

NHS Orkney Annual Report 2011-2012



‘Our Orkney, Our Health’

Our **vision** is simply to
‘offer everyone in Orkney access to a NHS that helps them to keep well and provides them with high quality care when it is needed whilst employing a skilled and committed local workforce who are proud to work for NHS Orkney’.

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Foreword



The year to 31st March 2012 was one of continuous improvement both in governance and service terms. Our thanks to the Tailored Support Team led by S Gallagher, Deputy Director, Health Performance who assisted us in a number of key workstreams notably: health intelligence and service improvement and how it supports strategy development, service improvement decision making and performance. This work provided additional capacity to the Chief Executive to undertake and progress a number of priorities not least the work that will underpin our Outline Business Case for the new hospital in Kirkwall and our ability to break even.

Partnership working was evident in our approach to determining how and what we would invest in using our Change Fund allocation of £321,000. The local allocation was used to focus on 4 key areas: prevention and early intervention, building capacity in our communities, facilitating early discharge and strengthening our local infrastructure. Funding enabled a range of local projects to be taken forward, many led by the voluntary sector (40% of our funding went to the voluntary sector) and they progressed well in year.

Partnership working also spanned outwith Orkney and we became an associate partner in the Implementing Transnational Telemedicine Solutions European Union funded project, enabling us to share our telemedicine experience with and learn from our colleagues in Norway, Sweden, Finland and Ireland.

In addition, our integration agenda continues and we appointed our two senior jointly accountable Heads of Service in both adult and children and families and criminal justice. We also set aside investment to support a professional structure.

Involvement of our staff continues to be a top priority for us and in 2011/12 we invited our Organisational Development Manager to undertake a communication audit with 10% of our staff. The results were very informative and have led to a number of changes in our monthly staff bulletin, our interaction with staff through Team Orkney Communications and the Senior Clinical Forum and team building supportive events to support service improvement and change. In year we have also had a number of peer reviews which again have led to a number of changes in how we deliver services to become more person centred, safer and more effective.

We became the first public body in Scotland to go 'paper light' by dispensing with paper hard copy at meetings. NHS Orkney introduced iPads for members to use at Board meetings, almost entirely eliminating the need to use paper. The

principle is now being rolled out across the organisation with staff at many levels using Board laptops when available.

In summary, 2011/2012 has been an eventful but positive year in which we approved an updated clinical strategy – 'Our Orkney, Our Health – transforming clinical services' underpinned by a robust financial strategy which will lay the foundation for the year that has now begun.

A handwritten signature in black ink, appearing to read 'John Ross Scott', with a horizontal line underneath the name.

John Ross Scott
Chair



Mr John Ross Scott
Garden House
New Scapa Road
Kirkwall
Orkney
KW15 1BQ



10 December 2012

Dear John

NHS ORKNEY ANNUAL REVIEW: TUESDAY 28 AUGUST 2012

1. This letter summarises the main points discussed and actions arising from the Annual Review you held at the Pickaquoy Centre in Kirkwall on 28 August.
2. I appreciate that this was the first time that Orkney has held a non-Ministerial Annual Review and I would like to record my thanks to you and everyone who was involved in the preparations for the Review and also those who attended the various associated meetings. It is important to me that health improvement and the delivery of healthcare services in Orkney and across all of Scotland are discussed in a public forum. My officials have reported that this was a very enjoyable and informative event and I hope everyone who participated found it worthwhile.

Joint Meeting with ACF and APF

3. As part of the Annual Review process, you hosted a joint meeting with the Area Clinical Forum (ACF) and the Area Partnership Forum (APF). Ministers recognise that the NHS faces great challenges in the years ahead, but there are also great opportunities and these will only be realised if all the staff who work so hard in the NHS share a common understanding and purpose. That is why these joint meetings are so important going forward. Nonetheless, I am keen to ensure that each professional grouping has a protected opportunity, as part of the Annual Review, to appropriately represent its interests at a senior level. I am very encouraged to learn that both the ACF and APF felt that they are centrally involved in the Board's work; not least the clear engagement of both forums in agreeing the local approach to the implementation of the Quality Strategy. In terms of the APF it is clear that partnership arrangements are robust and that shared objectives have been established in key areas such as Staff Governance Standards, workforce planning and the work on Health and Social Care Integration. Similarly, it was reassuring to hear that the ACF has a determined focus on contributing to the Board's clinical governance and patient safety responsibilities. I have also noted the ongoing work on local challenges which included performance appraisal, Lead Clinician roles, staff engagement in change processes and continuing priority for learning and development.

4. I am grateful to local staff of both ACF and APF for taking the time out of their busy schedules to share their views and I fully support their ambitions for their service.

Patients' Meeting

5. I would like to extend my sincere thanks to all the patients and carers who took the time to come and share their views of NHS Orkney's services. I very much believe that the opportunity to meet with people using local health services is of great value and that really listening and responding to feedback is a vital part of the process of improving services. I greatly appreciate the openness and willingness shown by those involved in your meeting to share their experiences and my officials have advised that there was some very positive feedback about the care received.

6. I was pleased to hear about some of the specific matters raised including the improvements in the quality of service for people with Multiple Sclerosis and the common sense approach to providing local health services for the Evie community. This discussion also touched on the requirement for a joined up and person centred approach to service delivery, the need for good information for people who have to travel to Aberdeen for treatment and the continuing efforts to secure on-island CT services. I am very grateful to those involved for giving up their time to attend.

Public Session

7. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year and plans for the forthcoming year. This self assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and was made available to members of the public to inform the discussion at the Annual Review. Within your self-assessment you provided a helpful summary of progress made against last year's Annual Review action points. Your Chief Executive also took the opportunity to set the context for this ongoing progress in her opening remarks at the main review meeting.

Everyone has the best start in life and is able to live longer healthier lives

8. I was pleased to note that NHS Orkney had exceeded its target for delivering Alcohol Brief Interventions (ABIs) for 2011/12 and should be commended for this. In particular, the Board has made strong progress working in partnership with Orkney Alcohol and Drug Partnership (ADP), as demonstrated by the extension of ABIs to locations such as Police Stations. Your performance has also been strong in relation to **drug and/or alcohol treatment** where 86% of clients who attended an appointment between January – March 2012 waited 3 weeks or less following their referral.

9. I have been advised that NHS Orkney has had some difficulty in meeting the **smoking cessation HEAT** target. However, I was pleased to note that you had achieved 125% against target for your 40% most deprived data zones in that same period, a target that is particularly challenging for smaller island boards like yourselves. Although I was pleased to hear that you had achieved relatively high overall quit rates at one month (49%), I am concerned to note the drop from your previous year's figure of 61%. I believe that Scottish Government officials have been in touch with the Board to offer their ongoing support and was pleased to hear of the proactive approach being taken at an organisational level in working to improve performance in this area.

10. I am pleased to note that there are no concerns around the waiting times for IVF treatment in Orkney. I was also pleased to learn that NHS Orkney has seen a reduction of 74% in premature mortality from coronary heart disease, a reduction of 77.9% in premature mortality from cerebrovascular disease and a reduction of 77% from stroke. You are to be congratulated on this excellent performance.

11. However, there is clearly some concern around the recent decline in performance against the stroke target. This situation will require close monitoring by the Board to ensure there is no further or continued slippage in performance.

12. NHS Orkney's delivery of 100% against the 31-day **cancer access** standard over the last five quarters is highly commendable. However, in two of these quarters, performance for the 62-day target has fallen below 95%. While recognising the very small absolute numbers this represents, it remains an area worthy of close monitoring going forward and I note your reassurance that this will not be a recurring problem.

13. You have exceeded your target of 40 **Child Healthy Weight** interventions with a total of 46 being completed during the first target period. For the present period of April 2011 to March 2014 you have a target of 58 and during the first year you have completed your projected number of interventions of 21. Congratulations on this fine performance.

14. I was pleased to be advised that NHS Orkney is proactively involved in the Orkney Community Planning Partnership. The CPP's **Single Outcome Agreement** demonstrates a coherent understanding of the requirement for cross-cutting and collaborative responses to some of the Islands' most challenging issues and the extent of your contribution is illustrated by examples such as your active involvement in the Employability Strategic Group.

Healthcare is safe for every person, every time

15. Quality of care and patient safety are of paramount concern across NHS Scotland. The Annual Reviews continue to focus on the Quality agenda, which is underpinned by the national Quality Strategy. The Quality Strategy sets out NHS Scotland's vision to be a world leader in healthcare quality, summarised through three Quality Ambitions: safe, effective and person-centred care. The Strategy seeks to improve the quality of care patients receive from the NHS, recognising that the patient's experience of the NHS is about more than speedy treatment - it is the quality of care they get that matters most. As such, I was pleased to hear how the Board of NHS Orkney is continuing to demonstrate leadership on the local implementation of the Strategy. You provided assurances to my officials that the Board and its committees are fully committed to robust clinical and financial governance, clinical effectiveness, risk management and patient safety and learning from adverse events, in line with the national Quality Ambitions and Outcomes.

16. NHS Orkney is making good progress in reducing Hospital Standardised Mortality Rates, demonstrating a 14.4% reduction since January 2008. You have provided assurances around the range of improvements being undertaken to reduce the likelihood of adverse events including the establishment of quality dashboards and the development of a harm and mortality reduction plan.

17. In 2011/12 NHS Orkney had a total of 3 cases of *Staphylococcus aureus* bacteraemia (none of which were MRSA). I have also been advised that you had a total of 6 cases of *Clostridium difficile* infection in patients aged 65 and over during the same period, down from 10 in 2010/11 (40% reduction) - both as a result of hard work in the hospital and in the community. If this pattern continues as anticipated, we fully expect you to achieve both of the relevant HEAT targets.

18. While there were no HEI inspections conducted within NHS Orkney during the period covered by this review, the most recent inspection report contained some disappointing findings and I expect the Board to take prompt action in response.

Everyone has a positive experience of healthcare

19. NHS Orkney successfully delivered their **18 weeks Referral to Treatment** target at December 2011, with a combined performance of 95.3% and you have sustained performance since then. Throughout 2011/12 you also sustained the maximum wait of **12 weeks** for new Outpatients and consistently achieved the maximum wait of **9 weeks** for Inpatient/Day Cases - reporting only a small number of patients waiting over the target throughout the year. You are to be congratulated on this performance.

20. Discussions at the Annual Review centred around the monitoring and reporting of waiting times and the Board provided my officials with an assurance that necessary checks and balances are in place to ensure the accuracy of performance reporting and that your systems are under regular review.

21. I was delighted to hear of your very strong and sustained performance of 99.5% against the 4 hour Accident & Emergency Standard over the last year. I was also pleased to see the Board's excellent results from the 2011 Inpatient Survey, indicating that the majority of patients in NHS Orkney report good or excellent experiences of care and services provided by the Board. Where patients have raised concerns, the Board is focused on making improvements. I look forward to seeing the results of these reflected in future Survey results.

22. Support for advocacy services is an issue that has arisen in the past and a Joint Advocacy Plan has now been developed which also involves input from NHS Orkney, Orkney Islands Council and the Third Sector. I note that the Board is continuing to keep the costs of this service under review.

Staff feel supported and engaged

23. I have been advised that NHS Orkney's **sickness absence** to 31 March 2012 stood at 4.43% against a target of 4%. However, subsequent performance has shown significant improvement, with absence levels consistently sitting below the 4% target. You have advised that your focus is on sustaining this improvement and you recognise that early interventions and support are key to this. I congratulate you on this improved performance and I look forward to seeing the results of this focus over the coming year.

24. I was concerned to be told that less than a third of NHS Orkney staff currently have a KSF review completed and signed off on the eKSF system. This is a significant reduction from the 88% at 31st March 2011 but you have assured my officials that the appraisal process continues to operate and that you remain committed to improving performance in relation to the completion of documentation.

The 2010 staff survey suggests that staff in NHS Orkney are reluctant to report incidences of abuse and bullying or harassment. In response, the Board's Staff Governance Action Plan for 2012/13 includes a key action to develop a culture that supports change and staff feel able to challenge without the fear of repercussion.

25. I was pleased to hear about the range of initiatives you are currently pursuing that are designed to improve the employee experience. I believe these include development of robust policies and procedures to promote attendance at work, achieving the Healthy Working Lives Silver Award and development of a Workforce Strategy. In addition to the specific actions set out in your Staff Governance Action Plan including: promoting a culture where open, honest, formative and motivational feedback becomes the norm; ensuring the whole organisation understands the key learning needs across NHS Orkney; and promoting a culture of respect. These initiatives indicate a commitment on the part of the Board to providing a positive working environment.

26. Latest figures show that overall the Board projected a **staff reduction** of 26.1 whole term equivalent (wte) staff by 31 March 2012; however the actual reduction was 31.5 wte - 5.4 wte higher than projected. I understand that you are continuing to work closely with staff and with NHS Grampian to ensure that you have the best possible medical staffing model for your particular circumstances and the involvement of medical staff to develop a preferred model is reassuring.

27. The Board will be aware of the national work on the 20:20 Workforce Vision which will be developing over the next 12 months - with staff engagement a major part of the process. Boards are asked to ensure that staff have an opportunity to engage with this initiative at local level.

People are able to live well at home or in the community

28. Our policy goal is to help older people to stay safe and well and as independent as possible in their own homes or another homely setting. The Scottish Government and its partners are committed to putting in place a system of health and social care that is robust, effective and efficient and which reliably and sustainably ensures the high quality of support and care that is the right of the people of Scotland. I have been advised that you emphasised your good relationship with your local authority partner, which has been vital in achieving the progress you have with Orkney Health and Care – and it will continue to be key as we move towards the full implementation of Health and Social Care Integration. You also emphasised how important enablement and anticipatory care are and the need to support your local primary and community care staff by providing them with care choices especially on the Isles. You advised my officials of the strategic focus on preventative care in hospitals and residential homes within the Board.

29. The Change Fund was introduced to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. You provided a useful update on your Change Plan that reflects your ambitions to shift location of care from institutional to home and to tie in with strategic service redesigns and to engage communities. A high proportion of the fund has been allocated to the community/voluntary sector to allocate and oversee on behalf of the Partnership.

30. NHS Orkney has rarely recorded any breaches against the delayed discharge standard. However, I was concerned to hear that delayed discharges over the winter period was in excess of ten putting considerable pressure on the overall health system to respond to emergency admissions during this period. Although in general the actual number of cases is usually very small, you will be only too aware that these instances can have a disproportionate impact on the operation of a small system. I am sure you will be working with your local partners to mitigate the impact of this situation.

31. Although the Board has not yet received an OPAC inspection by Health Improvement Scotland, you have carried out a self-assessment and arranged a peer inspection by NHS Shetland – a useful way of ensuring you are well prepared as well as a useful source of information on the quality of your services. I believe that a recent visit by CNO:PPP's Vulnerable Adults and Older People team highlighted the results of your recent staff restructuring so that health and social care are now combined for non-acute care; your focus on re-ablement in care homes for older people and people with dementia; the provision of new care housing, so older people can have own tenancies with support and intermediate care (physio etc) provided through a Day Hospital which also does limited outreach and the positive impact of an Alzheimer Scotland nurse and two trained Dementia Champions. Alongside your new Blueprint for Older People's Services, these are all very positive developments.

32. NHS Orkney is presently going through a redesign of services which will see the CAMHS service being managed within the Community Mental Health Team and plans are in place to develop the systems required to collate and return information. I have been advised that you have not yet been able to submit monthly data to ISD. However, I was pleased to learn that you have been successful in your recent bid for QUEST funding and intend to use this funding to create a system administrator post to develop the necessary systems and reports, and to support staff to use these systems.

33. You have identified a number of challenges in demonstrating your delivery of the Psychological Therapies target. Major re-organisation and your vacant service lead post have had a major impact on your ability to achieve the progress expected in year 2 of the target in areas such as data collection, staff audit, clinical outcomes and service configuration. You have assured my officials that you are currently meeting the 18 week target but improvements will be expected over the coming months in respect of your ability to monitor and evidence your performance in this area.

Best use is made of available resources

34. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that the Board achieved all three financial targets for 2011-12. You provided my officials with an update on the Board's progress against the financial plan for the current financial year, including your efficiency savings target. Last year you achieved savings of £2.753m as agreed in the revised financial plan. Whilst this is short of the original requirement, it was a more realistic forecast, which at 8.7% of baseline funding still represents a significant achievement, especially as the savings were all delivered on a recurring basis. You were engaged last year in a programme of "tailored support" which has enabled you to turn around your original financial forecast. The package of support included additional brokerage, an extension to your current repayment plan and a Voluntary Severance (VS) scheme to unlock recurring savings. Your objective remains to bring the Board back into a sustainable position by achieving recurring financial balance.


35. I am pleased to note that NHS Orkney is in regular dialogue with Scottish Government officials over the delivery of its capital plan. You are continuing to work closely with colleagues in Scottish Government Health Directorates and Scottish Futures Trust on developing the Business Plan for the proposed revenue financed new Balfour Hospital and we look forward to receiving the Outline Business Case early in the next financial year.

Public Question and Answer Session

36. Your programme for the Annual Review gave members of the public an opportunity to ask questions under each of the main headings throughout the meeting. I am pleased to note the interest shown in the service and I am grateful to the audience members for their patience, enthusiasm and considered questions. A wide range of topics including telehealth, staff induction, mental health services, variation in prescribing practice and the importance of learning from patient feedback were discussed. My thanks to you and your team for putting the arrangements in place for this session, and for providing thorough and thoughtful responses to the questions which were understandably focused on local service provision.

Conclusion

37. I would again like to thank you and your team for setting up and running an innovative and informative Annual Review. My officials inform me that NHS Orkney used the opportunity of the Non-Ministerial Review to hold an engaging and meaningful discussion with the local community. The Board has made significant progress in taking forward a challenging agenda on a number of fronts including staff restructuring, returning to recurring financial balance and driving forward the Integration and Quality agendas. I have been assured that you recognise that there remains much to do. The Board must maintain a clear focus on maintaining its financial position and completing the implementation of its clinical strategy. I have included a list of the main action points from the Review in the attached annex.



ALEX NEIL

ANNEX

NHS ORKNEY ANNUAL REVIEW: TUESDAY 28 AUGUST 2012

ACTION POINTS

The Board must:

- Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and OPAC inspection reports.
- Sustain performance against all HEAT targets and standards and where necessary, improve data collection and reporting arrangements to demonstrate this is the case.
- Maintain an appropriate focus on delivery of the 12 week Treatment Time Guarantee and ensure any emerging problems are highlighted at an early stage.
- Take further steps to improve performance on the completion of eKSF reports and work to sustain the latest performance improvements in sickness absence rates.
- Maintain focus on the achievement of in-year and recurring financial balance; and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.
- Continue to work closely with all partners on preparing a robust Business Plan for the replacement of the Balfour Hospital.

Healthcare is safe for every person, every time

Scottish Patient Safety Programme

During 2011/12 NHS Orkney rolled out performance dashboards across twelve clinical departments. Performance dashboards have been developed for each service area to report on agreed key performance indicators on a monthly basis. These include activity around safety briefs, complaints, incidents and recordkeeping as well as the nursing clinical quality indicators.

Healthcare Associated Infection (HAI)

Prevention and control of infection continues to be a key priority within NHS Orkney and following an in year middle management restructure a permanent Infection Control Manager post was established. This appointment and investment in related HAI activities demonstrates that NHS Orkney is committed to addressing HAI and Healthcare Environment Inspections (HEI) recommendations.

The team have been out and about in the community raising the profile of infection control.



Tesco 5 May 2011 – Hand hygiene awareness



**Dounby Local Agricultural Show
Infection Control and Smoking Cessation**

Developing Primary Care Services

Engagement with our primary and community care colleagues has been significant in year. During 2011/12 we held a number of events to progress the integration agenda, develop our Older People's Blueprint and consider how we develop a Primary Care Strategy. Our Older People's Blueprint sets out the high level vision for the general direction of travel for our services and the launch later in the year will be followed by specific consultation or engagement including all relevant stakeholders in relation to the service development under way at the time.

Work is continuing on recruiting and retaining GPs, Nurse Practitioners and Community Nurses to provide continuity of care to our patients. The Isles Network of Care is key to supporting staff in sharing good practice and developing innovative ways of working with small numbers of staff to ensure people are looked after in the local community. Engagement work on the Isles and Mainland has been used by the Scottish Health Council as a means to share good practice with the wider NHS.

Heilendi practice has taken on medical responsibility for patients in North Ronaldsay and Shapinsay and work closely with the Nurse Practitioners on these Isles to support people living at home. This hub and spoke approach using a Mainland practice as the hub has worked very well and is a model we as a Board would be keen to roll out as opportunities arise.

Finally, we are participating in conversations regarding how primary care and General Practice needs to change to meet our 20:20 vision for people living in Scotland.

Health and Social Care Integration

Significant work in this key area has reached a conclusion under the auspices of Orkney Health and Care - our local community health and social care partnership. It is a partnership between Orkney Islands Council and NHS Orkney that aims to integrate the provision of health and social care services and improve health and well being and service delivery by doing so.

Our work to date has embraced an enablement model for older people, adults with physical disability and adults with a learning disability. Key actions with timescales are outlined in the Orkney Health and Care Service Delivery Plan 2011/12 launched by our Public Partnership Forum in August 2011

Orkney Health and Care is driving a significant change agenda that has already described 'tomorrow's services'. Our tomorrow's workforce has also begun in earnest and already we have designed a structure that has a single jointly accountable senior manager in both adult and children and families services. We have invested additional funding in a professional structure and work is already underway to develop locality based teams and integrated budgets.

Patient Experience

NHS Orkney had a 58% response rate in the 2011/12 **Better Together Survey**.

Our top 5 rated areas

- Waiting times from referral to hospital admittance
- Waiting times from arrival at hospital to getting a bed on the ward
- Overall, the care or support services received after leaving hospital were excellent
- Our doctors told our patients, in a way they could understand, how their operation or procedure had gone
- Our doctors listened to their patient's questions or concerns

Our bottom 5 rated areas

- They were bothered by noise at night
- Their religious and spiritual rights were not respected
- They were not told how long they would have to wait when attending A&E
- They did not know who was in charge of the ward
- They were bothered by noise during the day

Complaints

The Board welcomes formal complaints and utilises the process to identify areas for improvement.

Hospital and Community Services:

During the period 1 April 2011 to 31 March 2012, 39 formal complaints were received of which 16 were not upheld, 10 were partially upheld, 12 were upheld and one was withdrawn.

A number of trends emerged:

- Waiting Times
- Clinical Care
- Staff Attitude
- Cleanliness issues

There were 32 recorded verbal and informal complaints received.

12 official letters of thanks were received during the year. There were 499 recorded and reported expressions of gratitude, cards, and letters plus gifts and donations received during 2011/2012.

Primary Care Services:

There were 9 complaints received by the Board regarding General Medical Services. In General Practice, 15 complaints have been received and

investigated, all of which were resolved at source. The practices also received many expressions of thanks, during the same period.

Other NHS Organisations:

NHS Orkney received a total of 12 complaints relating to NHS Grampian, one relating to Scottish Ambulance Service and one about NHS24.

Information received from NHS Grampian indicates that they received 21 formal complaints from patients with a KW postcode.

MSP / MP - Constituents' Concerns Raised:

During the period 1st April 2011 – 31st March 2012, the Chief Executive received 4 written expressions of concern or complaint which had been addressed through their MSP. Issues included - Dental, Nursing cover on the Isles, Waiting Times and Clinical Care.

Achievements during the year

Neurological Services

Staff from NHS Orkney received national recognition for their work in caring for patients with neurological conditions.



Moira Flett, MS and neurology advisor and clinical lead for the Long Term Conditions Managed Care Network Neurology sub group and Maureen Sutherland, Improvement Lead for National Reviews, developed and presented a

poster to showcase the work NHS Orkney has undertaken over the past 18 months to improve services to those affected by neurological conditions.

They were awarded a prize for the most informative poster at the Health Improvement Scotland Neurological Services Implementation and Improvement Programme held in Glasgow for all 14 Scottish territorial health boards.

National Recognition for Catering Department

The catering department at Balfour hospital received national recognition for the quality of its meals. NHS Scotland's compliance report on nutrition, for the six months to December 2011, consistently placed Orkney among the best performers in a range of different categories.

The service received top marks for meeting the nutritional needs of patients, food based standards, menu guidance, special diets and overall patient experience.

The quality of food at Balfour is routinely tested against 53 separate standards.



Catering staff at Staff Awards Ceremony

Healthy Working Lives

An award ceremony took place in March 2012 to recognise the seven organisations in Orkney that achieved Healthy Working Lives awards over the last 12 months when around 30 employers and business organisations gathered at Orkney College for a ceremony attended by Aileen Simpson, Head of Delivery for the Scottish Centre for Healthy Working Lives.

Healthy Working Lives is an NHS initiative aimed at encouraging and supporting good practice in workplace health and safety, and employee wellbeing. Those receiving Bronze level awards were NorthLink Ferries Ltd, as well as Papdale and St Andrews Primary Schools. Progressing to achieve the Silver award were the

Department of Education and Leisure at Orkney Islands Council, NHS Orkney and Glaitness and Stromness Primary Schools.

As well as developing excellent policies around areas such as smoking, drugs and alcohol, and mental health, and demonstrating good practice in health and safety, absence management and caring for the environment, participating workplaces surveyed their staff about their health needs and involved a variety of staff in planning activities. These ranged from healthy eating events to mental health workshops, walking challenges, easter bonnet competitions, cycle schemes, meditation sessions, health quizzes and voucher schemes or discount memberships for the use of local fitness facilities.

Those workplaces taking part reported that the benefits had included team building, improved morale, people working more closely to support one another and a better ability to recognise and deal with issues before they became problems.

Dementia Champions

Two local nurses graduated as ‘dementia champions’ as part of the National Dementia Strategy which saw a national training programme established to improve the knowledge and skills of staff working with people with dementia, their families and carers.

Linda Merriman and Marilyn Buchan completed a rigorous six month programme which will help them improve the experience, care, treatment and outcomes for people who are admitted to the Balfour.



The Award ceremony was held at Dynamic Earth in Edinburgh and Nicola Sturgeon, Deputy First Minister and Cabinet Secretary for Health, Well-being and

Cities attended. She was photographed at the ceremony with both Linda and Marilyn (front row 2nd & 3rd from left) and other representatives from boards across Scotland.

Telemedicine talk wins national award

NHS Orkney's telemedicine service for rheumatology patients has won an award from the Scottish Society of Rheumatology.

A presentation on the service, which means better use of resources and enables people to be seen closer to home – the aim of the NHS in Scotland – was given by Dr Pradeep Kumar, and won the title of 'Best Short Talk'.

Dr Kumar, who is based at Aberdeen Royal Infirmary, provides rheumatology assessment for Orkney patients via a telelink – the patient comes to Balfour Hospital and Dr Kumar gives his consultation from Aberdeen. The talk was prepared by Dr Kumar and Lesley Platford, NHS Orkney Senior Physiotherapist.

The service means patients don't always have to travel Aberdeen for assessments or treatments, and that bad weather preventing consultants from travelling from the mainland is not a problem. Patients like the service and it works well for all of us. As far as we know, this is the only telemedicine service for rheumatology in the UK

NHS Orkney is proud of this development, as it shows that the service provided to the patients in Orkney is cutting edge, responsive to the needs of the patients and continues to improve the care provided.

Formal Assessments and Inspections

Peer review visits undertaken by NHS Healthcare Improvement Scotland during the year included:

- Pre-JAG Accreditation visit – March 2012
- Improving Sexual Health Services in Scotland Integration and Innovation National Overview
http://www.healthcareimprovementscotland.org/programmes/reproductive_maternal_child/sexual_health/sexual_health_reviews.aspx

Other visits included:

- Healthcare Environment Inspectorate - unannounced inspection Balfour Hospital - August 2012
<http://www.healthcareimprovementscotland.org/HEI.aspx>.
- Local Report ADHD-SOS follow-up review – NHS Orkney– 16 March 2012
- NHS Shetland - Informal peer inspection of Care for Older people in acute services – February 2012

Regular audits reported nationally include:- environmental, antimicrobial prescribing, catering and nutrition, heart failure and stroke.

NHS Orkney Board

1 April 2011 to 31 March 2012

Executive Directors



Cathie Cowan
Chief Executive



Gerry O'Brien
Director of Finance



Dr Louise Wilson
Director of Public Health



Rhoda Walker
Director of AHP, Nursing
and Midwifery



Marthinus Roos
Medical Director

Non-Executive Directors



John Ross Scott
Chair



Jim Robertson
Vice-chair



Naomi Bremner



Stephen Hagan
**Local Authority
Representative**



Suzanne Lawrence
Employee Director



Liz Middleton



Craig Spence
(Up to 29 February 2012)



Andy Trevett
Area Clinical Forum Chair



Mairhi Trickett

NHS Orkney

STATEMENT OF COMPREHENSIVE NET EXPENDITURE AND SUMMARY OF RESOURCE OUTTURN
FOR THE YEAR ENDED 31 MARCH 2012

2011 £'000 Restated		Note	£'000	£'000
Clinical Services Costs				
34,012	Hospital and Community	4	31,570	
617	Less: Hospital and Community Income	8	599	
<u>33,395</u>				30,971
12,562	Family Health	5	11,848	
279	Less: Family Health Income	8	177	
<u>12,283</u>				11,671
<u>45,678</u>	Total Clinical Services Costs			42,642
1,277	Administration Costs	6	1,260	
0	Less: Administration Income	8	0	
<u>1,277</u>				1,260
2,845	Other Non Clinical Services	7	4,843	
708	Less: Other Operating Income	8	780	
<u>2,137</u>				4,063
<u>49,092</u>	Net Operating Costs			47,965

OTHER COMPREHENSIVE NET EXPENDITURE

2011 £'000 Restated		£'000
0	Net (gain)/loss on revaluation of Property Plant and Equipment	(521)
0	Net (gain)/loss on revaluation of Intangibles	0
0	Net (gain)/loss on revaluation of available for sales financial	0
<u>0</u>	Other Comprehensive Expenditure	<u>(521)</u>
<u>49,092</u>	Total Comprehensive Expenditure	47,444

The Notes to the Accounts, numbered 1 to 29, form an integral part of these Accounts.

NHS Orkney

(Cont.)

FOR THE YEAR ENDED 31 MARCH 2012

SUMMARY OF CORE REVENUE RESOURCE OUTTURN	£'000
Net Operating Costs	47,965
Total Non Core Expenditure (see below)	(1,694)
FHS Non Discretionary Allocation	SFR1 (3,027)
Donated Asset Income	59
Total Core Expenditure	43,303
Core Revenue Resource Limit	43,396
Saving/(excess) against Core Revenue Resource Limit	93

SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN	
Capital Grants to / (from) Other Bodies	0
Depreciation/Amortisation	1,413
Annually Managed Expenditure - Impairments	56
Annually Managed Expenditure - Creation of Provisions	193
Annually Managed Expenditure - Depreciation of Donated Assets	32
IFRS PFI Expenditure	0
Total Non Core Expenditure	1,694
Non Core Revenue Resource Limit	1,718
Saving/(excess) against Non Core Revenue Resource Limit	24

SUMMARY RESOURCE OUTTURN	Resource penditure		Saving/(Excess)
	£'000	£'000	£'000
Core	43,396	43,303	93
Non Core	1,718	1,694	24
Total	45,114	44,997	117

NHS Orkney

BALANCE SHEET

FOR THE YEAR ENDED 31 MARCH 2012

2010	2011		Note	£'000	£'000
Restated	Restated				
		Non-current assets:			
17,604	16,027	Property, plant and equipment	11	15,437	
327	267	Intangible assets	10	176	
		Financial assets:			
17,931	16,294	Total non-current assets			15,613
		Current Assets:			
492	493	Inventories	12	446	
		Financial assets:			
564	455	Trade and other receivables	13	470	
191	1,912	Cash and cash equivalents	14	765	
0	0	Assets classified as held for sale	11c	300	
1,247	2,860	Total current assets			1,981
19,178	19,154	Total assets			17,594
		Current liabilities			
(125)	(378)	Provisions	16	(580)	
		Financial liabilities:			
(3,789)	(6,195)	Trade and other payables	15	(3,926)	
(3,914)	(6,573)	Total current liabilities			(4,506)
15,264	12,581	Non-current assets plus/less net current assets/liabilities			13,088
		Non-current liabilities			
(273)	(457)	Provisions	16	(404)	
		Financial liabilities:			
(74)	0	Trade and other payables	15	0	
(347)	(457)	Total non-current liabilities			(404)
14,917	12,124	Assets less liabilities			12,684
		Taxpayers' Equity			
12,725	10,292	General fund	SOCTE	10,386	
2,192	1,832	Revaluation reserve	SOCTE	2,298	
0	0	Other reserves	SOCTE	0	
14,917	12,124	Total taxpayers' equity			12,684

Adopted by the Board on2012

..... Director of Finance

.....Chief Executive

The Notes to the Accounts, numbered 1 to 29, form an integral part of these Accounts.

Links to further information:

Public Health Department Annual Report 2011-2012 -
<http://www.ohb.scot.nhs.uk/article.asp?page=49&parent=7>

Annual Accounts for year ended 31 March 2012 -
<http://www.ohb.scot.nhs.uk/article.asp?page=239>

Our Orkney, Our Health – Transforming Clinical Services -
<http://www.ohb.scot.nhs.uk/article.asp?page=25&parent=7>

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