

Board NHS Orkney Thursday, 27 June 2024 at 11:30 BST to Thursday, 27 June 2024 at 15:00 BST

Agenda

1. Welcome and Apologies

Chair

2. Declaration of Interests

Chair

3. Minutes of previous meeting held on 25 April 2024

To check for accuracy and approve

4. Matters Arising

5. Action Log

Presenter - Chair To <u>monitor progress</u> against the actions

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

6.1. Annual Reports from all Board Governance Committees

Presenter - Corporate Governance Lead To <u>take assurance</u> that all Governance Committees have operated within the realms of their Terms of Reference.

7. Board Chair and Chief Executive Report to Board

Presenters: Chair and Chief Executive To <u>reflect</u> on progress and <u>share</u> key messaging

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

Presenter - Chief Executive

9. Corporate Risk Register

Presenter - Medical Director

10. CHAIRS ASSURANCE REPORTS - BOARD COMMITTEES

To receive assurance from Committee Chairs

10.1. Joint Clinical and Care Governance Committee

No approved reports available for this meeting

10.2. Finance and Performance Committee

Presenter - Meghan McEwen, Chair of the Finance and Performance Committee To <u>receive</u> assurance

10.3. Staff Governance Committee

No approved reports available for this meeting

10.4. Audit and Risk Committee

Presenter - Jason Taylor, Non-Executive and Chair of the Audit and Risk Committee To <u>receive</u> assurance

10.5. Area Clinical Forum

No approved report available for this meeting

10.6. Senior Leadership Team

Presenter - Chief Executive To <u>receive</u> assurance

11. STRATEGIC OBJECTIVE 1 - PEOPLE

11.1. Equality and Diversity Workforce Monitoring Report

Presenter - Director of People and Culture

11.2. Board Walkaround and Staff Feedback summary

Presenter - Chief Executive

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

Presenter - Director of People and Culture

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

12.1. Infection, Prevention and Control Annual Report

Presenter - Director of Nursing, Midwifery, AHP and Acute Services To <u>note</u> and endorse the Report as recommended by the Joint Clinical and Care Governance Committee.

12.2. Patient Experience Annual Report

Presenter - Medical Director

12.3. Duty of Candour Annual Report

Presenter - Medical Director To <u>receive</u> and <u>approve</u> the Report

12.4. Whistleblowing Annual Report

Presenter - Chief Executive To <u>receive</u> and <u>endorse</u> the recommendation from Staff Governance Committee and Joint Clinical and Care Governance Committee

12.5. Integrated Incident and Risk Management Patient Safety System

Presenter - Medical Director To <u>discuss</u> and <u>approve</u> the recommendation to transition to InPhase

13. STRATEGIC OBJECTIVE 3 - PERFORMANCE

13.1. Integrated Performance Report

Presenter - Chief Executive To <u>seek assurance</u> on performance

13.2. Improving Together Programme Progress update

Presenter - Director of Improvement To <u>seek assurance</u> on the progress of the Improving together programme

13.3. Annual Delivery Plan Feedback

Presenter - Chief Executive To <u>note</u> the update from the Scottish Government and the response from NHS Orkney.

14. STRATEGIC OBJECTIVE 4 - POTENTIAL

14.1. Clinical Strategy progress update and proposal for 2024/25 Presenter - Medical Director

15. STRATEGIC OBJECTIVE 5 - PLACE

15.1. Population Health Report

Presenter - Director of Public Health To <u>discuss</u> and <u>support</u> the preventative activity being undertaken.

15.2. Community Planning Partnership Report

Presenter - Director of Public Health

15.3. IJB key discussion points

Presenter - Director of Public Health

16. ANY OTHER COMPETENT BUSINESS

17. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

udit and Risk Committee To adopt the approved minutes

Finance and Performance Committee To adopt the approved minutes

Senior Leadership Team

To <u>adopt</u> the approved minutes

18. Items for Information

18.1. Key Documentation Issued For noting

18.2. Attendance Record

To <u>note</u> attendance



Present:

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

Penny Martin, Peoples Choice winner in Team Orkney Awards, attended with her nominee, sharing with members a little background on her Paediatric Physiotherapist role. Iona Corse, nominee shared a bit about her experience with her little boy first seen at 3 months old, when he wasn't meeting key milestones. Iona advised that Penny did everything she could, sharing she didn't just work with Gregor, she worked with the entire family. Penny helped explain everything in detail to the family, in terms of the diagnosis for her little boy, above what would be expected for a physio. Penny shared her experience in terms of the service challenges, and the extras that are necessary in terms of service delivery, sharing the significance of the service to children at an early stage. Members heard of the challenges in the small teams, recognising where there are gaps and fragility, but they are still diagnosing the problems. The Chief Executive shared her thanks to colleagues who delivered the Team Orkney Awards, and the Orcadian as a key partner and Sponsor.

1. Apologies

The Chair welcomed Kirsty Cole, Paul Corlass and Phil Tydeman, apologies were received from Mark Doyle, Director of Finance

2. Declaration of Interests

There were no declarations of interest received.

3. Minutes of previous meeting held on 22 January 2024

The minutes were approved as an accurate record.

3 - Board minute - 22 Febraury 2024 DRAFT.docx

4. Matters Arising

I Grieve referred members to page 6 of the minute where she had asked about confidence in the External Auditors, she asked the Recovery Director if the year end is on track, and was advised that there is a significantly strengthened process and everything is on track.

5. Action Log

Minutes generated by OnBoard.

The actions were discussed, noting the Mental Welfare Commission Report will go to the Joint Clinical and Care Governance Committee, so can be removed from the action log. Members were advised that in terms of reporting on overtime, the Executive Team receive the information on a monthly basis, with May's IPR inclusive of the data moving forward.

5 - Action Log - Board.docx

6. Board Chair and Chief Executive Report to Board (Presenters: Laura Skaife-Knight, Meghan Mcewen)

The Chief Executive presented the key items from the Report

- 3 month period of engagement on the Corporate Strategy, been a hugely important exercise
- Launched the Improving Together Programme
- Celebrated the Staff Awards, listening to staff this was important to them. Awards were possible thanks to the Endowment Fund and the Sponsors including The Orcadian.
- Gold Award for work with the Armed Forces.
- Met with the Chief Executive of Loganair, real proactive communication agreed a shared commitment to improving that service.
- Attended the RNLI Service representing NHS Orkney to mark 200 years at the St Magnus Cathedral.

The Chair shared the success and positive engagement in terms of the Corporate Strategy, she also advised that she was delighted to be able to present Certificates to Breastfeeding Peer Supporters who are making a huge difference as a service.

D Campbell asked how we build on the success of the Community Engagement events, should we be considering going out to Communities with Board meetings. The Chair shared that going to the Community is a much more powerful approach.

6 - Chair CEO Update to Board - April 2024 LSKFINAL.docx

7. Key Issues

7.1. Corporate Strategy and Engagement Report (Presenters: Laura Skaife-Knight)

The Chief Executive presented some key headlines, having completed a 3 month engagement exercise, through a number of mechanisms the heart of the question was "what matters to you". She advised that the themes were loud and clear, and in many respects no surprises. The Chief Executive noted the Corporate Strategy sets out a new promise, new values, new strategic objectives and a plan for how we will apply and measure progress, advising members that the new proposed structure of agendas, along with a new proposed Board Assurance Framework and Risk Management Framework will ensure the strategy aligns to the governance and assurance system.

The Chair thanked the Chief Executive for her leadership around the development of this Corporate Strategy. She shared some of the key messages from the engagement sessions advising community feel strongly how great the care is in NHS Orkney, GPs picking things up early, they know and connect with the Community, heard about how people want us to do more in Orkney. Community wants us to do more for them and be clear what that offering might be. Thanked the Community and the honesty during the conversations.

D Creasey commended the Strategy itself, captures the challenges and the way delivery will be measured.

J Kenny 7.1 lists the type of listening activities, virtual session that meant people in the isles were involved, likes that clarity and accessibility of the document, it is living document that can be worked with and abide by, congratulate everyone who has been involved in taking it forward.

I Grieve noted her appreciation for the way the strategy is presented, asking for a little bit more information in how we will monitor achievements. The Chair advised that the Corporate Strategy and ADP will be presented as a streamlined report every quarter. Looking to try and establish the priorities to other agendas.

The Chair advised that the new Board Assurance Framework will play a huge part in how we monitor delivery of the strategy objectives.

The Employee Director noted the level of engagement across staff and Community, how do we feedback to those who engaged, share how they think we are doing. He asked about the reference to the Clinical Strategy, do we have plans to look back on how we are doing in terms of the Clinical Strategy. The Chair advised that every community group that was visited will receive a thankyou and copy of the strategy and an invite to go back in 6 months to see how it feels, and what we heard from them.

The Chief Executive advised that subject to the strategy being approved, we will refresh the Clinical Strategy with the input from the Clinical Directors, sense checking against the Corporate Strategy objectives.

R Gold echoed the points shared, noted the great leadership, highly commendable to all those in the community who took time to comment, huge respect to the people who pulled the information together.

J Taylor noted his appreciation for the Strategy, noting the ambition for the metrics for improvement, asking whether we could be more ambitious. The Chief Executive noted the point, stating it is important to be ambitious, but equally realistic. The Director of Nursing, Midwifery, AHPs and Acute agreed that the small steps were important, celebrating progress as and when it is made.

D Campbell noted the Communication Strategy that was wrapped around this, noting the community honesty and how well informed the community are in terms of the current challenges.

The Employee Director advised members of the positive joint APF and Staff Governance development session, thanking the Director of People and Culture, and team for their input, heasked whether the People Objectives could be aligned to the iMatter survey feedback. Members **approved** the Corporate Strategy and **noted** the engagement report and feedback.

7.1 - Board - Corporate Strategy & Engagement Report - April 2024.docx

7.1.1 - NHS Orkney Corporate Strategy 2024 - FINAL 2 WR.pdf

7.1.2 - NHSO Listening ExerciseSUMMARYFinal.pptx

7.1.3 - Draft Board agenda - new strategy - April 2024.doc

7.2. Integrated Performance Report (Presenters: Laura Skaife-Knight)

Members received key messages from the Chief Executive on the Integrated Performance Report.

Noting the positives

- emergency access performance thanked Sam for her leadership
- workforce metrics making good traction
- statutory and mandatory training 70 90%
- sickness absence below the national average noting the absence on stress and anxiety increased

Areas of focus

- reducing waiting times
- reducing cancelled operations through the improvement programme
- year end overspend

The Director of People Culture shared key points from the Workforce section, advising members of work in progress in respect of an increase in absence related to stress and anxiety, positive increase in appraisal numbers with additional appraisal training being delivered. He referred members to the increase in turnover rate advising members of a recruitment campaign being planned as well as looking at retention in terms of the current workforce. The Employee Director noted that a deep dive into the stress and anxiety statistics would be reported through the Staff Governance Committee, observing that it is potentially not as high as it could be, advising members that people are not always comfortable sharing this kind of absence

J Taylor asked for additional narrative in respect of the hours used for bank, overtime and excess hours, what are the hours used for and the WTE equivalents.

The Director of People and Culture advised the Board that North of Scotland Boards, including NHS Orkney, have been recognised for the International Recruitment work that has taken place, the teams involved in the Board were commended for this work.

The Chair noted the effort and time that has gone into the improvements in terms of Statutory and Mandatory Training.

The Medical Director highlighted key metrics from the Planned Care Section of the report:

- Improvements in management of significant adverse events
- Colonoscopy Improvements
- Reduction in terms of incidents reported

The Director of Public Health asked how we might take learning from SPSO reports into the organisation. The Medical Director advised that where any reports and learning is relevant to Orkney they will be shared.

The Recovery Director presented highlights from the Finance Section noting the February position shows an improvement in the reported deficit of £5.15 million at the year end. The Chair noted the reference to accounts payable, deterioration in performance in October, asking if we should expect a similar situation at year end.

D Creasey noted the key costs pay slides shows that there is an increase in substantive costs and a reduction in agency and bank. The Director of Nursing, Midwifery, AHP and Acute noted there may be an increase in terms of sickness absence, however hoped it would be minimal as there are other controls in place.

D Campbell welcomed the integration of Finance Reporting into the IPR asking if the improvement work and trajectories in terms of savings could also be included in this section in future iterations.

K Cole asked what controls we have in terms of training programme Junior Drs. The Director of Nursing, Midwifery, AHPs and Acute services advised that recruitment to longer term training posts has been successful, with some Drs staying for 12 months to get that true remote and rural experience, advising members that NHS Orkney will welcome its first FY2 trainee in 2025. Operational Standards

The Director of Nursing, Midwifery, AHP and Acute services presented key points:

- bed occupancy figures showing increase in bed occupancy.
- delayed discharges continue to be managed
- Peer Review of Emergency Department will complete and report through SLT and Staff Governance Committee.
- Theatres workstream is providing more data on the cancelled operations, reporting that 44% have been cancelled by the patient themselves

The Medical Director noted the position is stable in terms of Outpatient performance albeit still below where we would like it to be with overall wait in some areas continuing to increase, she advised of the work taking place through Improvement Programme to reduce travel and waiting times by better use of digital systems.

The Chief Officer presented key points from the Community section:

• psychological therapies and CAMHS consistently meeting targets

- podiatry and physiotherapy are still managing to bring down waiting lists
- Speech and Language Therapies continues to be a cause of concern however successfully recruited to a permanent Speech and Language Therapist into Children's Services and a 6 month secondment from another Board into Adult services.

J Taylor asked about the text reminder system update that may contribute to reduction in DNA's, the Chief Executive advised this was work in progress.

R McLaughlin asked for more detail in terms of Orthotics, the Chief Officer advised that work on a new SLA was progressing well.

Members scrutinise the performance report.

7.2 - Integrated Performance Report - April 2024 LSKFINAL.docx

NHS Orkney - Integrated Performance Report - March 2024 16042024 1 (2).pdf

7.3. Corporate Risk Register (Presenters: Anna Lamont)

The item was removed from the Agenda to do some additional work outwith the meeting.

7.3 - NHSO Board - Risk Assurance Report April 24.docx

X 7.3.1 - Corporate Risk Register3.xlsx

7.3.2 - Risk Management position paper.docx

7.3.3 - Risk Jotter Template.docx

8. Financial Performance

8.1. Financial Performance Report (Presenters: Paul Corlass)

The Recovery Director presented key headlines from Month 11.

- £4.7million overspend reported
- £2.985 million of £3.775 million savings achieved, 75% non-recurrent
- Pressures continue to be reliance on temporary staffing and inflationary uplifts.
- The Recovery Director reported the Capital programme continues to be underspent.

The Recovery Director presented the Month 12, end of year position £5.156 million deficit.

- £3.8 million delivered as savings, large percentage is non-recurring
- £3.1 million spent in the period of capital
- On target to submit the annual accounts in June

The Recovery Director advised that at the point of escalation the size of deficit 8.6% is highest across all Health Boards, which shifts slightly in 2024/25 coming in line with other Boards. D Campbell noted the stabilisation in position, and targets being met. He noted that there continues to be an overspend reported against electricity costs against the Estates Team, suggesting that the budget needs to be set to reflect the inflationary costs.

J Taylor noted the request of brokerage and asked when repayment would be expected to start. The Recovery Director noted that there is a meeting planned with Scottish Government to run through end of year position where they will advise on next steps.

J Kenny welcomed the improvement in the presentation of the information in the report. The Chief Executive advised that the external support has been extended, moving into delivery phase we have a new Recovery Director, and a Director of Improvement who will work with us to prepare to stand on our own feet upskilling our teams.

Members reviewed the in year and end of year position.

8.1 - NHS Orkney Finance Report M11v0.6.docx

8.2 - NHS Orkney Finance Report M12 vFINALLSK.docx

8.2. Improving Together Efficiency Programme (Presenters: Phil Tydeman)

The Director of Improvement presented the new governance structure for the delivery phase of the programme referencing key points:

- 12 workstreams as the areas of focus to get to £4million, all workstreams have met, and have a long list of ideas, focussed efforts around where we will achieve the most saving
- All workstreams will have completed Quality Impact Assessments
- May Finance and Performance Committee will receive a validated position in terms of Phase 1 and some of Phase 2.

D Creasey asked if there are risks aligned to to the savings, and what confidence there is around the recurring versus non-recurring, the Director of Improvement advised that through the QIA all savings will be risk assessed and brought through to Committee, advising that the majority of the schemed identified are recurring. Members <u>received</u> and update

8.2 - Board Paper 25-04-2024 Improving Together Efficiency Programme Final.docx

8.3. 3 Year financial plan (Presenters: Paul Corlass)

The Recovery Director presented key headlines from the paper submitted to the Board for approval advising members that NHS Orkney was expected to delivery against 4 key requirements:

- Minimum 3% recurring savings 6% equalling £4million is set out in the Plan
- Continue to progress with the areas of focus in the 15-box grid
- Alignment with national priorities
- Continue to reduce the the residual financial gap

The Recovery Director advised that NHS Orkney have submitted a Board approved financial plan for the 2024/25 financial period which forecasts a deficit of £5.778m, which is not compliant with the Scottish Government brokerage cap expectation for NHS Orkney of £0.99m. Scottish Government acknowledge the financial pressures facing the Board and the significant amount of work which has been undertaken over recent months to address historical brought forward underlying pressures, and new emerging unavoidable cost pressures. The Board have collectively committed to deliver the financial plan in 2024/25 which is ambitious, yet deliverable.

Members were referred to the Financial Plan Risks on Appendix 1. The Chair noted that the Financial Plan had been **approved** at In Committee.

8.3 - NHSO Financial Plan 2425-2627v0.3.docx

8.4. Finance and Performance Chairs Assurance Reports (Presenters: Meghan

Mcewen)

Continue to have unanticipated cost pressures coming forward in relation to digital, and improtant of deep dive session

chairs of other governance commitee meetins to that session, to truly integrate the governance and use the data to best effect.

8.4.1 - F&P Chairs Assurance Report 19 February 2024.docx

8.4.2 - F&P Chairs Assurance Report 14 March 2024.docx

9. Governance

9.1. Senior Leadership Team Chairs Assurance Reports (Presenters: Laura Skaife-

Knight)

The Chief Executive shared some of the key items and escalation points from the Senior Leadership Team Reports

- Cncelled operations escalated to Finance and Performance Committee
- NIS audit improvement plan escalated to Finance and Performance Committee
- Internal audit plan approved prior to onward reporting through Audit and Risk Committee noting the audit plan has been aligned to the Improvement Programme
- Chid Health improvement onward reporting through Joint Clinical and Care Governance Committee
- cCube upgrade approved at the Finance and Performance Committee

Areas requested yet still not received

• Visibility of assumptions in the Financial Plan related to digital spend Delegated financial approval limits and framework Members **noted** the update provided.

9.1.1 - Chairs Assurance Report - SLT - 20 February 2024 Approved.docx

9.1.3 - Chairs Assurance Report - SLT -4 March 2024 Approved.docx

9.1.2 - Chairs Assurance Report - SLT - 19 March 2024 Approved.docx

9.1.4 - Chairs Assurance Report - SLT - 02 April 2024 Approved.docx

9.2. Code of Corporate Governance (Presenters: Julie Colquhoun)

Members received the Code of Corporate Governance for approval following recommendation of the Audit and Risk Committee.

The Corporate Governance Lead presented the main changes to the document as:

- Amendments to Governance Committee Terms of Reference
- Updates to the Standing Financial Instructions
- Changes to the purpose and aim to reflect the Plan on a Page
- Change to allow the Press to record meetings
- Minor job title, email address updates

R Gold asked that changes are highlighted in future iterations, so that when it is circulated what parts require refreshments.

The Medical Director noted that there needed to be some updates in terms of obligations of responsible officer.

The Board <u>deferred approval</u> of updated Code of Corporate Governance in order to get a better understanding of the changes made.

9.2.1 - Code of Corporate Governance-v17 ARC approved.docx

9.2 - Code of Corporate Governance 2024 - report.docx

9.3. Governance Committee Membership (Presenters: Meghan Mcewen)

Members received the updated Governance Committee Membership highlighting some changes required to the document.

The Chair noted the appointment of Kirsty Cole as Chair of Area Clinical Forum and the addition of a new Sustainability Champion, Non-Executive Rona Gold.

Post Meeting Note

Member approved the updated membership with amendments out with the meeting.

9.3.1 - Governance Committee Membership - April 2024.docx

9.4. Operational Governance Review (Presenters: Julie Colquhoun)

Members were presented with Phase 2 of the Operational Governance review, noted the work that had been completed to date and the work in progress to strengthen the operational arm of the system.

Members **<u>noted</u>** the update.

9.4 - Operational Governance Review Phase2.docx

9.4.1 - Corporate Governance Structure April 2024.pdf

10. Strategy

10.1. Plan on a Page 2023/24 Quarter 4 update (Presenters: Laura Skaife-Knight)

The Chief Executive presented the Q4 updates on Plan on a Page and Delivery Plan, closing off the last Financial Year.

In terms of updates financial sustainability and quality and safety, patient feedback and learning remain as red.

Any items that have not been completed will carry over into the new reporting in respect of the Corporate Strategy Priorities.

Member <u>noted</u> the update.

10.1 - Board Strategic Priorities Q4 Update LSKFINAL.docx

10.1.1 - Board Strategic Priorities Update Q4. FinalLSK.pptx

10.1.2 - Board Q4 Plan on a Page 202324 Action Tracker FINALLSK.xlsx

10.2. Annual Delivery Plan Quarter 4 Update (Presenters: Laura Skaife-Knight)

The Chief Executive presented the update, noting that any incomplete actions will be carried over to 24/25 annual delivery plan.

The Chair reiterated reinforced the ask that attendance in meetings is not noted as mitigation of risk.

Members **<u>noted</u>** the update.

10.2 - ADP Quarter 4 Update.pdf

10.2.1 - Board ADP Summary Q4 LSKFINAL.pptx

10.2.2 - Board Q4 ADP Action Tracker202324 LSKFINAL.xlsx

11. Quality and Safety

11.1. DATIX - update and assurance report (Presenters: Anna Lamont)

The Medical Director presented the report highlighting there are a large number of overdue Datix Incident reports, 34% of the overall reports, she advised of a concerted effort to review and close the new ones coming in, noting that the overdue are very old and inherited. She advised that the Datix system is being used to raise things that should be raised through normal communication routes, which will require a cultural shift.

J Stevenson noted the reduction in numbers of incidents, asked if there are clear guidelines in place to reduce the numbers of reports. The Medical Director advised that there are training modules, but no standing operating procedures.

Members **<u>noted</u>** the update provided.

11.1 - Overdue incident reports.docx

11.2. Joint Clinical and Care governance Committee Chairs Assurance Report (Presenters: Rona Gold)

R Gold presented the 3 matters of concern from the Committee.

The Chair noted that there continues to be concerns raised in terms of the Mental Health Transfer bed. The Chief Officer advised that there continues to be funding challenges, and no progress has been made in finding a solution. The Employee Director asked if alternative models are being considered with the financial challenges. The Chief Officer advised that this far there have been no alternative working models identified to date. Members **noted** the update.

11.2 - JCCGC - Chairs Assurance Report -FINAL.docx

11.3. Area Clinical Forum Chairs Assurance Report (Presenters: Kirsty Cole)

The Chair of the Area Clinical Forum presented key items from the Committee.

- Fragility of Dental Services, predominately around recruitment and retention.
- ADTC and ADC have appointed office bearers and will be feeding into the ACF moving forward,
- Meeting in May is to be a development session for the Improving Together Programme

The Chair welcomed the engagement from the ACF in the governance structure. Members **noted** the update.

11.3 - ACF Chairs Assurance Report - FINAL.docx

11.4. HAIRT Report (Presenters: Sam Thomas)

Members *received* the report.

11.4 - HAIRT Report -April 2024.docx

- 12. Person Centred
 - 12.1. Themes from Team Orkney feedback (Presenters: Laura Skaife-Knight)

Members received the update paper noting key messages from Board Walkarounds.

12.1 - Board walkarounds - April 2024 LSK.docx

13. Workforce

13.1. imatter - Preparing for 2024/25 survey (Presenters: Jarrard O'Brien)

Members received the paper setting out the timeline in respect of the 2024/25 iMatter survey. **Post meeting email**

The Director of People and Culture sent a post meeting email advising members that the key messages are the planning for the release of the iMatter survey is well underway and it will go live on 13 May 2024 and close on 3 June 2024. This year it will not include OIC employees to enable us to get a true reflection of experience amongst NHS Orkney colleagues and to benchmark nationally. An engagement plan is in place within the People and Culture team to support areas to maximise their response rates.

13.1 -iMatter 2024 - Orkney paper Board.docx

13.2. Staff Governance Committee Chairs Assurance Report (Presenters: Joanna Kenny)

J Kenny highlighted a pending risk that was discussed at the Staff Governance Committee in terms of turnover, advising that this will be looked at in more detail through the Committee. She advised on assurance received in relation to the Health and Care (Staffing) Act 2019.

13.2 - Staff Governance Chairs Assurance Report 28 February 2024.docx

14. Risk and Assurance

14.1. Audit and Risk Committee Chairs Assurance Report (Presenters: Jason Taylor)

J Taylor presented the main items from the Committee

- NIS audit and Improvement Plan developed and overseen by the Commitee.
- Assurance in terms of where we are in the annual accounts process having received positive progress report from the External Auditors.

14.1 - ARC Chairs Assurance Report.docx

15. Any other Competent Business

No other business was discussed.

16. Minutes from Governance Committee Meetings

Members **adopted** the minutes.

- 16.1. Senior Leadership Team (Presenters: Laura Skaife-Knight) To <u>adopt</u> the approved minutes
 - 16.1.1- SLT Minute 20 February 2024 JC.docx

16.1.2 - SLT Minute 04 March 2024 JC.docx

16.1.3 - SLT Minute 19 March 2024 JCLSK.docx

16.2. Joint Clinical and Care Governance Committee (Presenters: Meghan Mcewen)
 To <u>adopt</u> the approved minutes

16.2 - JCCGC Minute 8 February 24 - Approved.doc

16.3. Area Clinical Forum (Presenters: Meghan Mcewen) To <u>adopt</u> the approved minutes

16.5 - ACF minute - 6 February 2024 - APPROVED.docx

16.4. Finance and Performance Committee (Presenters: Meghan Mcewen)To adopt the approved minutes

Minutes generated by OnBoard.

16.4 - FINAL minute Finance and Performance 14 March 2024.docx

- 17. Items for Information
 - 17.1. Key Documentation Issued (Presenters: Meghan Mcewen) For noting

17.1 - Key Documentation Issued.docx



NHS Orkney Board Action Log Updated 17 April 2024

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

No	Action	Source	Target date	Owner	Status / update
	Mental Welfare Commission Report action plan Outcome focus and improvement report	Board meeting 26 October 2023	April 2024	Chief Officer	On Agenda COMPLETE
OHB2324-82	Integrated Performance Report – Datix Backlog The Director of Nursing, Midwifery, AHPs and Acute informed members that discussion had been held at the weekly incident review group around DATIX backlogs. A report would be presented Board.	Board meeting 14 December 2023	February 2024	Medical Director	22 February 2024 – report to go to SLT setting out the detail and the plans to improve On Agenda COMPLETE
OHB2324-82	Following a discussion around overtime, update at the next Board meeting.	Board Meeting 14 December 2023	February 2024	Director of Finance	22 February 2024 – Presentation at last Board, use of overtime within the clinical services, followed up with Ingrid Smith at HR, tried to do a deep dive, increase in overtime due to short and long term sickness, agreed with

No	Action	Source	Target date	Owner	Status / update
					colleagues in HR to pull forward on a monthly basis, we are seeing a decrease in the overtime COMPLETE
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	On Agenda COMPLETE

*Completed actions deleted after being noted at following meeting



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 22 June 2023
Title:	Governance Committee Annual Reports 2024/25
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Julie Colquhoun, Head of Corporate Governance

1 Purpose

This is presented to the Board for:

• Awareness

This report relates to a:

• Legal requirement

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

- Safe
- Effective
- Person Centred

Report summary

2.1 Situation

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



2.2 Background

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

2.3 Assessment

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

2.3.1 Route to the Meeting

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

2.4 Recommendation

Assurance

• To <u>take assurance</u> from the Governance Committee Annual Reports that individual Committee remits have been fulfilled in line with Terms of Reference.

3 List of appendices

The following appendices are included with this report:

- Area Clinical Forum Annual Report 2023/24
- Audit and Risk Committee Annual Report 2023/24
- Joint Clinical and Care Governance Committee Annual Report 2023/24
- Finance and Performance Committee Annual Report 2023/24
- Remuneration Committee Annual Report 2023/24
- Staff Governance Committee Annual Report 2023/24



and Care Governance Committee



Joint Clinical and Care Governance Committee

Annual Report 2022/23

Approval Record	Date				
Joint Clinical and Care Governance	3 April 2024				
Committee					
Audit and Risk Committee	7 May 2024				
Board	27 June 2024				
Location and A	ccess to Documents				
Location of master document	Corporate Services folder – G:Drive				
Location of backup document	Meetings folder – G:Drive				
Location of E&D assessment	n/a				
Post holder(s) names at last review					
Chair	Rona Gold				
Vice Chairs	Jean Stevenson and Vacant				
Lead Executives	Stephen Brown and Anna Lamont				
Committee Support	Emma West				





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	Committee Exe Committee Mer Meetings Risks, Concern Conclusion Appendix 1: Appendix 2: Appendix 3:	Risks, Concerns and Successes Conclusion Appendix 1: Terms of Reference Appendix 2: Record of Attendance Appendix 3: Business Cycle and Workplan





1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

1.1 Committee Remit

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

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

2 Committee Membership

2.1 Committee Chair & Vice Chair

The Chair of the Joint Clinical and Care Governance Committee is Rona Gold, Non-Executive Board Member. The previous Chair was Steven Johnston.

The Vice-Chair of the Joint Clinical and Care Governance Committee for NHS Orkney is currently vacant and was previously held by Rona Gold before taking the position of Chair on 1 January 2024.

The Vice-Chair of the Joint Clinical and Care Governance Committee for Orkney Islands Council is Jean Stevenson.





2.2 Committee Members

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

NHS Orkney

- Rona Gold, NHS Orkney
- Davie Campbell
- Steven Johnston (until 31 December 2023)

Orkney Islands Council elected members

- Ivan Taylor
- Heather Woodbridge

Third Sector Representative

• Morven Brooks, Third Sector Representative

2.3 Other Attendees

In addition to the voting members list above, there were in attendance:

- Medical Director (lead officer for clinical governance).
- Director of Public Health.
- Chief Executive, NHS Orkney.
- Chief Officer, Integration Joint Board (lead officer for care governance)
- Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services.
- Director of Pharmacy.
- Chief Social Work Officer.
- Clinical Governance and Quality Improvement Manager.
- Head of Strategic Planning and Performance.
- Associate Medical Directors.

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





3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on five occasions from 1 April 2022 to 31 March 2023 and held one development session:

- 4 April 2023
- 4 July 2023
- 4 October 2023
- 27 November 2023
- 1 February 2024 (Development Session)
- 8 February 2024

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

3.2 Business Cycle and Work Plan

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

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

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

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Joint Clinical and Care Governance Committee reviewed its Terms of Reference and Business Plan at the development session on 1 February 2024 and ratified the changes at the meeting on 8 February 2024 to ensure that all areas within the Committee remit were being reported on appropriately.





4 Risk, Assurance and Effectiveness

4.1 Risk

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

The Integrated Joint Board (IJB) risk register is scrutinised at IJB and therefore clinical and care risks relevant to JCCGC are not delegated as this would be duplication.

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

The Joint Clinical and Care Governance Committee provided a Chairs Assurance report to the NHS Orkney Board and the Integration Joint Board following each meeting, along with approved minutes.

The Chairs Assurance Report summarised the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurance s provided
- Decisions made
- Comments on the effectiveness of the meeting

4.3 Committee effectiveness

The Committee reviewed its performance and effectiveness over the year to identify any areas for improvement. These are noted below:

- Clearer understanding of the role and remit of the committee by all those that attend and strengthening committee induction for new members
- Clarity on areas of Clinical Governance that are delegated and a reduction in duplication. This should then be reflected in a clear Committee Workplan.
- Timings to be added to agendas to support those presenting, have clarity on time for their items on agenda and to enable meetings to be managed within the allocated meeting time.
- Strengthening of reporting to Board through the comprehensive Chairs Assurance Report





5 Chair's confirmation of review of Committee effectiveness

The Joint Clinical and Care Governance Committee has reviewed its own effectiveness and noted areas for improvement as above.

The Joint Clinical and Care Governance Committee is satisfied that the approach and frequency of meetings has been appropriate to allow the committee to fulfil its remit and this has been reviewed for 2024/25.

The Joint Clinical and Care Governance Committee has operated in accordance with its agreed Terms of Reference.

The Joint Clinical and Care Governance Committee has received and considered appropriate reporting and assurance from the operational groups overseen by the committee, where these have been functioning, and is satisfied that they have operated in accordance with agreed Terms of Reference.

The Joint Clinical and Care Governance Committee has reviewed the adequacy and effectiveness of the Board's arrangements for Clinical and Care governance. The Committee is satisfied that where there any areas of control weakness, these have been properly acknowledged and have been reflected in the Board's risk management processes.

6 Chairs Conclusion

The Joint Clinical and Care Governance Committee continued to have a full and busy agenda throughout 2023/24 and I am hugely grateful to every member of the committee for their contribution. We continue to work hard to identify and close any gaps in assurance across our Health & Social Care (H&SC) system in Orkney and whilst it is clear we have some way to go, there has undoubtedly been progress in the right direction.

The committee agenda is being consciously adapted to ensure we have parity of the information coming from the Healthboard and the Local Authority. The Committee recognises that in its ambition to have governance on both Clinical and Care there is risk of duplication on agenda items across Committees and is actively working to reduce this. We have embraced the guidance from NHS Orkney Board to include delegated corporate risks and performance measures into our workplan and continue to monitor the workplan so as to leave no gaps in assurance.

Going into 2024/25 a more streamlined approach to assurance will come through newly formed groups and reports including the Social Work and





Social Care Governance Board and the introduction of a regular Medical Directors Report.

The year past was at times challenging due to gaps across our leadership and we are grateful to the interim arrangements carried out so well and welcome the recent securing of two permanent appointments, that of Medical Director and Chief Social Work Officer, which provides a sure footing on which to support and develop the committee further in 2024/25.

We've observed good attendance from our members and seek to ensure that the representation is appropriate for the items on our agenda moving forward. Further to this we will be looking at good induction and support mechanisms for our Committee members.

An important component of the Committee is the views of patients, service users and carers. The committee wish to see such representation within the Committee, ensuring that the role and contribution of anyone involved is clear and meaningful. Further work is required to get this right.

We face significant challenges in the delivery, and governing of, high quality and continuously improving Health and Social Care in Orkney, not least due to the financial context of 2023/24 and we recognise that going into 2024/25 there will be a role in ensuring the care we provide is sustainable care.

Within this context, meeting the challenges it brings, we have excellent people driving forward and delivering quality and care across Orkney's clinical and care settings and we look forward to supporting this through the governance of the Committee in 2024/25.

Rona Gold Chair NHS Orkney Joint Clinical and Care Governance Committee





Terms of Reference 2023/24

1 Purpose

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

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

2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

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

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

Views and engagement from unpaid carers would be positively encouraged where appropriate, in acknowledgement that there was not currently a carer representative on the committee

Committee membership will be reviewed annually.



3

Joint Clinical and Care Governance Committee



Chair and Vice Chairs

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

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

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

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

4 Attendance

In addition, there will be in attendance:

- Medical Director (lead officer for clinical governance).
- Director of Public Health.
- Chief Executive, NHS Orkney.
- Chief Officer, Integration Joint Board (lead officer for care governance and Chair of the Orkney Alcohol and Drugs Partnership).
- Director of Nursing and Acute Services.
- Director of Pharmacy.
- Chief Social Work Officer.
- Clinical Governance and Quality Improvement Manager.
- Head of Strategic Planning and Performance.
- Associate Medical Directors.

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

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

5 Quorum

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

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





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

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

6 Meetings

The Committee will meet at least quarterly.

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

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

7 Conduct of Meetings

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

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

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

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

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

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

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

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

8 Remit





In Broad terms, the remit of JCCGC is to seek assurance that our Health and Social Care services across Orkney are person-centred, safe and effective and we take account of the population as a whole, in an integrated manner. The remit spans NHS Orkney, Orkney Island Council (Integration Joint Board-delegated), independent sector and third sector services.

Person-Centred

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

- To provide assurance that there are effective systems and processes in place across NHS Orkney and in the functions delegated to the Integration Joint Board to support participation with patients, service users, carers and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign.
- To monitor complaints response performance on behalf of the Board of NHS Orkney and the Integration Joint Board for functions delegated, and promote positive complaints handling including learning from complaints and feedback.
- To provide assurance that there are effective system and governance processes in place across all areas of patient and service user's rights, wellbeing and feedback.

Safe (Clinical and Care Governance and Risk Management)

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

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.
- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee including findings of learning reviews that have implications for health and social care delivery.





- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's and the Integration Joint Board annual plans and efficiency programmes.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

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

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

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

Population Health

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

- Quality and clinical/professional effectiveness.
- Public information and involvement.
- Population health research.
- Risk management.
- Addressing and reducing health inequalities.

Social Work and Social Care





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

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

9 Best Value

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

- Vision and leadership.
- Governance and accountability.
- Effective use of resources.
- Partnerships and collaborative working.
- Working with communities.
- Sustainability.
- Fairness.
- Equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands





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

10 Authority

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

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

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

11 Reporting Arrangements

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

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

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

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





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

The Committee will review the Terms of Reference annually.

Updated Annual Development Session Review Committee Approved NHS Orkney Board Approved IJB Board Approved Next Formal Review 29 November 2022 29 November 2022 24 January 2023 Pending Pending November 2023

Appendix 2

Joint Clinical and Care Governance - Attendance Record – Year 1 April 2023 to 31 March 2024

Name:	Position:	4 April 2023	4 July 2023	3 October 2023	23 November 2023	8 February 2024
Members:						
S Johnston	Chair (until 31 December 2023)	Attended	Attended	Attended	Attended	
R Gold	Vice Chair/Chair from 1 January 2024	Attended	Attended	Attended	Apologies	Attended
J Stevenson	Vice Chair, Elected Orkney Islands Council Member	Attended	Attended	Attended	Attended	Attended
M Brooks	Third Sector Representative	Attended	Attended	-	-	Apologies
D Campbell	Non Executive Board Member	Attended	Attended	Attended	Attended	
I Grieve	Non Executive Board Member					Attended
R King	Elected Orkney Islands Council Member	Attended				
I Taylor	Elected Orkney Islands Council Member	Attended	Apologies	Attended	Attended	Attended
H Woodbridge	Elected Orkney Islands Council Member	Attended	Apologies	Apologies	Apologies	-
In Attendance:						
S Brown	IJB Chief Officer (Care Governance Lead)	Attended	Attended	Apologies	Attended	Attended
M Henry	Medical Director	Apologies	Attended			
A Lamont	Medical Director					Attended
S Lewis	Interim Director of Public Health	Attended	Attended	Attended		
A McDavitt	Director of Pharmacy	Attended	Attended	Attended	Attended	
S Paget	Acting Chief Social Work Officer	Attended	Attended	Attended	Attended	Attended
J Sinclair	Clinical Governance & Quality Improvement Manager	Attended				
L Skaife-Knight	Chief Executive	Attended	Attended	Attended	Attended	Attended
M Sterrenburg	Interim Deputy Medical Director	Apologies	-	Attended	Apologies	Attended
M Swannie	Head of Strategic Planning & Performance	Attended	Attended	Apologies	Apologies	Attended
S Thomas	Director of Nursing, Allied Health Professions and Acute Services	Attended	Attended	Attended	Attended	Attended
L Wilson	Director of Public Health	Apologies	Attended	Apologies	Apologies	Attended
Committee Support	Corporate Services	H Walls	H Walls	J Colquhoun	J Colquhoun	R Ratter

Name:	Position:	4 April 2023	4 July 2023	3 October 2023	23 November 2023	8 February 2024
Attending for	specific agenda item					
L Bradford		Attended	Apologies	Attended	-	Apologies
D Young		Attended	-	-	-	• •
			M Gemmill Y McPhee			M Gemmill K Doughty L Willis
	Denotes attendance not required					

1 Business Cycle for 2023/24

Meeting	Items of Business	Lead Officer		
	Committee Annual Report	Chair		
	Quality Forum Annual Report	Quality Forum Chair		
4 April 2023	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs		
April	Dementia Annual Report	Chief Officer		
4	Care Home Assurance Report	Chief Officer		
	Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF)	Medical Director		
	Health Complaints Performance Annual Report	Medical Director		
	Social Work and Social Care Service Annual User Experience Report	Chief Officer		
023	Learning from Clinical Incidents Annual Report	Medical Director		
4 July 2023	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs		
7	Care at Home Assurance Report	Chief Officer		
	Report on Allied Health Professional/non-consultant services	Director of Nursing, Midwifery and AHPs		
	Mental Health Assurance Report	Chief Officer		
~	Partnership Equality and Diversity Annual Report	Equality and Diversity Manager		
3 October 2023	Winter Planning	Planning Performance and Risk Manager		
Dctok	Pharmacy Annual Report	Director of Pharmacy		
30	Chief Social Work Officer Annual Report	Chief Social Work Officer		
	Care Home Assurance Report	Chief Officer		

Joint Clinical and Care Governance Committee

Approval of Core documentation amendments:Chair• Terms of Reference
• Business Cycle / Work PlanChief OfficerCare at Home Assurance ReportChief OfficerAnnual Report on Learning from Suicide ReviewsChief OfficerChildren's Services Assurance ReportChief Officer / Medical
Director

2 Work Plan for 2023/24

2.1 Every Meeting

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

- Apologies for Absence
- Declarations of Interest
- Minutes of the previous meeting for approval
- Matters Arising
- Action Log
 - Governance
- Whistleblowing Performance against Key Performance Indicators

Strategy

• Reports as appropriate

Clinical Quality and Safety

- Regional Clinical Services Update Report
- Quality Forum Chairs Report and minutes from meetings
- Care Home and Care at Home Assurance Report

Policies for Approval

• Policies as appropriate

Medicines Management

Area Drugs and Therapeutics Committee Chair's report and minutes

Person Centre Care

- Annual Health Complaints Performance Report
- Annual Social Work and Social Care Service Users Experience Report

Population Health

• Public health update report

Organisational Performance

- Planning and Delivery Report
- Performance Report

Risk and Assurance

 Corporate Risks Aligned to the Clinical and Care Governance Committee

Committee Chairs Reports and Minutes of Committee Meetings as required

- Ethical Advice Support Group
- Orkney Cancer Care Delivery Group
- Matters from other committees where cross-committee assurance is sought

Emerging Issues

AOCB

Agree items to be brought to board or Governance Committees Attention

2.2 Ad Hoc Business

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

2.3 Annual Development Sessions

October

- Review of Terms of Reference
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective

March

- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Consider the successes of the Committee and any concerns as part of the annual assurance report
- Agree development plan for future

Updated Annual Development Session Review Committee Approved	29 November 2022 29 November 2022 24 January 2023
NHS Orkney Board Approved	Pending Pending
Next Formal Review	November 2023

Report Number JCCGC2324	Report Title
01	Whistleblowing Quarterly Report
02	Committee Annual Report
03	Quality Forum minute 13 December 2022
04	Quality Forum Annual Report
05	Pharmacy Annual Report
06	Care at Home/Care Home Assurance Report
07	Mental Health Assurance Report
08	Improving Cancer Journey
09	Public Health Update
10	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
11	Whistleblowing Quarterly Report
12	Learning from Clinical Incidents Annual Report
13	Duty of Candour Annual Report
14	Care Homes Assurance Report
15	Speech and Language Pressures Report
16	Infection Control Annual Report
17	Ethical Advice Support Group
18	Social Work and Social Care Service Annual User Experience Report
19	Public Health Update
20	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
	Number JCCGC2324 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19

21	Whistleblowing Quarterly Report
22	Increased frequency of JCCGC meetings
23	Social Work and Social Care Governance Board Terms of Reference
24	Mental Welfare Commission Report and Action Plan
25	Chief Social Work Officer Annual Report
26	Care at Home Assurance Report
27	Clinical Policy Development Update
28	Area Drugs Therapeutic Committee (ADTC) Chairs Assurance Report
29	Child Health Surveillance Programme (pre -school) Performance and delivery 2021/2022
30	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
31	Paper not received
32	Paper not received
33	Whistleblowing Quarterly Report – Quarter 2
34	Verbal
35	Verbal
36	Paper not received
37	Mental Health Assurance Report
38	Numbering error
39	Numbering error
40	Paper not received
41	Healthcare Assurance and Governance Quality Improvement
42	Numbering error
43	National Transfusion Record
44	Area Drugs Therapeutic Committee (ADTC) Chairs Assurance Report
	23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

	45	Patient Experience – outline planning – patient experience, quality and safety
	46	Public Health Update
	47	Corporate Risks aligned to the Joint Clinical and Care Governance Committee
	48	Whistleblowing Quarterly Report
	49	Social Work and Social Care Governance Board Chair's Assurance Report
	50	Hospital Transfusion Committee Executive Lead update including protocols and Terms of Reference
	51	JCCGC Committee Terms of Reference 2024/25
	52	JCCGC Committee Business Cycle 2024/25
024	53	Children's Services Plan 2023-26 Draft
ary 2	54	Clinical Governance Reporting
8 February 2024	55	Annual Report on Learning from Suicide Reviews
8	56	Death Certification Review Service – Annual Report 2022/23
	57	Speech and Language – Service Pressures
	58	Clinical Policy update
	59	Child Health Assurance Report
	60	Infection Control Committee Chair's Assurance report
	61	Area Drugs Therapeutic Committee (ADTC) minutes – 14 June 2023
	62	Public Health Update





Finance and Performance Committee

Annual Report 2023/24

Approval Record	Date
Finance and Performance	18 April 2024
Committee	
Audit and Risk Committee	7 May 2024
Board	27 June 2024
Location and A	Access to Documents
Location of master document	Corporate Governance folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s)	names at last review
Chair	Meghan McEwen
Vice Chair	Davie Campbell
Lead Executive	Mark Doyle
Committee Support	Julie Colquhoun



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	Appendix 2:	Record of Attendance	
	Appendix 3:	Business Cycle and Workplan	
	Appendix 4:	Record of Business	



1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

1.1 Committee Remit

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

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



2 Committee Membership

2.1 Committee Leadership

The Interim Chair of the Finance and Performance Committee is Meghan McEwen, Chair of the Board

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

These appointments were made from the 1 January 2024 due to NHS Orkney being notified by the Scottish Government that the organisation was being moved to the first stage of formal escalation due to the deteriorating financial position.

Full information on previous roles in included in the attendance record at **Appendix 2**

2.2 Committee Members

In addition to the Chair and Vice-Chair mentioned within item 2.1, the following individuals were voting members of the Finance and Performance Committee in 2023/24:

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

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

2.3 Other Attendees

In addition, there will be in attendance:

- Head of Finance
- Chief Finance Officer
- Medical Director
- Director of Nursing and Acute Services
- Planning, Performance and Risk Manager



Where relevant to the subject matter, other officers attend meetings of the Committee.

All Board members have the right to attend meetings

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



3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on the following dates during the period from 1 April 2023 to 31 March 2024:

- 25 May 2023
- 27 July 2023
- 28 September 20233
- 23 October 2023 In depth review
- 29 November 2023
- 8 January 2024
- 19 February 2024
- 14 March 2024
- 28 March 2024

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

3.2 Business Cycle and Work Plan

The Finance and Performance Committee has worked to this cycle throughout the year. The business cycle 2023/24 is attached as **Appendix 3**.

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

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Finance and Performance Committee reviewed the Terms of Reference and Business Cycle for 2024/25, and the Committee approved these on 19 February 2024 to ensure that all areas within the Committee's remit were being reported on appropriately.



4 Risks, Assurance and Effectiveness

4.1 Risks

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

4.2 Issues Raised by the Finance and Performance Committee to NHSO Board

The Finance and Performance Committee provided a Chairs Assurance report to the NHS Orkney Board and the Integration Joint Board following each meeting, along with approved minutes.

The Chairs Assurance Report summarised the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurance s provided
- Decisions made
- Comments on the effectiveness of the meeting

4.3 Committee effectiveness

The Committee reviewed its performance and effectiveness over the year to identify any areas for improvement. These are noted below:

- Development of Improvement plans and strengthening the Integrated Performance Report
- Additional clarity on major areas of expenditure and financial implications of this spend to allow robust challenge and scrutiny
- Increased ownership and strengthening strategic Executive engagement
- Continuation of open conversations
- More timely submission of papers



Chair's confirmation of review of Committee effectiveness

The Finance and Performance Committee has reviewed its own effectiveness and noted areas for improvement as above.

The Finance and Performance Committee is satisfied that the approach and frequency of meetings has been appropriate to allow the committee to fulfil its remit and this has been reviewed for 2024/25.

The Finance and Performance Committee has operated in accordance with its agreed Terms of Reference.

The Finance and Performance Committee has received and considered appropriate reporting and assurance from the operational groups overseen by the committee, where these have been functioning, and is satisfied that they have operated in accordance with agreed Terms of Reference.

The Finance and Performance Committee has reviewed the adequacy and effectiveness of the Board's arrangements for Clinical and Care governance. The Committee is satisfied that where there any areas of control weakness, these have been properly acknowledged and have been reflected in the Board's risk management processes.

Meghan McEwen Chair On behalf of the NHS Orkney Finance and Performance Committee



Finance and Performance Committee

Terms of Reference

Approval Record	Date				
Board	TBC				
Audit and Risk Committee					
Finance and Performance Committee					
Last Change and Approval Date					
Last Review Date	20 October 2022				
Next Formal Review Date	October 2023				
Location and Access to Documents					
Location of master document	Corporate Services folder – G:Drive				
Location of backup document	Meetings folder – G:Drive				
Location of E&D assessment	n/a				
Post holder(s) na	ames at last review				
Chair	Davie Campbell				
Vice Chair	Des Creasey				
Lead Executive	Mark Doyle				
Committee Support	TBC				



1 Purpose

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

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

2 Composition

The membership of the Committee shall consist of:

- Non-Executive Board Member Chairperson
- Local Authority Nominated Non-Executive Board Member
- Two other Non-Executive Board Members
- NHS Orkney Chief Executive
- NHS Orkney Director of Finance Executive Lead and support to Finance and Performance Committee
- Chief Officer of the Integration Joint Board
- Medical Director
- Director of Nursing, Midwifery, AHP and Acute Services
- Director of Public Health,
- Director of People and Culture

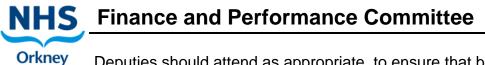
One Non-Executive Board Member should also be a member of the Integration Joint Board.

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

3 Attendance

In addition, there will be in attendance:

- Head of Finance
- Chief Finance Officer
- Medical Director
- Director of Nursing and Acute Services
- Planning, Performance and Risk Manager



Deputies should attend as appropriate, to ensure that business is progressed in absence of one of the above attendees.

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

4 Quorum

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

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

5 Meetings

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

6 Remit

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

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

The Committee has responsibility for:

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



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

7 Best Value

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

8 Authority

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



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

9 **Reporting Arrangements**

The Finance and Performance Committee reports to Orkney NHS Board.

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

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

The Chair of the Committee should raise any issues requiring cross committee input or assurance through the agreed reporting process.

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

Updated Annual Development Session Review	20 October 2022 20 October 2022
Committee Approved	24 November 2022
Next Formal Review	October 2023

NHS Orkney - Finance and Performance Committee Attendance Record - Year 1 April 2023 to 31 March 2024:

Name:	Position:	25 May 2023	27 July 2023	28 September 2023	29 November 2023	8 January 2024	19 February 2024	14 March 2024
Members:								
D Creasey	Chair	Attending	Attending	Attending	Attending	Attending	Attending	Attending
D Campbell	Vice Chair				Attending	Attending	Attending	Attending
S Heddle	Vice Chair (resigned 07/09/2023)	Attending	Attending					
L Skaife- Knight	Chief Executive	Attending	Attending	Attending	Attending	Attending	Attending	Attending
M Doyle	Director of Finance	Attending	Attending	Attending	Attending	Attending	Attending	Attending
Meghan McEwan	Chair of the Board	Attending	Attending	Attending	Attending	Attending	Attending	Attending
S Johnston	Non-Executive Board Member	Attending	Attending	Attending	Attending			
J Stevenson	Non-Executive Board Member					Attending	Apologies	Attending
In Attendance:								
A McDavitt	Director of Pharmacy	Absent	N/A	N/A				
C Somerville	Programme Manager FSO	Attending	Attending	Apologies	Apologies	Attending	Attending	Attending
K Somerville	Head of Finance	Attending	Apologies	Attending	Attending	Attending	Attending	Attending
M Henry	Medical Director	Apologies	Apologies					
P Thomas	Chief Finance Officer, IJB	Attending	Absent	Attending	Attending	Absent	Absent	Absent
A Lamont	Medical Director						Attending	Attending
S Brown	Chief Officer, IJB	Apologies	Absent	Absent	Apologies	Attending	M Swannie – Deputy	Attending
S Thomas	Director of Nursing, Midwifery, and AHP's	Attending	Attending	Attending	Attending	Attending	M Mackie - Deputy	Attending
P Tinniswood	Recovery Director					Attending	Attending	Attending
M Metcalfe	Interim Medical Director			Apologies	Apologies	Attending		
M Sterrenburg	Consultant	N/A	N/A	Attending	Apologies			
Committee Administrator	Corporate Services	F Pretorius	F Pretorius	F Pretorius	F Pretorius	J Colquhoun	J Colquhoun	J Colquhoun

Attending for specific							
agenda item		т — т		1		r	
D Crohn	Head of Improvement					Attending	
L McGovern	Interim Director of People and Culture		Attending				Attending
P Murray	Aspiring Chair				Observing		
S Smith	NPD Contract Manager		Attending				
L Wilson	Director of Public Health				Attending	S Lewis Deputy	Attending
All Board						J Kenny	J O'Brien
invited to						I Grieve	
attend						J Taylor	
Denotes no							
Attendance							
Required							

Business Cycle and Workplan for 2023/24

1 Business Cycle

Meeting	Items of Business	Responsible Officer
25	Integrated Emergency Planning update	Resilience Officer
May 2023	Updated Standing Financial Instructions	Director of Finance
27 July 2023	Capital Plan	Director of Finance
	NHS Orkney Asset Management update and North Regional Asset Management Plan	Head of Estates and Facilities
28 September 2023	Digital Strategy update	IT Manager
19 October 2023	 Development Session: Annual Review of Core Committee Documentation Schedule of meetings Terms of reference Business Cycle and Workplan 	Chair
23	Integrated Emergency Planning update	Resilience Officer
November 2023	Financial Plan review and Assumptions going forward	Director of Finance
25 January 2024	Feedback from three-year financial plan	Director of Finance
1 March 2024	Development Session: Committee Effectiveness Self Evaluation	Chair

	Three year plan sign off letter from Scottish Government	Director of Finance
28 March 2024	Sign off Financial Plan	Director of Finance
	Sign off delegated budget - Integration Joint Board	Director of Finance
	Finance and Performance Committee Annual Report	Chair

2 Work Plan

2.1 Every Meeting

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

- Minutes of previous meeting
- Finance and Performance Committee Action log
- Financial Performance Management Report
- Improvement Hub Report
- Performance Management Report
- Integration Joint Board, Performance and Audit Committee minutes for noting

2.2 Every second meeting

The Committee shall consider:

- Chair's Report Enabling Technology Programme Board and minutes
- Chair's Report NHS Orkney's Resilience Planning Group and minutes
- Chair's Report Sustainability Steering Group and minutes
- Workforce Projections Report (remit of report to be reviewed)
- Climate Change/Sustainability Report
- Risk register

2.3 Every six months

- Update on the 3-year financial plan
- New Balfour Hospital NPD Project Semi-Annual Operations Review
- Pharmacy 6-Monthly Update Report
- Capital Report

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

2.4 Ad Hoc Business

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

2.5 Annual Development Session

<u>October</u>

- Review of Terms of Reference
- Review the business cycle
- Review the nature, format, and frequency of reporting to ensure it is effective

<u>March</u>

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

Updated	20 October 2022
Annual Development Session Review	20 October 2022
Committee Approved	24 November 2022
Next Formal Review	October 2023

Date of Meeting	Report No.	Report Title
25 May 2023	FPC2324-01	Integrated Emergency Planning update
	FPC2324-02	Performance Report
	FPC2324-03	Financial Performance Report
	FPC2324-04	No paper
	FPC2324-05	Financial Sustainability Office
	FPC2324-06	Capital Plan 2023-24
	FPC2324-07	No paper
	FPC2324-08	No paper
	FPC2324-09	Performance and Audit Committee minutes
	FPC2324-10	Risk Report
27 July 2023	FPC2324-11	Annual Delivery Plan and Medium Term Plan
	FPC2324-12	Performance report
	FPC2324-13	Financial Performance Report
	FPC2324-14	Financial Sustainability Office Report and 2023/24 Plan
	FPC2324-15	Sustainability Steering Group - Chairs report and action note
	FPC2324-16	New Balfour Hospital NPD Project Semi-Annual operations review
	FPC2324-17	Annual Accounts update
	FPC2324-18	No paper
	FPC2324-19	Grip and Control Board - Chairs Assurance Report
	FPC2324-20	Grip and Control Board - Terms of Reference
	FPC2324-21	Grip and Control Board minutes
	FPC2324-22	Risk Report

Finance and Performance Committee – Record of Business 2023-24

28 September 2023	FPC2324-19	Digital Strategy update
	FPC2324-20	Risk report
	FPC2324-21	Performance Report
	FPC2324-22	Financial Performance Report
	FPC2324-23	Financial Sustainability Office
	FPC2324-24	No paper
	FPC2324-25	Performance and Audit Committee minutes
	FPC2324-26	Grip and Control Chairs Assurance Report and minutes
	FPC2324-27	Senior Leadership Team Chairs Assurance Report
	FPC2324-28	Energy Efficiency Board update
23 November 2023	FPC2324-39	Financial Performance Report
	FPC2324-40	Financial Sustainability Office Report and 2023/24 Plan
	FPC2324-41	Grip and Control Board Chairs Assurance report
	FPC2324-42	Statutory Annual Leave payments - Medical Bank Workers
	FPC2324-43	MSG rates update
	FPC2324-44	paper not received
	FPC2324-45	Procurement Annual Report 2022-23
	FPC2324-46	Financial Improvement Group newsletter
	FPC2324-47	Technology Enabled Care Board Chairs assurance report and minute
	FPC2324-48	Resilience Planning Chairs Assurance report and minute
	FPC2324-49	Business Continuity Plans and Disaster recovery update
	FPC2324-50	Sustainability Steering Group - Chairs report and action note
	FPC2324-51	Value and Sustainability
8 January 2024	FPC2324-52	Risk and Assurance Report

FPC2324-53	Integrated Performance Report
FPC2324-54	Financial Performance Report
FPC2324-55	Financial Improvement (FSO) update
FPC2324-56	SG letter re Escalation
FPC2324-57	NHS Orkney Response
FPC2324-58	NHS Orkney CIP Programme Rapid Review Report and Recommendations
FPC2324-59	Financial Delivery Unit Support and Response
FPC2324-60	Annual Planning and Budget setting process 2024/25
FPC2324-61	Caroline Lamb letter - NHS Scotland Financial Position
FPC2324-62	NHS Orkney Response
FPC2324-63	Richard McCallum Letter: Joint Commissioning Letter
FPC2324-64	Financial and Delivery Planning Guidance for 2024/25
FPC2324-65	3-year Financial Planning Guidance - December 2023
FPC2324-66	Short Term Key Priorities:15 Areas of Focus for All Health Boards
FPC2324-67	2024-25 financial plans and 15 box grid
FPC2324-68	Scottish Government Budget Letter 2024/25
FPC2324-69	Finance and Performance Committee Risks
FPC2324-70	Integrated Performance Report
FPC2324-71	Colonoscopy Update
FPC2324-72	Finance Report at Month 9
FPC2324-73	Draft Financial Plan
FPC2324-74	Efficiency Improvement Programme Progress Report
FPC2324-75	Draft Annual Delivery Plan
FPC2324-76	Disposal of the old Balfour Site
	FPC2324-54 FPC2324-55 FPC2324-56 FPC2324-57 FPC2324-58 FPC2324-59 FPC2324-60 FPC2324-61 FPC2324-63 FPC2324-63 FPC2324-63 FPC2324-64 FPC2324-65 FPC2324-65 FPC2324-66 FPC2324-67 FPC2324-68 FPC2324-69 FPC2324-69 FPC2324-70 FPC2324-71 FPC2324-72 FPC2324-73 FPC2324-74 FPC2324-75

	FPC2324-77	
		Digital SLA with NHS Grampian
	FPC2324-78	Major Incident Plan
	FPC2324-79	TOR
	FPC2324-80	Business Cycle and Workplan
	FPC2324-81	Grip and Control TOR
	FPC2324-82	Resilience Planning Group Chairs Assurance Report
14 March 2024	FPC2324-83	Financial Plan 2024/25 – 2026/27
	FPC2324-84	Annual Delivery Plan
28 March 2024	FPC2324-85	No paper received
	FPC2324-86	Integrated Performance Report
	FPC2324-87	Finance Report - month 11
	FPC2324-88	Efficeincy Improvement Programme 2024/25
	FPC2324-89	Planned Care Submission
	FPC2324-90	No paper received
	FPC2324-91	GP IT provision
	FPC2324-92	Digital Update
	FPC2324-93	Digital Boardroom Platform
	FPC2324-94	Digital Governance Review

Dal Puult

Remuneration Committee

Annual Report 2023/24

Date 18 April 2024

Remuneration Committee Audit and Risk Committee

Board

7 May 2024

27 June 2024

Location and Access to Documents Location of master document Location of backup document Location of E&D assessment

Corporate Services folder – G:Drive Meetings folder – G:Drive

n/a Post holder(s) names at last review

Chair Vice Chair Lead Executive **Committee Support** **Davie Campbell** Joanna Kenny Jay O'Brien Emma West

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1 Executive Summary

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

This report is submitted in fulfilment of this requirement.

1.1 Committee Remit

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

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

2 Committee Membership

2.1 Committee Leadership

The Chair of the Remuneration Committee is Davie Campbell, Vice Chair of the Orkney NHS Board.

The Vice-Chair of the Remuneration Committee is Joanna Kenny, Non-Executive Board Member.

2.2 Committee Members

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

- Ryan McLaughlin, Employee Director
- Meghan McEwen, Chair of the Board

2.3 Other Attendees

In addition, there will be in attendance:

- Chief Executive
- Director of People and Culture

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

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on the below occasions from 1 April 2023 to 31 March 2024:

- 1 June 2023 Extraordinary meeting
- 28 June 2023
- 31 July 2023 Extraordinary meeting
- 11 September 2023 Extraordinary meeting
- 29 September 2023 Extraordinary meeting
- 10 October 2023 Extraordinary meeting
- 13 October 2023 - Extraordinary meeting
- 22 November 2023
- 4 December 2023
- 30 January 2024 Extraordinary meeting
- 15 February 2024 Extraordinary meeting
- 14 March 2024

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

3.2 Business Cycle and Work Plan

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

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

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

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

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Committee held a development session on the 9 November 2023 and reviewed the Committee Terms of Reference and workplan and to ensure that all areas within the Committee remit were being reported on appropriately.

4 Risks, Assurance and Effectiveness

4.1 Risks, Controls and Assurance Framework

The Committee has a Governance Assurance Framework.

4.2 Issues Raised by the Remuneration Committee to the Staff Governance Committee

To increase transparency and assurance, for 2024/25 the Remuneration Committee will provide a Chairs Assurance report to the NHS Board following each meeting.

The Chairs Assurance Report summarised the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurances provided
- Decisions made
- Comments on the effectiveness of the meeting

4.3 Committee Effectiveness

The Committee reviewed its performance and effectiveness over the year to identify any areas for improvement. These are noted below:

- It was agreed that the frequency of scheduled formal meeting should be increased, this has been implemented for 2024/25
- Increased and appropriate scrutiny of Executive Objective setting had been carried out
- There was a requirement to review the discretionary points process and associated Service Level Agreement, this was being progressed
- There was a requirement for increased scrutiny of band 8 and 9 posts within the organisation

5 Chair's confirmation of review of Committee effectiveness

The Remuneration Committee has reviewed its own effectiveness and noted areas for improvement as above.

The Remuneration Committee is satisfied that the approach and frequency of meetings has been appropriate to allow the committee to fulfil its remit and this has been reviewed for 2024/25.

The Remuneration Committee has operated in accordance with its agreed Terms of Reference.

Dert Cuult

Davie Campbell **Chair** On behalf of the NHS Orkney Remuneration Committee



Remuneration Committee

Terms of Reference

Approval Record	Date
Board	TBC
Audit and Risk Committee	3 May 2022
Remuneration Committee	13 January 2022
Last Review Date	19 November 2021
Next Formal Review Date	11 October 2023
Location and Ac	cess to Documents
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) na	ames at last review
Chair	Meghan McEwen
Vice Chair	Steven Heddle
Lead Executive	Lorraine Hall
Committee Support	Nicola Muir



1 Purpose

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

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

2 Composition

The Remuneration Committee shall consist of:

- The Chair of the Board (who will be the Chair)
- Four other Non-Executive Members two of whom should, in normal circumstances, be the Employee Director and Chair of the Staff Governance Committee

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

3 Attendance

In addition, there will be in attendance:

- Chief Executive
- Director of Human Resources

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

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

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

4 Quorum

Meeting of the Remuneration Committee will be quorate when three nonexecutive members are present, one of whom must be the chair or vicechair.

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

5 Meetings

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

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

6 Remit

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

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

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

Undertake reviews of aspects of remuneration and employment policy for Executive Directors (for example Relocation Policy) and, where necessary,

NHS Remuneration Committee

Orkney

other senior managers, for example special remuneration, when requested by NHS Orkney.

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

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

7 Best Value

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

8 Confidentiality and Committee Decisions

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

9 Minutes and Reports

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

Orkney Cross Committee assurance will be pro

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

10 Authority

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

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

11 Reporting Arrangements

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

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

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

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

Updated Annual Development Session Review Committee Approved Next Formal Review 12 October 2022
 12 October 2022
 14 December 2022
 11 October 2023

Name:	Position:	1 June 2023 (Extraordinary	28-Jun-23	28-Jun-23	31-Jul-23
Name.	FUSILIOII.	Meeting)	(Part A)	(Part B)	(Extraordinary Meeting)
Members:					
D Campbell	Chair	Attended	Attended	Attended	Attended
S Heddle	Vice Chair	Attended	Attended	Attended	Apologies
R McLaughlin	Employee Director	Apologies	Apologies	Apologies	Attended
M McEwen	Board Chair	Attended	Attended	Attended	Attended
J Kenny	Non-Executive Board Member	Attended	Attended	Attended	Attended
In Attendance:					
L Skaife-Knight	Chief Executive	Attended		Attended	Attended
M Dickson	Interim Chief Executive (until 31 March 2023)		Attended		
L Hall	Interim Director of HR (until October 2023)	Apologies	Attended	Attended	Attended
L McGovern	Interim Director of People and Culture (from October 2023)				
J Colquhoun	Corporate Governance				
C Drever	Committee Support	Apologies	Attended	Attended	Attended
N Muir	Committee Support	Attended			
Attending for speci	ific item:				
Daniel Gunn	Arthur & Carmichael LLP				
Anna Lamont	Medical Director				

11 September 2023 (Extraordinary Meeting)	29-Sep-23 Extraordinary Meeting	10-Oct-23 (Extraordinary Meeting)	13-Oct-23 (Extraordinary Meeting)	22-Nov-23	05-Dec-23	30-Jan-24 Extraordinary Meeting
Attended	Attended	Attended	Attended	Attended	Attended	Attended
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Attended	Attended	Attended	Attended	Attended	Attended	Attended
Attended	Attended	Attended	Attended	Attended	Attended	Attended
Attended	Attended	Attended	Attended	Attended	Attended	Attended
					A 1 1	
Attended	Attended	Attended	Attended	Attended	Attended	Attended
Attended	Attended					
		Attended	Attended	Attended	Attended	Attended
					Attended	Attended
Attended	Attended	Apologies (Minute taken by E West)	Attended		Minute taken from recording	
Item R43 only						

15-Feb-24 Extraordinary Meeting	29-Feb-24 Extraordinary Meeting	14-Mar-24
Attended	Attended	Attended
Allended	Attended	Attended
Apologies	Attended	Attended
Attended	Attended	Attended
Attended	Attended	Attended
Attended	Apologies	Apologies
Attended	Attended	Attended
Attended	Attended	Attended
Apologies		

Orkney

Business Cycle and Workplan for 2023/24

1 Business Cycle

Meeting	Items of Business	Responsible Officer
TBC	Remuneration Committee to act as the Discretionary Points Committee to determine which applicants should receive discretionary points each year in line with NHS Circular PCS(DD)1995/6 (Appendix I) as amended by the SEHD in its letter to Trusts dated 12 January 2000 (Appendix II).	Interim Director of Human Resources
	Review formal reports on outcomes of the 2022/2023 annual assessment of performance of the Executive Directors and seek assurance that the process has been carried out robustly.	Chief Executive / Chair
	Report to National Performance Management Committee	Interim Director of Human Resources
27 June 2023	Review and approve 2023/2024 performance objectives for the Executive Directors with clear evidence that the objectives will deliver the Board's corporate objectives and corporate plan.	Chief Executive / Chair
	Receive and scrutinise reports setting out severance payments made during the year to ensure that they are in line with national guidance and receive assurance that no severance payments are being made without approval.	Interim Director of Human Resources
	Receive and scrutinise reports relating to Executive Recruitment/Acting up Allowances made during the year to ensure that they are in line with respective guidance	Interim Director of Human Resources
	Receive annual report on any settlements made in the year	Interim Director of Human Resources
	Ratify the virtual approval of the Remuneration Committee Annual Report (approved virtually due to timescales for submission to Audit and Risk Committee and Board)	Chair



11 October 2023	 Development Session: Annual Review of Core Committee Documentation Schedule of meetings Terms of reference Business Cycle and Workplan Governance Assurance Framework 	Chair
	*Receive recommendations of the allocation of discretionary points for consultant staff *if process has been completed (dependent on annual timetable)	Interim Director of Human Resources
20 December 2023	Mid-Year Reviews - Seek assurance that the performance of Executive Directors is being actively managed by reviewing reports from the Chair and Chief Executive and seeking assurance that the mid review process has been carried out robustly for other members of the senior manager cohort	Chief Executive / Chair
	Receive annual report regarding Executive Director Remuneration	Interim Director of Human Resources
	Annual submission to the Chief Executive advising objective setting and Grandparent review timescales for the next financial year	Chair
13 March 2024	Development Session: Committee Effectiveness Self Evaluation	Chair

2 Work Plan for 2023/2024

2.1 Every Meeting

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

- Minutes of previous meeting
- Action Log
- Policy Updates pertaining to the Remuneration Committee



2.2 Ad Hoc Matters

- RelocationPackages in excess of £8K
- Settlement payments
- Review of Section 16 of Agenda for Change Handbook
- Executive Director appointment arrangements, job descriptions, starting salaries.
- Scottish Government Health Workforce and Performance Directorate guidance and circulars.
- Participate in national Remuneration Committee member development workshops
- 'Acting up' and 'Interim' arrangements to an Executive/Senior Manager level (Band 8d/9)

2.3 Annual Development Session

The Committee Chair and Lead will attend a session to review the:

11 October 2023

- Review of the Governance Assurance Framework to ensure that all current legislation is accurately referenced
- Review the Business Cycle.
- Review of Terms of Reference.
- Review the nature, format, and frequency of reporting to ensure it is effective.

13 March 2023

- Performance self-evaluation.
- Review the effectiveness of committee process (including Action Log, selfassessment process, minutes, and administration arrangements).
- Get development / input on learning areas identified.
- Draft the Annual Report
- Consider Committee expectations and format for the Executive Director objectives

Updated Annual Development Session Review Committee Approved Next Formal Review 12 October 2022 12 October 2022 14 December 2022 11 October 2023







Staff Governance Committee

Annual Report 2023/24

Approval Record	Date
Staff Governance Committee	Virtual – ratified 9 May 2024
Audit and Risk Committee	7 May 2024
Board	27 June 2024
Location and A	ccess to Documents
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s)	names at last review
Chair	Joanna Kenny
Vice Chair	Ryan McLaughlin
Lead Executive	Jarrard O'Brien
Committee Support	Rachel Ratter

Annual Report



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Executive Summary

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

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

Staff Governance is defined as

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

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

The Standard specifies that staff are entitled to be:

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

The Standard also requires all staff to:

• keep themselves up to date with developments relevant to their job within the organisation;

NHS Staff Governance Committee



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

Orkney

Committee Membership

2.1 Committee Leadership

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

The Vice-Chair of the Staff Governance Committee is Ryan McLaughlin Employee Director.

2.2 Committee Members

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

- Jason Taylor, Non-Executive Board Member, Whistleblowing Champion
- Nickie Milne, Partnership Representative
- Karen Spence, Partnership Representative
- Laura Skaife-Knight, Chief Executive
- Jarrard O'Brien, Director of People and Culture
- Sam Thomas, Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute

2.3 Other Attendees

In addition, there will be in attendance:

- Health and Safety Lead
- Head of People and Culture

Others will also be invited to attend for specific agenda items as required, including:

- Talent and Culture Manager
- Human Resources Manager
- Local Human Resources Staff as required for specific agenda items
- Other colleagues as required by the agenda

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



3 Meetings

3.1 Meetings Held During Period Covered

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

- 24 May 2023
- 23 August 2023
- 21 November 2023 Annual Review of Core Documentation
- 22 November 2023
- 28 February 2024

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

3.2 Business Cycle and Work Plan

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

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

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

Assurance that the Area Partnership Forum operates within its terms of reference is provided through receiving the minutes of all Partnership Forum meetings.

3.3 Action Plan and Progress

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

3.4 Annual Performance Review and Development Session

The Staff Governance Committee reviewed its Terms of Reference and Business Plan at the development session on 21 November to ensure that all areas within the Committee remit were being reported on appropriately.







4 Risks, Assurance and Effectiveness

4.1 Risks

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

4.2 Issues Raised by the Staff Governance Committee to the Board

The Staff Governance Committee provided a Chair's Assurance report to the NHS Orkney Board and the Integration Joint Board following each meeting, along with approved minutes.

The Chair's Assurance Report summarised the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurances provided
- Decisions made
- Comments on the effectiveness of the meeting

4.3 Committee Effectiveness

The Committee reviewed its performance and effectiveness over the year to identify any areas for improvement. These are noted below:

- A revised agenda for 2024/25, to align with the new corporate strategy 2024/28, reduce complexity and ensure the breadth of remit is covered adequately
- Robust action to progress and respond to issues in a timely manner and escalate as appropriate when required
- Increased scrutiny at a strategic level, based on assurance from operational controls and concise data
- Strengthened focus on risk and clear priorities
- Focus for 2024/25 on areas such as succession planning, leadership development and wellbeing
- Stronger assurance and working relationships between the Staff Governance Committee and Area Partnership Forum

NHS Staff Governance Committee



5 Chair's confirmation of review of Committee effectiveness

The Staff Governance Committee has reviewed its own effectiveness and noted areas for improvement as above.

The Staff Governance Committee is satisfied that the approach and frequency of meetings has been appropriate to allow the committee to fulfil its remit.

The Staff Governance Committee has operated in accordance with its agreed Terms of Reference.

The Staff Governance Committee has received and considered appropriate reporting and assurance from the operational groups overseen by the committee, where these have been functioning, and is satisfied that they have operated in accordance with agreed Terms of Reference.

The Staff Governance Committee has reviewed the adequacy and effectiveness of the Board's arrangements for Staff Governance. The Committee is satisfied that where there any areas of control weakness, these have been properly acknowledged and have been reflected in the Board's risk management processes.

6 Chair's Conclusion

As Chair of the NHS Orkney Staff Governance Committee during the financial year to 31 March 2024, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has undertaken a review where it has identified gaps and has in place a plan of learning, development and mitigation. The Committee comprises corporately an appropriate mix of skills to allow it to carry out its overall function.

As a result of the work undertaken during the year, I can confirm that overall adequate and effective governance and internal control arrangements were in place through NHS Orkney during the year.

I would like to thank all committee members and attendees for their commitment and engagement with the Committee. I'd also like to thank the teams whose hard work and innovative practice has contributed to the Committee's improvement journey.



JEKenny

Joanna Kenny Chair On behalf of NHS Orkney Staff Governance Committee



Staff Governance Committee

Terms of Reference

Approval Record	Date
Board	TBC
Audit and Risk Committee	TBC
Staff Governance Committee	22 February 2023
Last Review Date	11 January 2023
Next Formal Review Date	October 2023
Location and A	access to Documents
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s)	names at last review
Chair	Joanna Kenny
Vice Chair	TBC
Lead Executive	Lorraine Hall (Interim)
Committee Support	Corporate Services



1 Purpose

The role of this committee is to support and maintain a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.

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

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

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

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

- Well informed
- Appropriately trained and developed
- Involved in decisions which affect them
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

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

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



2 Composition

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

Chief Executive Director of Human Resources - Lead for Committee Director of Nursing, Midwifery, Allied Health Professionals and Acute

3 Attendance

In addition, there will be in attendance:

- Health and Safety Lead
- Head of People and Culture

Others will also be invited to attend for specific agenda items as required, including:

- Talent and Culture Manager
- Human Resources Manager
- Local Human Resources Staff as required for specific agenda items
- Other colleagues as required by the agenda

4 Quorum

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

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

5 Meetings

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

NHS Staff Governance Committee

Orleev Remit

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

- The local delivery of the Staff Governance Action Plan
- Overseeing the structures and processes which ensure that delivery against the Standard are being achieved and taking assurance around implementation
- Monitoring and evaluating strategies and implementation plans relating to people management
- Support policy amendment, funding bids, or resource submissions to achieve the Staff Governance Standards
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum
- Review and approve workforce plans and workforce projections ensuring that appropriate processes have been followed
- Monitor the progress of the Area Partnership Forum through joint Chair reports to each Committee and an annual Report to the Board
- Seek assurance on the timely submission of all Staff Governance information required for providing national monitoring arrangements
- Provide Staff Governance information for the governance statement through the Staff Governance Committee Annual Report
- Review corporate risks relating to staff and workforce issues; and seek assurance that risks are minimised/mitigated
- Seek assurance that the Whistle Blowing Standards have a supported infrastructure, monitoring and reporting framework is in place to ensure that staff can safely raise concerns. Ensure that the Board is complying with the legislation included in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (SSI 2220/5)
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- Receive regular updates on implementation of the Health and Care (Staffing) (Scotland) Act 2019
- Receive assurance with regards to volunteer programmes for directly and indirectly engaged volunteers.
- To monitor all aspects of staff induction and development and received assurance that these are being appropriately managed and progressed.
- To consider significant and/or strategic matters in relation to Occupational Health, Safety and Wellbeing

7 Best Value

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in

NHS Staff Governance Committee

Orkney the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

8 Authority

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

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

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

9 **Reporting Arrangements**

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

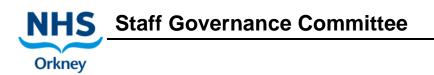
The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Committee.

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

The Staff Governance Committee will submit the Self-Assessment Monitoring Return to the Scottish Government by the required deadline.

The Chair of the Committee should raise any issues requiring cross committee input or assurance through the agreed reporting process.

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



Updated	January 2023
Annual Development Session Review	January 2023
Committee Approved	February 2023
Next Formal Review	October 202

Name:	Position:	24 May 2023	23 August 2023	22 November 2023	28 February 2024
Members:					
J Kenny	Chair	Attended	Attended	Attended	Attended
R McLaughlin	Vice Chair	Apologies	Attended	Attended	Attended
D Creasey	Non Executive Board Member	Attended	Apologies	Attended	Attended
J Taylor	Non Executive Board Member	Attended	Attended	Attended	Attended
L Skaife-Knight	Chief Executive	Attended	Attended	Attended	Attended
L Hall	Interim Director of Human Resources (Until October 2023)	Attended	Attended		
L McGovern	Interim Director of People and Culture (From October 2023)			Attended	Attended
N Milne	Partnership Representative	Attended	Attended	Apologies	Attended
K Spence	Staff Representative			Attended	Apologies
S Thomas	Director of Nursing, Midwifery, AHP and Acute		Attended	Apologies	Attended
In Attendance:					
S Phillips	Head of People and Culture	Attended	Attended	Attended	Attended
I Smith	Human Resources Manager	Apologies	Apologies	Apologies	
L Green	Health and Safety Lead	Attended	Attended	Attended	Apologies
	Committee Support	C Drever	C Drever	C Drever	R Ratter
	Denotes no Attendance Required				
Attending for specific agenda item		C Somerville	C Somerville	A Sabiston	W Corstorphine Jaimie Cooper Alasdair Miller

NHS Orkney - Staff Governance Committee Attendance Record - Year 1 April 2023 to 31 March 2024:

Orkney

6.2

Business Cycle and Workplan for 2023/24

1 Business Cycle

Meeting	Items of Business	Responsible Officer
	Staff Governance Committee Annual Report	Chair
	Staff Governance Action Plan Approval of End of Year 2022/23	Interim Director of Human Resources
24	Approval for 2023/24 Staff Governance Action Plan	Interim Director of Human Resources
May 2023	Remuneration Committee Annual Report 2022/23	Interim Director of Human Resources
	Area Partnership Forum Annual Report 2022/23	APF Chair
	Staff Governance Monitoring Return (subject to Scot Gov timings)	
	Health and Safety Annual Action Plan	Health and Safety Lead
23 August	Health and Care (Staffing) (Scotland) Act Report	Director of Nursing, Midwifery, Allied Health Professionals and Acute
2023	Workforce Equality Measures Annual Report (if a requirement)	Head of People and Culture
	iMatter Report	Head of People and Culture



		V ·
18 October 2023	 Development Session: Annual Review of Core Committee Documentation Schedule of meetings Terms of reference Business Cycle and Workplan 	Chair
22 November 2023	Once for Scotland Policy Implementation Progress Report	Human Resources Manager
	Workforce Policy Implementation Progress Report	Head of People and Culture
28 February 2024	Workforce Performance Annual Report	Head of People and Culture
	Health and Social Care Staff Experience Report	Talent and Culture Manager
	Staff Governance Standards Monitoring return	Interim Director of Human Resources
	Whistleblowing – (Process Reporting, Training, Confidential Contacts, Audit re eLearning)	Medical Director
27	Development Session: Committee Effectiveness Self Evaluation	Chair
March		
2024	Training opportunity and training needs for year	

2 Work Plan for 2023/24

2.1 Every Meeting

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

- Minutes of previous meeting
- Action Log
- Workforce Report:
- Escalated Staff Governance Matters
- Staff Governance Action Plan
- Occupational Health and Safety Chairs Report and approved minutes

6.2



6.2

- Area Partnership Forum Chairs Report and approved minutes
- Joint Local Negotiating Committee (JLNC) Chairs report and approved minutes

2.3 Annually

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

- Remuneration Committee Annual Report
- Area Partnership Forum Annual Report
- Workforce Equality Measures Annual Report
- Workforce Development Activity Annual Report
- Fitness to Practice Annual Report, Audit and Workplan
- Staff Governance Annual Monitoring Return Response
- Workforce Performance Annual Report
- Health and Safety Annual Action Plan and progress report
- Revalidation Reports (for all registered staff)
- Job Evaluation Annual Report
- Risks / Staffing and People related incidents raised through the IR1 (Datix) process and the action taken

2.4 Ad Hoc Business

- To review and approve relevant policies
- Equality and Diversity (relevant updates)
- Workforce Plan
- Reports on audits undertaken
- iMatter reports
- Work Placements/Volunteering and Apprenticeships
- Graduate Programme recognition and celebration of achievement

2.5 Annual Development Session

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

Updated11 January 2023Annual Development Session Review11 January 2023



Committee Approved Next Formal Review 22 February 2023 2023

Date of Meeting	Report No.	Report Title
24 May 2023	SGC2324-01	Staff Governance Committee Annual Report 2022/23
	SGC2324-02	Remuneration Committee Annual Report 2022/23
	SGC2324-03	Staff Governance Action Plan Approval of End of Year 2022/23
	SGC2324-04	Approval for 2023/24 Staff Governance Action Plan
	SGC2324-05	Q4 Workforce Report – Jan – Mar 2023
	SGC2324-06	Area Partnership Forum Chair's Report
	SGC2324-07	Minutes of Area Partnership Forum meetings held Jan - April 2023
	SGC2324-08	Safety Policies for Approval:
	SGC2324-09	Health & Safety Lead Annual Report 2022/2023
23 August 2023	SGC2324-10	Staff Governance Action Plan Priorities 2023/24
	SGC2324-11	Q1 Workforce Report – Apr– Jun 2023
	SGC2324-12	NHS Orkney Equality and Diversity Mainstreaming Report 2023
	SGC2324-13	2023 iMatter – Update and Next Steps
	SGC2324-15	Area Partnership Forum Chair's Report
	SGC2324-16	Minutes of Area Partnership Forum meetings held May - July 2023
	SGC2324-17	Area Partnership Forum Annual Report 2022/23
	SGC2324-18	The Health and Care (Staffing) Scotland Act 2019
	SGC2324-19	Occupational Health, Safety and Wellbeing – Chairs Report, approved action notes and constitution
	SGC2324-20	Health & Safety Lead Update April / May 2023
	SGC2324-21	Risk and Assurance Report
22 November 2023	SGC2324-22	Staff Governance Action Plan Priorities 2023/24
	SGC2324-23	Q2 Workforce Report – July - Sept 2023
	SGC2324-24	Staff Governance Monitoring Return

		Succession Planning Toolkit - Update
	SGC2324-25	- · ·
	SGC2324-26	CEO 100 Day Report – progress update
	SGC2324-27	Area Partnership Forum Chair's Report and Minutes of meetings held August and September 2023
	SGC2324-28	Workforce Policy Implementation – Update
	SGC2324-29	Occupational Health, Safety and Wellbeing – Chairs Assurance Report 31 October 2023
	SGC2324-30	Health & Safety Lead Update August/September 2023
	SGC2324-31	DL (2023) 28 - Interim National Menopause And Menstrual Health Policy For NHS Scotland
	SGC2324-32	SPPA - NHS Pension Schemes 2023/11
28 February 2024	SGC2324-33	Risk and Assurance Report
	SGC2324-34	Integrated Performance Report
	SGC2324-35	Committee Terms of Reference
	SGC2324-36	Committee Workplan/business Cycle
	SGC2324-37	Staf Governance Action Plan Priorities
	SGC2324-38	Q3 workforce report
	SGC2324-39	Whistleblowing Quarter 3 update
	SGC2324-40	iMatter benchmarking
	SGC2324-41	sickness absence update following F&P deep dive
	SGC2324-42	Communications update
	SGC2324-43	NHS Scotland Workforce Policies Consultation
	SGC2324-44	Medical Education Presentation
	SGC2324-45	OU Student response
	SGC2324-46	APF chairs assurance Report
	SGC2324-47	APF minute
	SGC2324-48	APF constitution
	SGC2324-49	Health and Care Staffing act

SGC2324-50	Health and Safety Lead update
SGC2324-51	Work related stress survey results



Senior Leadership Team

Annual Report 2023/24

Approval Record	Date		
Senior Leadership Team	2 April 2024		
Audit and Risk Committee	7 May 2024		
Board	27 June 2024		
Location and A	Access to Documents		
Location of master document	Corporate Services folder – G: Drive		
Location of backup document	Meeting's folder – G: Drive		
Location of E&D assessment	N/A		
Post holder(s)	names at last review		
Chair	Laura Skaife-Knight, Chief Executive		
Corporate Governance Lead	Emma West, Corporate Services		
	Manager		



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	Appendix 2: Terms of Reference – February 2024	
	Appendix 3: Record of Attendance	



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Executive Summary

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

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

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

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

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



2.1 Committee Leadership

NHS

The Chair of the Senior Leadership Team is the Chief Executive.

In the absence of the Chief Executive, the Director of Nursing, Midwifery, AHPs and Chief Officer Acute or the Medical Director Chair the Senior Leadership Team.

2.2 Committee Members

Core membership of the Senior Leadership Team consists of:

- Chief Executive Chair
- Executive Team
 - o Medical Director
 - o Director of Nursing, Midwifery, AHPs and Chief Officer Acute
 - o Director of Public Health
 - Director of Finance
 - o Chief Officer
 - o Director of People and Culture
- Director of Pharmacy
- Director of Dentistry
- Head of Improvement
- Associate Director of AHPs
- Recovery Director
- Head of Planning, Performance and Information
- Head of Patient Safety, Quality, and Risk
- Employee Director
- Head of Corporate Governance

Extended Membership

- Deputy Medical Director
- Deputy Director of Nursing
- Deputy Director of Midwifery
- Consultant in Public Health Medicine
- Head of People and Culture
- Head of Community Health and Community Care
- Head of Finance

2.3 Other Attendees

Quarterly Development Sessions, and other meetings as agreed, are attended by an extended membership.



Wider colleagues are also invited to attend and contribute as required to meet the work programme of the SLT.

The Senior Leadership Team Terms of Reference active from July 2023 is attached as **Appendix 1**, the Terms of Reference were updated on 20 February 2024 and are attached as **Appendix 2** and attendance list at **Appendix 3**.

Meetings

Orkney

3.1 Meetings Held During Period Covered

Senior Leadership Team meetings were established in July 2023, and met on fifteen occasions during the period from 1 July 2023 to 31 March 2024.

There were also several additional extended meetings as noted below:

- 4 October 2023 First quarterly extended SLT (extended SLT is the wider senior leadership community – which is 30-40 of the most senior leaders in the organisation)
- 6 November 2023 Extended Annual planning meeting
- 7 December 2023 Board members and Extended SLT session
- 30 January 2024 Quarterly extended SLT
- 7 March 2024 Extended session with full Board Financial Plan

Extended SLT is an informal/engagement forum and not a formal part of our governance. It is an arena used for education, strategic, and development sessions with the wider leadership communication in at least a quarterly basis.

3.2 Business Cycle and Work Plan

The Senior Leadership Team, as it has been developing, has not formally had a workplan, however, from 2024/25 will have a clear workplan in place.

In 2023/24 SLT met twice a month. Following feedback from members from April 2024, SLT will be monthly with an informal 30-minute briefing taking place fortnightly as a touchpoint meeting for SLT members.

3.3 Action Plan and Progress

The Senior Leadership Team Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee to ensure progress.

3.4 Six monthly review session

The Senior Leadership Team held a six-monthly review of the committee at their meeting on the 9 January 2024, discussing the positives, improvements to be made and conducting a review of current membership.

The Terms of Reference were updated based on the discussions and approved at the meeting on the 20 February 2024, subject to further





requirements to articulate financial approval levels as part of the work around an improved scheme of delegation.

4 Risk, Assurance and Effectiveness

4.1 Risk

The Senior Leadership Team receives an update on the status of all Corporate Risks on a monthly basis.

4.2 Issues Raised by the Senior Leadership Team to the NHS Orkney Board

The Senior Leadership Team provided a Chair's Assurance report to the NHS Orkney Board following each meeting, along with approved minutes.

The Chair's Assurance Report summarises the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurance s provided
- Decisions made
- Comments on the effectiveness of the meeting

4.3 Committee effectiveness

At the six-monthly review session, the following were noted:

Positives

- There was greater engagement, oversight of business and collective awareness
- Decisions were made from an informed basis with the ability to clearly articulate decision-making and rationale
- There was greater understanding of challenges and issues at organisational and team levels
- Members had a greater awareness of the financial challenge and mitigations
- An improvement in the quality and content of papers had been noted

Improvements to be made

Senior Leadership Team



- Extending meeting times to enable more depth to conversations
- A review of the flow of papers to various forums/Committees avoid duplication
- Recurring items and additional items to be differentiated on the agenda
- Forward planner of business to be implemented

5 Chair's confirmation of review of Committee effectiveness

The Senior Leadership Team has reviewed its own effectiveness and noted areas for improvement as above.

The Senior Leadership Team is satisfied that the approach and frequency of meetings has been appropriate to allow the Committee to fulfil its remit. From April 2024, we will trial a monthly formal meeting cycle, and assess the effectiveness of this arrangement within six-months.

The Senior Leadership Team has operated in accordance with its agreed Terms of Reference.

The next step is to ensure the operational groups which report and feed into Senior Leadership Team are effective and set up well so that SLT can receive appropriate reporting, minutes and assurance from these groups.

6 Chair's Conclusion

SLT remains in its infancy however is maturing with time and as we respond to feedback from members.

It was introduced in response to staff feedback and a desire for faster, more clinically-lead and transparent decision-making.

Aligning the agenda to the strategic objectives has helped us to focus on the right issues and having a formal decision-making forum on the operational side of our governance which reports to the Board is making a positive difference to our governance framework and assurance at Board level as well as operational delivery.

The next phase of SLT's development needs to be collective ownership for the agenda to inform the 12-month workplan for the meeting and collective engagement in the meeting so that all voices and views can be heard.

The new Corporate Strategy and strategic objectives will support a further realignment of the agenda and focus early 2024/25, as we seek to build



Senior Leadership Team

further on the improvements we have seen through 2023/24 as a result of having SLT in place.

1 Spay

Laura Skaife-Knight

Chair On behalf of NHS Orkney Senior Leadership Team

Senior Leadership Team - Terms of Reference

Purpose:

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

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

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

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

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

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

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

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

Key responsibilities/function:

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

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

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

In addition, SLT will:

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

Membership:

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

In the event that a decision cannot be reached by SLT core members, the voting Board members of the Executive Team and CEO will make the final

decision and this, along with the fullness of the discussion will be shared for openness in the Chair's Assurance Report for SLT which will go onwards to Board.

Attendance:

Other colleagues will be asked to attend as appropriate.

Quorum:

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

Meetings:

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

Reporting arrangements:

- SLT reports to Orkney NHS Board
- Following a meeting of SLT the approved minutes of that meeting should be presented at the next Orkney NHS Board meeting along with a Chair's Assurance Report
- SLT will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide assurance to the Board that the Committee it has met its function during the year
- SLT will report on any areas of concern to the Board as appropriate.

Drafted: May 2023



Senior Leadership Team

Terms of Reference

Approval Record	Date					
Board	TBC					
Last Change and Approval Date	July 2023					
Last Review Date	January 2024					
Next Formal Review Date	July 2024					
Location and Ac	Location and Access to Documents					
Location of master document Corporate Services folder – G:Drive						
Location of backup document	Meetings folder – G:Drive					
Location of E&D assessment	n/a					
Post holder(s) na	ames at last review					
Chair	Laura Skaife-Knight					
Corporate Governance Lead	TBC					



Drkney							
1	Purpose						
	The Senior Leadership Team (SLT) is a Committee of the NHS Orkney Board.						
	The SLT is delegated by the Board to act on and investigate any activity within its Terms of Reference.						
	The SLT has delegated authority from the Board to oversee the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical, which support the achievement and delivery of the organisation's strategic objectives.						
	The SLT is responsible for the delivery and effective monitoring of progress against the strategic objectives as outlined within the Plan on a Page, notably:						
	 Workforce Culture Quality and Safety Systems and Governance Sustainability 						
2	Composition						
	Core membership of the Committee shall consist of:						
	 Chief Executive – Chair Executive Team Medical Director Director of Nursing, Midwifery, AHPs and Chief Officer Acute Director of Public Health Director of Finance Chief Officer Director of People and Culture Director of Pharmacy Director of Dentistry Head of Improvement Associate Director of AHPs Recovery Director Head of Planning, Performance and Information Head of Quality, Safety and Risk 						
	Extended Membership						
	Deputy Medical DirectorDeputy Director of Nursing						
	Deputy Director of Midwifery						

HS	Senior Leadership Team
rkney	 Consultant in Public Health Medicine Head of People and Culture Head of Community Health and Community Care Head of Finance
	In the event that a decision cannot be reached by SLT core members, the voting Board members of the Executive Team and CEO will make the final decision and this, along with the fullness of the discussion will be shared for openness in the Chair's Assurance Report for SLT which will go onwards to the Board.
	In the absence of the CEO, the Medical Director or Director of Nursing, Midwifery, AHPs and Chief Officer Acute will Chair SLT.
3	Attendance
	Core Members will be expected to send a delegate if unable to attend a meeting. The Chair and Corporate Governance Lead should be informed in advance of a delegate attending for a core member other than those from the extended membership.
	Where necessary delegates should be briefed to present reports on behalf of core members.
	Wider colleagues will be invited to attend and contribute as required to meet the work programme of the SLT.
4	Quorum
	Quoracy of the meeting will include a minimum of 3 Executive Directors and 2 Deputy Directors.
5	Meetings
	SLT will meet twice a month; with meetings no longer than 2.5 hours. The first meeting in the month will focus on strategic items of business. The second meeting of the month will focus on core operational business items, including risk, the Integrated Performance Report, financial performance and improvement, quality, safety and patient experience and internal audit.
	Quarterly development sessions will be held for the core and extended SLTmembership, and all Heads of Service at NHS Orkney and Orkney Health and Care.
	Core members are expected to attend at least 75% of meetings in a 12- month period.

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NHS Senior Leadership Team

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Orkney	Extraordinary meetings may also be called if urgent business arises as determined by the Chair.					
	Before each meeting the agenda and papers shall be accessible to every Member by electronic means, at least five working days before the date of the meeting.					
	Papers for the meeting must be submitted to the Corporate Governance Team no later than 9 days prior to the meeting. No late papers will be accepted.					
6	Remit					
	SLT is responsible for reviewing, approving and monitoring the below, to allow constructive scrutiny by the associated governance Committees:					
	 The Board's performance against key targets via the Integrated Performance Report, plans and other corporate objectives, delegating and co-ordinating action where appropriate with a specific focus on quality of care, patient safety and patient experience. Actions arising from the Performance Report and performance management of delivery of any action plans. Key improvement plans where remedial steps are indicated to improve performance. Business cases for service developments. The financial limit for Business Cases that require SLT approval is £XXXX. The capital programme prior to Finance and Performance Committee and Board approval. The effectiveness of the management of significant risks, to enable the Audit and Risk Committee to gain assurance that adequate structures are in place to undertake activities which underpin effective risk management. The operational effectiveness of policies and procedures, with SLT to approve key policies following engagement at key operational groups/Committees and ahead of providing onward assurance to Board Committees regarding policy compliance 					
	In addition, SLT will:					
	 Scrutinise key reports prior to submission to the Board to ensure their accuracy and quality. Remain fully sighted of key regional and national returns to Scottish Government to ensure NHS Orkney submissions and position statements are understood and owned. 					

NHS Senior Leadership Team

'kney	 Provide a corporate view on hospital and community-wide issues of current concern ensuring co-ordination between teams. Advise on planning and change management initiatives with a clear focus on delivery of the Annual Planning requirements and operational priorities, and in turn lead the delivery of the Corporate and Clinical Strategies in the organisation. Oversee the delivery of organisational improvement programme, which includes quality improvement, financial improvement and digital improvement. Oversee the delivery of the workforce and people plans, including plans to further improve staff engagement and experience. Ensure that staff are kept up-to-date on organisation and community-wide issues. 				
8	Authority				
	The Senior Leadership Team is authorised by the Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires within the scope of organisational data protection and Caldicott guidance				
	The Senior Leadership Team may obtain whatever professional advice it requires and require Directors or other officers of NHS Orkney to attend whole or part of any meetings.				
9	Reporting Arrangements				
	SLT reports to Orkney NHS Board on a bi-monthly basis via the CEO.				
	Following a meeting of SLT the approved minutes of that meeting should be presented at the next Orkney NHS Board meeting along with a Chair's Assurance Report.				
	SLT will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide assurance to the Board that the Committee it has met its function during the year.				
	SLT will escalate and report on any areas of concern to the Board as appropriate principally via the Chair's Assurance Report or via escalation from the CEO to the full Board outside of Board meetings as needed.				
	ed 10 February 2024 al Development Session Review 09 January 2024				

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July 2024

Committee Approved

Next Formal Review

NHS Orkney	 Senior Leadership Tea 	am Attendance	Records – 1	April 2023 -	- 31 March 2
Name:	Position:	03-Jul-	23 18-Jul-23	01-Aug-23	22-Aua-23

Name:	Position:	03-Jul-23	18-Jul-23	01-Aug-23	22-Aug-23
Members:					
Laura Skaife-	Chief Executive (Chair)	Attending	Attending	Attending	Attending
Knight					
Anna Lamont	Medical Director				
Lynda Bradford	Head of Community			Apologies	Apologies
	Health and Community				
	Care		A		A
Stephen Brown	Chief Officer	Attending	Attending	Attending	Attending
Nick Crohn	Interim Deputy Director of Acute Services		Attending	Attending	Apologies
Mark Doyle	Director of Finance	Attending	Attending	Attending	Attending
Elvira Garcia	Consultant in Public Health Medicine	Attending	Attending	Attending	
Lorraine Hall	Interim Director of HR	Attending	Attending		Apologies
Mark Henry	Medical Director	Apologies	Attending	Attending	Apologies
Sara Lewis	Acting Director of Public Health	Attending	Attending	Apologies	Apologies
Anthony McDavitt	Director of Pharmacy	Attending	Attending	Attending	
Linda McGovern	Interim Director of People & Culture				
Michelle Mackie	Interim Deputy Director of Nursing	Attending	Attending	Attending	Attending
Malcolm Metcalfe	Interim Medical Director				
Jay O'Brien	Director of People and Culture				
Steven Phillips	Head of People and Culture	Attending	Attending	Apologies	Attending
Carrie Somerville	Head of Planning, Performance and Information	Attending	Attending	Attending	Apologies
Keren Somerville	Head of Finance	Attending	Attending	Apologies	Attending
Morven Gemmill	Associate Director of AHPs				
Monique	Interim Deputy Medical	Attending	Attending	Attending	Attending
Sterrenburg	Director				
Wendy Lycett	Interim Director of Pharmacy				
Sam Thomas	Director of Nursing, Midwifery, AHPs and Acute Services	Attending	Attending	Apologies	Apologies
Louise Wilson	Director of Public Health	Attending	Attending	Attending	Attending
Paula Tinniswood	Recovery Director				
Steven Johnston	Director of Dentistry	Attending	Attending	Attending	Attending
Debs Crohn	Head of Improvement				

In Attendance:					
Christy Drever	Committee Support	Attending			
Julie Colquhoun	Corporate Governance Lead				
Nicola Muir	Committee Support		Attending	Attending	Attending
Emma West	Committee Support			Ű	, j
Freddie Pretorius	Committee Support				
Shona Lawrance	Corporate Communications Officer				Attending
Maureen Firth	Head of Primary Care			Deputy for L Bradford	
Ingrid Smith	Human Resources Manager			Deputy for L Hall	
Maureen Swannie	Interim Head of Children's Health Services				Deputy for L Bradford
Amy Gallivan	Corporate Communications Officer				
Ryan McLaughlin	Employee Director				
Attending for spec					
Gordon Robinson	Head of information Governance		For items 13.1 > 13.3		
Sarah Walker					
Ian Coghill	Senior Analyst				For item 10.1
Debbie Lewsley	Clinical Governance & Risk Facilitator				For item 10.2
Diane Smith	Quality Improvement Hub Support Officer				For item 10.2
Elaine Strange	Head of Information Delivery, Public Health Scotland				For item 11.1
Lauren Johnstone	Project Manager (FSO)				
Gina Tait	Project Manager (FSO)				
Harmony Bourn	Project Support Officer (FSO)				
Sandra Stankus	eHealth & Infrastructure Team Lead				
Mareeya Montero	Senior Management Accountant				
Lynn Adam	Healthcare Staffing Implementation				
Wendy Lycett	Principal Pharmacist			I	

Laura Wales	West Community Nurse		
Maureen Firth	Head of Primary Care Services		
David Firth	Intelligence Analyst, Primary Care		

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Area Clinical Forum

Annual Report 2023/24

Approval Record	Date		
Area Clinical Forum	5 April 2024		
Audit and Risk Committee	7 May 2024		
Board	27 June 2024		
Location and	Access to Documents		
Location of master document	Corporate Services folder – G: Drive		
Location of backup document	Meeting's folder – G: Drive		
Location of E&D assessment	N/A		
Post holder(s) names at last review			
Chair	Kirsty Cole		
Vice Chair	Nick Crohn		
Lead Executive	Clinical Executive Directors		
Committee Support	Emma West, Corporate Services		
	Manager		

NHS Area Clinical Forum

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1

Executive Summary

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

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

Area Dental Committee (ADC)

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

Area Medical Committee (AMC)

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

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

Area Pharmaceutical Committee (APC)

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

Nursing and Midwifery Advisory Committee (NAMAC)

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

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

Therapies, Rehabilitation and Diagnostics Advisory Committee (TRADAC)





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

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

The purpose of this report is to summarise the work of the Advisory Committees over the year 2023/24 for the purposes of ACF committee development and for Board awareness. NHS



2.1 Committee Leadership

The current Chair of the Area Clinical Forum is Kirsty Cole, Chair of the GP Sub Committee

Steven Johnston, ADC, held the role of Chair of the Area Clinical Forum until the 6 February 2024

The Vice-Chair of the Committee remained vacant for much of 2023/24, Nick Crohn, TRADAC, was appointed to the role of Vice Chair from the 6 February 2024.

2.2 Committee Members

The following individuals are also voting members of the Area Clinical Forum, due to their office bearer roles on the Professional Advisory Committees:

- Scott Tulloch ADC
- Wendy Lycett APC*
- Lyndsay Steel APC*
- Paul Cooper Hospital Sub Committee
- Kirsty Cole GP Sub Committee
- Sylvia Tomison NAMAC
- Moira Flett NAMAC
- Kirsti Jones NAMAC
- Graeme Clark Optometrist (sole representative)
- Rona Harcus TRADAC

*In the absence of an active APC, invitation to represent pharmacy.

2.3 Other Attendees

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

The Area Clinical Forum Terms of Reference is attached as Appendix 1





Meetings

3.1 Meetings Held During Period Covered

The Committee has met on five occasions during the period from 1 April 2023 to 31 March 2024 and held three development sessions:

- 5 May 2023
- 4 August 2023
- 6 October 2023
- 1 December 2023
- 6 February 2024

3.2 Business Cycle and Work Plan

The Area Clinical Forum does not currently have a standardised Business Cycle and Workplan, this is being developed following a review of operational governance and will be implemented for 2024/25 along with a refresh of the ACF Terms of Reference.

3.3 Action Plan and Progress

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

3.4 Development Sessions

The Area Clinical Forum held development three sessions throughout the year on the below topics with attendance from all clinical colleagues welcomed.

- 7 July 2023 Staffing for Safe and Effective Care (joint session with the Area Partnership Forum) cancelled due to low attendance.
- 3 November 2023 Succession Planning and Clinical Engagement
- 5 March 2024 Major Incident Planning

3.5 NHS Orkney Annual review

NHS Orkney held a non-ministerial Annual Review on the 9 November 2023, with the Area Clinical Forum feeding into the discussions through submission of a report and a meeting of the Forum ahead of the public session.



Risk, Assurance and Effectiveness

4.1 Issues Raised by the Area Clinical Forum to the NHS Orkney Board

The Area Clinical Forum provided a Chairs Assurance report to the NHS Orkney Board following each meeting, along with approved minutes.

The Chairs Assurance Report summarised the assurances received, approvals, recommendations and decisions made, including:

- Matters of concern or key risks to escalate
- Major Actions Commissioned/work underway
- Positive Assurance s provided
- Decisions made
- Comments on the effectiveness of the meeting

The Area Clinical Forum receives Chairs Assurance reports from the Professional Advisory Committee Chairs, to inform the report to the Board.

4.2 Committee effectiveness

- Although there had been five quorate meetings within the year the Forum had not had full attendance from members
- Attendance at meetings of the professional advisory committees had been low
- The lack of administrative support for several months had a negative impact on papers being received

5 Chair's confirmation of review of Committee effectiveness

The Area Clinical Forum has reviewed its own effectiveness and noted areas for improvement as above.

The Area Clinical Forum is satisfied that the approach and frequency of meetings has been appropriate to allow the forum to fulfil its remit.

The Area Clinical Forum has operated in accordance with its agreed Terms of Reference.

The Area Clinical Forum has received and considered appropriate reporting, minutes and assurance from the Professional Advisory Committees is satisfied that they have operated in accordance with agreed Terms of Reference. **Area Clinical Forum**



The Area Clinical Forum welcomed new members in 2023/24 and concluded with the welcome appointment of a new Chair, Kirst Cole and a new Vice-Chair, Nick Crohn. The short hiatus in the administrative support was acutely felt, with business running less smoothly, or in some cases, not at all. This is testament to the skill of our secretariat and demonstrated the importance in having that support in place for our clinicians. The reinstatement of administrative support has been warmly welcomed.

As ever, the Advisory Committees struggle with attendance, finding it difficult to strike the balance between tending to the patient facing day job and contributing to the important work of advising the Board of clinical matters. In order to the get the most of our committees, they must be values and protected time enable to allow clinicians to contribute. The campaign to find new ACF office bearers did help to raise awareness and, in the year ahead, improving clinical engagement should be a priority.

The financial challenge facing NHSO will require the input of our clinical staff both to present new ideas but also to advise on the impact of proposed change. Therefore financial recovery has been added as a standing agenda item at ACF, following dialogue with the Director of Finance.

2023/24 has been another difficult year for our clinicians and their dedication and hard-work has been clearly evident at ACF. We would like to conclude with a huge thank you to our staff for all of their efforts over the last year to keep our patients safe and healthy.

Kirsty Cole (Chair) & Steven Johnston (previous Chair)

Chair On behalf of NHS Orkney Area Clinical Forum



Appendix 1

1 Purpose

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

2 Composition

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

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

3 Attendance

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

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

4 Quorum

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

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

5 Meetings

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

Extraordinary meetings may also be called if urgent business arises.





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

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

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

6 Function

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

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

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

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

7 Reporting Arrangements:

The Area Clinical Forum reports to Orkney NHS Board

Area Clinical Forum



- Following a meeting of the Area Clinical Forum the approved minute of that meeting should be presented at the next Orkney NHS Board meeting along with a report from the Chair
 - The Area Clinical Forum will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Forum during the year and provide assurance to the Board that it has met its function during the year
 - As part of the Accountability Review process, Orkney NHS Board will be required to demonstrate that they have involved the Area Clinical Forum and the relevant Area Professional Committees appropriately in strategic and service development issues
 - The Area Clinical Forum will report any areas of concern to the Clinical and Care Governance Committee or Executive Management Team as appropriate

Chair of the Area Clinical Forum:

8 Role

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

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

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

9 Appointment

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

As this is a Ministerial public appointment, Chairs of NHS Boards must put forward a recommendation for formal appointment to Orkney NHS Board once the Chair of the Area Clinical Forum has been identified, as part of the comprehensive submission covering all the recommendations for appointment of Board members. In making their nominations for appointment, Orkney NHS Board Chair will wish to have regard to the overall balance of the Board.



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

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



NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 27 June 2024
Title:	Board Chair and Chief Executive Report
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-
	Knight
Report Author:	Meghan McEwen, Board Chair, and Laura Skaife-
	Knight, Chief Executive

1 Purpose

This is presented to the Board for:

• Awareness

2 Report summary

2.1 Situation

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

- Operational performance summary
- Year 1 of our new five-year Corporate Strategy governance and reporting arrangements
- Launching our new Long Service Recognition Programme
- Our 2024 iMatter results and next steps
- The Old Balfour and King Street updates
- Retirements for two long-serving colleagues
- MBE for Anne Gregg, Macmillan Specialist Nurse/ Senior Charge Nurse, NHS Orkney
- Chair and Chief Executives' diaries including meetings with external stakeholders and partners



2.2 Background

2.2.1 Operational performance summary

Four-hour emergency access standard

Our four-hour emergency access standard performance decreased at the end of April 2024 to 91.07% against the national 95% standard (compared to 95.02% for NHS Orkney at the end of March 2024). NHS Orkney remains a top three performing Health Board in Scotland for the four-hour emergency access national standard, which is an important indicator of quality and experience.

18-week Referral to Treatment Standard

Our performance against the 18-week Referral to Treatment standard has increased during April 2024 to 81.1% (against the 90% national standard) compared to 74.2% in March 2024. There are specialties where improvements are required, these including ear, nose and throat (36.8%) and Cardiology (76%).

Diagnostic/scans

A total of 366 patients were waiting for diagnostic tests/scans at the end of April 2024 (compared to 378 patients in March 2024). 108 patients have been waiting over six weeks compared to 89 patients in March 2024, with increased to patients waiting for MRI scans a result of the van not being in Orkney in April 2024 (2 waiting in March 2024 compared to 58 waiting in April 2024).

31 and 62-day cancer standard

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

During April 2024, the 62-day cancer standard was also at 100% (which is 2 eligible referrals for context).

Waiting lists and backlogs

We continue to focus on addressing our waiting lists and backlogs, with a focus on areas where we have waits which are longer than we would wish for our patients. For context, at the end of March 2024 NHS Orkney had 1,615 outpatients in total on our waiting lists for appointments (1,457 at the end of March 2024). 872 patients have been waiting over 12-weeks for an appointment, an increase compared to the 813 waiting over 12-weeks at the end of March 2024. Our performance against the 12-week standard is disappointingly at 46.01%, showing a slight further decrease in performance compared to at the end of March 2024 when this figure was 46.62%.



Treatment Time Guarantee

Our performance against the Treatment Time Guarantee for inpatients (that patients who will not wait longer than 12-weeks) has remained steady, with 185 waiting more than 12-weeks out of 303 total patients waiting. The end of March 2024 showed a similar picture with 179 breaching 12-weeks out of 296 on the waiting list.

A deep dive into waiting times was presented to our Finance and Performance Committee on 30 May 2024 setting out our approach to addressing challenges around waiting times. To ensure we have a rounded picture across our Health and Social Care System, the deep dive covered acute and community services by specialty of waits and trends, with a clear focus on our performance versus national standards (benchmarking where possible). Most importantly it focused on recovery, improvement plans and trajectories showing clear alignment to our risk register, corporate and clinical strategies, and our Improvement Programme.

We want our community to know we are proactively taking a number of different approaches to improve our waiting times. This includes giving careful thought to where we target the nationally allocated £253,000 we have received for planned care. We are working through plans to better utilise the capacity we have at the national treatment centres – including the Golden Jubilee – for trauma and orthopaedics and wider specialties to address our waiting times and we are also working through our Service Level Agreements with other Health Boards so these are fit for purpose and delivering for NHS Orkney and our community. Finally – we are setting up a new Planned Care Board which will report to our Senior Leadership Team and Finance and Performance Committee so the line of sight of plans and progress is much improved. In the next few months we will start publishing waiting times for our community in the spirit of openness and transparency and in response to patient and community feedback.

Theatre Utilisation

207 operations were scheduled during April 2024. Of those, 49 were cancelled; giving a percentage cancellation rate of 28.5%. Cancellations were for a variety of reasons including reduced staff availability due to emergency call outs and patients not fit for surgery on the day of procedure due to medication reasons.

Some Gynaecology and General Surgery lists continue to be under booked due to a lack of patients on these waiting lists. This is being looked at as for part of the theatre utilisation improvement workstream.

Financial performance and year-end position for 2023/24

We are pleased to report that whilst we remain in escalation status in the eyes of the Scottish Government, we can evidence progress with our financial position since my last update to you. This is the result of the hard work of staff across NHS Orkney and a commitment to delivering the best possible financial results, whilst assessing the impact of every single decision we make on quality and safety, staff engagement and morale and staff wellbeing. Our most senior clinical leaders – our Medical Director, Director of Public Health and Director of Nursing, Midwifery, AHPs and Chief Officer for Acute - are instrumental in our decision-making in this regard.



We ended the 2023/24 financial period with a £5.1m overspend, £2m adverse to our original 2023/24 Financial Plan, although an improved position from the £6.2m overspend which we were forecasting at the end of October 2023. We achieved £3.8m of savings against our £3.7m target in 2023/24, however, only £0.9m (24%) were recurrent savings, which stores up problems for future years, and for this reason our 2024/25 financial plan will shift the dial so that we aim for circa three quarters of our savings to be recurrent moving forward.

We now focus on delivering our financial plan for 2024/25 which is to achieve a deficit of £5.8m, this is underpinned by a £4m full year savings ambition. Of the £4m, we have identified £2.8m to date, of which 82% are expected to be recurrent savings – which is a significant step forward.

Our Annual Accounts for 2023/24, due to be published in the months to come, will show a balanced position for NHS Orkney which I know somewhat contradicts what we have been reporting for many months, but this is due to the fact we have received £5.2m of support funding from Scottish Government in the form of repayable brokerage. As such, we wanted to explain to our community that the fact remains that receiving brokerage is not a good place to be and our underlying deficit position remains.

2.2.2 Year 1 of our new five-year Corporate Strategy – governance and reporting arrangements

Our new long-term Corporate Strategy sets out how we will build on the improvements of the last 12-months to further improve care, services and the experience for patients and our community and the experience of working at NHS Orkney via our five new strategic objectives.

Our Executive Team has over the last few months done some further work to make a number of proposals to the Board on the governance and reporting arrangements for our new strategy.

Clear metrics and Key Performance Indicators have been agreed for Quarters 1 and 2 of 2024/25, and it is proposed that the strategic objectives report into the Board Committees as follows:

- People Staff Governance Committee
- Patient Safety Joint Clinical and Care Governance Committee
- Performance Finance and Performance Committee
- Potential Finance and Performance Committee
- Place Joint Clinical and Care Governance Committee

It is proposed that each strategic objective reports to the Board Committees as above and the full scorecard goes to Senior Leadership Team and the public Board each quarter, with the first update (Quarter 1) due in July 2024 which will be followed by a clear update and communications to all staff and our community summarising our progress and how we're doing.

All Board, Board Committee and Senior Leadership Team agendas are being aligned to the new strategic objectives.



2.2.3 Launching our new Long Service Recognition Programme

Early June 2024, after many months of engagement across the organisation we launched our Long Service Recognition Programme in response to staff feedback.

Last year staff told us loud and clear how much it would mean to them to see Long Service Awards back at NHS Orkney. We have listened to this feedback and responded – and we have launch our recognition programme in response.

This development aligns with our new Corporate Strategy and specifically our 'People' priority. Staff asked us to strengthen the work we do to value and recognise staff, and one of the changes we have introduced in response – in addition to our Team Orkney Awards – is recognising 5 years of NHS Orkney service onwards. Early July 2024, we will hold a special event to recognise those colleagues who mark the impressive milestone of reaching over 40 years' service to NHS Orkney and the NHS this year. Recognising colleagues will include certificates, pin badges and, in some cases, additional leave being awarded. This is all possible thanks to the support of our Endowments Fund.

2.2.4 Our 2024 iMatter results and next steps

Early June 2024, we received our latest staff survey results and they showed that there are green shoots emerging and some progress to report, though it is a reminder of how far we still have to go and the work still to do.

69% of our staff responded to the survey; 10% more than last year. Our Employee Engagement Index score is 75 (74 last year) and colleagues' overall experience of working here (scale of 0-10) is 6.5 (6.4 last year).

Among the positive movements we have seen are:

- Staff feel better informed, indicating communication has improved
- More staff would be happy for a friend/relative to access our services
- Many more staff feel Board members are sufficiently visible (highest score increase of any question 2024 v 2023)
- Many more staff have confidence and trust in Board members

With regard to the areas we need to give much greater focus and where there has either been deterioration or little movement in our scores – these include:

- Staff feeling involved in decision-making
- Staff feeling confident to raise concerns, including those about safety, and confident they will be followed up and responded to

These latest results are evidence of more small steps forward for NHS Orkney. We remain absolutely committed to further improving people's experience of working at NHS Orkney, and we will continue to focus on doing ever more to put people first in all we do – our community, patients and staff – consistent with the ambitions we set our in our new Corporate Strategy.



2.2.5 The Old Balfour and King Street updates

This year, we will move forward our plans for the Old Balfour site and King Street to make sure we maximise the use of these assets to support the delivery of our Corporate and Clinical Strategies. This will involve our Board discussing in the months to come, the full range of options for King Street and the Old Balfour. We will continue to keep our community and staff informed as these discussions develop further recognising the opportunities these sites present to address some of the challenges we face, including exploring solutions for increasing accommodation for key workers, including our staff.

2.2.6 Retirements for two long-serving colleagues

Over the last few weeks the organisation has recognised two colleagues who between them have given almost 50 years' service to NHS Orkney and the NHS, and who have retired after long service.

Malcolm Colquhoun, Head of Estates, Facilities and NPD, has retired after serving NHS Orkney for 16 years. Malcolm made an immeasurable difference, perhaps none more important than his vital role in the move from the old Balfour Hospital to the new Balfour and his leadership through the pandemic. And Maureen Swannie has also retired, after working for NHS Orkney since 1991 in a range of different roles – including senior nursing roles, Interim Head of Children's Health Services, and Head of Strategic Planning and Performance. On behalf of the Board, thank you to Malcolm and Maureen for all they have given and achieved.

2.2.7 MBE for Anne Gregg, Macmillan Specialist Nurse/ Senior Charge Nurse

Very many congratulations to Anne Gregg, Macmillan Specialist Nurse at NHS Orkney, who is to be awarded an MBE for her outstanding service to Nursing and the Macmillan Unit here in Orkney.

Anne has worked for NHS Orkney since 1993 and joined the Macmillan team in 1999. Anne works tirelessly to provide the very best of care for her patients both in hospital and wider, across the entire community. Anne is highly respected as a colleague and in leading the Macmillan team.

We are incredibly proud of Anne as a member of Team Orkney. This national honour is testament to Anne's dedication to excellence in patient care. Anne is loved by all who know her and on behalf of the Board, we extend our congratulations.

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

Chair

The last two months, I have met with external stakeholders including representatives from Healthcare Improvement Scotland, to learn about their role in support community engagement activities.



I have undertaken a number of visits with the Chief Executive to listen to and meet with team across the organisation. These have included Finance and Procurement, People and Culture, Theatres, Health Intelligence, Community Mental Health, and our Occupational Health team. These visits always provide such important insight and connection to our staff and I am very grateful to those teams who have made time for these discussions.

There have been national Board Chairs meetings as well as our meeting with the Cabinet Secretary.

I attended a North of Scotland workshop to explore how the opportunities that exist at a regional level to work in different ways to deliver high quality and efficient patient care to our unique population.

I have attended a number of regular engagements in regards to my role in the Community Planning Partnership and on the North of Scotland Transforming Cancer Care Prehabilitation Steering Group.

Chief Executive

Over the last few months, I have met with lots of teams across NHS Orkney to stay close to understanding how it feels to work here and to maximise my visibility across the organisation.

I have spent time with our Clinical Administration Team, Switchboard and Estates and Facilities Teams.

I also spent a morning meeting with staff at the GP Surgery on Rousay, and meeting members of the local community which I enjoyed.

As Chair and Chief Executive, we have done a number of joint visits over the last few months, including Board walkabouts with our People and Culture and Finance and Procurement Teams, and meetings with our Mental Health Team, Occupational Health, Theatres and Day Case and Health Intelligence Teams, all of which were insightful, opportunities to listen and hear where these teams have challenges and require support.

I continue my all staff monthly briefings and monthly listening sessions, which continue to be wellreceived and attended.

Our Executive Team development programme is underway, with several sessions since the last Board meeting to further strengthen teamworking and in turn improve the effectiveness of how we work together. This programme is ongoing and is beginning to make a positive difference.

I have attended monthly Board Chief Executive's meetings, where we have received updates from the Chief Executive and Director General for Health and Social Care. The national priorities remain clear, even with recent political changes, and include: planned care and addressing waiting lists (and longest waits), improving our financial performance, developing sustainable services (addressing fragile services) and prevention and health inequalities.



Since the last Board meeting, as Chair and Chief Execuitve we have met with the Chief Executive and Leader of Orkney Islands Council for an informal meeting, and we joined the latest quarterly briefing session for NHS Orkney Board members and elected members at Orkney Islands Council, which focused on the Integrated Joint Board and governance arrangements and the National Care Service and what this could mean for Orkney based on latest national developments.

I have also attended the monthly North of Scotland Chief Executive's meetings and more recently the quarterly Chairs' and Chief Executive's meeting for the North of Scotland where discussions about opportunities for more regional working continue. I attended a regional workshop, along with other Chief Executives, Chairs and Executive Directors from across the North of Scotland, at the end of April 2024, where we focused on regional working opportunities in three specific areas, notably: planned care, digital and prevention/reducing health inequalities.

As Chief Executive at NHS Orkney, I continue to hold a number of national and regional responsibilities, including Chairing the new Remote, Rural and Islands Task and Finish Group (one of four national groups set up to ensure we have sustainable services moving forward) and Chairing the North of Scotland Neonatal Intensive Care Unit Oversight Group with meetings and workshops in relation to both have taken place over the last month.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Corporate Strategy 2024-2028 overall priorities for Quarters 1 & 2 by strategic objective, governance and reporting arrangements
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Debs Crohn – Head of Improvement

1 Purpose

This paper is presented to the Board to:

- i. <u>Receive</u> the Corporate Strategy Delivery Plan 2024/25 (Quarters 1 & 2) by strategic objective as set out in Appendix 1
- ii. <u>Receive</u> assurance on the approach to reporting of the Corporate Strategy for 2024/25
- iii. <u>Note</u> the governance in place to ensure impact and performance is measured, reported and coordinated.

This report relates to a:

- Corporate Strategy 2024 2028 Potential, Performance, People, Patient Safety, Quality and Experience, Place
- Annual Delivery Plan 2024/25 (ADP)
- Annual Financial Plan
- Financial Sustainability

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

- Safe
- Effective
- Person Centred
- Quality

2 Report summary

2.1 Situation

This paper has been produced to provide assurance to the Board on the outputs of 2 Corporate Leadership Team time-out sessions led by the Director of Improvement and Head of Improvement. The sessions reviewed and agreed the Corporate Strategy actions and Key Performance Indicators for quarters 1 & 2 of 2024/25. A performance scorecard has been developed for reporting through our internal governance on a



quarterly basis and agreed the key priorities areas the Improving Together Programme will focus on in 2024/25.

The Board is asked to receive the Corporate Strategy overall priorities for 2024/25 (Quarters 1 & 2) by strategic objective as set out in Appendix 1. And are invited to seek assurance on the approach to reporting of the Corporate Strategy for 2024/25, noting the governance in place to ensure impact and performance is measured, reported and co-ordinated.

2.2 Background

NHS Orkney has to date, had several documents which set and frame the strategic intent of the organisation and priorities for the organisation, including the Plan on a Page for 2023/24 (with Strategic Objectives), the Annual Delivery Plan, the Medium-Term Plan, the Clinical Strategy and more recently, the CEO's 100-Day Plan.

It has become clear as NHS Orkney begins a structured journey of improvement that a long-term Corporate Strategy was needed that will become the 'compass' for the organisation when it comes to informing the direction of travel and roadmap for the future which becomes the document that guides decision-making.

In April 2024, NHS Orkney launched its Corporate Strategy 2024-2028 which builds on the themes and actions that were clearly set out in the CEO's 100-Day Plan, so that there is constant synergy which builds on existing plans, priorities, and progress, and does not introduce new plans, so we are able to continue our continuous improvement journey and seek to build a sustainable future.

Strategic objectives

There are five strategic objectives:

People

• By 2028 we will: ensure NHS Orkney is a great place to work.

Patient safety, quality, and experience

• By 2028 we will: consistently deliver safe and high-quality care to our community.

Performance

• By 2028 we will: within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively.

Potential

• By 2028 we will: ensure innovation, transformation, education, and learning are at the forefront of our continuous improvement.

Place

• By 2028 we will: be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community.

Priorities against each of the objectives have now been mapped to what is important locally, regionally, and nationally and build on work already underway or existing work programmes, as also detailed in our Annual Delivery Plan. This ensures synergy, alignment and streamlines what we do.

Each strategic objective has an Executive Director Lead, with clear metrics and Key Performance Indicators for how we will measure our progress against each objective, and we will publish how we're doing internally and externally on a quarterly basis, including via our public Board meetings.



2.3 Assessment

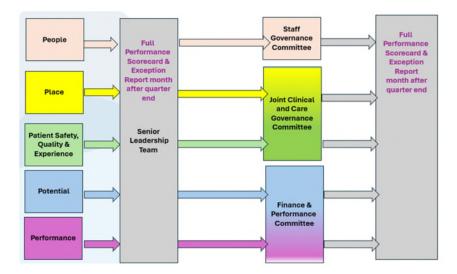
The new long-term Corporate Strategy sets out how we will build on the improvements of the last 12-months to further improve care, services and the experience for patients and our community and the experience of working at NHS Orkney via our five new strategic objectives.

Governance

Each strategic priority will report progress to the SLT after the end of each quarter of the defined financial year. The full scorecard will be submitted to SLT either in the following first or second month after each quarter dependent on the meeting date of SLT.

Following presentation of the full scorecard to SLT, the specific actions related to each priority will be presented to the next scheduled accountable meeting within the Health Board's governance framework. Figure 1 below sets out the meetings where each priority will report. The full scorecard will then be presented to the public Board for assurance and scrutiny.

Figure 1 – Corporate Strategy Reporting



Measuring our Performance

Each action in the delivery plan will be measured via a quarterly summary performance scorecard and given one of the following RAG ratings by the responsible Executive Director.

Status		
Red	 Significantly delayed. Actions not implemented. Deliverables and improvements not achieved. Priority will not be delivered within original timescale requiring a minimum of two additional quarters to achieve. 	
Amber	 Partially delayed. Some actions implemented. Progress towards deliverables and improvement evidenced. A clear plan with mitigations in place to bring the priority back in line with original timescale or delivered within one additional quarter. 	



Green

Remains on track

Actions implemented.

• Stated deliverables and improvement evidenced.

2.3.1 Quality/ Patient Care

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

- Recruitment processes
- Outpatients Improvement
- Improving access to key services
- Improving population health
- Achieving Financial plan
- Risk Management
- Accelerating Digital Transformation

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities.

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

Reducing health inequalities is a key priority as part of the Place strategic objective. Our strategy also considers local, regional, and national policy re: islands.

2.3.6 Climate Change Sustainability

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

2.3.7 Other impacts - Digital Transformation

There are significant pieces of work in the digital services space which will ensure the acceleration of digital transformation. It should be noted that digital transformation will require business change.



2.3.8 Communication, involvement, engagement, and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate: This has included a survey and many face-to-face sessions with:

- All staff (2 sessions) NHS Orkney
- NHS Orkney Board
- Senior Leadership Team meeting NHS Orkney
- Voluntary Action Orkney
- Nursing and Midwifery Advisory Committee NHS Orkney
- GP Sub Committee NHS Orkney
- Pride Tribe
- Community Engagement Dounby
- Community Engagement Kirkwall
- Kirkwall Grammar School (pupils)
- Orkney Heart Support Group
- Police Scotland Orkney
- Orkney Islands Council Executive Team
- Kirkwall Grammar School (staff)
- Community Council
- Isles Wellbeing Co-ordinators
- Orkney Islands Council Community Learning and Development
- Orkney Blide Trust
- Stromness students

2.3.9 Route to the Meeting

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

- Corporate Leadership Team 14 May 2024
- Digital Information Operations Group 20 May 2024
- Corporate Leadership Team 22 May 2024
- Senior Leadership Team 3 June 2024

2.4 Recommendation (s)

The Board is asked to:

- iv. <u>Receive</u> the Corporate Strategy Delivery Plan 2024/25 (Quarters 1 & 2) by strategic objective as set out in Appendix 1
- v. Receive assurance on the approach to reporting of the Corporate Strategy for 2024/25
- vi. **Note** the governance in place to ensure impact and performance is measured, reported and coordinated.

2.4 Appendices

The following appendices are included with this report:

Appendix 1, Corporate Strategy Delivery Plan 2024-25 (Quarters 1 & 2 and Performance Scorecard)



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Corporate Risk and Assurance Report
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Kat Jenkin, Head of Patient Safety, Quality and
	Risk

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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



The management of risk is currently undergoing a process of review and redevelopment. As part of this, each risk on the corporate risk register has been reviewed with the corresponding risk owner and includes suggested changes to support clarity, review, and assurance. This process is now complete. The update to the risks was undertaken at the same time as the review and revision and the risk register has been updated to reflect this. All risks have been reviewed within the expected timescale. Through discussions with risk owners and on review of the risk management processes, it has been identified that the update column of corporate risk register does not fully describe the mitigating actions, but rather an update on what has been happening to complete these. Therefore, it has been suggested that with the risk jotter clearly setting out the mitigating actions, we now include an extra column which has the mitigating actions in it and then it is easier for people to review the updates and provide critical oversight as to whether the updates provided are evidencing the mitigating actions. This was agreed through SLT and is now visible in the attached corporate risk register. Please note that currently the only risks that have mitigating actions within this column are the new risks. We will work over the coming months as part of the update process to complete the mitigating actions for all risks.

To ensure that the risks to be escalated to an operational or corporate risk register undergo a process of validation a new 'risk jotter' has been produced. This has been to the Risk Management Group for consultation, SLT at a previous meeting and the Audit and Risk Committee and revised in response to feedback. It is now being trialled for new risks being escalated/added to the corporate risk register.

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 is the 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).

The risks registers, both operational and local have been managed historically through the Datix system. As presented previously there are issues with this system and due to this, whilst the review of the risks management process is undertaken and finalised, the corporate risk register is being managed and maintained through an excel spreadsheet, this is a temporary action.

2.3 Assessment

The Corporate Risk Register currently captures 17 risks, with two closed risk (655, 1226 and associated issue) which will remain on the register as per the test of change process as set out in the additional paper.

The Head of Patient Safety, Quality and Risk has met with all the risk owners on an individual basis to review and revise the risks, so they fit into the new format of the risk register.



There are currently two very high scored risks (510 and C-2-24-03), these relate to Corporate Finance and the new risk (C-2-24-03) relates to digital maturity and electronic patient records and a legacy server. These risks should be reviewed monthly and currently have been reviewed within the expected timeframe.

There are a further nine high scored risks (365, C-2024-02, 349, C-2024-01, 1225,1227, 509, 1228, 1211) and six medium scored risks (312,233,1212,1229, 722, 350). The risks and the most recent updates are included as appendix 1 for members to review and includes any change in terms of potential mitigations.

Risk 655 has been reviewed by the risk owner, the Executive team is now substantive and the SLT team in now in place. Therefore, this risk was closed by SLT in May 2024. The new risk identified relating to the capacity and capability of the senior leaders has been added to the corporate risk register in May 2024. This is risk no. C-2024-01.

Risk 1226 and the related issue has been reviewed by the risk owner and due to a lack of nationally agreed metrics around this, a request to close this was put forward to the SLT and agreed for closure in June 2024.

2.3.1 Workforce

There are five Corporate Risks identified, one very high risk (C-2024-03), three high risk (C-2024-02, 1225, C-2024-01) and one medium risk (722), which may have an impact on staff capacity, capability, and training and development. These risks will be reported through Staff Governance Committee. Risk C-2024-02 has decreased in scoring as some of the mitigating actions have been completed and the others are underway.

2.3.2 Quality/Patient Care

There are ten Corporate Risks identified, one very high risk (C-2024-03), six high risk (349, 1225,1227, 1228, 509 and 1211) and four medium risk (312, 1212, 1229, 350) 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.

2.3.3 Financial

There are seven Corporate Risks identified three very high risk (510, C-2024-02 and C-2024-03), two high risk (349, 509) and two medium risk (722, 312), which may have an impact on Digital, Performance Management or Spend.

Risk 349 has been updated and the likelihood score has increased, due to cCube being on a legacy server. A paper has been presented to DIOG for consideration in May 2024. Risk C-2024-03 is also related to cCube with a cost implication due to the required mitigation to migrate to a new server.

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. This strategy is currently under review as outlined above. The risk jotter and the operational and



corporate risk register processes presented in another paper are trial documents as part of a test of change to support this process.

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 no risk in relation to climate change and sustainability.

2.3.7 Other impacts

The risk management processes are currently under review and redevelopment. This may affect how risk registers will be managed in future. To ensure that all members of the organisation are heard, a survey has been sent out organisation wide, to gain opinions and ideas around the management of risk. This has been fed back to the Risk Management Group (previously Forum), there was a very small response rate and therefore a slightly revised survey will be run to ensure that stakeholders have had the opportunity to engage with the process.

2.3.8 Communication, involvement, engagement, and consultation

Engagement in risk management is supported by the Risk Management Group 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 presented to the Board, following review of the corporate risk register by SLT and Audit and Risk Committee.

2.4 Recommendation

• **Discussion** – For Members to <u>evaluate</u> Corporate Risks

2 List of appendices

The following appendices are included with this report: Appendix 1: Corporate Risk Register June 2024



Finance and Performance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Finance and Performance Committee Date of Meeting: 27 June 2024	
Prepared By:	Julie Colquhoun	
Approved By:	Meghan McEwen	
Presented By:	Meghan McEwen	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on 18		
April 2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
 cCube – currently being hosted on an unsupported server, the cost of the upgrade has not been built into the financial plan 	 Waiting Times Deep Dive – the scope for this work was presented with the findings to report to the Committee on 30 May 2024.
Positive Assurances to Provide	Decisions Made
 Year end position reported a positive move in terms of the projected deficit, projecting a £5.2 million overspend against the expected £6.245 million 	 Terms of Reference and Governance structure approved for the new Improvement Board
Comments on Effectiveness of the Meeting	
• 1	
• 2	



Audit and Risk Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Audit & Risk Committee	Date of Meeting: 7 May 2024
Prepared By:	Rachel Ratter	
Approved By:	Jason Taylor	
Presented By:	Jason Taylor	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit & Risk Committee at its meeting on 07/05/2024.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
 No matters of concern or key risks to escalate were raised 	 NIS Audit Action Plan Risk Management Framework - alongside work to refresh the Corporate Risk Register to enhance clarity, review and assurance, a significant piece of work was underway in respect of the underlying Risk Management Framework, to address weaknesses in process and governance relating to operational and local risk registers, and deal with a significant legacy backlog.
Positive Assurances to Provide	Decisions Made
 Governance Committee Annual Reports provided confirmation that individual Committee remits have been fulfilled in line with Terms of Reference. Members were provided with an update and assurance on the timely progress made in relation to the production of the 2023/24 annual report and accounts. 	 The Committee ratified the Internal Audit Plan for 2024/25 noting that there may be amendments to timelines following off line discussions Members endorsed the Governance Workplans for 2024/25 with minor amendments to be circulated virtually for final awareness. SLT would monitor and ensure operational progress in respect of Internal and External Audit recommendations via quarterly audit progress reports.
Comments on Effectiveness of the Meeting	
Scrutiny and Challenge of subject matter, and decisions made to impr	ove response, oversight and accountability.



Senior Leadership Team Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Meeting: 13 May 2024	
Prepared By:	Emma West, Corporate Services Manager		
Approved By:	Senior Leadership Team		
Presented By:	Laura Skaife-Knight, Chief Executive		
Purpose			
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 13 May 2024			
Matters of Concern or Key Risks to Escalate Major Actions Commissioned / Work Underway			
Cyber security	risk with DATIX system continuing un-supported on an old	• A 2-month test of change is to begin, which will inform a review of risk	

 Cyber security risk with DATIX system continuing un-supported on an old server 3 new Corporate Risks added to the register Risks associated with cCube being on an unsupported server Senior leadership capacity and capability risk Lack of organisational digital maturity 	 A 2-month test of change is to begin, which will inform a review of risk management processes Agreed to review 4 SLAs with a view to reporting outcomes in Quarter 3 2024/25: National waiting times centre (Golden Jubilee) NHS National Services Scotland Highland Health Board Grampian Health Board (to include e-payroll) iMatter survey is open for all teams with the survey closing on 3 June, reports will be available to teams and NHS Orkney results available on 4 June. Training sessions will be available for teams on action planning.
Positive Assurances to Provide	Decisions Made
 Short life working group meets every Friday to oversee the systematic implementation of the reduction in the working week and Agenda for Change non pay aspects. The Senior Leadership Team were provided with the full summary of the engagement work done for the Corporate Strategy and the main themes/feedback from our community, partners and staff. £2.8 million of the £4 million savings have been identified. Current appraisal levels are at 33% 	 Approved the Safe Handling of Sharps Policy Approved the Implementation Plan for Waiting Times – for onward submission to the Scottish Government and to Finance and Performance Committee for information Approved the updated SLT Terms of Reference (still awaiting delegated financial approval) Approved the change for account access for Drs on temporary contracts Approved the revision to the Medical Access Procedure: Medical Assessment of fitness to detain and access to medication Approved the proposal to move from Datix to InPhase, recommending to Finance and Performance Committee to approve the spend (though recognising all proposed changes to risk management must come to the June 2024 Board meeting for final approval). Long Service Awards proposal was approved.



 Comments on Effectiveness of the Meeting

 - To keep the frequency of the SLT meeting under review recognising this is a monthly meeting and the impact on the size of the agenda/length of meeting.



NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 27 June 2024
Title:	NHS Orkney Equality and Diversity Monitoring
	Report 2023/2
Responsible Executive/Non-Executive:	Jay O'Brien, Director of People and Culture
Report Author:	Steven Phillips, Head of People and Culture

1 Purpose

This is presented to the Committee for:

Approval

This report relates to a:

• Legal requirement

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

• Effective

2 Report summary

2.1 Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public sector organisations effectively meet the general duty.

The key legal duties are:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information



- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

The report requires formal scrutiny and, thereafter, approval by the Health Board.

2.2 Background

These are Statutory Reports which, after Health Board approval, by law, must be posted on the NHS Orkney website to allow public scrutiny. It must also be made widely available to NHS Orkney staff. The main Regulatory body in this field is the Equality and Human Rights Commission for Scotland.

2.3 Assessment

The report ensures compliance with equality legislation and the underlying work aims to reduce health inequalities and related discrimination and foster good relations between people with different characteristics.

2.3.1 Quality/ Patient Care

NHS Orkney relies on its excellent reputation as a fair and equitable employer to attract and retain the staff required to provide the highest standards of healthcare. The Monitoring Report is an important tool for the Board to monitor if this reputation is being maintained and enhanced. It is also available to potential applicants for posts through the NHS Orkney website.

2.3.2 Workforce

The Report also gives the NHS Orkney workforce reassurance that they are working in an environment free from prejudice and discrimination.

2.3.3 Financial

High staff turnover creates costs and requires an increased expenditure on locum staff. Retaining a skilled and settled workforce enhances the quality of patient care and also helps to avoid unnecessary expenditures.

2.3.4 Risk Assessment/Management

The report highlights actions planned for 2024/25 to support good practices in equality and diversity and help ensure NHS Orkney is a good place to work.



2.3.5 Equality and Diversity, including health inequalities

This is a Statutory Report produced under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

These reports are fact-based and do not require public involvement prior to production.

2.3.8 Route to the Meeting

Approved at Staff Governance Committee – 9 May 2024

2.4 Recommendation

Decision

The NHS Orkney Board are asked to formally endorse the following reports

• NHS Orkney Equality and Diversity Workforce Monitoring Report 2023/24.



EQUALITY AND DIVERSITY MONITORING REPORT 2023-24

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Introduction

NHS Orkney is committed to eliminating discrimination and improving equality of opportunity. This means improving the way we deliver our services and the way we employ our colleagues. We want to be amongst Scotland's best NHS Boards in our work to address health inequalities and as a welcoming, caring employer.

All data contained within this report covers the period of 01/03/2023 – 29/02/2024 and as at February 2024, 1,086 employments were covered by the equality monitoring process in some capacity. In line with the Scottish Specific Equality Duties Regulations, listed public sector bodies, such as NHS Orkney, are required to gather information on the following:

- a) the composition of the authority's employees (if any); and
- b) the recruitment, development and retention of persons as employees of the authority, with respect to, in each year, the number and relevant protected characteristics of such persons.

This report, therefore, includes sections on ethnicity, disability, sex, sexual orientation, religion and age of the workforce and provides a similar breakdown for new employees within the year, promotions/regradings and leavers. Staff Bank data is included within the main tables in the report. The figures given are in headcount.

While equality monitoring for all new colleagues recruited to the organisation is in place, there remains a proportion of the workforce for which no such record exists because they have been employed by NHS Orkney for many years and prior to this data being collected on a routine basis. Also, only partial information is held on some colleagues; for example, we may hold data on ethnicity but not sexual orientation. Therefore, colleagues have been included where data is available, but the number of colleagues covered within different sections may vary depending on the metric. Finally, the report highlights some of the actions we will undertake within the organisation in 2024/25 to ensure equal opportunity for our colleagues and eliminate discrimination.

Section 1: Ethnic Profile

The following table illustrates the breakdown, by Job Family, of those employees covered by the ethnic monitoring process to date. It shows that of those covered by the process, 93% of colleagues' ethnicity status has been completed. Incomplete status includes 'Don't Know' and 'Unknown'.

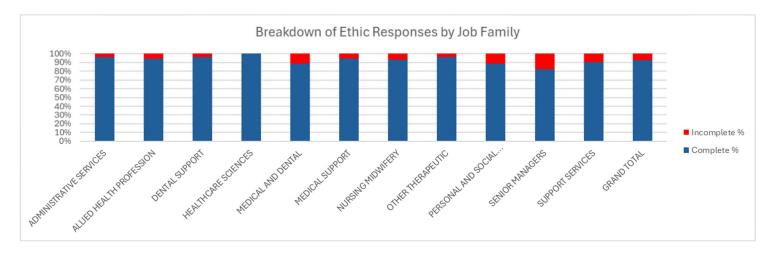
Table 1.1 Responses to ethnic monitoring by Job Family

	ADMINISTRATIVE	ALLIED HEALTH	DENTAL	HEALTHCARE	MEDICAL AND	MEDICAL	NURSING	OTHER	PERSONAL AND	SENIOR	SUPPORT	GRAND
	SERVICES	PROFESSION	SUPPORT	SCIENCES	DENTAL	SUPPORT	MIDWIFERY	THERAPEUTIC	SOCIAL CARE	MANAGERS	SERVICES	TOTAL
Complete	189	71	24	17	132	17	409	25	8	14	104	1010
Complete %	95.94%	94.67%	96.00%	100.00%	88.59%	94.44%	93.38%	96.15%	88.89%	82.35%	90.43%	93.00%
Incomplete	8	4	1		17	1	29	1	1	3	11	76
Incomplete %	4.06%	5.33%	4.00%	0.00%	11.41%	5.56%	6.62%	3.85%	11.11%	17.65%	9.57%	7.00%

The above table shows headcount of all employments. A total of 1,010 of NHS Orkney's colleagues have completed ethnicity status to date. The following chart shows the percentage of complete/incomplete ethnic statuses by Job Family

Chart 1: Overall Response rate by Job Family

The lowest completed ethnicity status responses are in Senior Managers, Medical and Dental and Personal and Social Care, and the highest response levels are within Healthcare Sciences, Other Therapeutic and Dental Support.



Section 2: Job Family

The tables in this section are broken down using the National Census categories.

The following tables map the ethnic origin within individual job family groups split into the census groupings within White, BME and the numbers recorded as Incomplete with a comparison between all three groups.

	African - African, African Scottish or African British	African - Other	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	BME Total
ADMINISTRATIVE SERVICES		1		3		2			6
ALLIED HEALTH PROFESSION	1		1						2
DENTAL SUPPORT									0
HEALTHCARE SCIENCES		1							1
MEDICAL AND DENTAL	5		8		6		1	1	21
MEDICAL SUPPORT									0
NURSING/MIDWIFERY		5							5
OTHER THERAPEUTIC									0
PERSONAL AND SOCIAL CARE									0
SENIOR MANAGERS	1								1
SUPPORT SERVICES						1			1
Grand Total	7	7	9	3	6	3	1	1	37
% of Total Employments	0.64%	0.64%	0.83%	0.28%	0.55%	0.28%	0.09%	0.09%	3.41%

Table 2.1 Job Family by BME Ethnic Category and Census Group

	Prefer not to say	White - Irish	White - Other	White - Other British	White - Scottish	White Total
ADMINISTRATIVE SERVICES	10	3	10	32	128	183
ALLIED HEALTH PROFESSION	3		2	14	50	69
DENTAL SUPPORT	3		1	4	16	24
HEALTHCARE SCIENCES				2	14	16
MEDICAL AND DENTAL	15	4	16	43	33	111
MEDICAL SUPPORT				3	14	17
NURSING/MIDWIFERY	20	3	18	64	299	404
OTHER THERAPEUTIC	1		2	6	16	25
PERSONAL AND SOCIAL CARE				2	6	8
SENIOR MANAGERS	1	1	1	3	7	13
SUPPORT SERVICES	7		7	15	74	103
Grand Total	60	11	57	188	657	973
% of Total Employments	5.52%	1.01%	5.25%	17.31%	60.50%	89.59%

Table 2.2 Job Family by White Ethnic Category and Census Group

Table 2.3 Job Family by Incomplete Category and Census Group

	Don't Know
ADMINISTRATIVE SERVICES	8
ALLIED HEALTH PROFESSION	4
DENTAL SUPPORT	1
HEALTHCARE SCIENCES	
MEDICAL AND DENTAL	17
MEDICAL SUPPORT	1
NURSING/MIDWIFERY	29
OTHER THERAPEUTIC	1
PERSONAL AND SOCIAL CARE	1
SENIOR MANAGERS	3
SUPPORT SERVICES	11
Grand Total	76
% of Total Employments	7.00%

	BME Total	% BME Total	White Total	% White Total	Incomplete	% Incomplete	Grand Total
ADMINISTRATIVE SERVICES	6	3.05%	183	92.89%	8	4.06%	197
ALLIED HEALTH PROFESSION	2	2.67%	69	92.00%	4	5.33%	75
DENTAL SUPPORT	0	0.00%	24	96.00%	1	4.00%	25
HEALTHCARE SCIENCES	1	5.88%	16	94.12%		0.00%	17
MEDICAL AND DENTAL	21	14.09%	111	74.50%	17	11.41%	149
MEDICAL SUPPORT	0	0.00%	17	94.44%	1	5.56%	18
NURSING/MIDWIFERY	5	1.14%	404	92.24%	29	6.62%	438
OTHER THERAPEUTIC	0	0.00%	25	96.15%	1	3.85%	26
PERSONAL AND SOCIAL CARE	0	0.00%	8	88.89%	1	11.11%	9
SENIOR MANAGERS	1	5.88%	13	76.47%	3	17.65%	17
SUPPORT SERVICES	1	0.87%	103	89.57%	11	9.57%	115
Grand Total	37	3.41%	973	89.59%	76	7.00%	1086

Table 2.4 Job Family by Total Ethnic Category and Census Group

In the last Census (2011), White total in the Orkney Health Board area was 99.3% and Scotland-wide it was 96.1%. The total equivalent figures for BME were 0.73% in the Orkney Health Board area and 4% Scotland-wide. Based on the completed ethnic status within NHS Orkney, the percentage for White total is 89.59% and 3.41% for BME. Work will continue to be undertaken during 2024/25 to eradicate as far as possible the 7% incomplete recordings to allow a true comparison to be made between the ethnic status of the NHS Orkney workforce and the census figures for the Orkney area and what further actions may be required.

Nursing/Midwifery and Medical Support by Banding	African - Other	Prefer not to say	Don't Know	White - Irish	White - Other	White - Other British	White - Scottish	BME Total	White Total	Incomplete	Grand Total
Band 2	1	2	9	1	2	5	30	1	38	11	50
Band 3		4	9		1	6	73		80	13	93
Band 4					1				1	0	1
Band 5	3	7	4	2	7	30	112	3	151	11	165
Band 6		4	3		6	11	59		76	7	83
Band 7		2	5			14	34		48	7	55
Band 8A					1	1	4		6	0	6
Band 8B	1						1	1	1	0	2
Band 8D		1							0	1	1
Grand Total	5	20	30	3	18	67	313	5	401	50	456
% of Nursing/Midwifery and Medical Support employments	1.10%	4.39%	6.58%	0.66%	3.95%	14.69%	68.64%	1.10%	87.94%	10.96%	100.00%

Table 2.5 Grade by Ethnicity Category and Census Group Nursing/Midwifery and Medical Support

The table above, whilst accepting that we have 10.96% of the nursing workforce showing as incomplete, demonstrate that further work needs to be done in terms Ethnicity data gathering.

Table 2.6 Job Family by Religion

The table below shows the split of our Job Families by religious category as per the Census. The largest completed religion status (40.98%) is from those who declare no religion, followed by Church of Scotland (21.36%) and Christian Other (10.77%).

Row Labels	Buddhist	Christian - Other	Church of Scotland	Hindu	Jewish	Muslim	No Religion	Other	Prefer not to say	Roman Catholic	Incomplete	Grand Total
ADMINISTRATIVE SERVICES	1	26	44	1			95	2	17	2	9	197
ALLIED HEALTH PROFESSION		7	18	1			33	1	5	2	8	75
DENTAL SUPPORT		2	8			1	7	1	2		4	25
HEALTHCARE SCIENCES		3	2				11		1			17
MEDICAL AND DENTAL	2	21	7	6	1	6	44	3	24	11	24	149
MEDICAL SUPPORT		1	7				7		1	1	1	18
NURSING/MIDWIFERY	1	43	114	2	4		166	2	35	18	53	438
OTHER THERAPEUTIC		2	8				14		1		1	26
PERSONAL AND SOCIAL CARE		2	2				4	1				9
SENIOR MANAGERS		1	4				7	1	1		3	17
SUPPORT SERVICES	1	9	18				57	3	8	1	18	115
Grand Total	5	117	232	10	5	7	445	14	95	35	121	1086

Note: 'Don't know' and 'Unknown' are included under 'Incomplete'.

Table 2.7 Job Family by Sexual Orientation

The table below shows the split of our Job Families by sexual orientation as per the Census. Currently, there are 885 completed sexual orientation statuses out of a total headcount of 1,086. The largest completed response (69.71%) is from those who have declared heterosexual, followed by bisexual (1.38%)

Row Labels	Bisexual	Gay	Gay/Lesbian	Heterosexual	Lesbian	Other	Prefer not to say	Incomplete	Grand Total
ADMINISTRATIVE SERVICES		2	3	148	2	2	18	22	197
ALLIED HEALTH PROFESSION		1	1	56			5	12	75
DENTAL SUPPORT				19			1	5	25
HEALTHCARE SCIENCES				13			1	3	17
MEDICAL AND DENTAL	2		1	101			23	22	149
MEDICAL SUPPORT	1			15			1	1	18
NURSING/MIDWIFERY	10	1	6	298		3	27	93	438
OTHER THERAPEUTIC	1			21			2	2	26
PERSONAL AND SOCIAL CARE				8				1	9
SENIOR MANAGERS			1	9			3	4	17
SUPPORT SERVICES	1	1		69		1	7	36	115
Grand Total	15	5	12	757	2	6	88	201	1086

Note: 'Don't know' and 'Unknown' are included under 'Incomplete'.

According to the Office of National Statistics (ONS) Annual Population Survey for 2022, the estimated percentage of people who identify as lesbian, gay or bisexual (LGB) has increased in the UK between 2020 and 2022. The proportion climbed from 3.1% to 3.3% in England, 3.0% to 3.4% in Scotland, 1.4% to 1.8% in Northern Ireland, and 2.9% to 4.3% in Wales. Within NHS Orkney, the number of colleagues identifying as LGB has increased from 2.9% to 3.6% over the previous year, which is higher than the Scottish average of 3.4% reported by the ONS Annual Population Survey. However, 18.5% of the colleagues have not disclosed their status yet. In 2024/25, the organisation will work with colleagues to understand the reasons behind this high rate of non-disclosure and encourage them to provide relevant information to create an inclusive environment for everyone. (Source: ons.gov.uk)

Table 2.8 Job Family by Gender

Job Family	Female	% Female	Male	% Male	Grand Total
ADMINISTRATIVE SERVICES	159	80.71%	38	19.29%	197
ALLIED HEALTH PROFESSION	67	89.33%	8	10.67%	75
DENTAL SUPPORT	23	92.00%	2	8.00%	25
HEALTHCARE SCIENCES	12	70.59%	5	29.41%	17
MEDICAL AND DENTAL	68	45.64%	81	54.36%	149
MEDICAL SUPPORT	17	94.44%	1	5.56%	18
NURSING/MIDWIFERY	407	92.92%	31	7.08%	438
OTHER THERAPEUTIC	22	84.62%	4	15.38%	26
PERSONAL AND SOCIAL CARE	9	100.00%		0.00%	9
SENIOR MANAGERS	10	58.82%	7	41.18%	17
SUPPORT SERVICES	75	65.22%	40	34.78%	115
Grand Total	869	80.02%	217	19.98%	1086

The above table shows a predominantly female workforce of 80.02% compared with a male workforce of 19.98%. The greatest numbers of females are found within Nursing & Midwifery, with high numbers also in Nursing/Midwifery, Administrative Services and Support Services.

Table 2.9 Grade by Gender Nursing & Midwifery and Medical Support

Band	Female	% Female	Male	% Male	Grand Total
Band 2	44	88.00%	6	12.00%	50
Band 3	85	91.40%	8	8.60%	93
Band 4	1	100.00%		0.00%	1
Band 5	158	95.76%	7	4.24%	165
Band 6	78	93.98%	5	6.02%	83
Band 7	49	89.09%	6	10.91%	55
Band 8A	6	100.00%		0.00%	6
Band 8B	2	100.00%		0.00%	2
Band 8D	1	100.00%		0.00%	1
Grand Total	424	92.98%	32	7.02%	456

Section 3: Gender Profile

African British

2

5

7

Gender

Female

Grand Total

Male

The tables below show the split of Gender across the characteristics of ethnicity, religion and sexual orientation.

Asian - Other

2

1

3

10010 0.11	Condon by Diffe		Jacogory		
	African - African,	Asian - Indian,		Asian - Pakistani,	
	African Scottish or	Indian Scottish or		Pakistani Scottish or	Mixed or Multiple

Indian British

3

6

9

African - Other

5

2

7

Table 3.2: Gender by White Ethnic Category and Census Category

Gender	White - Irish	White - Other	White - Other British	White - Scottish	White - Total
Female	3	48	138	563	752
Male	8	9	50	94	161
Grand Total	11	57	188	657	913

Table 3.3: Gender by Incomplete Ethnic Category and Census Category

Gender	Don't Know	Prefer not to say	Incomplete Total
Female	57	47	104
Male	19	13	32
Grand Total	76	60	136

Table 3.4: Gender by Total Ethnic Category and Census Category

Gender	BME Total	% BME Total	White - Total	% White - Total	Incomplete Total	% Incomplete Total	Grand Total
Female	13	1.50%	752	86.54%	104	11.97%	869
Male	24	11.06%	161	74.19%	32	14.75%	217
Grand Total	37	3.41%	913	84.07 %	136	12.52%	1086

Pakistani British

1

5

6

Other Ethnic Group - Arab,

Arab Scottish or

Arab British

1

1

Ethnic Group

3

3

Other Ethnic

Group - Other

1

1

BME

Total

13

24

37

Table 3.5: Gender by Religion

Gender	Buddhist	Christian - Other	Church of Scotland	Don't Know	Hindu	Jewish	Muslim	No Religion	Other	Prefer not to say	Roman Catholic	Grand Total
Female	1	85	218	98	4	4	1	348	12	74	24	869
Male	4	32	14	23	6	1	6	97	2	21	11	217
Grand Total	5	117	232	121	10	5	7	445	14	95	35	1086

Table 3.6: Gender by Sexual Orientation

									Grand
Gender	Bisexual	Don't Know	Gay	Gay/Lesbian	Heterosexual	Lesbian	Other	Incomplete	Total
Female	10	162	1	8	610	2	6	70	869
Male	5	39	4	4	147			18	217
Grand Total	15	201	5	12	757	2	6	88	1086

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Section 4: Demographic Profile

Table 4.1: Age Distribution by Job Family

This table shows that 41.16% of the workforce is over the age of 50. The proportion of our workforce over 50 is significant and considered in our workforce and service planning due to an ageing workforce.

Row Labels	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
ADMINISTRATIVE SERVICES	2	10	22	23	25	25	19	23	28	15	5	197
ALLIED HEALTH PROFESSION		3	5	10	11	10	9	14	7	4	2	75
DENTAL SUPPORT		1		3	2	3	2	4	5	4	1	25
HEALTHCARE SCIENCES		1	3	2	1	2	2	4	1	1		17
MEDICAL AND DENTAL			5	9	13	12	20	16	32	25	17	149
MEDICAL SUPPORT		1	1	4	4	3	1	3	1			18
NURSING/MIDWIFERY	6	35	37	48	54	44	53	62	55	32	12	438
OTHER THERAPEUTIC		2	1	5	5	3	3	2	2	3		26
PERSONAL AND SOCIAL CARE		1	1		3		3	1				9
SENIOR MANAGERS				2	1	4	1	2	2	2	3	17
SUPPORT SERVICES	4	9	8	14	6	8	9	18	17	18	4	115
Grand Total	12	63	83	120	125	114	122	149	150	104	44	1086

The NHSScotland Workforce Policies allow us to offer flexibility for those colleagues who wish to return and return. The Retirement Policy is promoted throughout the organisation to help us retain expertise and support transfer of knowledge and expertise to others.

Table 4.2: Age Distribution by Sexual Orientation

Sexual Orientation	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Bisexual		3	3	1	1		2	1	2	2		15
Gay			1	1	2				1			5
Gay/Lesbian				4	2	4			2			12
Heterosexual	6	49	69	83	87	76	92	101	104	63	27	757
Lesbian		1							1			2
Other		1		1		1	1	1	1			6
Incomplete	6	9	10	30	33	33	27	46	39	39	17	289
Grand Total	12	63	83	120	125	114	122	149	150	104	44	1086

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Religion	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Buddhist			1	1		1				1	1	5
Christian - Other		3	3	4	13	18	15	17	14	16	14	117
Church of Scotland		7	11	21	30	31	25	26	46	26	9	232
Hindu			1	1		1	5	2				10
Jewish								4	1			5
Muslim				2		1			1	2	1	7
No Religion	8	44	60	63	51	45	43	58	42	24	7	445
Other		1	2			2	4	2	3			14
Roman Catholic			1	7	5	1	1	8	5	4	3	35
Incomplete	4	8	4	21	26	14	29	32	38	31	9	216
Grand Total	12	63	83	120	125	114	122	149	150	104	44	1086

Table 4.3: Age Distribution by Religion

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Section 5: Disability Profile

The table below shows those members of colleagues who, during the recruitment process or when updating their colleagues record, have declared themselves as having a disability when asked "Do you have a physical or mental health disability that has a substantial effect on your ability to carry out day to day activities and has lasted or is expected to last 12 months or more?"

Table 5.1 shows that a total of 11 individuals declared themselves as having a disability. The two areas having the largest workforce with a declared disability are Support Services and Other Therapeutic. In terms of the wider Orkney population, 23.9% of adults reported a limiting long term physical or mental health problem in 2019 and 25.9% in Scotland (Source: Statistics.Gov.Scot).

Job Family	Yes	No	Incomplete	Grand Total
ADMINISTRATIVE SERVICES	1	140	56	197
ALLIED HEALTH PROFESSION		49	26	75
DENTAL SUPPORT		11	14	25
HEALTHCARE SCIENCES		11	6	17
MEDICAL AND DENTAL	1	119	29	149
MEDICAL SUPPORT		14	4	18
NURSING/MIDWIFERY	1	289	148	438
OTHER THERAPEUTIC	2	21	3	26
PERSONAL AND SOCIAL CARE	1	6	2	9
SENIOR MANAGERS	1	12	4	17
SUPPORT SERVICES	4	72	39	115
Grand Total	11	744	331	1086

Table 5.1: Employees who have declared themselves as having a Disability by Job Family

Sexual Orientation	25 - 29	30 - 34	40 - 44	50 - 54	55 - 59	60 - 64	Grand Total
Bisexual					1		1
Gay							0
Gay/Lesbian							0
Heterosexual	1	1	1	2	2		7
Lesbian							0
Other							0
Incomplete				1	1	1	3
Grand Total	1	1	1	3	4	1	11

Table 5.2: Employees who have declared themselves as having a Disability by Sexual Orientation and Age Category

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Table 5.3: Employees who have declared themselves as having a Disability by Religion and Age Category

Religion	25 - 29	30 - 34	40 - 44	50 - 54	55 - 59	60 - 64	Grand Total
Buddhist							0
Christian - Other							0
Church of Scotland					2		2
Hindu							0
Jewish							0
Muslim							0
No Religion		1	1	3	1	1	7
Other					1		1
Roman Catholic	1						1
Grand Total	1	1	1	3	4	1	11

Section 6: New Starts Profile

There was a total of 126, of which 30 were bank contracts, new starts during 2023/24.

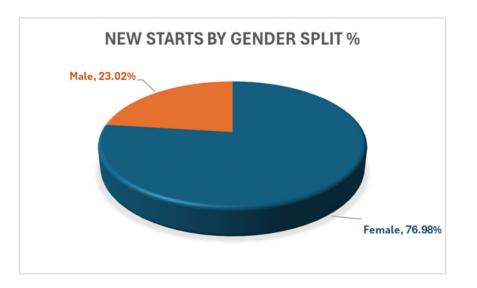
Job Family	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
ADMINISTRATIVE SERVICES	1	2	4	3	3	1	1	3		1	1	20
ALLIED HEALTH PROFESSION			1		1	1	2		1			6
DENTAL SUPPORT				2						1		3
HEALTHCARE SCIENCES						1		1				2
MEDICAL AND DENTAL			8	4	1	2	3	4	3	2	3	30
MEDICAL SUPPORT					1							1
NURSING/MIDWIFERY	2	6	4	5	10	2	2	2	5	3	1	42
OTHER THERAPEUTIC		1				2	1					4
SENIOR MANAGERS						1			1		1	3
SUPPORT SERVICES	5	2	2	2	1		1		1	1		15
Grand Total	8	11	19	16	17	10	10	10	11	8	6	126

Table 6.1: Age Category for New Starts by Job Family

The highest proportion of new starts are within the 25-29, 35-39 and 30-34 age categories but with variances across the Job Families.

Table 6.2: New Starts by Gender and Age

Gender	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Female	8	10	17	12	12	8	7	9	8	3	3	97
Male		1	2	4	5	2	3	1	3	5	3	29
Grand Total	8	11	19	16	17	10	10	10	11	8	6	126



The Gender Ratio within new starts is approximately 76:23 female to male; this compares to the 80:20 ratio for the existing workforce.

Band	Female	Male	Grand Total
Band 2	9	1	10
Band 3	6		6
Band 5	15	2	17
Band 6	3		3
Band 7	5	2	7
Grand Total	38	5	43

Table 6.3 New Start by Gender & Grade, Nursing/Midwifery and Medical Support

Table 6.4: New Starts by Religion

Religion	Headcount
Buddhist	1
Christian - Other	22
Church of Scotland	12
Hindu	3
Jewish	1
Muslim	5
No Religion	54
Other	3
Roman Catholic	6
Incomplete	19
Grand Total	126

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Sexual Orientation	Headcount
Bisexual	4
Gay/Lesbian	3
Heterosexual	99
Incomplete	20
Grand Total	126

Table 6.5: New Starts by Sexual Orientation

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

	African - African, African Scottish or		Asian - Bangladeshi, Bangladeshi Scottish or	Asian - Indian, Indian Scottish or		Asian - Pakistani, Pakistani Scottish or	
Job Family	African British	African - Other	Bangladeshi British	Indian British	Asian - Other	Pakistani Scottisho	BME Total
ADMINISTRATIVE SERVICES	Anican british	Anten-Other	Dangtadesin Dritish	mulan british	2		
					2		2
ALLIED HEALTH PROFESSION				1			1
DENTAL SUPPORT							0
HEALTHCARE SCIENCES		1					1
MEDICAL AND DENTAL	1			2		3	6
MEDICAL SUPPORT							0
NURSING/MIDWIFERY		3					3
OTHER THERAPEUTIC							0
SENIOR MANAGERS							0
SUPPORT SERVICES			1				1
Grand Total	1	4	1	3	2	3	14

Table 6.6: BME Ethnic Category of New Starts by Job Family and Census Category

Table 6.7: White Ethnic Category of New Starts by Job Family and Census Category

Job Family	White - Irish	White - Other	White - Other British	White - Scottish	White Total
ADMINISTRATIVE SERVICES		3	2	12	17
ALLIED HEALTH PROFESSION			1	3	4
DENTAL SUPPORT			1	1	2
HEALTHCARE SCIENCES			1		1
MEDICAL AND DENTAL	1	2	15	2	20
MEDICAL SUPPORT					0
NURSING/MIDWIFERY			15	17	32
OTHER THERAPEUTIC		1	2	1	4
SENIOR MANAGERS			1		1
SUPPORT SERVICES			4	9	13
Grand Total	1	6	42	45	94

Job Family	Don't Know	Prefer not to say	Incomplete Total
ADMINISTRATIVE SERVICES	1		1
ALLIED HEALTH PROFESSION	1		1
DENTAL SUPPORT		1	1
HEALTHCARE SCIENCES			0
MEDICAL AND DENTAL	2	2	4
MEDICAL SUPPORT	1		1
NURSING/MIDWIFERY	2	5	7
OTHER THERAPEUTIC			0
SENIOR MANAGERS	2		2
SUPPORT SERVICES	1		1
Grand Total	10	8	18

Table 6.8: Incomplete Ethnic Category of New Starts by Job Family and Census Category

Table 6.9: Total Ethnic Category of New Starts by Job Family and Census Category

Job Family	BME Total	% BME Total	White Total	% White Total	Incomplete Total	% Incomplete Total	Grand Total
ADMINISTRATIVE SERVICES	2	14.29%	17	18.09%	1	5.56%	20
ALLIED HEALTH PROFESSION	1	7.14%	4	4.26%	1	5.56%	6
DENTAL SUPPORT	0	0.00%	2	2.13%	1	5.56%	3
HEALTHCARE SCIENCES	1	7.14%	1	1.06%	0	0.00%	2
MEDICAL AND DENTAL	6	42.86%	20	21.28%	4	22.22%	30
MEDICAL SUPPORT	0	0.00%	0	0.00%	1	5.56%	1
NURSING/MIDWIFERY	3	21.43%	32	34.04%	7	38.89%	42
OTHER THERAPEUTIC	0	0.00%	4	4.26%	0	0.00%	4
SENIOR MANAGERS	0	0.00%	1	1.06%	2	11.11%	3
SUPPORT SERVICES	1	7.14%	13	13.83%	1	5.56%	15
Grand Total	14	11.11%	94	74.60 %	18	14.29%	126

In the year, the ethnicity of 14.29% of new starts was unspecified. However, 35.71% were identified as 'White Scottish'. The second highest group was' White—Other British', which accounted for 33.33% of new starts. BME individuals made up 11.11% of the new starts.

Section 7: Promotion/ Regrading

The following table identifies those colleagues who have been promoted or regraded (including temporary upgrades) in the year.

	African - African,	Asian - Indian, Indian	Asian - Pakistani,	Mixed or	
	African Scottish or	Scottish or Indian	Pakistani Scottish or	Multiple	
Job Family	African British	British	Pakistani British	Ethnic Group	BME Total
ADMINISTRATIVE SERVICES				1	1
ALLIED HEALTH PROFESSION					0
HEALTHCARE SCIENCES					0
MEDICAL AND DENTAL	2	3	1		6
MEDICAL SUPPORT					0
NURSING/MIDWIFERY					0
OTHER THERAPEUTIC					0
PERSONAL AND SOCIAL CARE					0
SUPPORT SERVICES					0
Grand Total	2	3	1	1	7

Table 7.1: Promotion/ Regrading Profile by BME Ethnic Category, Job Family and Census Category

Table 7.2: Promotion/ Regrading Profile by White Ethnic Category, Job Family and Census Category

Job Family	White - Other	White - Other British	White - Scottish	White Total
ADMINISTRATIVE SERVICES		3	2	5
ALLIED HEALTH PROFESSION		1	2	3
HEALTHCARE SCIENCES			1	1
MEDICAL AND DENTAL	4	7	7	18
MEDICAL SUPPORT			2	2
NURSING/MIDWIFERY		2	10	12
OTHER THERAPEUTIC		1	2	3
PERSONAL AND SOCIAL CARE			1	1
SUPPORT SERVICES			1	1
Grand Total	4	14	28	46

Job Family	Prefer not to say	Don't Know	Incomplete Total
ADMINISTRATIVE SERVICES		1	1
ALLIED HEALTH PROFESSION	1		1
HEALTHCARE SCIENCES			0
MEDICAL AND DENTAL		4	4
MEDICAL SUPPORT			0
NURSING/MIDWIFERY			0
OTHER THERAPEUTIC			0
PERSONAL AND SOCIAL CARE			0
SUPPORT SERVICES			0
Grand Total	1	5	6

Table 7.3: Promotion/ Regrading Profile by Incomplete Ethnic Category, Job Family and Census Category

Table 7.4: Promotion/ Regrading Profile by Total Ethnic Category, Job Family and Census Category

					Incomplete	Grand
Job Family	BME Total	% BME Total	White Total	% White Total	Total	Total
ADMINISTRATIVE SERVICES	1	14.29%	5	10.87%	1	7
ALLIED HEALTH PROFESSION	0	0.00%	3	6.52%	1	4
HEALTHCARE SCIENCES	0	0.00%	1	2.17%	0	1
MEDICAL AND DENTAL	6	85.71%	18	39.13%	4	28
MEDICAL SUPPORT	0	0.00%	2	4.35%	0	2
NURSING/MIDWIFERY	0	0.00%	12	26.09%	0	12
OTHER THERAPEUTIC	0	0.00%	3	6.52%	0	3
PERSONAL AND SOCIAL CARE	0	0.00%	1	2.17%	0	1
SUPPORT SERVICES	0	0.00%	1	2.17%	0	1
Grand Total	7	11.86%	46	77.97%	6	59

The total number of colleagues promoted or regraded in the last year was 59. Completed ethnic statuses were known for 53 colleagues. Based on the table above 47.46% of colleagues promoted/regraded were 'White Scottish'; BME were represented by 11.86% and incomplete were represented by 10.17%. N.B of the 28 Medical and Dental regrades 100% were a system reconfiguration only.

Job Family	Christian - Other	Church of Scotland	Hindu	Muslim	No Religion	Roman Catholic	Incomplete	Grand Total
ADMINISTRATIVE SERVICES	1				5		1	7
ALLIED HEALTH PROFESSION	1				1		2	4
HEALTHCARE SCIENCES					1			1
MEDICAL AND DENTAL	7	2	3	1	5	3	7	28
MEDICAL SUPPORT		2						2
NURSING/MIDWIFERY		6			6			12
OTHER THERAPEUTIC	1	2						3
PERSONAL AND SOCIAL CARE					1			1
SUPPORT SERVICES							1	1
Grand Total	10	12	3	1	19	3	11	59

Table 7.5: Promotion/ Regrading Profile by Religion and Job Family

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Table 7.6: Promotion/ Regrading Profile by Sexual Orientation and Job Family

Job Family	Bisexual	Heterosexual	Incomplete	Grand Total
ADMINISTRATIVE SERVICES		4	3	7
ALLIED HEALTH PROFESSION		3	1	4
HEALTHCARE SCIENCES		1		1
MEDICAL AND DENTAL		20	8	28
MEDICAL SUPPORT		2		2
NURSING/MIDWIFERY	1	9	2	12
OTHER THERAPEUTIC	1		2	3
PERSONAL AND SOCIAL CARE		1		1
SUPPORT SERVICES		1		1
Grand Total	2	41	16	59

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Section 8: Leavers

The following tables show the leavers' profiles. It is important to note that there is a high number of leavers this year, with 110 being identified as bank workers who were not actively engaging in work. During the year, there were 255 leavers compared to 108 leavers in the same time period last year.

Table 8.1: Leavers by Job Famil	v. BME Ethnic Categor	v and Census Category	– March 2023 to February 2024
	,	,	

	African - African,	Asian - Bangladeshi,	Asian - Indian, Indian		Asian - Pakistani,		
	African Scottish	Bangladeshi Scottish or	Scottish or Indian		Pakistani Scottish or	Mixed or Multiple	
Job Family	or African British	Bangladeshi British	British	Asian - Other	Pakistani British	Ethnic Group	BME Total
ADMINISTRATIVE SERVICES						1	1
ALLIED HEALTH PROFESSION							0
DENTAL SUPPORT							0
HEALTHCARE SCIENCES							0
MEDICAL AND DENTAL			1	1	1		3
MEDICAL SUPPORT							0
NURSING/MIDWIFERY							0
OTHER THERAPEUTIC	1						1
PERSONAL AND SOCIAL CARE							0
SENIOR MANAGERS							0
SUPPORT SERVICES		1					1
Grand Total	1	1	1	1	1	1	6

Table 8.2: Leavers by Job Family, White Ethnic Category and Census Category – March 2023 to February 2024

Job Family	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	White Total
ADMINISTRATIVE SERVICES		2	8		22	32
ALLIED HEALTH PROFESSION			2		5	7
DENTAL SUPPORT					3	3
HEALTHCARE SCIENCES			3		2	5
MEDICAL AND DENTAL	1	8	20	1	19	49
MEDICAL SUPPORT					2	2
NURSING/MIDWIFERY		6	22	2	70	100
OTHER THERAPEUTIC		1	1	1	1	4
PERSONAL AND SOCIAL CARE					3	3
SENIOR MANAGERS						0
SUPPORT SERVICES			4		9	13
Grand Total	1	17	60	4	136	218

Job Family	Don't Know	Prefer not to say	Incomplete Total
ADMINISTRATIVE SERVICES	1	1	2
ALLIED HEALTH PROFESSION			0
DENTAL SUPPORT			0
HEALTHCARE SCIENCES		1	1
MEDICAL AND DENTAL	9	6	15
MEDICAL SUPPORT			0
NURSING/MIDWIFERY	5	3	8
OTHER THERAPEUTIC			0
PERSONAL AND SOCIAL CARE			0
SENIOR MANAGERS		1	1
SUPPORT SERVICES	3	1	4
Grand Total	18	13	31

Table 8.3: Leavers by Job Family, Incomplete Ethnic Category and Census Category–March 2023 to February 2024

Table 8.4: Leavers by Job Family, Total Ethnic Category and Census Category– March 2023 to February 2024

Job Family	BME Total	% BME Total	White Total	% White Total	Incomplete Total	% Incomplete Total	Grand Total
ADMINISTRATIVE SERVICES	1	16.67%	32	14.68%	2	6.45%	35
ALLIED HEALTH PROFESSION	0	0.00%	7	3.21%	0	0.00%	7
DENTAL SUPPORT	0	0.00%	3	1.38%	0	0.00%	3
HEALTHCARE SCIENCES	0	0.00%	5	2.29%	1	3.23%	6
MEDICAL AND DENTAL	3	50.00%	49	22.48%	15	48.39%	67
MEDICAL SUPPORT	0	0.00%	2	0.92%	0	0.00%	2
NURSING/MIDWIFERY	0	0.00%	100	45.87%	8	25.81%	108
OTHER THERAPEUTIC	1	16.67%	4	1.83%	0	0.00%	5
PERSONAL AND SOCIAL CARE	0	0.00%	3	1.38%	0	0.00%	3
SENIOR MANAGERS	0	0.00%	0	0.00%	1	3.23%	1
SUPPORT SERVICES	1	16.67%	13	5.96%	4	12.90%	18
Grand Total	6	2.35%	218	85.49%	31	12.16%	255

Out of all the leavers, 87.84% had a recorded ethnic status. 85.49% were accounted for under "White", BME leavers accounted for 2.35% and 12.16% were accounted as Incomplete leavers.

Table 8.5: Lea	avers by	Job Family	and Religion

Job Family	Buddhist	Christian - Other	Church of Scotland	Hindu	Muslim	No Religion	Other	Roman Catholic	Incomplete	Grand Total
ADMINISTRATIVE SERVICES		6	6	1		15			7	35
ALLIED HEALTH PROFESSION		1	1			4			1	7
DENTAL SUPPORT			2			1				3
HEALTHCARE SCIENCES		2	1			2			1	6
MEDICAL AND DENTAL	1	7	10	1	1	22		3	22	67
MEDICAL SUPPORT			2							2
NURSING/MIDWIFERY		12	38			44	2	1	11	108
OTHER THERAPEUTIC		2				2		1		5
PERSONAL AND SOCIAL CARE		1	1			1				3
SENIOR MANAGERS									1	1
SUPPORT SERVICES		1	5		1	5			6	18
Grand Total	1	32	66	2	2	96	2	5	49	255

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Table 8.6: Leavers by Job Family and Sexual Orientation

Job Family	Bisexual	Gay/Lesbian	Heterosexual	Lesbian	Other	Incomplete	Grand Total
ADMINISTRATIVE SERVICES		1	25		1	8	35
ALLIED HEALTH PROFESSION			6			1	7
DENTAL SUPPORT			3				3
HEALTHCARE SCIENCES			5			1	6
MEDICAL AND DENTAL		1	43			23	67
MEDICAL SUPPORT			2				2
NURSING/MIDWIFERY	2	1	89	1	1	14	108
OTHER THERAPEUTIC	1		4				5
PERSONAL AND SOCIAL CARE	1		2				3
SENIOR MANAGERS						1	1
SUPPORT SERVICES	1		12			5	18
Grand Total	5	3	191	1	2	53	255

Note: 'Don't know', 'Prefer not to say' and 'Unknown' are included under 'Incomplete'.

Section 9: Job Train Equal Opportunity (Applications)

The information below is collected from our Job Train system and includes all advertisements (both permanent and bank) from 1 April 2023 to 31 March 2024. Job Family categories differentiate from other sections as they are set by Job Train and can't be broken down further. Unknown figures predominantly will include colleagues for whom ethnicity information was not captured as part of the process.

Table 9.1: Job Train Applications by Job Family, BME Ethnic and Census Category

		BME												
Job Family	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Chinese Scottish or	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black - Black, Black Scottish or Black British	Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British		Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	BME Total
Administrative Services	57	46	6	2	48	18	17			3	4	2	2	205
Allied Health Professions	47	45			39	2	25	2		1	2			163
Dental Support	2	3			2		3					2		12
Healthcare Sciences	30	52		2	25	4	6				1	1	1	122
Medical and Dental	128	70	59	10	203	99	553	1		5	15	90	24	1257
Medical Support	4	3		1	4	1	4							17
Nursing and Midwifery	510	888	4	1	28	11	19	5	2	2	1	1	32	1504
Other Therapeutic	11	6		1	6		1							25
Personal and Social Care	3	1			3		1							8
Senior Managers	4	2			4		1				1	1		13
Support Services	35	44	5		19	4	11			1			2	121
BME Total	831	1160	74	17	381	139	641	8	2	12	24	97	61	3447

		White						
Job Family	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	White Total		
Administrative Services	2	14	27		70	113		
Allied Health Professions		7	8		21	36		
Dental Support		1			2	3		
Healthcare Sciences		1	2		7	10		
Medical and Dental	4	48	42		20	114		
Medical Support			1		13	14		
Nursing and Midwifery	1	24	52	2	124	203		
Other Therapeutic			3		18	21		
Personal and Social Care		1	1			2		
Senior Managers		3	8		5	16		
Support Services		6	18	7	70	101		
White Total	7	105	162	9	350	633		

Table 9.2: Job Train Applications by Job Family, White Ethnic and Census Category

Table 9.3: Job Train Applications by Job Family, Incomplete Ethnic and Census Category

	Incom	plete	
Job Family	Prefer not to say	Unknown	Incomplete Total
Administrative Services	3		3
Allied Health Professions	2	1	3
Dental Support			
Healthcare Sciences	1		1
Medical and Dental	10		10
Medical Support			
Nursing and Midwifery	5		5
Other Therapeutic	2		2
Personal and Social Care			
Senior Managers	1		1
Support Services		2	2
Incomplete Total	24	3	27

Job Family	BME Total	% BME - Total	White Total	% White - Total	Incomplete Total	% Incomplete - Total	Grand Total
Administrative Services	205	63.9%	113	35.2%	3	0.9%	321
Allied Health Professions	163	80.7%	36	17.8%	3	1.5%	202
Dental Support	12	80.0%	3	20.0%		0.0%	15
Healthcare Sciences	122	91.7%	10	7.5%	1	0.8%	133
Medical and Dental	1257	91.0%	114	8.3%	10	0.7%	1381
Medical Support	17	54.8%	14	45.2%		0.0%	31
Nursing and Midwifery	1504	87.9%	203	11.9%	5	0.3%	1712
Other Therapeutic	25	52.1%	21	43.8%	2	4.2%	48
Personal and Social Care	8	80.0%	2	20.0%		0.0%	10
Senior Managers	13	43.3%	16	53.3%	1	3.3%	30
Support Services	121	54.0%	101	45.1%	2	0.9%	224
Grand Total	3447	83.9%	633	15.4%	27	0.7%	4107

Table 9.4: Job Train Applications by Job Family, Total Ethnic and Census Category

Section 10: Action Planning

In line with the General Duty of the Equality Act 2010, NHS Orkney's objectives are to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between different groups (i.e. people who share a protected characteristic and those who do not).
- foster good relations between different groups.

The purpose of gathering and publishing the information in this report is to support better performance of this duty. Beyond that, good practice in equality and diversity is vital in making NHS Orkney a good place to work.

Actions Planned for 2024-25

Working with the Area Partnership Forum, the key actions that will be undertaken during 2024/25 will include the following:

Equality and Diversity Data

• Continue to encourage colleagues to update their protected characteristics on eESS

Recruitment

- Raise awareness of Access to Work grants available from the Department for Work and Pensions.
- Implement, Employing disabled people: Disability Confident and CIPD manager's guides to support recruiting managers.
- As part of reviewing our recruitment processes, continue to ensure unconscious bias is removed at all stages.

Disabled and Neurodivergent Colleagues

- Continue the promotion and training of managers on reasonable adjustments.
- Develop and implement a Disability Passport for use across the organisation in collaboration with Area Partnership Forum.
- Upskill the ER Team and Managers in supporting colleagues who are neurodivergent and make available additional resources to support them.

Staff with Caring Responsibilities

• Promote Once for Scotland's Supporting Work Life Balance policies to assist colleagues caring for dependants.

Workforce of the Future

- Develop a comprehensive workforce plan in linewith our new Corporate Strategy 2024-28
- Continue to engage in Developing the Young Workforce engagement sessions throughout Orkney, connecting young people to careers in the NHS.
- Participate in Orkney Career Fairs.



NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 27 June 2024
Title:	Themes from Team Orkney feedback
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-
	Knight
Report Author:	Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

Awareness

2 Report summary

This paper summarises the main themes from the Board walkarounds between April and June 2024.

2.1 Situation

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

This new approach was introduced in response to staff feedback, notably following low 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 took place in 2023/24 to further improve staff engagement, Board visibility and organisational culture.

Since the last update to the Board, the iMatter scores for 2024 have been received and have improved significantly in this area, which should be noticed. See below for more information.



There have been 19 Boardarounds in total to date and 4 Board walkarounds between April and June 2024 – to Public Health, Finance and Procurement, People and Culture and Heilendi GP Practice. This paper summarises the feedback and details next steps.

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?
- o If you could change one thing, what would it be?
- o what do you wish you had more time to do?
- 3) How can the Board help
 - o Is there anything that you would find helpful to raise to the Board?

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

There have been 19 Board walkaround between May 2023-June 2024 – including:

- Stromness Surgery
- Sanday GP Practice
- Maternity
- Peedie Sea Centre
- Pharmacy
- Community Mental Health
- Theatres
- Health Visitors and School Nursing
- Primary Care
- Dental
- Vaccination Centre
- Specialist Nurses



- Infection, Prevention and Control
- Macmillan
- Catering
- Public Health
- Finance and Procurement
- People and Culture
- Heilendi GP Practice

There have been four Board walkarounds between April and June 2024 – to Public Health, Finance and Procurement, People and Culture and Heilendi GP Practice. Below is a summary of the feedback and details next steps.

Main themes from these visits

Positive:

- Teamworking
- Dedication and commitment of staff to do the best for patients and best to support our teams internally

Areas for improvement:

- Frustrations with the limitations of financial digital systems
- Single points of failure and risks to resilience that need addressing
- Staff health and wellbeing some staff feel unable to take breaks/lunch so this should be encouraged more, including across the organisation
- The expectations on small teams are significant and unrealistic and priorities too often are unreasonable or change too often
- Mental health and physiotherapy concerns about waiting lists
- Space concerns from primary care colleagues

Improvements to iMatter results - 2024

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

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

Next steps

As discussed at our recent Board development session, in 2024, we will build further on the Board walkabouts we have introduced over the last year as follows:

- Will continue to be a standing agenda item at each Board meeting
- In addition to Board walkabouts, (1) Executive Directors have commenced informal visits in pairs as part of business as usual arrangements and (2) the Chair and CEO



have started to do monthly informal walkabouts (to Health Intelligence, Theatres, Mental Health and Occupational Health Teams since the last Board meeting)

- There is a forward plan of Board walkarounds for the remainder of 2024 covering all clinical and non-clinical areas
- Better triangulation of feedback with wider staff experience metrics
- Ensuring that there is a distinction between strategic matters that need to be resolved and taken forward and quick wins that need to be followed through on and the appropriate routes are followed for each
- To ensure there is feedback to every team after the visit which captures the actions that have been taken/issues that have been resolved/unblocked to build confidence that Board members are listening to and acting on staff feedback throughout the year and that it is how we do things (ie closing the loop). The Corporate Governance Team will lead on this process
- Expanding the focus of Board walkabouts to include conversations about patient safety

2.3 Recommendation

• Awareness – For information only.



NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 27 June 2024
Title:	2024 iMatter and Staff feedback
Responsible Executive/Non-Executive:	Jay O'Brien, Director of People and Culture
Report Author:	Steven Phillips, Head of People and Culture

1 Purpose

This is presented to the Board for:

• Awareness

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The iMatter survey was open from Monday 13 May to Monday 3 June. During this period, colleagues were encouraged to take part in the annual survey through multiple communication channels. The board, directorates, and teams have now received their results and are required to engage in the action planning phase. NHS Orkney should support managers to convert local outputs into meaningful actions by Tuesday 30 July, by doing the following:

- Conduct manager iMatter sessions to support the process.
- The iMatter lead provides assistance to managers and teams, including a toolbox for managers to use in creating action plans and following up with the team.



- Focus areas on the one or two key actions that will make a difference.
- Provide the organisation with regular updates on iMatter action planning and plan review data.

To support the organisational response to the entire iMatter initiative, colleagues will be given an opportunity to provide qualitative feedback through an anonymous surveying tool operated by Webropol (the same company that runs iMatter nationally). The surveying tool is in the final stages of approval and will be used to gather feedback on the same 5 priority areas identified as those for the 2023 survey, as well as understanding more about how colleagues feel raising concerns. The detailed questions are still to be finalised, but we will broadly explore what the topic means to colleagues and what colleagues need to see being done differently, i.e. what should be different from what is currently happening. It is suggested that during July, an agreed action plan will be created based on the responses received.

2.2 Background

The iMatter questionnaire allows colleagues to share their personal experiences, provide feedback on team dynamics, and offer input about the organisation in real time. The results are reported at various levels - team, directorate, and organisation. Once the team receives the results, they work together to create an action plan within 8 weeks. Progress is monitored throughout the year. Teams gather to review the results, exchange ideas, and develop and implement action plans. The process is documented by sharing team stories, making it an integral part of the iMatter process. The iMatter program is monitored nationally and a benchmarking report will be released later in the year.

2.3 Assessment

The paper attached details the Board's outcome in relation to iMatter.

2.3.1 Quality/ Patient Care

iMatter is a valuable tool for continuous improvement that enhances patient care and improves colleagues experience when used appropriately.

2.3.2 Workforce

The iMatter tool is a national development utilised by all NHS Scotland Boards. Its purpose is to assist individuals, teams, Directorates, and Boards in understanding and improving colleague experience.

2.3.3 Financial

None Identified

2.3.4 Risk Assessment/Management

No process-related issues have been identified. However, failing to engage in action planning may have negative consequences for colleagues in terms of a lack of positive



change and disengagement if feedback is not seen to proactively drive change. National benchmarking may also generate risk and opportunities for NHS Orkney.

- **2.3.5 Equality and Diversity, including health inequalities** None identified – this is a nationally procured took that has been impact assessed.
- 2.3.6 Climate Change Sustainability None Identified
- 2.3.7 Other impacts None Identified
- **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.

• Direct route to NHS Orkney Board

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.

• Direct route to NHS Orkney Board

2.4 Recommendation

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

• Awareness – to inform board members of how NHS Orkney is listening to colleagues' feedback across the organisation.

2 List of appendices

The following appendices are included with this report:

- Appendix 1, iMatter 2024 overview.
- Appendix 2, Board Report 2024
- Appendix 3, Board Yearly Components Reports
- Appendix 4, Raising Concerns Report
- Appendix 5, Yearly response rates
- Appendix 6, Yearly EEI

iMatter 2024

The iMatter survey was circulated to NHS Orkney staff throughout May/June 2024. The overarching Board report is attached at (Appendix 1). The response rate for 2024 has increased by 10% from 59% in 2023 to 69% in 2024.

There are a number of positives to take from the outputs:

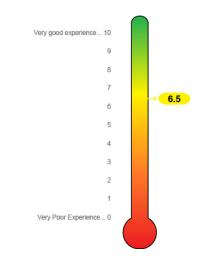
- The employee engagement score has, for the third year in a row, increased 72% (2022), 74% (2023) and 75% (2024) (Figure 1)
- Across all the strand scores, aligned to the five pillars of Staff Governance, our weighted index value has remained the same or increased by up to 2% points (Appendix 2)
- Out of the 28 questions asked of staff, we continue to see 24 of the responses are in Strive and Celebrate. In addition, 17 questions showed an increase of 1 to 8% points.
- Our overall experience score increased to 6.5 out of 10. (Figure 2)

Figure 1

Yearly EEI

NHS Orkney

Organisation	2021	Improvement	2022	Improvement	2023	Improvement	2024	
HSCP NHS Orkney (Chief Officer)	-		72	↑	73		-	
NHS Orkney (SMT Directorate)	70	↑	72	Ť	74	↑	75	
NHS Orkney (SMT Directorate)	70				-		-	
NHS Orkney Board Members	86	4	83	↑	84	→	84	
		1 1	72	↑		↑	75	



17 of the iMatter staff experience components have increased this year. However, 6 saw no change to the response, and 5 saw a reduction of 1-3% points.

Although there was an increase of 1-8% points the areas highlighted from the organisation's feedback to 'monitor to further improve' remain the same as last year:

- 1. I am confident performance is managed well within my organisation (+1%).
- 2. I have confidence and trust in Board members who are responsible for my organisation (+4%).
- 3. I feel sufficiently involved in decisions relating to my organisation (+4%).
- 4. I feel that board members who are responsible for my organisation are sufficiently visible (+8%).

There were no 'improve to monitor' or 'focus to improve areas' at the Board level. However, there were a number of teams within the 'monitor to further improve' area that will be offered support and assistance from the iMatter team where necessary. (See Figure 3)

Figure 3

EEI number for teams in the same Board

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	68	13	0	0	9	90
Percentage of Teams	75.6%	14.4%	0.0%	0.0%	10%	100%

Raising Concerns

The iMatter survey introduced two additional questions in 2023 to collect feedback on colleagues' experiences in raising concerns. This year, we have observed both an increase and a decrease in our scores when compared to last year.

 I am confident that can safely raise concerns about issues in my workplace – 74% (-1%) • I am confident that my concerns will be followed up and responded to -65 (+1%)

Action Planning:

The action planning window opened on June 4th and will remain open until July 30th. The Scottish government has set this 8-week timeframe to allow managers to upload their plans into the system. The organisation has shared training sessions and launched a Turas Learn module to assist managers.

Action planning data will be available from July 31st. **Summary**

The iMatter Report has highlighted several areas of achievement to celebrate and some areas that require attention. This year, the EEI score has increased by 1 point, and 24 out of 28 questions remain within the strive and celebrate parameters.

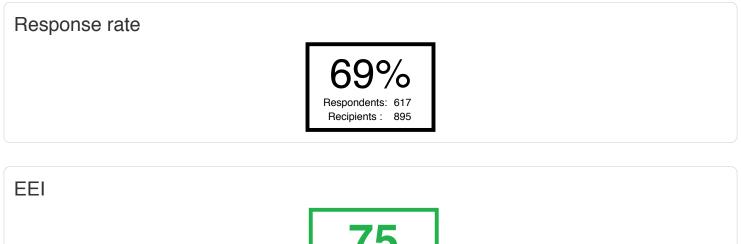
It is essential for teams to complete their action-planning process to fully benefit from the iMatter outcomes.



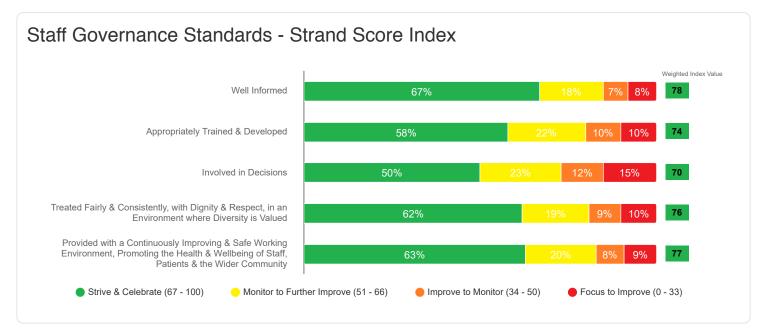
Board Report 2024

NHS Orkney

Total number of respondents: 617







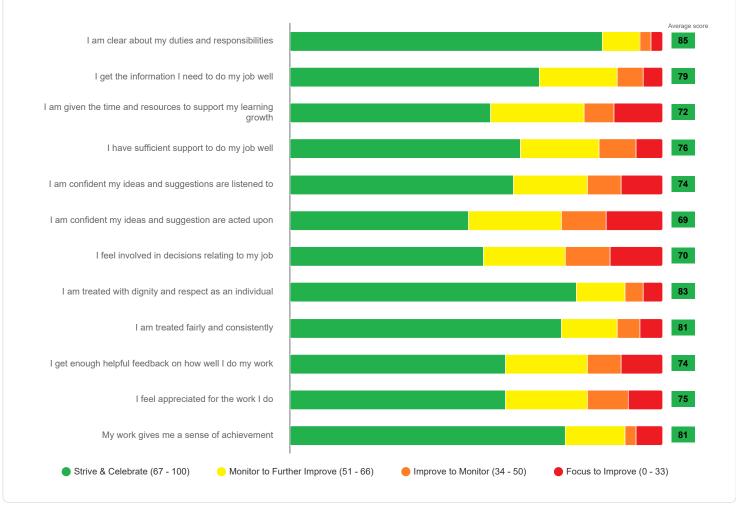
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.



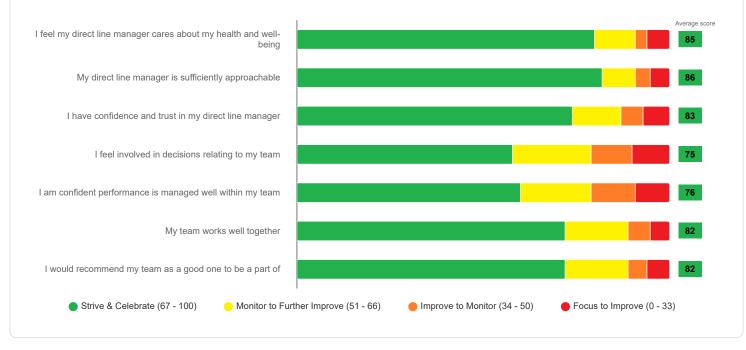
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 617



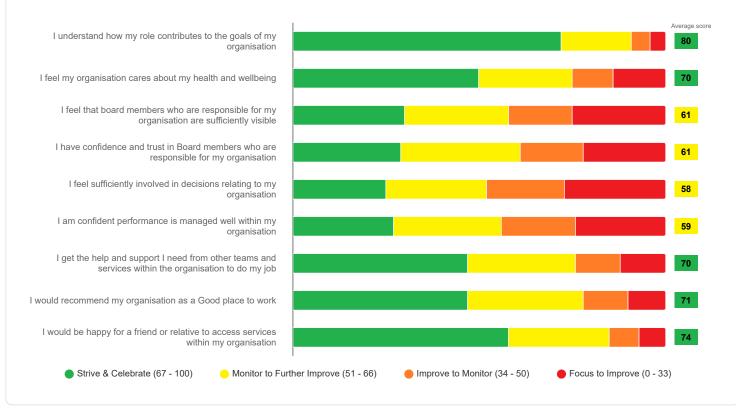
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 617

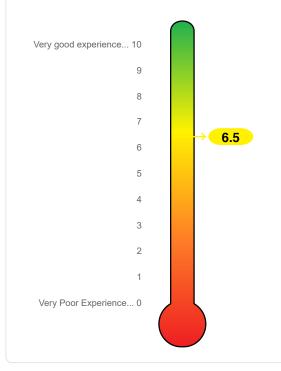


Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 617



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good): Number of respondents: 617



EEI number for teams in the same	e Board
----------------------------------	---------

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	68	13	0	0	9	90
Percentage of Teams	75.6%	14.4%	0.0%	0.0%	10%	100%

NHS Orkney

Total number of respondents: 617

iMatter Components

iMatter Questions	Staff Experience Employee Engagement	Average Response				
	Components	2021	2022	2023	2024	
My direct line manager is sufficiently approachable	Visible & Consistent Leadership	82	83	84	86	
I feel my direct line manager cares about my health and well-being	Assessing risk & monitoring work stress and workload	81	81	82	85	
I am clear about my duties and responsibilities	Role Clarity	81	84	85	85	
I have confidence and trust in my direct line manager	Confidence & trust in management	78	80	80	83	
I am treated with dignity and respect as an individual	Valued as an Individual	79	80	82	83	
I would recommend my team as a good one to be a part of	Additional Question	78	80	81	82	
My team works well together	Effective team working	78	80	80	82	
I am treated fairly and consistently	Consistent application of employment policies and procedures	76	77	80	81	
My work gives me a sense of achievement	Job Satisfaction	77	81	82	81	
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose & Values	77	80	81	80	
I get the information I need to do my job well	Clear, appropriate and timeously communication	73	76	78	79	
I have sufficient support to do my job well	Access to time and resources	71	74	76	76	
I am confident performance is managed well within my team	Performance management	69	72	74	76	
I feel involved in decisions relating to my team	Empowered to Influence	70	73	75	75	
I feel appreciated for the work I do	Recognition & Reward	71	72	75	75	
I would be happy for a friend or relative to access services within my organisation	Additional Question	72	73	72	74	
I am confident my ideas and suggestions are listened to	Listened to & acted upon	70	73	75	74	
I get enough helpful feedback on how well I do my work	Performance development & review	69	71	74	74	
I am given the time and resources to support my learning growth	Learning & Growth	68	71	72	72	
I would recommend my organisation as a Good place to work	Additional Question	67	69	70	71	
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours & supportive relationships	67	67	69	70	
I feel involved in decisions relating to my job	Empowered to Influence	66	68	71	70	
I feel my organisation cares about my health and wellbeing	Health & Wellbeing Support	66	67	69	70	
I am confident my ideas and suggestion are acted upon	Listened to & acted upon	66	68	71	69	
I have confidence and trust in Board members who are responsible for my organisation	Confidence & trust in management	57	57	57	61	
I feel that board members who are responsible for my organisation are sufficiently visible	Visible & Consistent Leadership	52	52	53	61	
I am confident performance is managed well within my organisation	Performance management	53	57	58	59	
I feel sufficiently involved in decisions relating to my organisation	Partnership Working	50	53	54	58	



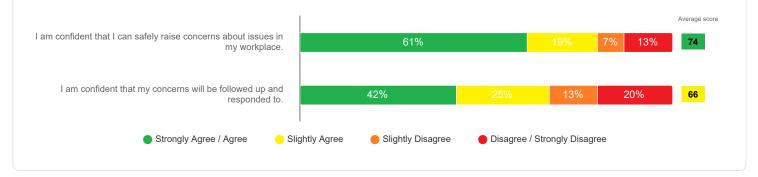
Raising Concerns Report

NHS Orkney

Total number of respondents: 617

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 608





Yearly Response Rates

NHS Orkney

	Response rate	Response rate		Response rate		Response rate	
Organisation	2021	Improvement	2022	Improvement	2023	Improvement	2024
HSCP NHS Orkney (Chief Officer)	-		47%	→	47%		-
NHS Orkney (SMT Directorate)	65%	1	66%	1	70%	Ŷ	69%
NHS Orkney (SMT Directorate)	100%		-		-		-
NHS Orkney Board Members	77%	1	82%	1	89%	1	93%
NHS Orkney	65%	4	58%	1	59%	1	69%



Yearly EEI

NHS Orkney

EEI numbers and improvements from last year

Organisation	2021	Improvement	2022	Improvement	2023	Improvement	2024
HSCP NHS Orkney (Chief Officer)	-		72	۲	73		-
NHS Orkney (SMT Directorate)	70	1	72	Ť	74	1	75
NHS Orkney (SMT Directorate)	70		-		-		-
NHS Orkney Board Members	86	Ŷ	83	1	84	\rightarrow	84
NHS Orkney	70	1	72	↑	74	1	75

67 - 100 Strive & Celebrate 51 - 66 Monitor to Further Improve 34 - 50 Improve to Monitor 0 - 33 Focus to Improve



Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Infection Prevention Service Annual Report
Responsible Executive/Non-Executive	e: Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services
Report Author:	Sarah Walker Infection Prevention Lead

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 overview of the Infection Prevention & Control and wider team activity and progress from April 2023 to March 2024. The data is set at real time and includes all fully investigated cases and findings, this reflects the delay of the national data reporting and the skews in data recording for small numbers. The report also contains activities and improvements made through the year.

2.2 Background

An Annual Report is required to summarise the activities and provide information against the IP&C workplan over the previous year. Ongoing bimonthly reporting is a requirement of teams and is contained in the Healthcare Associated Infection Reporting Template.



2.3 Assessment

- The *Staphylococcus aureus* bacteraemia and *Clostridioides difficile* local delivery standards are met, with the LDP standard set at a 10% reduction.
- The LDP reduction standard of 25% for healthcare associated *E. Coli* bacteraemia (ECB) based on data from 2018-19 data has been missed however there is a reduction in cases from last year. The important aspect is that all cases are investigated with the lead clinician and no cases were deemed as preventable, some are considered healthcare associated because the individual resides in a Care Home or has a device fitted but the device may not be considered the presenting cause of the ECB.
- The national cleaning and Estates monitoring bench marking is included and shows that the team are consistently performing well against other Boards.
- Support and training continue to be delivered to teams and ongoing professional development is being undertaken within the team. IPC Nurse has achieved her PG Certificate in Infection Prevention & Control and Infection prevention Nurse Specialist has achieved her PG Diploma in Infection Prevention.

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

N/A

2.3.5 Equality and Diversity, including health inequalities.

N/A.

2.3.6 Climate Change Sustainability

Supporting the climate agenda, through glove use reduction on an ongoing basis and supporting the teams through the decarbonisation projects being undertaken in primary care settings.

2.3.7 Other impacts



N/A

2.3.8 Communication, involvement, engagement and consultation

This report has been formulated with support from the Infection Prevention Team, The CDU Manager, and the consultant Microbiologist/Infection Prevention & Control Doctor.

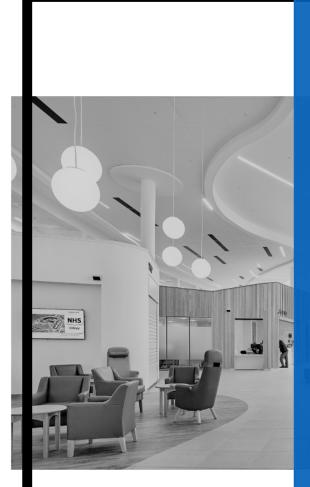
2.3.9 Route to the Meeting

Infection Prevention & Control Committee and recommended to Board for approval by the Joint Clinical and Care Governance Committee.

2.4 Recommendation

The Board is asked to approve the report against standards and Infection Prevention and Control and the wider teams continue to strive for improvement on a daily basis, by ensuring staff are fully sighted on areas for improvement and the rationale supporting the recommendations.





NHS Orkney Infection Prevention & Control Annual Report 2023-24

Created by:

Supported by:

Sarah Walker Infection Prevention Manager

Dr Becky Wilson Infection Prevention & Control Doctor/Consultant Microbiologist



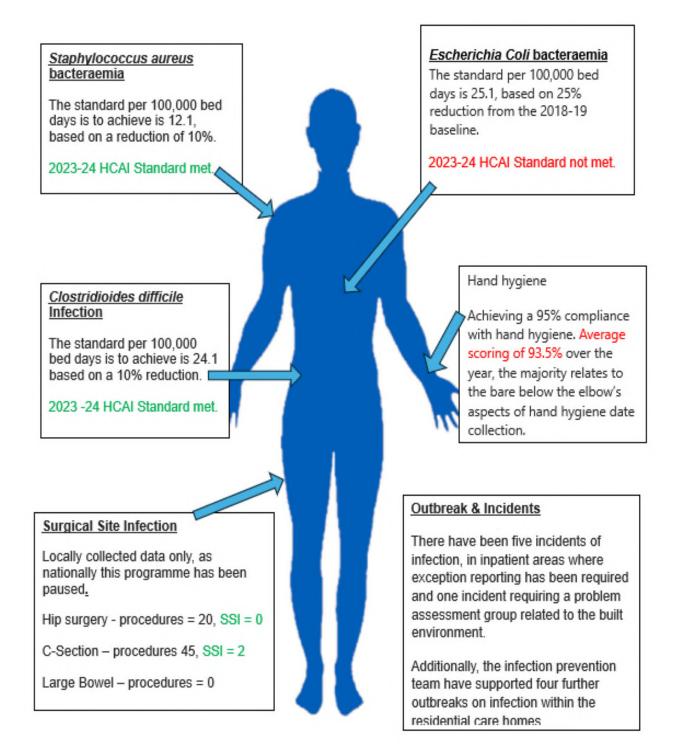
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Executive Summary

Preliminary Summary of the April 2023 – March 2024 Local Delivery Plan HCAI Standards and Local Surveillance Data





Introduction

The year has been a positive one with a gradual return to business as usual across all areas including national agencies. It has therefore produced huge workloads for Infection Prevention teams, as guidance has gradually been removed, changed and with multiple document and guidance consultations ongoing simultaneously. Much of this work is being driven by the Healthcare Associated Infection Strategy 2023 to 2025, issued in June 2023 and sets out the plan to supporting NHS Scotland to reduce HCAIs, whilst recovering from the COVID-19 pandemic.

The LDP healthcare associated infection (HCAI) standards are always challenging for a small Board, where single cases can swing the data dramatically, as they are based on 100,000 bed days. This makes achieving the standard particularly difficult, so the aim is always to have zero preventable cases. All cases that originate in the community but reside in a care home or have an indwelling device such as a urinary catheter or have had blood samples taken in the recent weeks, will fall into the category of a HCAI. This is worth bearing in mind when reading cases that are referred to a healthcare associated and may therefore include these criteria.

The team continue to support education of staff both in Health and Social Care, promoting best practice for infection prevention on a daily basis. A training needs analysis was undertaken across health and social care in 2023 and education to support the learning needs has been provided and remains ongoing particularly in care home settings at the request of Care Home Managers.

This year's annual report celebrates team working across all areas of healthcare in Orkney and working collaboratively with teams and individuals supports safe care for patients, by reducing unnecessary risks from clinical management to the built environment. Therefore, I wish to thank all teams in health and social care for their proactive support to the infection prevention work and for their ongoing commitment.





Effective leadership

The IPC Clinical HAI Executive Lead has supported the team through a flux where there has been suggested changes nationally to the way Infection Prevention teams' function and the role and remit of teams moving forward. This has been a challenging time for the team and one that still requires ongoing commitment to ensure that the role of the team meets the expectation of the Scottish Government.

Several DLs or CNO letters were issued throughout 2023 and the first quarter of 2024, with the majority related to the Covid -19 pandemic, withdrawing of guidance such as the withdrawal of the extended use of facemasks in health and social care, and a pause to symptomatic staff Covid-19 testing, and signposting to NHS inform guidance for symptomatic staff. Unsurprisingly, this has seen some increases in outbreaks of infection locally and winter pressures, but a return to business as usual has been welcomed by all.

The IP team have introduced a new way of working this year, with teams allocated to specific areas and departments. This has worked extremely well both for the Infection Prevention (IP)Team and for departments. The IPCNs and IPC Practitioners are now considered as an extension to the wider nursing teams and has built strong foundations and relationships. Each IP team member continues their workload for each department, from daily patient management, advice support and education through to departmental audit, feedback and monitoring of the departmental improvement plans. This has proved to be a success for all.

Education and Training

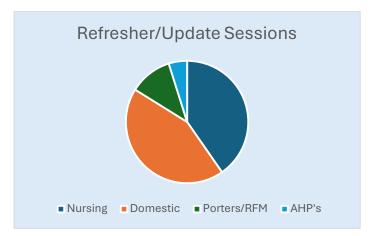
Healthcare Education

As mentioned, formal education and informal ad hoc education is ongoing. Releasing staff on a regular basis for infection prevention training has always been challenging but is particularly challenging now all the departments have returned to full capacity, and some areas exceeding pre-pandemic activity. IP&C education has been delivered to 82 members of staff, including 16 IPC link staff, where regular updates to cascade information, strengthen communication occurs and can be cascaded within their own teams; these catch up have been undertaken on a three-monthly basis, or more regularly where changing guidance or anything else relevant such as sharing Public Health alerts, etc.

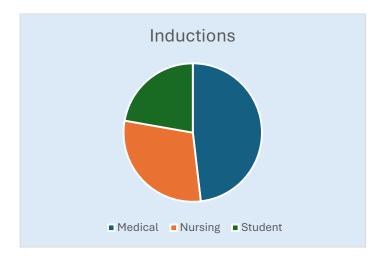


A focus in recent months has been supporting teams to record Standards Infection Control Precautions (SICPs) electronically and in order to embed the audit process and this practice which has seen a great improvement in the completion of electronically collating SICPs across the board.

The chart shows the staff groups where training has been undertaken, except for IP&C link staff training.



Additionally, the team have undertaken 54 face to face induction for new medical staff, locum medical staff, locum/agency nurses, and Orkney college students. These have decreased in recent months due to changes in medical staffing, but this is now being addressed and will be recommenced with any new medical, locum or agency staff arriving on site.



IP&C Education in Social Care

The IP team undertake regular drop-ins in each care home and speak to staff when on site, this provides a question-and-answer session on a regular basis, and provides an avenue for



ad hoc education, sharing the rationale for "why we do what we do", supported by the evidence, proves to be a successful way of sharing information.

Formal education has been based on the results from the training needs analysis (TNA) which, was previously undertaken in 2020, and with changes in staff since then, it was important to ensure staff received the information they needed and required. The main topics for refresher training were hand hygiene, personal protective equipment use, and transmission-based precautions, which also included outbreak management, which the Health Protection team assisted with, as they manage the outbreaks in these settings.

Again, training numbers have been relatively small but included the link staff in the care homes, so information can be cascaded with the teams. The presentation has been shared with the teams for onward dissemination, so all staff have an opportunity to partake of this educational package.

One Care Home Manager has requested additional support for personal protective equipment use in the care home and this has been provided.

In addition, the TNA highlighted that staff were keen to learn about a particular multidrug resistant pathogen that they are faced with on an increasing basis. A fact sheet and aide memoir in the form of a tick sheet was devised to support the teams, to ensure they had the correct processes in place, when caring for a service user.

IPC Education and Training

The team continue to support their own education with two IPC Nurses, undertaking their post graduate qualifications. One has completed the Post Graduate Certificate in Infection Prevention & Control, through the University of the Highlands and Islands, and the second has completed the Post Graduate Diploma in Infection Prevention & Control via University of Dundee. Congratulations to both!

One of the Infection Prevention Practitioners has completed a five-week course on Infection Prevention, remotely through University of Bangor and is currently undertaking a Micro Credentials course.

The training is supported by NHS Orkney and study time for completion, this enables the team to develop its staff, improving retention and service planning for the future. Having staff with post graduate qualifications enables them to support staff utilising improvement and leadership qualities in addition to advanced IP&C advice.



Communication

The team attend both the nurses safe to start huddle, where infection status within the inpatient areas is collated for follow up by the IP team. The managers RAG huddle, where information is cascaded to attendees, provides a useful portal for information sharing as it spans both community nursing and secondary care. This is particularly useful in identifying potential issues, or outbreaks.

The IP team have implemented different ways of working this year, with staff allocated to each department. This includes all work within the area, from daily support for patient care, audits and surveillance, email correspondence and education. Both the IP team and departmental staff have really enjoyed this way of working in recent months, departmental staff and the team have built good rapports and know who to get in touch with if they have a query or need advice. The team provide cross cover across all areas however, for periods of leave or in times of outbreak, this is relayed to teams to ensure they are aware of any changes during periods of leave or increased activity. It has been a small but powerful improvement for all, ensuring that the IP team are just an extending member of the departmental team.

The use of the Line Managers team Microsoft teams pages and departmental team's pages enables information to be shared effortlessly. Information is supported by updated SOPs where required, to address any public health alerts etc.

The team have produced quarterly newsletters, which have been shared in the weekly comms and issued in hard copy form to departments.

Again, one of the IPCPs is allocated to provide support and advice to the care homes, this is working well, and provides great relationship building, collaboration for supported working.

The Care Home support group is set up to meet on a fortnightly basis and has moved from meeting regularly in 2022-23 to meeting on an as and when required basis. This remains a calendar event so all participants can stand up or stand down the group meeting, information can be shared there with both the Care Home Managers, Operational Managers and Lead. There is a second meeting which includes all the third sector organisations to allow the same communication to be shared with all. The Care Inspectorate also have a seat at this meeting and can offer any advice or support.



Assurance and monitoring systems

Staphylococcus aureus Bacteraemia

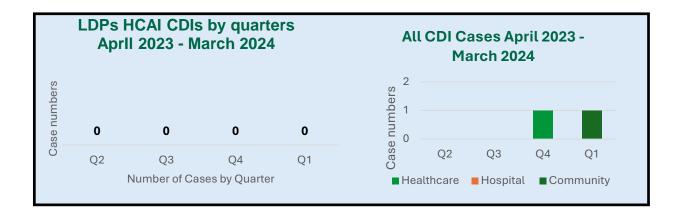
There has been 1 community SABs case during the LDP Standard year 2023 – 24. As this was not a healthcare associated infection (HCAI), there are **zero HCAI cases** and the Board has met its LDP HCAI Standard. The standard reduction was set at 10%.



Clostridioides difficile infection (CDI)

There have been two cases of CDI in the 2023 LDP standard year, one HCAI and one community, both cases were treated appropriately and followed the correct processes. The Board will have met its LDP HCAI standard with **two HCAI case**.

The team did identify some areas for improvement from other previous cases and an education session was delivered to medical staff in October 2023

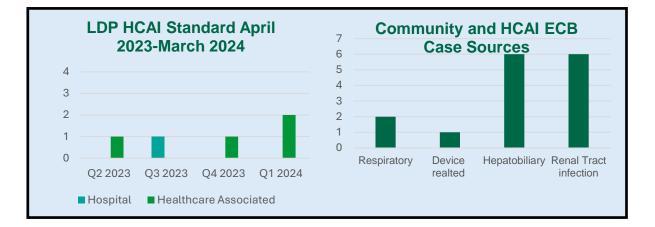




Escherichia coli Bacteraemia (ECB)

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

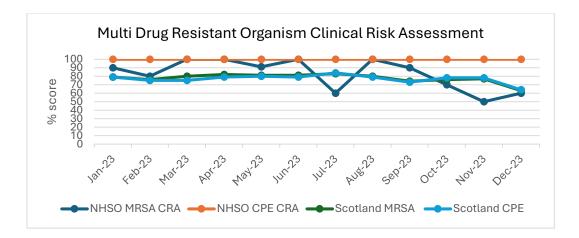
There have been **five HCAI cases** which is a reduction from the previous LDP standard year. However, as this is the same number of cases as 2018-19, that the standard reduction has been based on, the standard has therefore not been achieved. However, this is still a case reduction from the previous two years and on investigation there were no cases assessed as preventable.



Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment (CRA)

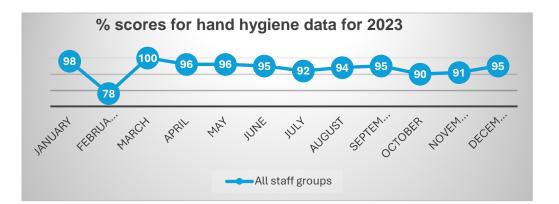
The MDRO CRA is a national reported Key Performance indicator, which monitors the documented risk assessment for every patient admission. It focusses on methicillin resistant *Staphylococcus aureus* (MRSA) and carbapenemase producing Enterobacteriaceae (CPE). It's reported in quarterly but monitored monthly by NHS Orkney, based on ten patients a month. The important fact for NHSO is that patients are placed appropriately under transmission-based precautions and isolated where possible, for all positively answered risk assessments. NHS Orkney is performing on par with the rest of Scotland in both areas, with the exception of the latter part of 2023. The data is shared on an ongoing basis with the Senior Charge Nurses and the Clinical Nurse Managers for areas for improvement going forward. This MDRO is also one of the infection prevention key performance indicators for Excellence in Care, which is currently paused programme, so when this recommences in ward areas this will also improve completion of the assessment at time of admission.





Hand Hygiene Monitoring

Hand hygiene audits are carried out at department level for many years as part of their Standard Infection Control Precautions monitoring, which is peer monitoring in departments. The Infection Prevention team monitor hand hygiene on a monthly basis, as part of the quality assurance process. In 2023, there were 733 hand hygiene observations undertaken by the team of this, there were 6% of staff that didn't take the opportunity to clean their hands. It is important to note that for hand hygiene technique, dress code compliance such as bare below the elbow is included, and there were additional areas for improvement noted.



Surgical site infections

The national surgical site infection (SSI) surveillance has been paused since the pandemic, locally we have continued to follow the national protocols that were in place prior to 2020 and have collated data, to be able to identify any areas that require improvement during the national pause.



For 2023, there were a total of 65 procedures completed under the SSI surveillance protocol. This included 45 caesarean sections, 20 repairs of fractured neck of femur, there were no large bowel procedures undertaken during this time. Two SSIs were identified associated with caesarean sections, both were investigated and found to be superficial infections.

Outbreaks and Exception Reporting

It has been a busy year, particularly at the start of the financial year, as the country moved out of pandemic measures back into business as usual. In total there were six exception reports were submitted to ARHAI, from April 2023 - March 2024, all were respiratory outbreak reports, across secondary care. This was inevitable with the removal of the Enhanced Facemask Guidance, in May 2023, and then the "pause" to symptomatic staff testing, with signposting to follow NHS inform guidance.

Additionally, the team have supported Public Health in providing infection prevention & control advice to the Care Homes, where there were four in total, three respiratory and one gastrointestinal.

Quality Assurance

Primary Care

All mainland and isles GP practices have an annual visit by Infection Prevention Team (IPT) to conduct Quality Assurance Audits to evaluate and monitor the improvements within the practices. This is followed up by email or telephone correspondence with teams to assess how improvement work is progressing.

There was an increase in the return of improvement plans to the IP Team from last year with only 1 out of the 15 practices not returning an improvement plan. There were common themes of improvement required throughout the practices, such sharps management, alignment of cleaning products, non-clinical sinks for hand hygiene and environmental and equipment cleaning schedules not available and one practice still has carpet in the clinic room. The team have seen a steady improvement in practices since starting some years ago and thank the practice teams for working collaboratively and accommodating the IP team for onsite audits.



All aspects that require environmental or domestic improvements are shared with the Domestic Supervisor team on return. Additionally, the IP team liaise with the Estates team for addressing improvement where required. The IPT have set up return visits to practices for the 2024-25 quality assurance audits and plan to offer a follow up MS Teams call with practices 3-6 months after the audit to assist and support improvement.

Secondary Care and Mental Health services

The quality assurance audits for all department focussing on environmental and clinical practice are ongoing, these audits are generally based around Standard Infection Control Precautions and Transmission Based Precautions with clinical practice built in, such as management of a blood spill and management of a clinical hand wash sink.

The team have a set process for timings of the repeat audits depending on significance of the finding and overall scoring for each element of the audit. This ensures that processes are followed up and actioned timeously and with focus on areas of highest risk. All audit findings are fed back to the leads for the areas and an improvement plan requested. The IP team then utilise this improvement plan to ensure that previous findings are closed off on a revisit and if not the rationale for non-closure such as awaiting Robertson Facility Management team action or an Estates rectification.

This year 81 secondary care audits from red through to green have been undertaken, across all departments and there have been eight audits outwith The Balfour, e.g. Garson Dental and Vaenta. Departments have come on board and are actively engaged in the improvement process, such as including the Mental Health Transfer room and Vaenta in audits. Areas where there have previously been challenges in achieving improvement plans are now working collaboratively across different services to achieve improvements and support the IP team to achieve feedback and improvement plans. This has been a great achievement for all the teams involved and actively supports the fact that good communication, collaboration and discussion, endorses active participation and improvement. So well done to the teams involved!





Community Support

The Infection Prevention team continue to support the Care Homes with any infection prevention issues, day to day management and advice for caring for a resident with any infection. As some multi drug resistant organisms become more prevalent, care homes have been supported with education, management checklists and newsletters. These provide information and advice on how to reduce transmission risks, in a care home setting. Our Infection Prevention Practitioner visits all care homes on a weekly or fortnightly basis, whilst there she discusses any "burning issues", or answers any questions from staff members, and offers advice and support.

More recently one care manager had asked for additional support to reduce the amount of unnecessary glove use occurring, this update and training has been delivered, together with a request for the team to monitor Standard Infection Control Precautions (SICPs) which would be supported by the IP Practitioner.

To promote SICPs monitoring in the Care Home the IP team have gifted some hand hygiene lightboxes out to the Care homes and to areas of Assisted Living, where they can be shared when needed to ensure hand hygiene update training is continued. All areas were delighted with their lightbox, which will make it more readily available to staff when needed.

Care of the Built Environment

Monitoring of the Domestic cleaning and Estates function is defined as the ongoing assessment of the outcome of cleaning and Estate's maintenance processes to assess the extent to which corrective procedures are being carried out correctly, to identify any remedial action which is required and to provide an audit trail.

An essential component of any monitoring framework is the fundamental principle of continuous improvement. Therefore, the monitoring framework not only provides a reporting mechanism, but a rectification process that can be used locally to identify, prioritise and address issues of non-compliance.



Facilities Management

Cleaning services are an essential part of the multidisciplinary approach to tackling HAI. For prevention of infection to work effectively, critical activities such as cleaning have to be embedded into everyday practice. As part of its work programme, the HAI Task Force developed the 'NHS Scotland Code of Practice for the Local Management of Hygiene and HAI' and the 'NHS Scotland National Cleaning Services Specification'. These documents include guidance on cleanliness and hygiene, effectively setting minimum standards for the healthcare environment. Health Facilities Scotland (HFS) developed a monitoring framework for the NHS Scotland National Cleaning Services Specification, these are the reports for 2023-24 financial year and evidence the maintained standards of NHS Orkney's facilities services benchmarked against the other Scottish Boards.

Health Board	1 st Quarter Apr - June 2023/24	2 nd Quarter July - Sept 2023/24	3 rd Quarter Oct - Dec 2023/24	4 th Quarter Jan - March 2023/24
NHSSCOTLAND	95.3	95.2	95.2	95.3
NHS Ayrshire and Arran	95.3	95.7	95.3	95.3
NHS Borders	95.1	95.6	95.7	95.4
NHS Dumfries and Galloway	96.1	95.8	94.6	96.0
NHS Fife	95.9	95.6	96.0	96.0
NHS Forth Valley	95.3	95.1	95.5	95.4
NHS Greater Glasgow and Clyde	94.8	94.7	94.7	94.8
NHS Golden Jubilee	98.0	98.3	98.1	98.6
NHS Grampian	93.2	92.9	92.9	93.1
NHS Highland	94.6	95.3	96.0	95.2
NHS Lanarkshire	96.1	96.2	95.9	96.3
NHS Lothian	95.9	95.6	95.8	95.4
NHS NSS SNBTS	93.5	95.2	94.3	90.8
NHS Orkney	95.1	95.3	93.9	95.8
NHS Scottish Ambulance Service	96.7	95.9	96.4	96.3
NHS Shetland	95.8	94.7	96.8	95.2
NHS State Hospital	96.8	94.9	95.7	97.1
NHS Tayside	95.4	95.4	94.9	94.9
NHS Western Isles	95.7	95.2	95.6	95.5

Estates Management

Health Facilities Scotland (HFS) extended the scope of the cleaning monitoring tool to cover Estates services as well as Domestic services in 2006, the scoring reflects issues with the fabric of the building which impede effective cleaning activity. Again, NHS Orkney evidences its standards against other NHS Scotland Boards



Health Board	1 st Quarter Apr - June 2023/24	2 nd Quarter July - Sept 2023/24	3 rd Quarter Oct - Dec 2023/24	4 th Quarter Jan - Mar 2023/24
NHSSCOTLAND	96.2	96.0	96.1	96.4
NHS Ayrshire and Arran	97.0	96.9	97.0	97.0
NHS Borders	97.5	97.5	98.3	98.4
NHS Dumfries and Galloway	99.7	99.5	99.5	99.5
NHS Fife	96.3	96.0	95.9	96.6
NHS Forth Valley	93.4	92.7	93.7	92.6
NHS Greater Glasgow and Clyde	94.9	94.9	94.8	96.0
NHS Golden Jubilee	98.0	97.7	97.2	96.0
NHS Grampian	93.0	92.8	93.1	93.3
NHS Highland	98.2	98.1	97.7	98.0
NHS Lanarkshire	96.3	96.2	95.1	95.9
NHS Lothian	97.3	96.7	97.3	97.2
NHS NSS	94.8	97.3	94.6	94.4
NHS Orkney	99.4	99.4	99.4	99.4
NHS Scottish Ambulance Service	95.1	93.7	94.6	93.3
NHS Shetland	99.8	99.6	99.4	99.1
NHS State Hospital	99.5	99.3	98.6	99.4
NHS Tayside	99.2	99.1	99.2	99.3
NHS Western Isles	99.0	99.0	99.4	99.0

Water Safety Group

The water safety group, meet quarterly and is an assurance group which feeds up to the Infection Prevention & Control Committee. Its function is to ensure that systems and processes for safe water management within NHS Orkney are robust and maintained, across not just NHS Orkney healthcare facilities but to gain assurance in areas where NHS Orkney leases a facility. The Chair of the group is the Estates Manager with representation from various stakeholders including an Authorising Engineer for water, the Consultant Microbiologist, Public Health Consultant, NPD Provider and the infection Prevention Nurse Specialist and Manager.

Ventilation Safety Group

As with the water safety group, the ventilation Safety Group meets quarterly and has similar representation, although the Authorising Engineer is for ventilation. This year has seen some remedial works which were outstanding from the original build works being revisited and closed off, which is a massive step forward.



Central Decontamination Unit

The 2023 CDU Annual Report provides a detailed overview of the unit's performance, emphasizing operations, compliance with standards, audit outcomes, improvements, and staff training over the year.

Operations: The unit saw a slight increase in its workload, processing 192,883 items and conducting 1,044 patient endoscopies, though this was a decrease from the previous year. Notable issues included the reprocessing of endoscopes due to extended storage or delays in use.

Compliance: The instances of product non-compliances, predominantly service faults such as burst wraps, which were attributed to the handling and storage practices rather than the CDU's direct operations. This insight directs focus towards enhancing logistic and storage procedures to prevent such faults.

Audits: The unit successfully passed all scheduled internal and external audits, maintaining its ISO 13485:2016 certification and compliance with the Medical Devices Directive. This included an unannounced audit with no identified non-conformances, showcasing the unit's adherence to high standards.

Improvements: Significant changes included the transition to the UKCA certification system, replacing the previous CE certification. This year also saw the introduction of a new roster system aimed at improving the management of staff scheduling, holidays, and sick leave, which is expected to enhance operational efficiency and reduce potential disruptions.

Staff Training and Development: The unit provides a varied training regimen, including mandatory Basic Life Support and specialized CDU modules, ensuring all staff meet essential training requirements. The training programs are continuously updated to address the evolving needs of the staff and the unit, reinforcing the commitment to high-quality patient care and staff development.

The CDU Supervisor has retired this year following many years with the service, her experience and expertise will be missed but the team have effectively service planned and have supported a new supervisor into post.

Future Outlook: The CDU has outlined new objectives for 2024, focusing on continuous improvement in processes and staff training. The management review meeting scheduled for



January 2024 will be crucial for setting these targets and defining strategies for ongoing enhancements.

The Infection prevention team have supported CDU with areas for improvement with one aspect of the built environment, again another area where IP input has supported improvement.

In summary, the CDU's efforts in maintaining rigorous standards, fostering staff development, and implementing strategic improvements underscore its commitment to excellence and efficiency in healthcare service delivery.

Thanks to Gary Drever, CDU Manager for their contribution to the report and congratulations to the team for their continued hard work!

Antimicrobial Stewardship

The overarching aim of antimicrobial stewardship (AMS) is to optimise safe, appropriate and economic use of antimicrobial agents to improve patient outcomes from infection while minimising negative consequences such as HCAI and the development of antimicrobial resistance (AMR). The AMS programme allows us to control and maintain antimicrobial use and respond to the rising global resistance threat of antimicrobial resistance.

The AMS group report on several key achievements in 2023/24, these include:

- Implementation of the new Right Decision Service application/website to house
 empirical antimicrobial guidelines within NHS Orkney
- Improvement of compliance with antimicrobial point prevalence audit measures within Balfour Hospital (100% compliance with allergy recording and 100% compliance with appropriate use of antimicrobials. Improvements required for suitable sampling at time of diagnosis of infection and documentation of duration of course)
- Supporting the development of Outpatient Parenteral Antimicrobial Therapy pathways for patients with skin and soft tissue infections
- Work has begun on the development of a space on TURAS Learn to signpost teams to appropriate training with regards to infection and antimicrobial prescribing
- Additionally, this year, medicine shortages have on occasion impacted on clinician's ability to prescribe first-line antibiotics in accordance with local/national guidance. In the event of medication shortages initial support and prescribing advice is available



from local pharmacotherapy teams. Management of shortages which are likely to be for an extended period are supported by The Scottish Medicines Supply Response Group which issues "serious shortage protocols" allowing prescription medications to be interchanged, at the point of dispensing, with a recommended alternative available drug. Local and national procurement teams also work collaboratively to manage shortages.

• Currently, it is not possible to identify the reason that a non-first line antibiotic has been prescribed.

Summary

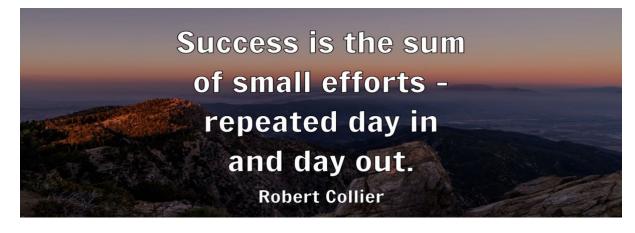
I think the main theme for this year has been navigating change – and I believe collectively we have really excelled! Experiential learning, and a drive to keep delivering an outstanding service remains visibly at the heart of what we do as a team. This year has really been a test of temperament, as the road towards business as usual has certainly been challenging. The first 'real' winter after the pandemic was a daunting experience, and there was significant anxiety on all fronts as to what things might look like, yet the response from our team in supporting all our staff through this and out the other side was exceptional. As always, our CDU are providing an unrivalled service in terms of quality and compliance. Our antimicrobial stewardship agenda is continuing to progress at a steady pace, made much easier by the implementation of HEPMA. The sustainability agenda is also allowing us to ensure that this aligns with our strong focus on IP&C.

I hope this report demonstrates the continued desire to both learn and to share that learning, and to bring others with us on that journey to provide the safe care that our patients deserve.

And finally

Another busy year with fantastic teamwork!





nd Orkney IPCD

Report submitted by: Conause

Sarah Walker, Infection Prevention Manager

Beengindoe

Supported by: Consultant Microbiologist

Dr Becky Wilson, Infection

prevention & Control Doctor and Consultant Microbiologist



Insert Protective Marking

Meeting:	NHS Orkney Board Meeting
Meeting date:	27 June 2024
Title:	Patient Experience Annual Report – 2023/2024
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Julie Tait, Patient Experience Officer

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Patient Feedback Annual Report 2023-2024 is presented to the NHS Board prior to submission to the Scottish Government as part of the annual requirements of the Complaints Handling Policy and Procedure.

Members are asked to approve the report.

2.2 Background

This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety.

2.3 Assessment

2.3.1 Quality/ Patient Care

Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are provided safe, effective and person-centred care.

2.3.2 Route to the Meeting

The Patient Feedback Annual Report requires to be submitted to the NHS Orkney Board Meeting only. It was also presented to Joint Clinical and Care Governance Committee on 14 June 2024.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Patient Experience Annual Report 2023-2024



Newark Beach, Deerness - April 2023

NHS Orkney Patient Feedback

Annual Report 2023-2024

Foreword

The 2023/24 Patient Feedback Annual Report for NHS Orkney demonstrates our ongoing commitment to delivering high-quality, person-centred care. This report outlines how we have received, responded to, and utilised feedback, complaints, and engagement from patients, carers, and families to drive continuous improvement in our services.

Over the past year, we have focused on embedding the values of respect, compassion, and shared decision-making into every aspect of patient care. By listening to our community and staff, we have been able to make significant improvements in accessibility and responsiveness. A notable achievement this year was the successful intravitreal injection audit, which received 100% positive feedback from patients, demonstrating our commitment to patient satisfaction and quality care.

Our approach has prioritised early resolution of complaints to ensure swift and effective responses, while also conducting investigations when necessary. This patient-centred philosophy aligns with our new Corporate Strategy, which sets out clear strategic objectives aimed at fostering continuous improvement and learning within our organisation.

While recognising the challenges in the wider context of NHS Scotland, we remain resolute in our mission at NHS Orkney to resolve issues promptly and improve the patient experience. In this report, you will find detailed analyses of our feedback mechanisms, the types and outcomes of complaints received, and the tangible improvements made as a result.

Looking ahead, our focus will remain on fostering a culture of continuous improvement, ensuring that every patient voice is heard and valued. This commitment is integral to achieving the strategic objectives outlined in our Corporate Strategy, which include enhancing patient safety, improving performance, and driving innovation.

Anna Lamont Medical Director NHS Orkney

Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

We have again this year focussed our efforts to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well and very much a learning point from the time of the Covid 19 pandemic.

- 1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:
 - Complaints Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. More patients prefer to make contact by telephone or email.
 - Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
 - Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19 infection control guidance. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
 - Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
 - We post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences.
- 1.3 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. We encourage staff to resolve issues at point of contact whenever possible and our figures show more Stage 1's than Stage 2 complaints.
- 1.4 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is shared with staff throughout our hospital and healthcare services. We encourage staff to signpost to PASS when appropriate. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

Section 2

2.1 **Hospital and Community Services:**

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff. Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex and require a detailed examination before we can state our position.

2.1.1 Early Resolution and Investigation Complaints

Performance Indicator Four

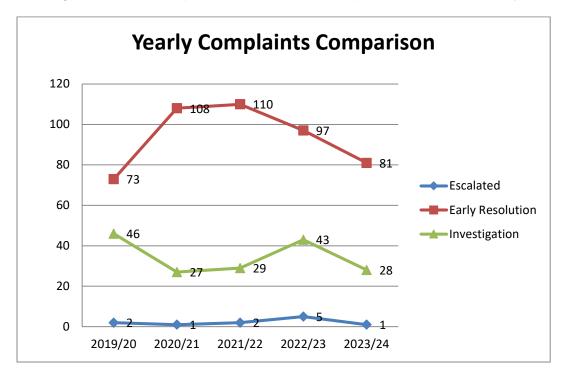
Number of complaints received by the NHS Orkney Complaints and Feedback Team	113
Number of complaints received by NHS Orkney Primary Care Service Contractors	60
Total number of complaints received	173

NHS Board Managed Primary Care services;	
General Practitioner	3
Dental	N/A
Ophthalmic	N/A
Pharmacy	N/A
Independent Contractors - Primary Care services;	
General Practitioner	34
Dental	12
Ophthalmic	13
Pharmacy	1
Total of Drimony Core Consisce complete	63
Total of Primary Care Services complaints	63

Performance Indicator Five

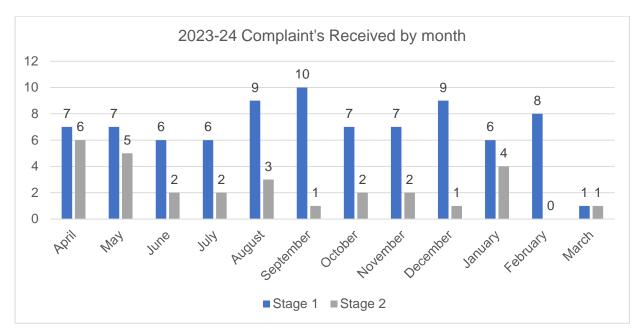
Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
5a. Stage One	81	74%
5b. Stage two – non escalated	28	25%
5c. Stage two - escalated	1	1%
5d. Total complaints closed by NHS		
Orkney	110*	100%

*3 complaints were withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.



The following chart shows comparisons between our complaints over the last five years.

2023-24 Stage 1 complaints are more in line with the numbers received pre-pandemic. We can see a drop of 26% in Stage 1 complaints over the last two years and a drop of 35% in Stage 2 complaints over the last year.



Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

Performance Indicator Six

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	32	40%
Number of complaints not upheld at stage one	23	28%
Number of complaints partially upheld at stage one	26	32%
Total stage one complaints outcomes	81	100%

Investigation complaints

	Number	As a % of all complaints closed at stage two
Non-escalated complaints		-
Number of non-escalated complaints upheld		
at stage two	11	39%
Number of non-escalated complaints not		
upheld at stage two	6	22%
Number of non-escalated complaints partially upheld at stage two	11	39%
Total stage two, non-escalated complaints outcomes	28	100%

Escalated complaints

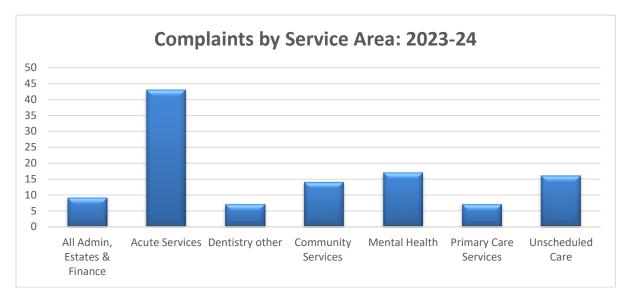
	Number	As a % of all escalated complaints closed at
Escalated complaints		stage two
Number of escalated complaints upheld at		
stage two	0	0%
Number of escalated complaints not upheld		
at stage two	1	100%
Number of escalated complaints partially upheld at stage two	0	0%
Total stage two escalated complaints outcomes	1	100%

2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community

services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

The highest sector recording complaints is Acute Service which covers the most clinical services. As mentioned above, complaints are recorded in all inpatient areas, day unit, unscheduled care, outpatients and all specialties and therefore numbers are understandably higher than other services.



2.1.4 **Response Times:**

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints, however, are more complex.

We have found again this year that the more complex complaints cross services and organisations and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

Closed within Timescales	Q1	Q2	Q3	Q4
Total Number of Complaints closed in full at Stage 1	19	25	23	14
% closed within timescale of 5 working days	(9) 47%	(15) 60%	(20) 87%	(11) 79%
Total Number of Complaints closed in full at Stage 2	12	7	5	4
% closed within timescale of 20 working days		(5) 71%	(4) 80%	(2) 50%
Total Number of Escalated complaints closed	0	0	0	1
% closed within timescales of 20 working days	n/a	n/a	n/a	(1) 100%

For information the breakdown quarterly for response times is as follows:

Performance Indicator Eight

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	55	68%
Number of non-escalated complaints closed		
at stage two within 20 working days Number of escalated complaints closed at	15	54%
stage two within 20 working days	1	100%
Total number of complaints closed within timescales	71	65%

Performance Indicator Nine

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one	10	400/
where extension was authorised	10	12%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated		
complaints)	10	36%
Total number of extensions authorised	20	18%

This year 71 of 110 complaints were closed within timescales in line with national guidelines which compares to 91 of 146 in 2022/2023.

With a slight improvement on last year (33%), 54% of Stage 2 complaints were closed within timescales during the year. The main reason for this was delays within the investigation process. Complaints can be complex, cross services and at times organisations and result in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

This year 68% of Stage 1 complaints were responded to within 5 working days and staff should be commended for resolving complaints quickly and early. Managers, who were responding to these alongside their day-to-day duties, were very responsive and quick to manage the majority of concerns at this level. This is slightly poorer than 2022/2023 when we responded to 76% of Stage 1 complaints within the target time. However, patients much prefer this approach and whilst timescales are not met, complaints are resolved and closed with a positive outcome for the complainant.

2.1.5 **Trends and Emerging Themes:**

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. In 2023/24 themes of care and treatment, communication, waiting times/delays and staff issues are identified as the main issues within Investigation and Early Resolution complaints. This is identical to previous years and similar to other Boards themes over the last few years.

	Communication	Waiting Times/Delay	Patient Privacy / Dignity / Respect	Physical Environment	Procedural Issues	Staff	Treatment
Percentage of issues raised	19%	15%	3%	2%	4%	11%	46%
Number of issues raised in each subject	21	17	3	2	5	13	52

2.1.6 Alternative Dispute Resolution:

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

2.1.7 Unacceptable Actions Policy

At times NHS Orkney must review a complainant in line with the unacceptable actions policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

Due to the small number, it would not be appropriate to provide figures for this part of the report and therefore simply advise that NHS Orkney had occasion(s) to refer and act in line with the policy during the complaints year.

2.1.8 Complaint process experience

NHS Orkney have been unable to undertake this year's survey of complainant's process experience.

2.2 Family Health Services (not including salaried GPs/Dentists):

NHS Board Managed Primary Care services;	
General Practitioner	3
Dental	n/a
Ophthalmic	n/a
Pharmacy	n/a
Independent Contractors - Primary Care services;	
General Practitioner	34
Dental	12
Ophthalmic	13
Pharmacy	1
Total of Primary Care Services complaints	63

Primary Care Services complaints have also reduced this year from 77 in 2022/2023.

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 3 complaints were made during the year relating to this service which accounts for 5% of the total family Health Services complaints.

2.3 **Other NHS Organisations:**

NHS Orkney also receive and pass on complaints to NHS Grampian, Scottish Ambulance Service and NHS24. We recorded 12 complaints which were passed on to other organisations via our Feedback team.

2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2023 – 31st March 2024, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Waiting Times and	In most cases, we were able to provide explanations, updates and,
Delays – pain	where it was appropriate to do so, ensure the patient was reviewed
service	and on the appropriate waiting list.
Travel Reimbursement Queries	We received a number of queries via the local MSP from patients querying reimbursement for accommodation and travel. Some patients we are able to ensure correct payment is made. Other patients are advised that reimbursement is made following the guidance in the Highlands and Islands Travel Scheme.
Delays for patients	At times the Community Dental service can support patients who are
waiting for	waiting for orthodontic treatment. With the absence of an
Orthodontic	Orthodontic Consultant both in Orkney and NHS Grampian, patients
treatment	are currently experiencing longer than expected delays in treatment.

2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves. Unfortunately, the number of clients and contacts supported by PASS during 2023/24 is not available at the time of writing this report. We can report that we received 9 complaints from the service on behalf of patients.

2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2023/24, The Scottish Public Services Ombudsman received six complaints from Orkney patients who were unhappy with the response received from NHS Orkney.

	Complaint	Outcome
Case 1	 NHS Orkney failed to: a) Communicate effectively. b) Ensure appropriate contingency plans were in place. c) Take any actions following the incident to respond to the complaint. 	SPSO assessed this complaint and took the decision not to progress to investigation stage.
Case 2	 NHS Orkney failed to: a) Provide reasonable care and treatment to the patient and b) The Significant Adverse Event Review carried out by NHS Orkney was inadequate. 	Upheld Upheld
Case 3	NHS Orkney failed to: a) Provide pain relief treatment since June 2022.	SPSO assessed this complaint and took the decision not to progress to investigation stage.
Case 4	 NHS Orkney failed to: a) Provide reasonable treatment in relation to a child's needs at school. b) Maintain reasonable clinical records. c) Reasonably handle the complainant's complaint. 	Under investigation – no outcome at date of report.
Case 5	NHS Orkney failed to: a) Provide reasonable inpatient care and treatment.	Under initial assessment.
Case 6	NHS Orkney failed to: a) Provide reasonable care and treatment.	SPSO assessed this complaint and took the decision not to progress to investigation stage as the complaint is out of time.

SPSO provided a number of recommendations in relation to Case 2 and these have been progressed and are complete.

2.7 **Compliments**

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here's a selection of what our patients have told us:

Just wanted to share our positive experience today at the Balfour seeing the ** doctor. Going to appointments with our son can often turn into a very stressful situation for us as parents and our son.

However all staff were fab and the fact that there was a member of staff to play with him so he was

happy and we could concentrate on speaking with the doctor made for such a great experience for all of us. In fact our son has continued to speak about the lady who was playing with him all afternoon.

Please pass on my thanks to the Day Care unit. I went in today for a procedure, and all the staff were very caring and made my visit a pleasure.

*** telephoned this morning to thank everyone involved in her recent outpatient appointment.

They had been really concerned about how everything would be managed and were very happy with the outcome, and wanted to ensure everyone was thanked for their part in the care provided. Please thank Dr B* for her consultation this afternoon via video call.

It was very helpful, and encouraging, and I am very grateful that it worked so well on our erratic wifi. I feel a lot more confident and reassured about the course of this condition and its treatment.

A massive thank-you to everyone involved in Jennifer's recent trip to The Balfour day surgery unit. You are all very skilled and very kind. Thanks also to Skerryvore and Westray GP practices, surgical outpatients and the medical secretaries. And finally, on behalf of Susanna . . . radiography!

I wanted to express my thanks for the care I have received so far. The speed in which I have received appointments and referrals has been much

appreciated and I have been reassured by the professional yet friendly care I have benefited from from all of the staff I have met. Working in health care must be challenging and I am thankful that all of these people are doing it in such a positive, caring and helpful way. Thank you.

May I thank most sincerely all the people who looked after me so well during my recent stay in Inpatients 1. I was treated with the highest standards of professionalism, and also with kindness, indeed with compassion, and with good humour. Medical staff seemed aware of my overall health status.

All greatly appreciated. Please pass on my thanks and good wishes to all concerned.

The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

Our patients can expect:

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened
- 3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, coordinated fashion whilst remaining aware that PASS is an independent service.
- 3.2 Our online training is now hosted fully by Turas and the Patient Experience Officer has worked with the Talent and Culture team to ensure Patient Experience has a dedicated space. This can now be found in the Clinical Governance section.
- 3.3 The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.
- 3.4 The following table indicates the number of staff who have completed the online training modules during this financial year. It should be noted that these modules are not mandatory required training and therefore numbers are low:

Module	Staff Completion Numbers
Module 1 - Value of feedback	9
Module 2 - Encouraging effective feedback	8
Module 3 - Complaints and feedback process	6
Module 4 - The Value of Apology	6
Module 5 - Managing difficult behaviour	6
Complaints investigation skills	6

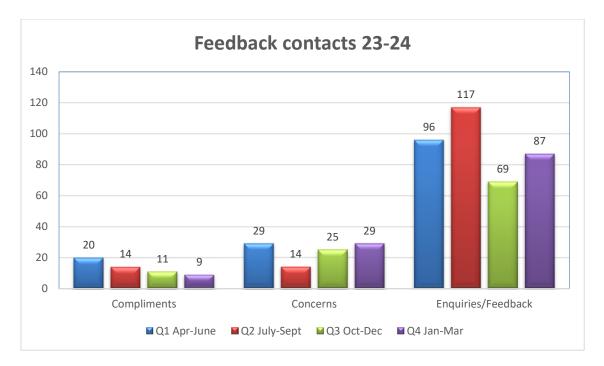
At a recent National Complaints Personnel Association Scotland meeting, a paper was presented by colleagues from NHS Lanarkshire an NHS Forth Valley who had been asked by National Education Scotland (NES) to undertake a long overdue review of the current Turas Feedback & Complaints training modules. A significant number of recommendations were made recognising these modules are now dated in relation to complaints handling and investigation skills and it is hoped this will be taken forward by NES.

Improvements to Services

- 4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.
- 4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Concerns raised by inpatient visitor that call bell was not reachable.	Findings showed patient's bell was not always at a distance they could comfortably use if required.	SCN highlighted issue with staff and monitored call bell availability and response time.
Communication regarding transfer of patient to NHS Grampian was poor.	Recognised that some information on transfer was not provide and resulted in patient not fully aware of what was happening.	SCN reviewed transfer documentation to ensure level of communication is improved.
Patient raised concerns about providing private and confidential information in ED Reception.	The complaint was upheld.	New signage is in place to advise patients on steps to take if they do not wish to share personal details in ED reception.
Patient's family member complained that appointment process for her elderly parents had not been followed.	Review of process has taken place and complaint was upheld	New process implemented to contact next of kin in advance of appointments and regular audit of contact details now in place
Patient's appointment was cancelled at short notice.	Investigation showed staff member required short notice emergency leave.	Apology given and new appointment arranged with patient's involvement at a time suitable to them.
A number of complaints received regarding access to Orthodontic waiting times.	Requirement to share update with all patients on waiting list.	Letters sent to all patients on waiting list to outline background to current situation and advise of efforts so far to re-establish service.

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality Forum.



- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.
- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Accountability and Governance

5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Quality Forum.

Minutes and Chairs reports from the Quality Forum are reported to the Joint Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing, AHP's and Director of Acute Services, Head of Information and Clinical Governance, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing, AHP's and Chief Officer for Acute Services before being submitted to the Chief Executive for final approval.

Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

6.1 **Outpatient Pre-Assessment Experience**

Eleven patients were asked during a pre-assessment clinic to provide feedback on their experiences. The audit received 100% positive responses with comments from the patients such as " I was seen early because of ferry issues, thank you!" and "Both nurses were very kind and helpful."

6.2 Patient Stories

NHS Orkney Board members were presented with two patient stories during the 2023/24 period. The first, shared in the format of a video story, showed how our patients benefit greatly from an introduction to a chair-based exercise class via the Ageing Well team.

The second story introduced a patient with motor neurone disease who has involvement with many services within NHS Orkney. The patient shared their experiences, both good and feedback on what could be improved.

6.3 Mouth Cancer Awareness Month

November was Mouth Cancer Awareness Month and two straight-talking "Mouthie Mums" from Orkney were speaking out on a mission to raise awareness of oral cancer.



NHS Orkney along with help from Lorraine and Elaine encouraged everyone to keep a close eye on their own oral health and to be "mouthaware".

Staff from NHS Orkney Oral Health Team along with Lorraine were at a local supermarket raising awareness about the importance of being "mouthaware" and handed out information and self-examination checklists to customers.

Lorraine and Elaine are proudly shared their own cancer stories in the hope they could save lives, but also reduce the need for such invasive treatments in a particularly sensitive area of the body.

6.4 **Falls Awareness Week**

In November 2023, NHS Orkney's Ageing Well Team held sessions on Falls Awareness in the main atrium of The Balfour. The aim of the week was to educate and support the public, patients, and staff to keep moving and stay safe at home. Patients were also encouraged to come along to have their walking aid health checked, get advice on strengthening exercises and balance exercises. One session helped patients with information on keeping their home safe and telecare.

6.5 Intravitreal Injection Audit – Outpatients

Our Outpatient team carried out a patient satisfaction audit of patients who attended the department for intravitreal injections. The response was 100% positive.

Intravitreal patient audit 23/1/24-30/1/24 Patients seen 44				
Audits completed 44	YES	NOT SURE	NO	
The nurses were friendly and approachable	100%	0%	0%	
Nurses are careful to check everything prior to my treament	100%	0%	0%	
I was seen within 30 minutes of my appointment time	100%	0%	0%	
The nurse made sure I was comfortable and pain free during my injection	100%	0%	0%	
The procedure was explained to me clearly	100%	0%	0%	
I was treated with warmth and understanding	100%	0%	0%	
I felt safe when the nurse gave the injection	100%	0%	0%	
COMMENTS				
Thank you for the great care and attention.				
Very happy with treatment- thank you.				
I don't think you could have been more caring.				
Atmosphere always calm and warm.				
What an amazing service and fabulous team.				
Excellent service.				

6.6 **Corporate Strategy Engagement Sessions**



NHS Orkney's Chair and Chief Executive held three engagement sessions to hear from the community and our patients on what mattered to them. These sessions helped inform and shape the Corporate Strategy work.

Sessions were held in Dounby and in Kirkwall and one virtual event was held. The feedback from our patients at these was invaluable. Our Chair and Chief Executive recognised the issues raised by the community and pledged to make sure the main themes identified would be priorities in the future planning for NHS Orkney.

6.7 Wellness Event

NHS Orkney again held a Wellness Event in September 2023. A range of information, stalls, classes and organisations attended on the day for both staff and patients to enjoy. We also asked one of our local primary schools to help brighten up the day and were lucky enough to have some very colourful and brilliantly artistic bunting!



6.8 Gold Award for the Defence Employee Recognition Scheme



NHS Orkney has once again been awarded the Gold Award for continued commitment to the Armed Forces.

Roy McLellan Regional Employer Engagement Director from Highland Reserve Forces' and Cadets' Association presented NHS Orkney with the Gold Award for the Defence Employee Recognition Scheme in recognition of the commitment to the Armed Forces. The last time Orkney was awarded this was in 2018, with NHS Orkney the first Health Board to be awarded this accolade.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Duty of Candour Annual Report
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Kat Jenkin, Head of Patient Safety, Quality and
	Risk

1 Purpose

This is presented to the Board for:

• Decision

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to the Board for signoff, publication, and submission to Scottish Government as per the requirements of the Duty of Candour Legislation following the review, discussion, and decision by the JCCGC.

2.2 Background

Duty of Candour reporting is a requirement as set out in the Duty of Candour Procedure (Scotland) Regulations 2018. As part of these regulations all NHS Boards must submit an annual report, which should be published on the organisation's website, after being signed



Orkney off through the governance reporting structure. This report should include the numbers of serious adverse events (SAE) and the numbers of time Duty of Candour (DoC) was applied. It should also include how we applied DoC and how this process is managed. A template is provided as guidance for NHS Boards to support them with completion of the report.

2.3 Assessment

Annually there are a small number of adverse events which meet the requirements of the DoC legislation. This means that providing detailed information on each of the SAE reviews is not provided due to concerns around deductive identification.

Due to the small numbers themes and trends are not possible, but in this coming year we are looking at whether to provide information about themes and trends across all incidents, to demonstrate an open and honest service that aims to learn from SAEs.

There remain three open SAE reviews and these will be included in the following year's report, in the same vein that the remaining open SAE reviews from the previous year have been included in this report.

There are a number of open actions resulting from the SAE reviews, and these are being followed up to ensure that the 'closing of the loop' is carried out and learning is shared.

It is asked that the committee reviews the annual report and approves it for sharing with the board for assurance.

2.3.1 Quality/ Patient Care

The aim of SAE reviews to identify areas where patient care can be improved and strengthened. This includes ensuring that DoC is carried out and patients' and their families are supported through any SAE review.

2.3.2 Workforce

It is recognised that being involved in SAEs can be upsetting and stressful for staff. Therefore, support is offered to all staff involved in SAE reviews. Training is also provided for any staff undertaking an SAE review.

2.3.3 Financial

There is no identified financial impact identified from this paper.

2.3.4 Risk Assessment/Management

All SAEs are risk assessed as part of the management of these incidents.

2.3.5 Equality and Diversity, including health inequalities

There is no identified impact from this paper.



2.3.6 Climate Change Sustainability

There is no identified impact from this paper.

2.3.7 Other impacts

There is no identified impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared with oversight from the Medical Director who is responsible for ensuring the DoC legislation is carried out.

2.3.9 Route to the Meeting

This paper was presented to the JCCGC for approval before escalation to the board for sign off.

2.4 Recommendation

• **Decision** – For member of the Board to signoff the report.

3 List of appendices

The following appendices are included with this report:

• Appendix one: The Duty of Candour Annual Report 2023/24





Duty of Candour

Annual Report 2023/24 Safety Quality and Risk Team

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NHS Orkney

Duty of Candour Report 2023/24

1. Introduction

All health and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future.

An important part of this duty is that we provide an annual report about how the duty of candour is implemented in our services. This report describes how NHS Orkney has implemented and operated the duty of candour during the time between 1 April 2023 and 31 March 2024. We hope you find this report useful.

2. Background

The Duty of Candour (DoC) legislation¹ became active from the 1st of April 2018. This placed a statutory obligation on health organisations to follow the subsequent regulations which stipulate several actions to take place if certain circumstances occur. These are:

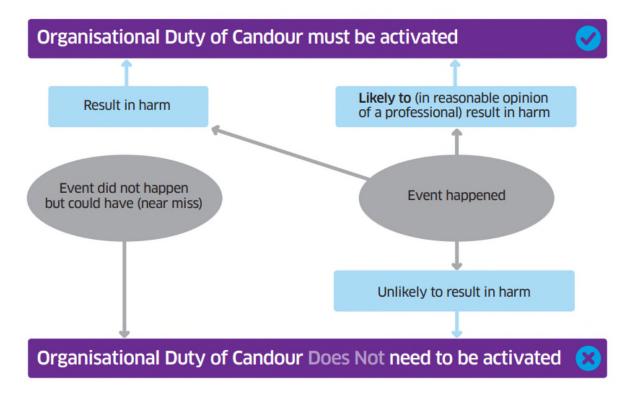
If a patient suffers **death or serious**² harm because of an adverse event that the organisation is responsible for, the following should occur:

- An apology is offered to the patient or their relative
- The patient / relative is informed that there will be an investigation
- The patient / relative is given the opportunity to ask questions to be answered as part of the investigation
- The result of the investigation is shared with the patient / relative and a meeting is offered
- The organisation learns from the investigation by implementing the recommendations/ actions

Below is a decision flow chart that demonstrates how Duty of Candour is applied

¹ Duty of Candour Legislation

² Guidance on serious harm and death



3. NHS Orkney

NHS Orkney is the smallest health board in Scotland and serves an archipelago of islands with a population of approx. 22,000 people. NHS Orkney employs 732 staff (600.14 WTE) who provide a range of primary, community-based and hospital services.

In accordance with NHS Orkney's Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the incident reporting system, NHS Orkney currently uses Datix. DoC is considered as part of this process and reporters have an opportunity to consider potential DoC, both professional and organisational, in relation to the Act.

The clinical risk, and the level of review required of each incident, is assessed by the Weekly Incident Review Group (WIRG) which includes the following individuals:

- Medical Director (or nominated deputy)
- Director of Nursing, Midwifery and AHPs (or nominated deputy) / Acute Services (or nominated deputy)
- Chief Officer of the Integrated Joint Board (or nominated Integrated Head of Service deputy)
- Head of Patient Safety, Quality and Risk
- Clinical Governance & Risk Facilitator
- Patient Experience Officer (or nominated deputy)

- Health and Safety Manager (or nominated deputy)
- Information Governance Manager (or nominated deputy)

Furthermore, all new complaints and potential litigation cases are discussed at WIRG for clinical risk.

Currently NHS Orkney's local Duty of Candour Procedure sits within the NHS Orkney's Learning from Incidents: and management of Significant Adverse Events policy. The policy and procedural documents undergo regular review to ensure that they are in line with latest legislation. This coming year these are being reviewed and revised to ensure they are in line with latest guidance and to include more around working with patients and families and gaining feedback about the process and how we can improve this for patients and families and for staff involved in SAER.

4. Incidents where Duty of Candour applied

During the reporting period, there has been **three** incidents where the duty of candour applied. These are unintended or unexpected incidents that result in harm or death as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition.

DoC incidents are identified through NHSO Significant Adverse Event management process. Over the reporting period, there have been **seven** Significant Adverse Event Reviews (SAER) launched. These events include a wider range of outcomes than those defined in the DoC legislation as this has included adverse events that did not result in significant harm but had the potential to cause significant harm.

Through the SAER process, it is identified if there were factors that may have caused or contributed to the event, which helps to identify if DoC should be applied.

There are **three** SAER in progress that were reported during this time which may meet the DoC requirements, but due to these investigations still being open, it is not possible to declare this at this time; therefore, these will be reported on in the next DoC annual report.

There were **three** SAER that were outstanding at the time of the last annual report, these have now been completed and of these, **two** met the criteria for DoC.

This report will cover the known DoC events from this reporting period and the two not included in last year's annual report; acknowledging there may be more once the investigations have been completed and these will be included in the next annual report.

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2023 and 31 March 2024, including the two outstanding from the 22/23 report)
A person died	
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	1
A person's treatment increased	3
The structure of a person's body changed	1
A person's life expectancy shortened	
A person's sensory, motor or intellectual functions were impaired for 28 days or more	
A person experienced pain or psychological harm for 28 days or more	
A person needed health treatment in order to prevent them from dying	
A person needing health treatment in order to prevent other injuries as listed above	
Total events Duty of Candour was applied	5

5. To what extent did NHS Orkney follow the duty of candour procedure?

When we identified the adverse events listed above had happened, we followed the correct procedure in all cases (100% of the time). This means we informed the people affected, apologised to them, and offered to meet with them. In each case, we reviewed what happened and what went wrong to try and learn for the future. In some of these cases the patient involved chose not to meet with us and did not want to be involved in the review.

6. Learning from Duty of Candour

For all SAER, not just the reviews where DoC is suspected / confirmed, an apology is given, patients and families are invited to be involved in the review and a comprehensive explanation of the incident is provided.

Below we have set out a number of the recommendations from SAER that meet the DoC criterion. The current position of the actions is highlighted in bold. Where there is no current position highlighted, this is because the SAER was closed at the end of

the year and therefore the action plans have not been signed off by the governance committees, so there is no update at this time.

The recommendations and actions from the DoC include:

- The surgical team should focus on improving communication and collaborative working to ensure continuity of care and decision-making for acute surgical admissions, including confirmation of arrangements for ongoing care and follow-up before they are discharged – This is an ongoing piece of work looking at the flow of patients through the acute services.
- The WHO Safe Surgery checklist should be reviewed, including confirmation
 of the Crossmatch/ 'Group & Screen' status of the patient. A regular debrief at
 the end of the operating list should be promoted. This is now complete, the
 WHO checklist has been revised and is completed per the expected
 process for every surgery undertaken.
- Review and implement clinical pathways for the management of several different conditions presenting to The Balfour ED – The review of clinical pathways is being undertaken by the Clinical Nurse Managers to ensure that they meet the needs of the service user and best practice guidance.
- a consistent approach to the review of all MSK x-rays requested by ED clinical staff, underpinned by a standard operating procedure (SOP) **This has been completed and a process is in place.**
- Review the process for coordinating access to previous ED record card(s) for returning patients, including administrative support – This has been completed and a process is in place.
- Regular incident / near miss and Duty of Candour refresher / update training for clinical staff – Currently there is training available for all staff, but we are working to improve this, to support all staff as they move into different areas and different roles within the organisation. This piece of work will be completed by the end of the year.
- Review of current Tissue Viability documentation This is complete and new documentation is in place to support staff in prevention, recognition and treating pressure ulcers.
- Training for staff in tissue viability and pressure ulcer prevention This is on track for completion and staff are supported in accessing specialist nurses when required.
- Quality Measures board(s) in clinical areas to look at pressure ulcer prevalence and using data to drive improvement / raise awareness. 5 minute learn boards to be adopted in clinical areas – Boards are in place to raise awareness of current areas of concern and to provide up to date best practice advice. This is within the acute inpatient areas of the Balfour.

- Access to tissue viability resources for clinical staff to promote best practice consideration to use of NHS Grampian resources – This is complete and sharing of resources and knowledge is in place for all staff as they need it.
- Review handovers and handover documentation to ensure pressure area concerns are captured This is underway and is part of a larger piece of work on handover information / documentation.
- Review current pressure relieving aids and equipment to identify any gaps / needs going forward – This is underway as part of the pressure area reviews that have been taking place.
- Review of the current documentation and regular audits to monitor standards of record keeping / compliance – This is ongoing. The audits have been commenced and learning is being shared but will continue to be a regular audit moving forward.
- Review of current dressings being stocked and alignment to NHS Grampian Joint Wound Care Formulary This is completed, and ward stock is now in line with the formulary.
- Morbidity and Mortality meetings to recommence This is an area that requires strengthening. The meetings happen, but not on a regular basis, so plans to increase the visibility of these and activities are being put in place.
- Medical Staff Involvement in Patient Placement: Revise the admission process for IP2 with effective medical input to match treatment intentions with the care setting.
- Communication with Families: Improve communication methods to address family concerns, especially during care transitions and supporting management of uncertainty.
- Inter-Site Communication: Review communication channels internally and externally,
- Clinical Ownership and Treatment Planning: Clarify care planning and ownership roles in complex cases, particularly where external support is involved.
- Multidisciplinary Team (MDT) Function and Effectiveness: Review and strengthen the MDT function, including consistent documentation and identification of gaps.
- Proactive Escalation Processes: Develop escalation processes with clear triggers for timely management responses and good communication
- Learning from Events and Incident Management: Improve learning from incidents at the ward level, including timely review and management of incident reports in keeping with the local quality framework – This is part of

the work already underway to review the processes and will be completed before the end of the year.

7. NHS Orkney Policies, Procedures and Guidance

All adverse events are reviewed to help to understand the context and cause of the event, allowing for changes to be implemented to improve the services for all patients, as set out in the Learning from Adverse Events Policy. All adverse events are treated as if they meet the criteria for DoC until investigated and found not to. This means that for all adverse events a SAER is undertaken, and the requirements set out within the DoC guidance is undertaken. This includes an apology and an invitation to patients' and if the patient requests, their families, to be involved in the SAER process. From all SAER there are recommendations and an action plan to meet the recommendations. These actions are led by the most suitable staff to be responsible for taking the actions forward and ensuring changes are made, embedded into business as usual, and learning shared. At the end of this year the action plans have been revised to ensure that all actions are SMART (specific, measurable, achievable, relevant, time-focused). The monitoring process for DoC is carried out by the Safety, Quality and Risk Team. This includes tracking the SAERs to establish which events have met the DoC criteria (in conjunction with Medical Professionals), monitoring compliance to ensure all aspects of the legislation have been followed and correlation with the causation codes recorded for each incident. This is currently reported at the WIRG and at the Quality Forum, which are led and attended by a range of senior leaders and mangers. The Quality Forum has undergone a change of structure in the last couple of months and moving forward will consist of monthly Clinical Quality Group and a quarterly Clinical Governance Committee. The reports and learning summaries will continue to be reviewed at these groups with the collated action plans being reviewed until completion to ensure a 'closing of the loop' process. This year the training which was highlighted in last year's report has continued with the aim to increase the number of staff able to undertake SAER and to support staff in understanding the process. This work will continue to support resilience and knowledge within the organisation. For all adverse events staff are offered the opportunity to discuss the incident, whether this is through a debrief session or a one to one with their line manager. If the staff member feels that they need further support, then this can be sought through occupational health and the wellbeing processes within the organisation.

We constantly strive to provide the best standards of care, and this includes when we review adverse events. To ensure that we do this, this year we are reviewing the policy and procedures that underpin the management of adverse events which includes Duty of Candour. This review will include looking at the internal processes to try and complete the reviews in a timelier manner and to look at how we engage service users in the reviews and gain their feedback of the process. We also want to seek more feedback from our teams that are involved in SAER, and how we can make the process better for them and share learning in a meaningful way.

8. Conclusion

It is recognised that there are a small number of SAER annually and that due to this being able to look at themes and trends from these is difficult. We do however aim to look at these in conjunction with incidents and complaints in the coming year, so that we can look for themes and trends and be able to provide greater understanding of where we need to focus in more detail. Over the coming year this work will continue and be evidenced in the way we report on DoC next year.

We always contact patients' and if appropriate and with the patient's consent, their families, to be involved in SAER from the start of the process. This ensures that their voices are heard and that we review areas that are important to them and answer any questions that they may have. As part of this we offer the opportunity to meet with the people carrying out the review once the report is completed as well, so that the patient and family can go through with the team and if there are any questions or comments, this can be looked at. This is irrespective of whether a SAER meets the criteria of DoC or not.

This year has highlighted to us the need to look more closely at service user experience, not just within the clinical services of NHS Orkney, but also when they are involved in SAER. We are looking at ways to gain feedback from people involved in SAER and feed this back into the policy and processes.

We have continued to engage with the Health Improvement Scotland (HIS) Adverse Event Network and continue to do this, being part of any work that looks to standardise incident reporting and learning across Scotland. These networks provide invaluable support in sharing ideas, resources and learning and we look forward to continuing this in the coming year.



NHS Orkney

Meeting:	NHS Orkney Health Board
Meeting date:	Thursday, 27 June 2024
Title:	Whistleblowing Standards Annual Report 2023/24
Responsible Executive/Non-Executive:	Laura Skaife-Knight, CEO and
	Whistleblowing Champion, Jason Taylor
Report Author:	Laura Skaife-Knight, CEO

1 Purpose

This is presented to the Board for:

Approval

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is NHS Orkney's third annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the period 1 April 2023 to 30 March 2024.



2.2 Background

Whistleblowing is defined as:

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

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

INWO have recently provided additional guidance in compilation of annual reports and a document that summarises the <u>Findings from NHS boards' annual whistleblowing</u> reporting 2022/23 which outlines further detail and information from all NHS Boards in Scotland.

2.3 Assessment

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

There have been zero concerns raised under the Whistleblowing Standards during 2023/2024.

There has been much learning from a whistleblowing case which featured in the 2022/23 Annual Report, which continued into 2023/24 with the team dissatisfied with the outcome. Full and further details, including our learning, are included in the Whistleblowing Standards Annual Report 2023/24.

Circa 30 staff/teams have contacted the Chief Executive Directly with concerns that were logged and followed through as appropriate in 2023/24. When staff/teams contact the Chief Executive for advice and support, the full range of options, including whistleblowing are always discussed with staff, so that appropriate next steps can be agreed and taken, based on the wishes of the staff member/teams who raise these and the standards in place.

Although there has been no formal whistleblowing referrals at NHS Orkney in 2023/24, it is regarded as a positive that speak up concerns are being raised via different routes,

¹ INWOAnnualBoardReportingFindingsReport2022-23.pdf (spso.org.uk)



including via the Chief Executive, and being followed through more quickly with the loop being closed. There is a sense that this change of approach is building more confidence in our systems and processes, knowing that staff feedback is being listened to and acted on more quickly. This will remain a continued focus in the year to come as this is now about consistency across the Senior Leadership Team and it is clear that there remains some way to go to create a speak up culture across the organisation.

2.3.1 Quality/ Patient Care

As a result of learning from a previous investigation from 2022/23, we have completed an independent investigation of case notes – a Child Health Review and we have clearer structures between management between Orkney Health and Care and NHS Orkney and clarity re: leadership arrangements within our services (line manager and professional responsibilities)/and clear routes of escalation.

2.3.2 Workforce

Throughout 2023/24 there has been much-improved communication with staff on the work underway to create a Speak Up culture at NHS Orkney and one where staff feel safe speaking up knowing that they will feel safe and confident knowing their concerns will be listened to and acted upon.

Communication to staff has been supported through a range of communications, including:

- All staff briefings
- Chief Executive blogs and standalone dedicated communications
- Relaunching Confidential Contacts across the organisation and updating relevant website pages
- Launching a new 'Ways we Listen' document which summarises in a simple and easy way, all in one place
- Supporting Speak Up Week (2-6 October 2023)
- Speaking Up and Whistleblowing is included in the Chief Executive's induction slot (new for 2023/24 for all new starters who join NHS Orkney)

The handling and management of Whistleblowing concerns has been incorporated into business as usual and currently does not require additional staffing.

2.3.3 Financial

There are no financial implications arising from this report.



2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

Throughout the third year of implementation, there has been some short-term resilience gaps in 2023/24 when it comes to supporting the day-to-day operational management of whistleblowing due to staffing gaps, however, these are now resolved following successful recruitment.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Joint Clinical and Care Governance Committee – 14 June 2024 – where the Annual Report was recommended to the Board for approval.

2.4 Recommendation

• Approval

3 List of appendices

The following appendices are included with this report:

• Whistleblowing Standards – Annual Report 2023/24



Whistleblowing Standards

ANNUAL REPORT 2023/24

PATIENT SAFETY, QUALITY AND RISK TEAM

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NHS Orkney Whistleblowing Standards

Annual Report 2023/24

1. Introduction

This is NHS Orkney's third annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the reporting period 1 April 2023 to 31 March 2024. NHS Orkney (NHSO) has had zero whistleblowing concerns logged during this year. One case that was closed in 2022/23 which had various aspects to it (Human Resources (HR), Situation Background Assessment and Recommendation (SBAR) and Whistleblowing) re-emerged as a concern in 2023/24 and this has been handled appropriately with the team concerned and organisational learning implemented and shared with the team (see page 6). It has resulted in a referral to the Independent National Whistleblowing Officer which is ongoing at the time of writing (17 May 2024).

2. Background

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

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

The INWO published <u>Findings from NHS boards' annual whistleblowing reporting</u> <u>2022/23</u> which outlines further detail and information from all NHS Boards in Scotland. The INWO noted that the numbers of whistleblowing concerns received nationally had decreased in the 2022/23 year, and with this the number of upheld or partially upheld concerns, although 41% of concerns were partially or fully upheld. An area that the INWO commented on as an area that requires improvement across all NHS Boards is about reporting the experiences of people involved in the whistleblowing procedures, including the witnesses, confidential contacts, and investigators. This is an area that they intend to look at in 'Speak Up Week' 2024 and which NHS Orkney will support.

Roles and Responsibilities

The Chief Executive is now the Executive Lead for Whistleblowing in NHS Orkney and is responsible for overseeing progress, ensuring timelines and communications are maintained and that follow-up actions and learnings are progressed appropriately. This responsibility transferred from the Medical Director's portfolio to the Chief Executive when the new Chief Executive came into post in April 2024.

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

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

- Leadership setting the tone to encourage speaking up and ensuring concerns are addressed appropriately and followed up.
- Monitoring ensuring quarterly reporting is presented and robustly scrutinised (in NHS Orkney's case, reporting is via the Joint Clinical and Care Governance Committee and Staff Governance Committee on a quarterly basis).

3. Activity during 2023/24

Since the introduction of the Whistleblowing Standard in 2021, NHS Orkney has further strengthened its work in this important area as it has achieved leadership stability and developed a new organisational culture programme. Creating a strong speak up culture and one where staff feel comfortable speaking up knowing and having confidence concerns will be listened to and responded to is at the heart of this new programme.

Strong relationships remain in place with other Boards recognising that as a small Health Board there are occasions that support and independence from other Boards proves incredibly helpful – including NHS Shetland and more recently NHS Fife.

While formal meetings are no longer necessary between the NHS Shetland and NHS Orkney – as NHS Orkney's approach to culture improvement has developed and matured – there remains an informal relationship in place whereby both organisations work together, share learning, and support one another as needed

and NHS Orkney has extended this support to wider Boards so we can further enhance our own learning, over the last year.

NHS Orkney now has three Confidential Contacts (one clinical and two non-clinical). These colleagues have had training led by the Whistleblowing Champion from NHS Fife in quarter four of 2023/24 and annual refresher training is now in place which is a welcome development.

Speak Up Week ran from 2 to 6 October 2023. This provides Boards, including NHS Orkney, with opportunities to share learning, raise awareness of the whistleblowing process and the benefits of a supportive speak up culture. Locally this was led by NHS Orkney's Chief Executive and Whistleblowing Champion (see below for further details).

The areas of focus in 2023/24 for NHS Orkney have been:

- Strengthened leadership (a focus on listening and visible and compassionate leadership)
- Listening and closing the loop when people raise concerns to improve trust and confidence in our processes and leadership
- Much improved communications re: the culture we want to create and the ways in which we listen
- New Board member walkabout via a structured programme, which has improved visibility of Board members across the organisation
- Training for Confidential Contacts
- Improved promotion of who our Confidential Contacts are and their role at NHS Orkney
- Clarity to staff about the various 'ways we listen' at NHS Orkney so that staff are more confident about where and who to go and turn to when they have concerns to raise, including safety concerns, and require someone to listen, signpost or support

Throughout 2023/24 there has been much-improved communication with staff on the work underway to create a Speak Up culture at NHS Orkney.

Communication to staff has been supported through a range of communications, including:

- All staff briefings
- Chief Executive blogs and standalone dedicated communications
- Relaunching Confidential Contacts across the organisation and updating relevant website pages
- Launching and regularly promoting a new 'Ways we Listen' document which summarises in a simple and easy way, all in one place

- Supporting for Speak Up Week (2-6 October 2023) as part of Speak Up Week, the Chief Executive joined a national webinar and panel discussion, chaired by Niki Maclean (Scottish Public Services Ombudsman Director), with Dr Scott Jamieson (a General Practitioner in the NHS Tayside area) and Kirstie MacDonald (Whistleblowing Champion at NHS Fife) about the importance of how leaders and managers listen to people, as well as the need for strong and visible leadership on whistleblowing from the top of all NHS organisations. Listening and acting on feedback is an everyday activity, not just for an annual Speak Up Week, and staff should have access to informal and formal options to speak up. It is important to close the loop on concerns quickly, to ease any distress for everyone involved and make changes quickly.
- Speaking Up and Whistleblowing is included in the Chief Executive's induction slot (new for 2023/24 for all new starters who join NHS Orkney)

4. Whistleblowing complaints

There have been zero concerns raised under the Whistleblowing Standards during 2023/24.

There has been much organisational learning from a whistleblowing case which featured in the 2022/23 Annual Report and which had different aspects to it (HR, SBAR and whistleblowing), and the handling of this case continued into 2023/24 with the team dissatisfied with the outcome. Learning from this case has been shared with the team and has included:

- An independent investigation of case notes a Child Health Review (which is completed and is coming through our governance routes with our learning)
- Having clearer structures between management between Orkney Health and Care and NHS Orkney and clarity re: leadership arrangements within our services (line manager and professional responsibilities) /and clear routes of escalation
- A review of our whistleblowing process itself to incorporate learning points in an updated process going forward, with particular emphasis (but not restricted to) the post investigation and organisational response phase
- The Chief Executive has personally apologised to the team concerned for the impact the organisation's handling of this case has had on them and has shared learning with the team and changes to organisational culture that are underway, and this conversation was well received

One of the other key learning points from this case is that individual and teams will be kept updated on next steps, how things are progressing and clearer on how they will be kept updated. The Chief Executive has committed to any future recommendations from whistleblowing cases being progressed and actions overseen on a more formal footing via Corporate Leadership Team and Senior Leadership Team meetings to improve accountability and ensure follow through and progress against any actions.

This case has since been referred to the Independent National Whistleblowing Officer which is ongoing at the time of writing. We will embrace any further organisational learning that may flow from this referral.

Circa 30 staff/teams have contacted the Chief Executive Directly with concerns that are always logged and followed through as appropriate in 2023/24. When staff/teams contact the Chief Executive for advice and support, the full range of options, including whistleblowing are always discussed with staff, so that appropriate next steps can be agreed and taken, based on the wishes of the staff member/teams concerned and the standards in place.

Building trust and confidence is at the heart of creating a strong speak up culture, and listening to, responding to and closing the loop when concerns are raised has been a real focus during 2023/24 for the Chief Executive, Executive Team and Senior Leadership Team.

In 2023, the iMatter survey included new questions on Speak Up, which evidenced the work NHS Orkney has to do in this space to improve, with NHS Orkney's scores poor and showing the organisation is a national outlier – as follows:

- 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)

There has been a concerted effort to create a speak up culture, and at the heart of this is listening, being accessible and following through when people make contact and reach out. As such it is hoped that these scores will show some improvement in the 2024 survey (which we expect to receive in June 2024).

Quarterly reports on speak up and Whistleblowing activity are shared via the Joint Clinical and Care Governance Committee and Staff Governance Committee and presented by the Chief Executive.

Of the 30 speak up concerns raised with the Chief Executive in 2023/24, the themes can be summarised as follows:

- Patient care, safety and experience always raised with the Executive Director Leads for action and these concerns span acute care (The Balfour), community and care on the ferry-linked isles
- Linked to the above point, concerns about colleagues' working on the ferrylinked isles not feeling heard/supported
- Lack of responsiveness to ideas for improvement from staff. Staff are trying to be proactive and reach out and up for support; but dialogue and support in return is not always forthcoming which often leads to despondency and frustration
- Continued concerns about some HR processes and fairness, notably recruitment processes, including internal acting up/interim arrangements being appropriately and fairly advertised and concerns about staff being promoted by several bandings and fairness/process around these decisions
- Continued concerns and frustrations about the lack of responsiveness from some of our Corporate Services, including our HR and Finance Teams
- Concerns from some specific services relating to fragility of services and their sustainability in their current form and the impact on our staff
- Concerns about staffing and retention (losing good people from NHS Orkney)
- Frustrations about IT/digital systems that are getting in the way of people doing a good job
- Concerns about the impact of our financial position on what this means for patient care and quality
- Questions about arrangements for travel (for colleagues who do not live in Orkney) and whether arrangements are formalised re: travelling in work hours/if there is an organisational policy or agreed stance on this and again the concerns relate to fairness and transparency

The resulting outcomes and performance against the whistleblowing indicators are detailed in Table 1 below.

Table 1: NHS Orkney Performance against Whistleblowing Key	
Performance Indicators 2023/24	

Indicator	Performance
The total number of concerns received	Zero formal concerns.
Concerns closed at each stage in the process	N/A
Concerns upheld, partially upheld and not upheld	N/A
Average times	N/A
Number of concerns closed at each stage within the set timescales	N/A
Number of cases where extension was authorised	N/A
Learning from concerns raised	While there have been no formal whistleblowing concerns raised, there has been learning from wider concerns that have been raised via the Chief Executive, including:
	 Clarity when different processes are at play (HR and whistleblowing) that the timescales are and who the main point of contact is for updates/keeping in touch Lack of follow through in some cases (some historically) means some people still lack confidence in our systems and processes
Experience for those raising concerns	N/A

Staff awareness and training	All NHS Orkney staff have access to training through TURAS Learn with information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on NHSO Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures. Table 1 – 2023/24 Training figures			
	Count of Learn	ning Status –	Status	
	Course Title	Completed	In Progress	Total
	Whistleblowing: an overview	111	15	126
	Whistleblowing: for managers & people who receive concerns	6	1	7
	Whistleblowing: for senior managers	30	7	37
	Training figures ha (<10% of staff who training). A deliber Chief Executive no training for whistle increasing wider s training compliance low rates to date, improvements in-y This TURAS training NHS Orkney many this will be recons organisational stat could benefit leade induction and thos	o could have rate decision of to focus on blowing in 20 tatutory and re remained a which have s year as a resu ng is not curr datory suite o idered in 202 bilises further ers/managers	undertaker was made increasing 23/24 as mandatory a priority given een ult of this for rently part of f learning, 4/25 once r, recognisi s as part of	ven bocus. of and the ng this

5. Action plans & progress on upheld concerns

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

As there have been no formal referrals this year, there is nothing to add to this section.

6. Primary Care and contracted services

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

7. Conclusion

Although there has been no formal whistleblowing referrals at NHS Orkney in 2023/24, it is regarded as a positive that speak up concerns are being raised via different routes, including via the Chief Executive and being followed through more quickly with the loop being closed. There is a sense that this change of approach is building more confidence in our systems and processes, knowing that staff feedback is being listened to and acted on more quickly. This will remain a continued focus in the year to come as this is now about consistency across the Senior Leadership Team.

We would like to extend our sincere thanks to the staff who have taken the time and been brave enough to raise concerns over the last year.

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

Looking to 2024/25, a number of priorities have been identified so that we build further on the good work that has taken place over the last 12-months, notably:

 Introducing a Whistleblowing Oversight Group – with the Chief Executive, Whistleblowing Champion, Medical Director and Head of Patient Safety, Quality and Risk in the membership

- We will proactively promote, in our communications, that we will consider other Board support/independent person to consider cases, on a case-bycase basis – recognising the challenges of being a small Board can bring when it comes to whistleblowing concerns
- We need to log Confidential Contact and whistleblowing concerns centrally via our Head of Patient Safety, Quality and Risk (whilst giving careful thought in terms of what we want to record and maintaining confidentiality)
- We will improve resilience when our Chief Executive and Whistleblowing Champion are on annual leave via our Medical Director and Head of Patient Safety, Quality and Risk
- We have introduced quarterly touch-point meetings for Confidential Contacts, with the Chief Executive and Whistleblowing Champion
- We will introduce annual refresher training for our Confidential Contacts
- We will ensure our Confidential Contacts are linked into the national Confidential Contact network for wider peer support
- Reporting against the Whistleblowing Standards will continue to be via the Joint Clinical and Care Governance Committee and speak up concerns will become part of wider integrated dashboard (featuring many indicators) that will go to Staff Governance Committee on a quarterly basis as part of how we measure the impact of our new culture programme

Laura Skaife-Knight Chief Executive, Executive Lead for Whistleblowing 17 May 2024



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	27/06/2024
Title:	Whistleblowing Champion Assurance Statement
	2023/2024
Responsible Non-Executive:	Meghan McEwen, Chair of the Board
Report Author:	Jason Taylor, Whistleblowing Champion

1 Purpose

This is presented to the Committee for:

• Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report should be read in conjunction with the annual Whistleblowing Report and is intended to provide an objective assessment of whether NHS Orkney complies with the National Whistleblowing Standards, and to offer assurance to the board in that respect.



2.2 Background

Whistleblowing Champion - Jason Taylor, Non-Executive

The Whistleblowing Champion is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight to ensure the organisation is responding to Whistleblowing concerns appropriately, in accordance with the Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation and operation of the Standards, patterns in reporting of concerns or in relation to specific cases.

2.3 Assessment

Over the course of the year 2023/2024, NHS Orkney has gone through a period of significant change, with the arrival of a new Chief Executive. This coincided with the departure of the two members of staff who had responsibility for monitoring and managing the Whistleblowing processes the board had in place.

The new Chief Executive assumed Executive leadership of Whistleblowing, and supported by administrative staff, day to day monitoring and management functions of the established processes, whilst permanent arrangements were put in place. Whilst this ensured continuity of compliance, this transitional arrangement continued for several months, resulting in my raising the issue with the Chief Executive directly, and highlighting to Staff Governance Committee and to Board.

Following successful recruitment and reorganisation of corporate functions, day to day responsibility for the management of Whistleblowing has been assumed by the newly created Head of Patient Safety, Quality and Risk and the team that sits in support of that position. The Chief Executive retains Executive Leadership and responsibility.

The Head of Patient Safety, Quality and Risk has advised that her team are currently reviewing processes with a view to closer aligning NHS Orkney systems with the complaints handling process, cognisant of the various learning points which have emerged from previous Whistleblowing concerns process management.

NHS Orkney has recruited 2 new confidential contacts, bringing the total complement to 3. Training facilitated by the NHS Fife Whistleblowing Champion has recently been undertaken, and a schedule of regular touchpoints with the Executive Lead agreed.

Staff training completion rates remain low. To date, completion of the Whistleblowing training modules has been voluntary. Whilst I continue to concur that for the majority of staff this is appropriate, it may be necessary in future to require managers / team leaders who potentially have to deal with concerns, being mandated to undertake the relevant training module.



Awareness of the Standards and knowledge of how to raise a concern remains mixed. When randomly tested, the majority of staff I spoke to were aware of the Standards and advised they had the confidence to raise a concern about patient safety, albeit some had little knowledge of the Whistleblowing Standards themselves.

It also remains noticeable when testing awareness, that it is higher among Balfour based NHS Orkney employees compared to those working in the wider Health and Social Care Partnership. This awareness level gap remains an ongoing challenge.

As described in the annual report, staff continue to approach NHS Orkney's Chief Executive directly to report concerns. In these cases, staff are, despite being offered the route of Whistleblowing, electing for their concerns to be dealt with as 'business as usual'. Whilst this shows a high level of confidence from staff in the willingness of the Chief Executive to deal with matters of concern, it perhaps indicates that they are less confident in the organisation / the organisational Whistleblowing process.

As Whistleblowing is one end of the scale of raising concerns, I also queried staff confidence in raising minor and day to day issues. I encountered a greater mix of response to this question with some staff indicating they were less confident raising minor concerns or were unwilling to do so, although they were all clear they would have no hesitation in raising concerns about significant or serious matters.

The constant identified by most staff was in relation to the feedback and action they see as a consequence of raising an issue or concern. This is an ongoing theme and will of course always be a challenging area, as expectations of response differ from person to person, but in my view, the organisation could improve significantly in this area. It is notable that the organisation has recognised the extent of the challenge in respect of minor concerns that have been raised and not dealt as timeously as would be hoped for, is seeking to deal with a historic backlog and put in place a more reactive and better managed system as it looks forward.

In 2023, the iMatter survey included new questions on Speaking Up, which evidenced the work NHS Orkney has to do in this space to improve, with NHS Orkney's scores showing the organisation is a national outlier:

- 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

The recently published results from the 2024 iMatter survey were as follows:

- I am confident I can safely raise concerns/issues (NHS Orkney score 74 national average not currently available)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 66 national average not currently available)



The 2024 figures as compared to the 2023 figures remain largely unchanged and would appear in line with the anecdotal feedback previously referenced.

Over the course of 2023/2024, no Whistleblowing concerns were raised.

A Whistleblowing case from the reporting period 2022/23 has been referred by to the Independent National Whistleblowing Officer for consideration. The case in question, whilst having concerns upheld, was multi-stranded and encompassed issues where other due process had to be concluded. This introduced significant confusion and delay into the overall organisational response and has been identified as a key learning point.

As indicated in the 2022/23 assurance report, and highlighted by the case described above, NHS Orkney needs to tighten up its response to any recommendations flowing from a concern being upheld, as delays in acting upon recommendations risk undermining confidence in the process.

As a direct consequence of the concern raised, the Chief Executive has committed to any such future recommendations being progressed and actions minuted via both Corporate Leadership Team (Executive Team) meetings and via Senior Leadership Team meetings as required, with responsibility, accountability and agreed timeframes being allocated to relevant executives/ senior managers as appropriate, including communications with the individual(s) who raised the concern.

Conclusion

I am satisfied that NHS Orkney has the appropriate systems in place to record, manage and investigate Whistleblowing concerns, and that it acknowledges and is putting in place measures to address issues that have been identified in respect of organisational response, communication and awareness raising.

I am satisfied that NHS Orkney complies with the National Whistleblowing Standards.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Integrated Incident and Risk Management Patient
	Safety System recommendation
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Kat Jenkin, Head of Patient Safety, Quality and
	Risk

1 Purpose

This is presented to the Board for:

- Discussion
- Decision

This report relates to a:

- Emerging issue
- Local policy
- Annual Operation plan

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

- Safe
- Effective
- Quality

2 Report summary

2.1 Situation

NHSScotland has carried out a procurement exercise for an Integrated Incident and Risk Management and Patient Safety System (IIRMPS). The chosen solution was an IIRMPS by InPhase.



NHS Orkney currently uses the Datix system as its IIRMPS, which has a number of issues, including a server which is no longer supported and the system hasn't been upgraded since 2018, meaning that there is a loss of functionality, but at this point we don't know how much, due to how outdated it is.

2.2 Background

The Digital Information Operations Group (DIOG) has considered the concerns with the continued use of the Datix system, and the options including upgrading the current Datix system and migrating to a new server or purchasing the NHSScotland preferred choice of system and migrating to this. The options paper has also been to the Audit and Risk Committee for approval and the Finance and Performance Committee.

2.3 Assessment

There are cybersecurity and resource risks to the organisation associated with maintaining the Datix system on the current legacy server. Due to this Datix must be migrated to a new server. This and the Datix renewal coming up in November 2024 presents an opportunity to decide whether to transition to the NHSScotland preferred choice for IIRMPS rather than continuing with the Datix system.

DIOG has reviewed and considered the options available and has recommended to transition to the IIRMPS by InPhase. This recommendation has been supported by SLT, the Finance and Performance Committee, and the options paper was presented to the Audit and Risk committee for awareness.

SLT raised concerns about the time frame for implementation of a new system as there are multiple change projects planned for implementation this year and the pressures on limited teams to implement such change. With this it is recognised that there needs to be a focus on training, but training where needed, rather than a blanket approach. Alongside this the organisation will be heading into winter pressures during implementation of the IIRMPS which further limits the time available for training.

Following a request from the Finance and Performance committee, the IIRMPS changes were included in a prioritisation assessment by the executive team against the resource available for digital changes in the organisation. The IIRMPS change was prioritised as a 'Must' and this prioritisation confirmed by DIOG on 17th June.

2.3.1 Quality/ Patient Care

It is anticipated that patient care will be positively impacted by the purchase and implementation of the IIRMPS by InPhase. The system will allow the organisation to manage incidents, patient feedback and risk more effectively as well as collate information across all modules provided.

2.3.2 Workforce

Training will need to be provided for the workforce as changes are made. This is to support everyone involved in incidents, patient feedback and risk, in investigating, managing and mitigating these as well as sharing learning.



2.3.3 Financial

The InPhase purchase has an increased cost in year one but in following years will be a significant cost saving, with overall reduction in costs.

2.3.4 Risk Assessment/Management

There is risk due to the current legacy server system age, and cybersecurity resilience, the plan for mitigation of this is to move to a revised system.

- **2.3.5 Equality and Diversity, including health inequalities** There is no identified impact identified with this paper.
- **2.3.6 Climate Change Sustainability** There is no identified impact identified with this paper.

2.3.7 Other impacts

There are no other impacts identified with this paper.

2.3.7 Communication, involvement, engagement and consultation

Actively involved stakeholders include the Head of Improvement, Medical Director, IT Lead, and other teams, including the Safety, Quality and Risk team, the Information Governance team and the Learning and Development team.

NHS Orkney has consulted with InPhase and Datix to gain a better understanding of the systems and the costs associated.

2.3.9 Route to the Meeting

The options have been considered by DIOG for assessment, recommendation and prioritisation. The options have been presented to SLT for review and support DIOG's recommendation. The options paper was considered by the Finance and Performance Committee. It has also been to the Audit and Risk Committee, alongside the clinical governance groups and risk management group.

This paper is presented to the Board for decision.

2.4 Recommendation

• **Decision** – To agree transition to InPhase as NHSO's IIRMPS.

3 List of appendices

The following appendices are included with this report:

• Appendix one: Board - IIRMPS system proposal



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Integrated Incident, Risk Management and Patient
	Safety System
Responsible Executive/Non-Executive:	Anna Lamont – Medical Director
Report Author:	Kat Jenkin – Head of Patient Safety, Quality and
	Risk
	Richard Rae – IT Manager

1 Purpose

This is presented to the Board for:

- Discussion
- Decision

This report relates to a:

- Emerging issue
- Local policy
- Annual Operation plan

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

- Safe
- Effective
- Quality

2 Report summary

2.1 Situation

NHS Scotland has completed a procurement process for an Integrated Incident, Risk Management and Patient Safety System (IIRMPS) to support the national aim of moving to a cloud-based standardised system on a Once for Scotland basis. The outcome of the procurement exercise undertaken by NHS National Services Scotland (NSS) was a framework agreement being available for Boards to for an IIRMPS provided by InPhase.

NHS Orkney currently uses the Datix system provided by RLDatix to support the management of incidents, patient experience, and risk. Within the organisation there is one superuser for the system, with only a couple of people who are trained in basic administration of the system. This means there is little resilience at present.



The NHS Orkney IT Infrastructure team have highlighted a security risk with the Datix system as it is stored on a Windows 2012R2 legacy 'on premise' server which is no longer supported by Microsoft¹. Alongside this the organisation has not updated the Datix system since 2018, which means that NHS Orkney cannot make use of the functionality that is typically available to other NHS boards using Datix.

In October 2024, NHS Orkney's contract with Datix is due for renewal, which requires the organisation to consider the value of possible options, including to migrate to the newly procured IIRMPS system provided by InPhase or to renew the Datix contract together with purchase of hardware to support the upgrade.

The Head of Patient Safety, Quality and Risk has, through the Health Improvement Scotland (HIS) Adverse Events network been able to observe the InPhase system functionality and a links to videos of the modules available is provided in the appendices.

This paper is presented to the Audit and Risk Committee for awareness following review by SLT and Digital Information Operations Group (DIOG) and the recommendation for option three to be presented to Finance and Performance Committee for decision.

2.2 Background

The Scottish Governments (SG) <u>Enabling, Connecting and Empowering; Care in the Digital Age</u> sets out key deliverables and standards which Health Boards are expected to deliver. The strategy supports the aims of the <u>NHS recovery plan</u> in its ambition to address the backlog in care and meet the ongoing healthcare needs for people across Scotland. Priority three of the Care in the Digital Age strategy (Digital Foundations) states that Boards must "*invest in the development of modern cloud-based infrastructure that adheres to today's standards and is as secure and resilient as possible*".

Datix, was introduced at NHS Orkney in 2007 to provide a digital solution to support the management and storage of incidents, patient feedback and risk.

NHS Orkney has several different legislative requirements that it must adhere to. These include incident/Serious Adverse Event Review (SAER) reporting and with this Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Alongside these there are reporting requirements around patient feedback including Scottish Public Services Ombudsman (SPSO) complaints and whistleblowing. Currently these are all managed through the Datix system. The organisation aims to collate themes and trends from these, but currently the Datix system doesn't allow for this to be done. An extraction of data from the system would be required and then deposited and manipulated in another system.

The current Datix system is not fit for purpose and will require significant changes and upgrades to make it fit for purpose. The patient feedback module is only used as a recording system and the main management is recorded on an excel spreadsheet, as the format of the system does not meet the requirements of the organisation or the external reporting requirements.

The Risk Management module also falls into this with no clarity as to why there are different holding areas within the module and the form fits more with incident reporting than risk management. Until

¹ **To note** -all servers running this version of the operating system are deemed as "at risk" if a Microsoft patch affects the functions of other dependant services.



the forms and areas can be reviewed and revised the risk registers will be managed through excel as well.

The incident reporting module is used frequently and is the active system for managing incidents, however as with the other modules the reporting form does not meet the requirements of the organisation and will need to be to be reviewed and revised to make it fit for purpose. Within the organisation we only have one person who can make changes to the forms and therefore update the system, but they do not have capacity within their role to do this at present and it would require members of the Safety, Quality and Risk team to work alongside them to do this. It would be a time-consuming process and would still not meet all the requirements that the organisation has as the Datix system does not allow for this, such as the collation of reports across all modules.

The organisation manages other processes without a database to do this such as freedom of information requests (FOI) and morbidity and mortality reviews. To pull themes and trends as well as learning from these activities is time-consuming and is currently not completed as this is a manual task. The proposed IIRMPS offered by InPhase has modules specifically for these and claims and allows for reports to be pulled across all modules rather than just individually.

2.3 Assessment

The current version of Datix is out of date and will require several upgrades to make it fit for purpose. Additionally, the current server is out of support, this will require migration to a new server.

The need to move off the Windows 2012R2 provides an opportunity to not only move the Datix system, but also to consider updating to the latest version and migrating to a new national provider at a considerably lower price.

	Datix	InPhase
Patient Experience (Including SPSP and whistleblowing) module	x	x
Incidents (including SAER) module	x	x
Risk Management module	x	x
FOI module		x
Morbidity and Mortality reviews module		x
Claims module		x
Safety alerts module	x	
Individual Module reports	x	х
Collated system reports		x

The table below outlines the functionality available in the current Datix system and what is available in the InPhase system.

Training

Training is included in the implementation costs for the IIRMPS system. To ensure staff are trained in managing the current Datix system following an upgrade, the organisation would need to buy this at an additional cost. This would be required as the organisation does not have the capacity to make changes to the system to meet its needs or to train the trainer to provide resilience.



Licences

The Datix and IIRMPS systems uses licenses to control access to the system. Currently the organisation has 298 active users (users who have credentials to access the system) of these:

- 97 have accessed the system in the last four months
- 31 have accounts, but never accessed the system
- 123 not having accessed the system in the last year.

There is currently no process for the management of users of the Datix system, this will need to be developed and include criteria for the addition and removal of users regardless of which option is chosen.

Options Appraisal

The section below provides an overview of the actions required and cost of each option.

Option One – Update to latest version of DATIX on 'on premise' server

Action	Cost
Datix on-premises recurring support costs 2024/25	£35,638 per annum (already in the budget)
Datix platform update (on same server)	Free
Servers (live and test)	No Cost - part of the capital investment benefit
Backups	Free - part of the capital investment benefit
Resources required for the on-premises migration of Datix we would anticipate are as follows:	Internal resource requirements:
 Infrastructure/engineering support when the EDM system is being commissioned on new infrastructure. Project coordination of resources within the Medical Records and Infrastructure teams. Liaison with the Datix project coordinator. Assignment of senior/capable EDM system users to undertake acceptance testing. Data Protection Impact Assessment (DPIA) will be required 	 IT Lead/IT Team Head of Patient Safety, Quality and Risk team/ Safety, Quality and Risk team Training for the business
TOTAL	£35,638 2024/25 per annum maintenance costs, uplift 7% per year £1,177 per attendee for Datix training (£5489 per attendee for certified professional course)

Option Two – Migrate and upgrade to latest version of Datix 'on premise' server

Action	Cost
Datix on-premises recurring support costs 2024/25	£35,638 per annum (already in the budget)
Datix migration costs of current on-premises version to new on-premises server and update to latest version of Datix	No cost – facilitated by internal IT
Servers (live and test)	No Cost - part of the capital investment benefit
Backups	Free - part of the capital investment benefit



Resources required for the on-premises migration of Datix we	Internal resource requirements:
 would anticipate are as follows: New Virtual Servers required for the new system. Infrastructure/engineering support when the Datix system is being commissioned on new infrastructure. Project coordination of resources within the Safety, Quality and Risk team. Liaison with Datix project coordinator. Assignment of senior/capable Datix system users to undertake acceptance testing. Data Protection Impact Assessment (DPIA) will be required 	 IT Lead/ IT team Head of Patient Safety, Quality and Risk team/ Safety, Quality and Risk team Training for the business
TOTAL	£35,638 2024/25 per annum maintenance costs, uplift 7% per year £1,177 per attendee for Datix training (£5489 per attendee for certified professional course)

Option Three – Migrate to IIRMPS provided by InPhase Solutions

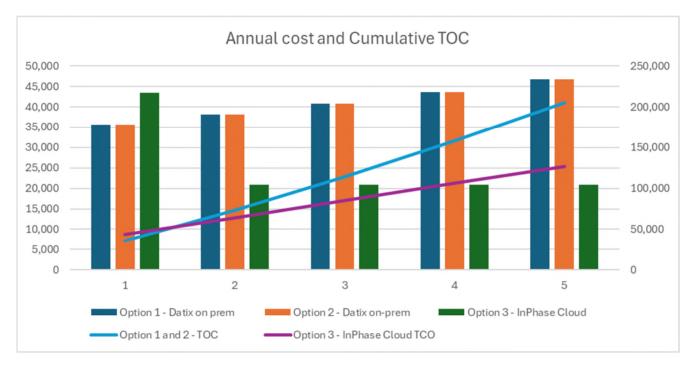
Action	Cost
Annual subscription charge for InPhase Solutions – this replaces current Datix Cost	£20,900 per annum
Implementation services to facilitate the update and migration of documents and data to InPhase Cloud	£22,500
 Moving to InPhase cloud we would need less resource from the Health Board: Input from local networking teams to establish and test connectivity between InPhase Cloud, the Health Board and National Services. 	 Internal resource requirements: IT Lead/team/eHealth Applications Head of Patient Safety, Quality and Risk team/ Safety, Quality and Risk team Lead/Project Manager Service desk lead – half a day to review
Data Protection Impact Assessment (DPIA) was completed as part of the procurement process (see appendices) TOTAL	and update current SOP's Training for the business £20,900 per annum £22,500 one off cost



Total cost of ownership

The table below shows the Total Cost of Ownership (TCO) over a period of 5 years, including the above migrations costs. The costs don't include the eHealth/IT Team, Safety and Quality and Risk Team time which is needed to undertake the work. InPhase is not subject to annual increment as per agreement.

			Year			
	1	2	3	4	5	TCO over 5 years
Option One – Datix on premises	35,638	38,133	40,802	43,658	46,714	204,945
Option Two – Migrate and upgrade to latest version of Datix 'on premise' serve	35,638	38,133	40,802	43,658	46,714	204,945
Option Three – InPhase Cloud	43,400	20,900	20,900	20,900	20,900	127,000



Benefits matrix

Datix remaining on premises

The update carries no difference in terms of functionality between the cloud and the on-premises version. The cost of moving to the Datix cloud solution is £5,069.34 more than keeping the system on premise as well as an additional cost of £16,500 per year for maintenance costs increasing at 10% per annum.



The local servers will provide a faster connection and upload speed compared to the cloud solution. Furthermore, it will be subject to all the current Disaster Recovery (DR) and Business Continuity Plan (BCP) systems that are in practice.

Moving to the InPhase Cloud Solution

The benefits of moving to the IIRMPS Cloud version are as follows:

- It is an "ever-green" technology platform which continually updates with the latest software versions from both IIRMPS (InPhase) and Microsoft. It uses the "native cloud" technology available in Microsoft's Azure cloud to deliver levels of reliability, performance and security
- The InPhase proposed solution for NHS Scotland is to have a separate dedicated virtual environment for NHS Scotland on a Microsoft Azure UK data centre with a highly flexible and scalable capacity using a virtual machine IIS web server and using Azure SQL. This meets the non-functional requirements.
- InPhase solution comprise two server components: a web application, running on IIS 10 or above, and a SQL Server database. InPhase database can be on a Microsoft SQL Server on a virtual machine or on Azure SQL.
- Azure SQL is a fully managed, high availability up to 99.995 percent, latest stable version of Microsoft SQL Server, with intelligent threat detection. Incremental hourly backup and daily full back-up, improving recovery time and recovery point objectives.
- An elastic pool enables improved performance response times for any peak loads sharing resource across the multiple Board requirements.
- Azure SQL provides scalability, with support for Hyperscale up to 100 TB of database size. The current typical database size for InPhase is 2GB for a large site (e.g. 20,000 staff).
- Back up is location independent, within the UK, with restore to any point.
- The combination of workload suits the General Purpose Azure tier very well, and provisions compute tier will provide a guaranteed amount of compute resource which can be pooled across all the Health Boards compute requirements to ensure excellent response time performance.
- Azure automatically handles patching, backups, replication, failure detection, underlying potential hardware, software, or network failures, deploying bug fixes, failovers, database updates, and other maintenance tasks. Standard availability is achieved by a separation of compute and storage layers.

2.3.1 Quality/ Patient Care

Currently there is dissatisfaction with the Datix system within the organisation. The system does not have the flexibility that the IIRMPS system does, and this means that workarounds are being used. The IIRMPS system also offers:

- access to extra modules not available within the Datix system. There would be a cost should this option be chosen
- The ability to run reports collated across the whole system
- Training included in the implementation costs
- The ability to utilise preferred system for NHS Scotland



Staff requirements to support the migration and upgrade are as follows.

- Three days facilitation, including communications internally to organisation and working with the vendor.
- Two days vendor management / project management
- Two days UAT for test and live users testing will be critical
- Service desk lead half a day to review and update current Standard Operating Procedures (SOPs)
- Safety, Quality and Risk Team three days to review and write SOPs
- Training for the 'superusers' of the system
- Training for the service areas on the updated system

2.3.3 Financial

There is currently £35.5k in the budget for Datix maintenance costs allocated to the annual support which can be re-allocated to the new platform.

There is a need for additional training within the organisation for continued use of the Datix system with a recommendation of at least two further members trained which would require a one of cost of $\pounds 2354$ with the requirement for a three-day virtual attendance. There is an option for a certified practitioner course, this is a six-day course which goes above the needs of the organisation, with an additional cost of $\pounds 5489$ per attendee. All training is included within the implementation cost for the IIRMPS by InPhase.

The migration need, will create a cost pressure in 2024/25 of £8k with an annual avoidance of £17k +7% per annum thereafter.

The recommended option will save around £80k over a 5-year period and provide the board with a more functional and complete platform.

2.3.4 Risk Assessment/Management

There is a security risk associated with Option 1 as this would mean remaining on a server that is no longer supported and therefore poses a risk to the security of patient information.

There is a risk outdated software will affect the performance of computers resulting in the system freezing, device failure and the overall stability of NHSO IT system. The functionality of the system may be compromised due to the continued use of an outdated version.

There is a risk of migrating and updating at the same time as this may impact on service delivery; if issues arise during the process there is no way of telling if the update or migration is the cause of the issue. To mitigate the risk if option two was chosen, the organisation would migrate and then update. The risk is eliminated in Option three as the migration and update would be undertaken at the same time.

There is a risk to service delivery if we do not move and update the system used to support the management of incidents, patient experience, and risk, which may impact on clinical and patient safety and quality.



2.3.5 Equality and Diversity, including health inequalities

Central to our work is developing a culture of continuous improvement which has fairness and equity at its heart.

2.3.6 Climate Change Sustainability

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

2.3.7 Communication, involvement, engagement, and consultation

Discussions have taken place with the Head of Improvement, Medical Director, IT Lead, and other teams, including the Safety, Quality and Risk team, the Information Governance team and the Learning and Development team.

NHS Orkney has also spoken with InPhase and Datix to gain a better understanding of the systems and the costs associated.

2.3.8 Route to the Meeting

This paper has been prepared for the purposes of the Board, in consultation with Head of Improvement, IT Manager. After being discussed at DIOG on the 22 April 2024 the preferred option three has been recommended. The paper was presented to the Senior Leadership Team on the 13 May 2024, where they supported the option three recommendation. It has now be presented to the Finance and Performance Committee for agreement. The paper has also been presented to the Audit and Risk Committee for awareness and will be presented to the other clinical governance and risk groups for awareness.

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

3. Recommendation

DIOG have recommended migration to the IIRMPS system on a cloud-based server which SLT have confirmed.

• **Decision** – The Board are asked to decide on support for the recommendation from SLT.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Risk Jotter and risk register processes
Responsible Executive/Non-Executive:	Anna Lamont, Medical Director
Report Author:	Kat Jenkin, Head of Patient Safety, Quality and
	Risk; Anna Lamont, Medical Director

1 Purpose

This is presented to the Audit and Risk Committee for:

Approval

This report relates to a:

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

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

- Safe
- Effective

2 Report summary

2.1 Situation

The risk management process is currently under review. As an initial change to support this review, this paper proposes a test of change to risk assessment and management processes based on the issues identified in the previously presented risk management position paper. The proposed risk jotter and processes aim to support risk owners to better describe the risk and the impact, taking into consideration different factors that could potentially be mitigated.

The revised risk jotter expands on the information previously requested on the risk assessment forms. An accompanying 'how to' guide for staff outlines how the risk jotter



should be completed as this is a change from the previously used risk assessments. The risk jotter form is to be trialled to ensure the process supports risk owners, meets the needs of the organisation, and is responsive to feedback before embedding as a change to standard process.

The process for the management of risk registers is at present unclear within the current risk management policy, and the policy as currently written is not being followed on the evidence of the number of risks not reviewed or updated. It appears that all risks within the operational risk registers are out with the review timeframe. Within the local risk registers over 80% are outside of their review period. The concerns have been previously set out, with over 1000 risks recorded in Datix in over 50 separate risk registers. The corporate risk register was reviewed in detail in 2023 and is exceptional by being actively managed, scrutinised, and updated. All risks within the corporate risk register have been reviewed within the timescale expected due to the level of risk. The risk management policy does state that the operational risk registers should be reviewed monthly by what is now SLT and this is currently not happening, nor have they been reviewed at what is now called the risk management group quarterly as per the policy.

2.2 Background

Risk assessments are intended to critically appraise the description, classification and scoring of a risk before recording on a risk register. The current risk assessment form on Datix is generic and is not consistent with the NHS Orkney form described and set out in the Risk Management Policy. The Datix generic form is used to assess any concern or issue raised, such as health and safety concerns, and has been updated more recently than the risk management policy. Following consultation with the members of the NHSO risk management group, there was consensus that the generic risk assessment form did not meet the needs of risk handlers. The generic form was considered too complicated with multiple fields not related to risk assessment. The Risk Jotter was adapted from that in use in other NHS Scotland Health Boards to support and simplify operational risk assessment process.

Currently an explicit process for the management of the risk registers is not specified within the risk management policy, it does state that they should be reviewed by which group and a timeframe. There is a standard operating procedure (SOP) titled Datix Risk Register System: For Managers which was last reviewed in April 2021. This document outlines how to use the Datix system and what can be completed within each field. The SOP does not include that a risk assessment must be completed or include a process for the validation of risk descriptions or scores. The process for escalation of risk is not clearly described within this SOP or within the risk management policy.



2.3 Assessment

Improvement in the governance of risk is necessary to adequately assure the executive that satisfactory risk management processes are in place for the safe delivery of care and services. The existing process does not provide such assurance and requires urgent review.

Following initial review of the current risk management policy, proposal for the management of the risk registers has been developed to set out clearly how risks are admitted, reviewed, and closed from the risk registers. The revised management process will incorporate how risks are escalated between the different levels of register, including to the corporate register. This process is presented for review and approval as tests of change to be monitored by the risk management group, monthly clinical quality group and SLT with a report on the test implementation to return to SLT after two months and then on to the Audit and Risk committee.

2.3.1 Quality/ Patient Care

It is anticipated that the quality of the risk assessment and risk management process will be improved through the implementation of the revised process, which will be reviewed following the tests of change.

2.3.2 Workforce

The risk jotter and processes will enable staff to follow a process for the management of risk which supports the organisational management of risk.

2.3.3 Financial

This is no identified or anticipated financial implication to the tests of change.

2.3.4 Risk Assessment/Management

This paper is presented to support the development of a revised risk management strategy. It has been presented to the Audit and Risk committee following consultation with the Risk Management Group as the group responsible for the management of risk and has been to the SLT for review and agreement, before going to the Audit and Risk committee for agreement and on to the Board for approval.

2.3.5 Equality and Diversity, including health inequalities

There is no identified impact associated with this paper.

2.3.6 Climate Change Sustainability

There is no identified impact associated with this paper.



2.3.7 Other impacts

The risk management processes are currently under review and redevelopment. This will affect how risk registers will be managed in future. To ensure that all members of the organisation are heard, a survey has been sent out organisation wide, to gain opinions and ideas around the management of risk. This will be fed back into the Risk Management Forum and incorporated into the redevelopment. As part of this process a plan for consultation and implementation will be presented as following the two-month test of change.

2.3.7 Communication, involvement, engagement and consultation

The processes of risk management have been discussed and consulted on through the Risk Management Forum. The risk jotter and process for the management of the risk registers has been discussed and reviewed by the risk management forum.

It has been presented to the SLT as part of the consultation process and for decision as to the proposed tests of change.

It has been presented to the Audit and Risk committee for discussion and approval.

2.3.9 Route to the Meeting

The risk jotter and process for the management of the risk registers has previously been considered by the Risk Management Forum. The Risk Management Forum has supported the content of this paper and the proposals.

The paper has been considered by the SLT and the tests of change agreed. It has been shared with the Audit and Risk Committee for approval and is now presented to the Board for final approval.

2.4 Recommendation

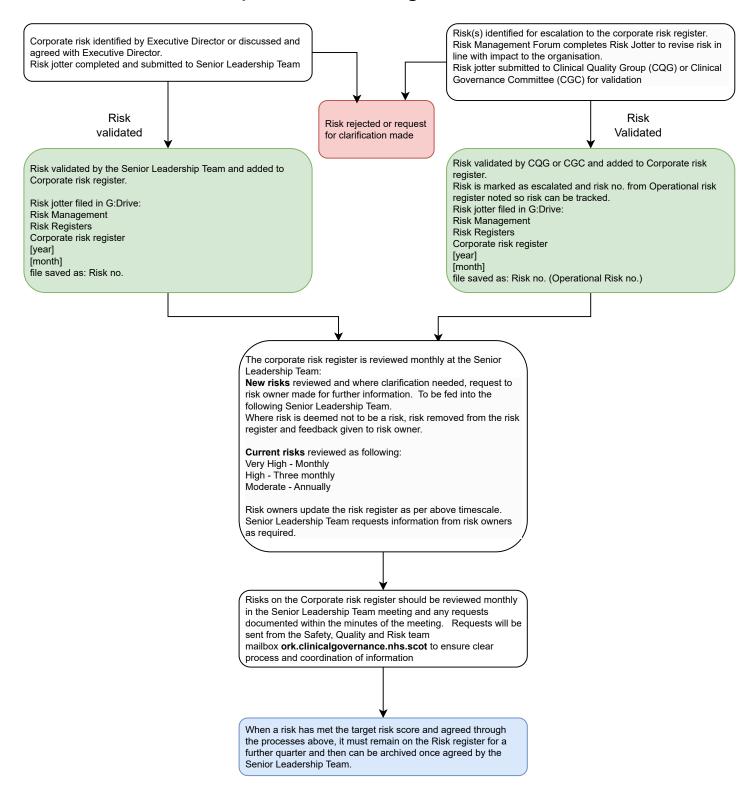
• **Approval** – the Board are asked to review the risk register processes and approve the tests of change

3 List of appendices

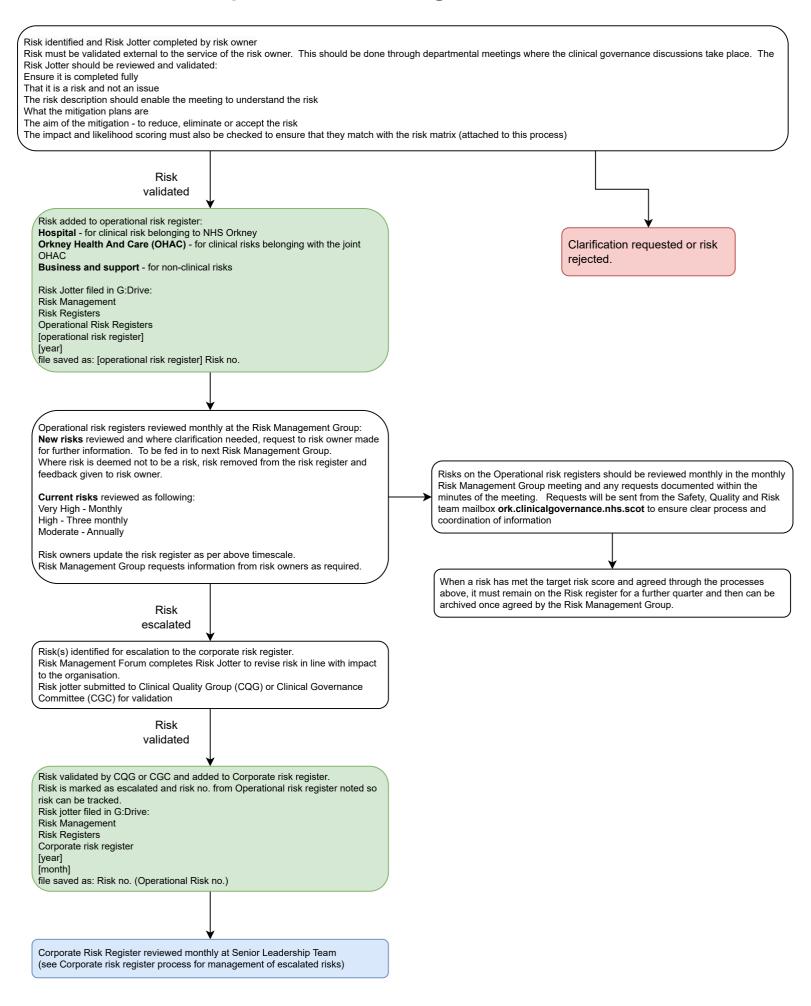
The following appendices are included with this report:

- Appendix 1: Process for management of corporate risk register
- Appendix 2: Process for management of operational risk registers

Corporate Risk Register Process



Operational Risk Register Process





NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Integrated Performance Report April 2024
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Debs Crohn – Head of Improvement

1 Purpose

This report is presented to the Board for:

Assurance - To <u>scrutinise</u> the Integrated Performance Report (IPR) and <u>seek assurance</u> on delivery and consideration of the implications of current performance levels.

This report relates to a:

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

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

- Safe
- Effective
- Person Centred
- Quality

2 Report summary

2.1 Situation

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

The IPR outlined in Appendix 1 contains a summary from Executive Leads against each of the key performance indicators (KPI's) highlighting what is going well, successes, causes for concern, challenges outlining the planned mitigation/actions being taken to bring performance back on track.

Members are asked to scrutinise the IPR at Appendix 1 and to seek assurance on delivery and consideration of the implications of current performance levels.



2.2 Background

The IPR provides the Board with an overview of performance and key metrics in relation to each of the agreed reporting sections as set out in our Corporate Strategy and national reportable metrics required by Scottish Government. It is important that data for NHS services is validated by Public Health Scotland prior to publication for several reasons:

- **Transparency and Accountability**: Published data ensures that NHS services are transparent about their performance and operations. This openness allows the public, policymakers, and other stakeholders to hold the NHS accountable for the quality and efficiency of healthcare services.
- **Informed Decision-Making**: Accurate and reliable data helps healthcare providers, administrators, and policymakers make informed decisions about resource allocation, policy development, and service improvements. It enables evidence-based decision-making, leading to better health outcomes.
- **Monitoring and Evaluation**: Published data allows for the continuous monitoring and evaluation of healthcare services. It helps identify trends, measure the effectiveness of interventions, and assess whether the services are meeting the health needs of the population.
- **Quality Improvement**: By analysing published data, healthcare providers can identify areas needing improvement and implement strategies to enhance the quality of care. It helps in benchmarking performance against standards and best practices.
- **Research and Innovation**: Published data provides a rich source of information for researchers studying public health, healthcare delivery, and medical outcomes. It supports innovation by providing insights into existing challenges and potential solutions.
- **Public Trust**: Publicly available data builds trust in the NHS by demonstrating a commitment to openness and continuous improvement. It reassures the public that the NHS is dedicated to providing high-quality care and is willing to be scrutinised.
- **Policy Development**: Policymakers rely on robust data to develop and implement health policies that address current and emerging health issues. Published data helps ensure that policies are grounded and effectively target the health needs of the population.
- **Resource Allocation**: Data on service demand, patient outcomes, and healthcare costs helps in the efficient allocation of resources. It ensures that funds, personnel, and equipment are directed where they are needed most, optimizing the use of limited healthcare resources.
- **Patient Empowerment**: When patients have access to data about healthcare services, they can make more informed choices about their care. This empowerment can lead to better patient outcomes and satisfaction.
- **Compliance and Standards**: Published data ensures that NHS services comply with national standards and regulations. It helps in maintaining consistency and quality across different regions and healthcare providers.

From quarter 3, the reporting cycle will align with when PHS publish validated data as it essential for maintaining a high-performing, accountable, and patient-centred healthcare system in Scotland that our data is correct and of a high quality and standard.

To note - for some sections of the IPR the latest data is not available. The reasons are as follows:

- Workforce Sickness Absence This is due to a 6-week lag in national reporting.
- Appraisals & Statutory/Mandatory Training This is currently reported bi-monthly. Conversations are taking place with the Head of People and Culture to understand if this can be changed going forward.
- Finance Key Costs: Pay Data is unavailable due to year end and the ledger not being in a place that figures could be provided.

2.3 Assessment

Operational (Acute) Standards



Our four-hour emergency access standard performance decreased at the end of April 2024 to 91.07% against the national 95% standard (compared to 95.02% for NHS Orkney at the end of March 2024). NHS Orkney is a top three performing Health Board in Scotland for our four-hour emergency access national standard, this is an important indicator of quality and experience.

18-week Referral to Treatment Standard

Our performance against the 18-week Referral to Treatment standard has increased during April 2024 to 81.1% (against the 90% national standard) compared to 74.2% in March 2024. There are specialties where improvements are required, these including ear, nose and throat (36.8%) and Cardiology (76%).

Diagnostic/scans

A total of 366 patients were waiting for diagnostic tests/scans at the end of April 2024 (compared to 378 patients in March 2024). 108 patients have been waiting over six weeks compared to 89 patients in March 2024. Increases noted in patients waiting for MRI scans due to the van not having visited Orkney during April (2 waiting in March 2024 compared to 58 waiting in April 2024)

31- and 62-day cancer standard

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

During April 2024, the 62-day cancer standard was also at 100% (which is 2 eligible referrals for context). However, despite this positive performance, this remains an area where improvement is required for NHS Orkney and a plan is in place as part of our Improvement Programme to do so.

Waiting Lists and backlogs

We continue to focus on addressing our waiting lists and backlogs, with a focus on areas where we have waits which are longer than we would wish for our patients. For context, at the end of March 2024 NHS Orkney had 1615 outpatients in total on our waiting lists for appointments (1,457 at the end of March 2024). 872 patients have been waiting over 12-weeks for an appointment, an increase compared to the 813 waiting over 12-weeks at the end of March 2024. Our performance against the 12-week standard is disappointingly at 46.01%, showing a slight decrease in performance compared to at the end of March 2024 when this figure was 46.62%.

Treatment Time Guarantee

Performance against the Treatment Time Guarantee for inpatients (that patients who will not wait longer than 12-weeks) has remained steady, with 185 waiting more than 12 weeks out of 303 total patients waiting. The end of March 2024 showed a similar picture with 179 breaching 12-weeks out of 296 on the waiting list.

A deep dive into waiting times was presented to the Finance and Performance Committee 30 May 2024 setting out our approach to addressing challenges around waiting times. To ensure we have a rounded picture across our Health and Social Care System, the deep dive covered acute and community services by specialty of waits and trends, with a clear focus on our performance versus national standards (benchmarking where possible).



A planned care board will be in place by XXX who will be responsible for delivery of the planned care improvement workstream with oversight from the Improving Together Programme Boar4d.

Theatre Utilisation

207 operations were scheduled during April 2024. Of those 49 were cancelled, giving a percentage cancellation rate of 28.5%. Cancellations were for a variety of reasons including reduced staff availability due to emergency call outs and patients not fit for surgery on the day of procedure due to medication reasons.

Some Gynaecology and general surgery lists continue to be under booked due to a lack of patients on these waiting lists. This is being looked at as for part of the theatre utilisation improvement workstream.

Challenges

Increasing demand and complexity of patient need means that staff are working to the very top of their registration. Demand for general adult psychiatry continues to rise, major staff shortages remain in Community Nursing. Accommodation shortages, both in residential and office/clinic space in impacting on the services ability to meet patients in a timely manner.

Community Services

All community services continue to be stretched managing increased demand and presenting complexity. Superimposed on these pressures are shortages arising from vacancies and other absences.

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

Services continue to perform well in relation to the referral to treatment times. There was a slight dip in the referral to treatment target performance in Child and Adolescent Mental Health Services this month, albeit 90% of referrals did meet the target. Psychological Therapies exceeded the referral to treatment time target for this month and performance continues to be strong.

CAMHS and Health Improvement continue to work towards submission of our Child, adolescent, and psychological therapies national dataset (CAPTND) in line with the national Public Health Scotland ask. Work is ongoing to use the Grampian configuration of TrakCare for CAMHS and agreement has been reached to further that development over the coming months.

Podiatry

Physiotherapy and Podiatry services have continued to make progress in reducing the average length of wait times. The continued absence of a First Contact Physio in Primary Care is contributing to the higher rates of referrals presenting to Muscular Skeletal (MSK) Physio. Despite that, the service managed to see more people than were referred and has reduced the overall number of patients waiting. A piece of work has been undertaken addressing some of the patients with exceptionally long waits, reducing this cohort significantly. The overall waits against the 4-week waiting target remains far too low.

A short-term waiting list initiative is required to address legacy demand, improvement programme in physio continuing with dashboard development which is near completion along with triage work.

The number of patients seen per month continues in an upwards trajectory with the overall waiting list and average waiting time coming down. High risk patients are being 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. Additional podiatry investment is needed to manage complex care.

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Although far from where we want to be, there are several pieces of recruitment that have happened or are in the near pipeline. They will all work to support a stabilising of the staffing capacity to deal with the demand. This in turn will in the medium term start to reduce the waiting list and times.

Physiotherapy

A newly recruited Band 6 physiotherapist is now in post split between the wards and Immediate Care Team. A Clinical Lead for Physiotherapy will be in post at the end of May. 2024.

An 'at a glance' dashboard for out-patient activity and performance is now in place. The Health Intelligence team are working with digital services to provide access to the Power Business Intelligence (BI) platform to better support the management of waiting lists. Service standards are being reviewed in line with best practice.

Prosthetics & Orthotics

The Orthotics SLA scoping is progressing well, there are no adverse waits for the service. Clinics are booked and covered as clinically required.

Speech and Language Therapy

Paediatric

Overall waiting times for Paediatric Speech and Language Therapy (SLT) for new referrals is significantly breaching the recommended waiting times standard. It should be noted that the April figures show a more balanced demand and capacity figure for new patients overall.

The inability to recruit to a permanent Paediatric SLT is impacting on waiting times for priority returns. A paediatric service improvement plan is being developed and will be in place by summer 2024. The lack of capacity within the team to support the Paediatric locum will be reviewed in summer.

Recovery trajectory for Paediatric waiting times will take time, however planning is in place and will be pursued in more detail in the summer.

Adults

The adult trajectory for SLT remains uncertain due to the need for permanent staffing and current interruption to service review plans.

The secondment for Lead Adult SLT (clinical, management, adult service review) is in place until end July 2024.

Adults with Learning Disability will remain as is unless a locum can be found, this will impact on waiting times for new and return patients.

Challenges

Recent challenges in the process for locum arrangements has caused delays in supporting some services. Significant vacancies still exist in several key areas, most notably, Speech and Language Therapy and First Contact Physiotherapy.



Maternity data is taken from 2 sources; the Best Start action plan (a requirement for all Maternity Units) and Badgernet Electronic Patient Record (EPR) hosted by NHS Grampian. The Health Intelligence team have raised concerns over the accuracy of some of the data, partly due to patients moving between Boards for their care, but also discrepancies when pulling data from the system and reviewing each record individually. This is being reviewed and conversations are taking place with NHS Grampian to look at much closer collaboration between the digital services directorate to ensure this is rectified before the IPR is produced for May 2024.

There are challenges around how we document the 'buddy' Midwife on the Badgernet system resulting in data not being accurate in relation to the antenatal, intrapartum, and postnatal appointments and care. However, the Maternity service is already meeting several requirements from the Best Start action plan with 100% compliance. Even without accurately recording 'buddy' midwives within BadgerNet the percentage of women seen by their primary Midwife in the antenatal period and the intrapartum period remains above 50%.

In future the IPR will include antenatal screening data from Public Health Scotland which has been published and verified to allow for the comparison with national datasets.

Public health

As part of the evolution of the IPR, work is underway to agree the key performance indicators (KPI's) for Public Health Data, this will be included in the IPR going forward.

2.3.1 Quality/ Patient Care

Performance metrics within the Safety and Quality section will ensure we are focused on and demonstrating our commitment to delivering better outcomes for patients, through a structured approach to early resolution to challenges or obstacles to success.

Acute Services

Additional metrics will be included in future reports for safety and quality in the acute services including bacteraemia rates, falls with harm and pressure ulcers. Some of this data set is extracted from the Datix system, we know there are challenges with this data as it requires a manual cleanse of data prior to submission and inclusion in the IPR.

Falls are currently recorded under the category slips, trips and falls and this includes all types of falls including controlled assistance to the floor. For this data be included in the IPR it requires individual reports to be reviewed for the type of fall and to establish if harm was caused. The incident reporting system is also being used to record notification of pressure ulcers where patients have been admitted with a current pressure ulcer as well as hospital acquired pressure ulcers. As with falls this requires manual review of each report to determine whether the pressure ulcer is hospital acquired.

The issues outlined above will be resolved when we move to the new Integrated Incident, Risk Management and Patient Safety System (IIRMPs) later this year which is currently going through our internal governance processes.

Incident/complaint reporting, and investigation training remains a requirement. Similarly, an integrated risk management approach for NHSO is required.



The learning summaries from Serious Adverse Events are discussed at the Clinical Quality Group / Joint Care & Clinical Governance Committee, alongside the action plans for operational scrutiny and review. The Senior Leadership Team (SLT) receive the learning summaries for awareness and oversight.

Where performance is not achieved action plans with clear timelines and outcomes which can be measured will be put in place and monitored and reviewed by the Senior Leadership Team and the Joint Clinical and Care Governance Committee.

Challenges

Vacancies within the Safety, Quality and Risk team are continuing to impact on capacity. Capacity of team leads / senior charge nurse / senior charge midwife and senior leaders to review clinical incidents and embed learning from incidents, complaints, and Significant Adverse Event Review to staff is a key focus going forward, this will continue through effective senior clinical engagement to manage overdue incidents which is being impacted by limited resource.

2.3.2 Workforce

People and Culture are key to creating and delivering plans which are realistic and achievable. As with Quality/Patient Care, the IPR enhances and standardises our reporting approach ensuring clear plans are in place to support the delivery of quality and safe improvements, this is of particular importance in relation to our workforce as this is a strategic priority for the Organisation.

In March 2024, the appraisals compliance rate is at 32 % for across the organisation. This represents an 8% increase since December 2023. Work continues in this area with the People and Culture Team providing overall support (including 1-2-1's) 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) remains a challenge.

2.3.3 Financial

NHS Orkney was placed on level three of the NHS Scotland Support and Intervention Framework for Finance in November 2023. The 2023/24 financial forecast at this time was a projected deficit of £6.245m. The actual unaudited reported financial position at the end of the 2023/24 financial year is £5.146m. This improvement in the end of year forecast since the time of escalation is primarily linked to additional income received from Scottish Government during the period, a reduction in nurse temporary staffing and other workforce related controls.

NHS Orkney will receive support funding in the form of repayable brokerage to offset the £5.146m deficit, this will be repayable once the Board return to financial balance.

There has been an improvement of £1.1m recorded in the actual outturn position compared to the forecast outturn position at the point of escalation, nurse agency expenditure has reduced during the 2023/24. The 2024/25 financial plan approved by Board and submitted on time, however unaffordable against existing revenue resource limit. The £4m savings programme for 2024/25 is progressing well and the risk of delivery reducing.

Whilst our 2023/24 savings programme delivered in full, only 76% delivered non-recurrently. The 2023/24 annual accounts production is progressing well with all returns to date submitted on time to Scottish Government.

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NHS Orkney remains on level three of the NHS Scotland Support and Intervention Framework for Finance. We are predicting a year-end deficit of £5.146m recorded with an on-going reliance on non-recurrent savings. Our financial plan for 2024/25 is £5.8m non-compliant with a reliance on repayable brokerage from Scottish Government.

Challenges of capacity and stability continue in the financial leadership team, additional support continues with external support funded by SG.

Service Level Agreements

NHS Orkney provides a range of clinical services to other Health Boards and receives both clinical and nonclinical services provided from other Health Boards. While the majority of these are defined as service level agreements (SLAs); NHS Orkney does not currently hold written agreements for these arrangements, posing a level of risk financially and operationally.

It is the ambition of NHS Orkney to have well-articulated SLAs in place for all its current contractual arrangements; however, it recognises that this programme of work will require a significant amount of time as well as engagement with clinical and operational colleagues.

2.3.4 Risk Assessment/Management

The following risks are captured in the Corporate Risk Register which 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 Scottish Ambulance Service (SAS).
- **Risk 1228 Fragile Services** Lack of some sustainable clinical services leading to long waits for patients and potential adverse outcomes and harm (for example Pain, Ophthalmology, Dentistry, Rheumatology).

2.3.5 Equality and Diversity, including health inequalities.

NHS Orkney actively seeks to address health inequalities through effective performance management. Central to our work is developing a culture of continuous improvement which has fairness and equity at its heart.



2.3.6 Climate Change Sustainability

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

2.3.7 Other impacts

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

2.3.8 Communication, involvement, engagement, and consultation

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

2.3.9 Route to the Meeting

The IPR has been prepared for the purposes of the Board in June 024. The relevant chapters of the Integrated Performance Report have been taken through the following Governance Committees in May and June.

- Workforce Staff Governance Committee 8 May 2024
- Update in relation to Quality and Safety Joint Clinical Care and Governance Committee 8 May 2024
- Finance and Performance Committee 30 May 2024

2.4 Recommendation(s)

Assurance – The Board is asked to

- i. Scrutinise the report and
- ii. <u>Seek assurance</u> on delivery, consider the implications of current performance levels.

2 List of appendices

The following appendix is included with this report:

Appendix 1, Integrated Performance Report (Acute, Community and Finance) April 2024



Integrated Performance Report April 2024

Chief Executive: Laura Skaife-Knight

Workforce, Safety & Quality, Finance, Operational Standards, Community

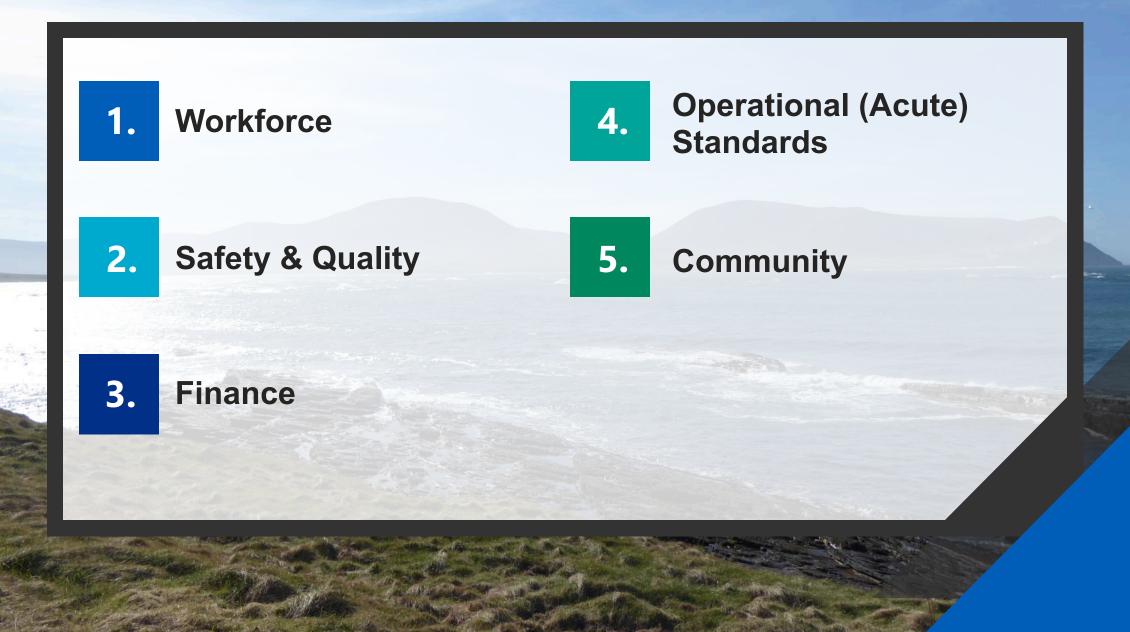
HEALTH Intelligence

ORK.healthintelligence@nhs.scot

Executive Summary

Domain	Going Well	Cause for Concern
Workforce Pages 4 to 7	 Work continues on overseeing the Employee Assistance programme with the launch of the App to support staff – 147 users in total. NHS Orkney Sickness absence was 5.89% year ending 23/24 against the NHS Scotland average 6.30%. Automated email reminders have positively impacted the learning modules, with all Statutory and Mandatory elearning training within the 70-90% range. Collaborative planning is underway across the organisation to embed the 23/24 Agenda for Change pay settlement; reduction in working week, protected learning time, Band 5 nursing job description review. Appraisal rates are improving month on month (> 30%). Job evaluation training support from NHS Highland arranged for 25/27 June 2024. 	 Ongoing concerns regarding completion of Personal Development Plans and discussions taking place regarding contingencies to put in place. Face-to-face compliance for Statutory and Mandatory training remains a problem for reporting – plans are currently being created to address this with trainers also undertaking additional training. The primary cause of sickness absence continues to be stress/anxiety.
Safety & Quality Page 8 to 12	 The maternity data has been increased. The numbers of stage two complaints remains low. 	 Number of Datix records on incidents reported to be reducing. Problems persist with mechanism to close potential incidents early at initial assessment. Challenge remains of small team able to contribute to data reporting on safety and quality for multiple care areas to Scottish Government.
Finance Pages 13 to 16	 Director of Improvement, Recovery Director and Head of Improvement in post. 2023/24 outturn in line with that most recently reported to Board and Scottish Government. The 2023/24 annual accounts production progressing on schedule. 2023/24 outturn was favourable to the £6.2m deficit forecast at point of escalation. 2024/25 financial plan approved by Board (although non-compliant with Scottish Government). 	 2023/24 outturn position was £5.1m above revenue allocation and £2.1m higher than the original £3.0m deficit plan. Escalated to level 3 under the Scottish Government Intervention Framework. 2024/25 financial plan of £5.8m non-compliant with Scottish Government. Capacity and stability in the Financial leadership team. Reliance on repayable Brokerage from Scottish Government.
Operational (Acute) Standards Pages 17 to 25	 Cancer Performance - Standard agenda for Orkney Cancer Care Delivery Group drafted, focussed calls with Scottish Government have taken place, and engagement with North Cancer Alliance to support planning. Weekend discharge rates improving. Continued strong performance vs. 4hr emergency access standard. 	 High numbers of multiple cancelled operations - review underway. Our outpatient waiting list continues to grow with long waits in Ophthalmology, Ear, Nose & Throat, Trauma & Orthopaedic, and Dentistry. A planned care deep dive is on the agenda at May's Finance and Performance Committee.
Community Pages 26 to 34	 Both Child and Adolescent Mental Health Services and Psychological Therapies met the waiting time guarantee for April 2024. Recruitment of new Physiotherapy post (split between wards and Intermediate Community Therapy). Numbers seen within Podiatry increasing; with the numbers waiting and average wait time decreasing No adverse waits in Orthotics. 	 Increasing demand and complexity of patient need. Staff working to the very top of their registration. Shortage of a First contact Physio in Primary Care and staff shortages in Speech and Language Therapy.

Sections



Workforce

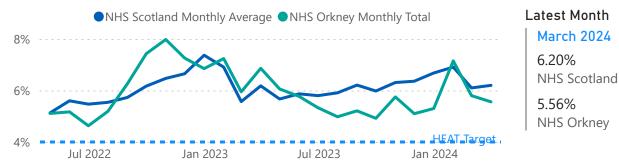
Section Lead: Director of People and Culture - Jay O'Brien

Comments	Successes	Challenges
The response rate to the iMatter survey for 2024 increased by 10% compared to the previous year. The results were published on 6 June 2024. In our organisation, the Employee Engagement Index score is 75, compared to 74 last year, and the overall experience of working in NHS Orkney, rated on a scale of 0-10, is 6.5, compared to 6.4 last year.	Directorates have a better understanding of reasons for sickness absence through enhanced monthly reports. Participation rates for appraisals are improving across the organisation, but sustained attention is needed.	Job evaluation 'train the trainer' course is not available across Scotland, which is impacting our ability to train additional matchers. Training with NHS Highland support is planned for June 2024.
As part of our commitment to continuous improvement, we are in the process of setting up an additional feedback system. This system, will support in-the-moment feedback and help us gather qualitative information to support our action plans.	Safe care usage across the organisation is improving, with increased usage being seen weekly.	

Sickness Absence (Source: Workforce Dashboard)

March 2024 Latest Data:

Monthly Comparison - NHS Scotland & NHS Orkney



Monthly Comparison - NHS Orkney Long & Short Term Absence



March 2024 1.73% Short Term 3.82% Long Term

Issues/Performance Summary

For the month of March 2024, NHS Orkney monthly absence percentage is 5.44% down 0.47% on February performance. The NHS Scotland range is 1.20% -9.06%, with the NHS Scotland average of 6.07%.

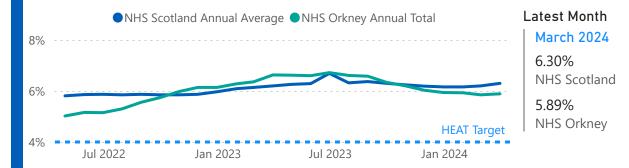
Sickness absence due to Anxiety/stress/depression/other psychiatric illnesses in March 2024 continues to be the most common reason for absence. Other musculoskeletal problems is the second most common reason in March 2024. This is being picked up through the Occupational Health, Safety and Wellbeing Committee and through responses to the staff stress survey, as it is unknown if this is related to a work or personal situations.

Planned/Mitigating Actions

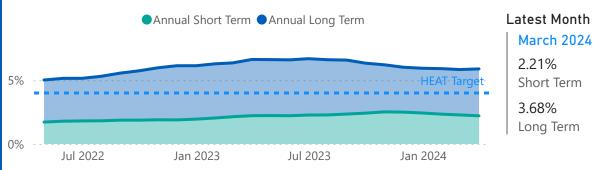
- Sickness Absence Training and more specific manager training has been provided where required to support managers.
- Employee Assistance Programme awareness sessions have been undertaken
- with management referrals being introduced where appropriate. We will
- continue to promote access to the self-help app.
- Wellbeing events planned for Tuesday 28 May.
- Advanced reporting shared across Directorates to support managers to
- understand number of hours lost due to sickness absence but also to
- highlight the main reasons for absences.
- A wellbeing micro site has been created with local information to support colleagues.

Best practice education sessions for appraisals include managers having regular one-to-one meetings with team members.

Annual Comparison - NHS Scotland & NHS Orkney



Annual Comparison - NHS Orkney Long & Short Term Absence



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.

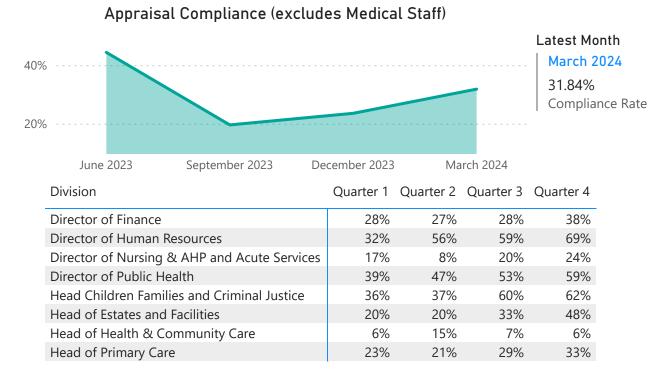
Areas where it is identified that sickness absence procedures are not followed will be escalated through Directorate line management.

Training is available when needed with an additional TURAS module now available.

Appraisals & Statutory/Mandatory Training (Source: Workforce Dashboard)

Latest Data:

March 2024



Module	2023/05	2023/07	2023/09	2023/11	2024/01	2024/03
Adult Support and Protection	33.3%	58.1%	67.0%	72.2%	78.5%	84.9%
Breaking the Chain of Infection	81.8%	81.5%	81.5%	56.9%	87.4%	86.7%
Child Protection	31.4%	56.4%	68.7%	73.8%	78.5%	84.4%
Cyber Security	77.8%	80.3%	80.2%	67.7%	86.7%	88.8%
Equality & Diversity	68.8%	76.8%	79.5%	68.6%	85.8%	86.3%
General Fire Safety	42.2%	61.8%	66.1%	68.9%	77.0%	80.5%
Hand Hygiene	78.3%	78.5%	78.7%	56.1%	85.5%	85.0%
Health & Safety	71.3%	73.3%	75.6%	71.4%	77.0%	80.9%
Information Governance	83.8%	83.8%	78.8%	70.1%	79.2%	78.7%
Moving & Handling	84.6%	85.2%	86.1%	70.9%	85.3%	79.9%
Prevent	59.3%	67.9%	71.1%	74.3%	80.9%	87.2%
Respiratory & Cough Hygiene	77.1%	77.7%	77.9%	54.1%	85.4%	85.3%
Violence & Aggression	81.1%	81.4%	82.5%	68.6%	87.7%	89.5%
Why IP&C Matters	71.4%	68.2%	68.8%	56.4%	71.0%	73.4%

>= 90% >= 70% < 90%

Under 50%

Issues/Performance Summary

March 2024 sees the compliance rate of 31.84% for appraisals across the organisation. This represents a 8.27% increase since December 2023. 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 contained within personal objectives. Currently reviewing all training available to support managers and colleagues

to prepare and undertake yearly appraisals.

Direct emails continue to be sent to increase colleague awareness of training compliance.

Managers have been provided with training reporting awareness sessions and People and Culture are visiting teams to have collective conversations about best practices for appraisal.

Statutory/mandatory training compliance group review data for subject matter expert input.

Appraisal compliance reporting is to be shared with SLT.

Assurance/Recovery Trajectory

>= 50% < 60%

Appraisal awareness training is now available on Turas Learn. This is split into 2 sessions, which are targeting the reviewer and then the reviewee. Sessions are currently available twice monthly.

Staff in Post/Turnover & Breakdown of Hours (Source: Workforce Dashboard) April 2024 Latest Data: NHS Orkney - Headcount & Leavers NHS Orkney - Hours Utilisation Latest Month April 2024 Latest Month Leavers Headcount Bank Overtime Excess 3,978,42 April 2024 20 Bank 760 753 409.50 Headcount 10 Overtime 6 878.47 Leavers Excess Jul 2022 Jan 2023 Jan 2024 Jul 2023 Jan 2023 Jan 2024 Jul 2022 Jul 2023 NHS Orkney - Headcount & Leavers (Rolling Year) NHS Orkney - Bank Hours Utilised vs. Previous Month 100% Last 12 Months Latest Month Rolling Year Leavers Rolling Year Turnover April 2024 April 2024 200 15% 113 3,978,42 Leavers Hours 100 0% 740.50 5.03% Avg. Headcount Variance Jul 2022 Jan 2023 Jul 2023 Jan 2024 Jan 2024 Jul 2022 Jan 2023 Jul 2023 **Issues/Performance Summary Planned/Mitigating Actions** Assurance/Recovery Trajectory There were 10 new starters in April 2024. 6 people left the organisation in The workforce improvement stream is undertaking a full analysis of the To ensure overtime is used appropriately, overtime within each Directorate the month, with a rolling twelve-month turnover of 15.26%. contracted and budgeted information with the aim of aligning these. Most must be approved by their Executive Director prior to using it or via the Executive portfolios are complete with acute services and IJB left to work Executive Director on-call if urgent. through Bank, Overtime and Excess hours data will be shared with Senior Leadership The Improvement Hub is recording the approved hours versus the hours Team monthly to support Directorate expenditure reviews. used for comparison and conversation within each Directorate. Director of People and Culture now Chairs the Vacancy Control Panel and is revising Terms of Reference and Standard Operating Procedures. Chief Executive has requested that overtime and travel requests also come through the Panel, or that a new Business as Usual sign-off approach is agreed. Recruitment campaign being planned for launch in the Quarter Three of

2024/25.

Safety & Quality

Section Lead: Medical Director - Anna Lamont

Comments	Successes	Challenges
• The metrics for the safety and quality section remains under review to expand the information available.	 Continued reduction in the percentage and number of overdue SAER reports. 	• Vacancy within Clinical Governance (CG) team continues to impact on capacity to respond timeously.
 NHS Scotland has commissioned InPhase as a national replacement to Datix for Integrated Incident and Risk Management and Patient Safety System (IIRMPS). Training overall for incident/complaint reporting, and investigation 	• The clinical governance structure has been under review and the quality forum is meeting as the monthly Clinical Quality Group with a quarterly Clinical Governance Committee. The first quarterly committee meeting was in June 2024.	 Limited capacity of team leads, senior charge nurse, senior charge midwife and senior leaders to review clinical incidents.
training remains an organisational requirement. Progress in both areas will affect the data NHSO can present for incidents and complaints in future.	 Responses to complaints within the target timeframe has risen over six months and remains high. 	• Communication of the learning from incidents, complaints, and Significant Adverse Event Review to staff.
 The learning summaries from SAERs are going to SLT for review and to the Clinical Quality Group for review, alongside 	 Quarterly clinical governance forward look reporting established. 	 Continuing effective senior clinical engagement in Q&S with operational challenges.
the action plans for scrutiny and oversight.		 Managing the overdue incidents effectively due to limited resource.
		• Effectively embedding learning in the organisation and closing the loop on incidents and learning.
		• Multiple sources of data, with particular challenges of

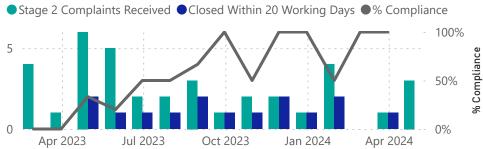
Complaints & Compliments (Source: Datix, Patient Experience Officer)

Latest Data:

April 2024



Complaints Received - Stage 2



Issues/Performance Summary

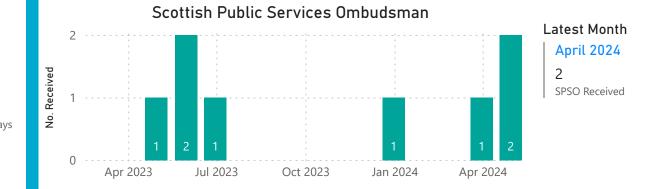
The complexity of complaints can lead to delays in responding within the expected timeframe when related to other Health Boards or spanning Health and Social Care. Currently the data doesn't capture when an extension has been agreed with the complainant and when we respond within the agreed timeframe.

The system used to manage patient feedback is difficult to navigate and makes extracting information more difficult.

The Safety, Quality and Risk team currently has a vacancy which reduces the capacity of the team to support the investigation on complaints.

At present we don't look at themes and trends from Compliments. There is work to do around encouraging staff to log compliments and how we collate themes and trends from these





Compliments Recevied 10 5 6 7 6 6 7 4 9 7 4 6 3 5 4 2 2 3 5 4 2 2 3 5 4 2 2 3 5 4 2 2 3 5 4 5 Compliments Latest Month April 2024 5 Compliments Compliments

Planned/Mitigating Actions

A process is currently underway to look at the systems used to manage patient feedback and how to ensure that it meets the organisation's requirements, this includes looking at whether this can be improved as part of the IIRMPS proposal.

The vacancy within the Safety, Quality and Risk team is currently going through the process to recruit to.

The policy for the management of complaints and other patient feedback is being reviewed. Part of this review is looking at how we pull themes and trends from patient feedback.

Assurance/Recovery Trajectory

The numbers of complaints received into the organisation remains low, with an average of 2.5 stage 2 complaints a month.

The numbers of complaints escalated to the SPSO remains low.

The organisation continues to receive positive feedback from several sources about care and services.

Services are being actively encouraged to send compliments to the Safety, Quality and Risk team to highlight the good work that is being done.

Incident Reporting & Significant Adverse Event Reviews (Source: Datix)

Latest Data:

Significant Adverse Event Reviews

SAER's Commissioned SAER's Overdue

April 2024

Apr 2024

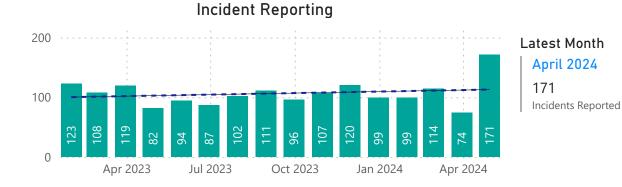
Latest Month April 2024

60.00%

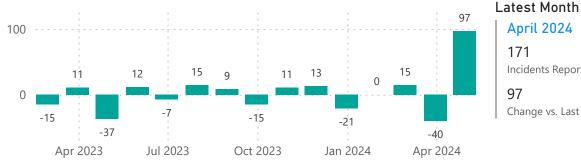
SAER's commissioned

% Overdue SAERs

2



Incident Reporting (Monthly Increase/Decrease)



Apr 2023 Jan 2024 Oct 2023



Issues/Performance Summary

There is a significant number of overdue incident reports with the majority being historic.

Incident reports are being used to raise concerns in some instances, rather than incidents and near misses.

There are five open Significant Adverse Event Reviews currently, with three of these being overdue. This is partly due to needing external review as part of the investigation and the Significant Adverse Event Reviews being complex.

Planned/Mitigating Actions

A process of review is underway to look at a way of managing the overdue incident reports.

As part of the review training for investigators is being looked at.

April 2024

Incidents Reported

Change vs. Last Month

171

97

The Significant Adverse Event Review process is being reviewed and revised with an emphasis on learning.

The previous data showed overdue Significant Adverse Event Reviews that were commissioned within the year, this wasn't fully reflective of the numbers of overdue Significant Adverse Event Reviews. The data now reflects all open Significant Adverse Event Reviews.

Assurance/Recovery Trajectory

The numbers of Significant Adverse Event Reviews are low.

The current overdue Significant Adverse Event Reviews are expected to be signed off by the end of June 2024, the remaining overdue ones are all complete and going through the final review before being signed off by the commissioner.

The learning summaries will be going to Senior Leadership Team meetings for sharing of learning

Data to be recorded	Progress Report provided October 2019	Position as at 30 September 2022	Position as at 31 March 2023	Position as at 30 September 2023	Position as at 31 March 2024
Percentage of women booking in a Board area that are allocated to a primary midwife		100.00%	100.00%	100.00%	100.00%
Percentage of women who received midwifery care during the intrapartum period from their primary midwife and/or secondary midwife (the buddy) or a member of the same team that the woman had met during her pregnancy.		53.70%	70.50%	61.40%	62.60%
Through retrospective case note review is there evidence of a co-produced, individualised birth plan reflective of women's choice and with multidisciplinary input where required such as neonatal or obstetric?	90.20%		100.00%	100.00%	100.00%
Percentage of scheduled antenatal care appointments delivered by by the primary midwife and/or secondary midwife (the buddy)		56.60%	52.50%	63.00%	61.90%
Percentage of community based postnatal midwifery care appointments delivered by the primary midwife and/or secondary midwife (the buddy)		7.80%	5.90%	8.80%	

Issues/Performance Summary

The Maternity data for this month is from the Best Start action plan. This is a requirement for all Maternity Units. There are questions around how to document the 'buddy' Midwife on the BadgerNet system, therefore the data is not accurate at present in regard to the antenatal, intrapartum and postnatal appointments and care.

Planned/Mitigating Actions

Work is ongoing around how to provide assurance around the accuracy of the data provided with Clevermed.

There is work around how to record information within the BadgerNet notes (around additional professionals/buddy midwives) and the information completed for coding to ensure that it is accurate.

Assurance/Recovery Trajectory

The Maternity service is already meeting several requirements from the Best Start action plan with 100% compliance.

Even without accurately recording 'buddy' midwives within BadgerNet the percentage of women being seen by their primary Midwife in the antenatal period and the intrapartum period remains above 50%.

April 2024 Maternity (Source: BadgerNet, Senior Charge Midwife) Latest Data: Number of Births % of Babies Breastfed and Skin to Skin Contact Latest Month April 2024 Breastfed Skin to Skin 20 7 100% Number of Births 50% 0% Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Jan 2023 Apr 2023 Jul 2023 Oct 2023 Jan 2024 Apr 2024 Number of Births (Primip/Multip Breakdown) **Delivery Method Summary** Percentage of SVD Percentage of CS Percentage of Instrumental Number of Primips Number of Multips Latest Month 20 100% April 2024 2 Number of Primips 50% 5 Number of Multips

Issues/Performance Summary

Oct 2023

Jan 2024

Apr 2024

Jul 2023

Jan 2023

Apr 2023

The data within this section is new for this report. Further data to support this is being reviewed and validated

There is work on going around the Scottish Patient Safety Programme requirements and once the data has been reviewed and validated, this will be included in the IPR.

Planned/Mitigating Actions

0%

Jan 2023

Apr 2023

Jul 2023

Review of data provided currently and national data, so we can provide comparison in future reports.

Review of data available and the validation of this.

Assurance/Recovery Trajectory

Jan 2024

Latest Month

April 2024

71.40%

Breastfed 100.00%

Skin to Skin

Latest Month

April 2024 71.40%

% SVD

Apr 2024

28.60%

% Caesarean 0.00%

% Instrumental

Rates of skin to skin contact at birth remain high

Rates of breastfeeding at birth remain high.

Oct 2023

Ongoing training looking at feeding concerns/issues to support staff in continuing to provide high standards of care.

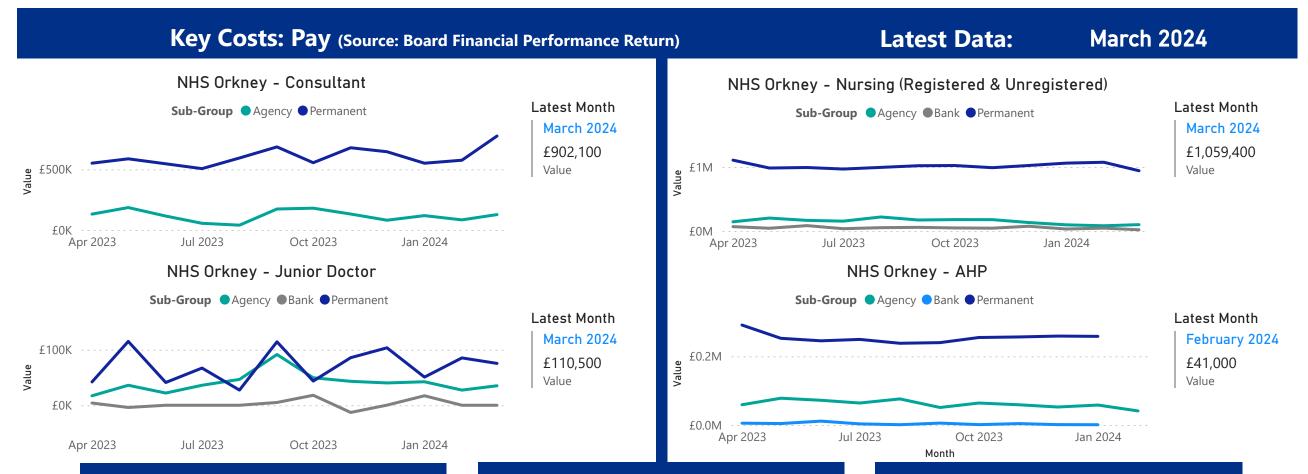
Finance

Section Lead: Director of Finance - Mark Doyle

Comments	Successes	Challenges
NHS Orkney was placed on level three of the NHS Scotland Support and Intervention Framework for Finance in November 2023.	Improvement of £1.1m recorded in the actual outturn position compared to the forecast outturn position at the point of escalation.	NHS Orkney currently on level three of the NHS Scotland Support and Intervention Framework for Finance.
The 2023/24 financial forecast at this time was a projected deficit of £6.245m. The actual unaudited reported financial	The nurse agency expenditure has reduced during the year. 2023/24 savings programme delivered in full, however 76%	Year-end deficit of £5.146m recorded and on-going reliance on non-recurrent savings.
position at the end of the 2023/24 financial year is £5.146m. This improvement in the end of year forecast since the time of escalation is primarily linked to additional income received from	delivered non-recurrently. The 2023/24 annual accounts production is progressing well with	Non-compliant financial plan for 2024/25. Reliance on repayable brokerage from Scottish Government.
Scottish Government during the period, a reduction in nurse temporary staffing and other workforce related controls.	all returns to date submitted on time to Scottish Government.	Reliance on repayable brokerage from scottish Government.
NHS Orkney will receive support funding in the form of repayable brokerage to offset the £5.146m deficit, this will be repayable once the Board return to financial balance.	The 2024/25 financial plan approved by Board and submitted on time, however unaffordable against existing revenue resource limit.	
once the Board return to Imancial balance.	The £4m savings programme for 2024/25 is progressing well and the risk of delivery reducing.	

Summary Financial Position

Group	Annual Budget	Budget YTD	Spend YTD	Variance YTD	
Core RRL	0	0	0	0	
Nursing & Acute Services	16,716	16,716	20,311	-3,595	
Medical Director	17,592	17,592	17,132	460	
Integration Joint Board	29,717	29,717	29,717	0	
Finance Directorate	2,128	2,128	2,126	1	
Estates, Facilities & NPD Contracts	8,287	8,287	9,027	-740	
Chief Executive	1,688	1,688	1,647	41	
Public Health	994	994	1,045	-51	
Director of Human Resources	1,586	1,586	1,679	-93	
Reserves	1,892	1,892	0	1,892	
Savings Targets (Board)	-4,390	-4,390	0	-4,390	
Additional Savings Target (Board)	-100	-100	0	-100	
Savings Achieved (Board)	3,094	3,094	0	3,094	
Savings Targets (IJB)	-2,400	-2,400	0	-2,400	
Savings Achieved (IJB)	734	734		734	
Total Core RRL	77,537	77,537	82,684	-5,146	
Non Cash Limited					
Dental NCL	645	645	645	0	
Ophthalmic Services NCL	299	299	299	0	
Dental and Pharmacy NCL - IJB	912	912	912	0	
Total Non Cash Ltd	1,856	1,856	1,856	0	
Non-Core					
Capital Grants	-2,099	-2,099	-2,099	0	
Non-cash Del	0	0	0	0	
Annually Managed Expenditure	61	61	61	0	
Donated Assets Income	0	0	0	0	
Capital Charges	3,195	3,195	3,195	0	
Total Non-Core	1,157	1,157	1,157	0	
Total for Board	80,550	80,550	85,696	-5,146	



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 through the Financial Performance Return.

There has been improvements in terms of spend relating to temporary staffing models across Acute Nursing, contributing to the improved financial forecast.

Planned/Mitigating Actions

The Director of Nursing, Midwifery, Allied Health Professionals and Chief Operating 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 an exit strategy for all Acute Agency nursing by 31 May 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

Enhanced grip and control measures have been introduced, including:

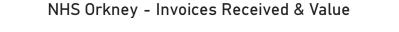
Additional approval for overtime in place with Corporate requests approved by CEO or Director of Finance. Clinical requests approved by the Director of Nursing, Midwifery, Allied Health Professionals and Chief Operating Officer Acute Services.

Locum and agency requests require approval by the Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services or Medical Director.

Accounts Payable (Source: AP Performance Report)

Latest Data:

April 2024





NHS Orkney - Aspirational 10 Day Target



Issues/Performance Summary

91% of invoices processed in April 2024 were paid within the 30 day target. The aspirational target of payment within 10 days showed a performance of 79% in April 2024, an increase of 2% over March 2024 performance.



NHS Orkney - Paid Within 30 Days



NHS Orkney - Paid Outwith 30 days



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 po/no payment).

Assurance/Recovery Trajectory

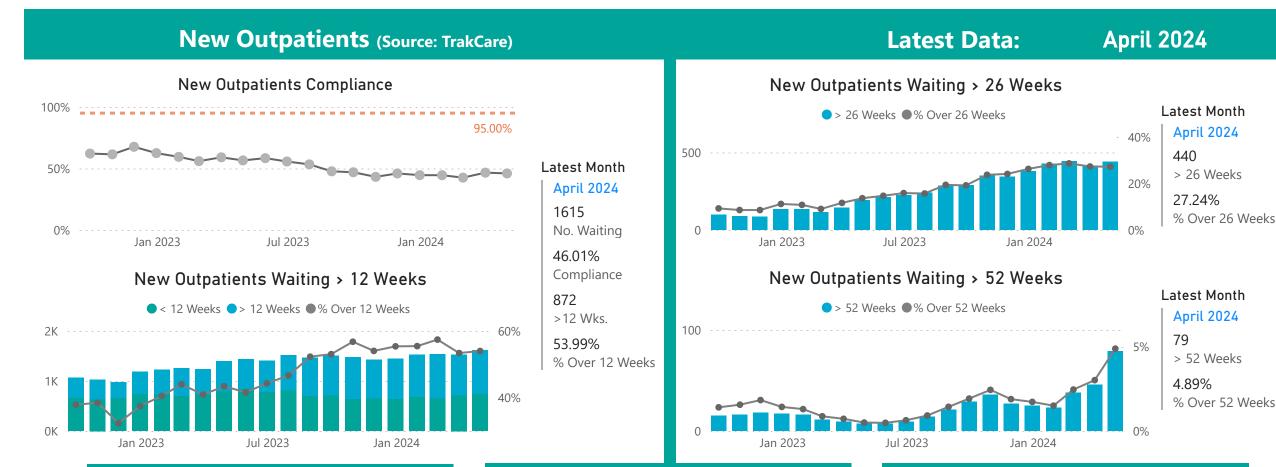
Increased capacity has resulted in a more proactive approach, with colleagues acting to clear/resolve invoice queries in a timelier manner.

Operational Standards

Section Lead(s): Medical Director - Anna Lamont Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute - Sam Thomas Director of Public Health - Louise Wilson

Comments	Successes	Challenges
 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 	• Discharge planning continues to focus on pre-noon discharge with current performance at 19.4% for weekdays and 27.8% for weekends.	 Lack of social care provision and residential beds availability and staff for both residential and care at home.
address waiting lists for General Surgery, Endoscopy and Pain Management.	 Additional to the consistently strong performance in relation to emergency access 4-hour waits, work continues to support 	 Review of Outpatient capacity required to address increasing waits for patients.
• The weekly waiting times meeting has been refreshed and changes implemented creating clinical ownership for those waiting. A review of the changes to understand the impact	unscheduled care to support NHS Orkney achieving above 95% for both minors and admitted performance.	 Ophthalmology is currently a challenge due to the existing arrangement with NHS Highland and their struggle to deliver the service required by NHS Orkney.
will be undertaken, with a view to identifying further improvements.	 No 12-hour breaches recorded against the National Performance Standards. 	

ddress increasing to the existing truggle to deliver



Issues/Performance Summary

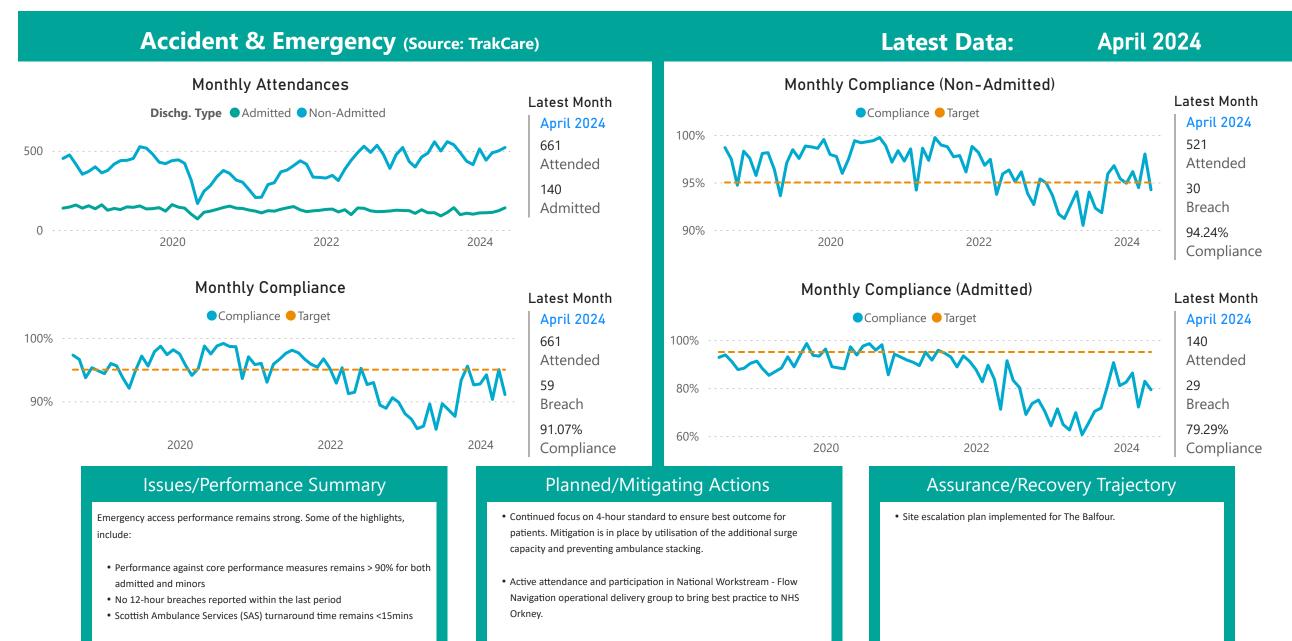
- The longest waits (those over 52 weeks wait) continue within Ophthalmology, Restorative Dentistry, Trauma and Orthopaedics, General Medicine, Oral Surgery, Oral and Maxillofacial Surgery and Pain Management.
- At the end of April 2024, 1,615 new patients are waiting to be seen in Outpatient Clinics, of this 79 patients have waited over 52-weeks for new Outpatient appointments. Of those waiting over 52 weeks, all of the Oral and Maxillofacial Surgery waits have appointments booked, combined with 11 oral surgery and 1 Trauma and Orthopaedic patient. Those 5 patients awaiting Restorative Dentistry appointments are expected to be appointed during Summer 2024.

Planned/Mitigating Actions

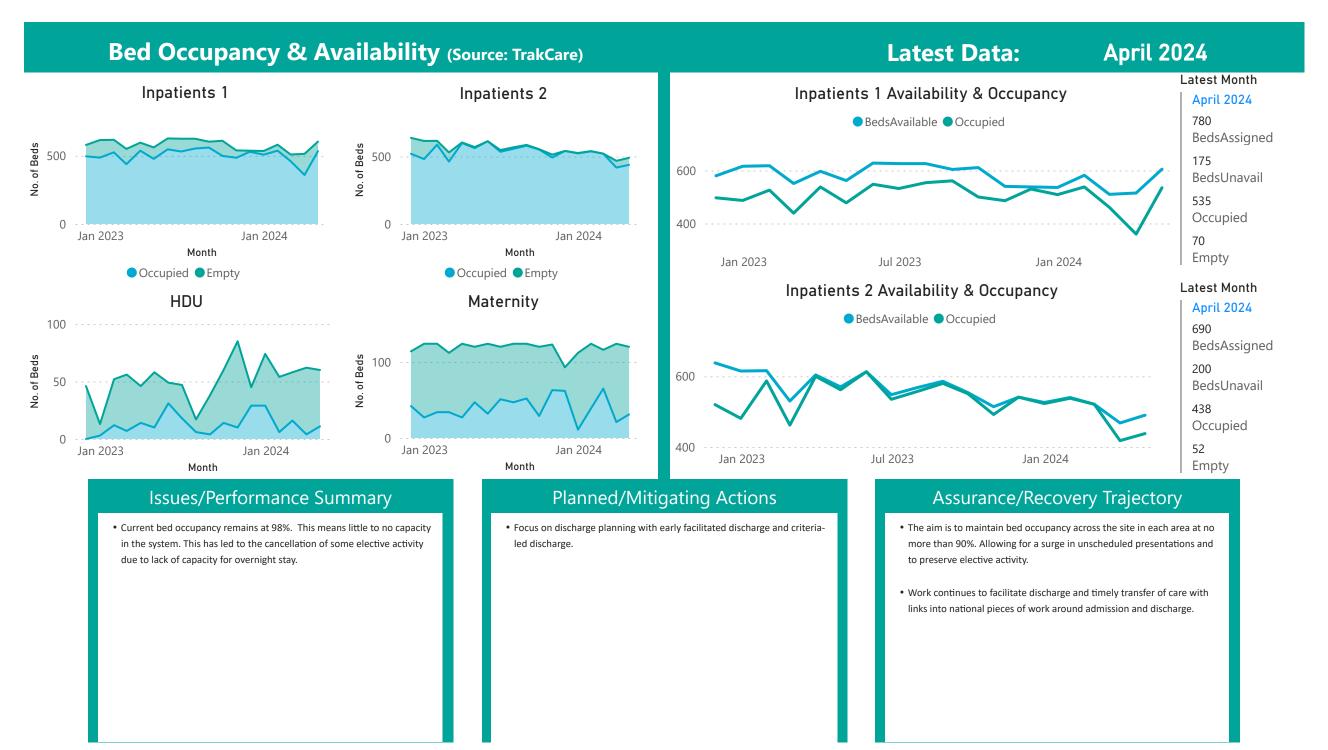
- Discussions continue to take place in relation to those Service Level Agreements which support activity around Trauma and Orthopaedics, Ophthalmology, Ear Nose and Throat, to ensure that they are fit for purpose and sufficient to meet the long waits and also the ongoing demand.
- A review of the space 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.

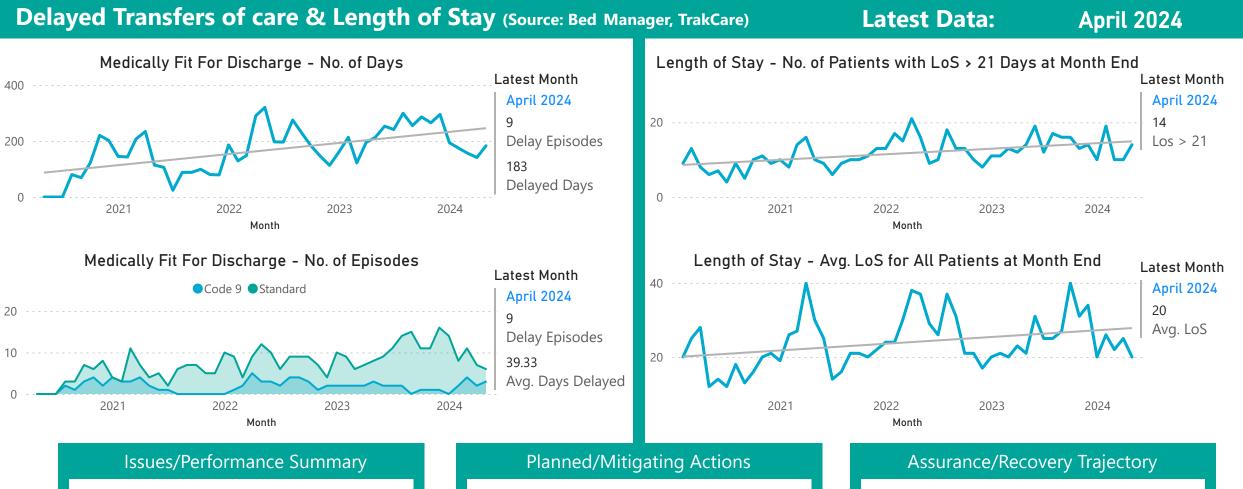
Assurance/Recovery Trajectory

 There are currently 5 restorative Dentistry patients who have waited over 104-weeks. We await final confirmation from NHS Grampian, but patients will be appointed at the earliest opportunity (estimated by Summer 2024).



 Peer review of Emergency Department service provision and staffing took place 28/29 February 2024. The final report is awaited and expected by the end of May 2024 for discussion at JCCGC in July 2024.

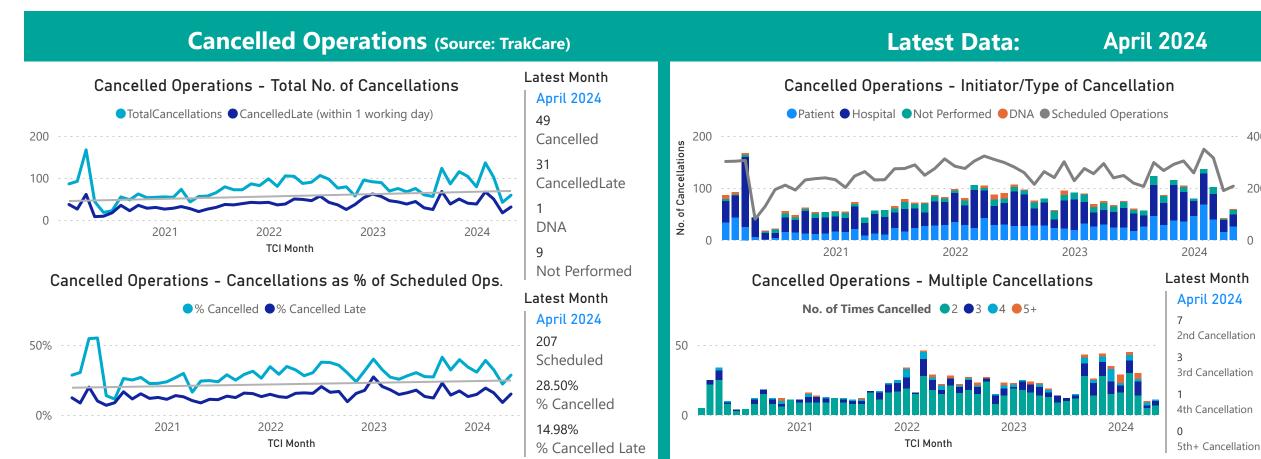




- Capacity challenges continue to be noted. Peaking at 8 delayed transfers of care with a reduction to 5 delayed transfers of care at time of reporting.
- The average length of stay is 13 days. This remains an improvement from 26 days in January due to delayed transfers of care.
- During April, unscheduled admissions due to frailty and associated core morbidities has increased.

 Weekly health attendance at Remote Monitoring and Management meeting.

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



Issues/Performance Summary

- The number of cancellations has fallen partly because there have been no weather related cancellations in March and April, and there were fewer cancellations of elective activity due to emergency call outs. One patient was cancelled in April due to inpatient bed capacity. Some patients were not fit for surgery on the day of the procedure, along with a few patients who did not want or were not suitable for surgery due to medication reasons.
- Some gynaecology and General Surgery lists continue to be underbooked due to few available patients on the waiting list. This situation is being looked at as part of the theatre utilisation improvement workstream.

Planned/Mitigating Actions

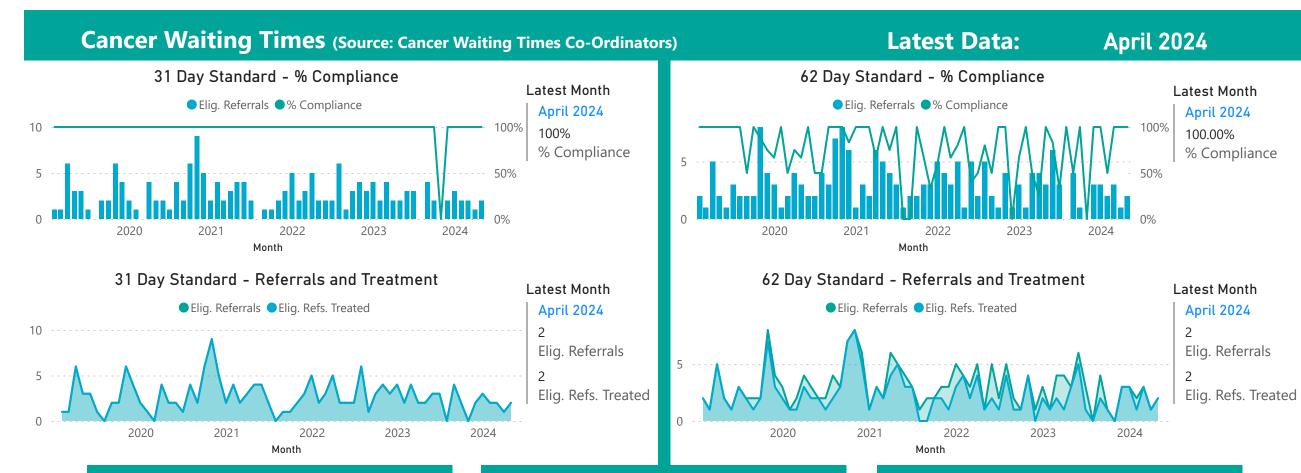
- A review of the data submitted to Public Health Scotland is undergoing.
- Theatre utilisation is being captured as a critical workstream for the Improvement Hub and will review the data and look to address obstacles to success.
- A review of multiple cancellations is being undertaken to obtain more clarity around the reasons for these.

Assurance/Recovery Trajectory

400

eduled Operation

- A review to ensure compliance against the Patient Access Policy is being undertaken.
- · Where possible, slots are filled with another patient when one is cancelled, so that slots are not left empty.



Issues/Performance Summary

Performance against both the 31-day and 62-day standards remains at 100%. Nationally NHS Orkney remains a positive outlier for meeting these targets however the small number of referrals tracked in this data means that trends in compliance with the standards would be late indicators of concern. To note that this data does not include cancer pathways referred to Aberdeen, which are tracked by NHSG. For North of Scotland boards combined, urgent suspicion of cancer referrals continues in line with national trends at 50 to 60% above pre-pandemic levels and are increasing further. The planned care plan for NHSO was provided to SG in April including projections of cancer care. The trajectory after efficiency and productive opportunities anticipates a small reduction in waiting lists for diagnostics, and a small increase in waiting list for planned specialist care.

Planned/Mitigating Actions

NHSO has Service Level Agreements (SLA) in place with NHS Grampian for many of our cancer pathways. Our 62-Day Cancer Performance for Orkney residents are often dependent on pathways and capacity of NHS Grampian. Cancer pathways as being scrutinised as part of a review of our SLA with NHS Grampian. Delivering better visibility of the patient experience for those being treated and supported via NHS Grampian pathways.

Cancer Waiting Times are reviewed as part of NHSO weekly Waiting Times meeting, and monthly meetings with SG.

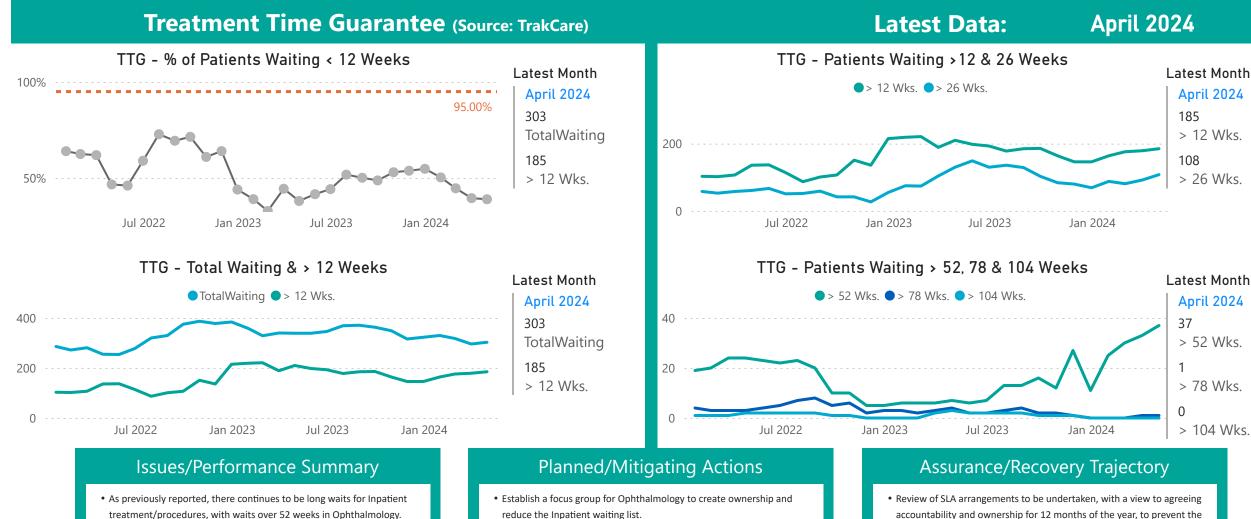
Assurance/Recovery Trajectory

There have been challenges in progressing with some elements of implementing the Effective Cancer Management: Framework, this reflects the time we are taking to ensure solutions implemented are fit for purpose and meet the needs of the people who are impacted by the changes.

Funding for the mobile MRI scanner visits is confirmed for this year only.

The improvement programme includes introduction of alternatives to endoscopy that are expected to increase diagnostic capacity and reduce waiting time.

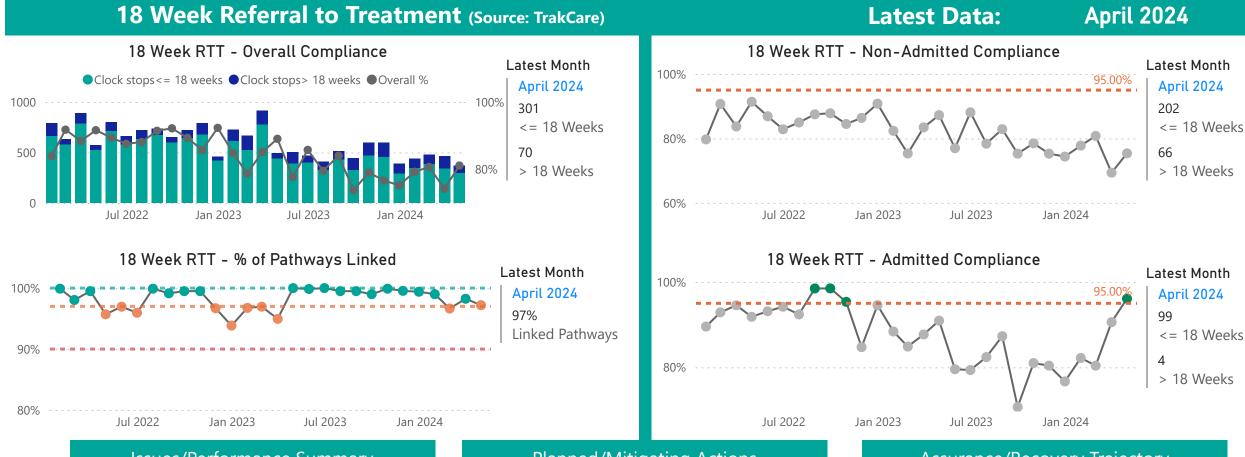
The cancer tracking team are working with NHS Shetland to align our monthly reporting templates to SG.



- The numbers waiting over 52 weeks towards the end of April 2024 was impacted adversely due to lack of SLA provision for the Ophthalmology service.
- The total list size has shown improvement for February at 303 compared to 318 at the end of February 2024
- Due to unavailability of consultant capacity through the SLA provision for Ophthalmology, at the end of April, there were 37 patients waiting longer than 52 weeks (all within Ophthalmology).

- 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.
- Formal SLA review meetings taking place on a monthly basis to discuss solutions for the unavailability to proceed the SLA service.
- Planned extra cataract surgeries due in June 2024, which will cover 3 of the 4 days missed at the start of the year. Also there will be more patients on the list than normal.

accountability and ownership for 12 months of the year, to prevent the variability at the end of the year.



Issues/Performance Summary

- Those services which reported above the 95% compliance of patients treated/ discharged within 18-weeks of referral at the end of April include Dermatology and Ophthalmology.
- Ophthalmology currently reports 100% compliance against the standard, this is an improved position from March where performance was 92.5%.

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 is progressing well and actions are on track.

Assurance/Recovery Trajectory

- A refreshed approach to Waiting Times has now been implemented which incorporates 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.

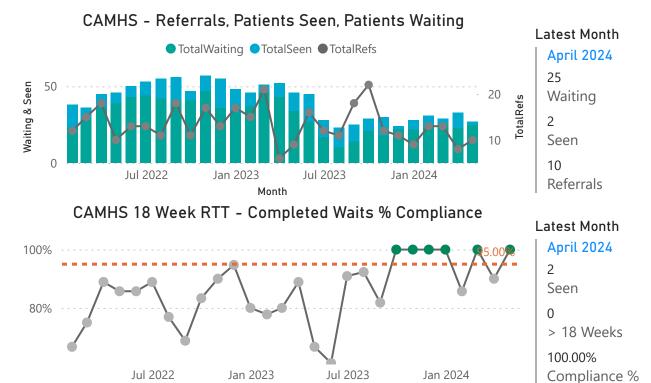
Community

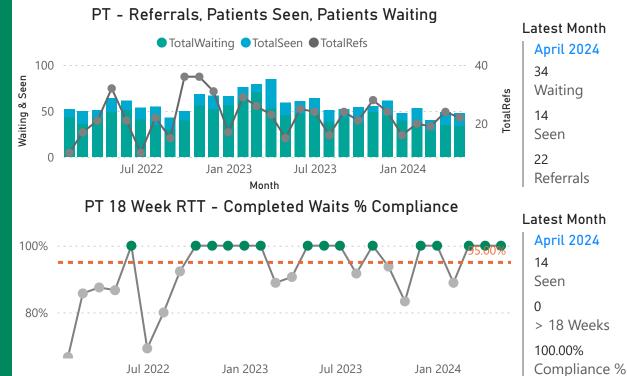
Section Lead: Chief Officer (Integration Joint Board) - Stephen Brown

Comments	Successes	Challenges
All community services continue to be stretched managing increased demand and presenting complexity. Superimposed on these pressures are shortages arising from vacancies and other absences.	Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies continue to perform well in relation to the referral to treatment times. Physiotherapy and Podiatry services have continued to make progress in reducing the average length of wait times.	Recent challenges in the process for locum arrangements has caused delays in supporting some of the services. Significant vacancies still exist in a number of key areas, most notably, Speech and Language Therapy and First Contact Physio.

CAMHS & PT(Source: TrakCare)







Issues/Performance Summary

 Both Child and Adolescent Mental Health Services and Psychological Therapies exceeded the referral to treatment time target for this month and performance continues to be relatively strong.

Planned/Mitigating Actions

 CAMHS and Health Improvement continue to work towards submission of CAPTND data in line with the national Public Health Scotland ask.
 Work is ongoing to use the Grampian configuration of TrakCare for CAMHS and agreement has been reached to further that development over the coming months.

Assurance/Recovery Trajectory

April 2024

 All efforts will be continue to meet the targets going forward but also achieve waiting times less than the national target. For the small number of patients who some months wait beyond the target time there is a valid and recognised reason for each individual.

MSK (Podiatry & Physiotherapy) (Source: TrakCare)

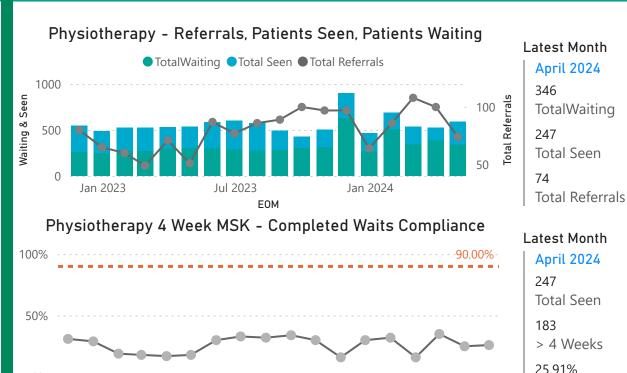
Podiatry - Referrals, Patients Seen, Patients Waiting TotalWaiting Total Seen Total Referrals 200 0 Jan 2023 La EOM

Podiatry 4 Week MSK - Completed Waits Compliance



Latest Month April 2024 84 TotalWaiting 17 Total Seen 16 Total Referrals

Latest Month April 2024 17 Total Seen 15 > 4 Weeks 11.76% % Compliance



Jul 2023

Latest Data:

Issues/Performance Summary

The continued absence of a First Contact Physio in Primary Care is contributing to the higher rates of referrals presenting to MSK Physio. Despite that, the service managed to see more people than were referred and has reduced the overall number of patients waiting. A piece of work has been undertaken addressing some of the patients with very long waits, reducing this cohort significantly. The overall waits against the 4 week waiting target remains far too low.

Podiatry MSK referrals are clinically triaged, with those high risk diabetes, active foot diseases clinically prioritised. Where there is significant risk or increased morbidity and mortality DNA rates have remained static and cause significant productivity losses. This is an average of 70 appointment slots per month. Longest waits are on an improving trajectory. The current podiatry resource for MSK is 0.4 WTE clinical time per week.

Planned/Mitigating Actions

0%

Jan 2023

- FCP post proposal for an Annex 21 option to attract and retain specialist clinician. SOP developed to address DNA patient levels. Service Access Policy being applied. Electronic patient booking and text alert system for all appointments would reduce DNA and cancellations. New to review ratio's benchmark as best performing across Scotland.
- Podiatry people being signposted to appropriate independent and third sector providers.

Assurance/Recovery Trajectory

% Compliance

Jan 2024

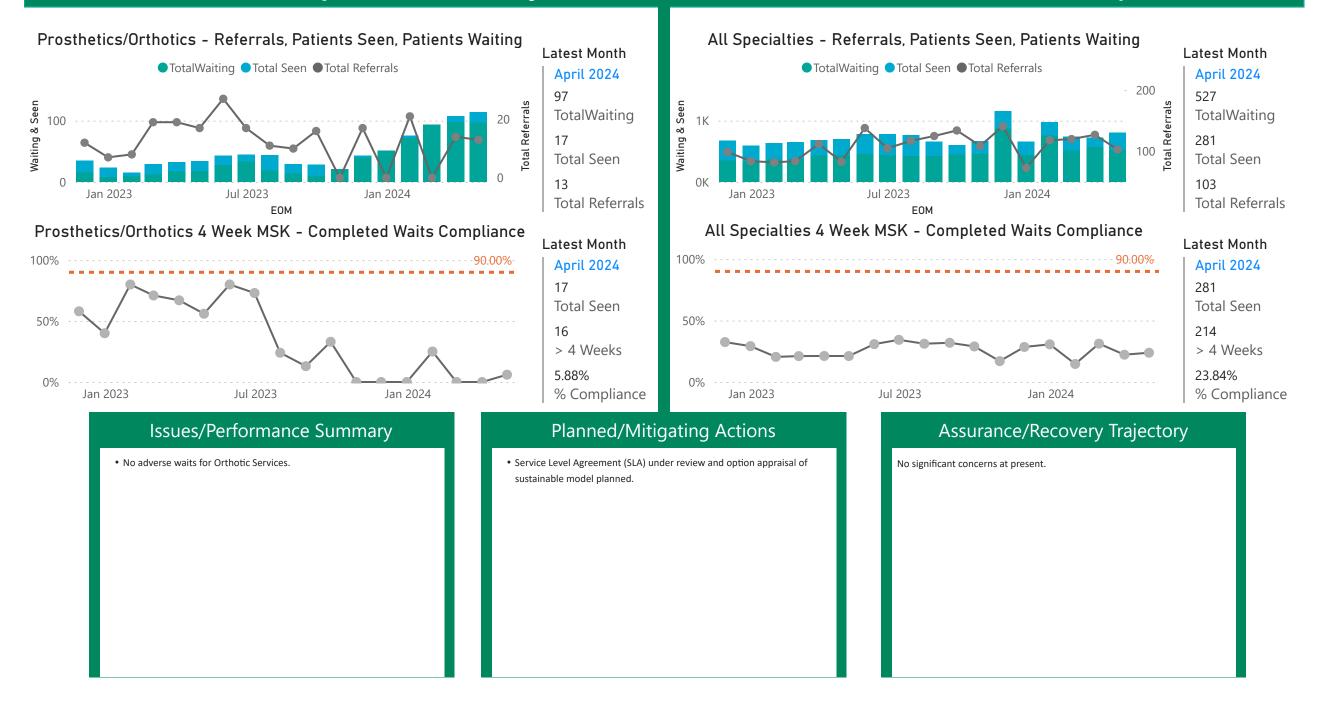
- Short term waiting list initiative is required to address legacy demand, improvement programme in physio continuing with dashboard development which is near completion along with triage work. Podiatry vacancy recruitment solutions to be explored. Vacancy impacts in both Physio and Podiatry MSK services. Physio dashboard now developed which will assist greatly in using the data to drive improvement and once embedded will be rolled out to other Outpatient Services. Although far from where we want to be, there are a number of pieces of recruitment that have happened, or are in the near pipeline. They will all work to support a stabilising of the staffing capacity to deal with the demand. This in turn will in the medium term start to reduce the waiting list and times
- Peripatetic Isles service proposal to address longest waits across Isles has been successfully undertaken

April 2024

MSK (Orthotics & All Specialties Summary) (Source: TrakCare)

Latest Data:

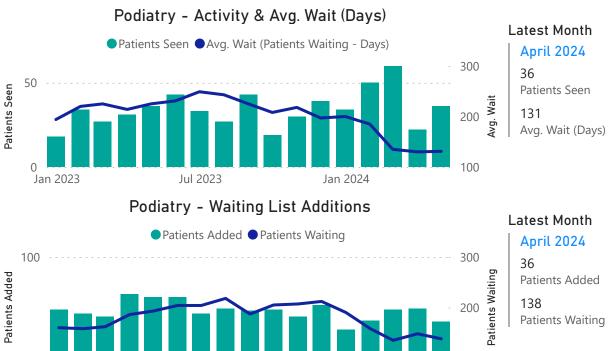
April 2024



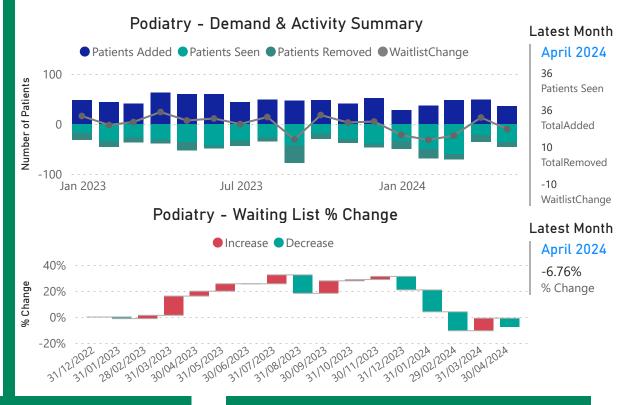
Podiatry (Source: TrakCare)



April 2024



Jan 2024



Issues/Performance Summary

Jul 2023

• The number of patients seen per month continues in an upwards trajectory with the overall waiting list and average waiting time coming down.

Planned/Mitigating Actions

100

• Review of DCAQ, actions to address DNA's such as access policy and patient electronic alerts. Continue/refresh education and footcare training with stakeholders. Implement CPR for feet, active recruitment to vacancy and wait list initiatives.

Assurance/Recovery Trajectory

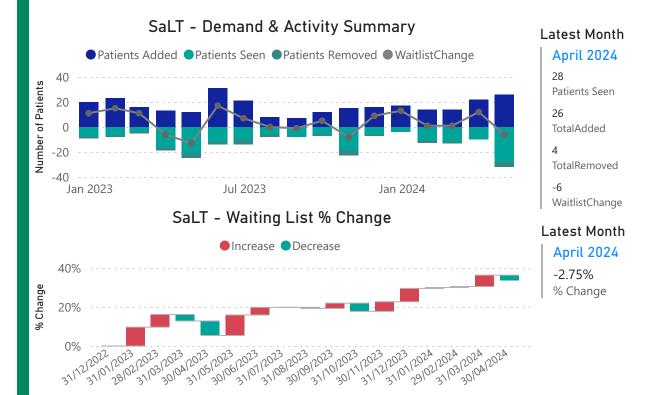
• High risk patients treated on time and in line with evidence, MSK targets will not be met and a national discussion on the relevance with this target is required through Chief Allied Health Profession Officer. The more and most significant work is footcare protection, prevention of active foot disease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

0

Jan 2023

Speech and Language Therapy (Source: TrakCare)

SaLT - Activity & Avg. Wait (Days) Latest Month Patients Seen Avg. Wait (Patients Waiting - Days) April 2024 40 500 28 Seen Patients Seen Avg. Wait 410 ^Datients 20 400 Avg. Wait (Days) 300 Jan 2023 Jul 2023 Jan 2024 SaLT - Waiting List Additions Latest Month Patients Added Patients Waiting April 2024 40 26 ^Datients Waiting ^Datients Added Patients Added 200 212 Patients Waiting Jul 2023 Jan 2024 Jan 2023



Latest Data:

Issues/Performance Summary

Data only captures new patient activity and not returns which has seen significant uplift in April with permanent recruitment in Paediatric and Secondment in Adults (until end July). ALD remains unstaffed due to maternity leave and no locum cover (post holder due back July 2024). Data includes all SLT: Paediatric, Adult, and Adults with Learning Disability which doesn't enable accurate reporting of issues affecting different aspects of service.

Data doesn't include inpatient figures. Overall waiting times in Paediatric for new referrals significantly breach recommended waiting times. April shows more balanced demand and capacity figures for new patients overall.

Planned/Mitigating Actions

Permanent recruitment in Paediatric SLT impacting waiting times mainly for priority returns at this stage. Paed service improvement plans for summer 2024. Locum approved for Paediatric SLT. Lack of capacity within team to currently support Paed locum which will be reviewed in summer. Secondment for Lead Adult (clinical, management, Adult service review) in place until end July 2024. Continued part time SLT remote input with rehab worker support).

Adults with Learning Disabilities no staff cover but locum request in place.

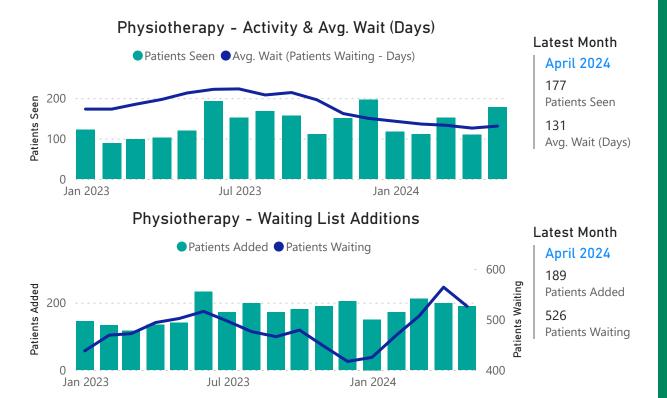
Assurance/Recovery Trajectory

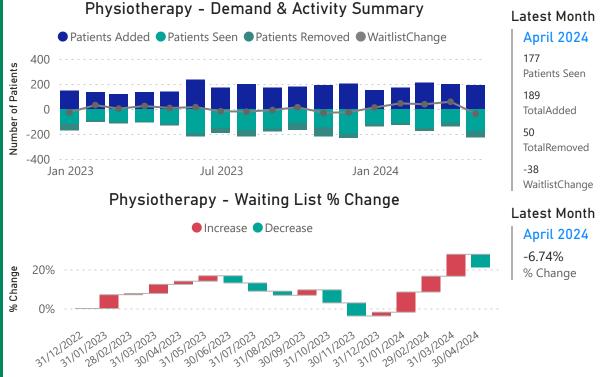
- Improvement and service review plans in place. Recovery trajectory for Paediatric waiting times will take time but planning in place and will be pursued in more detail in summer.
- Adult trajectory uncertain due to need for permanent staffing and current interruption to service review plans. Clarity being sought.
- Adults with Learning Disability will remain as is unless locum can be found which will impact waiting times for new and return patients.

April 2024

Physiotherapy (Source: TrakCare)







Issues/Performance Summary

 The whole Physiotherapy patient flow is most heavily influence by the issues described in MSK section. Despite the current pressures and a waiting list that has continued to grow over the last three months, there has been a gradual and steady reduction in the average length of wait. This has been helped by the service improvement work of the team.

Planned/Mitigating Actions

 Newly recruited Band 6 PT now in post split between wards and ICT. Dashboard for at a glance out-patient activity and performance has been completed, we just await final access with Power BI. Service standards being reviewed in line with best practice. Clinical Lead for PT will be in post at the end of May. Supervision training completed and sessions rolled out. Appraisal completion rates reviewed and actively managed. Documentation audits commenced.

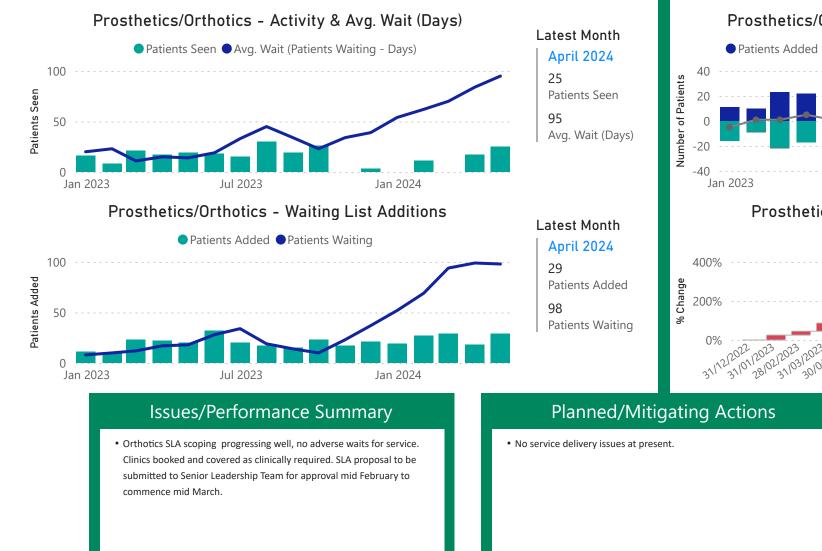
Assurance/Recovery Trajectory

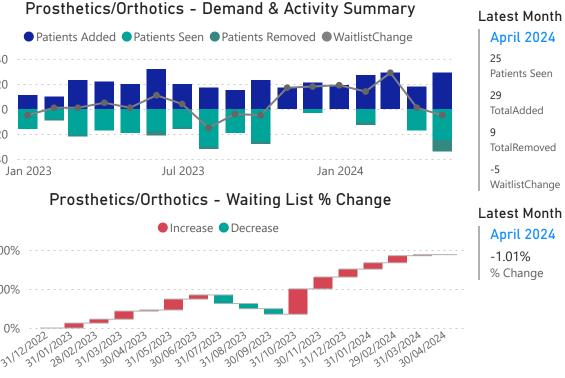
April 2024

 Clinical Lead commences on 20 May 2024, continue improvement work and option appraisal for most efficient effective models of person centred delivery. Recruitment to in-patient post also successful (commence April 2024) this will support timely rehab and discharge activity. These posts will also support weekend on call rota which can be challenging with a small team. Full respiratory /chest on call training (mandatory) planned for September. Ongoing service development work around building resilience within service by looking at developing core skills across all areas.

Prosthetics/Orthotics (Source: TrakCare)



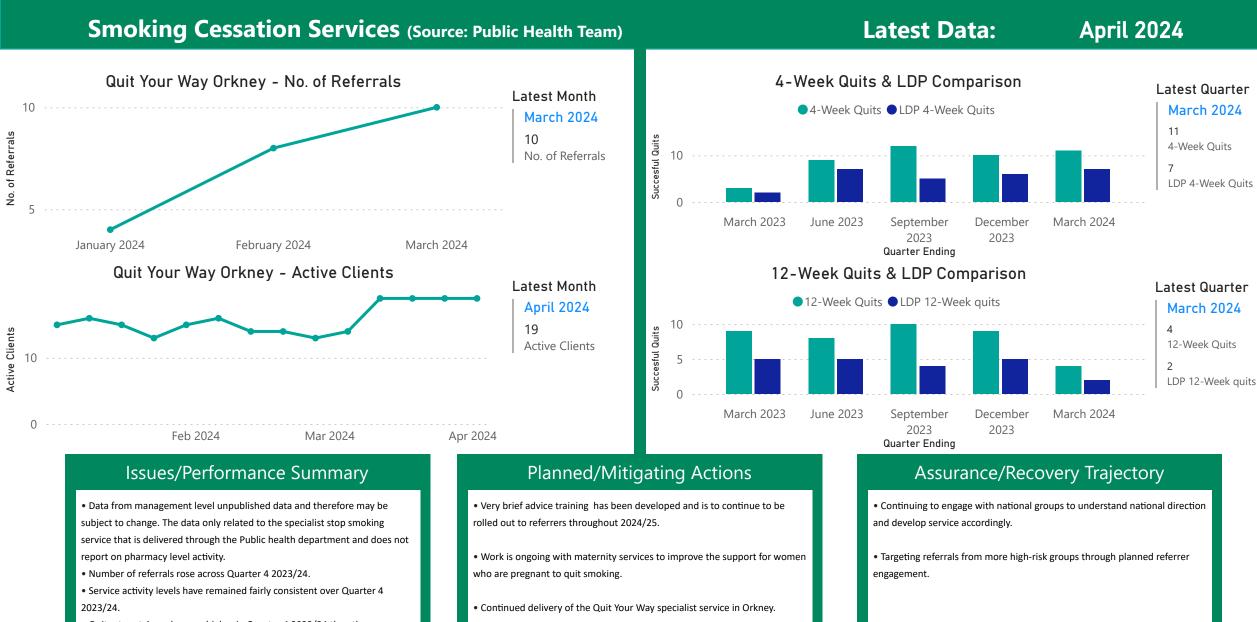




Assurance/Recovery Trajectory

• Anticipated cost reduction for the year 2024/25.

April 2024



• Quit rates at 4 weeks were higher in Quarter 4 2023/24 than the year previously, which potentially will translate to higher 12 week quits for this quarter compared to the same time last year as not all clients from Quarter 4 2023/24 have completed their 12-week course yet.

• There is a small seasonal pattern to successful quits.

Smoke Free Site Policy submitted to Senior Leadership Team.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Improving Together Efficiency Programme
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive Officer
Report Author:	Phil Tydeman, Director of Improvement

1.0 Purpose

This is presented to Area Partnership Forum for:

<u>Assurance</u> to provide an update on the Team Orkney: Improving Together programme progress for 2024/25.

This report relates to:

- Corporate Strategy 2024 2028 Potential, Performance, People, Patient Safety, Quality and Experience, Place
- Annual Delivery Plan 2024/25 (ADP)
- Annual Financial Plan
- Financial Sustainability

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

- Effective
- Person-centred

2.0 Situation

- 2.1 The purpose of this paper is to provide the Board with a progress update on the development of and implementation phase of the 2024/25 Improving Together efficiency programme.
- 2.2 NHS Orkney is required to deliver £4m (6%) in-year efficiency savings as part of its commitment to return to financial balance and achieve a model of financial sustainability. NHS Orkney have submitted a plan to the Scottish Government to deliver £2.9m recurrently (72%) and £1.1m (28%) non-recurrently this financial year. This represents a material step-change compared to 2023/24 where recurrent savings in 2023/24 were 24%.

The Board of Directors is asked to note:

- (a) progress of the 2024/25 Improving Together Programme and further work to convert pipeline ideas to 'in implementation' approved schemes.
- (b) the risk-assessment of the current programme and steps being taken to close the gap to £4m target.
- (c) on-going work to move towards a sustainable improvement hub without external support.

3.0 Background

3.1 NHSO Orkney has established its Team Orkney: Improving Together Programme for 2024/25, its associated governance framework and reporting and escalation processes. Focus now has firmly moved from the development phase to the implementation (or delivery) phase. The health board has committed to deliver £4m of in-year savings of which a minimum of £2.9m must be recurrent. The ambition is to exceed £4m of opportunities to mitigate any slippage associated with risk to delivery.

4.0Assessment

The 2024/25 Efficiency Programme

4.1 NHS Orkney has made good progress in developing its financial efficiency programme through May and June. At the time of writing, the programme has identified productivity and efficiency savings of £3.6m in-year and £3.9m full-year savings. This represents an £0.8m increase since May 2024. These have been risk-adjusted through discussions with workstream teams and therefore represent the 'base-case' scenario for in-year savings, although there are material and considered risks as detailed later in the paper.

Workstream	Executive Lead	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Full Year Effect
Cancer	Dr Anna Lamont	£0	£0	£0	£12,028	£12,028	£12,028	£12,028	£12,028	£12,028	£12,028	£12,028	£12,028	£108,248	£144,331
Diagnostics	Sam Thomas	£23,135	£23,135	£23,135	£23,135	£23,135	£42,898	£42,898	£42,898	£42,898	£42,898	£42,898	£42,898	£415,963	£514,781
Estates & Facilities	Laura Skaife- Knight	£0	£0	£0	£3,553	£3,553	£3,553	£3,553	£3,553	£3,553	£3,553	£3,553	£3,553	£31,974	£42,632
Outpatients	Dr Anna Lamont	£0	£0	£0	£0	£0	£0	£O	£0	£0	£0	£0	£0	£0	£0
Digital	Debs Crohn	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Pharmacy	Dr Anna Lamont	£27,675	£27,675	£27,850	£27,850	£27,850	£34,850	£32,675	£30,175	£30,175	£30,175	£30,175	£30,175	£357,300	£394,400
Procurement	Mark Doyle	£0	£2,600	£19,325	£26,825	£19,325	£19,325	£26,825	£19,325	£19,325	£26,825	£19,325	£26,825	£225,850	£261,900
Social Care & Community (IJB)	Stephen Brown	£52,083	£52,083	£52,083	£52,083	£52,083	£68,750	£68,750	£68,750	£68,750	£68,750	£68,750	£68,750	£741,667	£825,000
Workforce	Jay O'Brien	£129,361	£129,361	£208,888	£120,292	£120,292	£192,784	£117,784	£117,784	£187,294	£109,953	£108,504	£183,504	£1,725,801	£1,734,854
Total		£232,254	£234,854	£331,281	£265,765	£258,265	£375,187	£304,512	£294,512	£364,023	£294,182	£285,233	£367,733	£3,606,803	£3,917,898

- 4.2 Recurrent savings currently equate to £2.5m (69%) with £1.1m (31%) identified as nonrecurrent. This level of recurrency is nearly in line with the plan submitted to Scottish Government and focus and effort continues to progress ideas that improve this ratio.
- 4.3 Documentation for these schemes is now complete and will be subject to an on-going rigorous review process to ensure that the financials, key performance indicators and milestones are achieved.

4.4 A quality impact assessment has been completed for all schemes comprising the £3.6m savings and these have now been submitted to the QIA panel prior for formal review by the Executive Director for Nursing, Midwifery, AHPs and Chief Officer Acute Services and the Medical Director to ensure patient safety and staff health and well-being are safeguarded. This has been delayed as work with teams and clinical leads to complete the QIAs took longer than originally anticipated. Time has been scheduled with the panel and will meet prior to the end of June.

Risk Assessment of the current programme

4.5 The Improvement Team continue to risk-assess the current programme to determine the robustness of the savings profile and the potential downside scenario position. This is critical to inform the potential gap to target.

Indicative IY Savings Total	£3,606,803	Recurrent IY Total	£2,476,811	Non-Recurren	t IY Total	£1,129,992
Workstream	SRO	24/25 In-Year Total	Recurrent / Non-Recurrent	High Risk	Medium Risk	Low Risk
Cancer	Dr Anna Lamont	£108,248	Recurrent	£108,248		
Diagnostics	Sam Thomas	£138,345	Recurrent		£138,345	
		£277,618	Non-recurrent		£277,618	
Estates & Facilities	Laura Skaife-Knight	£31,974	Recurrent	£29,276		£2,699
Outpatients	Dr Anna Lamont	£0	Recurrent			
Digital	Debs Crohn	£0	Recurrent			
Pharmacy	Dr Anna Lamont	£357,300	Recurrent			£357,300
Procurement	Mark Doyle	£150,000	Recurrent			£150,000
		£75,850	Non-recurrent			£75,850
Social Care & Community (IJB)	Stephen Brown	£241,667	Recurrent		£125,000	£116,667
		£500,000	Non-recurrent			£500,000
Workforce	Jay O'Brien	£1,449,277	Recurrent		£350,000	£1,099,277
		£276,524	Non-recurrent			£276,524
Total		£3,606,803		£137,524	£890,963	£2,578,317

- 4.6 The programme has been hampered by a lack of financial input into the validation and phasing of savings, largely due to vacancies and current resource administering delivery of the annual accounts. While, there is a relatively robust level of confidence in green-rated savings (£2.7m) all savings still remain indicative and subject to finance authorisation. Finance team engagement remains the key risk to the programme and several steps have been taken to minimise additional risks:
 - (a) The Recovery Director has increased their time to the programme working alongside the finance team and the Improvement team to increase confidence in the figures presented.
 - (b) Dedicated meetings are being held to support the finance team capture savings linked to budget and account codes and to understand how to work with the programme tracker to capture savings.
 - (c) Additional resource has been secured from Scottish Government, at no cost to NHS Orkney, to provide two-days per week support to validate savings and model savings across our pipeline ideas.

- 4.7 This capacity risk within Finance has meant we have not validated month 02 savings actual against plan. Work is starting to evidence this and we fully commit to presenting both M03 and YTD actuals against plan in the next reporting cycle.
- 4.8 The current assessment is £2.7m is green-rated, £0.8m amber-rated and £0.1m red-dated for delivery. In stating this position:

Red-rating

- (a) £108k related to the introduction of a new cytosponge procedure (red-rated) that while an improvement in patient care and experience, it may not yield actual savings, pending a full-cost analysis being completed.
- (b) £29k relates to a validation exercise of external income currently underway that may impact on recruitment and retention efforts

Amber-rating

- (c) £138k relates to the expansion of an echocardiogram service in diagnostics is subject to clinical approval and recruitment of clinical staff.
- (d) £277k relates to the repatriation of MRI patients and this is dependent on patients being seen at NHS Orkney through increased capacity.
- (e) Across all workforce, we have assessed £475,000 as amber due to the challenge in reducing agency costs, in particular for medical staffing, although there has been excellent work to reduce nurse agency costs last year and this should continue.

Closing the gap to £4m

- 4.9 NHS Orkney is concurrently focused on scoping additional opportunities to bridge the minimum c£0.6m gap to target. The current trajectory is for all schemes to be written, locally approved and in-implementation by 30 June 2024 to further assure delivery of £4m in-year savings; however this remains a challenge despite a good list of opportunities.
- 4.10 Engagement with established workstreams continues with strong executive support to maintain visibility and emphasise the Improving Together Programme is one of the key strategic priorities for the organisation.
- 4.11 Development of these opportunities will be monitored through weekly or fortnightly workstream meetings as part of the agreed governance process with any issues addressed through the monthly delivery group or improvement board.

Strengthened pay and non-pay controls

- 4.12 Through May, a review of pay and non-pay controls occurred with agreement to strengthen and broaden executive decision-making across key spend categories. This has led to the expanded remit of the weekly vacancy control panel to now include:
 - All requests for substantive recruitment (includes new and replacement posts but excluding externally funded and business-case approved posts, Band 5 nurses and medical locum posts).
 - All requests for temporary recruitment (includes new/replacement of fixed-term posts)

- All requests for staff travel.
- All requests for overtime and excess hours.
- 4.13 Clinical overtime and clinical agency require the approval of the executive on-call out of hours and the Executive Director for Nursing, Midwifery, AHPs and Chief Officer Acute Services in-hours.
- 4.14 A weekly non-pay panel chaired by the Director of Improvement and supported by the Procurement Manager was established and continues to review all non-clinical non-pay expenditure.

Developing the Improvement Hub

- 4.15 The Improvement Hub is currently responsible for supporting the efficiency programme and will in the future hold responsibility for supporting and evidencing delivery of a wider set of strategic programme priorities. Work has already commenced to define this remit aligned to the Corporate Strategy for agreement by the Corporate Leadership Team and approval by Senior Leadership Team prior to presentation to this committee.
- 4.16 Establishing a substantive team within the Improvement Hub will reduce the current dependency on external consultancy support and move NHS Orkney towards a more mature state of governance, internal assurance and continuous improvement methodology as part of its core offering to clinical and operational teams. Development of this model is now underway with the expectation an investment proposal will be ready for review by the end of July 2024. This will ensure a continuity of resource and programme support to NHS Orkney ahead of the current external support exiting in December 2024.
- 4.17 Work is also underway to develop a quality improvement training programme for staff over the next twelve months building on the existing engagement with NHS Education for Scotland

Bright Ideas

- 4.18 There have been over 50 'bright ideas' come from staff across all areas and bands across the organisation. Each idea receives a response from the Improvement Hub and is tracked as part of our on-going opportunities.
- 4.19 There are now fortnightly promotions of bright ideas that have been taken into implementation that are shared via the hospital communications forums. The inaugural promotion was from the Stores Team around local efforts to reduce stock on the wards. The next promotion will be on reducing food waste, an initiative led by the facilities team.

5.1 Quality/Patient Care

Successful transformation delivers multiple benefits, from improved clinical outcomes and patient/service user experience, through to financial savings. The benefits of having a safe and effective Improvement function will be realised at an individual, Board, and whole system level.

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

5.2 Risk Assessment/Management

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

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

5.3 Equality and Diversity, including health inequalities

Central to our work is developing a culture of continuous improvement which has fairness and equity at its heart. Evidence that satisfies each of the six elements regarding Diversity and Inclusion as listed in the QIA guidance document:

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

5.4 Climate Change Sustainability

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

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

5.5 Route to the Meeting

This paper has been shared with Senior Leadership Team prior to submission to the Board and some elements of this paper have been shared with Finance and Performance Committee.

6.0 Recommendation

The Board of Directors is asked to note:

- (a) progress of the 2024/25 Improving Together Programme and further work to convert pipeline ideas to 'in implementation' approved schemes.
- (b) the risk-assessment of the current programme and steps being taken to close the gap to £4m target.
- (c) on-going work to move towards a sustainable improvement hub without external support.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Annual Delivery Plan 2024/25 Feedback
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Debs Crohn, Head of Improvement

1 Purpose

This is presented to the Board for a Decision.

Members are asked to

- i. <u>**Review**</u> the feedback from Scottish Government and the response from NHS Orkney
- ii. Approve the Annual Delivery Plan (ADP) 2024/25

This report relates to:

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

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

- Safe
- Effective
- Person Centred
- Quality

2 Report summary

2.1 Situation

Guidance was issued to Health Boards on 4 December 2023, outlining the requirements for the Finance and Delivery Planning Approach for 2024/25. Supplementary Advice: Delivery Progress Reporting was also circulated to Health Boards on 5 February 2024. The Delivery Framework aims to set out a clear set of indicators for which delivery against plans are reported, monitored, and discussed with Board. This paper provides an update on feedback from Scottish Government on our Annual Delivery Plan (ADP) 2024/24 submitted following discussion and agreement at the extra In Board Committee meeting held on the 14 March 2024.



Final feedback and sign off was received from the Scottish Government on 28 May 2024 (Appendix 1). Scottish Government acknowledge that whilst great progress has been made, the NHS continues to face significant challenges as we recover from the ongoing impacts of COVID, coupled with the current ongoing financial challenge which Boards are facing. The Scottish Government welcomes the approach being taken by the NHS Orkney Board to develop our service delivery and financial planning in an integrated way ensuring that patient safety and front-line services are appropriately prioritised whilst working within agreed budgets.

Within this context, the Scottish Government are satisfied that the Annual Delivery Plan outlined in Appendix 2 broadly meets their requirements and provides appropriate assurance under the current circumstances for NHS Orkney to proceed to seek final approval from the Board. Confirmation of receipt of the feedback was sent to the Scottish Government on 31 May 2024 (Appendix 3).

To help to support our continuous improvement, there is a need to provide additional assurance on some priority and development areas to drive improvements in future planning and delivery, as detailed in Appendix 1. Executive Directors have reviewed the feedback from the Scottish Government, with additional assurance being incorporated into the Delivery Plan in Appendix 2.

Approval of the plan is contingent on the understanding that the Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. Reducing planned care waiting lists remains a key Government priority, and the Board is asked to ensure our Planned Care plans maximise performance within the available resource envelope. Planned Care and reducing waiting times is a priority in NHS Orkney's Corporate Strategy for Year 1, consistent with this national priority.

Quarterly progress reporting against the Board's Delivery Plan will be shared with the Finance and Performance Committee and Senior Leadership Team in advance of assurance reporting to Board. The metrics included for reporting is data which Boards and the Scottish Government currently monitor performance against. Examples of the Key Performance Indicators have been captured in the plan.

The Delivery Plan has been co-produced by the Head of Planning, Performance and Information and Head of Improvement, in collaboration with members of the Executive Team and the Extended Senior Leadership Team.

This paper is brought to the Board to note the formal feedback from the Scottish Government (Appendix 1), the amendments made and to approve the Annual Delivery Plan for 2024/2025.

2.2 Background

NHS Orkney are accountable for monitoring our Annual Delivery Plan and managing associated risks and issues. We must ensure that arrangements for scrutiny and assurance are in place. This will be achieved via Senior Leadership Team, Finance and Performance Committee and the Board via quarterly progress reports. Scottish Government Officials will discuss progress against the Delivery Plans and variations from plans through twice-a-year joint Executive Team meetings (the first of which is on 24 June 2024).

The Delivery Plan has been refined following feedback from the Senior Leadership Team, Finance and Performance Committee and Board In-Committee meetings in February and March 2024. The actions and deliverables captured in the Delivery Plan are aligned to the 10 Recovery Drivers, the Delivery Plan also captures the 12 workstreams aligned to the Improvement Programme. The Delivery Plan will be used to track and measure progress for the Board's key priorities, mapped to the 10 National Recovery Drivers, Realistic Medicine, Improving Together Programme, the new Corporate Strategy 2024-28 and current Clinical Strategy.



2.3 Assessment

The Annual Delivery Plan has been developed in collaboration with Executive Leads and Heads of Service, capturing the work underway and planned which will address the areas outlined in the Delivery Plan Guidance, concisely. It is evident from the narrative there are key areas of focus for the organisation, none more so than Digital, with opportunities to drive innovation and improvement through digitalised solutions looking to drive efficiencies where possible. The document highlights areas of success for the organisation and some challenges faced by services in Orkney. For example, where capacity challenges are faced in terms of Dentistry and Optometry.

Feedback from the Scottish Government

Feedback from the Scottish Government has been reviewed by the Executive Leads, and the plan in Appendix 2 has been updated as follows:

Recovery Driver	SG Feedback	Executive Director Response
Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community	None	NA
Urgent & Unscheduled Care	None specific to the plan itself; however the Board should continue to work closely with the Scottish Government Unscheduled Care Policy and Performance Team to drive improved performance.	NA
Improve the delivery of Mental health support and Services	None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Mental Health Team to drive improved performance	NA
Delivering the National Cancer Action Plan (Spring 2023-2025)	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community should be outlined in the plan	There are several schemes being developed as part of the Improvement Programme which will support recovery and improve the delivery of planned care improving patient experience and bringing care closer to the patient's home. These include repatriation of the sleep apnoea service, Elastography & Ultrasound examinations, increased usage of the mobile MRI scanner and diagnostics examinations taking place on the ferry linked islands.



Enhance planning and delivery of the approach to health inequalities and improved population health	 The plan, whilst referring to drug and alcohol services, does not give an adequate account of the NHS Board's role and activities in delivering same. In order to provide sufficient assurance we would expect the Delivery plan to reference (as a minimum): An acknowledgement of/sign-posting to the overarching Strategic Plan(s) of the Alcohol and Drug Partnership(s) (ADP(s)) of which a representative of the NHS Board is a constituent partner and signatory and an acknowledgement that, per instruction from the Chief Operating Officer, NHS Board planning must include account of plans and provisions for alcohol and drug services; The NHS Board's commitment to continue to engage positively in collaborative planning with partners via the ADP(s) to provide joined-up services and support the aims and outcomes of our National Mission to reduce drugs deaths and improve lives; A breakdown of the commissioned responsibilities delegated to the NHS Board under the ADP(s) Strategic Plan(s) and an account of the strategy applied and resources deployed by the NHS Board to properly fulfil those responsibilities; As a minimum, we expect that might include strategy and resource deployed to reflect and achieve: the delegation of all funds allocated under the National Mission to the control of Integration Authorities, to be disbursed in accordance with ADP Strategic Planning; sufficient procurement and distribution of medicinal treatments (including, but not limited to: HAT, OST/OAT, Buprenorphine, Buvidal, and Naloxone); aspects of implementation on Medication Assisted Treatment (MAT) Standards 	Our Public Health team continues to work at a national level through the Healthcare Public Health Action Team and are active members of our Clinical Strategy refresh group to ensure we promote preventative health approach in Orkney. Once the national Population Health Plan is published, this will be reviewed to identify any additional population health work which should be implemented in Orkney. The Public Health Team are active members of Orkney's Alcohol and Drugs Partnership which is overseeing the implementation of the Medication Assisted Treatment (MAT) standards, delivery of the treatment target and access to residential rehabilitation. The Alcohol and Drug Partnership is currently chaired by the Chief Officer and the Partnership continues to link with the MAT Standards Implementation Support Team with input from the Medical Director and Director of Nursing. This local implementation work is led by a GP with special interest and is part of the formal governance review process with reporting through the Joint Clinical Care and Governance Committee. Progress is reported through the Joint Clinical and Care Governance Board to the Integration Joint Board and the NHS Board.



Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life	None	Director of Public Health
Implementation of the Workforce Strategy	None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning	NA
Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes	None	NA
Climate Emergency and Environment	None	NA
Finance and Sustainability	None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government Health Finance Team on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.	NA

The Board are asked to continue working with the Scottish Government to drive closer alignment between workforce and delivery planning.

2.3.1 Quality/ Patient Care

Effective Planning can help the organisation to deliver services which are fit for purpose and offer quality and patient centred care to those who need it most.

2.3.2 Workforce

People and Culture are key to creating and delivering plans which are achievable. Delivery Plans rely on those working within the service to identify opportunities to drive continuous improvement or indeed to celebrate where best practice is in place.

2.3.3 Financial

This delivery plan has been developed alongside our three-year financial plan and our Improving Together Improvement Programme. There are some areas where financial challenges may limit the level of success.



2.3.4 Risk Assessment/Management

There is a risk section in the delivery plan which describes risks which have been identified and may impact on delivery against the plan. There is a risk with the current financial situation that progress may be limited, this links to the Corporate Finance 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. Risks will be monitored and reviewed as part of the quarterly reporting cycle.

2.3.5 Equality and Diversity, including health inequalities

NHS Orkney seeks to address health inequalities through effective performance management. No EQIA has been completed against the Annual Delivery Plan – where individual pieces of work represent significant service, policy or process change an EQIA should be part of planning or development process.

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

The ADP has been produced in collaboration with section leads and Executive Directors. The Senior Leadership Team, Finance and Performance Committee and Board reviewed and discussed in February and March meetings; this update and plan submitted to SG captures the feedback received. Feedback from SG has also been reflected in the current version outlined in Appendix 2.

2.3.9 Route to the Meeting

This paper builds on the paper which was presented at the Senior Leadership Team, Finance and Performance Committee and In-Committee Board in March 2024.

• Senior Leadership Team – 3 June 2024

2.4 Recommendation

Decision - Members are asked to:

- iii. <u>Note the feedback from the Scottish Government and the response from NHS Orkney</u>
- iv. <u>Approve</u> the Annual Delivery Plan (ADP) 2024/25 (following Scottish Government approval)



2 List of appendices

The following appendices are included with this report:

- Appendix 1, Letter from Scottish Government confirming approval of NHS Orkney's Delivery Plan 2024/25 received on 28 May 2024
- Appendix 2, NHS Orkney Delivery Plan 2024/25 V1
- Appendix 3, NHS Orkney response to Scottish Government 30 May 2024

NHSScotland Deputy Chief Operating Officer



Paula Speirs T: 0131-244 2480 E: dcoohealthplanning@gov.scot

28 May 2024

Dear Laura

NHS ORKNEY DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.



To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of *'Priority Areas'* where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of *"Development and Improvement Areas"* which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely

Parla

PAULA SPEIRS NHS Scotland Deputy Chief Operating Officer



2



Annex A – Scottish Government Feedback

Recovery Driver	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
Priority Areas	
None	
Development and Im	provement Feedback
service will look like in Advanced Nurse Pract use of virtual consultant delivery, and will be he In terms of Primary Ca to the pausing of Primary Orkney significantly as is no action included to be utilised/considered.	g a full review of Out of Hours services to look at the current processes and what the the future. This will include service redesign and exploring the possibility of an titioner supporting Care Homes preventing avoidable hospital admissions utilising the cons. It is unclear at this stage if this may present any issues that may impact service elpful to have more information on this. The Mental Health, the Delivery Plan highlights robust plans had been developed prior ary Care Mental Health & Wellbeing Services funding. They state this has impacted a they did not have any form of Primary Care Mental Health Service Underway. There is show if any further planning/discussion has taken place or if alternative resource can Whilst it is understood this will be subject to national funding, the plan is light on
or future planning for t	hat services are available to people accessing Mental Health Support in Primary Care his.
exemption has been g additional service capa doing all they can loca	aucoma Service, Scottish Government are aware of the issues in Orkney, and an ranted to not provide a community glaucoma service until there is a resolution to acity. Scottish Government have advised they are confident and assured the Board are Ily to attract additional capacity, regular briefings take place with our local MSP to gress, and he remains assured all efforts to resolve the situation are being explored.





Recovery Driver	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
Priority Areas	

None specific to the plan itself; however the Board should continue to work closely with the Scottish • Government Unscheduled Care Policy and Performance Team to drive improved performance.

Development and Improvement Feedback

There is clear understanding of the financial and workforce/resource context and also alignment to the Urgent and Unscheduled Care improvement portfolios. A minor risk noted around inability to further develop HaH without additional recurring funding.





None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government Mental Health Team to drive improved performance.

Development and Improvement Feedback

NHS Orkney's Delivery Plan outlines at a high level the change expected to be seen and the Scottish Government have been supporting the NHS Board to achieve over the last few years. The Health Board/IJB have made significant strides over the last two years to improve the quality of data they hold and submit to PHS against reportable targets - it is positive to see they plan to take this to the next step with increasing CAPTND capability.

It is also positive to see the work being undertaken on upskilling the workforce to provide a greater degree of care on Island, where recruitment can be a challenge. Also welcome the positive work to review and improve the Transfer Bed following MWC report.

It is recognised that the Board have financial management challenges, however, it would be positive to see plans on how it might be possible to increase spend on MH and CAMHS increase closer to 10% and 1% of frontline spend respectively.

Routine calls have informed the Scottish Government that the Board approved plans for a Liaison Team, which will help manage the transfer bed and improve the service offered there in line with the MWC report. However, the organization have had challenges in locating the c.0.250m that it would cost to support this service. It would be a positive step if they could fund this as it would provide much needed reinforcement to a fragile service and improve the general staff morale which can be hampered by repeated Transfer Bed activity and the requirements to stop planned care, have leave cancelled and work long + repeated shifts.





None immediately specific to the Delivery Plan; however the Board should work with the Scottish • Government Planned Care Policy and Performance Team on actions needed on their associated Planned Care Plan.

Development and Improvement Feedback

Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.





• None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Cancer Access Team* to drive improved performance.

Development and Improvement Feedback

The Plan acknowledges most national cancer policy priority areas, as outlined in the guidance, including the Framework for Effective Cancer Management, optimal diagnostic pathways and Rapid Cancer Diagnostic Services. However, the Plan would benefit from more detail on impactful action that will result in improved performance and patient outcomes.

The Board commits to deliver optimal diagnostic pathways by December 2024, and to review the SLA with Grampian, by June 2024. It is questioned as to how realistic these timescales are, and the Scottish Government Cancer Team will pick up on this as part of ongoing engagement.

It would be helpful to have an indication of the timescale associated with establishing a Rapid Cancer Diagnostic Service. It is suggested that there is a reliance on Grampian and are waiting on wider considerations in the North, and more information on this would be useful.

It is accepted that there is not a Single Point of Contact pilot project in Orkney but that there is in Grampian and that is where most people receive treatment. However, the principles of SPoC are about ensuring good communication with the person affected by cancer and across care settings. This is all the more important in shared care examples and so some detail would be expected on how these principles are assured through ways of working in Orkney.

There is no reference to rehabilitation nor is there reference to the Psychological Therapies and Support Framework within the return.

Reference to clinical management pathways is welcome and hope that the QI improvement project will use ones developed so far as a foundation. Welcome the reference to the Oncology Transformation Programme and continue to welcome their support in developing a new service for oncology with positive influence on SACT delivery.

Scottish Government officials will seek the necessary assurances and detail of actions that will be undertaken through alternative channels, including the Planned Care Plan feedback process (particularly in regards to cancer waiting times trajectories and FECM delivery).



Pagayary Drivar	Enhance planning and delivery of
Recovery Driver	population health

The plan, whilst making reference to drug and alcohol services, does not give an adequate account of the NHS Board's role and activities in delivering same. In order to provide sufficient assurance we would expect the Delivery plan to reference (as a minimum):

- An acknowledgement of/sign-posting to the overarching Strategic Plan(s) of the Alcohol and Drug Partnership(s) (ADP(s)) of which a representative of the NHS Board is a constituent partner and signatory and an acknowledgement that, per instruction from the Chief Operating Officer, NHS Board planning must include account of plans and provisions for alcohol and drug services;
- The NHS Board's commitment to continue to engage positively in collaborative planning with partners via the ADP(s) to provide joined-up services and support the aims and outcomes of our National Mission to reduce drugs deaths and improve lives;
- A breakdown of the commissioned responsibilities delegated to the NHS Board under the ADP(s) Strategic Plan(s) and an account of the strategy applied and resources deployed by the NHS Board to properly fulfil those responsibilities;
- As a minimum, we expect that might include strategy and resource deployed to reflect and achieve:
 - the delegation of all funds allocated under the National Mission to the control of Integration Authorities, to be disbursed in accordance with ADP Strategic Planning;
 - sufficient procurement and distribution of medicinal treatments (including, but not limited to: HAT, OST/OAT, Buprenorphine, Buvidal, and Naloxone);
 - o aspects of implementation on Medication Assisted Treatment (MAT) Standards.

Development and Improvement Feedback

As above.

the approach to **health inequalities** and improved



Recovery DriverTake forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.	
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None

Development and Improvement Feedback

The plan does not provide any reference to how eligible families will be offered Child Health Reviews. Latest published data (22/23) on coverage of Child Health Reviews shows approx. only half of children in NHS Orkney receiving a review at 4-5 years. It would be helpful to have some information from the Board on how they aim to increase and maintain coverage across all reviews.

On the Women's Health Plan, it is welcome that the plan clearly sets out current work and next steps as well as confirming the role of the local lead. The Delivery Plan states "Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol' is listed but the connection with the priorities in Women's Health Plan isn't acknowledged. In addition, it would also be good to see more read through to other health inequalities work - unclear if 'anchors' includes a gender lens approach.





None immediately specific to the Delivery Plan; however the Board should continue to work with the • Scottish Government to drive closer alignment between workforce and delivery planning.

Development and Improvement Feedback

The workforce related actions/workstreams mentioned within NHS Orkney delivery plan appear realistic and achievable. NHS Orkney have a number of initiatives to expand recruitment within Board including the use of modern apprentice schemes to expand job training roles.

The Delivery Plan offers sufficient high-level assurance of activity for policy area of interest. While information provided was high level it was insightful to NHS Orkney's planned workforce objectives and planned delivery actions.





Recovery Driver	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes		
Priority Areas			
None			
Development and Improvement Feedback			
Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety			

Programme by March 2026 as mandated in the Scottish Government's Directors Letter (2024) 3





Recovery Driver

Climate Emergency and Environment

Priority Areas

• None

Development and Improvement Feedback

Welcome that the Board have indicated their intention to improve biodiversity across all sites. Additionally, the Board has outlined that all but two of the NHSO doctor's surgeries will incorporate small areas of specific Orkney meadow.

The Board mentions linking adaptation to climate change with other strategies and the enhancement of the resilience of their healthcare assets and services, but further information would be helpful. Additionally, they do not reference their Climate Change Risk Assessment and Adaptation Plan, which could have been integral components of their initiatives.

It is encouraging to note that a compliance officer has attended the ISO14001 Foundation Course Training and is working towards updating the EMS compliance/legal register, however, as EMS is a full management system for the environment, a number of other documents including an environmental management policy needs to be developed. No further actions for EMS implementation across the Board, or plan with timescales, has been included.

Fleet decarbonisation/sustainable travel is well developed in NHS Orkney and the Board is an exemplar of what can be done when the right level of focus is placed on it.

NHS Orkney are due to decarbonise all owned properties by 2025. Although the Delivery Plan does not specify further actions on reducing building emissions, based on the ongoing work NHS Orkney are undertaking and their overall emissions, the Board aligns with current Scottish Government and NHS Scotland expectations.

The detail around waste management is light, however it is recognised that the team on site do significant work in this area, engage well with national groups and Assure, and have been doing work on education within this area. NHSO have a good relationship with their local authority and are keen to develop further some of the innovation within this area.



None immediately specific to the Delivery Plan; however, the Board should continue to work with the • Scottish Government Health Finance Team on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.

Development and Improvement Feedback

As above.





Supporting Theme Value Based Health & Care

Priority Areas

None •

Development and Improvement Feedback

Realistic Medicine firmly embedded throughout this Delivery Plan and clearly viewed as an enabler of recovery and reform. The Delivery Plan demonstrated real commitment to supporting the workforce to practise Realistic Medicine in order to deliver better value care through their local Realistic Medicine Plan. This is precisely the approach we'd like to see, with Boards recognising the benefits that Realistic Medicine and Value Based Health and Care can deliver. The Board should be commended.









Board Annual Delivery Plan 2024/25

Context

The core aim of this year's NHS Scotland Annual Delivery Planning Guidance (**see Appendix A**) is to support Health Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 24/25 which are aligned to their Three Year Financial Plans and to ministerial priorities as set out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026, <u>"Equality, opportunity, community: New leadership - A fresh start"</u>

As set out in "<u>NHS Scotland Delivery Planning Guidance 2024/25</u>" (issued on 4 December 2023) a key mechanism against which the progress and impact of our 2024/25 Delivery Plan will be reported is via a forthcoming "NHS Board Delivery Framework".

The DRAFT NHS Board Delivery Framework (see Appendix B) has a clear set of Key Performance Indicators (KPI's) with progress being reported through the NHS Scotland Planning and Delivery Board. Local monitoring and reporting of our delivery plan will be through our newly established Integrated Improvement Hub who report directly to the Board via the monthly Finance and Performance Committee.

The guidance confirms whilst flexibility can be applied locally, plans must reflect the needs and challenges of Orkney's Health and Social Care system.

National Recovery Drivers

NHS Orkney's annual delivery plan sets out our commitment to delivery of the 10 National Recovery Drivers, this is done alongside the <u>Value Based Health</u> <u>& Care Action Plan</u> published in November 2023. Our approach to service delivery is underpinned by the principles of Realistic Medicine (**see Appendix D**, Draft Realistic Medicine Action Plan 2024-25), encouraging our workforce to deliver outcomes that matter most to the people we care for using evidencebased choices on how we use the resources available, listening to and supporting colleagues and the people we care for to make informed choices about the care that is right for them.

Corporate Strategy 2024/28 – What matters to our community.

In April 2024, NHS Orkney launched its Corporate Strategy 2024-2028 which aligns with our ADP, builds on the themes and actions that were clearly set out in the Chief Executives Officer's 100-Day Plan. Our Corporate strategy has five strategic objectives:

People

• By 2028 we will: ensure NHS Orkney is a great place to work.

Patient safety, quality, and experience

• By 2028 we will: consistently deliver safe and high-quality care to our community.

Performance

• By 2028 we will: within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively.

Potential

• By 2028 we will: ensure innovation, transformation, education, and learning are at the forefront of our continuous improvement.

Place

• By 2028 we will: be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community.

Our Corporate Strategy is our "organisational compass" ensuring there is constant synergy to our planning and performance which builds on existing plans, priorities, and progress, and does not introduce new plans, so we are able to continue our continuous improvement journey and seek to build a sustainable future.

Service Sustainability

Consideration has been given to each of the KPI's outlined in **Appendix B** and how the actions being delivered across Orkney's Health and Social Care system will progress us along the path towards recovery and renewal as set out in the <u>Re-mobilise</u>, <u>Recover</u>, <u>Re-design</u>: the framework for NHS Scotland. and achieve improved service sustainability.

Risks

Our 2024/25 delivery plan has been developed alongside the NHS Scotland Financial Plan 2024/25 Guidance. It takes into consideration the 25 recommendations from the Rapid Review undertaken following financial escalation to Level 3 of the <u>NHS Scotland support and intervention framework</u> in November 2023.

Our 2024/25 Improvement Programme is clearly aligned to the 3-Year Financial plan and has 12 workstreams which together with our local delivery plan will ensure delivery is affordable, within our financial envelope and supports the required actions to achieve a 6% stretch target of savings on baseline budgets, improving our forecast outturn position as reported at the start of 2023/24. Whilst our Improvement programme has 12 workstreams, we will focus on 2-3 projects which will make the biggest impact across our health and social care system.

On occasions, a lack of access to robust data is having an adverse impact on the Board's ability to plan for 2024/25. A review through Public Health Scotland (PHS) resulted in a focused piece of work being undertaken by our Integrated Improvement Hub as access to accurate and timely data is a key requirement for effective decision making. A data quality improvement plan is in place following those recommendations from the PHS review and is on track. We have additional strategic and technical leadership with the appointment of a Head of Patient Safety, Quality and Risk in February 2024, and a substantive Medical Director in January 2024.

Effective digital applications are key priorities to both supporting and delivering high quality data reporting, some examples include review of Trakcare, the full implementation of the Allocate e-roster system, and re-provisioning of GP IT in primary care, whilst nationally commissioned these carry cost pressures for implementation. There are risks that without sufficient training and education resource that quality improvements will be challenging to realise within an effective period.

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

Joint Workforce, Finance and Service Planning

To support and enhance our planning processes across the organisation, we held collaborative planning sessions. The objective of the sessions was for the Planning Leads from Digital, Finance and Workforce to engage with service leaders, to gain an understanding of the challenges they face and to understand any changes which may impact on the current workforce plan or the Financial Plan and key areas of focus moving forward. During the discussions, there was an emphasis on service improvements and efficiencies across the organisation, alongside identifying opportunities for colleagues to develop new skills. This has been reflected in the delivery plan narrative.

The organisation has identified 12 different workstreams which are detailed below, which are being collaboratively pursued with Viridian Associates. Among these workstreams there is a workforce stream, which is being overseen by the Director of People and Culture as the Senior Responsible Officer. The goal of this workstream is to help the organisation move forward by gaining a true understanding of the workforce establishment which will in turn will support plans which are fit for purpose now and in the future. This review will require further collaboration between the People and Culture and Finance Teams, with both working closely with managers across the organisation to fully explore the position.

Workstream	SRO	Summary of Workstream
Cancer	Dr Anna Lamont	These include Scottish specific reviews of "North of Scotland" costs and "Realistic Medicine" for cancer, the implementation of a 62-day target regional tracker and outliers in activity analysis.
Diagnostics	Sam Thomas	6 Radiology, Pathology, Echocardiology and Audiology schemes identified which include service reviews and repatriation of services from off-island. Schemes to be costed-up and validated and some require updated business cases.
Digital Transformation	Debs Crohn	13 schemes identified for working-up for POAPs, majority of which will need a business case. These include Scottish Government national digital programme implementation rollouts and return on investment of current hardware and software within the organisation.
Estates & Facilities	Laura Skaife- Knight	17 schemes identified within the Workstream including reviews for workforce, SLA's, processes, services, and income. Plus, workforce restructures, Catering choice and charges and Balfour room utilisation to enable repatriation of some services from the Scottish mainland.
Finance	Mark Doyle	Schemes to include standardisation of processes and reports, identifying non-recurrent opportunities, funding streams and moves to capital.
Length of Stay (Flow)	Sam Thomas	Cross-cutting schemes identified which improve the front to back-door services and further into the community. These include various process and service reviews and activity data utilisation to inform this complex Workstream.

Outpatients	Dr Anna Lamont	Key to the schemes will be the analysis of the activity data, which will enable the identification of outliers and repatriation of some services on-island and reduction of off-island appointments which could be completed in PODs in the Balfour and the community.	
Pharmacy		Focus on move from proprietary to generic medicines (inclusive of biosimilars), script switches, community dressings and promoting joint formulary to support cost effective medicines. Opportunity also in polypharmacy review, non-medicine spends, and increased specialist nurse support.	
Procurement		9 schemes identified, including budget and purchase controls, stock level and storage management. Sche be costed-up and validated.	
Social Care & Community (IJB)	Stephen Brown	Schemes to include system efficiencies and improved working processes. There is a lack of capacity, support to be identified to progress schemes at pace.	
Theatres	Sam Thomas	10 complex cross-cutting schemes have been identified. Focus on improving utilisation against identified issues such as DNA's, cancellations, non-availability of equipment, capacity, clinical and service reviews.	
Workforce	Jay O'Brien	Schemes will be based on active recruitment and analysis of workforce against activity and finances to baseline and right-size the establishment, whilst incorporating the Safer Staffing legislation. Focus on hard-to-fill recruitment strategies, agency reduction, capped locum rates and direct engagement.	

Managing Interdependencies / Monitoring & Measuring our Performance

Managing interdependencies is crucial for ensuring the successful delivery of the actions listed in our ADP and that our plan stays on track. To ensure we effectively manage interdependencies we have analysed and mapped the deliverables to our Corporate Strategy and Improving Together Programme to identify the interdependencies between tasks and activities and to understand which tasks rely on others for completion or are impacted by the outcomes of other tasks.

We have worked with delivery leads to establish clear milestones, those target dates are based upon when we would aim to see meaningful change, in terms of the action. This will allow for effective tracking of progress and help in identifying any delays or bottlenecks early on. The key to managing interdependencies is effective communication. Our Senior Leadership Team (SLT) meetings will be the forum for managing interdependencies and the place where we keep stakeholders informed about any changes or delays that may impact overall delivery. Key milestones will be discussed at monthly performance review meetings to understand progress being made, performance against plan will be monitored through the SLT, Finance and Performance Committee with assurance provided to the Board on a quarterly basis.

Measuring our Performance

Each action in the delivery plan will be measured via a quarterly summary performance scorecard and given one of the following RAG ratings by the responsible Executive Director.

Status								
	Significantly delayed.							
	Actions not implemented.							
	 Deliverables and improvements not achieved. 							
	 Priority will not be delivered within original timescale requiring a minimum of two 							
Red	additional quarters to achieve.							
	Partially delayed.							
	Some actions implemented.							
	 Progress towards deliverables and improvement evidenced. 							
	 A clear plan with mitigations in place to bring the priority back in line with original 							
Amber	timescale or delivered within one additional quarter.							
	Remains on track							
	Actions implemented.							
	 Stated deliverables and improvement evidenced. 							
Green								

1. Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Delivery of core Primary Care Services

As part of Improvement Programme, over the next 12/18 months we will undertake a review of all our Primary Care Service Level Agreements including Isles Model of Care. During 2024/25 we will look to make changes to our Community Pharmacy dispensing arrangements.

Over the next 6 months we will seek to stabilise our Primary Care Team, ensuring effective Leadership is in place to support the transformation and service redesign of our core Primary Care services.

Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services.

Our current Primary Care Improvement Fund (PCIF) allocation is £92,000 to deliver the full service. A review has taken place with our GP Sub-Committee to prioritise the most effective use of the funds. Whilst the preferred option is a full Phlebotomy Service, we are unable to implement a full service as our GP's do not have access to Order Comms.

The Integration Joint Board (IJB) has agreed the priority for 2024/25 is the establishment of a Wound Service which will be fully established by the end of June 2024, dependent on securing suitable accommodation. A short-life working group is progressing the plans under the leadership of our Integration Joint Board (IJB) Chief Officer.

GP IT re-provisioning

The GPIT Re-provisioning project will migrate to the new Cegedim system will begin in March 2024. We are planning to upgrade towards September 2024, with all practices migrated to the new GPIT system by February 2025.

Roll out of Docman 10

In parallel with the re-provisioning of GP IT, we will replace the Docman 75500 electronic document management system with Docman 10. This will be complete by September 2024.

Expand Multi-Disciplinary Teams and their planned impact in terms of increased activity and extended hours.

Our Intermediate Care Team are undertaking a test of change to extend its opening hours which will increase activity across the service, bring care closer to home and support the avoidance of unnecessary hospital admissions. The test of change is being monitored; a full evaluation will take place in May 2024. Lessons learned will be used to scale up and roll-out the service based on the outcomes and benefits achieved.

Our Home First Service will continue to develop a 'Discharge to Assess' model with reablement and short-term support ensuring right care, are the right place and right time. The Home First Service has been successful in supporting patients to return home quicker, reducing unnecessary care home admissions and the dependency on our care at home social care services.

Ensure there is a sustainable Out of Hours service, utilising multi-disciplinary teams.

We will ensure that our fully staffed substantive workforce continue to offer a high degree of stability for those users on Orkney Mainland. Residents on the outer isles currently receive their care from on-island practitioners (GP/Advanced Nurse Practitioner) who provide 24-hour care, a review of Out of Hours Care on our ferry linked isles will be conducted this financial year led by our new substantive Medical Director who commenced in post on 22 January 2024.

A full review of our OOH service will be undertaken to look at the current 'As is' processes and what the 'To Be' service will look like in the future. This will include service redesign and exploring the possibility of an Advanced Nurse Practitioner supporting Care Homes preventing avoidable hospital admissions utilising the use of virtual consultations.

Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol

The Public Health Team will lead the implementation of the T2DM framework and the weight management standards in Orkney It is intended that Tier 1 weight management/healthy weight information will be available to public and clinicians during Quarter 2 of 2024/25. Continued delivery of Tier 2 and Tier 3 weight management services including digital options will occur, as well as progressing physical activity standards and group exercise standards.

Development and implementation of an echocardiography service to allow patients to be repatriated to Orkney.

Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.

Our newly appointed Director of Dentistry (DoD) joined NHS Orkney in January 2024, representing NHS Orkney at national groups and the Remote and Rural Directors of Dentistry to improve access to services. Recruitment remains our biggest challenge to improving capacity.

Access to NHS dentistry remains a concern across Scotland, Orkney is no exception. Orkney has seen a decline in the number of NHS Dental providers across both the independent and Public Dental Service sectors through retirement and staff moving to other areas or sectors.

As of 30 September 2022, (latest available data), Orkney had the lowest registration level in Scotland for adults (82.9%) and sat 9th out of 14 Boards for the proportion of children (85.2%). registered with a dentist. Participation (registered patients who has had contact with their dentist <2yrs) in Orkney was 42.7% for adults and 56.7% for children, placing us 10th and 11th respectively, compared to other Boards in Scotland. The registration and participation figures released in January have not yet been published, there are indications this data will not be available due to the resource being reallocated to study the impact of the roll-out of the new Determination 1, Statement of Dental Remuneration.

Due to limited capacity, Orkney has no NHS dental providers taking on new patients, this has been the case for several years. People moving to Orkney in recent years are unlikely to been able to register with an NHS dentist. The Public Dental Service (PDS) has repeatedly been out to advert for a Dental Officer to help address the access issue in Orkney, but recruitment has not been successful. Recruitment will commence in March 2024 with targeted advertising in internationally recognised journals. There is a Scottish Dental Access Initiative (SDAI) grant available to encourage setting up an NHS practice in Orkney, however, there have been no applications in recent years. This will be explored as part of our delivery plan for 2024/25.

Meetings are taking place with the main independent provider of 3 local dental practices to discuss their strategic direction, recruitment is underway for a dental officer to increase overall capacity. The PDS is planning to adapt the emergency provision to see a greater number of unregistered patients in the community. The newly appointed Director of Dentistry will be linking in with the national groups and the Remote & Rural DoD Group to ensure Orkney is participating in any opportunities to improve access. Recruitment remains our biggest challenge to improving capacity.

The Public Dental Service will continue to target priority groups to reduce the risk of widening oral health inequalities. This involves specific work with vulnerable adults and children, including Looked after and Accommodated Children, Care home residents and Adults with additional support needs.

Increase delivery of hospital-based eye care into a primary care setting where appropriate.

NHS Orkney has significant challenges in terms of capacity in community optometry practices. Due to lack of capacity in primary care settings, we are unable to provide sufficient appointments to our residents or able to provide a community glaucoma service. Whilst our local optometrist does have one prescriber at the practice and has explored the option of setting up a glaucoma service which would move the service from Secondary care into the community. However, our local provider is unable to commit to take on this additional workload at this current time.

The Head of Primary Care and Optometry Advisor have regular conversations with Specsavers to support the establishment of a service in Orkney, which has yet to come to fruition. Regular meetings take place with one of our local providers to review the possibility of opening evenings and offering Saturday appointments but at this current time they have no capacity to do so.

Scottish Government (SG) advisors are aware of the issues, an exemption has been granted to not provide a community glaucoma service until we have a resolution to additional service capacity. SG have advised they are confident and assured we are doing all we can locally to attract additional capacity, regular briefings take place with our local MSP to update him on his progress, and he remains assured all efforts to resolve the situation are being explored.

Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.

Whilst there is no on-island provision for non-emergency patient transport services, close working relationships are in place with Voluntary Action Orkney (VAO) who support patient travel through a dial-a-bus service. A communications campaign will be launched to raise awareness of the service as well as being used to support our discharge by 12 noon model.

Recovery Driver	National KPI's	Deliverable	Action	Target Date	Executiv e Lead	Delivery Lead	Interdependencies
Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community	Reduce average number of beds occupied per day due to people delayed in hospital	Implementation of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services.	Establishment of a wound service should be priority for the funding available, with the aim of piloting and commencing service by end of June 2024	Jun-24	IJB Chief Officer	Head of Primary Care	Availability of suitable clinical space
		Expanding Multi-Disciplinary Teams and their planned impact in terms of increased activity and extended hours	Extend opening hours of the intermediate care team to support avoidance of admission.	Oct-24	IJB Chief Officer	Associate Director Allied Health Professions	Workforce capacity and flexibility to work different patterns
		Ensure there is a sustainable Out of Hours service, utilising multi-disciplinary teams	Undertake a full review of OOH service to look at the current 'As is' processes and what the 'To Be' service will look like in the future	Mar-25	Medical Director	Head of Primary Care	
		Delivery of sustained and improved equitable national access to NHS dentistry	Target priority groups to reduce the risk of widening oral health inequalities. This involves specific work with vulnerable adults and children, including Looked after and Accommodated Children, Care home residents and Adults with additional support needs. Use the Scottish Dental Access Initiative (SDAI) grant to encourage the establishment of an NHS dental practice in Orkney	Mar-25	IJB Chief Officer	Director of Dentistry	
		Increase delivery of hospital- based eyecare into a primary care setting where appropriate	Scope the feasibility of providing a local Glaucoma service	Mar-25	IJB Chief Officer	Head of Primary Care	Availability of Primary Care Independent Contractors to provide service
		Re-provision GP IT systems	Upgrades complete by February 2025	Feb-25	IJB Chief Officer	Head of Improvement	Will require Project Management and IT facilitator resource.
		Roll out Docman 10	Docman 10 operational by September 2024	Sep-24	IJB Chief Officer	Head of Improvement	Will require Project Management and IT facilitator resource.

2. Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Improve urgent care pathways in the community and links across primary and secondary care.

On the Orkney mainland, our model of care is focussed on Urgent and Unscheduled Care pathways. Further work is required to enhance and formalise our approach to ensuring equity of access across NHS Orkney, the wider local system, and regional/national pathways, this will include an awareness raising campaign on the benefits of using virtual consultations by primary and secondary care clinicians.

An MDT (Multi-Disciplinary Team) safety huddle takes place each week on a Friday afternoon where colleagues from Mental Health, Emergency Department, Out of Hours GPs, Social Care, Radiology and Scottish Ambulance Service (SAS) meet to proactively plan and discuss any potential issues which may be expected out of hours.

SAS is based on site at the Balfour which has increased and fostered relationships between Emergency Department, Medical Staffing and Paramedics/Technicians. Peer to peer advice is commonly given when requested.

Ensure patients receive the right care in the right place by optimising Flow Navigation Centres, signposting, and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.

The Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services is NHS Orkney's representative at the Centre for Sustainable Delivery (CfSD) Flow Navigation Special Delivery Group. Given the size of the system in Orkney we will continue to utilise professional to professional advice, guidance and seek to utilise regional networks where appropriate. Following a recent review of the Emergency Department flow and capacity we are looking to embed Manchester triage tool and patient flow pathways. To support this work, there will be a local media campaign to advise the public on redirection, signposting, and scheduling of urgent treatment.

A scoping exercise is being undertaken to look at the feasibility of providing an MSK ultrasound service on the isles in a similar way to radiographic imaging, following which a Test of Change will be undertaken on Hoy, Westray and Sanday GP practices, this would prevent ferry linked isles patients from having to travel to Orkney Mainland. Following a test of change delivering basic radiographic imaging on the ferry linked isles, over the next 12 months the project will be scaled up across all the Isles improving services to isles residents, bringing services closer to home.

As part of our Improvement Programme, several workstreams will undertake service re-design over the next 12 months. These include:

- Digital Transformation including Electronic Patient Record
- Implementation of Criteria Led Discharge
- Embedding of Discharge by 12 Noon/Scope and utilisation of Collection Lounge
- Scope opportunity to deliver Ambulatory Care model for Surgical and Medical presentations.

Improve access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure.

We have been advised by SG that there is a risk that recurring funding will not be available to support the further roll-out of our current Hospital at Home model. However, we continue to implement the agreed model in Orkney given the benefits to not only the patient but also to flow and capacity across our health and social care system.

To deliver Outpatients Parenteral Antibiotic Therapy (OPAT) competency training is currently underway in our Day Case Unit utilising available, current staffing model. Our plan is to expand this role to undertake Transfusion, Venesection and Administration of Disease-modifying drugs (DMARDs) and other

available treatments. To scope up the service, given the small population and the need to ensure we have the appropriate capacity space within the Day Case Unit will be turned into a 2-chair infusion.

Optimise assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.

All staff in the Emergency Department are aware of and where appropriate redirect patients to alternative pathways to access information including NHS Inform, NHS24, local pharmacies delivering the Pharmacy First Model and Dental and Optometry services. All relevant clinical staff in the Emergency Department will be trained in triage and rapid decision-making.

Reduce the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

Given Orkney's demographics and associated underlying disease pathways, commonly our admissions have an average age of 82 or greater. The frailty and co-morbidities for these patients admitted on an unscheduled care pathway take longer to recover from the admitting condition, often requiring a brief period of support to facilitate a safe discharge. Support is provided at the Balfour Hospital with those requiring an extended period of rehabilitation transferring from an Acute ward to an Assessment and Rehabilitation ward for their ongoing care needs. We will look to build on this throughout 2024/25 as part of the work being progressed, to ensure discharge by 12 noon and interventions to reduce the Length of Stay are embedded locally.

There remain challenges in terms of capacity to reduce the time people spend in hospital and our ability to achieve a reduction in the number of delayed transfers of care. Often delays occur due to capacity to move people to a Residential Home, source Care at Home packages, and Guardianship waits. The Improvement works undertaken in 2023/24 by both Health and Social Care Partnership and NHS colleagues have seen a reduction in delayed transfers of care and the associated length of stay. This will continue and any further opportunities to improve performance will be progressed.

Our workforce is encouraged to build in a Planned Date of Discharge (PDD) for all admissions, however, further work will be undertaken during 2024/25 to ensure this is fully embedded within our admissions processes and will be supported by our Discharge Planning Co-Ordinator and utilising our own RAG rated discharge documentation.

Working in partnership with Age Orkney, we will deliver meaningful group and individual activity sessions. This will include signposting to community and voluntary groups, supporting with health and wellbeing, and reducing hospital induced deconditioning through physical activity. This offers additional benefits of shared learning, improving relationships and demonstrating our commitment to working with the Voluntary and Community Sector as key delivery partners in our health and social care system.

Reduce unscheduled admissions and keep people's care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

Our MDT approach has been strengthened with an increased focus on ensuring timely access to physiotherapy and occupational therapy services for rehabilitation. Clinicians within our ageing well service have been trained in comprehensive geriatric assessment and a falls prevention pathway across local partners is well established.

In terms of Getting it right for everyone (GIRFE) Orkney successfully submitted an expression of interest as a pathfinder for older people with frailty in response to the aspirations of pro-active and preventative care. Orkney is the only remote and rural pathfinder and thus far as engaged with over 200 older people across the Orkney mainland and ferry links isles, with lived experience of accessing services. We will continue to work closely with the communities and the SG Design team to embed further improvements, driven by the needs and wishes of older people living in our communities. The next area of focus is in developing further our virtual multi-disciplinary team to overcome issues around rurality and to improve reach earlier into communities, we will achieve this through partnering with trusts, GPs, MDT Teams and Voluntary Action Orkney and Age Orkney Scotland and other third sector partners.

Recovery Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.	Ensure that acute receiving occupancy is 95% or less. Reduce estimated average length of stay for emergency admissions to acute hospitals.	Improve urgent care pathways in the community and links across primary and secondary care	Formalise our approach to ensuring equity of access across NHS Orkney, the wider local system, and regional/national pathways. Awareness raising campaign delivered on the benefits of using virtual consultations by primary and secondary care clinicians.	Apr-25	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services	Head of Improvement Radiology Manager	None anticipated.
			Scale up and roll out of radiographic imaging on the ferry linked isles improving the service to isles residents, bringing services closer to them. Undertake a Test of Change to look at the feasibility of providing an MSK ultrasound service Hoy, Westray and Sanday	Mar-25		Radiology Manager	Staffing availability and additional costs for test of change not being agreed given current financial position.
	100% patient's turnaround within 60 minutes 95% of patients to wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards to work towards 98%	Ensure patients receive the right care in the right place, optimising Flow Navigation Centres, signposting, and scheduling of appointments to A&E where possible, increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support	Manchester Triage training to be rolled out. Redirection protocols/SoP to be drafted and adopted. Public Communication to be launched	Jul-24 Jul-24 Jun-24	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services	Executive Director of Nursing, Midwifery and Allied Health Professional s and Chief Officer Acute Services	Associated costs of travel to other Boards or supporting external providers to come and train in Orkney. Senior Clinical decision- making support to ratify or SoPs and ensure appropriate governance. Results of recent peer review of Emergency Dept flow capacity and staffing may indicate additional resource

Patients wait less than 12 hours to admission, discharge, or transfer from A&E		Encode the second of the D	0-1-0-1	Frenzi	Oliviat	being required for the department.
Ensure that acute receiving occupancy is 95% or less. Reduce estimated average length of stay for emergency admissions to acute hospitals.	Improve access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure	Expand the work of the Day Case Unit to include Outpatients Parenteral Antibiotic Therapy (OPAT) service, Transfusion, Venesection and Administration of Disease- modifying drugs (DMARDs)	Oct-24	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services	Clinical Nurse Managers / Senior Charge Nurse Theatres/ DCU	Identification of additional and recurring funding to provide appropriate clinical area with equipment. Availability of interested staff to undertake specialist training and competency sign off to commence service.
100% patient's turnaround within 60 minutes 95% of patients to wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards to work towards 98% Patients wait less than 12 hours to admission, discharge, or transfer from A&E.	Optimise assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas	Triage and rapid decision- making training rolled out for all relevant clinical staff in the ED.	Jul-24	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services		Associated costs of travel to other Boards or supporting external providers to come and train in Orkney. Senior Clinical decision- making support to ratify or SoPs and ensure appropriate governance. Results of recent peer review of Emergency Dept flow capacity and staffing may indicate additional resource being required for the department.
Ensure that acute receiving occupancy is 95% or less. Reduce estimated average length of stay for	Reduce the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive	Implementation of Criteria Led Discharge Ensure all staff record PDD as part of the admission process. Work in partnership with Age	Oct-24 Jun-24 Apr-25	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute		None anticipated
emergency admissions to acute hospitals.	operational management	Orkney to deliver meaningful group and individual activity sessions		Services		

Reduce estimated average length of stay fora c o r emergencyadmissions toa	Reduce unscheduled admissions and keep people care closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units	Ensure MDT approach to frailty in Orkney is understood and championed by Clinicians and service providers.	Sep-24	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services	Associate Director of AHPs (Allied Health Professional s)	Lack of recurrent funding to fully implement OPAT and current financial position preventing staff being able to travel off island to undertake observational training required and peer development opportunities
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3. Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

Improve Access to Mental Health services and build capacity to sustain delivery and maintain the CAMHS (Child and Adolescent Mental Health Services) and PT (Psychological Therapies) 18-week referral to treatment standard.

Over the next 12 months' work will continue our investment in the service to improve access to Mental Health services. Work is ongoing to improve capacity to capture data, with reference to CAPTND (Child, Adolescent, and Psychological Therapies National Dataset) core data used to support National Reporting. Local pathways sustain delivery and maintaining the CAMHs will be strengthened through closer working with Education colleagues and Social Work.

Recruitment and retention remain a challenge to consultant led Mental Health services. Over the next 6 months a rapid review group led by the Medical Director will describe a target operating model and resource required to support sustainability of the consultant service to acute and primary care.

Our Corporate Governance team will continue to provide our Mental Health service with ensuring access to relevant policies and procedures to support delivery of the CAMHS Service.

Tackle inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.

As our Community Mental Health team support patients awaiting transfer to NHS Grampian, day to day service delivery can be challenging. Current demand for services significantly outstrips capacity in relation adult mental health, where there has been limited investment in the service.

Develop and grow Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

Robust plans had been developed in conjunction with General Practice colleagues prior to pausing of the Primary Care Mental Health Development fund. This has impacted Orkney significantly as unlike other parts of Scotland we did not have an established Primary Care Mental Health Team and had only committed funding through PCIP for one Primary Care Mental Health Practitioner. The plans for the Primary Care Mental Health Development fund had looked to considerably bolster this resource alongside the creation of a Psychiatric Liaison Service. Although funding is provided to third sector organisations (notably the Blide Trust and Relationship Scotland) to support the mental health agenda and provide earlier intervention, and although we have invested in Community Link Practitioners and Islands Wellbeing Coordinators, our Primary and Community offer is still not as robust as it should be.

There are currently limited options available to the IJB and the NHS Board in addressing this gap without the Primary care Mental Health Development Fund monies being released.

Deliver a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

There is an aspiration to have a Regional CAMHS forensic mental health service, which is being driven by the North of Scotland Project Team and NHS Orkney are an active participant. The timescales and next steps are not entirely within our control, but we will engage with the colleagues to progress this review. There is insufficient demand in Orkney to provide an adult forensic mental health service. For patients that do require this service we link in with neighbouring Health Boards to support the individual.

Improve support and develop our Mental Health workforce.

We are improving and supporting our Mental Health workforce (CAMHS Staff, Learning Disabilities staff, CMHT staff, Psychology) through the following national and local programmes,

- Prescribing Training
- Mental Health awareness session for the wider system and supporting agencies (Education and Social Work)
- Cognitive Behavioural Therapy Training
- Decider skills Training

Community Mental Health Team Electronic Patient Record

NHS Orkney will adopt the Grampian SCI Gateway/TrakCare solution, early discussions are underway to scope out & determine requirements.

Improve the mental health-built environment and patient safety.

There are no purpose-built in-patient or out-patient Mental Health therapeutic facilities in Orkney for mental health assessment and treatment. A recent review by the Mental Welfare Commission (MWC) were critical of our Mental Health Transfer facility due to the physical layout of our facility at The Balfour and the lack of availability of therapeutic resources. Work has been undertaken to improve the Mental Health Transfer facility; a recent assessment has been completed to ensure it meets the requirements in relation to mental health patient safety.

Recovery	National KPI's	Deliverable	Action	Target	Executive	Delivery	Interdependencies
Driver				Date	Lead	Lead	
Improving the delivery of mental health support and services.	90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services	Improve Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard	Consistent delivery of the national target of 90% referral to treatment	Mar-25	IJB Chief Officer	Head of Health and Community Care	None anticipated

reflecting key priorities set out in the Mental health and wellbeing strategy.	within 18 weeks of referral. 90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	Tackle inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community	Establish a Community Mental Health all-age nurse led liaison service	Mar-25	IJB Chief Officer	Head of Health and Community Care	Subject to funding being secured
		Develop and grow Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care		Mar-25	IJB Chief Officer	Head of Health and Community Care	Subject to National Primary Care Mental Health funding
		Deliver a coherent system of forensic mental health services, addressing issues raised by the independent review into such services		Mar-25	IJB Chief Officer	Head of Health and Community Care	Engagement with NHS Grampian and Mental Welfare Commission
		Improve support and develop our Mental Health workforce	 Delivery of the following, Prescribing Training Mental Health awareness sessions Cognitive Behavioural Therapy Training Decider skills Training 	Mar-25	IJB Chief Officer	Head of Health and Community Care	None anticipated
		Community Mental Health Team Electronic Patient Record	NHS Orkney will adopt the Grampian SCI Gateway/TrakCare solution.	Oct-24	IJB Chief Officer	Head of Improvemen	Engagement of NHS Grampian, eHealth, and IT

4. Recovering and improving the delivery of planned care

Deliver year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

Following a review of Executive Director Portfolio's, Waiting Times and Planned Care now sit with the Medical Director. Since embedding dedicated clinical oversight in this area from Interim Deputy Medical Director, we have seen an improvement in Waiting Times. The Waiting Times meeting has been refreshed

and the Interim Deputy Medical Director now chairs these meetings, ensuring attendance and dialogue between clinicians and support teams. There is a 4weekly cycle for these meetings to ensure we spend time discussing the detail for those waiting and how we can address any challenges in the system.

Cancer tracking lists are discussed at each meeting to ensure that those waiting through cancer pathways are treated as a priority. A tabletop exercise to understand the position for NHS Orkney and identify the most fragile services has been completed and the information shared with Scottish Government as part of the Service Sustainability review.

We will replicate the approach taken to address long waits for routine and surveillance waiting list challenges for colonoscopy capacity which is delivered in Orkney to drive service improvements for longest waits. Bringing together clinical and non-clinical teams to address the challenges with clear action plans and deadlines for action.

One of the challenges we face is that several of our key specialities are commissioned from other Health Boards to deliver the essential provisions via Service Level Agreements with NHSO are then dependent on the commissioned board delivering on the services to a satisfactory level.

There are several schemes being developed as part of the Improvement Programme which will support recovery and improve the delivery of planned care improving patient experience and bringing care closer to the patient's home. These include repatriation of the sleep apnoea service, Elastography & Ultrasound examinations, increased usage of the mobile MRI scanner and diagnostics examinations taking place on the ferry linked islands.

Enable a "hospital within a hospital" approach to protect the delivery of planned care.

The "hospital within a hospital" is not suitable for delivery in NHSO as this approach requires isolation of staff resource to planned care. The scale of services requires staff to cross cover and be flexible - which this model does not support.

Maximise capacity to meet local demand trajectories.

Enhanced reporting and improved engagement between clinical and non-clinical teams and an Integrated Performance Report (IPR) is used to predict demand versus capacity whilst supporting the identification of ways to maximise capacity. Some success has been noted through additional ad-hoc clinics to support delivery against demand in terms of trajectories but also real-time data where available will be used to address challenges and longer wait times locally in a timely manner.

We have seen some improvement and a stabilisation in terms of activity coming through against Treatment Time Guarantee (TTG) standards and we will continue to work towards further increasing capacity to reduce the length of waits for Orkney patients.

Work will continue to review our target service delivery model for Outpatients Department, ensuring all opportunities to drive efficiencies and address the longest waits for people waiting for outpatient appointments against the Treatment Time Guarantee (TGG) standard are met. This will include opportunities to increase the number of Virtual Consultations. Over the next 12 months we will increase the usage of virtual consultations for delivery of planned care, 'Near Me pods' will be made available in The Balfour as we continue to minimise off island outpatient appointments.

Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs)

As an Island Board we rely on regional and national working including through the National Treatment Centres (NTCs) to support Elective and Emergency demand. We have SLAs (Service Level Agreements) with NHS Grampian, Golden Jubilee and with NHS Highland to support Ophthalmology Services in Orkney. We undertook an admin validation and plan to undertake a Travel Campaign via National Elective Co-ordination Unit (NECU) to understand if Orkney patients would be willing, if clinically appropriate to do so, to travel to a National Treatment Centre on the Scottish Mainland for Ophthalmology and Endoscopy services.

We will participate in the 'Creating Sustainable Clinical Services' Workstream from both a National and Regional perspective, collaboratively seeking to understand sustainability challenges across clinical services with a view to developing options to address these challenges in a more sustainable and coherent way. We will look for ways to work differently and consider the key stepping stones towards transformational change opportunities. Working with colleagues in the North of Scotland, developing collective responsibility for sustainable services and exploring regional governance and performance frameworks which have the potential to inform the national reform agenda.

Extend the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Orkney has 2 theatres in The Balfour with limited clinical and bed capacity to deliver the full scope of 23-hour surgery. Through the work of our Integrated Improvement Hub, we will undertake a review of theatre optimisation, implement the 6-4-2 model, and start procedures earlier in the morning to improve productivity and efficiency by August 2024.

Implement outcomes of Specialist Delivery Groups including reducing variation

Several of the specialities which have been agreed as part of the Specialist Delivery Group are provided by Scottish Mainland Health Boards. These are as follows.

Speciality	Health Board Delivering Service
Cataract	NHS Highland
Dermatology	NHS Tayside / Locally delivered
Gastroenterology	NHS Grampian
General Surgery	NHS Orkney (delivered locally)
Gynaecology	NHS Orkney (delivered locally)
Neurology	NHS Grampian
Orthopaedics	Golden Jubilee / Locally delivered / NHS Grampian
Rheumatology	NHS Grampian
Symptomatic Breast	NHS Grampian
Urology	NHS Grampian
Vascular Surgery	NHS Grampian

Through the ongoing Waiting Times improvement work and review of our Service Level Agreements we will include KPI's to monitor delivery and track the outcomes of services delivered out with the Health Board.

Undertake regular waiting list validation.

As part of our local waiting times process, our Waiting Times Co-Ordinator and Clinical Administration team regularly review and carry out weekly validation of our waiting lists. Our weekly Waiting Times meeting is focused on identification of difficulties which require clinical review or validation.

Delivery of CfSD / NECU waiting times initiatives and productive opportunities

We have undertaken a full administration waiting times validation and have close working relationships with the National Clinical Leads for Endoscopy, Ophthalmology and Radiology.

We will engage with CfSD/NECU teams to progress those improvement opportunities which have been captured nationally and will improve productivity and the patient experience for the Orkney population. We will embed the following areas in the work of the Integrated Improvement Hub, these will be aligned to one of the 12 workstreams. Areas for review include Cancer Improvement and Earlier Diagnosis, Innovation, National Green Theatres Programme, National Elective Coordination Unit, Modernising Patient Pathways, Workforce and Planned Care.

Optimise theatre utilisation and implement digital solutions.

There are several areas being scoped through the Improvement Programme which will improve and optimise theatre utilisation in Orkney. This includes a review of off-island travel theatre procedures, a review of theatre starts times to increase theatre capacity and utilisation and a review of the approach taken in terms of mitigating DNAs and cancellations which will support forward planning and booking.

We will look to move to the 6-4-2 model in theatres which support our theatre team to work more effectively together to improve the quality of patient experience, the safety and outcomes of surgical services and the effective use of theatre time and overall staff experience.

Our Radiology team are working with Clinicians to move the administration of orthopaedic joint injections from Theatre to Radiology to release capacity within Theatre and Day Unit as well as contributing to efficiencies and improved patient experience.

Work is underway to look at the use of Artificial Intelligence for the diagnosis and classification of strokes and early detection of lung abnormalities.

Recovery	National KPI's	Deliverable	Action	Target	Executive	Delivery	Interdependencies
Driver				Date	Lead	Lead	
Recovering and improving the delivery of planned care	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).	Deliver year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics,	 Repatriation of the following services Sleep apnoea service, Elastography & Ultrasound examinations. Increased usage of the mobile MRI scanner 	Mar-25	Medical Director	Radiology Manager	

Boards to work 100 percent	towards ophthalmology, and diagnostics					
100 per cent of wait no longer t weeks from the agreeing treatm hospital to treat inpatient or day treatment (TTG	han 12 meet local demand patient trajectories ment with the ment for case	Service delivery model reviewed to address the long waits for people waiting for outpatient appointments against the TTG standard	Dec-24	Medical Director	Interim Deputy Medical Director	
95 per cent of p wait no longer t weeks from refu- sources) to a fil appointment (m month end Cen Boards to work 100 percent.	han 12demand with availableerral (allcapacity across Scotlandtrst outpatientthrough regional andnational workingincluding (NTCs)towards	Review of cross border cancer and imaging pathways with North of Scotland executive groups to identify options for escalation and prioritisation at a regional level.	Dec-24	Medical Director	Interim Deputy Medical Director	
	Extend the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists. Optimise theatre utilisation	Theatre optimisation reviewed. 6-4-2 model implemented in theatres. All theatre procedures started by 08.50 am to improve productivity and efficiency	Dec-24	Medical Director	Lead Theatre Nurse	
	Implement outcomes of Specialist Delivery Groups including reducing variation.	Travel Campaign delivered via National Elective Co-ordination Unit (NECU) to understand if Orkney patients would be willing to travel to a NTC (National Treatment Centres) for Ophthalmology and Endoscopy services	Sep-24	Medical Director	Interim Deputy Medical Director	None anticipated
	Implement Digital Solutions	Develop and implement an echocardiography service to allow patients to be repatriated to Orkney	Mar-25	Medical Director	Radiology Manager	

5. Delivering the National Cancer Action Plan (Spring 2023-2026)

Improve cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

We have an SLA (Service Level Agreement) in place with NHS Grampian for our cancer pathways. Our 62-Day Cancer Performance for Orkney residents are dependent on pathways and capacity of NHS Grampian. Work will be undertaken to review cancer pathways as part of a review of our SLA with NHS Grampian.

Both Breast and Urology pathways are direct referrals to NHS Grampian. Regular performance meetings now take place with NHS Grampian where we aim to improve and ensure full visibility of Orkney patients on cancer pathways and to allow for any challenges to be addressed including timelines and actions.

Cancer Waiting Times are reviewed as part of our weekly Waiting Times meeting. Terms of Reference for the meeting have recently been refreshed to ensure Clinical input and ownership for these waiting lists.

There has been challenges in progressing with some elements of implementing the <u>Effective Cancer Management: Framework</u>, this is reflective of the time we are taking to ensure solutions which are implemented are fit for purpose and meet the needs of the people who are impacted by the changes both now and as far as possible, in the future

Increase diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service

Patients within Orkney are reliant on timely diagnostics, consideration will be given to establishing a Rapid Cancer Diagnostic Service as part of our SLA with NHS Grampian. A lesson learned review will take place to identify the lack of uptake in implementing alternatives to endoscopy.

Embed optimal cancer diagnostic pathways and clinical management pathways.

A Quality Improvement project is underway to scope opportunities for improving and embedding cancer diagnostic pathways which benefit the patient in a timely manner from referral to treatment. All patients on the Urgent Suspected Cancer pathway are discussed on a weekly basis enabling clinicians to escalate should this be required.

Deliver single point of contact services for cancer patients.

NHS Grampian is our single point of contact for most cancer management plans. Our local MacMillan team at The Balfour provide a point of contact for patients including support, advice, treatment, and palliative care.

Configure services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support.

The Effective Cancer Management Framework is used in Orkney to support the review and configuration of services. Whilst there are several areas requiring action, we remain committed to ensuring each action in the framework is delivered underpinned by our commitment to continuous improvement.

Support the oncology transformation programme, including sharing data and advice, and developing services and clinical practice in line with its nationally agreed recommendations.

Our local team continue to work closely with NHS Grampian colleagues to support the delivery of new pathways for Systematic Anti- Cancer Therapy (SACT) in Orkney to deliver the best outcome for our patients.

NHS Orkney's Radiology Manager is a member of the North of Scotland Rapid Cancer Diagnostic Services (RCDS) Programme who are looking to implement the use of Artificial Intelligence in chest reporting for early recognition of abnormalities as set out in our 62-day cancer improvement plan.

Recovery Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Delivering the National Cancer Action Plan (Spring 2023-2026)	 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat. 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral. 	Improve cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways	Undertake a review of our SLA with NHS Grampian to ensure cancer pathways are reviewed, clearly documented, and understood.	Jun-24	Medical Director	Medical Director	
		Increase diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service	Dedicated Cancer workstream is included with our Improvement Programme and this will look at the deliverables which form the guidance for Driver	Sep-24	Medical Director	Medical Director	
		Embed optimal cancer diagnostic pathways and clinical management pathways	for Recovery.	Dec-24	Medical Director	Medical Director	Reliant on multiagency support, both from NHS Grampian for
		Configure services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support		Mar-25	Medical Director	Medical Director	
		Support the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally agreed recommendations		Mar-25	Medical Director	Medical Director	

6. Enhance planning and delivery of the approach to tackling health inequalities and improving population health.

Tackle local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

To tackle local health inequalities in 2024/25, our Public Health Team will work with the Community Planning Partnership on the following.

- Lead NHS Orkney's work to mitigate the impact of the Cost-of-Living Crisis for staff and the population of Orkney. This includes implementation of Cost-of-Living plan and the contribution of this to the wider Cost of Living work.
- Embed and widen the implementation of financial inclusion pathways across the most relevant NHS services.
- Delivery of the Child Poverty Strategy and Implementation Plan in collaboration with the Cost-of-Living work
- Delivery of inequalities work

After undertaking a review of screening uptake in Orkney, we will implement an action plan to address inequalities subject to funding being available.

We will develop a suicide prevention and early intervention approach ensuring this is embedded across services. This will include the delivery of a tiered suicide prevention training model in Orkney as part of the development and implementation of Orkney suicide prevention action plan with the Suicide Prevention Taskforce.

As part of the Joint Strategic Needs Assessment (JSNA) we will undertake an early holistic assessment for patients diagnosed with cancer to support access to the wide range of services available from Orkney based on patient need to improve the health and wellbeing of the person with a cancer diagnosis, dependent on successful recruitment of staff.

Our Public Health team continues to work at a national level through the Healthcare Public Health Action Team and are active members of our Clinical Strategy refresh group to ensure we promote preventative health approach in Orkney. Once the national Population Health Plan is published, this will be reviewed to identify any additional population health work which should be implemented in Orkney.

Work with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.

The Public Health Team are active members of Orkney's Alcohol and Drugs Partnership which is overseeing the implementation of the Medication Assisted Treatment (MAT) standards, delivery of the treatment target and access to residential rehabilitation. The Alcohol and Drug Partnership is currently chaired by the Chief Officer and the Partnership continues to link with the MAT Standards Implementation Support Team with input from the Medical Director and Director of Nursing. This local implementation work is led by a GP with special interest and is part of the formal governance review process with reporting through the Joint Clinical Care and Governance Committee. Progress is reported through the Joint Clinical and Care Governance Board to the Integration Joint Board and the NHS Board.

Drugs related deaths in Orkney continue to be relatively low with access to treatment targets consistently met.

Implementation of the MAT Standards is reported quarterly. The areas of focus moving forward include:

- We plan to meet with Citizens Advice Bureau, to see if we can find interviews to collect experiential data.
- An agreement is in place with Orkney Citizens Advice Bureau who are undertaking interviews with staff, service users and friends and family of
 people who affected by drug dependency. Data will be analysed, and feedback provided. An improvement plan will be created to implement
 the findings from the research. An agreement is in place with Orkney Citizens Advice Bureau who are undertaking interviews with staff, service
 users and friends and family of people who affected by drug dependency. Data will be analysed, and feedback provided. An improvement plan
 will be created to implement the findings from the research.

Mat Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.				
Experiential	and numerical data as above				
Mat Standard 3 All people at high risk of drug-related harm are proactively identified and offered support to commence or continue M/					
We are worl	set up similar pathways with police department as we with SAS for non-fatal overdose. King with Relationship Scotland to set up a drop-in outreach service at one of the more remote Orkney mainland practices as a pilot. shortages this is currently on hold until a new person is recruited				

Mat Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.
when we see patieWe do not have in	ng within NHS Orkney is very good due to the close working nature of a small Board. We always update the GPs via email ents. We meet with our GP colleagues twice a year to discuss our patients and referrals. Information sharing protocols with other agencies out with NHS Orkney at the moment. We have the consultant and ADP to see if we can offer spot testing for BBV at point of MAT delivery and also vaccinations 19 and hep B

	Mat Standard 5	All people will receive support to remain in treatment for as long as request	
All actions complete			

Mat Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks							
We have no acce	We have no access to addictions clinical psychology only to general psychology.							

• We have set up weekly recovery support group starting the 3rd week of October meeting at the local library, so patients are not identified as having addiction problems. This group will work on Smart recovery and will be run by our support worker who is trained in Smart recovery.

Mat Standard 7	All people have the option of MAT shared with Primary Care
MAT is delivered	by the Drug and Alcohol Team which is part of the Community Mental Health Team. Although Primary Care are not offering

- MAT, we now have a GPSWI working as part of the Team. We liaise closely with primary care emailing them each time we see a patient.
- The island practices will prescribe buprenorphine with guidance from ODAT.
- We will meet with our GP colleagues twice a year to discuss our patients and referrals

Mat Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.
identifying an indiv	specific drug and alcohol advocacy groups as such but will be meeting with Advocacy Orkney to see if they are interested in vidual who would train in Reach advocacy. cy service has been commissioned by our Local Authority to undertake training in REACH and provide specialised drug and for our patients.

Mat Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental care at the point of MAT delivery.
All actions complete	ete

Mat Standard 10	All people receive trauma informed care.			
Our practitioners continue to train in trauma informed care				

Support improved population health, with reference to smoking cessation and weight management.

The Public Health Team will continue to support improved population health with reference to smoking cessation and weight management.

Smoking Cessation

We will continue to lead and implement smoking tobacco work across multi-agency partners. This includes the development of formal structure for Orkney Tobacco Action Group with development and completion of associated annual delivery plan and a review of service in relation to expected SG Services guidance and complete service gap analysis.

Following a training needs analysis completed in 2023/24, a need for training for isles nurses and maternity services has been identified. There will be a continuation of the specialist smoking cessation service with provision for stopping vaping and an ongoing service audit developed to ensure service standards are monitored.

Weight Management

As the lead organisation for the delivery of the diabetes and health weight Framework and standards, we will focus on early years including the delivery of HENRY training to appropriate staff groups and continue to provide Tier 1 weight management/healthy weight information to the public and clinicians. The HENRY training framework provides the tools for practitioners to support families to put positive lifestyle changes into practice as part of everyday family life. Research shows that providing information alone is unlikely to lead to lifestyle change. The evidence-based practitioner training course equips health and family support professionals to move beyond giving advice and to provide genuinely effective support for change – helping families adopt and sustain a healthier, happier family lifestyle.

We will continue to deliver a Tier 2 and 3 weight management services through Second Nature which offers patients digital options to manage their weight and encourages physical activity. The team will progress with the implementation of physical activity standards and group exercise standards with focused education sessions on healthy self-management (Control It) which will be offered to people who are newly diagnosed with Type 2 Diabetes.

Vaccinations

Following the success of our COVID and Flu vaccination programme, we will implement the new vaccination programme which includes Respiratory Syncytial Virus (RSV) as per national guidance.

Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

The Public Health Team represent NHS Orkney in the Orkney Community Justice Partnership and work with this multi-agency group to improve health within community justice where relevant. Our Director of Nursing, Midwifery, AHPs and Chief Officer Acute is NHS Orkney's Executive Lead for custody healthcare.

Taking forward the relevant actions set out in the Women's Health Plan

The Orkney Screening Equity Plan has incorporated actions from work with Women's Aid Orkney and Orkney Rape and Sexual Assault Service to identify barriers and facilitators to cervical screening for women who have experience of rape and sexual assault. Additionally, the Public Health Team attend the Violence Against Women and Girls Partnership in Orkney.

GAP analysis is being undertaken to understand the baseline current performance against the requirements within the Women's Health Plan, which has highlighted that there are elements which are well established (for example bone density screening). Some early indications are that focussed work has been led by Staff Wellbeing Group to promote Menopause awareness and some areas of good practice around remote consultations to improve access. The Obstetrics and Gynaecology Consultant has offered staff drop-in sessions to discuss Women's Health, a review of the outcomes will be used to decide the way forward as part of the wider next steps plan. The local champion will work with services to utilise groups or meetings already in place to support the outcomes of the Women's Health Plan (for example Sexual Health Group) rather than duplicate. Further work following the GAP analysis to agree the next steps and prioritisation, this will then lead to a plan on where appropriate embedding the Women's Health Plan into business as usual for NHS Orkney.

Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan"

The Public Health Team will lead NHS Orkney's work to improve its abilities as an anchor institution, supporting the community benefits work of the Community Planning Partnerships (CPP) Sustainability delivery group. This includes 6 monthly reporting to NHS Orkney Board on progress relating to the anchor action plan implementation and working in partnership with Community Planning Partnership to implement Community Wealth Building activity.

Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

The Public Health Team will continue to work closely with Community Planning Partnership and other multi-agency groups across Orkney to progress Public Health related outcomes. This will include senior department leader membership of all three delivery groups and the Director of Public Health membership on the Community Planning Partnership Board.

Recovery Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Enhance planning and delivery of the approach to health inequalities and improved population health		Tackle local health inequalities (including racialised health inequalities and actions to address child poverty) and reflecting population needs and local joint Strategic Needs Assessment	 Implementation of Cost-of-Living plan and the contribution of this to the wider Cost of Living work being delivered by the Community Planning Partnership Embed and widen the implementation of financial inclusion pathways across the most relevant NHS services. Contribute to the delivery of the Community Planning Partnership Strategy in the following areas. Child Poverty Strategy and Implementation Plan Local Inequalities work Anchor organisation plan. Community Wealth Building activity Implement an action plan to address screening and inequalities. Develop and implement a suicide prevention and early intervention approach which is embedded across all services. Implement a tiered suicide prevention training model as part of the 	Mar-25	Director of Public Health	Public Health Manager	Multiagency work so requires partner capacity for collaboration

		development and implementation of Orkney suicide prevention action plan with the Suicide Prevention Taskforce Work with Women's Aid Orkney and Orkney Rape and Sexual Assault Service to identify barriers and facilitators to cervical screening for women who have experience of rape and sexual assault				
	Reduce asthma related hospital admissions	Primary Care to consider how improved management in Primary Care may decrease admissions	Mar-25	Chief Officer IJB	Primary Care Manager	
90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Work with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation	Work in collaboration with Orkney's Alcohol and Drugs Partnership to implement the Medication Assisted Treatment (MAT) standards and delivery of the treatment target and access to residential rehabilitation	Mar-25	Chief Officer IJB	Head of Health and Community Care	Orkney Alcohol and Drugs Partnership strategy and approach to commissioning
Increase vaccination uptake for all groups year on year (including influenza, Covid, RSV and Shingles) and for children ensuing 95% of children have completed all recommended vaccination programmes by 24 months. 90% of girls fully vaccinated with HPV vaccine by the age of 15	Implement the new vaccination programme including Respiratory Syncytial Virus (RSV) as per national guidance.	Work in collaboration with the vaccine delivery team to review uptake, ensure opportunities for catch up vaccination and implement new programmes March 2025	Mar-25	Director of Public Health	Consultant Public Health	Dependent on timely finalisation of programme nationally and fully staffed vaccination team
Support improved population health, with reference to smoking cessation.	Increased smoking cessation services across Scotland and successful quits year on year, including during pregnancy.	Formal structure developed and implemented for Orkney Tobacco Action Group Development and completion of associated annual delivery plan and a review service in relation to expected	Mar-25	Director of Public Health	Public Health Manager	Dependent on NHS nurses and other staff released for smoking cessation training.

		SG Services guidance and complete service gap analysis.				
		Smoking cessation service audit completed to ensure service standards are monitored and robust reporting mechanisms are in place.				
		Training for Isles nurses and maternity services delivered to ensure staff can signpost patients to cessation services				
Increased referrals Tier 2 and Tier 3 weight managemen services for (1) adul and (2) children and young people year of year.	population health, with reference to Weight Management	Implementation of the T2DM framework and the weight management standards in Orkney with plans to delivery HENRY training to appropriate staff groups	Mar-25	Director of Public Health	Public Health Manager	Dependent on dietetic staffing levels and multidisciplinary engagement

7. Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

Maternity and neonatal services, and in particular continuing delivery of 'Best Start; policy, with ongoing focus on delivery of continuity of care and a new model of neonatal care, and that all eligible families are offered child health reviews at 13-15 months, 27-30 months, and 4-5 years.

We will continue to address those outstanding Best Start recommendations including continuity of carer. To support this, we have submitted training requests and await the outcome of the review. The team will continue to liaise with the Talent and Culture team around training requirements which include requests to support maternity mandatory training and Best Start training for Remote and Rural staff. The Board through the Lead Midwife will continue to be actively involved in discussions with Scottish Government and the Chief Midwifery Officer to represent the Island setting and needs, whilst looking to understand next steps. This will include consideration as to how we can embed a local transitional care delivery model, for neonatal services with a focus on providing care closer to home.

Discussions will continue with consultants in NHS Grampian to understand opportunities to support development of a model which provides care closer to home for patients. Moving forward progress updates in relation to Best Start completion will be shared with our local Joint Clinical Care and Governance Committee for assurance purposes. We will continue to engage with the North of Scotland Regional Neonatal Intensive Care Network implementation plan. To support recommendations from delivery of the newborn screening and the Independent Review of Audiology programmes. Whilst considering service delivery for pregnancy and newborn screening programmes and looking to address the

recommendation of the Independent Review of Audiology; we identified an opportunity to introduce a Band 4 Healthcare Support Worker role. Progress in this area is dependent on finance as will require off-island placements.

Taking forward the relevant actions set out in the Women's Health Plan.

The Orkney Screening Equity Plan has incorporated actions from work with Women's Aid Orkney and Orkney Rape and Sexual Assault Service to identify barriers and facilitators to cervical screening for women who have experience of rape and sexual assault. Additionally, the Public Health Team attend the Violence Against Women and Girls Partnership in Orkney.

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Setting out how they will work with their local authorities to take forward the actions in the local Child Poverty Action Report.

The Orkney Child Poverty Strategy 2022-26 took effect from April 2022 and provides a coherent framework for the planning, implementation, monitoring, and reporting of co-ordinated action to address child poverty in Orkney.

NHS Orkney and Orkney Islands Council will report every year on the actions they are taking to combat child poverty. In Orkney, this work is supported by The Orkney Partnership, which brings together the many partner agencies which play a part in our children's lives and wellbeing.

A highlight of our first year was the development of Orkney Money Matters, an integrated referral pathway for anyone in need of urgent cash or money advice. Led by Orkney's voluntary sector, Orkney Money Matters will help us channel immediate support to children, families, young people, and anyone else in Orkney who is struggling to make ends meet.

Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

The Audiology Action plan which aligns to the Independent Review and DG-HSC letter will be scrutinised via the Joint Clinical Care and Governance Committee. The Audiology service will continue to work with multidisciplinary partners within NHS Orkney, the wider community and NHS Grampian to ensure the paediatric services delivered meet the recommendations for Health Boards in the 2023 Audiology review.

Given the important of implementing the Workforce Strategy, as part of our Improvement Programme for 2024/25 we have a Workforce workstream and the following projects will be delivered over the next 12 months.

- Achieve further reduction in agency staffing use.
- Optimise staff bank arrangements.
- Achieve reductions in Medical Locum spend.
 - Discussions to consider alternative recruitment routes to support those posts which have been advertised more than once to reduce the reliance on locum capacity to support rotas.
- Deliver a clear reduction in sickness absence by the end of 24/25.
 - We will put in place actions to manage attendance this will include increasing the number of staff appraisals completed.

An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31 March 2026.

NHS Orkney are one of the first boards to successfully roll out Optima, the e-rostering tool across our workforce. A system wide readiness and implementation programme was completed during 2023/2024 of all core modules. NHS Orkney are the first Board in NHS Scotland to use the LOOP app as an engagement and communication tool for those teams who are live.

We have rolled out medics rostering which integrates with eJob plan, the next steps include building in oversight of rosters for fully integrated teams, again another first in NHS Scotland. A Roster Support Officer now manages the system as business as usual and is leading on the next phase of the national project implementation, eJob Plan and SafeCare.

Planning and resourcing strategies in place to ensure sustainable workforce is in place to support recovery of services and increased service demand.

We will continue to develop the collaborative approach to annual planning incorporating workforce planning into the broader organisational planning cycle. This will ensure alignment and encourage a joint approach, including financial planning to develop in-year and medium-term annual delivery plans, workforce plan updates, training Plans, strengthening vacancy panel justification and evidence for recruitment.

We continue to develop the NHS Orkney Workforce report to provide better data for area leads and provide a platform for data-informed workforce planning.

Over the next 12 months we will roll-out the recently developed workforce planning training to support delivery leads in forming their workforce solutions during the annual planning.

As part of our Improvement Programme, we will undertake a review of our workforce including baselining workforce activity and benchmarking ensuring the Health and Care Staffing Act underpins our planning activity.

Make use of new roles, training, and development opportunities to support workforce diversification.

Board, Executive Team and Senior Leadership Team Development Programme have been commissioned and will commence in 2024/25.

Over the next 6 – 12 months we will develop management and Leadership opportunities across the organisation including a management induction programme.

We will ensure our recently developed succession planning toolkit is embedded and used to enhance service area development and support service delivery areas with training plan development plans ensuring colleagues are provided with the right training at the right time to support service delivery and career development.

By August 2024 we will roll out the essential <u>digital skills framework - GOV.UK (www.gov.uk)</u> creating a digital skills development pathway for NHS Orkney. Work is underway to adapt the questions within the framework, an internal survey will be conducted during the summer to benchmark where we currently are as an Organisation. Feedback will provide us with a good starting point highlighting areas in which we need to invest the most development.

Enhance local supply pipelines and cement role as an 'anchor institution', such as through apprenticeships and community outreach.

Support the development of NHS Orkney as an Anchor Institute and the NHS Orkney anchor strategy by continuing relationship building with our Local Employability Partnership, providing support to sub-groups tackling the "no one left behind" agenda, and providing accurate data to inform any anchor strategy metric updates.

Fair Work - Invest in workforce development to support the delivery of Fair work first- Working in collaboration with the Local Employability Partnership (LEP) to identify opportunities to create and embed pathways for unrepresented groups.

Employability Foundation and Modern apprenticeships – We will build on the relationships and processes developed for Foundation Apprenticeship placements 23/24 and trail pathways to Modern apprenticeship opportunities to mitigate future workforce demands and ease supply pressures by providing a robust on-the-job learning route.

We will continue expanding local recruitment engagement and develop an annual calendar of engagement events with schools, colleges, job centres and other maximum participation local events.

Use technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures.

NHS Orkney are one of the first boards to successfully roll out Optima, the e-rostering tool across our workforce. As a build and train board, we have been fully supported by the system provider RLDatix and National Services Scotland (NSS).

Over the next 12 months we will work with our more complex teams to have the e-rostering system operational by early 2025.

We have rolled out medics rostering which integrates with eJob plan. A Roster Support Officer now manages the system as business as usual and is leading on the next phase of the national project implementation, eJob Plan and SafeCare which will be in place by 2025.

Collaboration with NHS Highland continues to develop a Power BI workforce data dashboard which will provide an interactive platform for workforce data sharing and used as part of our cost efficiencies programme to track and monitor our workforce establishment.

Working with NHS National Education Scotland (NES), we will deliver training for our workforce system users giving them a better understanding of data, which will support capacity and demand management and lead to improved service planning and delivery.

eRoster rollout remains a priority for 2024/25

Use of national and local workforce policies to optimise recruitment, retention, and wellbeing of staffing.

Policies and procedures improved governance around the delivery and implementation of Once for Scotland policies. Continue training programmes and drive the implementation of the next phase of Once for Scotland policies.

Review the Impact and use of the health and wellbeing Employee Assistance Programme which was introduced in 2023/24 in response to staff feedback.

Implement all equality and diversity training appropriate to health and social care staff, tailoring and enhancing the offering where required to support the delivery of the Public Sector Equality Duty. Emphasis on the Equalities outcome report for the period 2025-2029, highlighting areas of focus to reduce inequalities across the Orkney Islands.

Improving Staff experience by embedding the reward and recognition incentives, including the launch of long service awards, staff awards and recognising retirements, as part of our wider programme.

Recovery Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Implement Workforce Strategy	Reduction in sickness absence	Planning and resourcing strategies in place to ensure sustainable workforce is in place to support recovery of services and increased service demand	Roll-out the recently developed workforce planning training to support delivery leads in forming their workforce solutions during annual planning. Undertake a review of workforce models looking at baseline workforce, activity, and benchmarking.	Mar-25 Sep-24	Director People & Culture	Head of People & Culture	None anticipated. Availability of line manager, People and Culture team and Finance with the experience and time to fully review and understand the data and undertake the analysis.

Make use of new roles, training, and development opportunities to support workforce diversification.	Completion of the Board, Executive Team, and Senior Leadership Team Development Programme Roll out management and Leadership opportunities across the organisation including a management induction programme.	Mar-25 Mar-25	Director People & Culture	Head of People & Culture	None anticipated
	Roll out the succession planning toolkit to enhance service area development.	Sep-24			
Enhance local supply pipelines and cement role as an 'anchor institution,' such as through apprenticeships and community outreach	Work in collaboration with the Local Employability Partnership (LEP) to identify opportunities to create and embed pathways for unrepresented groups. Build on the relationships and processes developed for Foundation Apprenticeship placements 23/24 and trail pathways to Modern apprenticeship opportunities to mitigate future workforce demands and ease supply pressures by providing a robust on-the-job learning route.	Sep-24	Director People & Culture	Talent and Culture Manager	None anticipated
Use technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures	Interactive Power BI workforce data dashboard in place for workforce data sharing.	Aug-24	Director People & Culture	Head of People & Culture	Interactive dashboard would be reliant on alternative version of Power BI, which would incur a cost pressure.
	National e-roster, eJob Plan and SafeCare modules implemented.	Mar-25			
Use of national and local workforce policies to optimise recruitment, retention, and wellbeing of staffing.	Review the impact and use of the health and wellbeing Employee Assistance Programme. Improve Staff experience by	Sep-24	Director People & Culture	Head of People & Culture	None anticipated
	embedding the reward and recognition incentives, including the launch of long service awards, staff awards and recognising retirements, as part of our wider programme.	Jul-24			
Improve Digital Maturity through the implementation of a Digital Skills Development pathway	Using the Essential <u>digital skills</u> <u>framework - GOV.UK (www.gov.uk)</u> implement, a digital skills	Aug 2024	Director of People & Culture	Talent and Culture Manager	None anticipated.

development pathway for NHS Orkney. Local dedicated eHealth Learning	Aug 2024	Head of Improvement	eHealth Team Lead	None anticipated.
area available on TURAS. Dedicated YouTube channel in place with eLearning/video guidance for all staff on how to use clinical e-Health systems	Aug 2024	Head of Improvement	eHealth Team Lead	None anticipated.

9. Digital Services Innovation and Adoption

Work collaboratively with other organisations to scale and adopt innovation, with reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

Funding from the Clinical Stroke Policy Team has been agreed on a once for NHS Scotland basis, we are working collaboratively as part of the Thrombectomy AI (Artificial Intelligence) solution for Scotland.

We will work with the CfSD on the implementation of the national Digital Dermatology and Theatre Utilisation solution. Awaiting confirmation of timescales for delivery.

Promote and support clinical and translational research so that patients can benefit from new and better treatments, including facilitating General Medical Council Good Medical Practice 2024 guidelines on considering research opportunities.

As an Island Board our Medical Director leads on Innovation and Research, over the next 12 months we will actively seek research opportunities.

Adoption and implementation of the national digital programmes

The <u>Care in the Digital Age: Delivery Plan 2022-23</u> and delivery plan sets out key deliverables Scottish Government expect Health Boards to deliver as part of the Annual Delivery Planning Process. We have included the Draft Digital Delivery Plan (**see Appendix C**).

To support the adoption and implementation of national digital programmes, and a more integrated and coherent approach to planning and delivery of health and care services, an Integrated Improvement Hub has been established bringing together quality, finance and digital. To accelerate our digital transformation agenda, over the next 12 months we will.

• Develop a 3-year road map for our digital services and transformation which will underpinning our Corporate and Clinical Strategies with clear alignment with the NHS Scotland 10 national recovery drivers.

 Develop a Digital Maturity and National Information Security improvement plan to ensure our Health and care services are built on people-centred, safe, secure, and ethical digital foundations which allow staff to record, access and share relevant information across the health and social care system, and feel confident in their use of digital technology, to improve the delivery of care.

Child Health System Replacement

The Child Health System administrators within the Public Health Team continue to carry out user acceptance testing on behalf of NHS Orkney. There is scope for future transformation of the system, but this will be included in the next phase of the process once the new system is live. The target go-live date for the new system is Winter 2024. Our Child Health Board Liaison Officer is actively attending multiple national meetings to discuss the various aspects of the new system.

Newborn Screening

We will implement the newborn hearing screening programme once the procurement process is complete. This work is being led by our Public Health and Maternity services.

Local Priorities

Inpatient Electronic Patient Record (IP EPR)

Preparatory Work is underway to adopt NHS Grampians TrakCare Inpatient Electronic Record (IP EPR) functionality. Over the next 6 months we will work with NHS Grampian's clinical EPR Lead to assess clinical requirements with the aim of being paper light by 2026.

Improve cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

Our latest NIS audit (a legal requirement in Scotland), which reviews controls in Tier 1 and Tier 2 of the refreshed <u>Public Sector Cyber Resilience Framework</u> outlined key areas of improvement against compliance. NHS Orkney is an underachieving board (38% compliant), due to the absence of evidence submitted. 75% of the controls rated as "Not Achieved" lacked any evidence. A NIS Improvement Plan will be delivered over the next 12 months to ensure compliance with the refreshed Public Sector Cyber Resilience Framework a legal requirement in Scotland.

Engage with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.

We have excellent links with the CCoE who act as a shared Cyber Threat Monitoring and Response Service and will work with them as part of our NIS improvement plan as we continual improve the security of our systems and grow our inhouse cyber security skills training and awareness.

Cyber Security Training – Investing in our workforce.

NHS Orkney is in the process of requesting funding through the public sector cyber upskilling fund to upskill the IT department. The department are scoping the following courses

- ITIL
- ITIL Advanced
- Comptia Sec+
- Comptia Project management

Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

We are committed to ensuring we optimise the use of digital & data technologies in the delivery of health services and have an ongoing commitment to developing and maintaining digital skills across the whole workforce.

We have one person enrolled on the NES Digital Health and Care Leadership Programme. As there is a practical element to the training, through the establishment of our Integrated Improvement Hub, we will ensure that the skills developed are utilised as part of our improvement journey. Our current learner has chosen a project to widen the use of virtual consultations to specialities where uptake has been low.

There is one clinician studying on the Digital Health and Care Transformational Leaders master's Programme and has the full support of our Associate Director of AHP (Allied Health Professionals). This outputs from this work will be shared across the organisation via our Integrated Improvement Hub.

Recovery Driver	National	Deliverable	Action	Target	Executive	Delivery	Interdependencies
Optimise use of digital & data technologies in the design and delivery of health and care	KPI's	Adoption and implementation of the national digital programmes	Develop a Digital Maturity improvement plan to ensure people feel confident in their use of digital technology, to improve the delivery of care.	Date Jun-24	Lead Chief Executive	Lead Head of Improvement	None anticipated.
services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes			Roll out an improved information management training across the organisation, ensuring all staff, supported by information asset owners (IAOs), understand their responsibilities, and feel confident actively managing the information and records they generate and use.	Dec-24			
		Improve cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework Engage with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations	National Information Security improvement plan implemented demonstrating compliance with the refreshed Public Sector Cyber Resilience Framework	Apr-25	Chief Executive	IT Manager	None anticipated.
		Executive support and commitment to optimising use of digital & data	Continue to support staff who have signed up for the NES Digital Health and Care Leadership Programme and	Apr-25	Chief Executive	Head of Improvement	None anticipated.

technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.	the Digital Health and Care Transformational Leaders master's Programme				
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10. Climate Emergency and Environment

Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide and adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

We are in the process of decarbonising all our owned properties this will be completed by 2025.

Business travel and patient travel is being reviewed to ensure we reduce the number of appointments off island through increased awareness and use of virtual consultations (Near Me).

Our Pharmacy Team have undertaken a piece of work to review the use of Inhaler propellants because of seeing an increase in usage within Primary Care. As a result of this work there has been a reduction in their usage in Secondary Care.

The use of Nitrous Oxide has decreased, we are in the process of purchasing new anaesthetic machines capable of holding small nitrous oxide bottles enabling us to decommission piped nitrous oxide. Our dental service has serviced and commissioned their equipment to use small bottles rather than piped Nitrous Oxide.

The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Board

We have seen a reduction in the amount of clinical waste produced at NHS Orkney at the point of disposal using our on-site Clinical Waste Treatment Unit.

A scoping exercise will be undertaken as part of our cost improvement programme to understand if there are any further efficiencies to be achieved in terms of local CDU and Waste processes. This will include a joint piece of work with Orkney Islands Council including a review of our food provisions and the meal choices on offer in our inpatient settings.

The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

We have 100% Electric Vehicle vans and 70% Electric Vehicle cars and are on target to meet the 2025 deadline.

We have undertaken a Geographic information System mapping exercise for the greenspace on our estate. A greenspace strategy will be produced later this year to guide the management and use of the NHS outdoor estate to improve the health of patients, visitors, staff, local community, and the environment. With the overarching goal of being to improve the health and wellbeing of people and communities across Orkney.

Near Me clinics, cycle to work schemes will continue to be promoted, we have worked with TravelKnowHow Scotland on the production of a travel plan strategy for NHS Orkney.

Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

We are working on the mandated legal register as part of the national team where information is shared between boards. Our compliance officer has attended the ISO14001 Foundation Course Training and are continually updating the EMS register.

NHSO is currently embarking on upgrading its entire estate to minimise its carbon footprint. While much of the work centres on the built structures some of the work has also given the opportunity to increase the existing biodiversity across the estate. For example, all but 2 of the NHSO doctors' surgeries will incorporate small solar meadows. As part of these works the meadows will be surrounded by landscaping incorporating a specific Orkney meadow mix thus ensuring an increase in biodiversity. Due to the exposed nature of the sites indigenous tree planting would not survive. The Orkney wildflower meadows will require minimum maintenance i.e. they will require to be cut once a year in late summer and the cuttings raked up having been left on the ground for a week or two to release any annual seeds. These features also accord with the new National Planning Framework NPF4 introduced this year which calls for greater consideration of biodiversity.

Reduce the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

We are committed to reducing the environmental impact of healthcare through the adoption of the National Green Theatre Programme. Work has commenced on the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach. Our Lead Theatre Nurse is rolling out the Green Theatre Programme, as directed by the National Green Theatre Team.

Recovery	National KPI's	Deliverable	Action	Target	Executive	Delivery	Interdependencies
Driver				Date	Lead	Lead	
Climate Emergency and Environment	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of	Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide	Decarbonise all our owned properties by 2025. Reduce the number of appointments off island through increased awareness and use of virtual consultations (Near Me).	Mar-25 Mar-25	Chief Executive	Head of Estates Facilities and NPD Contracts	Limitations in terms of funding which has been allocated for this project, therefore any unplanned costs may impact project delivery.

he NHS Scotland 2040 net-zero targe		New anaesthetic machines capable of holding small nitrous oxide bottles purchased				
	The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards	Scoping exercise complete to understand if there are any further efficiencies to be achieved in terms of local CDU and Waste processes.	Mar-25	Chief Executive	Head of Estates Facilities and NPD Contracts	None anticipated
	The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting	A greenspace strategy will be produced later this year. Ensure we have 100% EV vans and 70% EV cars across our fleet of vehicles to meet the target date of 2025.	Nov-24 Mar-25	Chief Executive	Head of Estates Facilities and NPD Contracts	Dependency on additional funding for the car fleet to ensure full compliance.
	and patient and visitor travel, linking to other strategy areas	Promote the cycle to work scheme.	Ongoing			
	such as greenspace and adaptation	Work with TravelKnowHow Scotland on the production of a travel plan strategy for NHS Orkney	Aug-24			
	Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate	As part of the National Planning Framework NPF4 introduced this year, ensure all our built structures can increase the existing biodiversity across the estate	Ongoing	Chief Executive	Head of Estates Facilities and NPD Contracts	None anticipated
	Reduce the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach	Progress has been made in completing bundle A and work started in preparation implementing bundle B	Ongoing	Director of Nursing, Midwifery, AHPs and Acute Services	Theatre Lead Nurse	None anticipated

Appendices

APPENDIX A - NHS Scotland Annual Delivery Planning Guidance 2024/25



ANNEX A - NHS Scotland Annual De

APPENDIX B - DRAFT NHS Board Delivery Plan Guidance 2024-25 - Delivery Progress Reporting



APPENDIX C - DRAFT NHS Orkney Digital Delivery Plan Guidance 2024-25



APPENDIX D - DRAFT NHS Orkney Realistic Medicine Action Plan 2024-25



Thank you to everyone who contributed to the development of the 2024/25 Annual Delivery Plan

Team Orkney – Improving Together

Chief Executive

via e-mail

The Balfour Foreland Road Kirkwall Orkney KW15 1NZ www.ohb.scot.nhs.uk



Date: 31 May 2024

Tel: 01856 8888197 Enquiries to: Miranda Gardiner Email: <u>Miranda.gardiner@nhs.scot</u>

Dear Paula

Re: NHS Orkney Delivery Plan 2024/25

I hope you are well.

Thank you for your letter dated 28 May 2024 regarding NHS Orkney's Delivery Plan 2024/25, in which you provided confirmation that the Scottish Government is satisfied that our plan broadly meets your requirements and provides appropriate assurance under the current circumstances.

I can confirm that our Delivery Plan will go to our Board on 27 June 2024 for final approval, consistent with the request in your letter.

As a Board, we acknowledge the requirement to achieve a minimum 3% recurrent savings and having a clear path to financial balance. We will today be submitting our return detailing the difficult decisions and choices we would need to carefully consider if we are to close our financial gap following a discussion at our Finance and Performance Committee yesterday. The conversation we had was in the context of doing all we can to meet our financial obligations, whilst ensuring that any decisions we make appropriately safeguard patient experience, clinical outcomes, operational performance (waiting times) and staff health and wellbeing.

We welcome the helpful feedback provided in Annex A of your letter, notably the priority, development and areas of improvement required, which we will carefully review and act upon.

We remain committed to and look forward to working closely with the Scottish Government on the delivery and implementation of our Delivery Plan over the coming year with a particular focus on reducing our planned care waiting lists which remains a key Government and NHS Orkney priority, as detailed in our recently-published Corporate Strategy.

Chair: Meghan McEwen Chief Executive: Laura Skaife-Knight

Please don't hesitate to contact me if I can help further.

In the meantime, thank you to you and your team for your continued support. We continue to retain our focus on delivering the best possible quality of care and outcomes for our patients, improving the experience of our staff and achieving financial sustainability.

Yours sincerely

Spal

Laura Skaife-Knight **Chief Executive**

Cc.

Meghan McEwen, Board Chair Paul Corlass, Recovery Director Debs Crohn, Head of Improvement (and planning and performance lead)



Meeting:	NHSO Board
Meeting date:	Monday, 24 June 2024
Title:	Clinical Strategy update
Responsible Executive:	Medical Director
Report Author:	Anna Lamont

1 Purpose

Please select one item in each section and delete the others. This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- 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

This report describes progress on the clinical strategy in the context of current financial escalation and new corporate strategy. The objective for 2024 has been to integrate the 2022-27 clinical strategy aims into the 2024 "Improving Together" programme. The value-based care and realistic medicine principles

used to describe this year's clinical strategic objectives, are those set out by Scottish Government in NHS Scotland's Reforming the way we work.

2.2 Background

The 2022-27 clinical strategy for NHS Orkney attempted to cover a wide array of objectives, yet lacked the specificity needed for measurable progress. While it set out broad goals such as supporting healthier lives, promoting evidence-based practice, and enhancing mental health services, the strategy described diffuse improvements without objectives or clear metrics for success. This lack of definition has resulted in a strategy that, although ambitious, is challenging to update and evaluate effectively, making it difficult to track real progress or hold the programme accountable.

2.3 Assessment

A three-month engagement period from January to March 2024 with staff, public and stakeholders on what mattered to them has informed the new <u>corporate</u> <u>strategy and objectives</u>. While there is an ambition to revise the clinical strategy through further consultation and engagement, a view has been taken in agreement with the senior leadership team (SLT) to pause revision of the clinical strategy while the corporate strategy is embedded. Planning for what engagement should take place on the new clinical strategy is now planned for Q4 this year. In the interim, this update references aims within the 2022 clinical strategy, and describes the revised focus and realistic medicine structure of the Improving together programme.

2.3.1 Quality/ Patient Care

Detailed in the attached paper

2.3.2 Workforce

Aligned with the improving together plan, recruitment to vacant clinical posts is a key part of reducing locum and agency spend

2.3.3 Financial

Managed as part of the improving together plan.

2.3.4 Risk Assessment/Management

Managed as part of the improving together plan.

2.3.5 Equality and Diversity, including health inequalities

Managed as part of the improving together plan.

2.3.6 Climate Change Sustainability

Reduction in waste is included in the action plans.

2.3.7 Other impacts

None known

2.3.8 Communication, involvement, engagement, and consultation

• A consultation plan is to be reviewed in Q4 2024.

2.3.9 Route to the Meeting

Previous updates have been considered by the following groups as part of its development. The groups have supported the content, and their feedback has informed the development of the content presented in this report.

- SLT 19/03/2024
- RM (Realistic Medicine) action plan to Scottish Government on 21/03/2024

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.

2 List of appendices

The following appendices are included with this report:

• Clinical Strategy Update to Board June 2024



Clinical Strategy Update

Anna Lamont Medical Director

14/06/2024

Overview

This report describes progress on the clinical strategy in the context of current financial escalation and new corporate strategy. The objective for 2024 has been to integrate the 2022-27 clinical strategy aims into the 2024 "Improving Together" programme. The value-based care and realistic medicine principles used to describe this year's clinical strategic objectives, are those set out by Scottish Government in NHS Scotland's Reforming the way we work. By prioritising person-centred outcomes and streamlined healthcare delivery we aim to work across the boundaries of NHS Board, IJB (Integrated Joint Board), local Government and education.

The 2022-27 clinical strategy for NHS Orkney attempted to cover a wide array of objectives, yet lacked the specificity needed for measurable progress. While it set out broad goals such as supporting healthier lives, promoting evidence-based practice, and enhancing mental health services, the strategy described diffuse improvements without objectives or clear metrics for success. This lack of definition has resulted in a strategy that, although ambitious, is challenging to update and evaluate effectively, making it difficult to track real progress or hold the programme accountable.

A three month engagement period from January to March 2024 with staff, public and stakeholders on what mattered to them has informed the new <u>corporate strategy and</u> <u>objectives</u>. While there is an ambition to revise the clinical strategy through further consultation and engagement, a view has been taken in agreement with the senior leadership team (SLT) to pause revision of the clinical strategy while the corporate strategy is embedded. Planning for what engagement should take place on the new clinical strategy is now planned for Q4 this year. In the interim, this update references aims within the 2022 clinical strategy and describes the revised focus and realistic medicine structure of the Improving together programme.

Clinical Strategy update derived from the 2022-27 strategy: Activities in Q4 2023 to Q1 of 2024

1. Supporting People to Live Healthier Lives:

• Programmes to reduce smoking.

The Quit Your Way specialist service has continued to be delivered through NHS Orkney's Public health Team during this quarter.

Very brief intervention training has been delivered to 30 attendees since the 7th of March. This training is a 1-hour training (with an optional 30-minute Q&A afterwards) delivered on MS Teams which will equips staff across sectors with the skills and knowledge to offer conversations about stopping smoking and then signpost to the stop smoking support services available in Orkney.

• Programmes Supported to Reduce Obesity

Within the last three months Public Health has been working with the HENRY Programme (Health, Exercise, Nutrition for the Really Young) and have trained 11 early years practitioners in Core HENRY skills, and six practitioners trained to deliver the HENRY Right from the Start Programme for families with children aged between 1-5 years. The skills developed will support practitioners to work with parents and families, helping them to identify and maintain healthier lifestyle choices including healthier diets and physical activity with their children. Being delivered both online and in person, the first workshop is expected to be delivered in August with an eight-week group course shortly after.

Tier 1 Healthy Families resource was developed and launched at the end of 2023/2024, with increased promotion on social media to increase engagement. This resource provides an eye-catching, easy to read information booklet outlining nutrition, physical activity, mental wellbeing, sleep, and screen time to support families making positive, healthy changes to lifestyle.

For Adult Healthy Weight, Public Health Works alongside dietetics to provide access to the Second Nature Tier 2 and Tier 3 Weight Management Programmes, where patients are triaged and provided with appropriate levels of support to engage with healthier lifestyle choices. Access to Counterweight Plus is also provided through dietetics, providing Tier 1 education sessions to those with newly diagnosed with diabetes and supporting them to manage their condition.

Three members of the Public Health Team are recognised MAP Trainers - Motivation, Action, Prompts. This training has been reintroduced earlier this year and focuses on communication and motivational skills that can be utilised by practitioners to engage patients in positive behaviour change. Often used to facilitate weight loss or increased physical activity, MAP training is designed to provide practitioners with the confidence to facilitate difficult conversations and support patients to attain their personal goals.

2. Repatriation of public health and community services to Orkney

Final arrangements are being made for the last Orkney patient of the Ayr Priory Clinic patient to be discharged. The discharge will be to supported social care accommodation on the Scottish mainland commissioned by OIC.

3. Expanded Mental Health Provision for Children and Young People:

Increasing access to mental health services and integrating mental health support within primary care settings: Outpatient waiting lists for planned care of children and young people will not be maintained at previous year's levels under the current SLA (Service Level Agreement) with NHS Grampian. The current SLA with NHS Grampian for outpatient consultant paediatrician assessment and review has not provided sufficient sessions to meet demand in recent years. Due to clinical concerns about overdue monitoring of medicines that require consultant review, additional paediatrician time of four additional clinics were commissioned between March – June 2024. In order to meet the backlog of care and to address the ongoing referral demand, it has been agreed by SLT to update the SLA for this year to expand the visiting paediatric services. This forms part of the recovery and requirement to provide and commit to planned care for children and young people. The SLA will be reviewed annually to ensure the sessions reflect both waiting lists and planned care funding, recognising that the additional SG (Scottish Government) funding for the 2024-25 year is not confirmed to be recurrent.

4. Supporting Carers:

Following input from all stakeholders, especially unpaid carers themselves, the new Orkney Unpaid Carers Strategy has been approved by the IJB in February 2024 and is now published. Publication included social media promotion, as well as a presentation on Radio Orkney. The Carers' Strategy Group has prepared an update for the IJB's Performance and Audit Committee, on the Strategic Plan Delivery Tracker and, specifically, the four actions associated with the Unpaid Carers' Strategic Priority. Three of these actions are now completed. Stakeholder engagement with Voluntary action Orkney during consultation on the corporate strategy has ensured Third Sectors are included in our strategic plan. In terms of support for our employed staff as 'carers' they have access to EAP (Employee Assistance Programme) which includes advice and counselling as well as the self-help app, Wisdom. We also have regular wellbeing days and events throughout the year (e.g. the wellbeing day on 28 May) and we support national campaigns around key topics like men's health which has been the most recent. Additionally, we have a small network of facilitators for debriefing after traumatic events. We participate and promote local events which are available to carers in the community, for example, there were recently a series of sessions in the Picky Centre around stress management.

5. For care experienced users to receive support up until age 26

All care experienced young adults are legally entitled to aftercare service until they are 26 and receive this support if they are agreeable to engage, though I would add that any

care experienced adult who approached us to seek support regardless of age would be supported and or/ signposted to relevant services.

Integration into the 2024-25 Improvement Programme

In January 2024 NHS Orkney committed to a value improvement plan that develops and delivers on Realistic Medicine workstreams. This revised framework for describing clinical improvement embeds a governance and accountability framework for the delivery of the clinical quality improvements. This design has been shaped with input from the Corporate Leadership Team, Senior Leadership Team, as well as senior operational and HR staff.

The programme is structured to ensure that assurance activities are effectively planned, scheduled, coordinated, and that resources are allocated in advance. Staff engagement with the programme's governance framework remains crucial, as it offers guidance on applying a consistent quality standard and approach, aligning with organisational requirements for assurance planning and implementation.

Scope of Improvement Programme Assurance Framework

The scope of the Improving Together Programme plan encompasses financial, clinical, digital, and organisational delivery value, that ensures the Realistic Medicine programme is an integral part rather than being considered separately. This approach ensures that the realistic medicine principals inform our decision making and act as a balance to the financial focus on delivering value.

Clinical value-based care and realistic medicine components for successful delivery:

- Enhancing clarity and transparency of the Improvement Programme to ensure a comprehensive understanding of the programme's progress and the contributions of individual workstreams and projects.
- Reducing variation in processes across all business units for streamlined measurement and tracking.
- Ensuring delivery against each project and workstream, focusing on sustainable and recurrent benefits.
- Facilitating governance of the Programme, including management of centrally delivered workstreams and projects and effective validation of benefits at both project and organisational levels.
- Enhancing accuracy in assessing project and programme benefits, including transparent reporting on progress and ongoing projects.
- Scoping projects clearly to embed a culture of continuous improvement within the organisation.
- Encouraging the generation and development of ideas into mature projects, optimising the transformation of innovative concepts into operational efficiencies.
- Focussing on partnership and personalised care to ensure patient experience and outcomes, as well as staff experience, are included in evaluation measures.

This approach ensures that the Programme focuses on meaningful improvement, quality care, and operational efficiency.

The 2024-25 programme includes twelve workstreams.

- Diagnostics
- Pharmacy
- Length of Stay (flow)
- Cancer
- Theatres
- Digital Transformation
- Estates and Facilities
- Workforce
- Procurement
- Outpatients
- Social Care & Community (IJB)
- Finance

Each workstream has a Senior Responsible Officer (SRO) accountable for the development of an efficiency plan supported by a clinical lead if required, a delivery lead, management accountant, HR, and an improvement hub lead. The workstream team is responsible for developing ideas into robust and credible plans. The final plan will be approved by divisions, be financially and operationally sound and stretching in its scope and delivery.

Anna Lamont



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Public Health Report
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Louise Wilson and Hannah Casey

1 Purpose

The purpose of this report is to provide the Board with an update on public health activity undertaken with a focus on inequalities particularly in relation to cardiac disease.

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 related to

• Prevention and cardiac disease

As a development some key public health indicators have been included in the integrated performance report around smoking, vaccination and screening. Published data is often annual for public health outcomes and so local system data may have to be used at times. Considerable work is being undertaken nationally to look at indicators for population



health. The care and wellbeing dashboard is under development. https://scotland.shinyapps.io/phs-care-and-wellbeing-dashboard/

Life expectancy and healthy life expectancy are key population health https://scotland.shinyapps.io/phs-care-and-wellbeing-dashboard/ndicators, and these are currently reported in the annual public health report. In addition to performance metrics and any key updates, we plan to share a greater in depth focus on specific topic areas of importance starting with cardiac disease.

2.2 Background

The Scottish heart disease action plan (2021) sets out the national priorities and the actions to minimise preventable heart disease and ensure equitable and timely access to diagnosis, treatment and care for people with suspected heart disease in Scotland. Consideration needs to be given locally as we reshape and develop services as to how we appropriately balance treatment and preventative approaches.

2.3 Assessment

The health and economic case for prevention in general is well evidenced. In this report we focus on cardiac disease (Appendix1). The report shows the importance of the contribution of cardiac related conditions to the burden of disease experienced by the population of Orkney.

The decline in early deaths in Scotland and Orkney has reached a plateau, and shows a local deprivation gradient. Coronary heart disease hospitalisations have decreased nationally and locally up to 2019/20.

A range of work is undertaken by public health to address some key factors which contribute to cardiac disease. Secondary and tertiary preventative activities are also undertaken across the organisation. The impact of the COVID-19 pandemic, both in relation to any direct impact of the virus but also on the access to diagnostic and treatment services is still being understood and is an active area of research nationally.

The report aims to support the ongoing work around service improvement and investment in services to tackle the burden of ill health and promote prevention.

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 Risk Assessment/Management

Risks identified are managed through normal NHS Orkney Public Health risk procedures with escalation through the Risk Management Forum as required.



2.3.3 Equality and Diversity, including health inequalities

The Public Health Department aims to reduce inequalities.

2.3.4 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.

2.3.5 Communication, involvement, engagement and consultation The report has been produced by the Public Health Department.

2.3.6 Route to the Meeting

Approval by Executive Director.

2.4 Recommendation

The Board is asked to discuss this report and support the preventative activity being undertaken.

3 List of appendices

• Appendix 1 - Prevention and Cardiac Related Disease

Appendix 1 Prevention and cardiac related disease

The health and economic case for prevention is well evidenced. Generally, three levels of prevention are considered. These are:

- **Primary prevention** which describes actions to prevent disease before it develops through population level interventions which reduce risk of disease or interventions which impact the drivers of factors which can influence population health outcomes.
- **Secondary prevention** describes actions which are focussed on early detection of a problem and support early intervention and treatment, reducing the level of harm from the disease of health issue.
- **Tertiary prevention** describes the actions which attempt to minimise the harm from a disease or health issue through careful management.

Much of the NHS preventative action is focussed on the immediate needs of those experiencing poor health outcomes which pushes preventative action to secondary and tertiary levels. Of course, there are primary preventative activities in the NHS, but the large proportion of activities are focussed on secondary and tertiary prevention. However, there is a drive for the NHS to increase its focus on primary prevention (McAdams, 2023). Health Improvement activities are mainly focussed on primary prevention and often a number of diseases may share the same risks factors such as smoking and obesity.

Cardiac Disease

Cardiac related diseases are in the top three leading causes of health loss in Orkney according to the Scottish Burden of Disease Study, 2019. These include ischaemic heart disease, cerebrovascular disease and other cardiac related conditions such as atrial fibrillation and flutter.

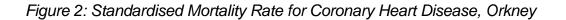
The burden of disease relating to cardiovascular conditions is shown in the long-term conditions data in Figure 1. Figure 1 demonstrates the number of service users in 2022/23 in Orkney with recorded atrial fibrillation (685 individuals), coronary heart disease (CHD) (1,130 individuals), cerebrovascular disease (CVD) (502 individuals) and heart failure (309 individuals). However, it can be seen from Figure 1 that the burden of bed days from these conditions is a larger proportion relative to the number of individuals than for other conditions.

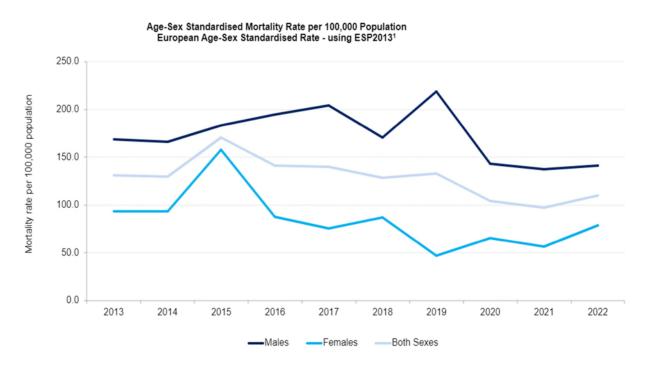
Figure 1: Health And Social Care: Long Term Conditions number of service users and bed days for Orkney 2022/23. Please note that this information is from Discovery, and therefore is management level information and may be subject to change.



(Source: Discovery Dashboard)

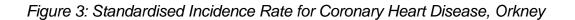
The latest Scottish heart disease statistics were published in January 2024. The standardised mortality rate for coronary heart disease is shown in Figure 2. This shows the standardised coronary heart disease mortality rate in Orkney and we can see the higher mortality rates in men. In 2022 the standardised rates per 100,000 are lower in Orkney than Scotland for both men (141.3 vs 185.9 and women (79.1 vs 88.6).

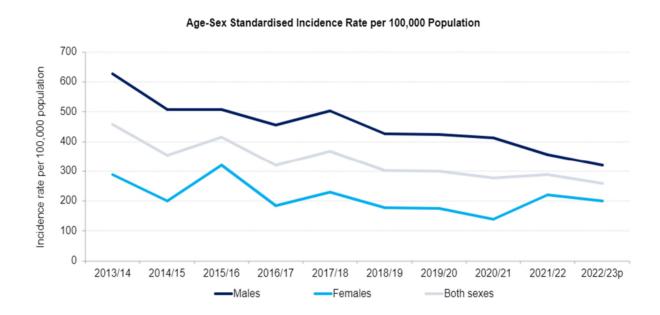




(Source: Scottish Heart Disease Statistics https://publichealthscotland.scot/publications/scottish-heart-disease-statistics/scottish-heart-disease-statistics-year-ending-31-march-2023/)

The standardised incidence rate for coronary heart disease is shown in Figure 3. This shows the new hospital cases plus deaths (who have not had a similar previous admission within ten years) in Orkney each financial year due to coronary heart disease, demonstrating the burden of new coronary heart disease each year. The standardised incidence rate is higher in men than women and in 2022 lower in Orkney than Scotland for both men (319.2 vs 469.1) and women (199.0 vs 219.7).

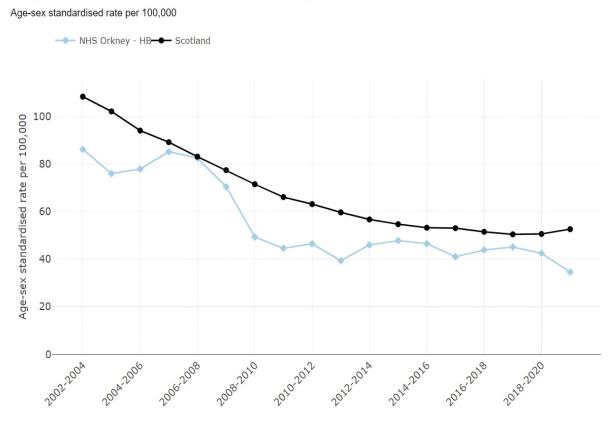




(Source: Scottish Heart Disease Statistics https://publichealthscotland.scot/publications/scottish-heart-diseasestatistics/scottish-heart-disease-statistics-year-ending-31-march-2023) Early deaths from coronary heart disease are defined as deaths in those who are under 75 years of age. Figure 4 shows the standardised rate per 100,000 persons of early deaths from coronary heart disease in Orkney compared to the national rate. We can see the decline over the first 10 years of the century in Scotland and in Orkney in early deaths.

Figure 4: Rate of early deaths from coronary heart disease in Orkney

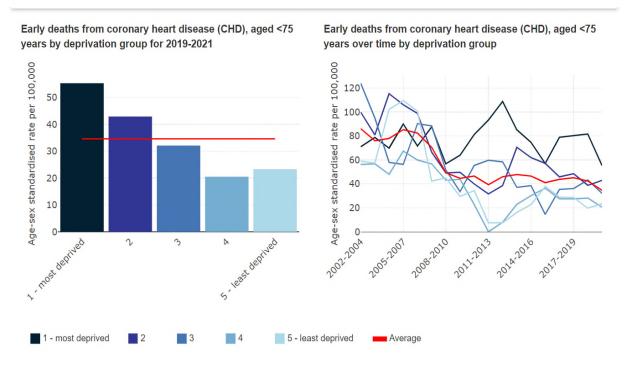




(Source: ScotPHO Profiles ScotPHO profiles (shinyapps.io))

Early deaths from coronary heart disease are highest in the most deprived areas of Scotland. Whilst absolute inequalities (the difference between the most and the least deprived areas in Scotland) relating to early deaths from coronary heart disease have decreased over time, the relative inequalities (the difference between the most disadvantaged and the overall average for Scotland), have increased. According to the most recent data (2019-2021 available in ScotPHO profiles), the most deprived areas of Orkney have 62% higher deaths from coronary heart disease than Orkney as a whole (Figure 5).

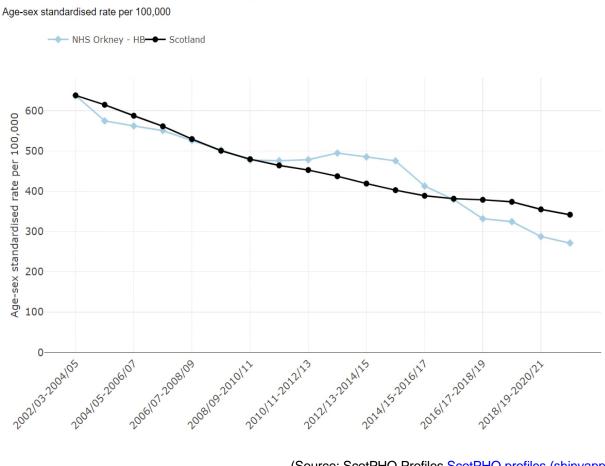
Figure 5: Early deaths from coronary heart disease (CHD), aged <75 years: NHS Orkney 2019-2021



(Source: ScotPHO Profiles ScotPHO profiles (shinyapps.io))

The rate of patient hospitalisations due to coronary heart disease for Orkney compared to national is shown in Figure 6, and we can see a decline in the rate of hospitalisations over time.

Figure 6: Rate of patient hospitalisations from coronary heart disease in Orkney

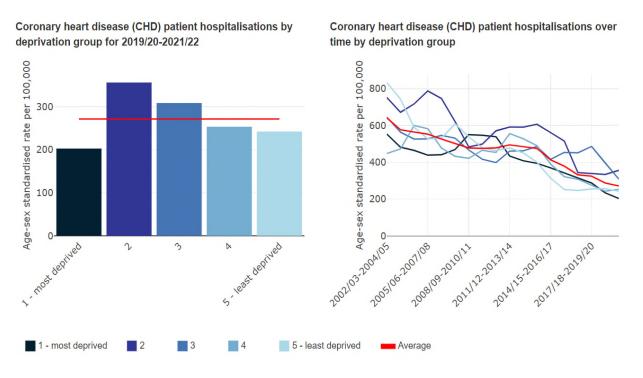


Coronary heart disease (CHD) patient hospitalisations

(Source: ScotPHO Profiles ScotPHO profiles (shinyapps.io))

The rate of patient hospitalisations is less for people living in the most deprived areas of Orkney compared to those living in the least deprived area of Orkney (Figure 7). This is not in keeping with national trends relating to inequalities and coronary heart disease which instead demonstrate that people from the most deprived areas experience higher levels of hospitalisation than those from the least deprived areas.

Figure 7: Coronary heart disease (CHD) patient hospitalisations: NHS Orkney 2019/20-2021/22

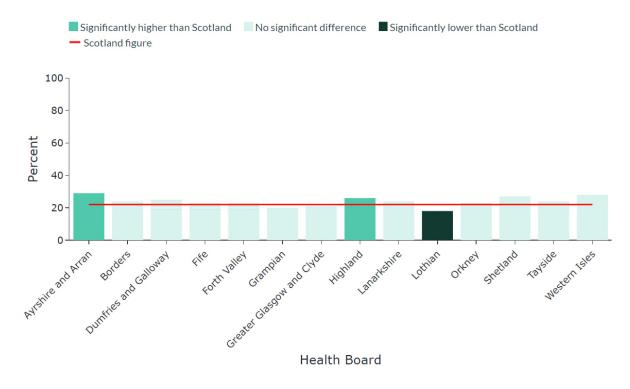


(Source: ScotPHO Profiles ScotPHO profiles (shinyapps.io))

The Heart Disease Action Plan published by Scottish Government in 2021 identified preventative action to tackle high blood pressure, high cholesterol and atrial fibrillation as risk factors of heart disease and stroke. Diagnosed high blood pressure is measured in the Scottish Health Survey. Participants are recorded as having high blood pressure if they reported ever having this high blood pressure (over 140/90mmHG) diagnosed by a doctor or a nurse. This does not include women whose high blood pressure occurred only during pregnancy. In 2018-2022, 23% of Orkney participants in the Scottish Health Survey reported a diagnosis of high blood pressure, compared to the national average of 22% (Figure 8).

Figure 8: Reported diagnosed high blood pressure in Orkney, aggregated data from 2018-2022

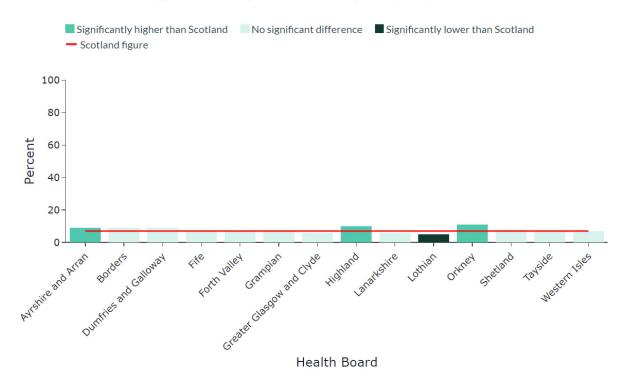
Doctor-diagnosed high blood pressure (excluding pregnant), Yes, All, 2018-2022



(Source: Scottish Health Survey Scottish Health Survey (shinyapps.io))

Atrial fibrillation causes an irregular, and often abnormally fast, heart rate. The rate of diagnosed irregular heart rhythm reported through the Scottish Health Survey is the participants who reported ever having irregular heart rhythm diagnosed by a doctor. In the 2018-2022 aggregated data, 11% of Orkney participants reported a doctor diagnosed irregular heart rhythm, compared to the national average of 7% of participants (Figure 9).

Figure 9: Reported diagnosed irregular heart rhythm in Orkney, aggregated data from 2018-2022



Doctor-diagnosed irregular heart rhythm, Yes, All, 2018-2022

(Source: Scottish Health Survey Scottish Health Survey (shinyapps.io))

The Heart Disease Action Plan also identifies other risk factors which are actioned in other plans including:

- Healthy eating,
- Stopping smoking,
- Drinking alcohol at safe levels,
- Maintaining a healthy weight and being physically active,
- Clean air,
- Prevention of diabetes.

It is important to consider reducing health inequalities when implementing preventative action as there is a gap in mortality and morbidity due to cardiac related disease between the most and least deprived.

A high-level summary of some of the Health Improvement Department work across the areas of primary prevention is identified in Table 1.

Prevention of Cardiovascular	Recent Health Improvement Department
Disease	activities
Healthy eating	Public communications
	Development of healthy families leaflet
Stopping smoking	Continuation of stop smoking service
	Development and roll out of very brief interventions
	training
Drinking alcohol at safe levels	Continued engagement with Alcohol and Drugs
	Partnership
Maintaining a healthy weight and	Continued delivery of dietetic led weight
being physically active	management services
	Continued access for appropriate patients to Second
	Nature weight management app
	Engagement in the development of the Physical
	Activity and Wellbeing Strategy in Orkney

Table 1: Health Improvement Department work across these areas of primary prevention

Clean air	Continued engagement with the Sustainable Travel
	Group and NHS Sustainability Group
	Purchase of Ebikes for NHS Orkney staff use
	Continued engagement in the Community Planning
	Partnership Cost-of-Living Taskforce and their fuel
	poverty work
Prevention of Diabetes	Access to 'Let's Prevent' education app through
	Primary Care in Orkney for people who are
	diagnosed with pre-diabetes and access to 'Baby
	Steps' app in Orkney for gestational diabetes
Reducing inequalities	Continued engagement in the Community Planning
	Partnership Cost-of-Living Taskforce

Across NHS Orkney, there is also secondary and tertiary prevention work continuing to minimise the potential harm caused to an individual with cardiac disease from their condition and some examples are given below.

In primary care the GP cluster, which focuses on quality improvement is undertaking work in relation to prevention, with a current focus on looking at individuals who are due blood pressure measurement. Work has also been undertaken in relation to the management of high blood levels of lipids.

The cardiac rehabilitation service is delivered within secondary care. The cardiac rehabilitation service helps people return to everyday life who have developed heart disease, including having had a heart attack, undergone heart surgery or had an interventional procedure. Structured cardiac rehabilitation includes exercise and education. The cardiac rehabilitation Service in Orkney sees approximately 50 patients per year who have had a heart attack, a spontaneous coronary artery dissection which can cause a heart attack or cardiac arrest, who have undergone surgery or have heart failure. Patients with atrial fibrillation are not currently included in cardiac rehabilitation although this is a potential area for development requiring allied health professional capacity for exercise and nutritional assessment and advice. The annual activity data for this service is shown in Figure 10.

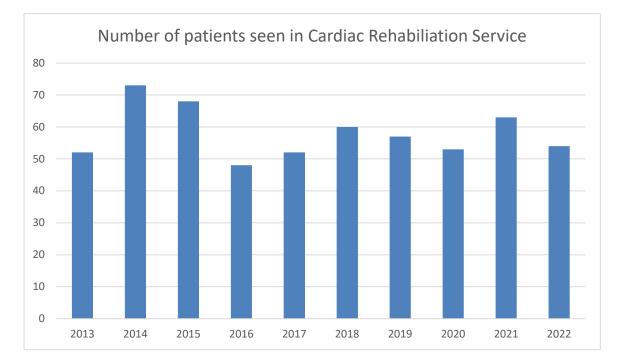


Figure 10: Annual Activity Data for the Orkney Cardiac Rehabilitation Service

The Heart Disease Action plan for Scotland highlighted that timely access to diagnostic tests including ECG and echocardiography can be an issue across Scotland with workforce issues highlighted as an important factor limiting this capacity. These diagnostic tests can be viewed as helpful for secondary prevention, supporting access to early diagnosis, but also helpful in tertiary prevention due to their role in supporting decision making about the long term management of heart conditions. Figure 11 shows the echocardiograms delivered in Orkney over time by the echocardiographer only. There is a four-year period of data missing due to inability to access an old system to retrieve this data. Work is underway to ensure ongoing access to this important diagnostic service.

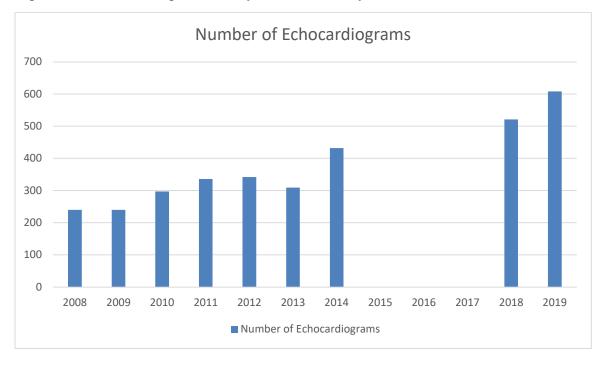


Figure 11: Echocardiogram activity data for Orkney 2008 - 2019

<u>Summary</u>

This report shows the importance of the contribution of cardiac related conditions to the burden of disease experienced by the population of Orkney. The decline in early deaths in Scotland and Orkney has reached a plateau, and shows a local deprivation gradient. Coronary heart disease hospitalisations have decreased nationally and locally up to 2019/20. A range of work is undertaken by public health to address some key factors which contribute to cardiac disease. Secondary and tertiary preventative activities are also undertaken across the organisation. Ensuring a focus on prevention will be important as we prioritise investment and redesign programmes through the improvement programme.

The impact of the COVID-19 pandemic, both in relation to any direct impact of the virus but also on the access to diagnostic and treatment services is still being understood. For example Dale et al. (2022) examined changes (decreases) in initiation of prescribing for common cardiovascular problems and raised concerns re the risk of future cardiovascular events. The acute and chronic cardiovascular impacts of COVID-19 are an active area of research.

References:

McAdams R. (2023) Public health approach to prevention and NHS Scotland. Public Health Scotland: Edinburgh

Dale, C., et al.(2022) The adverse impact of COVID-19 pandemic on cardiovascular disease prevention and management in England, Scotland and Wales: A population-scale analysis of trends in medication data. https://doi.org/10.1101/2021.12.31.21268587



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	Community Planning Partnership Report
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Louise Wilson, Director of Public Health

1 Purpose

This is presented to the Board for:

• Awareness

This report relates to a:

- Annual Operation Plan
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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



2.2 Background

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

2.3 Assessment

A briefing on alternative models of governance occurred providing a history of past discussions. The Orkney Partnership was not able to support a submission proposed by Orkney Islands council in 2020 to the Scottish Government as part of the Local Government review. In 2023 the Scottish Government resumed discussions on alternative models of governance. Currently working in partnership remains the key approach.

The partnership reviewed the output of a horizon scanning session and it was agreed that prioritisation of work is required with a focus on where the partnership can add value. Additional work on the values section was suggested. As well as the three current strategic priorities, sustainable energy and just transition was a prominent consideration. With regard to alternative models for delivering services the focus was not on structural change but working better together including sharing information appropriately and joint reporting. As a result the Local outcomes improvement plan will be reviewed to include the output of the horizon scanning with relevant subgroups formed.

The levelling up fund allocation for Orkney was discussed which amounts to around £20 million capital over approximately 10 years. The current areas for focus are around safety and security, the High Street Heritage and Regeneration and finally Transport and Connectivity. This is an exciting opportunity for transformational change and a Board will be set up to consider how funds are distributed.

There is ongoing campaigning in relation to the replacement of the Orkney Ferry Fleet and there are further discussions with Scottish Government.

A group dealing with the first responders was closed following a meeting with the Chief Executive of SAS. The partnership adopted the draft Orkney vision for a climate resilient and net zero future produced by the sustainable development delivery group. Due to time constraints a proposed presentation on anchor institutions was postponed.

2.3.1 Quality/ Patient Care

Working together with partners should support quality services.

2.3.6 Other impacts

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



2.3.7 Communication, involvement, engagement and consultation The Board undertakes communication as part of the community planning partnership.

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

• Awareness – For Members' information only.



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 27 June 2024
Title:	IJB Key Discussion Points
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Louise Wilson, Director of Public Health

1 Purpose

This is presented to the Board for:

• Awareness

This report relates to a:

- Annual Operation Plan
- 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

NHS Orkney receives directions from the local integrated joint board in relation to a range of delegated services. There are three members of the NHS Orkney Board who are also voting members of the local integrated joint board known as Orkney Health and Care. There were no specific directions from the last meeting for NHS Orkney.



2.2 Background

Integration joint boards arose from the Public Bodies (Joint Working)(Scotland) Act 2014 which required integration of certain aspects of adult health and social services. As well as prescribed functions that had to be delegated additional functions could be included and these are captured in the scheme of delegation (<u>https://www.orkney.gov.uk/Service-Directory/S/ijb-governance.htm</u>). The last meeting of the integrated joint board for Orkney, know locally as Orkney Health and Care occurred on 24th April 2024 with the next scheduled 19th June.

2.3 Assessment

Minutes of the Joint Clinical and Care Governance committee and the Performance and Audit Committee were considered. There was a useful update on the National Care Service (Scotland) Bill, although it is still difficult to fully understand the implications locally of the bill due to lack of detail.

The public health annual report was presented and generated a range of interest around avoidable mortality and also around estimates of those with long Covid and the services locally available. An update was given on the Daisy Villa practice.

A number of issues were considered following exclusion of the public as per Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended. These were on the independent living support service and on a workstream to tackle workforce recruitment challenges.

2.3.1 Quality/ Patient Care

The integrated joint board aims to improve quality of care through joined up provision of services.

2.3.2 Financial

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

2.3.3 Route to the Meeting

This is a summary of the integrated joint board meeting.

2.4 Recommendation

Board members note the issues discussed at the integrated joint board

• Awareness – For Members' information only.

Orkney NHS Board

Minute of meeting of the Audit and Risk Committee of Orkney NHS Board held virtually via Microsoft Teams on Tuesday 5 March 2023 at 09:30

Present:	Jason Taylor, Chair Des Creasey, Vice Chair Jean Stevenson, Non-Executive Board Member Ryan McLaughlin, Employee Director
In Attendance	Debs Crohn, Head of Improvement (for item 8.3) Mark Doyle, Director of Finance David Eardley, Partner, Azets Kat Jenkin, Head of Patient Safety, Quality and Risk Laura Skaife-Knight, Chief Executive Paul Kelly, Azets Rashpal Khangura, Director, KPMG Anna Lamont, Medical Director Rachel Ratter, Senior Corporate Services Officer (Committee Support) Keren Somerville, Head of Finance Alam Taimoor, Senior Manager, KPMG

A126 Apologies

Apologies were noted from C Somerville.

A127 Declaration of Interests

R McLaughlin declared a declaration of interest against the Cyber Security Review.

A128 Minutes of previous meeting held on 5 December 2023

The minute of the Audit and Risk Committee meeting held on 5 December 2023 were approved as a true and accurate record of the meeting.

A129 Matters Arising

There were no matters arising.

A130 Action Log

The Action Log was reviewed, noting that there were no outstanding actions (see Action Log for details).

Risk

A131 Risk and Assurance Report – ARC2324-60

The Medical Director presented the report providing an update on the status of all risks.

The Corporate Risk Register captured 16 risks. 15 had been reviewed and updated by the Risk Handler and 1 risk was overdue. There was 1 very high

risk relating to Corporate Finance. All very high and high risks would be reviewed within 3 months.

The Chief Executive thanked the Medical Director for the report and highlighted two emerging risks. A robust conversation took place at the February Staff Governance Committee around staff turnover rates including score analysis.

Members were advised that a revision of risks had commenced. The Medical Director presented an example of the revised format detailing next steps and a final version would come to committee following ratification at SLT be made available to the committee.

Decision / Conclusion

The Audit and Risk Committee thanked the Medical Director for the report and noted the information provided.

A132 Risk Management Chairs Assurance Report and minutes – ARC2324-61

The Medical Director presented the Chair's report from the recent meetings of the Risk Management Forum, advising members around risk that had been added, deescalated, changed or made inactive during the reporting period.

The Risk Management forum would be the operation group reporting to decision making structures through to SLT with the committee taking assurance to Board.

There were over 1000 risks on Datix with over 52 risk registers. An update would be provided at the next Committee meeting.

The Chair queried whether failure to respond to an incident risk which delayed actions was a common issue.

D Creasey queried the status of the fire rescue response with an update due in December 2023. The Medical Director agreed to follow up.

J Stevenson queried the Datix reporting around a near miss and when something actually happened. The Medical Director advised that near misses applied to potential adverse advents.

The Chair thanked the Medical Director for the work completed to date.

Decision / Conclusion

The Audit and Risk Committee noted the report and took assurance from this and the approved minutes.

External Audit

A133 Annual Audit Plan 2023/24 ARC2324-62

The Director of KPMG presented the report which provided the initial considerations of the audit for the year ending 31 March 2024.

KPMG had commenced their audit planning and risk assessment procedures and had identified the following risks on which they would focus on:

- Valuation of land and buildings
- Fraud risk expenditure recognition
- Fraud risk revenue recognition rebuttal
- Management override of controls

D Creasey queried how external audit differentiated between what was legitimate and fraudulent and the investigation process. Members were reassured by KPMG colleagues that appropriate processes were in place.

The Medical Director raised a question around counter fraud, highlighting that there was an NHS Scotland counter fraud approach established by NSS. KPMG confirmed that whilst NHS Orkney does use the NSS approach, to enable to conduct a statutory audit, management override of controls was a required significant risk as per auditing standards.

One component of the group audit scope was identified as financially significant (NHS Orkney – parent) based on the percentage being contributed to the balance sheet and income statement.

Positive progress had been made against the annual accounts timeline and regular meetings with NHS Orkney colleagues would continue to take place to achieve the Scottish Government submission deadline of 30 June 2024. Members welcomed regular progress updates at future meetings from KPMG. The Chief Executive and Chair reminded the committee it had oversight of the improvement plan which resulted from the annual accounts learning exercise for 2022/23.

The four wider-scope areas were briefly defined and the areas of focus and current position with the Risk Assessment work.

The Chair advised members that following a conversation with KPMG, testing of the savings plan would be included in the overall audit to test that they are realistic and deliverable.

Decision / Conclusion

The Audit and Risk Committee noted the workplan for 2024/25.

Internal Audit

A134 Internal Audit Progress Report – ARC2324-63

D Eardley presented the report which provided a summary of internal audit activity since the last meeting, confirming the reviews planned for the next quarter and identifying changes to the annual plan.

Members were advised that the Clinical Governance Complaints Review had been finalised however was not on the agenda due to a delay in management responses which resulted in the paper submission deadline being missed. The review of Infection Prevention and Control had been a suggested replacement for the removed Service Redesign review.

The Workforce Planning and Strategy review scope was under discussion with the Interim Director of People and Culture.

The Chair noted the position of the Clinical Governance Complaints review and requested the paper deadline issue to be raised at SLT by the Chief Executive.

Decision / Conclusion

The Audit and Risk Committee received the progress report and noted the information provided.

A135 Draft Internal Audit Plan 2024/25 ARC2324-64

D Eardley presented the updated Internal Audit Plan providing an update on the proposed changes following further engagement from the Board and management team to meet NHS Orkneys evolving needs.

In summary, service re-design would replace infection control, it was proposed to replace the communications review with recruitment and staff records and an updated focus on the waiting times audit.

The Chief Executive requested an extension of two weeks for the ratification of the plan to ensure the plan was aligned with the wider organisation improvement objectives, the new corporate strategy and priorities, and other review work ongoing.

D Eardley welcomed the deferral of the plan, however, drew members attention to the aim to begin the reviews Recruitment and Staff Records and Significant Adverse Events Management by April and May 2024. It was requested that the two reviews could continue to take place noting the deferral of the plan or whether they would be paused. The Chief Executive believed that it would be concluded at SLT on the 19 March 2024 and move forward.

D Creasey queried that there was no allocation of audit days in terms of compliance and regularity. David Eardley reassured members that compliance and regularity was included and fell within various categories.

Decision / Conclusion

The Committee agreed the proposal to extend ratifying the Internal Audit Plan by 2 weeks. The final draft would thereafter be circulated virtually for approval.

A136 NIS Audit ARC2324-65

The Head of Improvement presented the report providing an overview on The 'Network and Information Systems Regulations 2018' (NIS), a legal requirement which came into force on 10 May 2018 to address the threats posed to network and information systems. Over the last 4 years, NHS Orkney had scored poorly against the NIS audit criteria, with compliance currently at 38%. A review of the findings from the Audit Report received in December 2023, identified key areas for improvement and that the organisation was selling itself short through the lack of engagement and ownership of the process and the limited documentation provided to auditors.

Recommendations from the audit were built into the improvement program as well other plans around information governance on cyber security. A short life working group had been established within the improvement hub to focus on the NIS audit and digital maturity.

The NIS Audit Improvement plan would be presented to the Senior Leadership Team (SLT) in early April for endorsement and brought back to the committee at the next meeting.

The Medical Director queried why 75% of the controls had not been achieved due to lack of evidence. The Director of Finance explained information was supplied in mass rather than in sections. Staff reviewing the information did not have capacity to go through the documents in great detail.

The Chief Executive highlighted the first time this had been escalated was at the Information Governance committee in February 2023 and a clear plan to drive actions forward had been put in place.

Members were reminded that the Chief Executive was the Board and Executive Lead for Digital.

The Chair noted that the report stated that the organisation could potentially be subject to financial penalty if not compliant, and if the issues behind the poor compliance rate were lack of resource or linked to the prioritisation of work. The Chief Executive advised members that moving forward, strong leadership, teamworking, a clear plan and priorities were key to achieving a significantly improved level of compliance.

Decision / Conclusion

The Committee noted the report, and that an improvement plan would be presented to committee following approval at SLT.

A137 Cyber Security ARC2324-66

P Kelly presented the report following a review to obtain assurance over the design and implementation of cyber security controls which aimed to prevent an attacker from moving within the network, and allow NHS Orkney to identify malicious activity.

The review found that the organisation had been active to enhance technical network technical defenses, including implementing a new firewall solution which had heightened security functionality.

Areas of improvement were identified and included in the Management Action Plan.

The Chair noted that the potential overlap of recommendations with the NIS Audit

Decision / Conclusion

The Audit and Risk committee noted the report.

A138 **Clinical Governance – Complaints**

Paper not received.

A139 Business Continuity Planning ARC2324-67

P Kelly presented the report which reviewed NHSO Business Continuity planning.

NHS Orkney had documented business continuity policies, plans and related documents in place however, in many cases were outdated and required review and updates to ensure alignment with current business requirements and working practice. Opportunities were identified for further improvement and recommendations were provided to help further develop and enhance the organisation's approach.

The Medical Director and Chair both commented on the value of having hard copy continuity plans available in the event of digital failure.

The Chair queried capacity to deliver improvements and ongoing training requirements. The Chief Executive advised that work was to be undertaken with SLT and to agree ongoing prioritisation of training needs.

Decision / Conclusion

The Audit and Risk committee noted the report.

Internal and External Audit recommendations

A140 Internal and External Audit recommendations ARC23224-68

The Director of Finance presented the report advising that there were 7 internal recommendations brought forward following the previous report and no new recommendations had been added.

The external audit recommendations from 2022/23 were reviewed, an update was included in the report.

The Chair reiterated that moving forward for the year 24/25, the committee requested an update on progress against external recommendations.

Decision / Conclusion

The Audit and Risk Committee noted the update and approved the extension to the timelines as requested.

Information Governance

A141 Information Governance Committee Chairs Assurance Report and approved minutes – ARC2324-69

The Chief Executive presented the Chairs report informing members that the Information Governance Committee met on 21 December 2023 and 15 February 2024 highlighting:

- Information Governance Action Plan to become an Information Annual Workplan from April 2024
- Escalated item out of date policies and procedures
- Digital Governance review, top priority
- Terms of Reference for IGC being refreshed to expand membership, including to ensure clinical engagement and attendance
- Superb Information Governance team

Decision / Conclusion

The Audit and Risk noted the update provided and took assurance from the approved minutes.

A142 Information Governance 6-monthly Assurance Report (2/2) – ARC2324-70

The Chief Executive presented the report providing an update on the work that had been undertaken to provide assurance in relation to NHS Orkney's approach to information governance.

Decision / Conclusion

Members noted the update provided.

Fraud

A143 Counter Fraud Services Quarterly Report ARC2324-71

Members had received the Counter Fraud Services quarterly report up to 31 December 2023, dealing with areas of prevention, detection, and investigation of fraud.

The report outlined the number of cases by Board; NHS Orkney had reported no cases in the period.

The Chair queried the work ongoing within the Board regarding the Fraud Standard. The Director of Finance confirmed that an update would be presented at the next committee meeting as part of the normal workplan.

Decision / Conclusion

The Audit and Risk committee noted the quarterly report.

Governance

A144 Code of Corporate Governance – ARC2223-48

The Corporate Services Manager presented the NHS Orkney Code of Corporate Governance 2024/25 seeking a recommendation of Board approval following an annual review. The main changes included:

- Recordings were now permitted for the use of reporting purposes
- Members of the press admitted to meetings shall be permitted to make use of recording apparatus and to use extracts from these recordings for reporting purposes

The Chair requested a minor addition to the wording of Audit Committee responsibility in respect of the Internal Audit procurement process.

Decision / Conclusion

The Committee recommended Board approval of the Code of Corporate Governance subject to minor formatting amendments.

A145 Royal College of Physicians Edinburgh – Project update ARC2324-73

The Chair provided an update regarding feedback received from other Governance Committees regarding potential audit areas. He advised that the response had been limited most likely in part due to the relatively compressed timescales.

He proposed embedding the process into other governance committee workplans to align with the Internal Audit planning process.

Decision / Conclusion

The Committee noted the report and agreed to the proposal to include internal audit scoping on future work plans of all governance committees.

A146 Agree items to be included on the Chairs assurance report

The following items were agreed to be included on the Chairs assurance report:

- 23/24 Internal Audit Plan progress report
- Deferral of 24/25 Audit Plan approval to allow further work to be undertaken
- External Audit Update
- NIS Audit
- Ongoing work and process with regards to risk management system
- Annual Account timetable

A147 Annual Report

The Chair highlighted that the Code of Corporate Governance required an annual statement providing assurance to the Accountable Officer be signed by the Chair. In view of the escalation of the board, he felt unable to do this without recasting the assurance statement to reflect the situation, gaps in control and new measures that had been put in place. Members agreed that whilst the committee had worked through its work plan and provided challenge and scrutiny, there were gaps within control systems throughout the organisation which had led to the current financial situation, and that additional controls had since been put in place.

Decision / Conclusion

Members supported the Chairs view and the proposed recasting of the annual statement.

Annual Accounts

A148 Annual Accounts Timetable – ARC2324-74

The Director of Finance presented the report setting out the NHS Orkney Annual Accounts timetable for 2023/24.

The final accounts would be presented to the NHS Orkney Board for approval on 27 June 2024 before submission to the Scottish Government by the 30 June 2024 deadline.

Weekly meetings would be held with KPMG and NHS Orkney colleagues.

Decision / Conclusion

The Audit and Risk Committee approved the Annual Accounts Timetable.

A149 Risks escalated from other Governance Committees

No risks had been escalated

- A150 Agree items to be included on the Chairs assurance report
- A151 Any Other Competent Business

No other competent business was raised.

- A152 Items for Information and Noting only
- A153 Audit Scotland Reports
 - Technical Bulletin 2023-4
- A154 Counter Fraud Services (CFS) Reports
 - CFS Intelligence alert Spearphishing
- A155 **Reporting Timetable for 2024/25**

Members noted the schedule of meetings for 2024/25

A156 **Record of Attendance**

The Committee noted the record of attendance.

Orkney NHS Board

Minute of meeting of Finance and Performance Committee of Orkney NHS Board held on Thursday, 18 April 2024 at 09:30 via MS Teams

Present:

Meghan McEwen, Board Chair
David Campbell (Vice Chair)
Laura Skaife-Knight, Chief Executive
Jean Stevenson, Non-Executive Director

In Attendance: Sam Thomas, Director of Nursing, AHPS, and Chief Officer for Acute Hannah Casey, Public Health Manager Anna Lamont, Medical Director Paul Corlass, Recovery Director Jarrard O'Brien, Director of People and Culture Julie Colquhoun, Head of Corporate Governance Phil Tyedman, Director of Improvement

F105 Welcome and Apologies

Apologies were received from the Director of Finance, the Head of Planning, Performance and Information, the Director of Public Health, the Head of Finance, and Des Creasey, Non-Executive.

Hannah Casey, Public Health Manager attended as Deputy in the absence of the Director of Public Health.

F106 Declarations of Interest

None received.

F107 Minute of Meeting held:

14 March – approved 28 March – approved

It was noted that two key risks had been escalated:

- lack of clear delegated financial approval processes
- cost pressures that did not appear in the Financial Plan

F108 Matters Arising

The Public Health Manager advised that the loggist training has been arranged for the 9th May and crisis management training for senior leadership team members is currently being planned. The Director of Nursing, Midwifery, AHP and Acute Services advised that the crisis management training is only relevant to a very limited cohort of staff.

F109 Action Log

The action plan was discussed and updated accordingly.

There was discussion about item 08-23/24 not being fully completed. More depth and clarity to return to a future meeting.

The Recovery Director advised that reporting through the IPR a draft for the May Committee will present 23/24 full years data, with the first report for 2024/25 to the June Committee.

F110 Finance Report Month 12

The Recovery Director shared key deadlines in respect of the 2023/24 financial year end. Conclusion of all accounts are agreed across the Health Boards, on Monday 22 April confirming the month 12 end of year financial position. He advised the accounts will be produced by May 2024, which will be presented to the Committee on 30 May 2024, with final accounts due to be submitted in June.

Members were advised that a late paper will be submitted for Board on 25 April to confirm the final position, reporting that the latest position is showing £5.2 million overspend, which is in line with what the Scottish Government are expecting, an improved position from that reported in November 2023 of £6.245 million.

The Recovery Director advised that there was a pressure in terms of agenda for change non-pay advising members that the allocation was not sufficient to meet the pressure, however some funding has been received to reflect the gap. He advised the Board will deliver as expected, and the deadline will be met in terms of the annual accounts process.

D Campbell asked if the variances reported were related to agency or locum spend, and if there were noticeable improvements in this area. He was advised that there is nothing unsual in terms of the run rate, nothing different in terms of the Month 12 position and showing a continuation of what we have seen previously.

Members were advised of national cases around zero hour contracts and entitlements to holidays which will be reported to the Committee in terms of the risk to protect NHS Orkney into the future, it is likely some of these will crystalise during the year.

Decision/Conclusion

Members **noted** the position and update provided.

F111 Scottish Government Feedback on 3-year Financial Plan and NHS Orkney response - FPC2324-86

The Chief Executive presented the 2 letters in the papers. The first letter being the formal Scottish government feedback to the organisation in response to the submission of 3-Year financial plan, she noted the Government have stated that they cannot agree our plan, the reason being that the deficit is above the brokerage.

The second letter shared, was the formal response to the Scottish Government, which provided assurance around the improvement plans in place, being clear that we now have a Director of Improvement in post to put more weight behind delivery, the Chief

Executive noted that the letter describes our ambition to deliver. She advised that the 3-year plan will come to public board in the following week.

In terms of the implications of Scottish Government not supporting the plan, she advised a 1:1 meeting is expected with Richard McCallum which will give better understanding of what is expected for NHS Orkney in terms of how much further we might have to stretch savings.

Decision/Conclusion

Members **noted** the letters and updates provided.

F112 Scottish Government Feedback on Annual Delivery Plan

The Chief Executive advised members that the Board has still not received formal feedback, shared some informal positive messages in terms of workforce and realistic medicine sections, there is still more to do in terms of Dentistry Primary Care, Mental Health planned care, Cancer and inequalities.

The Chief Officer noted he would welcome the feedback from Scottish Government in terms of the Mental Health Primary Care funding, given the money was allocated then taken back.

The Chair reflected the challenges with the financial allocations for services, given the small numbers it makes it impossible to recruit, yet the expectation is to deliver.

Decision/Conclusion

Members **noted** the update.

F113 Deep Dive – Waiting Times by speciality (outpatient and planned care) outline plan

The Medical Director presented the outline plan of work, presented to committee to ensure it meets the requirement of the Committee. She advised that the outline covers current waiting times in Acute and Community looking at the areas of concern, the reasons for the concerns and the risks relating to the services, moving on to recovery plans and alignment to Corporate and Clinical Strategy.

There was some discussion about how this work could feed into the planned care return, with the Recovery Director asking to include the Finance Team in this work in terms of actions that might include additional capacity and investment.

The Medical Director suggested that this work will inform next years planned care return, advising this is a clinical focussed review, with recommendations coming back to Finance and Performance Committee.

The Chair reflected on what had been asked of by the Committee, in terms of the goal which was to understand how long people are wating for appointments and that we have some credible and accurate data by speciality, rather than worrying about improvement plans. She went on to say that an improvement plan is welcomed but to get the data is the key ask and where the effort should go.

J Stevenson asked for assurance that dental and ophthalmology were included which was confirmed by the Medical Director.

The Director of Nursing, Midwifery, AHP and Acute Services noted that having the data and clarity is part of the corporate strategy and those open and honest conversations with the Community.

The Chair suggested that she would like to see how much we are spending on travel for patients and the number of journeys.

The Medical Director summarised next steps, proposing to expand on the data that is returned, rather than focussing on the analysis, removing section 5, 6 and 8.

The Chief Executive shared the views of the Chair, suggesting the review should give us the starting point in terms of where we are with all things planned care, a holistic and rounded picture across every speciality to come back to the Finance and Performance Committee. She added that the right people need to be involved in this work and proposed extending the time of the next meeting to enable discussion.

Decision/Conclusion

Members **discussed** the scope of the deep dive.

The Chief Officer left the meeting.

F114 Planned Care re-submission

The Medical Director presented the updated version of the submission, advising members that following feedback from Scottish Government she is currently updating and will share post meeting. It was noted that this is the first time NHS Orkney has submitted this return, having previously been covered in a letter to Scottish Government.

In terms of the numbers, the Medical Director advised that she is working with the improvement team to estimate percentage improvements.

The Chair asked that the clinical advisory committees are involved in future work.

The Medical Director advised that much of the return is dependent on information in terms of activity relating to the SLAs, which makes it difficult to report on planned care trajectories, noting that she has recently discovered that soe of the services commissioned from NHS Grampian are being sub commissioned to NHS Forth Valley. we commission, some are being sub commissioned to NHS Forth Valley.

The Chair reflected the unsatisfactory timescales inflicted in terms of the return sharing the exercise will be of great value.

The Recovery Director asked that the finance team support to understand the variables and constraints noting we may be missing opportunities to access funding.

Members **noted** the re-submission.

F115 Improving Together Programme – Governance Update

The Director of Improvement presented the paper, noting previously the Committee had seen proposals for a new governance structure for Improvement.

Members were advised that a report would come to the next meeting showing the breakdown of efficiency schemes and savings, closing off the development phase and moving into implementation phase, embedding an accountability framework for NHS Orkney.

Listening to staff, it is clear that the intensity of weekly workstream meetings has been challenging, the Director of Recovery advised that some of these are now concluding and others will be reviewed in terms of frequency.

Members were presented with the Terms of Reference for 3 meetings that sit outside of the regular established governance structure:

- QIA panel chaired by Sam and Anna, no scheme implemented without their approval.
- Delivery and Information Group monthly chaired by Head of Improvement, an Operational Group,
- Monthly improvement board, chaired by the Chief Executive which is a slimmer efficiency governance structure, introducing simplified standard reports from April, lighter touch and less time focus for staff.

The Chair asked about escalation, in terms of how people escalate where things are off track. She also asked that the Terms of Reference language is more around doing than talking.

The Director of Improvement advised members that the Executive Directors have a lot of ownership and oversite of each of the workstreams and weekly escalation will go to the CLT in addition to monthly operational quality and financial KPIs showing this is what we said we would do this month, this is what we have delivered.

The Director of People and Culture noted the refreshing approach, the reflective adaptation and enthusiasm to get great work done.

The Chief Executive asked that the Head of Finance and Director of Improvement are added to the Improvement Board membership, noting she welcomed Scottish government input. She asked that the Director of Public Health is added to the QIA panel.

H Casey – asked that inequalities are reflected in the QIA and that prevention is added as a measure.

Members **approved** the TOR's and the governance structure.

F116 cCube Upgrade – FPC2425-07

The Chief Executive presented the paper having been approved at SLT, noting the ask is for £54k, which will be an additional cost pressure. She shared her disappointment that this had not been included in the financial assumptions made around digital spend in the 3-Year plan, despite asking for assurance at a previous meeting, noting it has proven to be a challenge to find other assumptions made in

relation to Digital. The Recovery Director gave assurance that this would come to the next meeting.

The Director of Nursing, Midwifery, AHP and Acute Services updated members on the historical issues relating to the system, in particular that cCube was only ever meant to be a temporary solution for storing papers. She advised that the risk of not upgrading will have a major impact on clinical care, staff will be unable to access historical data, which could impact on patients and until the Board has considered a full digital system, cCube is the only option available.

The Chief Executive noted the distinct lack of leadership in this space, over the last few years, advising members a lot of work is going on to improve morale in the ehealth and digital team, with new leadership and new governance arrangements and a new workplan. It was noted that NHS Orkney has engaged in national and regional meetings and only very recently re-negotiated our SLA with NHS Grampian and have a digital workstream under improvement.

The Recovery Director advised that a paper with the digital allocations will come to the May Committee, sharing the work that is taking place with weekly meetings with the digital transformation workstreams looking at capital and revenue position, the priorities and resource requirements.

In terms of cCube, the Recovery Director advised he would support from a finance perspective given it is business critical.

D Campbell asked about justification for recommending Option 1 given Option 2 would give resilience and would not be as resource dependent. The Medical Director advised that the critical issue is to do with the usability, sharing that if we move to cloud the data is exposed and vulnerable, she suggested the urgent action is to stabilise the system then look at the options. Moving to cloud will take longer.

The Director of Nursing, Midwifery, AHP and Acute Services advised that cCube is not fit for purpose and we are currently running on version 3, with cCube on version 21.

Decision/Conclusion

Members **approved** Option 1 noting the update due to come back to Committee in September 2024.

F117 Digital and Systems Financial Assumptions for 2024/25

No paper was received for this agenda item

Decision/Conclusion

Members **agreed** the item should remain on the action log.

F118 Finance and Performance Committee Annual Report – FPC2425-09

The Chair presented the annual report and standard appendices for approval, which go on to the Audit and Risk Committee as part of the annual accounts process. In terms of the committee evaluation she noted the poor response rate, reflecting that there must be a more effective way of doing this. The Head of Corporate

Governance advised that using the new OnBoard platform we should be able to evaluate after every meeting, which will prove much more effective.

Decision/Conclusion

Members **approved** the annual report and associated appendices.

F119 Grip and Control Chairs Assurance Report

The Chief Executive presented the final report from Grip and Control advising that business as usual arrangements have now been arranged, with vacancy control now handed over to the Director of People and Culture and new arrangements in place for sign off of travel and overtime.

The Chair thanked the Chief Executive and colleagues involved for the work done in this space, which was necessary at the time.

Decision/Conclusion

Members **noted** the report.

F126 Agree key items for Chair's Assurance Report to Board

Lack of transparency on digital assumptions built into the Financial Plan Year end month 12 position and order of events ahead of Board Planned care and data quality issues with accessing data Lack of clarity of implications of having a non-compliant financial plan

F120 AOCB

No other items were raised.



Action Note

Title of meeting:	Senior Leadership Team		Date:	13 May 2024			
The of meeting.		Time:	12:30				
Chair:	Laura Skaife-Knight, Chief	Executive	11110.	12.00			
Committee Suppo							
Members			Present	Apologies			
Stephen Brown, Chie	ef Officer IJB		?	?			
Paul Corlass, Recove	ery Director		X				
Mark Doyle, Director	of Finance			Х			
Steven Johnston, Dir	ector of Dentistry		X				
Anna Lamont, Medic	al Director		Х				
Wendy Lycett, Interin	n Director of Pharmacy		-	-			
Jay O'Brien, Director	of People and Culture		X				
Samantha Thomas, [Director of Nursing, Midwifery, AHPs and Chief	Officer Acute Services	X				
Phil Tydeman, Direct	or of Improvement		X				
Louise Wilson, Direct	tor of Public Health		Х				
In attendance							
Lynda Bradford, Hea	d of Community Health and Care		X				
Julie Colquhoun, Hea	ad of Corporate Governance		Х				
Debs Crohn, Head of	f Improvement		X				
John Daniels, Head o	of Primary Care Services		Х				
Elvira Garcia, Consul	Itant in Public Health Medicine		Х				
Morven Gemmill, Ass	sociate Director of AHPs			Х			
Kat Jenkin, Head of Patient Safety, Quality and Risk X							
	rim Deputy Director of Nursing		Х				
Ryan McLaughlin, Employee Director X							
	d of People and Culture		Х				
Carrie Somerville, Pla	anning, Performance and Information			Х			
Keren Somerville, He	ead of Finance			X			



Hannah Ker, HR Medical Staffing Officer (observing)	Х	
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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, with a special welcome given to the new Head of Primary Care Services to his first Senior Leadership Team meeting, with apologies noted as above. Hannah Ker from the People and Culture Team was also welcomed to the meeting, which she was observing as part of her development.
2.	Minute of Meeting held on 2 April 2024	Chair	Approval	Members APPROVED the minute as an accurate record of the meeting.
3.	Chair's Assurance Report – 2 April 2024	Chair	Approval	The Chair's Assurance Report was APPROVED .
4.	Action Log	Chair	Monitor progress	The action log was reviewed and updated . It was agreed to merge action number 37-23/24 and number 03-24/25 into one action titled "Visibility of funding allocations of national digital schemes, and clarity on assumptions made for the financial plan." Item 05-2024/25 was closed as embedded as business as usual.



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
5.	Matters Arising	Chair	Discussion	There were no matters arising.
6.	CEO Update	Chair	Noting	 The Chair presented key points: Corporate Strategy launched internally and externally with lots of pieces of work taking place to enable implementation: Executive Team time out session planned to look at all KPIs and the strategic objectives across the four quarters of 2024/25 – outputs to come back to the next SLT. Aligning the priorities and objectives with all agendas New Board Assurance Framework, and new risk management framework mapped to the Corporate Strategy Reporting cycle, each strategic objective into a Board Committee summary score card and escalation page will come to Board and Board Committees quarterly Clinical strategy refresh Work to look at behavioural standards following refresh of values.
				 Extended Senior Leadership Team development sessions have been plotted in on a quarterly basis, a programme has been drafted for the year ahead and will be shared for comment. The Improvement Programme has commenced implementation phase, the Delivery Group and Improvement Board have had their first meetings.



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				 Members were reminded of the £4 million efficiency target with a minimum requirement of 3% recurring savings. The Financial Plan is currently non-compliant from a Scottish Government perspective and work is ongoing to understand what it will take to ensure a break even position going forward. iMatter has opened - members of SLT were asked to encourage teams to have their say. Deep dive on planned care being carried out through Finance and Performance Committee, the outputs of which and recommendations will come to the next meeting. Members NOTED the comprehensive update.
7.				Key Items
7.1	Financial Performance report 2023/24	Recovery Director	Discussion	The Recovery Director highlighted key points from the 2023/24 unaudited financial year end position, noting there are key pieces of work underway to prepare for the Annual Accounts. He advised that post Annual Accounts the Finance Team will be doing work on budget setting. Improved financial reporting will come through the Integrated Performance Report from May which will include more integrated metrics across finance and workforce. Members were advised that regular reports will come through Senior Leadership Team in relation to capital spend, including oversight of capital resource available and how it is prioritised and spent.



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				The Recovery Director advised that NHS Orkney have ended the year with a £5.2 million deficit; which is an improvement on the reported £6.2 million deficit position prior to escalation. He advised that a letter has been prepared to send to Scottish Government to request brokerage, which will need to be paid back at the point the Board are able to deliver financial surplus. Auditors have commenced their work on the Accounts, and the draft Annual Report will come to the Audit and Risk committee on 28 May 2024 with the final position coming through to this meeting prior to the meeting in June 2024. The Director of Public Health asked for assurance that the allocations would be directed to the appropriate budget. The Recovery Director advised that ensuring the allocations are in the right place will be evident in month 2 reports. Members NOTED the end of year position and work still to take place.
7.2	Corporate Risk and Assurance Report	Medical Director	Discussion	 The Medical Director presented the report and Corporate Risk Register, noting the addition of 3 new corporate risks using the Risk Jotter template, currently being tested: Senior leadership capacity and capability risk cCube risk Lack of organisational digital maturity (an integrated digital risk) Some discussion followed on the way some of the risks are scored, with a proposal to do some additional training in this regard.



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				Members APPROVED the recommendations noting that the Risk Management Group will review the matrix and risk jotter.
7.3	Integrated Performance Report	Head of Improvement	Noting	 The Head of Improvement shared key messages from the Integrated Performance Report, noting the consistent high performance in respect of 4- hour emergency access standard, improved performance in the 18-week TTG and 100% performance in respect of the 31 and 62 day cancer standard. The Director of People and Culture advised that appraisals completed is currently showing 33%. It was noted that there is a need to look at the denominator for appraisals given the current percentage is based on all staff, yet not all staff have been with the Board for a full year.
				Members NOTED the report.
7.4	Improving Together Programme	Director of Improvement	Review	Members were provided with an overview of progress made in terms of the £4 million savings programme, advising members that £2.8 million recurring saving have been identified. The Director of Improvement said that there continues to be some pipeline opportunities that are subject to Quality Impact Assessment and advised that the next step is to look at the unpalatable decisions, bringing this back to the Senior Leadership Team. He advised that it is the intention to have the £4 million identified by the end of June 2024. Members NOTED the programme progress.
7.5	Internal Audit	Director of	Noting	Members were presented with the final Audit Report from 2023/2024 audit
	Reports – Clinical	Improvement		cycle (Complaints), noting the 4 recommendations made. The Medical Director



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
	Governance - Complaints			noted that whilst the number of complaints remain low, communication remains a theme. Members NOTED the final report as presented to the Audit and Risk Committee.
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8				Strategy
8.1	Corporate Strategy and Engagement Report	Chief Executive	Noting	The Chief Executive referred members to the full Corporate Strategy Engagement Report, which went to Board in April 2024, where the Strategy was approved. She referred the Senior Leadership Team to page 3 of the paper where the high level summary of the feedback from our community and staff can be seen for review. The engagement was brought to SLT for full visibility. Members NOTED the report.
8.2	Annual Delivery Plan – Scottish Government Feedback	Head of Improvement	Noting	The Head of Improvement advised that there is still no formal feedback from Scottish Government on the Annual Delivery Plan. She advised that a verbal summary given suggested there was work to do on the cancer plan and the impact of financial escalation on the delivery of the plan. Members NOTED the verbal update.
9.		1		People



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
9.1	Long Service Awards	Director of People and Culture	Approval	The Head of People and Culture presented the proposal, and members noted the additional engagement work done since the proposal was last presented to the Senior Leadership Team.
				The Director of Public Health acknowledged the principal but noted her concerns in terms of the timing of implementation given the current financial position (and costs of annual leave).
				The Medical Director shared concerns in terms of the timing in respect of the reduction in the working week, suggesting it should be an ambition, rather than something we approve now.
				The Director of Nursing, Midwifery, AHP and Acute shared her support for the proposal, suggesting that with appropriate planning additional leave can be allowed for. However, she went on to suggest that the ceremony should be once a year as there is not enough staff for twice a year event for 40+ years' service colleagues.
				The Director of Dentistry suggested that this is a small way of recognising staff, which contributes to the retention.
				The CEO said she fully supported the proposal, reminded SLT that this was in response to feedback from staff and said that comprehensive engagement has taken place to get this as right as we can. She agreed that one annual event in terms of 40 years, and said that the success of this scheme is dependent on line managers buying in prior to launch and therefore said that strong and clear communications was needed before the launch.



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
9.2	Agenda for Change non-pay elements	Director of People and Culture	Noting	 The Recovery Director asked for sight of the financial implications. Members APPROVED the proposal noting the need for a clear implementation plan and full engagement with line managers prior to go live. Members were advised of work ongoing in terms of the reduction in the working week, noting there is a short life working group which meets every Friday to oversee the systematic implementation. Members NOTED the update
9.3	iMatter Preparation for 2024/25 survey	Director of People and Culture	Noting	The Head of People and Culture advised that the iMatter survey is now open for all teams, closing on 3 June 2024 with reports and NHS Orkney results available the following day. Training sessions will be available to give managers support in creating action plans. He went on to advise that the People and Culture Team are looking at how they can introduce pulse surveys throughout the year to maintain momentum. Members NOTED the update
10			Patient S	afety, Quality and Experience
10.1	Integrated Incident, Risk Management and Patient Safety System (IIRMPS)	Head of Patient Safety,	Discuss and Agree	The Head of Patient Safety, Quality and Risk presented the proposal to move to InPhase as its new Integrated Incident and Risk Management and Patient Safety System (IIRMOS) replacing the current Datix system. Members were



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
		Quality and Risk		advised that the current system sits on a legacy server which has not been upgraded since 2018, which means there is a loss in functionality.
				The renewal contract for Datix comes up in November 2024, which poses a risk to NHS Orkney in terms of data security, as such the Board needs to either migrate Datix to a new server or move to the new nationally procured system for NHS Scotland, InPhase.
				The Chief Executive advised members that the recommendation from the Digital and Information Operational Group was to move to InPhase, and if approved at SLT would go on to Finance and Performance Committee for approval of the spend. She went on to say that this and the proposals to change the risk management process and framework at NHS Orkney would need to come to the June Board for approval as these are strategic changes which require Board oversight and approval before any changes are made.
				The Head of Improvement advised that there is a cyber security risk and as such some action needs to be taken, noting it is not an option to do nothing.
				Members APPROVED the way forward to go to Finance and Performance Committee.
				POST MEETING NOTE
				The Head of Improvement advised that the following Boards are signed as InPhase customers:
				Scottish Ambulance Service



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)				
				 Fife Borders Lanarkshire Dumfries and Galloway Glasgow, Orkney, Highlands and Tayside are in discussion to move to InPhase. 				
10.2	NHS Waiting Times Guidance Implementation Plan	Medical Director	Approval	 The Medical Director presented the refreshed waiting times guidance and implementation plan. Members were advised of changes with effect from 4 December 2023, and were asked to approve the implementation plan prior to submission to Scottish Government. Members APPROVED the plan for submission to SG. ACTION: the plan will go to Finance and Performance for information. 				
10.3	Management of MS365 Account Access for Doctors under temporary contracts	Medical Director	Approval	The Medical Director presented the issues and recommended approach to managing temporary local account access and MS365 accounts for doctors on temporary contracts. Members APPROVED the approach and next steps.				
10.4	Review of Police Medical Access Procedure	Medical Director	Approval	Members were presented with an updated national protocol in terms of fitness to detain, noting the engagement work that will need to follow. Members APPROVED the paper and next steps.				



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)				
10.5	Risk Jotter and process	Head of Patient safety, Quality and Risk	Support	 The Head of Patient Safety, Quality and Risk presented a proposal for a test of change in relation to the management of risk. She proposed using a new risk jotter and process in terms of risk jotter and risk register process, using the Corporate Risk Register. Members were advised that the test of change would be over a 2-month period, to be monitored by the Risk Management Group and the Clinical Quality Group, with a report on the test implementation to return to the Senior Leadership Team in July 2024. Members APPROVED the recommendation and test of change. ACTION: Add update to the July agenda. 				
11.				Performance				
11.1	Service Level Agreements (SLAs)	Director of Improvement	Approve	The Director of Improvement presented the intention to review 4 of the core SLAs, completing by the end of Quarter 3 of 2024/24. The Director of Public Health asked for assurance in terms of clinical engagement. The Medical Director advised that there is no ambition to change the SLAs, rather it is about looking at what we are getting for the money. The Head of Community Care advised that a recommendation from the Mental Health Welfare visit in 2023 was to review the SLA with NHS Grampian. Members APPROVED the recommendation.				



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)				
11.2	Chairs AssuranceChairAstReport, StrategicEstates andProperty Group		Assurance	The Chair presented the key areas of escalation from the first meeting of the group. Members were advised that the draft Terms of Reference had been updated to include representation from Procurement and the Head of Finance. Members NOTED the assurance given from the				
	Governance							
14.1	Senior Leadership Team – Terms of Reference		Approval	 The Head of Corporate Governance, referred members to the changes: Alignment with Corporate Strategy and Strategic Objectives A review of Core Membership and those in attendance Clarity on Extended quarterly development sessions Amendment to meeting once a month, with an informal SLT briefing between meetings. Members APPROVED the updated Terms of Reference, noting that there is still an outstanding delegated financial limit to add.				
14.2	Senior Leadership Team workplan 2024/25	Chair	Discussion	Members discussed the workplan noting the significance of the business-as- usual agenda items. It was agreed to re-issue one further time to ensure everyone had a further opportunity to contribute. It was proposed that the workplan remains as an agenda item for regular review and forward planning.				



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)			
14.3	Health and Safety Policies	Director of Approval People and Culture		Members APPROVED the Safe Handling of Sharps Policy.			
15	Agree items to escalate in the Chairs Assurance Report	Chair	Agree	It was AGREED that the following items would be brought to the attention of the Board through the Chair's Assurance Report. Safe Handling of Sharps policy approved MS365 change process Long Service Awards Cyber risk for the old server Implementation plan for waiting times guidance – submission to SG 			
16	Any other competent business	Chair	Discussion	The Director of People and Culture reminded members of the need for more job evaluators, updating in terms of discussions in terms of training. The Head of Patient Safety, Quality and Risk advised that the SAER's and learning summaries will come through to SLT on a regular basis.			

Meeting concluded at 15:03

Key Documentation issued by Scottish Government Health and Social Care Directorates

Торіс	Summary
Health and Social Care – Planning with People https://www.gov.scot/publications/planning-people-community- engagement-participation-guidance-updated-2024	Planning with People sets out the responsibilities NHS boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully.
Cost of mobile operating theatres and scanners across Scotland	Information request and response
https://www.gov.scot/publications/foi-202400407517	
Number of radiologists in training and training places for 2024	Information request and response
https://www.gov.scot/publications/foi-202400406820/	
Social Care – self directed support: framework of standards – May 2024	This framework consists of a set of standards for local authorities to provide them with an overarching structure, aligned to legislation and statutory guidance, for further implementation of the self-directed
https://www.gov.scot/publications/self-directed-support-framework- standards-including-standard-descriptor-practice-statement-core- components-practice-guidance-updated-2024/	support approach to social care. This update includes standard descriptor and practice statement and core components and practice guidance
Primary Care Improvement plans: implementation progress reports	Collection of annual summaries of the progress towards implementation of the MOU between Scottish Government, the SGPC, Integration Authorities and Board
Primary care improvement plans: implementation progress reports - gov.scot (www.gov.scot)	

Торіс	Summary
Supplementary Adult Social Care Expenditure Data by Client Group	Previously collected but removed because of data quality concerns
https://www.gov.scot/publications/supplementary-adult-social-care- expenditure-data-by-client-group-lfr-sc-2022-23/	
Suspected Drug Deaths in Scotland: January to March 2024	This quarterly report presents information to provide an indication of current trends in suspected drug deaths in Scotland
https://www.gov.scot/publications/suspected-drug-deaths-scotland- january-march-2024	
Vision for Health and Social Care – Health Secretary Speech	Health Secretary Neil Gray's opening speech to Scottish Parliament on 4 June 2024
https://www.gov.scot/publications/mental-health-capacity-capacity-reform- programme-delivery-plan-october-2023-april-2025	
Mental Health and Capacity Reform https://www.gov.scot/publications/mental-health-capacity-capacity-reform- programme-delivery-plan-october-2023-april-2025	Initial delivery plan for the Mental Health and Capacity Reform Programme, setting out a range of actions that are either underway or planned in the period up to April 2025.
Tackling Child Poverty – place based system change initiatives https://www.gov.scot/publications/learnings-place-based-system-change-initiatives-tackle-child-poverty	This report provides early evidence and learning from a range of initiatives that aim to tackle child poverty through working in partnership to provide holistic, person-centred support for parents and families.
Extended use of facemasks and face coverings guidance in hospitals EQIA https://www.gov.scot/publications/extended-use-facemasks-face-coverings-guidance-hospitals-primary-care-wider-community-healthcare-settings-equality-impact-assessment/	This equality impact assessment (EQIA) considers the potential effects of withdrawing the 'Extended use of face masks and face coverings in healthcare settings' guidance on those with protected characteristics

Торіс	Summary
Health and Care Experience Survey 2023 – 2024 Health and Care Experience Survey 2023 to 2024: Results by geography - gov.scot (www.gov.scot)	Results of the Health and Care Experience Survey 2023 to 2024 broken down by geographical area.
Healthcare Science in Scotland: Defining our Strategic Approach https://www.gov.scot/publications/healthcare-science-scotland-defining-strategic-approach-island-communities-impact-assessment	The Healthcare Science in Scotland: Defining our Strategic Approach was introduced by the Scottish Government to develop healthcare science in Scotland. This sets out a vision and ambitions for the profession, and also the key themes in which future work will be undertaken.

<u>Circulars</u>

Details of all below circulars can be found at http://www.publications.scot.nhs.uk/

Reference: Date of Issue:		Subject:			
PCA(O)2024(02)	29/04/2024	Community eyecare: 'Eyes' website changes: Community glaucoma service patient risk stratification guidance: NHS low-income scheme online application trial (scot.nhs.uk)			
DL(2024)10	30/04/2024	Patient Safety Commissioner for Scotland Act 2023			
DL(2024)11	02/05/2024	NHS Scotland Infection Prevention and Control (IPC) roles and responsibilities, including IPC Team (IPCT) and specialist IPC role descriptors			
DL(2024)12 10/05/2024		Human resources aspects of foundation and speciality training programmes: changeover dates for 2024-2025 (scot.nhs.uk)			
DL(2024)13	10/05/2024	F1 induction and shadowing arrangements (scot.nhs.uk)			
CMO(2024)06	21/05/2024	Advance notice of changes to the Scottish Government's COVID-19 testing guidance			
CMO(2024)7	27/05/2024	Timely vaccination of infants and young children (scot.nhs.uk)			
CMO(2024)09	30/05/2024	Occupational health vaccination - pertussis (whooping cough) (scot.nhs.uk)			

Reference: Date of Issue:		Subject:			
DL(2024)14 04/06/2024		Recommendations to improve the retention of consultants at the latter stage and peri-retirement career phase. (scot.nhs.uk)			
PCS(AFC)2024/3 04/06/2024		Review of Band 5 nursing roles (scot.nhs.uk)			
CMO(2024)10 04/06/2024		Seasonal influenza (flu) immunisation programme 2024-25: confirmation of adult and child cohorts (scot.nhs.uk)			
DL(2024)15	06/06/2024	Refreshed employer flexible retirement guidance extended timeframe for retirement applications and price change for additional pension benefit (scot.nhs.uk)			

Director-General for Health & Social Care and Chief Executive of NHS Scotland Caroline Lamb



E: dghsc@gov.scot

NHS Chief Executives NHS Chairs IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.







The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely

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Caroline Lamb Director General Health & Social Care, Chief Executive of NHS Scotland







FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

<u>Overview</u>

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

• In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement

We are working with Board Communications and Engagement Leads to develop a coordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

NHS Orkney - Board - Attendance Record - Year 1 April 2024 to 31 March 2025:

Name:	Position:	25 April	27 June	22 August	24 October	19 December	27 February
		2024	2024	2024	2024	2024	2024
Members:							
Non-Executive	Board Members:						
M McEwen	Chair	Attended					
D Campbell	Vice Chair	Attended					
D Creasey	Non Executive Board member	Attended					
I Grieve	Non Executive Board Member	Attended					
R Gold	Non Executive Board Member	Attended					
K Cole	Area Clinical Forum Chair	Attended					
J Kenny	Non Executive Board member	Attended					
R McLaughlin	Employee Director	Attended					
J Taylor	Non Executive Board member	Attended					
J Stevenson	Non Executive Board Member	Attended					
Executive Board	d Members:						
M Doyle	Director of Finance	Apologies					
A Lamont	Medical Director	Attended					
L Skaife-Knight	Chief Executive	Attended					
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attended					
L Wilson	Director of Public Health	Attended					
In Attendance:							
Paul Corlass	Recovery Director	Attended					
Phil Tydeman	Director of Improvement	Attended					
S Brown	Chief Officer – IJB	Attended					
J O'Brien	Director of People and Culture	Attended					
J Colquhoun	Corporate Governance Lead	Attended					