Approval by Executive Director.

2.4 Recommendation

The Board is asked to note this report and support this activity.

3 List of appendices

None

11.3

Joint Clinical & Care Governance Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Joint Clinical Care and Governance Committee (JCCGC)	Date of Meeting: 22 February 2024
Prepared By:	Rona Gold	
Approved By:	Rona Gold	
Presented By:	Rona Gold Chair of JCCGC	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the JCCGC at its meeting on 8 February 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. Scottish Social Services Council (SSSC), who require Social Workers, social work students and most job roles in the social work/social care sector to register with them, have processes that are creating conflicting advice and delays to recruitment including when this comes to registering overseas candidates for employment. This in turn creates financial challenges and impacts on staffing levels and stability whilst employment is delayed awaiting registration. The professional registration challenge, which the Committee heard is also something Speech and Language Therapy suffers from in their recruitment processes, would benefit from Board consideration and action from the most senior level. 	<ol style="list-style-type: none"> 1. It was proposed that the JCCGC Chair attends IJB as a voting member and Terms of Reference were changed to reflect this. 2. The JCCGC seeks guidance and direction from the Board on how best to have community voice within the business of the JCCGC to meet the intended outcome of community representation on Committee (see ToR) whilst not placing the responsibility of this on one person.
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. Welcomed the first chairs assurance report from the newly formed Social Work and Social Care Governance Board. 2. Took assurance from the information that Health Visitors have been able to catch up on developmental assessments with visits offered to all families that had missed assessments. 3. The Committee took assurance that NHSO is compliant with national policy and has in place a clinical governance structure around blood transfusion (Hospital Transfusion Committee). 	<ol style="list-style-type: none"> 1. Approval of Draft Children's Services Plan to Board and commended the engagement with young people within it. 2. Agreed to have Quarterly meetings, and not meet every two months, to support quality information coming from the forums feeding into JCCGC which meet quarterly. This will be reviewed within 2024/25.
Comments on Effectiveness of the Meeting	
<ol style="list-style-type: none"> 1. The Committee welcomed attendance and presentation of good quality reports from a breadth of NHS and Council staff, some attending the Committee for the first time, which enabled a good depth of discussion and ability to seek assurance. 	

11.3

2. The content of the agenda creates pressure on keeping the meeting to time. Developing and refining the agenda will seek to improve this for future meetings.

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 22 February 2024
Title:	Board walkarounds – themes from Team Orkney feedback
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-Knight
Report Author:	Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

This paper summarises the main themes from the Board walkarounds since they were introduced in 2023, sets out how we will share this feedback with the full Board on a regular basis and describes the next steps.

2.1 Situation

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

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

The Board walkarounds are part of a wider package of changes that have taken place in 2023/24 to further improve staff engagement, Board visibility and organisational culture.

2.2 Background

Board walkarounds were introduced in May 2023.

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

The walkarounds are an opportunity to listen, get to know each other 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 unblock issues.

The areas we cover in our conversations with staff are:

- 1) What is going well in your team/service at the moment?
 - What are you most proud of working in this area?
- 2) What do you consider to be the main challenges you face on a daily basis?
 - What feedback do people using this service give you?
 - If you could change one thing, what would it be?
 - what do you wish you had more time to do?
- 3) How can the Board help
 - Is there anything that you would find helpful to raise to the Board?
- 4) Staff Wellbeing: are colleagues aware of support available and have they been able to access that for staff as necessary?

There have been 15 Board walkaround visits since May 2023 – including:

- Stromness Surgery
- Sanday GP Practice
- Maternity
- Peedie Sea Centre
- Pharmacy
- Community Mental Health
- Theatres and Day Unit
- Health Visitors and School Nursing
- Primary Care
- Dental
- Vaccination Centre
- Specialist Nurses
- Infection, Prevention and Control
- Inpatients 1, 2 and Emergency department
- Outpatients, Dialysis and Radiology

Main themes from the visits

Positive:

- Outstanding teamwork and team spirit
- Colleagues' commitment to delivering person-centred care
- Passion and pride displayed by teams
- Commitment to improving care and services for patients and our community

Areas for improvement:

- Digital and IT systems – frustrations with the lack of interconnectivity between systems and our digital immaturity
- Estates – space/storage issues
- Culture – colleagues not always feeling listening to, not involved in decision-making, suggestions/problems raised are not responded to
- Recruitment and retention – frustration at slow/clunky HR processes and lack of innovative approaches to recruitment

Next steps

- Standing agenda item at each Board briefing - patient and staff feedback themes (including Board walkarounds)
- Ensuring as many departments as possible receive visits – with a clear programme spanning clinical and non-clinical areas
- Triangulating this feedback so it forms part of how we measure of staff experience across the organisation and importantly, ensure it is acted upon
- Ensuring that there is a distinction between strategic matters that need to be resolved and taken forward and quick wins that need to be followed through on and the appropriate routes are followed for each
- To ensure there is feedback to every team after the visit which captures the actions that have been taken/issues that have been resolved/unblocked to build confidence that Board members are listening to and acting on staff feedback throughout the year and that it is how we do things (ie closing the loop)

2.3 Recommendation

- Awareness – For information only.

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 22 February 2024
Title:	iMatter – National Health & Social Care Experience Report 2023
Responsible Executive/Non-Executive:	Linda McGovern, Interim Director of People & Culture
Report Author:	Linda McGovern, Interim Director of People & Culture

1 Purpose

This is presented to the Board/Committee for:

- Awareness
- Discussion

This report relates to:

- National iMatter Staff Experience Reporting and Actions 2023 – which includes benchmarking data
- Scottish Government Updates
- Plans for 2024 iMatter Staff Engagement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

iMatter is the main staff engagement tool for NHS Scotland. It has been delivered annually since 2015 with a short hiatus during the pandemic. NHS Orkney received its individual annual report for 2023 which was presented at the Board meeting in August 2023.

On 27 November 2023, each Health Board / Integration Joint Board received an early version of the National Health and Social Care Experience Report which was embargoed until 10am on 28 November 2023 (Appendix 1). This report outlined the national picture, providing comparisons across Scotland and highlighting trends, positive improvements, key areas of challenge and recommendations.

This benchmarking is helpful in understanding how NHS Orkney compares to other Territorial Health Boards for iMatter scores and in turn, to understand our starting point when it comes to staff experience and engagement.

It is clear when comparing NHS Orkney's scores with other Territorial Health Boards, that our scores are poor. We will take this opportunity to assess work already underway in this area, to ask ourselves and our staff what different needs to look like if we are to make the improvements that are necessary and to learn from others who have seen improvements.

2.2 Background

The National Health and Social Care Experience Report provides detailed information and analysis of the iMatter responses for 2023. It also contains comparisons to previous years where appropriate.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Workforce and Staff Governance Committee (SWAG), and the Scottish Partnership Forum (SPF)

2.3 Assessment

2.3.1 Board Updates

The iMatter survey was circulated to NHS Orkney staff throughout May and June 2023. The overarching Board report was presented to the Board meeting in August 2023. Whilst the response rate for 2023 has increased overall by 1%, the participation of colleagues within Orkney Island Council reduced by 1%.

The previous paper provided the positives of the local report which included:

- The employee engagement score had, for the second year in a row, increased by 2%, 72% (2022) → 74% (2023)
- Across all the strand scores, aligned to the five pillars of Staff Governance, the weighted index value increased by 1 to 2% points
- Out of the 28 questions asked of staff, there continues to see 24 of the responses are within the “Strive and Celebrate” category.
- The overall experience score remained at 6.4 out of 10.

In response to staff feedback, in 2023 NHS Orkney has for the first time agreed 5 key areas of organisational focus, which are:

- Staff health and wellbeing
- Valuing and recognising staff
- Involving staff in decision-making
- Listening to and acting on staff feedback
- Leading with kindness and living our values

Central to the CEO's 100-Day report is a focus on culture, improving staff experience and making NHS Orkney a better place work, which work being taken forward in various ways, with appropriate governance and monitoring in place (see agenda item 10.2).

There is also a Staff Governance Action Plan for 2023/24, which has 4 clear priorities, notably:

- Wellbeing
- Health and safety
- Workforce
- Knowledge and skills

This Action Plan also links to NHS Orkney's Plan on a Page and is updated and discussed at the quarterly Staff Governance Committee meetings.

2.3.2 National Report

The National iMatter Report, published on 28 November 2023, provides and oversight and analysis across Health and Social Care throughout Scotland. It also contains comparisons to previous years where appropriate.

Whilst there are some small green shoots to celebrate as detailed above re: response rate and improvements, it is clear that a different approach and focus is needed moving forward in order to see the improvements that are necessary at NHS Orkney, with NHS Orkney the poorest performing Territorial Health Board in a number of areas which needs to be recognised, understood and seen as an opportunity to think about what different needs to look like moving forward.

Notably, in terms of the overall responses from a territorial board perspective saw NHS Orkney as follows:

- My Experience as an individual – lowest score in 7 out of 12 areas
- My Team / Line Manager – lowest score for all 7 areas
- My organisation – lowest score for 6 out of 9 areas

In particular, there are 7 core areas where NHS Orkney has the lowest scores among Territorial Health Boards. These are:

- Employee Engagement Index (74 for NHS Orkney versus 77 national average)
- Overall Staff Engagement Score (6.4 for NHS Orkney versus 7 national average)
- I would recommend NHS Orkney as a good place to work (NHS Orkney score 70 – national average 75)
- I would recommend my team as a good one to be part of (NHS Orkney score 81 – national average 85)
- I would be happy for a friend/relative to access our services within my organisation (NHS Orkney score 72 – national average 78)
- I am confident I can safely raise concerns/issues (NHS Orkney score 75 – national average 79)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 65 – national average 74)

2.3.3 Moving forward and thinking differently

Whilst there are some areas we have seen modest progress, there need to be sufficient focus on the national benchmarking so that we understand what this data is telling the Board.

While iMatter is just one method of capturing staff feedback and understanding how Team Orkney feels, it is an important one which allows benchmarking and year-on-year comparisons. Although not everything is about a statistic and improving “figures”,

Being the poorest performing Territorial Health Board for so many areas needs to provoke a somewhat different response, building on the steps that have been taken in recent months recognising the direct impact of the experience of our staff on patient experience indicators.

2.4 Recommendation Updates

1. Work continues to focus on the 5 organisational priorities – as these require ongoing work to see the impact of ongoing work in each of these spaces.
2. We will continue to feed back to staff (you said, we did style) and link all of our internal communications to the 5 areas of organisational focus so that staff more obviously know why we are making changes and that these are in direct response to staff feedback. Discussions have taken place with Chair of Staff Governance and there will be an update at the Committee on the regular communications by the Communications Team that take place with Staff.
3. For 2024 iMatter returns we have taken the decision to focus on NHS Orkney response rates and feedback, recognising where we start from and the focus that is needed internally (and Orkney Islands Council staff will not be included at this stage). At this point although we do not have any indication of timescale of the next iMatter Survey, clearly work can be done immediately on this. Notification has gone out to all Managers asking them to complete their Action Plans by 29 February 2024. This has gone out via a weekly newsletter and on the Line Manager Teams page. This will assist in laying the foundation for the next iMatter cycle.
4. We will review and engage staff on what different needs to look like recognising our starting point, and thought will be given to:
 - Consideration of replacing our Staff Governance Action Plan with a new and more targeted approach to improvement spanning:
 - Culture (including creating a speak up culture)
 - Leadership development programme
 - Recruitment and retention
 - Upskilling Team Orkney
 - Appraisals
 - Succession Planning

There is a joint APF / Staff Governance Session to be held in March 2024 where discussions will take place regarding the Action Plan moving forward and respond to the questions posed.

These include:

- What matters most to our staff?
 - How do we more regularly measure how staff are feeling?
 - What do we need to do commit to doing differently as Board members to get different results?
 - How might Staff Governance Committee and Area Partnership Forum need to change?
5. We will reach out to other Health Boards who have seen improvements to scores to learn from good and best practice

Contact has been made to NHS Western Isles who have seen improvements in their results over the past few years. They are happy to share the work they do alongside other learning from their Board.

Action Note

Title of meeting:		Senior Leadership Team	Date:	09 January 2024
			Time:	10:00
Chair:	Laura Skaife-Knight, Chief Executive			
Committee Support:	Julie Colquhoun, Corporate Governance Lead			
Members			Present	Apologies
Lynda Bradford, Head of Community Health and Care			X	
Mark Doyle, Director of Finance			X	
Linda McGovern, Interim Head of People and Culture			X	
Steven Phillips, Head of People and Culture			X	
Stephen Brown, Chief Officer			X	
Steven Johnstone, Director of Dentistry			X	
Sara Lewis, Consultant in Public Health Medicine				X
Michelle Mackie, Interim Deputy Director of Nursing			X	
Monique Sterrenburg, Interim Deputy Medical Director			X	
Carrie Somerville, Planning, Performance and Risk Manager				X
Keren Somerville, Head of Finance			X	
Malcolm Metcalfe, Interim Medical Director			X	
Louise Wilson, Director of Public Health			X	
Morven Gemmel, Associate Director of AHPs			X	
Samantha Thomas, Director of Nursing, Midwifery, AHP and Acute			X	
Attendees				
Nick Crohn, Radiology Manager			X	
Elvira Garcia, Consultant in Public Health Medicine			X	
Maureen Firth, Head of Primary Care			X	
Sarah Walker, Infection Control Manager			X	
Debs Crohn, Head of Improvement			X	
Phil Tydeman, Viridian			X	
Wendy Lycett, Pharmacy Manager			X	

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Welcome and Apologies	Chair	Noting	All members were welcomed to the meeting and apologies were noted as above.
2.	Action note of meeting held on 04 December 2023	Chair	Approval	The note of the meeting held on the 04 December 2023 were noted as an accurate record of the meeting. The minute was APPROVED .
3.	Chairs Assurance Report	Chair	Approval	The Chair's Assurance Report was APPROVED
4.	Action Log	Chair	Monitor progress	The action log was reviewed and updated with correct bring forward dates.
5.	Matters Arising	Chair	Discussion	There were no matters arising.
6.	CEO Update	Chair	Noting	The Chair shared her message to the Senior Leadership Team, reflecting to members that the organisational priorities are clear and remain unchanged from those we have been focussed on in previous months: 1. Reconnecting with people – as a Senior Leadership Team we need to role model and lead from the front when it comes to leading with kindness and really living our values and being compassionate.

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>2. Appraisals – still not where we need to be, saw small improvements at the end of the last year, but still remain at 1:5 which isn't good enough so we need a big focus on this.</p> <p>3. Corporate Strategy – engagement process for a new Corporate Strategy has begun, this will be a 2-month engagement exercise, engaging with our community, our patients, our partners and our staff. This will include a new vision, refreshed values and new strategic objectives. All members were asked to encourage teams to get involved. SLT will spend dedicated time on this on 22 January 2024.</p> <p>4. Financial position and our financial improvement programme remains a key focus. Expectations are clear from the Scottish Government, we are expected to achieve 3% recurring savings and improve on the outturn position from the last financial year. A number of things have been actioned and taken forward since November 2023 since we were formally escalated. We have a new Recovery Director who will become a member of this group moving forward and a new Head of Improvement, with D Crohn returning from secondment at Scottish Government. We have support from Viridian who are working alongside our in-house team, working towards an Integrated Improvement Function and supporting our financial recovery programme.</p> <p>Members NOTED the comprehensive update.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
7.	Risk			
7.1	Corporate Risk and Assurance Report	Chair	Seek assurance and note ongoing risks	<p>The Chair presented the streamlined Corporate risk register. Risks are going to the relevant Board Committee and full risk register will continue to come monthly to Senior Leadership Team, to Audit and Risk Committee and to the Board.</p> <p>The Director of Nursing, Midwifery, AHP and Acute Services advised members that there was an emerging risk that, the Radiology Manager is mapping out in relation to the changes to the Loganair flight schedule on the Kirkwall to Aberdeen route until the end of March 2024, resulting in one less flight every day to Aberdeen. She described the potential impact on patient hospital appointments, laboratory samples and receiving drugs and blood products as well as patients and staff. The Senior Leadership Team were advised that this could also impact on the financial position in terms of patient travel and an additional need for accommodation.</p> <p>The Associate Director of AHPs asked for an update on vacancies per Directorate/Team.</p> <p>The Chair advised members that following a discussion at Finance and Performance Committee she, along with the Head of Improvement would develop an overarching new corporate risk re: Digital risk, pulling together a number of related risks into one, recognising the live risks in relation to maturity, leadership and capacity and capability..</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				Members NOTED the updated the risk register and the highest risk scores, noting the need to focus on developing the mitigation.
7.2	Financial Escalation and Improvement	Director of Finance	Discuss, update on progress and agree next steps	<p>The Chair referred members to the finance papers, shared with members for transparency, having been shared with Finance and Performance Committee and the Board.</p> <p>Phil Tydeman, Viridian, presented an overview of the Rapid Review Report, output from work carried out over a 2 week period in December 2023. The report focusses on 3 main areas:</p> <ol style="list-style-type: none"> 1. Robustness of the current cost improvement plan 2. Governance arrangements around the programme 3. Opportunities both for the in-year position, and for 2024/25. <p>Members noted the 25 recommendations which were approved at the Finance and Performance Committee on 08 January 2024. P Tydeman highlighted the 35 opportunities set out in the report, noting it was not an exhaustive list but there is a need to demonstrate that a full breadth of opportunities is being looked at through this Senior Leadership Team. Opportunities will be prioritised with members' input, ensuring that there is assurance on clinical and operational safety. He went on to say it is Viridian's role to provide additional capacity into the FSO, and additional capacity into the teams to deliver a credible plan that members are confident can be delivered.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>The Interim Medical Director welcomed the opportunity for the Senior Leadership Team to go through these carefully. P Tydeman gave assurance that none of these opportunities would be implemented without a QIA.</p> <p>The Associate Director of AHPs asked about the transformational opportunities that had been developed previously by the Extended Senior Leadership Team noting that they were not included in the report, and she was advised that there had been data transfer issues during the 2 week period and that all opportunities would be captured and incorporated.</p> <p>The Interim Deputy Medical Director welcomed the proposals around enhancing IT suggesting that current systems used for extracting data are not fit for purpose and said any opportunities to develop those are very welcomed. P Tydeman offered reassurance in that Viridian would do as much data analysis as can be done to support.</p> <p>The Chief Officer welcomed the report suggesting that we need to look at the biggest areas of overspend, instead of trying to do 35 small things, focus our efforts on where the greatest rewards are. He went on to caution in relation to those areas that are single points of failure and the fragility that is in our services. The Chief Officer shared the excellent piece of work that the Physiotherapy Team had taken forward as an example of improvement work.</p> <p>P Tydeman advised members that the workstreams would be mapped against the NHS Scotland national priorities and the 15-box grid.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>The Chair advised members that a meeting with Scottish Government is to be held on Thursday 11 January 2024 which the Executive Team and some wider Board members will attend. The Chair suggested the challenge for the Senior Leadership Team is to move on to delivery and action, and beyond commentary and articulation of problems and to own this as a senior leadership community as it is this team who will take the organisation forward.</p> <p>The Director of Nursing, Midwifery, AHP and Acute Services suggested taking the opportunities from the report and putting them into a document that could be populated as soon as possible by the Executive Team to give narrative to those, which may be able to begin the prioritisation process. The Director of Finance suggested that in addition to the narrative there was a need for financial values to add to the plans to be submitted to the Scottish Government. First draft financial plan to be submitted to Scottish Government on 29 January 2024.</p> <p>Action: add CIP to 22 January 2024 agenda.</p>
7.3	Financial Performance – month 8 results	Director of Finance	Note the performance	<p>The Director of Finance presented the paper showing £6.045 million forecasted out-turn. He went on to share some of the work that is currently underway including the reduction in agency and locums. Members were advised that of the £3.7 million savings to be delivered there is a shortage of £193,000 gap, however there is confidence this will be delivered.</p> <p>Referring to the Financial Plan the Director of Finance advised members that we start the year 2024/25 with a £4.6 million gap, with no baseline percentage uplifts, and still await notification as to the output of the pay settlement. The</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>Director of Finance went on to say that as a Senior Leadership Team there is a need to latch onto the opportunities which will come through Viridian, with a view to getting out of escalation as soon as possible.</p> <p>Members noted the update provided.</p>
7.4	Update on savings programme	Head of Finance	Note the update	No paper received - the update was given as part of a wider update by the Director of Finance.
7.5	Scottish Government Budget 2024/2025	Chair	Discussion	The Chair asked members to note the letter as part of the suite of finance related documents issued.
8.	Strategy			
8.1	Corporate Strategy	Chair	Discussion	<p>The Chair referred members to the engagement materials issued as part of the papers, suggesting that further discussion takes place at the next SLT. Members were also advised that the Board would review at the Board Development Session on the 18 January 2024.</p> <p>Members noted the update provided.</p>
9.	Workforce			
	No items			

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
10.	Quality and Safety			
10.1	Chronic Pain Service Update	Interim Deputy Medical Director	Update	<p>The Interim Deputy Medical Director provided an update on progress in this area, noting the support received from H Casey and S Lawrence. Members were advised that positive progress had been made in relation to the communication and engagement but the group were struggling with the service design element. The Senior Leadership Team were asked for support in taking the work forward, the group will liaise with NHS Highland to learn from their model.</p> <p>The Associate Director of AHPs suggested that consideration be given to the other services that might have patients with chronic pain, and how they could help support.</p> <p>The Interim Deputy Medical Director advised members that the general feeling within some services is that they don't want to put a lot of effort into developing something that may not be funded given the current financial climate. , The Chair noted the feedback, and suggested that the Director of Finance along with the Head of Planning, Performance and Information will be speaking with Heads of Service and Budget Managers in the coming weeks, with support from the Head of Improvement, and any service development 'asks' needed to be captured here so that a decision can made about next year's priorities taking into account risk and strategy and the financial position – which means we will have decisions to make on our priorities..</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				Members noted the update, with further discussion to take place at the Extended Senior Leadership Team on 30 January 2024.
10.2	Colonoscopy Assurance Report	Interim Deputy Medical Director	To provide awareness and assurance	<p>The Interim Deputy Medical Director provided an update on progress in relation to the surveillance programme work, updating members that there are 65 patients who will remain on the waiting list for scopes and are all booked in for the procedure with the exception of 8 who are slightly more complicated. In relation to the Duty of Candour expectations, this is to be done in Outpatients Clinic verbally with a follow-up letter as needed and if requested by patients. Members were advised that future reporting in this area would be through the Integrated Performance Report to Finance and Performance Committee.</p> <p>Members noted the update provided and future governance route for reporting.</p>
10.3	Patient Transport Award	Director of Finance	Approval	<p>The Director of Finance advised members that the contract for patient transport from Aberdeen Airport to NHS Grampian hospital appointments was due for review. A shared contract with NHS Shetland, as such was also going through a parallel approval process with their Board. Members were advised that there had been 2 tenders, with the preferred option showing a £4,000 increase. The Director of Finance presented the report for approval.</p> <p>The Director of Public Health proposed a revisit with the contractors given the reduction in flights to Aberdeen, noting it was only for an interim period.</p> <p>Members approved the proposal.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
11.	Systems and Governance			
11.1	6-monthly review of SLT	Chair	Discussion	<p>The Chair asked members to reflect on what had gone well, and what could be improved moving forward with SLT.</p> <p>Positives</p> <ul style="list-style-type: none"> • Engagement and oversight of business, collective awareness and ability to share papers and information with teams, very positive • Decisions are made from an informed basis, can clearly articulate to colleagues the decisions and reasons • Understanding other teams challenges, sharing problems • Much better awareness of financial challenges and how we can support each other • Much better connection with the organisation • Papers are improving <p>Much better if</p> <ul style="list-style-type: none"> • More time to the meetings to enable more depth to conversations • Flow of papers to avoid duplication • Split the agenda – recurring items and additional items • Forward planner of business <p>Membership</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<ul style="list-style-type: none"> Add Head of Improvement Add Recovery Director <p>The Head of People and Culture suggested that if there were any training issues that would improve contributions at the meeting to get in touch and he would take forward.</p> <p>Members discussed and the Chair agreed to review the Terms of Reference accordingly with the Corporate Governance Lead.</p>
12.	Agree items to escalate in the Chairs Assurance Report	Chair	To agree items for escalation to the Board	<p>It was AGREED that the following items would be brought to the attention of the Board through the Chair's Assurance Report.</p> <ul style="list-style-type: none"> To be updated outwith the meeting
13.	Any other competent business	Chair	To raise AOCB	No other business was raised.

Meeting concluded at 11.30

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Monday 27 November 2023 at 14.00**

Present Steven Johnston, Chair
David Campbell, Non-Executive Board Member
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member
Ivan Taylor, Integration Joint Board Member
Meghan McEwan, Board Chair (for Rona Gold)

In Attendance Malcom Metcalfe, Interim Medical Director
Louise Wilson, Director of Public Health
Sharon Ann Paget, Interim Chief Social Work Officer
Laura Skaife-Knight, Chief Executive
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute
Stephen Brown, Chief Officer IJB
Sharon-ann Paget, Social Worker
Anthony McDavitt, Director of Pharmacy

C46 **Welcome and Apologies**

The Chair welcoming members and apologised, explaining the range of circumstances that resulted in very few papers for today's agenda.

The Chief Executive apologised on behalf of the Executive Team for their part and assured the Committee that plans are in place to ensure improvement for the next cycle of committee meetings.

Apologies received from Louise Wilson (leaving early), Rona Gold, Monique Sterrenburg, Maureen Swannie, Carrie Sommerville

C47 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

C48 **Minute of meeting held on 23 July 2023**

The minute of the Joint Clinical and Care Governance Committee meeting held on 3 October 2023 was accepted as an accurate record of the meeting and approved with the following additions:

Page 5 c58 care at home assurance report – 28th October 2023

C49 **Matters Arising**

Update on Speech and Language Pressures

The Chair of the Board noted the Committee was due to have an update to this meeting, the Chief Officer advised that due to change in meeting schedule this was not complete but will come to the next meeting

Mental Welfare CoThe Interim Medical Directorission Report and Action Plan

The Chief Officer confirmed this had been submitted.

Child Health Surveillance Programme

The Chair noted some positive progress had been communicated, the Chief Officer explained some progress had been made, a new Service Manager for Childrens Health will start in post in December 2023, as a result regular updates in this area will come to the Committee.

Pregnancy and Newborn Screening Programme

The Chair of the Board asked for assurance around the data, the Chief Officer updated in terms of early years, advising there is good oversight of developmental checks and handover from midwifery to health visiting. The Director of Public Health reported issues in relation to pulling data from Badgernet which needed a lot of manual interventions for reporting.

The Chair of the Board asked for an assurance report around early years handover. The Chair noted that during discussions at the last development session early years was an area that needed covered in future agendas.

The Director of Nursing, Midwifery, AHPs and Acute Services advised the Committee that the Lead Midwife and her team are are linking in the national work around Badgernet improvements. It was suggested that some other areas of assurance that needed to come to this meeting were in relation to women's health, infant feeding and best start to ensure visibility of these pathways.

The Chair of the Board suggested the gap in assurance in this area is escalated to Board.

C50 Action Log

The Chair advised members that the Action Log needed a full review, given changes to meeting schedules, it was very confused, as such proposed it would not be discussed at this meeting, but reviewed and taken back to the next meeting. There were no objections from the Committee to this proposal.

C51 Integrated Performance Report - JCCGC 2324-21

Paper not received

The Chief Executive apologised for lack of a paper asking members to note a full integrated performance report was presented at the October Board Meeting, the next report will be at the Board meeting on 14 December, which is where each Committee will see the relevant chapters.

The Chair of the Board asked who the lead executive is for the Joint Clinical Care Governance Committee, the Chair advised that for Health it is the Medical Director and for Care it is the Chief Officer.

Councillor Hall asked the Committee about performance in relation to waiting times, which it was agreed couldn't be fully addressed due to no papers.

Decision / Conclusion

The Committee noted that they would have the next update at the February meeting

C52 Corporate Risks aligned to Joint Clinical and Care Governance Committee - JCCGC 2324-22

Paper not received

The Chief Executive gave a verbal update on the risk register, having undergone a significant review this was on track to come to Board in December. The Committee were advised that all Tier 1 and Tier 2 risks have been updated and the register will look very different coming to Board. All Executive Directors have signed up to this new approach and sees us moving from 45 to 21 Tier 1 corporate risks, with 7 corporate risks aligned to this committee.

Decision / Conclusion

The Committee noted the update.

Governance

C53 Whistleblowing Quarterly Report – Quarter 2

The Chief Executive presented the July to September 2023 position with no formal concerns raised in this period, however there continues to be concerns raised through meetings with colleagues or Teams. During this period the Chief Executive reported having met with 6 colleagues, assuring the Committee that during these discussions people do get the option to report formally through the Whistleblowing process.

The Committee were advised themes from discussions are fairly consistent, some around poor leaderships in some services, some around poor behaviours in some services and some around HR processes that continue to cause problems. These are always followed up with the relevant Lead Director and/or Corporate Teams. The Chief Executive advised she meets with the Whistleblowing Champion on a regular basis, to discuss cases, where appropriate, and make sure there is follow through, sharing an example in the paper where we have learning opportunities.

In terms of other areas the Chief Executive advised that there does need to be improvement in the mandatory training, and in sharing and following through where there are action plans, ensuring a closing of the loop.

The Chief Executive welcomed the new questions in the iMatter survey, around staff feeling confident to speak up, and having just received the benchmarking report advised NHS Orkney is an outlier in this area, which tells us that staff feel if they do raise concerns we will do nothing about it,

In response to a question from Councillor Stevenson, the Chief Executive gave an update on the pockets of culture improvement work taking place around living our values, compassionate and visible leadership, valuing our staff and investing in health and wellbeing advising that by April of next year a clear there will be a clear programme across the organisation, to be led by Jay O'Brien, Director of People and Culture, when he starts in March 2024.

Mr Campbell asked about the reported increase in confidential contacts, the Chief Executive advised there would be training in the new year, a real positive from the increase in numbers is that the confidential contacts span a number of staff groups.

Mr Campbell welcomed the reported learning piece in the paper and was given assurance that feedback from every case gave opportunity to increase learning,

The Chair noted the table around the learning for whistleblowing, and asked for some form of target from which performance could be measured.

Decision / Conclusion

The Committee noted the update and the request for additional detail to the next meeting.

C54 Social Work and Social Care Governance Board –

The Chair invited the Chief Officer to give an update on progress. The Chief Officer reminded members that the Terms of Reference had been approved at a previous Committee meeting, and reported that the first 2 meetings of the Social Work and Social Care Governance Board had been held, with assurance coming to the Joint Clinical and Care Governance Committee by a chairs assurance report along with minutes of the meeting. Ms Paget advised that these 2 meetings were spent covering terms of reference, and governance reporting.

The Director of Pharmacy proposed that the medicines administration policy short life working group report into the newly established group.

Decision / Conclusion

The Committee welcomed the establishment of this group and noted the update.

C55 Clinical Policy Review Update - JCCGC 2324-35

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services gave a verbal update on progress in respect of the review of clinical and non-clinical policies, acknowledging the work being led by the Head of Transformation and Engagement, 7 clinical policies now signed off with another 14 on track for completion, with 3 that we have not had much progress on. In addition 10 non clinical Estates Policies have also been updated and approved, the Committee were advised that during the process there have been gaps in policy identified, which are also being addressed.

The Chair of the Board asked for assurance on how we communicate the new policies to staff, and how we audit awareness. The Director of Nursing, Midwifery, AHPs and Acute Services advised that the policies are widely communicated via all advisory groups, and through all teams and line managers, with Clinical Team Leads being asked to ensure appropriate dissemination.

The Chair suggested that the dissemination of the policy updates is as important as having the policies up to date. The Chief Officer agreed suggesting that clinical engagement in the development of these policies is key, advising that there are key clinicians who are brought into the reviews and updates from the beginning.

The Chair suggested that we may need to consider how we measure on how well embedded the policies are, noting a comment from the Director of Pharmacy on our much improved librarianship of policies, and assurance that we can be confident we are using the most up to date version of a policy.

The Director of Public Health asked what assurance as a committee we need to seek on the Care setting policies, suggesting that we need to know that they are up to date. The Chief Officer advised he would hope to see some assurance in this area coming from the newly established Social Work and Social Care Governance Board.

The Director of Pharmacy suggested that there needs to be some consideration given to the longer term with policies to ensure they are kept up to date. The Chair of the Board reminded the Committee that all in response to the Blue Print for Good Governance boards should have a policy development framework in place, to demonstrate how policies are developed and more clearly aligned to the system, and suggested that this needs clear ownership, acknowledging this is a gap at the moment.

Decision / Conclusion

The Committee noted the verbal update and agreed a report with longer term plan should come back before the Committee in February 2024.

Strategy

C54

No items in this section.

Quality and Safety

C55 **Quality Forum Chair's Assurance Report and Minutes - JCCGC2324-41**

No paper received

The Interim Medical Director advised the Committee that in his Interim role as Chair of the Quality Forum he has made some changes in attempt to strengthen the assurance this forum can provide, a flash report will go to Senior Leadership Team so that the most important information is communicated with the Board and non-execs at earliest opportunity, as well as wider organisational communications. The Committee were advised of an excessive number of complaints which needed closed off.

The Chair reminded the Committee of the important role of the Quality Forum with delegated responsibility from Joint Clinical and Care Governance Committee with an expectation that there would be regular reporting and assurance coming through. The Chair reported not having had a quality assurance report from the Quality Forum in some time.

The Chair of the Board asked that the disconnect between the Quality Forum and Joint Clinical and Care Governance Committee be highlighted to the Board.

The Chief Executive asked for more information in relation to the issue of an excessive number of complaints, the Interim Medical Director could not give numbers but felt in proportion to the population of Orkney, it felt high, advising the Committee that the lack of a Head of Patient Safety has meant that we have not done as much leadership as is needed in this area, which will be a priority for the new Head of Patient Safety and Risk.

The Chair advised that there was previously an annual complaints report came to this Committee, with the quarterly reports going to the Quality Forum, it was proposed that this should be reinstated in the short term. The Interim Medical Director suggested that the Quality Forum report should include risk as per the PAIR framework, which it doesn't at the moment.

The Chair of the Board asked the Committee to consider what could be done at pace to reinforce and bolster the patient safety assurance and patient experience governance, and understand what more can happen to address this risk.

In response the Interim Medical Director advised that the data is there but we are not looking at it as well as could be, there should be output on a monthly basis.

Decision / Conclusion

Complaints update to come to every meeting.

The Committee approved a look back exercise and report to come to the February meeting.

The Committee asked that an update report comes to the February meeting on complaints and patient experience.

It was noted that the development of the Quality Forum was crucial to the improvement in levels of assurance to Joint Clinical and Care Governance Committee.

C56 Mental Health Assurance Report - JCCGC2324-41

The Mental Health Manager presented the assurance report covering period of 1st April 2023 to the 30th September 2023.

Positive areas:

- Successful recruitment to a number of key posts
- Data quality issues have improved, data been submitted regularly for publication

Challenges:

- Still have agency staff supporting the service
- Waiting time between 4 – 8 months
- Detentions and transfers and mental health transfer room
- Electronic Patient Records
- Primary Care Mental Health funding paused
- FOIs increased significantly

The Mental Health Manager advised the Committee that the current situation in relation to off island transfer not sustainable

The Chair of the Board asked about the impact of the additional recruitments, whether there was a positive impact on waiting times, the Mental Health Manager could provide any data as yet.

The Chair of the Board asked for further information in relation to the issues highlighted in relation to the model of care for the mental health transfer bed and risk to patients, looking for assurance that there are conversations taking place with the right people around that model. The Mental Health Manager explained that some early work has been presented to the IJB. The Chair of the Board further explored what could be done in the short term to address the risks that have been described. The Mental Health Manager explained that some additional recruitment would make a difference. The Head of Community Care advised that every patient who requires the use of the transfer bed is risk assessed to look at impact on core business.

The Chair of the Board asked about the risk to patients in relation to the IT system.

Mr Campbell asked about the referral data, in particular whether they are effective and appropriate referrals, the Mental Health Manager advised that that the service is working with other teams to try and improve the referrals that come in and on the appropriate pathways.

Councillor Hall asked if the data that is available can be used to inform the prevention of mental health, to which the Head of Community Care advised the Mental Health Service works closely with the Third Sector on the preventative help. The Head of Community Care also reported the success of the Link Workers in the GP Practices who are offering mental wellbeing advice and social support, which is very positive.

Decision / Conclusion

The Committee noted the positive developments and the ongoing challenges in this area.

C57 Children Services Plan 2023-2026 - JCCGC2324-41

No paper received

Decision / Conclusion

C58 Health Care Staffing Act – Quarter 1 - JCCGC2324-41

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services updated the Committee in relation to a planned visit from Scottish Government colleagues holding an open session around the Healthcare Staffing Act, reporting that an invite has gone out across the organisation for people to attend and ask questions.

Decision / Conclusion

The Committee noted the update.

C59 Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) – JCCGC2324-42

No paper received

The Chief Executive raised concerns about the significant time that has passed with no progress in this area. The Interim Medical Director advised that some discussion at Quality Forum would suggest there is no ownership of this piece of work.

C60 National Transfusion Record – JCCGC2324-43

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services updated the Committee that NHS Orkney is not where it should be in terms of governance around this area and advised that Fiona Embleton, the Boards Transfusion Practitioner is working with the teams locally to get things progressing, training has been completed with staff and with the support of the Interim Deputy Medical Director the Transfusion Committee has been set up, teams will use the national forms as a national transfusion record. Policy and procedures are in progress through the Transfusion Committee.

Decision / Conclusion

The Chair noted the progress and the input from the Transfusion Practitioner, and the Committee agreed that an update would come from the Hospital Transfusion Committee at the February meeting.

Medicines Management

C61 Area Drugs Therapeutic Committee (ADTC) Chairs Assurance Report JCCGC-2324-44

The Director of Pharmacy presented the report as Chair of the ADTC, advising that they have met twice and had good attendance at both meetings, with finance engagement as well as medical and nursing leadership, and highlighted some of the key points.

Key risks to escalate, we have a weak policy framework in NHS Orkney, and important that we implement at some pace the Safe and Secure Medicines Policy, an overarching framework for all medicines policies to live underneath to make it clear who approves and who ratifies these policies. The Director of Pharmacy advised that the Pharmacy manager will take a paper through the Quality Forum to lay out how these policies will be progressed.

Supply chains are starting to fail across the UK, working with Directors of Pharmacy to try and improve, this applies to homecare medicines.

Vacancies and sickness continue to be a pressure in a small team, a paper to the Senior Leadership Team will outline the recruitment strategy for the service.

HEPMA continues to be a success.

Decision / Conclusion

The Committee noted the update and the success of getting the ADTC back up and running, with good membership and the plans in place to improve.

Person Centred Care

Patient Experience – outlining planning – patient experience, quality and safety – JCCGC 2324-45

The Interim Medical Director presented the paper advising the Committee that recruitment is underway for the Head of Patient Safety and Quality to provide leadership to this area.

The Interim Medical Director highlighted key areas from the report:

- Slips, Trips and Falls
- Learning event taking place in January 2024
- 560 incidents under review or outstanding, with 165 outstanding for over a year

The Chair noted that with the number of incidents open resonates with the feedback from the iMatter report where people don't have confidence that raising issues will be dealt with. The Chair of the Board asked when we would expect to see improvement in this area, suggesting we have no governance and assurance in this area, there is no feedback assurance and no learning assurance. The Interim Medical Director suggested that he would expect to see this reduce by 100 per month.

The Chief Executive reminded colleagues that whilst there are still areas for improvement, there are some positive things happening, Patient Safety Newsletter in place, sharing themes trends and learning, patient safety leaning event in the diary, seen fewer complaints in relation to standards of care, board patient stories.

The Chief Executive asked for more information in relation to timelines around responding to the complaints and significant adverse events, and asked to see a clear plan to deal with the high number of open incidents. It was also suggested that a review of the layout of the report should be considered with the new Head of Patient Experience, Safety and Risk. The Director of Nursing, Midwifery and AHPs gave assurance that whilst there are still a huge number of open incidents, there has been a lot of work done to reduce the numbers, every incident that is reported is acknowledged and discussed.

The Chair reminded colleagues that at the Board meeting in August there was a commitment to addressing this gap in reporting and assurance.

Decision / Conclusion

The Committee noted the update and agreed that a revised report come to the February meeting along with a clear plan for reducing the open incidents.

Population Health

C62 Public Health Update - JCCGC2324-29

The Director of Public Health shared the key points, making good progress around

vaccinations for the winter programme. The Director of Public Health highlighted that the covid and flu numbers for children are showing as low but this data was extracted prior to school visits, and numbers have increased quite a lot. The Director of Public Health also highlighted some new vaccinations that are coming on and they are building into planning for 2024/25, it is still unclear what resources will come with this ask.

The Director of Public Health advise of a change in the governance nationally, what used to be called Board Co-ordinators, now becomes Consultant Public Health Leads for screening, increasing the number of meetings for each of the screening programmes, a big extra pull on resource for small Boards.

The Chair noted the positive and wide scope of work that has been done.

The Chair of the Board noted the information in the report about fragility in cervical screening service, asking how this risk is being managed, the Director of Public Health advised that there is no specific risk but that they are working closely with NHS Grampian to look at how we can make this stronger for across the North of Scotland.

The Chair of the Board referring to the child healthy weight programme, asked how we can get assurances around the impact these services are having on our children. The Director of Public Health advised that the funding for these programmes are ring fenced, and we report back to Scottish Government on uptake. The Public Health team work closely with other teams such as the dietetics team to try and raise awareness of the services. The Director of Pharmacy asked if there was opportunity to explore options with partner boards to build capacity in this area.

Councillor Stevenson asked about AAA screening uptake, whilst not able to provide the actual figure LW advised she would add as a post minute note.

POST MEETING NOTE: The uptake target for the abdominal aortic aneurysm (AAA) screening programme, is the percentage of eligible men tested before age 66 years and 3 months and had a screening result of positive, negative, or non-visualisation, the Essential target is $\geq 75\%$ and Desirable target of $\geq 85\%$. The table below shows the uptake has been above the Desirable target since the programme restarted in July 2020. Provisional data for the 22-23 period indicates uptake has remained above the Desirable criteria published data is due in the Spring 2024.

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

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

The Chair noted the number of infections reported on board the cruise ships, and asked about the impact on services. The Director of Nursing, Midwifery, AHPs and Acute Services advised that the majority of those admissions from cruise ships tend to be around slips, trips and falls or chest pain.

Decision / Conclusion

The committee noted the report and the assurance provided.

C63 Emerging Issues

The Director of Public Health advised that nationally an unusual strain of flu has been detected on an individual.

The Interim Medical Director raise:

- Elacestrant, the new drug specifically targeted at breast cancers, is soon to come on line, it is anticipated a demand in this in Orkney with the high anxiety around breast cancer in Orkney
- Mental Welfare Commission have asked for Mental Health services to accompany people for treatment which will have an impact on our services and staff, discussions are taking place with the Medical Director for Mental Health and Learning Difficulties and the Mental Welfare Commission. The Chief Officer advised he will be linking in with the Chief Officer in NHS Grampian to discuss risk mitigation.

The Director of Pharmacy updated the Committee on his change in position, advising that this would be his last meeting with NHS Orkney, however offered assurances that there is a plan in place to fill this post, and updated positively on the progress made in medicines governance in NHS Orkney. The Chair thanked The Chair thanked the Director of Pharmacy for his input to this Committee and his leadership role in the improvements we are seeing in his area.

The Director of Nursing, Midwifery, AHPs and Acute Services advised that the Balfour site has been extremely busy, which has had an impact on the Emergency Department performance, down at 86% due to acuity and level of patients that we are seeing, the knock on effect being some cancelled operations. The Chair of the Board asked whether the current heat in the system, should prompt a discussion around residential care and suggested this should be raised to the IJB. The Director of Nursing, Midwifery, AHPs and Acute Services agreed that the 9 delayed transfers of care in our system is impacting at the highest level. The Chair shared concerns that in spite of all the good work going on around community based services such as IV Antibiotics, the acute sector is still full to capacity.

The Interim Medical Director provided an update on the Colonoscopy cases, it was noted by the Committee that half of the urgent suspected cancers had been completed, with 74 patients left who all have appointments for their procedures, there remains 144 surveillance endoscopies to do and a skilled locum surgeon has been sourced until February to support this work. The Committee were advised that having consulted with the Ethics Committee in NHS Grampian, the Interim Medical Director is in discussion with the Chief Executive to agree the best way in relation to duty of candour, and contacting those patients who are still waiting for their procedures. The Chief Executive thanked the Interim Medical Director and the Interim Deputy Medical Director for leading on this work and advised the Committee that there are weekly Incident Management Team meetings with proper governance and stakeholders around this, in addition Chief Executive weekly touchpoint meetings and fortnightly updates to Senior Leadership Team.

C64 Any other Competent Business

The Chair of the Board thanked the Chair of the Joint Clinical and Care

Governance Committee for effectively and efficiently carrying out his role, as Chair and as a non-Executive member of the Board, handing over to Rona Gold, Non-executive Director.

C65 Items to be brought to the attention of the IJB, Board or other Governance Committees

It was agreed that the following items would be highlighted to the NHS Orkney Board and Integration Joint Board through the Chairs Assurance Report

- Gaps in assurance in Childrens, womens health, best start
- Mental Health Transfer bed model of care
- Balfour capacity and residential care capacity
- Patient Experience Reporting
- Disconnection between quality forum and JCCGC
- Colonoscopy screening

Items for Information and noting

- C66 Minutes**
- Quality Forum note from the 12th of September 2023
 - ADTC

C67 Schedule of meetings 2023/24

Members noted the schedule of future meetings.

C68 Record of attendance

Members noted the record of attendance.

The meeting closed at 17.03

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on
1 December 2023 12:30pm.

Present: Steven Johnston, Chair
 Paul Cooper, Hospital Sub Committee
 Rona Harcus, TRADAC Vice Chair
 Lyndsay Steel, Pharmacy
 Kirsty Cole, GP Sub
 Sylvia Tomison, NAMAC
 Kirsti Jones, NAMAC

In Attendance: Louise Wilson, Director of Public Health
 Sam Thomas, Director of Nursing, Midwifery, AHPs and Acute.

1	Apologies and Welcome Members introduced themselves to one another. Apologies were received from: Stephen Brown, Laura Skaife-Knight,
2	Declaration of interest – Agenda items No interests were declared in relation to agenda items.
3	Minute of meeting held on 06 October 2023 The minute from the meeting held on the 06 October 2023 was accepted as an accurate record of the meeting and approved.
4	Matters Arising There were no matters arising.
5	Area Clinical Forum Action Log The Action Log was reviewed, and corrective action agreed on outstanding issues (see action log for details).
6	Log of Items Escalated The Chair highlighted the log of items escalated items and further updates noted during the meeting were recorded on the logbook.
7	Chairs Reports: <div style="background-color: #f2f2f2; padding: 5px; margin: 5px 0;"> 7.1 Board – ACF2324-08 </div> S Johnston, Chair, was not in attendance at NHS Orkney Board meeting on 26 October 2023 but from the papers available and in discussion with the Director of Public Health and the Director of Nursing, Midwifery, AHPs and Acute, provided an overview of the areas pertaining to ACF members:

	<ul style="list-style-type: none"> • Clinical Strategy – plan to review strategy particularly against plans for a Corporate Strategy and also include measurable Key Performance Indicators (KPIs) against each area. • Lucy Letby case and Board response – SG group being pulled together and work to be done to look at governance arrangements. Review of maternity services local underway to ensure guidance being followed. • Raised from ACF to Board: Children's Services manager; Vacant Chair post; Clinical Policy; use of CSB space and clinical engagement. Further information to be included in escalation log once minute of the Board meeting becomes available. • Anchor strategic plan and discussion around community benefits, working with partners and procurement.
8	Governance
8.1	Reflection on Annual Review Process The Chair outlined the report, the discussion at the ACF session and the presentation at the evening session. He expressed thanks to all of the ACF members for their contribution. One point highlighted was the low attendance and difficulty getting good engagement.
8.2	ACF Chair position The Chair has had a meeting with Comms Team and agreed a plan. Some information to raise awareness of advisory committees and the vacant Chair position will be placed in the staff bulletin today and then again a week or fortnight later. The Chair also plans to attend each of the Advisory Committee meetings, the all staff briefing and SLT. One aim is to find a new Chair but another is to try and encourage more people to be involved in the advisory committees. The Chair position is being pitched as a career development opportunity, although additional pay on top of substantive salary is given plus protected hours. It was also confirmed that there is still a section on the ACF in the induction pack. Members raised concern around the limited pool of people available and asked what plan was in place if no Chair was found and the Chair responded that he will continue as Chair until the February meeting which provides a little more time to find someone. Some discussion was held around arrangements for independent contractors backfill and remuneration. There was further concern around the financial situation facing the Board and how that might create difficulties filling this post.
9	Policies & Procedures
9.1	No items this meeting
10	Clinical Engagement Due to the Board's Financial position, the Royal College of Physicians of Edinburgh work, including the project on Clinical Engagement has been paused. The Director of Nursing, Midwifery, AHPs and Acute highlighted the importance of continuing clinical engagement work especially where discussions are taking place around finance where clinician involvement is required. The Chair responded that the ACF and professional advisory committees should be the mechanism to have that engagement and freeing staff up to attend was vital. Members had a discussion around the withdrawal of administrative support and the unrealistic burden for a clinician in trying to minute, set agenda etc. The announcement was sudden with little guidance and no decisions made to streamline the committees temporarily to make the workload more realistic. The ACF and advisory committee has received very good committee support but the Chairs do not have the skills and experience and things will get missed and it will be to the detriment to the committee. This was raised by others by email and at other meetings prior to today. It will also make it more difficult to recruit to the ACF Chair position.

16.3

	<p>The Director of Nursing, Midwifery, AHPs and Acute noted that there has been a request for clinical advice into the Financial Recovery Unit being put into place by SG. The Chair suggested that the ACF should be the place where that comes and proposed that it should be added to the next agenda.</p> <p>L Steel raised the issue of the vacancy panel and was seeking to ensure there was the right avenue for clinical advice into that process. It was highlighted by K Cole that already commissioned posts with funding secured for that purpose do not need to go through the same process.</p> <p>Additionally, there was concern that the Financial Sustainability Office (FSO) process was slowing down the pace at which some money saving projects were being implemented. The Chair noted that one of the messages coming through in light of the escalation, was that there needs to be more urgency around any savings to be made.</p> <p>Decision: Financial Recovery to be added to the next ACF meeting agenda.</p>
11	<p>Sleep Apnoea Assessment</p> <p>The development and investment was welcome news for the ACF. The question was raised from K Cole as to what happens next, after the patient has been assessed and who was responsible for what. The Director of Nursing, Midwifery, AHPs and Acute is gathering some further information on these aspects including whether there has been the right involvement with Respiratory Physicians in Grampian and the right processes were in place etc. There was also discussion around the responsibilities for aspects of care after assessment.</p>
12	<p>Development Sessions</p>
12.1	<p>Topic for next session: 05 March 2024</p> <p>The Chair was approached by David Miller, Resilience Officer, asking if the ACF would be willing to hold a development session on Major Incident-Major Emergency Planning. R Harcus asked if this was the same as the NoS network Multiple Mass Incident Rehab Framework work but others confirmed this is different but may be similar enough to tie in with the development session. K Cole in support of having a session on this topic, especially after the move to the new build, changes at Kirkwall airport and lack of clarity over Major Incident Officer responsibility. A planning session prior to a live exercise would be useful. Members in favour of holding a session on the topic and The Chair to respond to D Miller.</p> <p>Decision/Conclusion: The Development session on 05 March 2024 will be on Major Incident Planning, subject to further discussion with D Miller.</p>
13	<p>Professional Advisory Committees</p>
13.1	<p>Area Dental Committee</p> <p>No update given as no meetings have taken place since ACF last met.</p>
13.2	<p>Area Pharmaceutical Committee</p> <p>No update given as no meetings have taken place since ACF last met.</p>
13.3	<p>GP Sub Committee Chairs Report</p> <p>No Chairs Report submitted for this period due to the lack of administrative support and there will not be any until that support is back in place. K Cole gave a verbal update on a bid for funding for Pharmacotherapy and CTAC with the outcome still awaited.</p>
13.4	<p>Hospital Sub Committee</p> <p>No update given as no meetings have taken place since ACF last met.</p>

13.5	NAMAC No Chair's Report submitted for this period with a meeting 29 November 2023 cancelled due to lack of administrative support. The Director of Nursing, Midwifery, AHPs and Acute has invited each of the office bearers of NAMAC to the next Senior Charge Nurse meeting to discuss NAMAC.
13.6	TRADAC No report submitted for this period.
14	Any Other Competent Business <ol style="list-style-type: none"> 1. L Steel highlighted that the Pain Management Service are writing to patients and a pain team are being put together including Psychology, Pharmacy, AHPs and an external anaesthetist with experience in pain service. M Sterrenburg leading on the work and a web resource for patient information being put together. An MDT approach is appropriate but some recruitment required before committing to plans. All existing cases are being reviewed by the anaesthetist and there is also plans to go out to GPs to help shape the service. 2. L Steel highlighted private online clinics e.g. ADHD, weight loss, long covid etc which have implications for prescribing and monitoring of drugs. Some of these requests are for off-label, unlicensed or secondary care-like requests. K Cole highlighted that support may be needed for GP practices on decision making and NHSO should make its supportive stance clear. Other boards in Scotland will be experiencing similar problems. More patients are turning to these online clinics, particularly due to the pressures facing the NHS. Members discussed the governance routes for this work and the role of all groups to raise this if it is coming through (e.g. GP sub) however members agreed this matter should be raised at the Area Drug & Therapeutics Committee. It was also suggested that a view from Directors of Pharmacy group and Scottish Pharmacy Advisors Group. 3. K Cole raised that GP sub had been made aware that Women receiving post miscarriage or post-termination of pregnancy care who require Ultrasound are being invited to the Maternity Unit, rather than the Radiology Dept, due to a change in process. It has been raised to Michelle Mackie already but The Director of Nursing, Midwifery, AHPs and Acute requested to be kept informed of progress.
15	Items to be Brought to the Attention of:
15.1	Board Matters of Concerns or key risks to escalate: <ul style="list-style-type: none"> • x Work underway: <ul style="list-style-type: none"> • x Decisions made: <ul style="list-style-type: none"> • x Positive Assurance to Provide: <ul style="list-style-type: none"> • x
15.2	Governance Committees Nothing to raise.
16	Items to be Communicated with the Wider Clinical Community

16.3

	Plans in place to circulate information regarding a new ACF Chair and to raise awareness of the Advisory Committees.
17	For Information and Noting
17.1	Correspondence - None received
17.2	Schedule of Meetings 2023/24 Members noted the schedule of meetings for 2023/24
17.3	Record of Attendance Members noted the record of attendance.

Meeting Closed: 14:08