



Board Annual Delivery Plan 2024/25

Context

The core aim of this year's NHS Scotland Annual Delivery Planning Guidance 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, ["Equality, opportunity, community: New leadership - A fresh start"](#)

As set out in "[NHS Scotland Delivery Planning Guidance 2024/25](#)" (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 NHS Board Delivery Framework 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 [Value Based Health & Care Action Plan](#) published in November 2023. Our approach to service delivery is underpinned by the principles of Realistic Medicine encouraging our workforce to deliver outcomes that matter most to the people we care for using evidence-based 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 Key Performance Indicators (KPI's) outlined in the DRAFT NHS Scotland Planning Framework 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 [Re-mobilise, Recover, Re-design: 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 [NHS Scotland support and intervention framework](#) 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	Director of Finance	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	Dr Anna Lamont	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	Director of Finance	9 schemes identified, including budget and purchase controls, stock level and storage management. Schemes to 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	
Red	Significantly delayed. <ul style="list-style-type: none">• Actions not implemented.• Deliverables and improvements not achieved.• Priority will not be delivered within original timescale requiring a minimum of two additional quarters to achieve.
Amber	Partially delayed. <ul style="list-style-type: none">• Some actions implemented.• Progress towards deliverables and improvement evidenced.• A clear plan with mitigations in place to bring the priority back in line with original timescale or delivered within one additional quarter.
Green	Remains on track <ul style="list-style-type: none">• Actions implemented.• Stated deliverables and improvement evidenced.

Board-Level Delivery Plan 2024/25

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, at 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 be 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	Executive 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.	Apr-25	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services	Head of Improvement	None anticipated.
			Awareness raising campaign delivered on the benefits of using virtual consultations by primary and secondary care clinicians.	Apr-24		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.	Mar-25			Staffing availability and additional costs for test of change not being agreed

			Undertake a Test of Change to look at the feasibility of providing an MSK ultrasound service Hoy, Westray and Sanday			Radiology Manager	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% Patients wait less than 12 hours to admission, discharge, or transfer from A&E	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 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 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.	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

	Boards to work towards 98% Patients wait less than 12 hours to admission, discharge, or transfer from A&E.						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 emergency admissions to acute hospitals.	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	Implementation of Criteria Led Discharge Ensure all staff record PDD as part of the admission process. Work in partnership with Age Orkney to deliver meaningful group and individual activity sessions	Oct-24 Jun-24 Apr-25	Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services		None anticipated
	Reduce estimated average length of stay for emergency admissions to acute hospitals.	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 Professionals)	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

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 Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.	90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	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
	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, <ul style="list-style-type: none"> • 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 Improvement	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 4-weekly 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 (TTG) 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 Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
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). Boards to work towards 100 percent	Deliver year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics	Repatriation of the following services <ul style="list-style-type: none">Sleep apnoea service, Elastography & Ultrasound examinations.Increased usage of the mobile MRI scanner	Mar-25	Medical Director	Radiology Manager	
	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	Maximise capacity to meet local demand trajectories	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 patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 percent.	Match outstanding demand with available capacity across Scotland through regional and national working including (NTCs)	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 [Effective Cancer Management: Framework](#), 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.	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	
	95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.						
		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 for Recovery.	Sep-24	Medical Director	Medical Director	
		Embed optimal cancer diagnostic pathways and clinical management pathways		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:

Mat Standard 1	All people accessing services have the option to start MAT from the same day of presentation.
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> 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 MAT
	<ul style="list-style-type: none"> We plan to set up similar pathways with police department as we with SAS for non-fatal overdose. We are working with Relationship Scotland to set up a drop-in outreach service at one of the more remote Orkney mainland practices as a pilot. Due to staff 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.
	<ul style="list-style-type: none"> Information sharing within NHS Orkney is very good due to the close working nature of a small Board. We always update the GPs via email when we see patients. We meet with our GP colleagues twice a year to discuss our patients and referrals. We do not have information sharing protocols with other agencies out with NHS Orkney at the moment. We are working with Public Health consultant and ADP to see if we can offer spot testing for BBV at point of MAT delivery and also vaccinations such as flu, covid 19 and hep B
Mat Standard 5	All people will receive support to remain in treatment for as long as request
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> We do not have specific drug and alcohol advocacy groups as such but will be meeting with Advocacy Orkney to see if they are interested in identifying an individual who would train in Reach advocacy. Our local advocacy service has been commissioned by our Local Authority to undertake training in REACH and provide specialised drug and alcohol advocacy 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.
<ul style="list-style-type: none"> All actions complete 	
Mat Standard 10	All people receive trauma informed care.
<ul style="list-style-type: none"> 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	<p>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</p> <p>Embed and widen the implementation of financial inclusion pathways across the most relevant NHS services.</p> <p>Contribute to the delivery of the Community Planning Partnership Strategy in the following areas.</p> <ul style="list-style-type: none"> • Child Poverty Strategy and Implementation Plan • Local Inequalities work • Anchor organisation plan. • Community Wealth Building activity <p>Implement an action plan to address screening and inequalities.</p> <p>Develop and implement a suicide prevention and early intervention approach which is embedded across all services.</p> <p>Implement a tiered suicide prevention training model as part of the development and implementation of</p>	Mar-25	Director of Public Health	Public Health Manager	Multiagency work so requires partner capacity for collaboration

			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 ensuring 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	Mar-25	Director of Public Health	Public Health Manager	Dependent on NHS nurses and other staff released for smoking cessation training.

			<p>review service in relation to expected SG Services guidance and complete service gap analysis.</p> <p>Smoking cessation service audit completed to ensure service standards are monitored and robust reporting mechanisms are in place.</p> <p>Training for Isles nurses and maternity services delivered to ensure staff can signpost patients to cessation services</p>				
	Increased referrals for Tier 2 and Tier 3 weight management services for (1) adults and (2) children and young people year on year.	Support improved 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.

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.

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.

8. Implementation of the Workforce Strategy

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 [digital skills framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk) 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.	Mar-25 Sep-24	Director People & Culture	Head of People & Culture	None anticipated. Availability of line manager, People and

			Undertake a review of workforce models looking at baseline workforce, activity, and benchmarking.				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. Roll out the succession planning toolkit to enhance service area development.	Mar-25 Mar-25 Sep-24	Director People & Culture	Head of People & Culture	None anticipated
		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. National e-roster, eJob Plan and SafeCare modules implemented.	Aug-24 Mar-25	Director People & Culture	Head of People & Culture	Interactive dashboard would be reliant on alternative version of Power BI, which would incur a cost pressure.
		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.	Sep-24	Director People & Culture	Head of People & Culture	None anticipated

			Improve 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.	Jul-24			
		Improve Digital Maturity through the implementation of a Digital Skills Development pathway	Using the Essential digital skills framework - GOV.UK (www.gov.uk) implement, a digital skills development pathway for NHS Orkney.	Aug 2024	Director of People & Culture	Talent and Culture Manager	None anticipated.
			Local dedicated eHealth Learning area available on TURAS.	Aug 2024	Head of Improvement	eHealth Team Lead	None anticipated.
			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 Care in the Digital Age: Delivery Plan 2022-23 and delivery plan sets out key deliverables Scottish Government expect Health Boards to deliver as part of the Annual Delivery Planning Process.

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 Public Sector Cyber Resilience Framework 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 KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
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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		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. 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.	Jun-24 Dec-24	Chief Executive	Head of Improvement	None anticipated.
		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 technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.	Continue to support staff who have signed up for the NES Digital Health and Care Leadership Programme and the Digital Health and Care Transformational Leaders master's Programme	Apr-25	Chief Executive	Head of Improvement	None anticipated.

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 Driver	National KPI's	Deliverable	Action	Target Date	Executive Lead	Delivery Lead	Interdependencies
Climate Emergency and Environment	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	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). New anaesthetic machines capable of holding small nitrous oxide bottles purchased	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.
		The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress	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

		Circular Economy programme within NHS Boards					
		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	<p>A greenspace strategy will be produced later this year.</p> <p>Ensure we have 100% EV vans and 70% EV cars across our fleet of vehicles to meet the target date of 2025.</p> <p>Promote the cycle to work scheme.</p> <p>Work with TravelKnowHow Scotland on the production of a travel plan strategy for NHS Orkney</p>	<p>Nov-24</p> <p>Mar-25</p> <p>Ongoing</p> <p>Aug-24</p>	Chief Executive	Head of Estates Facilities and NPD Contracts	Dependency on additional funding for the car fleet to ensure full compliance.
		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