

# NHS Orkney Board

## 24 August 2023

### Purpose of Meeting

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

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

Our **Corporate Aims** are:

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

### Quorum:

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

## Orkney NHS Board

There will be a hybrid meeting of **Orkney NHS Board** on **Thursday 24 August 2023** at **11.30am**

Meghan McEwen  
Chair

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 22 June 2023	Chair		To check for accuracy and <u>approve</u>
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions
6	Board Chair and Chief Executive Report to Board	Chief Executive Chair	OHB2324-33	To <u>reflect on</u> progress and <u>share</u> key messaging
7	Chief Executive 100-day report	Chief Executive	OHB2324-34	To <u>approve</u> the proposed next steps and priority areas
8	<b>Annual Accounts</b>	<b><u>Not to be made public until laid before Parliament</u></b>		
8.1	NHS Orkney Annual Accounts for year ended 31 March 2023	Director of Finance	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee
8.2	2022/23 Annual Audit Report from External Auditor	External Auditor	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee

Item	Topic	Lead Person	Paper Number	Purpose
9	Corporate Risk Register	Medical Director	OHB2324-35	To <u>review</u> the corporate risks and seek assurance on mitigation actions
<b>10</b>	<b>Governance</b>			
10.1	Senior Leadership Team Chair's report and minutes from meetings held on 3 and 18 July 2023	Chief Executive	OHB2324-36	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>11</b>	<b>Strategy</b>			
11.1	Annual Delivery Plan	Chief Executive	OHB2324-37	To <u>approve</u> the publication of the final document
11.2	Plan on a Page 2023/24 - Quarter 1 update	Chief Executive	OHB2324-38	To <u>take assurance</u> from progress against the key priorities and actions
<b>12</b>	<b>Clinical Quality and Safety</b>			
12.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2324-39	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
12.2	Infection Prevention and Control Annual Report	Director of Nursing, Midwifery, AHP and Acute	OHB2324-40	To <u>receive</u> the annual report and <u>take assurance</u> on performance and achievements
12.3	Duty of Candour Annual Report	Medical Director	OHB2324-41	To <u>take assurance</u> from the annual report and <u>approve</u> next steps from learning
12.4	Joint Clinical and Care Governance Committee Chair's report and minute from meeting held on 4 April 2023	Joint Clinical and Care Governance Committee Chair	OHB2324-42	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
12.5	Area Clinical Forum	Area Clinical	Verbal	To <u>seek assurance</u> from

Item	Topic	Lead Person	Paper Number	Purpose
	Chair's report and minutes from meetings held on 5 May 2023	Forum Chair		the report and <u>adopt</u> the approved minutes
<b>13</b>	<b>Population Health</b>			
13.1	Anchors Strategy Development	Acting Director of Public Health	OHB2324-43	To <u>note the update</u> and awareness of next steps
13.2	Public Health report – Quarter 1	Acting Director of Public Health	OHB2324-44	To <u>take assurance</u> on progress
13.3	Orkney Partnership Board Report and minutes from the meeting held on 14 March 2023	Chair	OHB2324-45	To <u>discuss</u> the issues raised from the report
<b>14</b>	<b>Person Centred</b>			
14.1	Patient Experience future reporting proposal	Medical Director	OHB2324-46	To <u>approve</u> future reporting of patient experience metrics
14.2	Patient Experience Annual Report	Medical Director	OHB2324-47	To <u>approve</u> the report for onward submission to Scottish Government
<b>15</b>	<b>Workforce</b>			
15.1	Staff Governance Action Plan	Interim Director of Human Resources	OHB2324-48	To <u>take assurance</u> from performance against the 2022/23 plan and priority areas for 2023/24
15.2	iMatter results and next steps	Interim Director of Human Resources	OHB2324-49	To <u>review</u> the latest results and <u>seek assurance</u> on next steps



Item	Topic	Lead Person	Paper Number	Purpose
<b>16</b>	<b>Organisational Performance</b>			
16.1	Financial Performance Report	Director of Finance	OHB2324-50	To <u>review</u> the in year financial position and <u>note</u> the year to date position
16.2	Financial Improvement Report	Director of Finance	OHB2324-51	To <u>seek assurance</u> on action being taken
16.3	Performance Report	Chief Executive	OHB2324-52	To <u>scrutinise</u> the report and <u>seek assurance</u> on delivery
16.4	Proposal for Integrated Performance Report	Chief Executive	OHB2324-53	To <u>approve</u> the proposed amendments to future performance reporting
16.5	Finance and Performance Committee Chair's Report and minute of meeting held on 25 May 2023	Finance and Performance Committee Chair	OHB2324-54	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>17</b>	<b>Risk and Assurance</b>			
17.1	Audit and Risk Committee Chair's Report and minute of meeting held on 30 May 2023	Audit and Risk Committee Chair	OHB2324-55	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>18</b>	<b>Any other competent business</b>			
	<ul style="list-style-type: none"> <li>Annual Review 2023</li> </ul>		Verbal	
<b>19</b>	<b>Items for Information</b>			

Item	Topic	Lead Person	Paper Number	Purpose
19.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
19.2	Board Reporting Schedule 2023/24*	Chair		To <u>note</u> the timetables
19.3	Record of Attendance*	Chair		To <u>note</u> attendance record

**Open Forum** – Public and Press Questions and Answers session

*\* items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Corporate Services Manager, Chair or Lead Director'*

## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 22 June 2023** at **12:30pm**

**Present**

Meghan McEwen, Chair  
 Davie Campbell, Vice Chair  
 Laura Skaife-Knight, Chief Executive  
 Des Creasey, Non-Executive Board Member  
 Rona Gold, Non-Executive Board Member  
 Issy Grieve, Non-Executive Board Member  
 Mark Henry, Medical Director  
 Steven Johnston, Non-Executive Board Member  
 Joanna Kenny, Non-Executive Board Member  
 Ryan McLaughlin, Employee Director  
 Jason Taylor, Non-Executive Board Member  
 Sam Thomas, Director of Nursing, Midwifery, AHP and Acute

**In Attendance**

Steven Brown, Chief Officer, Integration Joint Board  
 Steven Phillips, Head of People and Culture  
 Sara Lewis, Acting Director of Public Health  
 Carrie Somerville, Planning, Performance and Risk Manager  
 Keren Somerville, Head of Finance  
 Emma West, Corporate Services Manager

**B26      Welcome and Apologies**

Apologies were noted from L Hall, R McLaughlin and L Wilson.

**B27      Declarations of interests**

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

**B28      Minutes of previous meetings held on 27 April 2023**

The minute of the meeting held on 27 April 2023 was accepted as an accurate record of the meeting and was approved.

**B29      Matters Arising**

Mental Health Transfer Bed

The Mental Health Transfer Bed had been discussed at the Integrated Joint Board (IJB) meeting on the 21 June 2023 and proposals had been considered for an alternative model.

Central Decontamination Unit (CDU)

A letter had been sent to the Central Decontamination Unit (CDU) on behalf of the Board following their positive audit.

**B30 Board Action Log**

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

**B31 Board Chair and Chief Executive Report to Board – OHB2324-15**

The Chief Executive and Board Chair presented the report providing an update on key internal/external events and activities from April-June 2023.

The executive team had a refreshed focus on operational performance with clear plans to implement improvements in areas which were below national standards.

The Chief Executive would publish a 100-day summary detailing what she had heard in her first three months from staff, partners and external stakeholders, and what would be done in response to the feedback. This would be published in August 2023 following approval by Board.

The Chair emphasised that NHS Orkney were committed to creating a safe and inclusive culture for everyone, giving thought to their approach when listening and responding to the views of patients, the local community and staff as part of work to strengthen engagement.

The Chair provided Board members with assurance around the excellent Board Development work undertaken with the Royal College of Physicians Edinburgh, projects had been identified to address areas in assurance systems that required further inquiry.

**Decision / Conclusion**

The Board thanked the Chief Executive and Chair for their timely and clear report including a summary of key events and activities.

**Annual Accounts****B32 NHS Orkney Annual Accounts for year ended 31 March 2023 – Restricted Distribution**

The Director of Finance informed the Board that the Annual Accounts were deferred due to the non-receipt of the ISA 260 audit report from External Audit. He assured members that no material issues had been raised.

**B33 NHS Orkney 2022/23 Annual Audit Report from External Auditor – Restricted distribution**

Deferred.

**Governance****B34 Governance Committee Annual Reports for 2022-23 – OHB2324-16**

The Corporate Services Manager advised members that all standing Governance Committees of the Board were required to submit an annual report, providing assurance that they had fulfilled their remit, as delegated by the Board in their Terms of Reference.

Each report summarised the business of the committee during the year and the outcomes from the development sessions held. The reports had been submitted to the meeting of the Audit and Risk Committee ahead of the Board.

The following Governance Committee Annual Reports had been provided:

- Audit and Risk Committee
- Joint Clinical and Care Governance Committee
- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee
- Area Clinical Forum

Following discussion at the Audit and Risk Committee, it was agreed to build closer alignment to the strategic priorities as outlined in the Plan on a Page and longer-term Corporate Plan into future reporting. The Corporate Services Manager and the Planning, Performance and Risk manager held discussions around how to ensure that annual, medium and longer-term planning was adequately captured in committee workplans going forward.

#### **Decision / Conclusion**

The Board took assurance from the Annual Reports that individual governance committee remits had been fulfilled.

#### **B35 Senior Leadership Team – Terms of Reference and engagement – OHB2324-17**

The Chief Executive advised that a series of exercises had commenced to listen to the views of staff, recognising areas of success and where improvements were required.

From 1 July 2023, the Senior Management Team (SMT) had been re-named Senior Leadership Team (SLT) and would report directly to the Board to oversee the day-to-day management of an effective system of integrated governance, risk management and internal control across the organisation's activities, supporting the achievement and delivery of the overarching objectives. A Chair's assurance report would be presented to the Board and the new arrangements would be reviewed after 6 months.

Members queried which policies would be expected to be approved by SLT. The Chief Executive explained that this would be considered as part of the reset of portfolios and SLT with a clinical and non-clinical focus.

#### **Decision / Conclusion**

The Board approved the Senior Leadership Team Terms of Reference.

#### **B36 Chief Executive and Executive Team Portfolios – OHB2324-18**

The Chief Executive presented the report which provided an overview of the realignment of the Chief Executive and Executive Team portfolios due to commence on 1 July 2023.

The rationale for implementing changes to portfolios was driven by factors including staff feedback, ensuring that the organisation was able to deliver the Plan on a Page,

resilience, long-term sickness cover within the executive team and ensuring alignment with more equity across the executive team.

### **Decision / Conclusion**

The Board welcomed the report and the on-going communication and engagement with staff.

### **Strategy**

#### **B37 Whistleblowing Standards – Annual Report 2022/23 – OHB2324-19**

The Medical Director presented the report advising this was the second annual report since the national standards came into force on the 1 April 2021. The report confirmed that NHS Orkney were compliant with the standards set out by the Independent National Whistleblowing Officer, noted the concerns raised during 2022/23 under the standards and highlighted the areas for further development.

Members were advised that there had been two concerns raised under the Whistleblowing Standards during 2022/2023. One concern did not meet the threshold for the whistleblowing standard and was managed through managerial routes and the second concern progressed to Stage 2 and was closed after investigation and recommendations being made.

J Taylor assured members that the governance route for lessons learnt reports was through the Joint Clinical Governance and Care Committee, in confidence.

The Chief Executive emphasised the need to continue to promote communication with staff, including how to raise a concern. She noted one of the investigations had not been completed within the suggested 20-day time frame and acknowledged the impact of staff absence and delays as well as the requirement to fulfil work around the triangulation of staff experiences.

### **Decision / Conclusion**

The Board approved the annual report.

#### **B38 Whistleblowing Champion Assurance Statement -OHB2324-20**

J Taylor, Whistleblowing Champion, presented the assurance statement which outlined the role of the Whistleblowing Champion and the Board Members as set out in the standards.

He advised that awareness of the standards and knowledge of how to raise a concern remained mixed with the majority of staff aware of the standards and having confidence to raise a concern around patient safety if required. There was a mixed response around raising minor or day to day issues and work should continue to be completed in this area including improving feedback to staff. In summary, he advised that he was satisfied that NHS Orkney had the appropriate systems in place to record and manage whistleblowing concerns.

### **Decision / Conclusion**

The Board noted the report and took assurance from the information provided.

**B39 Clinical Strategy Implementation – OHB2324-21**

The Medical Director presented the report advising Board members that the delivery plan intended to set out clear lines of development for all the actions noted within the strategy and report against these to NHS Orkney Board on a six-monthly basis.

Reporting would be in the form of a Red Amber Green (RAG) chart against progress, supported by a narrative and where there were measures and KPIs, these would be clearly included and articulated. This would commence in October 2023, including reporting to the Senior Leadership Team, Joint Clinical Care and Governance Committee and the Board.

**Decision / Conclusion**

The Board took assurance on the proposed approach to implementation and monitoring progress and impact.

**Clinical Quality and Safety****B40 Healthcare Associated Infection Reporting Template – OHB2324-22**

The Director of Nursing, Midwifery, AHP's and Acute presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives.

It was noted that the Board remained static with the Escherichia Coli bacteraemia (ECB) reduction target, the aim was to reduce the ECB by 25% by end of March 2024. Despite investigations into risk factors the cause was unknown but remained consistent with a national picture. Hand hygiene scores had increased to 96% with room for improvement on an individual basis. A review of the dress code policy was underway.

**Decision / Conclusion**

The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection.

**B41 Area Clinical Forum Chairs report and minutes from meetings held on 7 February 2023 – OHB2324-23**

The Chair of the Area Clinical Forum, presented the report highlighting the following items which had been discussed by the Area Clinical Forum at their meeting on the 5 May 2023:

- Members had received a presentation from the Public Health Manager on the Cost of Living Crisis
- Through development work with the Royal College of Physicians Edinburgh, clinical engagement would be explored by the chair of the Area Clinical Forum and the Medical Director. Tangible improvements were anticipated to take place within 12 to 18 months.
- Concern had been raised regarding the Children's Services Manager vacancy , whilst there continued to be an interim arrangement in place,
- The Therapy, Rehabilitation, Assessment and Diagnostic Advisor Committee

(TRADAC) reiterated that crucial work continued on clinical accommodation and whilst feedback from the Area Clinical Forum was appreciated, it did not resolve the ongoing problem with clinical space.

### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes from the meeting held on the 7 February 2023.

### **Person Centred**

#### **B42 Planning with People Guidance – OHB2324-24**

The Chief Executive presented the report providing an updated version of the Planning with People Guidance which represented a new approach to engagement by promoting consistency, culture change and true collaboration whilst encouraging creativity and innovation based on best practice. The guidance had been updated following consultation and feedback which included the Scottish public and those working across health and social care. It was aligned to the recommendations in The Independent Review of Adult Social Care in Scotland.

The guidance set out the need for Boards to understand the differences between engagement, co-production, and consultation as part of NHS Orkney's statutory obligations.

A further progress update would return to Board at the end of Quarter two 2023/24 as part of the wider cycle of reporting against 'how we're doing' against the Plan on a Page priorities.

### **Decision / Conclusion**

The Board welcomed the guidance issued to support Boards in engaging with members of the public and public involvement, recognising that it provided an opportunity for partnership working.

### **Workforce**

#### **B43 NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23 – OHB2324- 25**

The Chief Executive provided a summary of the iMatter response rate and thanked S Phillips for his leadership.

The Head of People and Culture presented the report seeking approval for publication on the recommendation of the Staff Governance Committee. He informed members that there had been a delay due to staffing changes. The Equality and Human Rights Commission had been informed and no issues had been expected.

The reports ensured compliance with equality legislation and the underlying work aimed to reduce health inequalities and related discrimination and foster good relations between people with different characteristics.

J Kenny thanked the Head of People and Culture for his tremendous effort to ensure NHS Orkney were compliant and for the thoughtful way he had gone about it whilst exploring new options.



### Decision / Conclusion

The Board approved the report for publication on the recommendation of the Staff Governance Committee and welcomed the adjusted approach.

#### B44 **Staff Governance Committee Chairs Report and minute of meeting held on the 22 February 2023 - OHB2324-26**

The Chair of the Staff Governance Committee presented the report providing an update from the meeting held on the 24 May highlighting the following:

- Members reviewed the completed the Staff Governance Action Plan for 2022/23, noting the great progress which had been made. They received the first version of the Staff Governance Action Plan for 2023/24, updates would be provided on a quarterly basis
- Sickness absence levels had increased and were above the Scottish average, the HR team were working closely with managers to monitor absence rates and support wellbeing and attendance at work

The Staff Governance Committee discussed associated risks, and requested that the Planning, Performance and Risk Manager captured the risks associated with non-compliance with statutory and mandatory training. The People and Culture team would continue to progress compliance during 2023/24 in line with the Staff Governance Action Plan. It was agreed that the plan would be presented at the 24 August 2023 Board meeting.

The Chief Executive assured members that an integrated performance report would be brought to the 24 August 2023 Board to describe how to further strengthen the performance report.

### Decision / Conclusion

The Board took assurance from the report and adopted the approved minutes.

### **Organisational Performance**

#### B45 **Financial Performance Report – OHB2324-27**

The Director of Finance presented the report which provided an analysis of the financial position for the period up to 31 May 2023. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the 2 months reflected an overspend of £0.929m and there was an anticipated year end outturn of 6.379m overspend as highlighted in the financial recovery plan and caveated by several assumptions as detailed in the report.

The year-end position was heavily predicated on the delivery of £3.7m of recurring and non-recurring savings and given the significant cost pressures that continued to be incurred across a number of areas, the forecast position had been updated to reflect spending patterns. The assessment of the year-end position would continue to be monitored with particular emphasis on the areas detailed in the report, as well as seeking clarity on the overall IJB position.

The Financial Sustainability Office continued to monitor and review the in-year position

with a focus to address areas of significant overspend. The Financial Sustainability Office report through the Board, Finance and Performance Committee and the NHS Orkney Board.

Future reports would reflect the re-alignment of the revised executive portfolios. The Chief Executive informed members that grip and control meetings would take place around the overall financial position and related Financial Sustainable Office workstreams.

J Taylor suggested including the IJB savings target in the internal audit plan, to assist with the anticipated £0.465m which was anticipated to be delivered against fully delegated budgets for the current financial year.

#### **Decision / Conclusion**

The Board noted the content of the month 2 Financial Performance Report, and the expected achievement of the three targets against Revenue Resource Limit, Capital Resource Limit and Cash at yearend.

#### **B46 Capital Plan 2023/24 – OHB2324-28**

The Director of Finance presented the report which set out NHS Orkney's Capital Plan for 2023/24 to allow the Board to invest in the key priority areas aligned to the clinical strategy. NHS Orkney also successfully bid for grant funding from Scottish Government of £3.9m over 2023/24-2024/25 for the decarbonisation of its estate. Members agreed that further work was required with regards to wider clinical engagement.

#### **Decision / Conclusion**

The Board approved the capital plan for 2023/24.

#### **B47 Performance Management Report – OHB2324-29**

The Chief Executive presented the report advising that the areas of sustained strong performance included the 18-weeks referral to treatment, 31-day cancer standard and access to psychological therapies. Areas of enhanced focus included the four-hour emergency access standard, 12-weeks Outpatient standard, delayed discharges, 62-day cancer standard and the treatment time guarantee standard. She informed members that there was a renewed focus on delayed discharges and the report highlighted areas of work that was underway to deliver improvements.

D Campbell highlighted the large waiting times which were often due to capacity within third parties. The Chief Executive assured members that a review of Service Level Agreements (SLAs) was being progressed. Discussions had been held with alternative centres to assess whether capacity could be allocated to NHS Orkney in an alternative way where there were areas of pressure.

*A post meeting briefing was issued for clarification in relation to data on dementia, podiatry and 48-hour access to General Practice.*

It was agreed that a refreshed performance report would be presented at the August Board meeting which would set out how it would further evolve the integrated performance report.

**Decision / Conclusion**

The Board reviewed the report and took assurance from the information provided.

**B48      Chairs Report Finance and Performance Committee and minutes of meetings held on the 23 March 2023 – OHB2324-30**

The Chair of the Finance and Performance Committee presented the report from the meeting held on the 25 May 2023. The report highlighted the following:

- The Committee received the updated capital plan for 2023/24 and recommended the capital plan for approval by Board
- Members were advised that the draft annual delivery plan for 2023/24 would be presented to the Senior Management Team meeting on the 5 June, prior to review by the Board ahead of submission to Scottish Government

The Chief Executive advised that the Annual Delivery Plan would be presented at the August Board meeting.

**Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes from the meeting on the 23 March 2023.

**Risk and Assurance**

**B49      Corporate Risk Register – OHB2324-31**

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

Members were informed that the Medical Director would be the lead executive for risk management from 1 July 2023 and risk would feature as a standard agenda item at the Senior Leadership meetings and reported to Board going forward.

**Decision / Conclusion**

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

**B50      Chairs Report Audit and Risk Committee and minute of meeting held on 7 March and 2 May 2023 – OHB2324-32**

The Chair of the Audit and Risk Committee presented the report from the meeting held on the 2 and 30 May 2023. The report highlighted the following:

- Members discussed the need to align committee work plans with the priority areas outlined in the Plan on a Page 2023/24
- Members were advised that the Planning, Performance and Risk Manager was undertaking a piece of work to take forward a holistic view across the organisation in terms of improvement and action plans. Work had commenced through the delivery planning process, and the initial reference document had been prepared.
- Members noted the recommendations from the Shared Service Governance

report and were advised that the Medical Director was leading on the work around Service Level Agreements

- The Risk Management strategy had been shared with the committee, members were assured that the strategy supported the achievement of NHS Orkney's corporate objectives and access to safe, effective and person-centred services for the community.
- Members were informed that significant concern had been raised with regards to policy updates, 60% of policies were past their review date and this provided a risk to the organisation.

### **Decision / Conclusion**

The Board noted the update provided and the potential to create a closer alignment between internal audit reports and committees. Members adopted the approved minutes from the meeting on the 7 March and 2 May 2023.

#### **B51 Any other competent business**

No other competent business was raised.

### **Items for noting**

#### **B52 Key Documentation issued**

Members noted the key legislation issued.

#### **B53 Board Reporting timetables 2023/24**

Members noted the dates of future meetings.

#### **B54 Record of attendance**

Members noted the record of attendance.

## NHS Orkney Board Action Log Updated 26 June 2023

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

No	Action	Source	Target date	Owner	Status / update
01-2022/23	<u>Clinical Strategy</u> Update and feedback around implementation, progress and impact	Board Meeting 23 June 22	<del>April 2023</del> <b>June 2023</b>	Medical Director	COMPLETE
03-2022/23	<u>Patient Experience</u> Report around wider elements of patient feedback, consultation, and experience to be provided	Board Meeting 25 Aug 22	<del>December 2022</del> <del>February 2023</del> <del>April 2023</del> <b>June 2023</b> <b>August 2023</b>	Medical Director/Director of Nursing and Acute	On agenda
01-2023/24	<u>Plan on a Page</u> Quarterly reporting to Board on actions	Board Meeting 27 April 23	<b>August 2023</b>	Chief Executive	On agenda
02-2023/24	<u>Capital Plan</u> To be resubmitted to Board following review, comment and feedback by SMT and Finance and Performance Committee	Board Meeting 27 April 23	<b>June 2023</b>	Head of Finance	COMPLETE

No	Action	Source	Target date	Owner	Status / update
03-2023/24	<u>Planning with People</u> Next steps to be articulated to Board	Board meeting 22 June 2023	<b>October 2023</b>	Chief Executive	On track
04-2023/24	<u>Audit recommendations</u> Full report to be provided to the Board from the Audit and Risk Committee	Board meeting 22 June 2023	<b>October 2023</b>	Director of Finance/Audit and Risk Committee Chair	On track
05-2023/24	<u>Clinical Strategy</u> Six monthly reporting	Board meeting 22 June 2023	<b>October 2023</b>	Medical Director	On track

Completed actions deleted after being noted at following meeting

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board Meeting</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Board Chair and Chief Executive Report to Board</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Meghan McEwen, Board Chair and Laura Skaife-Knight</b>
<b>Report Author:</b>	<b>Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

## 2 Report summary

### 2.1 Situation

This report has been provided to update the Board on key external/internal events and activities from June-August 2023, including:

- National context
- Operational performance summary
- Listening to and responding to feedback from Team Orkney
- CEO 100-day plan update
- CEO and Chair diaries – including meetings with external stakeholders and partners
- Visits and reviews of NHS Orkney
- Wider local community engagement

## 2.2 Background

### 2.2.1 National context

As Chair and CEO at NHS Orkney we have attended a number of meetings with other Health Board Chairs and CEOs, with the CEO of NHS Scotland and the Director General for Health and Social Care, with the Chief Operating Officer for NHS Scotland, and with the Cabinet Secretary for NHS Recovery, Health and Social Care to hear the national priorities for the NHS.

The main areas of focus nationally, and therefore for NHS Orkney, are:

1. Recovery – addressing elective (planned) backlogs which have built up during the pandemic
2. Having plans for addressing fragile services, and ensuring there is progress for those patients who have been waiting longest for their appointments and treatment
3. Delivery and performance – having operational and financial grip
4. Staff health and wellbeing and a focus on improving morale and valuing and recognising staff
5. Earlier planning for winter
6. More consistent urgent and unscheduled care performance, with a strong focus on reducing delayed transfers of care when patients are ready to leave hospital
7. Each Board making progress with the development of its Annual Delivery Plan and Medium-Term Plan

Many of these areas are on the agenda for today's meeting in order that we share our progress in these spaces. Where we are currently underperforming or off track, we will be clear on the actions in place to see the required improvements that our local community can rightly expect of us.

### 2.2.2 Operational performance summary

Whilst still not where we want to be, our four-hour emergency access standard performance improved in June 2023 at 89.90% against the national 95% standard (compared to 85.50% for NHS Orkney in May 2023). The development of a winter plan for Orkney is well-advanced following engagement with staff and partners in recent months and a system plan is under development. A new escalation plan for The Balfour is being progressed. Each of these documents will support the delivery of safe care for our patients and improve our resilience.

We continue to focus on addressing our waiting lists and backlogs, including the areas where we have waits which are longer than we would wish for our patients. While latest performance figures are to be published at the end of August 2023 (after NHS Orkney's August Board meeting), we can confirm that there are slightly fewer outpatients on our waiting lists for appointments, though more patients have been waiting over 12-weeks in June 2023, compared to May 2023 which means our performance against the 12-week standard has deteriorated.



We continue to face challenges with our performance against the Treatment Time Guarantee for inpatients (that patients will not wait longer than 12-weeks), with slightly more patients awaiting treatment in June 2023 compared to May 2023 and performance against the national standard remains similar to May 2023, which is below standard.

Our performance against the 18-weeks Referral to Treatment standard has improved between May and June 2023, though at 85.80% we remain just below the 90% national standard. The two specialties where improvements are needed, with plans being worked through in conjunction with other centres in Scotland, are Ophthalmology and Rheumatology.

Our performance remains consistently strong against the national 31-day cancer standard, remaining at 100% (versus the 95% standard), however, the 62-day standard remains an area where improvement is needed for NHS Orkney with a plan in place to do so which will be overseen by Senior Leadership Team and Finance and Performance Committee.

Almost 100 fewer patients are waiting for various diagnostic tests/scans in June 2023 compared to May 2023, and we have halved the number of patients waiting over six weeks in the same period.

Patients waiting for MRI scans has reduced by over 50% between June 2023 and May 2023 due to the visiting MRI van being on-island in this period. Use of a dedicated Endoscopy Team has similarly supported a reduction in the number of patients waiting.

We will return to discuss performance and the work we are doing in this area later on the agenda under the Performance Management Report. Once the latest performance figures are published at the end of August 2023, we will publicly share these with our patients, local community and staff.

### 2.2.3 Listening to and responding to feedback from Team Orkney

In response to feedback from staff via this year's iMatter survey and the feedback we've received recently via the CEO listening sessions and staff briefings, there are five overriding areas in which Team Orkney wants us to do better. In response, we are doing things differently this year and we have agreed five key areas of organisational focus to further improve staff engagement and experience. These are:

1. **Staff health and wellbeing** - we are investing in a new Employee Assistance Service, including mental health first aid and psychological support for staff, as well as legal and financial support.
2. **Valuing and recognising staff** - we are bringing back Long Service Awards, recognising retirements and staff awards.
3. **Involving staff in decision-making** - starting with more clinical input in decisions via our new Senior Leadership Team (SLT) which is now in place. This will follow with quarterly extended SLT meetings and a review of operational governance which will put staff voices front and centre.
4. **Listening to and acting on staff feedback** - a 12-month programme of how we listen to and act on staff feedback is under development so that we can act on more real-time

feedback, with improved communications and forums for listening in place with the CEO and Executive Team.

5. **Leading with kindness and living our values** - we will have a real focus on values and behaviours and 'how' we do things, including how we treat each other, recognising we have more to do here and need to be much more consistent. We will have much more of a focus on leading with kindness and demonstrating visible and authentic leadership.

#### 2.2.4 CEO 100-day plan update

The CEO published a 100-day plan to all staff, patients, the local community and partners on her first day in post. This set out how the CEO would prioritise listening to patients, our local community, partners and staff to understand what it's like to work at NHS Orkney, what it's like to work with us and what it's like to receive care and treatment here - all of which have allowed the CEO to form a view on our starting point as an organisation and what we need to focus on and prioritise.

At the heart of the final 100-day report is the need to prioritise people and find ways to meaningfully reconnect with our patients, local community and our staff. There are three key recommendations in the report, which will be discussed later on the agenda.

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

Our Chair attended the Voluntary Action Orkney Annual General Meeting in July 2023 to hear about and support the great work of our third sector in Orkney and opportunities to work together in the year ahead. In the same week, our CEO met members of Voluntary Action Orkney to discuss opportunities to work together and in partnership for the benefit of our local community.

Our Chair and Vice Chair had the pleasure of attending a Parliamentary Reception at the Scottish Parliament on 20 June 2023. The reception was in honour of the 75<sup>th</sup> anniversary of the NHS. Michelle Grieve, Lorna Delday and Judy Sinclair attended the event in recognition of their exceptional contributions and long service to the NHS and NHS Orkney.

There was also a 75<sup>th</sup> anniversary reception held on 20 July 2023 in the Great Hall at Edinburgh Castle hosted by First Minister, Humza Yousef. Michelle Mackie, Wendy Corstorphine and Sara Murray attended this special event from NHS Orkney in recognition of their achievements and exceptional service to the organisation over many years.

As Chair and CEO, on the day of the 75<sup>th</sup> anniversary of the NHS, we personally thanked Linda Rendall, Healthcare Support Worker on Inpatient Two Ward for her 43 years' of service to NHS Orkney and the NHS, joining Linda and her team on the ward to express our appreciation on behalf of the Board.

During June and July 2023, our CEO visited a number of teams and departments to listen to feedback, hear what's going well and discuss areas for improvement, including: Estates

and Facilities, Radiology, Physiotherapy and our Wheelchair Service. The Chair and CEO jointly visited the Outpatient Department to meet the team and listen to the great work that is taking place, ideas for improvement and understand where support is needed.

Starting in July 2023, our CEO has committed to meeting all new starters at Corporate Induction, to welcome colleagues to Team Orkney, share the vision for the future of the organisation, and answer any questions.

Our CEO met with Trustees from the Orkney Heart Support Group to discuss how we can open better lines of communication and work together for the benefit of our patients and local community, including those who have a heart condition or have been affected by one. The CEO has committed to regular meetings to enhance relationships and support.

Our CEO and Chief Officer spent a day on Eday in July 2023, taking time to understand what it's like to live and work on our isles, meeting Richard Sanders, the Advanced Nurse Practitioner based on Eday, and North Isles Councillor Mel Thomson. Laura and Stephen spent time in the GP surgery on Eday, visited the local community hall and travelled round the island and spoke to more members of the community to listen and hear what it's like to live and work there, with so much vital feedback to consider arising from this visit. More visits to the isles are planned in the months to come for the CEO.

## **2.2.6 Visits and reviews of NHS Orkney**

### **Audiology**

In July 2023, NHS Orkney's progress and 'significant inroads' to improve Audiology services for adults and children was praised by Catherine Ross, the Chief Scientific Officer for the Scottish Government.

The Chair, CEO and Director of Nursing, Midwifery, AHPs and Acute Services joined a feedback session with Catherine and team where NHS Orkney was congratulated for our progress, including the Children's Hearing Services Working Group that is now in place, with lots of learning from NHS Orkney to share with other Health Boards.

We also discussed the areas in which we have challenges and our responses to these, with our proactive approach recognised and applauded by Catherine and team in this regard. We will use the constructive feedback as an opportunity to further improve this important service for our patients and local community.

### **Mental Health**

Colleagues from the Mental Welfare Commission visited Orkney between 31 May and 2 June 2023 with the purpose of visiting services, meeting teams and speaking with service users subject to Guardianship Orders. Although the first visit of its kind, they have written a report on their findings with recommended actions. The report is due to be published on 16 August 2023. Some of the key headlines within the report are as follows:

- Many of the service users they met with spoke highly of the support they had received from their GPs and the Community Mental Health Team. Some,

however, described difficulties around receiving support when they are most unwell, in particular not always being sure what support will be available.

- Most of the adults they spoke with who are subject to Welfare Guardianship were happy with their and the support they receive from services. Some of their carers, however, described difficulties in consistency of care provision given some of the staffing and recruitment issues being faced by some care providers on the island.
- They picked up on mixed views around the interface between Primary and Secondary Care provision of mental health.
- They recognised the capacity challenge within the Community Mental Health Team, particularly when required to staff the mental health transfer facility. They further recognised the increased numbers of people requiring to spend time in the transfer bed and the longer periods of time it was taking to identify an inpatient bed elsewhere.
- Given the current level of use relating to the transfer bed, they recommend that further work is done in the supervision protocols and the physical environment to try and make any stay more person-centered.
- They highlighted the ongoing case recording issues but welcomed the work that is ongoing to resolve the absence of a fit-for-purpose recording system.
- They highlighted some potential weaknesses related to the absence of a full-time Approved Medical Practitioner presence on the island.

An action plan will be developed to address the recommendations within the report and this will be monitored through the Joint Clinical and Care Governance Committee.

At the end of July 2023, NHS Orkney received a visit from the Scottish Government Mental Health Directorate Team. Colleagues from Scottish Government team met our teams and then had a session NHS Orkney's CEO, the Chief Officer and Head of Health and Community Care to receive an overview of the challenges in this priority area and where we need Scottish Government support. We look forward to receiving the formal feedback from this visit in due course, with lots of positive conversations on the day and clarity regarding where we need to continue to focus our efforts, including in the areas of culture, data and digital and estates and infrastructure as well as working arrangements with other centres who we rely on for timely care and treatment for our patients.

### **Orkney Islands Council**

In July 2023, we welcomed Oliver Reid, the CEO of Orkney Islands Council to The Balfour to show him around, share the many things we are proud of and discuss our challenges and the need for a system response to these, including how we work together to ensure our patients more consistently receive timely urgent and unscheduled care, timely transfers of care beyond their acute stay and how we work together to create a strengthened plan for the coming winter.

## **2.2.7 Local community engagement**

At the end of June 2023, and during Pride Month, the Chair and CEO had the pleasure of taking part in this year's Pride Prom march through Kirkwall. Recognising NHS Orkney's commitment to doing more to become an inclusive employer where there is equity for all,

we will continue to work with, listen to and engage with our community to ensure our services meet the needs of those we serve, with further conversations and meetings planned in the months to come with our LGBT+ and BAME communities, the outputs of which we will keep the Board updated on.

In July 2023, we held our first Executive-to-Executive Team meeting between NHS Orkney and Orkney Islands Council. This is a new informal meeting in place to further strengthen relationships and identify areas where the senior leadership teams in both organisations can prioritise and work more closely together for the benefit of the local community and people in Orkney.

Our Chair and Chief Executive had the first in what will be a quarterly informal meeting with Leah Seator, the Editor of The Orcadian, to share updates, to discuss how we can build strengthened relationships and to explore where we can work in partnership moving forward. At the heart of these discussions was our commitment to working together and to openness and transparency as an organisation.

## **2.3 Recommendation**

- Awareness – For information only.

# NHS Orkney

Meeting:	NHS Orkney Health Board
Meeting date:	Thursday, 24 August 2023
Title:	CEO 100-day Report
Responsible Executive/Non-Executive:	Laura Skaife- Knight, Chief Executive
Report Author:	Laura Skaife- Knight, Chief Executive

## 1 Purpose

**This is presented to the Board for:**

- Approval

**This report relates to a:**

- NHS Board Strategy or Direction

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

- Effective
- Person Centred
- Safe

## 2 Report summary

Attached (Appendices 1 and 2) are the final versions of the 100-day Report from the CEO which summarises the outputs of the listening exercise with patients, the local community, partners and staff from the last three months and proposed next steps. This follows engagement and input throughout June-August 2023. The final version of the full report and summary version are here for approval ahead of publication.

### 2.1 Situation/Background

As the incoming substantive CEO, I published my 100-day plan to all staff, patients, the local community and our partners on my first day in post (3 April 2023).

I set out in this document how in my first 100-days in post I would prioritise listening to patients, our local community, partners and staff to understand what it's like to work at NHS Orkney, what it's like to work with us and what it's like to receive care and treatment here - all of which have allowed me to form a view on our starting point as an organisation and what we need to focus on and prioritise.

I also set out in my 100-day plan five immediate priorities – which are:

1. Stable, visible and compassionate leadership (Executive Team and Senior Leadership Team)
2. Organisational culture (creating a culture where staff feel valued, supported, listened to, involved in decision-making and one of continuous improvement. The latter will be driven by having a learning organisation with a strong safety culture)
3. Workforce (ensuring we have a long-term workforce plan that is future-proofed and reduces our reliance and spend on agency and locum staff)
4. Financial recovery (making this an organisation-wide priority – so we have sufficient 'grip and control' and live within our means, recognising healthy finances are a feature of a well-led organisation)
5. Aligning our Corporate Workplan and priorities for 2023/24 to our Clinical Strategy (we will involve you and our partners in the development of a new longer-term Corporate Plan which we will launch in 2024 so that this becomes our 'compass' for all decision-making moving forward, and so that our path to delivering our vision of being the best remote and rural care provider in the UK is a clear one)

My 100-day Report doesn't change these priorities, rather it only reinforces further the importance of continuing to focus on each of these key areas.

In my first 100-days, I have followed through on my promise, meeting over half of our 800 staff via drop-ins, visits, attendance at team meetings and shadowing opportunities at different times of the day both in-hours and out-of-hours and listened to the views of a wide range of our partners and key external stakeholders spanning public and private sector partners, third sector organisations, politicians and local media.

My final 100-day Report (full and summary versions) are here for approval ahead of publication.

## 2.2 Main recommendations in the 100-day Report

In essence, this Report makes three broad recommendations – and at the heart of this is the need to prioritise people and find ways to meaningfully reconnect with our patients, local community and our staff.



The three recommendations are:

1. To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.
2. Recognising this Report must have synergy with other workplans, we must ensure there is alignment between our Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, as well as the Board's Clinical Strategy and wider supporting workplans.
3. To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working here is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture.

## 2.3 Implementation and next steps

### Implementation

An appropriate governance process will be put in place to track progress. This will use existing reporting and monitoring systems, including through Board Committees and the Senior Leadership Team.

### Summary and next steps

1. Establish the monitoring approach and frequency through existing governance arrangements.
2. Following the introduction of the newly-formed Senior Leadership Team which began meeting in July 2023, a review of operational governance will commence so that staff voices are heard and drive decision-making at all levels of the organisation.
3. Ensuring join-up with wider workplans – including the Annual Delivery Plan, Medium-Term Plan, clinical, people, financial recovery digital and estates workplans and our new Corporate Strategy which will be developed following engagement later in 2023/24.



4. Create a clear implementation plan which captures the key actions linked to this 100-day Report for oversight, monitoring and assurance re: delivery.
5. With the development of a new long-term Corporate Strategy (internal and external engagement will commence Autumn 2023), to ensure there is a single clear annual workplan setting out what will be taken forward each year and deliverables by quarter.

## **2.4 Assessment**

The Board is asked to:

1. Discuss and approve the reports
2. Note the engagement that has taken place June-August 2023 to inform the development of these reports
3. Note the next steps for publication, implementation and monitoring/oversight

### **2.4.1 Quality/Patient Care**

By focusing on the priority areas in the report, staff will feel more valued and fulfilled working at NHS Orkney and in turn, patient care, quality and experience will improve.

### **2.4.2 Equality and Diversity, including health inequalities**

To create a more inclusive culture at NHS Orkney and one where there is equity for all.

### **2.4.3 Communication, involvement, engagement and consultation**

- June 2023 – input from wider staff across NHS Orkney re: quotes to contribute to report
- W/c 26 June 2023 - shared with the NHS Orkney Chair for comments and input
- W/c 3 July 2023 - circulated to Corporate Leadership Team for comments and feedback (and discussed on 6 July 2023 at CLT catch-up)
- W/c 10 July 2023 - circulated to staff who have contributed supporting quotes for comments and feedback
- Tuesday 18 July 2023 – Area Partnership Forum for comments/feedback
- Tuesday 18 July 2023 – Senior Leadership Team for comments/feedback
- Tuesday 1 August 2023 – Senior Leadership Team for approval
- Thursday 24 August 2023 – Health Board for approval

Amends and proposed changes (which did not change the essence of the report nor the recommendations in it) have been made and incorporated during this engagement period, including from Senior Leadership Team and the Area Partnership Forum.

The full and summary versions of the designed report (Appendices 1 and 2) will be published on 24 August 2023 subject to Health Board approval.

#### **2.4.4 Route to the Meeting**

Submitted via Area Partnership Forum and Senior Leadership Team.

### **2.5 Recommendation**

- **Approval** – seeking approval of the full and summary versions of the Report ahead of publication.

## **3 Appendices**

The following appendices are included with this report:

- Appendix 1 – 100 – day report (full)
- Appendix 2 – 100 – day report (summary)



# CEO's 100-day report RECONNECTING WITH PEOPLE

August 2023











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# Foreword from our CEO

This report summarises my experiences and insights since taking up post on 3 April 2023.

Before I joined NHS Orkney, I worked for the NHS in England for 20 years, 13 of which in senior and Board-level posts, ranging from the biggest acute teaching hospitals in the country to smaller, rural District General Hospitals, from Good and Outstanding-rated hospitals to poor performing hospitals.

While my experience prepared me well, there is no substitute for being on the ground and hearing first-hand about people's experiences of NHS Orkney.

Over the last three months, I have prioritised taking time to listen – so that I can begin to form a view about what it's like to work for and with NHS Orkney. I have set about this by having conversations, listening, and meeting a wide range of patients, our local community, partners and staff.

In my first 100-days, I have met over half of our 800 staff via drop-ins, visits and shadowing opportunities at different times of the day both in-hours and out-of-hours and listened to the views of a wide range of our partners and key external stakeholders spanning public and private sector partners, third sector organisations, politicians and local media. From day one, I have asked to see every complaint and concern that comes into the organisation so that I understand where there is room for improvement and to ensure personal contact is made with patients and their families where it is appropriate to do so in order that we listen and learn. I similarly see many compliments and letters of praise for our staff and teams which are shared with colleagues so that credit is given, where it is due.

What is already abundantly clear is that we have many amazing people working at NHS Orkney, and many stars of the future too, who we must invest in and nurture through development opportunities to support their personal and professional growth – recognising many are our leaders of the future.

I appreciate others may have different views to those I share in this report, including those who know Orkney and this island Board far better than I. I am very respectful of these views.

Before I started in post, I did interviews with local media about my approach and style of leadership and my immediate priorities. I described my commitment to openness and transparency, my desire to make

NHS Orkney the brilliant organisation I know it has the potential to be and my strong commitment to working in partnership with a wide range of organisations to ensure we stay focused on achieving this goal, recognising our patients, their families, our local community and staff deserve nothing less.

The purpose of this report is to summarise what I've heard, to share my reflections and observations on this vital insight, and to set out how I propose we now move forward as an organisation.

And context is always key. I make the observations in this report recognising the landscape and environment we are now operating in and living in has fundamentally changed how we must view our future. This includes creating the new norm in a post-pandemic world and NHS (holding on to the many positives to come from COVID), maintaining our strong focus on looking after our staff and addressing the backlogs and waiting times for treatment that have regrettably built over the last few years for patients.

Additionally, we must embrace the strong requirement to work in collaboration and partnership with others both locally and regionally. This means taking opportunities to accelerate integration where it makes sense to do so, and recognising strengthened partnership working is absolutely necessary given our reliance on other Health Boards and centres in Scotland to deliver some services and timely care and treatment for our patients.

At the heart of this report is one over-riding observation about our starting point at NHS Orkney which we must seek to put right together:

**Prioritising people, which means finding meaningful ways to reconnect with our patients, local community and our staff.**

Since joining NHS Orkney, there are a number of key themes that have repeatedly emerged from my many conversations and interactions with our staff and others – which can be summarised as:

- **Culture**
- **Leadership**
- **Recruitment and retention**
- **Getting back to basics**
- **A desire for having a clear direction and ambition for the future**



It is no coincidence that these priorities don't deviate from the five immediate priorities I shared on my first day in post with our partners, local community and staff. Rather they reinforce the fact that these priorities remain very relevant.

They are:

1. Stable, visible and compassionate **leadership** (Executive Team and Senior Leadership Team)
2. Organisational **culture** (creating a culture where staff feel valued, supported, listened to, involved in decision-making and one of continuous improvement. The latter will be driven by having a learning organisation with a strong safety culture)
3. **Workforce** (ensuring we have a long-term workforce plan that is future-proofed and reduces our reliance and spend on agency and locum staff)
4. **Financial recovery** (making this an organisation-wide priority – so we have sufficient 'grip and control' and live within our means, recognising healthy finances are a feature of a well-led organisation)
5. Aligning our Corporate Workplan and priorities for 2023/24 to our Clinical **Strategy** (we will involve you and our partners in the development of a new longer-term Corporate Plan which we will launch in 2024 so that this becomes our 'compass' for all decision-making moving forward, and so that our path to delivering our vision of being the best remote and rural care provider in the UK is a clearer one)

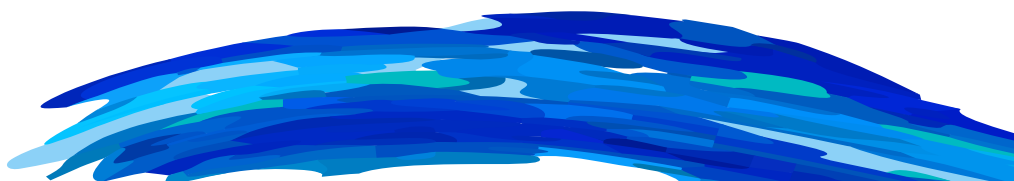
In this report, I will explore all of the above themes in full and set out what I mean by each based on what I've heard over the last 100-days, and most importantly, what we plan to do in response to this vital feedback.

Working in the NHS is a team sport, and it is for this reason that I would like us to describe our workforce as Team Orkney moving forward. We can no longer work in silos at any level in this organisation or in the wider health and care system – but instead need to recognise we are one team, all pulling in the same direction with a shared purpose – to do the best possible job for our patients and local community.



In order to achieve this, we have to be open-minded to changing how we work, think and put people and learning first – so that we become a continuously-improving organisation where leading with kindness is the norm, connecting us in our system better.

Laura Skaife-Knight,  
CEO



# Executive summary

Since starting in post, I have described the three features that I believe are at the heart of successful organisations.

1. **SHARED PURPOSE** – staying fully connected to our purpose so we never forgot why we're here and do what we do – which in NHS Orkney's case is to deliver the best care and services to our patients and the local community we serve.
2. **ONE TEAM** – every individual in Team Orkney has an equally important role in delivering our purpose and no-one is more important than anyone else in our organisation. Rather each member of the 800-strong Team Orkney make us who we are and I want difference and diversity to be embraced and celebrated. Central to our improvement is breaking down the silo working and putting Team Orkney first. At the heart of achieving this is understanding each other's worlds, walking in each other's shoes and being thoughtful about the impact of the actions we take and changes we make on other teams so that we have a greater appreciation of every cog that turns our wheel and showing respect for each other. We aspire to have a culture of fairness and equity where everyone is treated the same regardless of their role and level they work in our organisation – every person, contribution and role matters.
3. **LIVING OUR VALUES** – consistently living our values of care and compassion, dignity and respect, quality and teamwork, openness, honesty, and responsibility, leading with kindness and visible and authentic leadership. Kindness and respect start with how we treat one another as colleagues.

The fourth aspect I would add is the need to have very clear priorities based on evidence and good data (over time) – as without this focus, we end up in a position where we try to do everything, resulting in doing few things really well. Strategy is fundamentally about making choices, and from this year we will be clearer about the choices we are making so that we focus our time and energy on doing the things that really matter to our patients, local community and staff much better, and we give permission to staff to pause or stop doing things that are adding little value, in order to create the space to focus on the right areas. This will involve us embracing challenge of where value is beyond lost and discovering where value can be created.

We started 2023/24 with a Board-approved Plan on a Page which summarises what we set out to achieve against our five strategic priorities which remain consistent with previous years and those priorities

described on page 10: Workforce, Culture, Quality and Safety, Governance and Systems and Sustainability.

## Changes to succeed

For us to succeed, this report argues that a number of changes are necessary, including:

1. Strong, courageous and kind leadership
2. Consistently listening to and acting on feedback from our patients, local community and staff so we can continuously learn and improve
3. Creating an open and transparent culture – so that honesty is at the heart of every conversation we have
4. Holding to account being embedded across the organisation and this being fairly applied - by 'holding to account' I mean that staff will be set clear objectives for the year, linked to our strategic goals and our values, and individuals and teams will be supported to take responsibility for delivering results so that we can further improve standards of care, quality and service delivery for our patients and local community. This is about setting clear expectations for everyone, so that we set staff up to succeed and empower staff to lead and own performance delivery in their own areas by setting clear goals which they will be held to account for achieving
5. Being brave enough to simplify our systems and processes so they enable staff to do their jobs, not get in the way of staff doing their jobs as they too often do now

If we can get these things right more often then we will better meet the needs of our local community and inspire confidence that we are able to respond to the challenges we face.

In this report I make the case that these barriers, which can be summarised as: culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future, are the things we must prioritise above all else if we are to create the right foundations for NHS Orkney.

If we can focus on these areas together through our own and in our shared work, then I am of the view that we will demonstrably improve care and services for our patients and staff, make NHS Orkney a more fulfilling, attractive and enjoyable place to work and we will be a better partner.



In essence, this report makes **three broad recommendations** – and at the heart of this is the need to prioritise people and finding ways to meaningfully reconnect with our patients, local community and our staff.

These are:

- 1. To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.**

While these areas may seem obvious – if we don't give them the required focus and accept these are the highest priorities to remove the many barriers that our staff so often tell us get in the way and cause frustration, then we will not move forward. We must focus on both the 'what' and the 'how' we do things more than we ever have done in equal measure. Accepting these as our main blockers to moving forward is the first step to addressing them.

- 2. Recognising this report must have synergy with other workplans, we must ensure there is alignment between our Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, as well as the Board's Clinical Strategy and wider supporting workplans.**

Joining up the dots and ensuring synergy between our various plans is critical. Moving forward and by April 2024, our new Corporate Strategy, which will include our refreshed vision and strategic objectives, will become our 'compass' underpinned by supporting annual plans spanning: clinical, people, estates, financial recovery and digital.

- 3. To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working here is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture.**

We will each year choose the areas we will prioritise to develop our teams and upskill Team Orkney to improve the experience of working here, to ensure our staff feel invested in and to allow the organisation to mature which means empowering staff across the organisation to lead positive change.

## Listening to our people

In response to staff feedback, we have agreed five key areas of focus to further improve staff engagement and experience:

1. Staff health and wellbeing
2. Reward and recognition
3. Involving staff in decision-making
4. 12-month programme for listening to and responding to staff feedback
5. Leading with kindness and living our values

We have agreed a number of priority areas to upskill our staff – including improving written and verbal communications, developing Quality Improvement capability and leadership skills at all levels – so that we set people and teams up to succeed. Moving forward we will be more ambitious in this arena, so that our offering of opportunities is clearer, more attractive and meets the needs of all staff groups, including those in line management and leadership roles as well as those with professional responsibilities in leadership roles.

This report cannot stand alone. It is not a strategy in its own right, but a set of reflections from my first 100-days and a proposed approach to setting the direction we must take if we are to reach our true potential. There is a section at the end which deals with implementation. There are many initiatives and developments underway, and these must be seen in the context of the report's recommendations, and our governance arrangements. If the report is to have impact, its implementation needs to be led well and managed effectively but it cannot become an industry in itself and instead this needs to be business as usual and how we do things here at NHS Orkney.

The final observation as we set the scene for this report is that we have to better balance our focus between investing our energy and attention on the issues of today and the here and now, whilst spending sufficient time and energy looking to the future and anticipating what challenges lie ahead. This behaviour will help us to understand and address these proactively and move away from being in reactive mode most of the time to getting on the front foot and looking to the years ahead, so that we have services that meet the needs of our local community and are fit for our shared future.

# National, regional and local context

With circa 800 staff and serving a population of 22,000, NHS Orkney is the smallest Territorial Health Board in Scotland, made up of 70 islands of which 20 are inhabited. Whilst the smallest Health Board, NHS Orkney has big potential to be the leading provider of remote and rural healthcare with so much going for it. We provide a comprehensive range of primary, community-based and acute services.

While post-COVID, the challenges facing NHS Orkney are not dissimilar to those across the NHS elsewhere in Scotland, including addressing the elective backlogs and longest waits, as a remote and rural Health Board, we have some unique challenges presented by our location, ferry-linked isles and forecast demographic changes in the decades to come.

NHS Orkney, as part of NHS Scotland, is one of 14 Territorial Health Boards in Scotland. The Scottish Cabinet Secretary for Health and Social Care, Michael Matheson, has set out a number of really clear national priorities, which we must do our very best to deliver.

## National

The national priorities set out by the Cabinet Secretary are:

1. Recovery – including returning to pre-COVID levels of activity and addressing our waiting lists (including our longest waiting patients)
2. Delivery and performance – having operational and financial grip
3. Valuing, supporting and listening to our staff and investing in health and wellbeing
4. Early planning for winter 2023/24
5. To develop an Annual Delivery Plan for 2023/24 and Medium-Term Plan, which makes sure we look to the next three years and what we need to deliver

## Regional

The six Health Boards in the North of Scotland are home to approximately 25% of the Scottish population but are spread out over 65% of the landmass, creating unique challenges and also opportunities. The six north Health Boards are: NHS Orkney, NHS Shetland, NHS Western Isles, NHS Tayside, NHS Grampian and NHS Highland.

Collaboration is all the more important for the north, to ensure maximal use of the resources we have available to build more sustainable, value-based healthcare whilst staying connected to our unique local communities and populations we serve. Specific challenges to developing and maintaining sustainable and resilient cross-boundary services include those associated with patient or staff travel and capacity within Boards to meaningfully engage with wide-ranging improvement that is needed to support regional level activity through to delivery. Regional Networks/Alliances continue to provide the backbone of our collaborative framework and are supported by regional teams of staff in a variety of ways, dependent on specific needs of the service including trauma, cancer and imaging.



# Our main challenges

Other cross-boundary services exist within Service Level Agreements (SLAs) between island Boards, including NHS Orkney, and other specialist centres, in our case mostly at NHS Grampian and NHS Highland. NHS Orkney has commenced a piece of work to review all SLAs to ensure they are fit for purpose, meet our local population's changing needs and to strengthen oversight of these vital agreements which are so pivotal to the experience of our patients and local community, including timely care and treatment.

Most regional work is commissioned directly from the North Chief Executive Group, guided by local need. The most recent set of priorities identified by the North Chief Executives are:

- Planned Care
- Mental Health Care (including Child and Adolescent Mental Health Services)
- Radiology Services
- Cancer Services

## Local



- A growing and ageing population – more patients presenting with multiple long-term conditions and complex health and social care needs. There is a forecast increase of 30% more people over the age of 65 in Orkney (2020-2035) and those over the age of 80 are forecast to double over the same time period
- Widening health inequalities gap as a result of COVID, cost of living pressures, and addressing the pockets of deprivation
- Workforce fragility and skills shortages in key areas – including an ageing workforce (Nursing and Midwifery) and unstable locum medical workforce (inability to recruit to several posts substantively requires an innovative approach to collaboration)
- Higher than average staff sickness absence (including long-term sickness), and a worsening problem post-pandemic
- Challenges with the wider social care system i.e. residential care and care at home impacting people's transitions from hospital to community (delayed discharges impacts on 20% of our total bed base)
- Staff who don't feel listened to, valued, supported or invested in – resulting in low morale, in turn presenting a risk to achieving our ambition of delivering a consistently great experience and care to our patients
- Fragile services – including Pain Management, Ophthalmology, Dentistry and Pharmacy
- Complicated bureaucracy, overcomplicated processes and poor information flow
- Lack of leadership stability
- Leadership approach and style
- Transport issues within Orkney and from Orkney to the Scottish mainland (lack of national investment)
- Limited housing availability and affordability, which impacts adversely on recruitment and retention
- A lack of meaningful community engagement, which means we are at risk of being disconnected from the views of the local community we serve



# 2023/24 Plan on a Page

Our Plan on a Page sets out our key areas of focus for 2023/24, which in summary are:

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

The full Plan on a Page for 2023/24 and associated actions under each strategic objective set out above can be found on our website (please see page 12 for full details).

Underpinning and aligned to our Plan on a Page is our Clinical Strategy (2022-2027) which is bold in its ambition and has an overarching aim of further improving health and wellbeing for the people in Orkney by focusing on improving health through concerted action in the key areas of stopping smoking, reducing alcohol use, managing bodyweight, and improving physical activity.





The priorities described in the strategy can be broadly grouped into three areas:

1. To improve the health of children and young people
2. To improve the mental health of the population of Orkney
3. To address the needs of the increasing number of people living with long-term conditions

A delivery plan for the Clinical Strategy is under development, with a six monthly-cycle of reporting agreed, and a quarterly reporting cycle in place for the Plan on a Page – with this strengthened reporting commencing August 2023, so there is clearer line of sight on how we're doing against our priorities and where we are on/off track and the actions we are taking where there has been insufficient progress.



# 2023/24 Plan on a Page

**Chief Executive's Intent.** The pressure on the NHS continues to grow, with few of the demands placed on the system in Orkney due to the pandemic abating.

As a whole system we need to focus our efforts in the year ahead (2023/24) on priority areas that allow staff to deliver the best care and services to our local community. We must, however, be suitably ambitious, yet realistic and pragmatic, recognising that due to our size and resource constraints, we cannot do everything. This plan on a page aims to summarise the priority areas and detail the associated actions that will support our Covid recovery efforts and progress our continuous improvement in the year ahead.

**Action Plan.** Each priority is underpinned by a set of actions at an organisational level. NHS Orkney is supportive of these priorities being taken forward and translated to local actions, including being built into personal objectives for staff as appropriate.

This Plan on a Page has been developed by the Senior Management Team and endorsed by the Area Partnership Forum.

## Workforce

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

Action 1: Acknowledge the range of pressures our workforce face personally and professionally and maximise support for them through a range of actions.

Action 2: Invest in leadership and staff development.

Action 3: Use the Healthcare Staffing Act to enhance to shape our actions in relation to staffing.

Action 4: Support teams to review their roles, responsibilities and engage with others to promote shared learning and collaboration.

Action 5: Use the Workforce Plan to support succession planning.

Action 6 Explore how to strengthen our induction and orientation process.

Action 7: Build on learning from Covid, ensure wellbeing and resilience is central to our decision-making processes.



## Culture

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

Action 1: Using the key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.

Action 2: Ensure our Clinical Strategy informs our strategic decision-making process.

Action 3: Explore development opportunities for staff to support enhanced communication skills.

Action 4: Work to ensure governance work is visible and meaningful to staff.

## Quality & Safety

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

Action 1: Use latest guidance to ensure meaningful patient feedback mechanisms are in place which demonstrate that we listen, act and learn.

Action 2: Empower staff to make changes to improve care.

Action 3: Support staff to learn when things don't go as planned.

Action 4: Continue to embed the Serious Adverse Events and learning from incidents process.

Action 5: Explore where single points of failure exist what can practically be done to address these.

Action 6: Ensure learning from the HSE visit is acted on and risk management is firmly embedded with visible leadership present in all teams.

## Systems & Governance

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

Action 1: Continue our focus on strengthening governance processes across NHS Orkney services.

Action 2: Empower staff to make decisions in a collaborative, open and transparent way.

Action 3: Learning from Covid remains a priority, ensuring we are mindful of the wider impact on health and wellbeing across our community.

Action 4: Services must not make patients suffer because we do not wish to change. We need to share information, collaborate and ensure an effective flow across organisational boundaries.

Action 5: Build on the communication successes to grow our impact.

Action 6: Strengthen training for leaders and managers to allow decision-making to take place at an appropriate level.

## Sustainability

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

Action 1: Support the organisation to achieve a sustainable future by using the Clinical Strategy, Workforce Plan and Financial Sustainability Plans to inform and shape our decisions.

Action 2: Use Net Zero as a driver for change in our models of care.

Action 3: Continue the progress of the multi-year financial recovery plan by getting ownership across the organisation.



# Barriers to achieving success

Notwithstanding the significant challenges the NHS and NHS Orkney faces, as we recover from the pandemic and reset our priorities and focus for the next chapter of our journey, it is clear to me that all too often we aren't helping ourselves.

Organisationally we are scoring some own goals presently, with many staff enjoying their jobs in spite of, not because of how we do things and how we set ourselves up, with too many over-complex systems and processes, making it challenging (and sometimes impossible) to 'get things done'.

The most common feedback I have heard to date is:

## Culture

- A lack of kindness, compassion and respect for each other
- Little evidence of putting staff first by investing in staff development, prioritising staff health and wellbeing and valuing and recognising staff
- Engagement isn't always meaningful (we put action plans and tick boxes ahead of meaningful conversations and engagement)
- We are not a listening and learning organisation (there is much for us to do to ensure we are consistently learning from significant adverse events, near misses, incidents and complaints as well as patient and staff feedback)
- We all too often put finance first (that's how it feels) and need to get back to putting people, patient experience, safety and quality first, whilst recognising we have a duty to deliver our financial plan and associated recovery plan so that our focus is more rounded
- A culture where we are very good at 'diagnosing' and describing the problem, but slower to own problems and develop solutions to our problems
- Staff often give up – as they spend time sharing ideas, feedback, writing papers and business cases and rarely get a response (the loop doesn't get closed often enough)
- There is perceived inequity, with hybrid and home working arrangements causing resentment in the organisation and rules needing to be reset so that these arrangements are clear and fairly and equitably applied
- It is common that people wear multiple hats in the NHS, but in smaller Boards like NHS Orkney, staff wear many more hats and therefore currencies can get muddled. We need to understand when different hats are being worn so we have greater clarity and so that interests are not conflicted
- Linked to the above point, there is often a blurring of boundaries between personal and professional for staff because we are so small and because we are an island community. By focussing on the professional nature of our work this will give everyone a handrail to ensure these boundaries are kept in check and respected and will enable our patients, families and local community to be assured by professionalism at all times
- Lack of basic etiquette, courtesy and niceties, such as responding to emails in a timely way, saying thank you and saying hello to each other
- A culture of describing why things can't be done more often than describing 'what would it take?'
- Too many relationships at different levels of the organisation are broken and this is preventing us from moving forward as an organisation
- Linked to the above, there are opportunities to strengthen Multi-Disciplinary Team working



## Leadership

- Absence of visible and consistent leadership
- A lack of compassionate and kind leadership from senior leaders, who do not role model this behaviour consistently enough
- Stability is needed at the top of the organisation (and linked to this, the Executive Team aren't currently seen as a cohesive and unified team)
- The Health Board needs to do more to own its purpose and identity so that we are transparent and adding value to the system. Central to achieving this is ensuring we invest more time making the role of the Board easier for people to understand
- It isn't clear (1) how decision-making works at NHS Orkney or (2) where to go to get things done, to get support, or to know who's who from Executive level down (and who leads on what)
- There are too many occasions when decisions are made often without using evidence and data and by a single department/area which does not factor the wider picture or consequences, making it impossible to deliver. Furthermore, there are too many occasions where decisions are made and unpicked even though the rules are clear and then aren't followed
- Accountability and linked to this, ownership of issues
- Recruitment and retention
- There is a view that we are losing too many good people, and if we put people first more often this may be avoidable in some cases and we could retain more staff and benefit from their many years of experience
- We need to be ever more mindful that The Balfour is a place of work for some of our staff and isn't NHS Orkney in its entirety – with those working in the community and on the isles becoming increasingly frustrated at being ignored and seen as an afterthought. We need to therefore be more inclusive as an organisation and ensure we are not Balfour-centric even though many staff are based at The Balfour, and instead focus more of our efforts on getting our service models and models of care right so that most of our interactions with our community happen outside of The Balfour, with only those needing hospital care coming into this facility
- Succession planning needs to be taken seriously with an agreed approach, starting with the senior team and then cascading down the organisation, and we need to connect more with our community so that we encourage and grow our NHS Orkney workforce of the future

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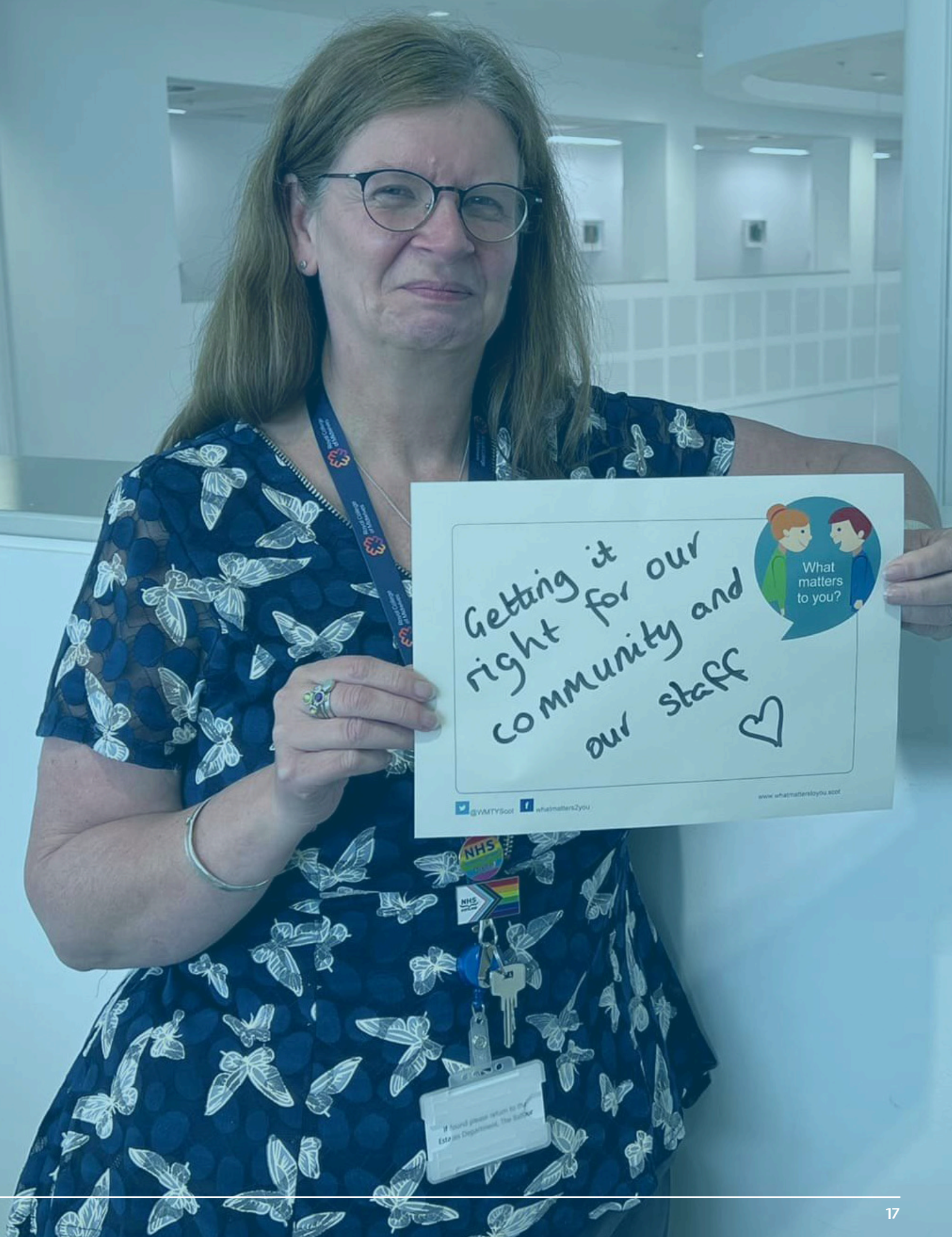
## Getting back to basics so we can create a sustainable future

- Being clear what support and 'the offer' is from our Corporate Teams, including HR and Finance, to the organisation, so that support can be maximised and relationships between Corporate and Clinical Teams strengthened
- There is an absence of basics in place presently and therefore unstable foundations on which to build, with many examples being cited – from on-call arrangements to oversight of Service Level Agreements
- The need to upskill staff to support them in their day-to-day roles, e.g. with communication and leadership skills to set Team Orkney up to succeed at every opportunity
- Ensuring staff have Job Descriptions that are fit for purpose, reviewed regularly and updated in a timely manner
- Ensuring those with line management responsibilities are fulfilling this important role with: regular team meetings, regular 1-2-1s with line reports, appraisals, objective setting, supporting time to ensure mandatory training is in-date. Line managers should be sharing information as well as providing forums for direct reports to share feedback and ideas and setting personal development plans for team members so that we can support career aspirations and development, and importantly, hold managers to account for delivering on these basic aspects of their role

## Having a clear direction and ambition for the future

- There is a strong appetite for change from staff
- Staff want clear direction and to know our ambition and strategy for the future and want to be part of shaping this
- Ensure moving forward we have a clear ambition for education, teaching and training, professional development and research at NHS Orkney recognising its criticality for ensuring we have a skilled workforce that is fit for the future and to becoming a learning organisation. There has been significant under-investment in this area and this will be essential to our success moving forward
- Moving into The Balfour should have been a positive experience and one which was a catalyst for changing how we work and how we deliver care through digitising and transformational work. Yet the pandemic has slowed progress, and there is now more of a negative connotation to The Balfour and a narrative about missed opportunities, lack of space and lack of engagement, rather than seeing this fantastic facility as an asset and opportunity to deliver outstanding and innovative care. Returning to how we move to new ways of working and models of care in our fantastic new build and state-of-the-art facility will be an area of focus that we will return to in the coming year and beyond
- Having a clear digital strategy which is understood by staff and driven by clinical teams, recognising there are lots of frustrations about technology and digital systems which are holding us back presently and systems that don't talk to one another. Staff and clinical voices need to be at the heart of change moving forward so that changes are clinically-driven
- Linked to the above, there needs to be a recognition that some current arrangements are not fit for purpose, such as the open office, hot desk arrangements in our administration areas, which causes frustration, often making it impossible for people to do their jobs well given the environment in which they are working in is less optimal



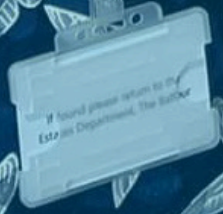


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# Our response to overcoming our challenges

## OVER-RIDING PRIORITY

Prioritising people, which means finding meaningful ways to reconnect with our patients, local community and our staff.





## PRIORITY 1 -

**To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the top priorities.**

While these areas may seem obvious – if we don't give them the required focus and accept these are the highest priorities to remove the many barriers that our staff so often tell us get in the way and cause frustration, then we will not move forward. We must focus on both the 'what' and the 'how' we do things in equal measure. Accepting these as our main blockers to moving forward is the first step to addressing them.

Specific actions to address challenges:

- Once we agree these priority areas, we will not deviate from them (the plan is the plan)
- As part of the Plan on a Page we will have clear actions under each of these five areas that will drive improvements so that monitoring can take place
- This will include some actions out with the Plan on a Page – including: a development programme for the Executive Team and Senior Leadership Team, development of a new Corporate Strategy which will be launched in April 2024 and a new organisational culture programme
- Review of operational governance so that we can look below the new Senior Leadership Team to ensure consistent practice across our governance system, ensuring high quality and efficient services
- Taking a whole system approach to leading NHS Orkney rather than being Balfour-centric in what we do

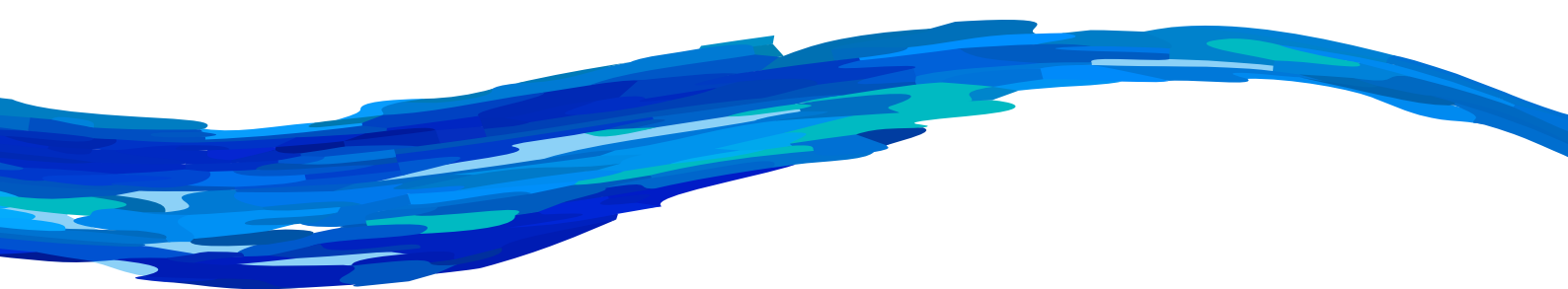
## PRIORITY 2 -

**Recognising this report must have synergy with other workplans, we must ensure there is alignment between the Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, the Board's Clinical Strategy and wider supporting workplans.**

Joining up the dots and ensuring synergy between our various plans is critical. Moving forward and by April 2024, our new Corporate Strategy, which will include our vision and strategic objectives, will become our 'compass' underpinned by supporting annual plans spanning: clinical, people, estates, financial recovery and digital.

Specific actions to address challenges:

- New annual planning cycle which will commence in Quarter three of 2023/24
- Quarterly extended Senior Leadership Team sessions to focus on strategy and annual planning commencing October 2023
- New cycle of reporting progress versus Plan on a Page (quarterly reporting commencing August 2023 via Senior Leadership Team and the Health Board)
- Strategy, planning and performance to sit under the leadership of the Chief Executive, creating a strengthened and unified planning function
- Annual delivery plans for all underpinning plans – clinical, estates, people, financial recovery and digital and regular reporting to the Senior Leadership Team on progress on each



## PRIORITY 3 -

**To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working here is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture**

Specific actions to address challenges:

- To create a single Improvement Team/function by no later than 1 April 2024
- To ensure staff are encouraged to lead change and submit ideas for improvement and there are mechanisms to take these forward, which includes feeding back to people, and sharing good practice, learning and ideas more widely across the organisation
- To introduce Quality Improvement (QI) training for staff and develop organisational QI resource and capability
- To be clear on the offer of training for staff spanning: leadership, communication skills, QI and budget management
- To introduce a new managers' induction for new and existing managers in April 2024 so that we make it clear what is expected of line managers at NHS Orkney
- Grow our own plans as part of our recruitment strategy, including a strong focus on apprenticeships and work experience for local young people
- Succession planning to commence with the Executive Team and Senior Leadership Team, followed by wider discussions across the organisation so that there is a consistent approach
- To make learning, education and research and associated governance an explicit priority and begin to create the necessary conditions and environment in which such a culture can flourish

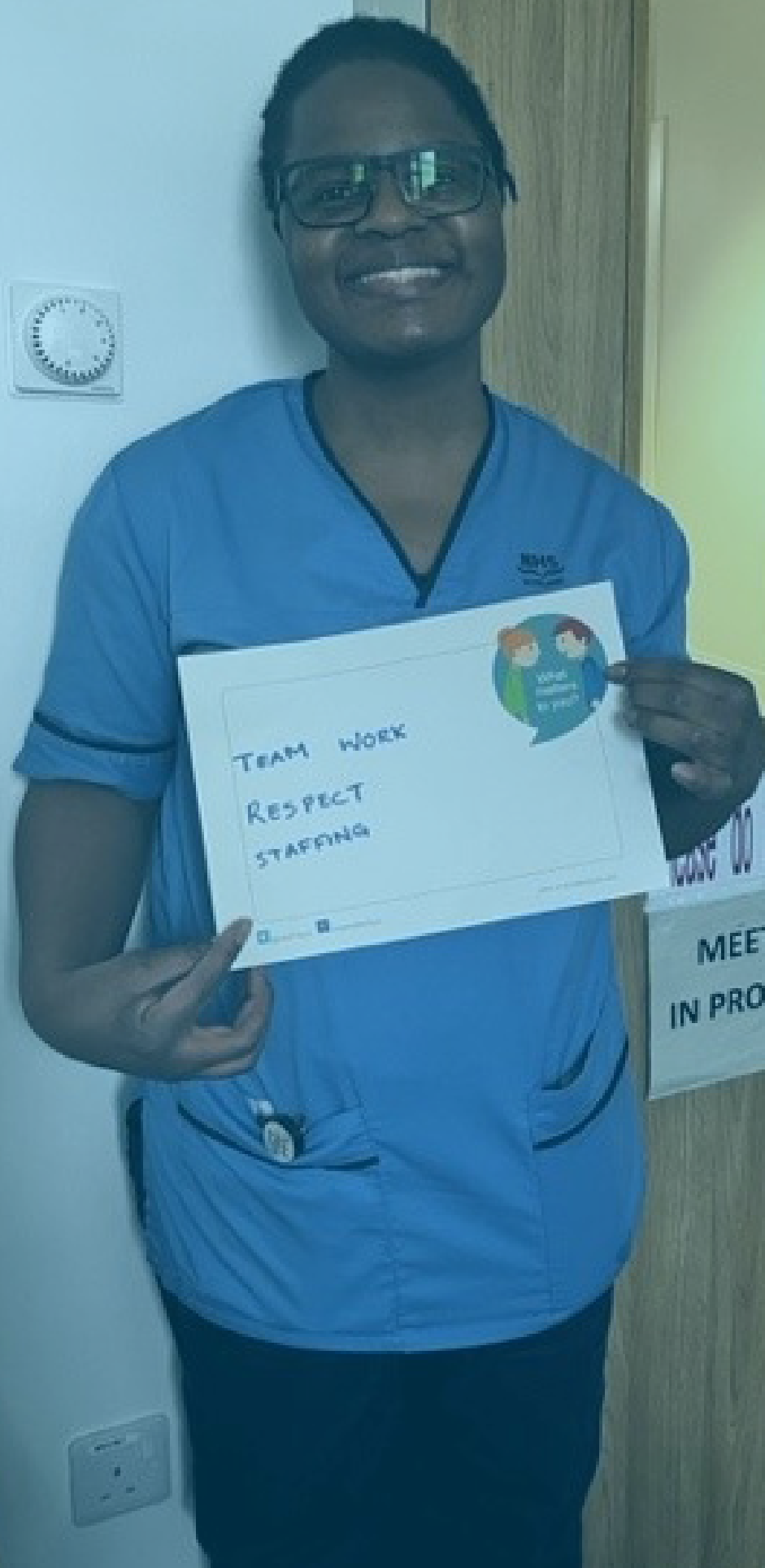
It should be highlighted that in my first 12-weeks in post two changes have already been made in response to staff feedback, notably:

- Decision-making – staff asked for quicker decision-making and clarity on how decisions are made and more clinically-driven and evidence and data-based decision-making to be in place
- Knowing who's who in the organisation, where to go for support and who leads on what

With effect from 1 July 2023 two changes came into place:

1. Refreshed Executive Team portfolios
2. A new approach for the Executive Management Team (EMT) and Senior Management Team (SMT)

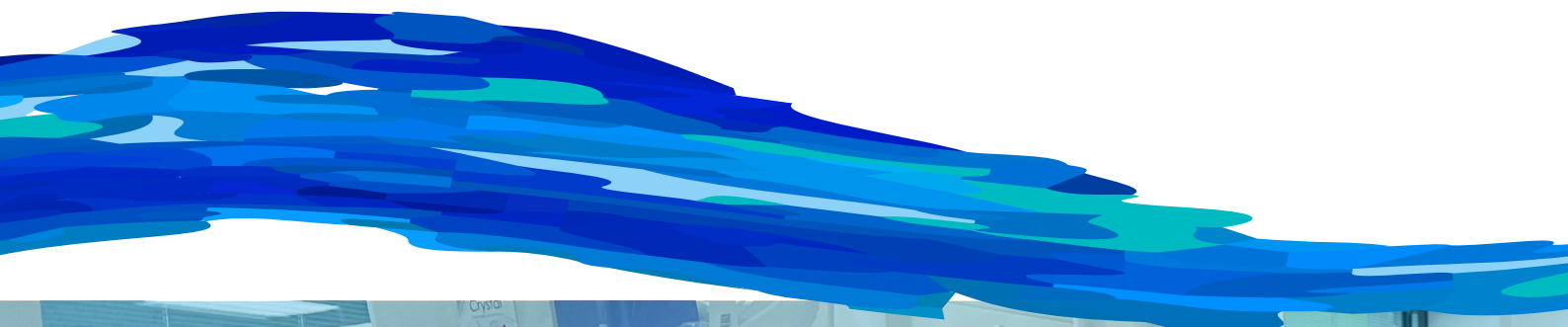
EMT no longer exists in its previous form and ceased being a formal decision-making forum at the end of June 2023. Instead, an informal weekly meeting with the CEO and Executive Team, called the Corporate Leadership Team now takes place. SMT has been renamed Senior Leadership Team (SLT) with a new core membership which ensures clinically-led decisions in the organisation, meeting every two weeks with this core membership so that timely decisions can be made. SLT reports directly to the Board and its purpose is to oversee the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, which support the achievement and delivery of our overarching objectives. It is a key forum for holding teams and colleagues to account for the delivery of plans and operational performance.





# Implementation

An appropriate governance process will be put in place to track progress. This will use existing reporting and monitoring systems, including through Board Committees and the Senior Leadership Team.





# Summary and next steps

1. Establish the monitoring approach and frequency through existing governance arrangements
2. Following the introduction of a newly-formed Senior Leadership Team which began meeting in July 2023, a review of operational governance will commence so that staff voices are heard and drive decision-making at all levels of the organisation
3. Ensuring join-up with wider workplans – including clinical, people, financial recovery, digital and estates and our new Corporate Strategy which will be developed following engagement later in 2023/24
4. Create a clear implementation plan which captures the key actions linked to this 100-day plan for oversight, monitoring and assurance re: delivery
5. With the development of a new long-term Corporate Strategy (internal and external engagement will commence Autumn 2023), to ensure there is a single clear annual workplan setting out what will be taken forward each year and deliverables by quarter





# Appendices



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# Appendix 1 – A view from our Chair

I became Board Chair on 1 March 2020 and have often reflected that the NHS in Scotland, and Orkney, has felt like being in a tumble dryer ever since. It has been clear to me, in the conversations I have had with people, that what is so desperately needed is stability and clarity at every level of the organisation.

When the Board embarked on the recruitment exercise for a Chief Executive we flung the net far and wide in the hope that NHS Orkney would attract someone that understands us, as an organisation and community because we are so closely connected.

Laura was impressive from the very first conversation we had, and what was equally impressive was that she spoke with people throughout our system including Orkney Islands Council, other Executives, and Scottish Government colleagues to learn more. That's one of the things that comes across in Laura's approach: she is hungry to learn as much as she can about NHS Orkney, so she can lead effectively.

It has been a privilege to watch Laura step into the organisation and go about listening and learning and valuing all the pockets of difference and practice that make us who we are. I am also struck by how evident her listening and learning is in the report she's produced.

The challenge for all of us is to follow through with these brave and necessary reflections. This report, and its recommendations are an opportunity for us to do things differently by truly being a learning organisation that values its staff and its community. This means hearing messages that are difficult, it means challenging one another to behave differently, and it also means we need to be kind in all our interactions with one another.

It has been immensely powerful to see the hope and joy come back into people's expressions as Laura has delivered on her promises. Now we have to make them our promises, because no one can operate in isolation and it will take all of us working together to change things for the better.

I want to first of all thank Laura for coming to the organisation and for producing such a necessary and brave report. She has listened to so many people including teams throughout the organisation, patients, and partners. I would also like to thank those of you who have shared your stories with her. I don't underestimate how much bravery it takes.

I am committed to doing all I can to ensure we honour those stories by following through on this report's recommendations.

**Meghan McEwen, Chair**



# Appendix 2 – Commitment to change from our Executive Team

**Stephen Brown, Chief Officer, said:**



"I will be surprised if anyone in the organisation reads Laura's 100-day report and does not recognise many of the themes she has identified. For a small organisation we have found ways of over-complicating and confusing things. We have conspired to stymie good ideas and innovation and we have not been good enough at ensuring everyone has the tools they need to do the job that they are asked to do.

This is in no way a reflection on any one individual but, instead, has evolved over many years and made worse by a very high turnover in key leadership posts.

"There have also been occasions where poor behaviour, including at a very senior level, has fallen short of what we should all expect. If we are to make NHS Orkney a great place to work, then we all have a part to play in calling out such behaviour. We need to work towards making NHS Orkney a caring, kind and compassionate place to work whilst creating an environment that allows for appropriate challenge and accountability."

***"We need to work together to create the best future possible for our community."***

**Monique Sterrenberg, Interim Deputy Medical Director, said:**



"In this comprehensive 100-day report Laura is truly capturing the significance of reconnecting and supporting people placing patients, staff, and community as equally important groups that will be the centre of attention.

Upon joining NHS-Orkney Laura immediately started engaging with a number of people from each group, listening closely to their suggestions and feedback. Key themes that emerged from this

engagement quickly came to the fore and Laura has already managed to implement and develop some changes, especially in the structure of the trust, with other essential items being prioritised so they can be addressed quickly in due course.

In the report Laura has also shown a robust determination to focus on creating teams with strong and compassionate leadership, and where ownership and accountability are integral to solving problems, but in a collaborative and supportive environment. A rural setting such as that on Orkney can truly flourish with supported out-of-the box thinking, and Laura has shown a desire and commitment to make this happen.

Throughout the report there is a strong theme of creating a positive culture, at the trust, where people will be proud to work and patients will feel welcome, safe, and confident that they will receive the appropriate care and treatment.

Finally, the importance of omnidirectional communication and improving transparency is emphasised. This will serve to extinguish a siloed way of working, resulting in improved understanding and engagement of all staff, both internal and external to the hospital, making for a truly exceptional Team Orkney."

**Sam Thomas, Director of Nursing, Midwifery, AHPs and Acute Services, said:**

"We all recognise the themes outlined by Laura. Identification of key priorities and engaging all staff across the system through truly integrated collaborative approaches will enable us to have the needed courageous conversations over the coming months as we strive to create a diverse, nurturing, caring and compassionate health and social care system which meets the needs of Orkney."



**Louise Wilson, Director of Public Health, said:**

"Having had the privilege of working in Orkney for well over a decade I have seen those working in, and with, NHS Orkney rise to a range of challenges over the years. I have never failed to be impressed by the dedication and ingenuity shown by so many staff, and their underlying commitment to protecting and improving the health of our local community. For me this was most recently demonstrated in our response to COVID-19."



**Mark Doyle, Director of Finance, said:**



"Having worked for the NHS for over 20 years in various leadership roles, I have gone through many significant periods of change and the updates and reflections shared in Laura's 100-day report are very familiar to past experiences. What is most important over the next periods - short, medium and long-term is how we as senior leaders and an organisation use this information to build on what many staff would already consider to be a

great place to work and take the learning from those that have not felt this was their lived experience and how we bring this together.

"I have observed and worked with many outstanding individuals and teams from all over NHS Orkney over a number of years and I know that we absolutely have the ability and determination as an organisation to take any actions and learning forward."

"As we face new challenges, both global and local, having this clear shared understanding of our priorities and a focus on people will be a real benefit for us as an organisation, for staff, patients and the wider community. I also welcome the increased focus on clinically-driven decision-making. We need to work together to create the best future possible for our community."

*"I have been impressed with so many colleagues and have been fortunate in having a great team, going that extra mile."*

# Appendix 2 – Commitment to change from our Executive Team

**Sara Lewis, Acting Director of Public Health, said:**

"I welcome Laura's 100-day report. It outlines the difficulties to be overcome to work as one team that recognises the contribution everyone needs to make to deliver compassionate care for our community. The pandemic has highlighted and, in many cases, exacerbated the scale of the challenge we face as a small system working to meet the increasing demands of our community during very difficult times. We need to care for each other whilst we strive to care for our community and work to become a service that puts the wellbeing of everyone at the front and centre of all we do."



**Lorraine Hall, Interim Director of HR, said:**

"The 100-day plan pulls together a number of themes that will resonate for many of us. In that recognition we need to acknowledge our history for what it was, and if wasn't what we had hoped then let us shift our focus and energy on where we are going and collectively take responsibility for how we will get there. Leadership is only part of our future. We need to be bold and not stick to our traditional silos; we need to be curious, we need celebrate more of the little wins as each little win builds into something big and powerful and when it hasn't gone as well as it could we not only need to learn but to implement our learnings. We not only need to be kind and considered, in some instances we need to forgive. In my three years supporting NHS Orkney, I have been impressed with so many colleagues and have been fortunate in having a great team, going that extra mile. There is a choice in how we act so if we are truly to be Team Orkney then let us live up to our values."



*"We have conspired to stymie good ideas and innovation and we have not been good enough at ensuring everyone has the tools they need to do the job that they are asked to do."*





- Sustainable care
- Realistic healthcare
- Being compassionate

?



# Appendix 3 – Contributions from wider members of Team Orkney and our leadership community

**Moira Sinclair, Clinical Nurse Manager, said:**

“For me the culture shift is palpable. It feels like we are in a very different place to where we were a few months ago. It’s refreshing to feel listened to, communication channels improved and to see things actioned. We can and should be a centre of excellence for remote and rural healthcare and owe this to our patients and staff. This now feels achievable, the future feels exciting and full of opportunities.”

**Morven Gemmill, Lead Allied Health Professional, for NHS Orkney, said:**

“There is a palpable sense of the focus on people at the heart of NHS Orkney being valued regardless of job title. There is a sense of a refocus on people who rely on NHS Orkney at the best and worst times, from birth to end of life.

“I see a tangible change in the corporate construct and architecture and the business of NHS Orkney is being clearly articulated but most importantly clearly communicated.

“There is a significant shift to not just passively “hearing” the clinical voice but engaging and enabling clinicians and care teams to flourish under the leadership of the clinical Executives.

“I am optimistic about the future of NHS Orkney and the future of the Orkney Health and Care Partnership.”

**Anthony McDavitt, Director of Pharmacy – NHS Orkney & NHS Shetland, Controlled Drugs Accountable Officer, said:**

“Socrates captured where we find ourselves well those few millennia ago: “The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”

“I feel that in NHS Orkney, we’re in a renewal phase after some challenging years, laying the groundwork necessary for positive changes. People are working on making our operations more efficient and clarifying our main objectives recognising the challenges. As we all go forward, it’s crucial to align our organisation’s structures with our strategic priorities. There’s a renewed energy in getting back to our basic principles, values and sharing an understanding with each other. Focusing on improving these fundamentals is key to our progress, as we are gradually developing with our medicine’s governance approach. Our approach will strengthen our teams and pathways, aiming to empower teams and enabling them to provide consistently high-quality service to our communities. Our collective actions go beyond just planning - they reflect a renewed commitment to the community - intentionally working towards the future we’re trying to create.

“From recent discussions, it’s evident that our focus on key areas - our culture, leadership, retention of our people, recruiting the best possible, and having clear direction - is paving the way for a more stable and efficient service delivery. We’re going through this phase of renewal with a collective understanding of our direction and where we’ve been, leading us towards a more stable and sustainable future. We should continue to test new approaches, and champion suggestions from teams on improving outcomes for people and the experience of work for staff. It’s important for us to remain open, kind and curious in these spaces, paying attention to our own behaviours, those of others and relationships we all need between each other for us to be successful.”



## **Malcolm Colquhoun, Head of Estates, Facilities & NPD Contract, said:**

1. What I feel is different in recent months – the atmosphere across the workplace has improved significantly. Communication, not just what is said, but the way it is said – compassionately and respectfully, has had a huge positive impact in a very short space of time. We are quite clearly being led from the front, by a leader who knows where she wants to take us. The culture at NHS Orkney is now being influenced and challenged in a positive way by openness and honesty and the gradual removal of uncertainty, which has led to (in some cases) fear being a driver for far too long. The communications and interactions within the workplace that I have witnessed, and am part of, has improved way beyond what I would have imagined possible in such a short space of time. In summary, NHS Orkney is now a much nicer place to work.

2. What we now need to focus on – first and foremost we need to focus on people. We need to invest and create a workforce that is fit for purpose, that is engaged, that feels respected and valued. We need to review the sustainability of our services and invest time in the right places and move away from a financially driven and focussed culture. We need to build on our partnership arrangements and review our performance as a matter of urgency across the whole organisation. We need to review NHS Orkney's appetite to risk – we are process driven, tick-box and this is contributing significantly to our financial challenges and creating a culture of "nothing gets done" we don't change, we stay the same, spending more money complying with process that contributes very little to the organisations overall outcomes.

3. How I feel about the future – I feel excited! The creation of the new Senior Leadership Team which is dominated by clinical people is inspirational and it is a very clear indication that the future is going to be very much about healthcare and patients, for far too long NHS Orkney has done everything and anything before it does the correct thing. The empowerment of clinical people is very long overdue by NHS Orkney. It is clear that many of our challenges are not going to go away overnight however I feel that we have a Chief Executive who is going to listen and involve all staff groups, and will embrace innovation and give people the opportunity to contribute to a future that is sustainable.

## **Maureen Swannie, Head of Strategic Planning and Performance/Interim Head of Children, Families and Justice Services, Orkney Health and Social Care Partnership, said:**

"The sense of belonging and feeling included is starting to widen again, through the hugely increased communication, the sense of openness and an encouragement to speak up. Messages are delivered with kindness and in a way that helps each of us to understand where we fit and what our part in this is.

"I am optimistic that Laura's over-riding observations, and the action taken to drive towards achieving those, will help to magnetise NHS Orkney - in keeping existing staff and in drawing others to come and be part of our family, or Team Orkney.

"I think we need to focus on values, ownership and professional responsibility. I think we need some short, sharp targets and longer-term aims. I want NHS Orkney to be bragged about, for our young people to choose to stay here and make careers out of health and care and for our community to blow the NHS Orkney trumpet with and for us. I also want equal opportunities for all staff and for people not to be slotted into posts without due process (again, this relates back to values)."

## **Nancy Faulkner, Senior Charge Nurse, Theatres and Day Unit, said:**

"What has felt different in the last three months is a new positivity amongst staff about the future of NHS Orkney, and a Senior Leadership Team which is becoming more visible and more 'hands-on'. I think we now need to focus more on recruitment and retention of staff, but I am optimistic about the future for NHS Orkney. It feels as though the things which were already great about NHS Orkney are now being allowed to shine."

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### **Jacqui Hirst, Interim Service Manager - Children's Health Services, said:**

"Since Laura has taken up role as Chief Executive of NHS Orkney, there has been a renewed focus on the culture within our organisation. I admire her ability to challenge the status quo in a really compassionate way which you can't be offended by! I have experience of her listening well to staff and getting back to them on points they raise. She leads by example, and she communicates effectively in a range of mediums. This is well received by staff. There is a new sense of honest conversations and following up on planned actions. Laura sets out clear expectations of her senior leadership team and I am sure she will hold us to account."

### **Julie Tait, Patient Experience Officer, said:**

"The last few months have been unsettling, but... not in a negative way. More from optimistic anticipation! A hope that every member of staff will feel valued for what they do which will then have a direct impact on how we do our work. A more positive workplace should result in better engagement from staff but more importantly have a direct impact for our patients. Going forward, what we need to see is action! Talk is good, doing is better! For me, I'd like to see person-centred care becoming the focus for everyone, no matter what role we play. "What matters to you" asked of all our patients (and staff) and for this to be listened to and learned from. There are amazing people here at NHS Orkney doing amazing things. With a valued workforce, an improved work-life experience will benefit all of us, especially the people we are here for, our patients."

### **Carl Savage, IT Desktop Lead, said:**

"It has become clear to me over the last few months that visibility and engagement have improved across the organisation, colleagues seem much more approachable and visible with improved meeting attendance and a willingness to engage across departments. I hope that we carry on this path, and we all improve our personal and departmental accountability with a focus on inter-department co-operation. It feels to me that here at NHS Orkney we have a lot to be proud of, we care first and foremost for our patients and loved ones and I believe we can do great things together."

### **Gordon Jones, Chaplain and Spiritual Care Lead, said:**

"The culture of management and accountability really seems to be improving. Priorities and right attitudes are being clearly defined. It is good to have a Chief Executive who is approachable, genuinely listens, is collaborative, and who models respectful interaction. I feel that my professional opinion is valued. I and colleagues I have spoken with are hopeful that the positive change that has begun will continue, and enable us to deliver to the best of our ability the thing that we got into healthcare to do: caring for people. Going forward, it would be good to focus on how best to translate our values into positive, real-world change. That means finding a way to end what has often felt like endless firefighting. It will always be helpful to improve the quality and reduce the quantity of comms, emails, and so on. Paperwork and process will always be necessary but should never detract from a person-centred focus. Staff wellbeing needs to be meaningfully and effectively supported by ensuring adequate staffing levels, fostering an ever more collegiate atmosphere, and by embedding regular opportunities for teams and individuals to utilise restorative facilitated values-based reflection on practice."

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**Liam McArthur, MSP, Liberal Democrat, Orkney, said:**

“In the short time Laura has been in post, I have been impressed by Laura’s strong commitment to good communications. Her willingness to respond quickly to issues raised and to keep stakeholders updated on developments, often ahead of time, is very helpful. “Laura also appears to attach great importance to meeting with and listening to staff across NHS Orkney. In an organisation of this size, that is critical and can only help as NHS Orkney looks to meet the significant challenges it faces now and into the future.”

*“I think we need to focus on values, ownership and professional responsibility. I think we need some short, sharp targets and longer-term aims.”*

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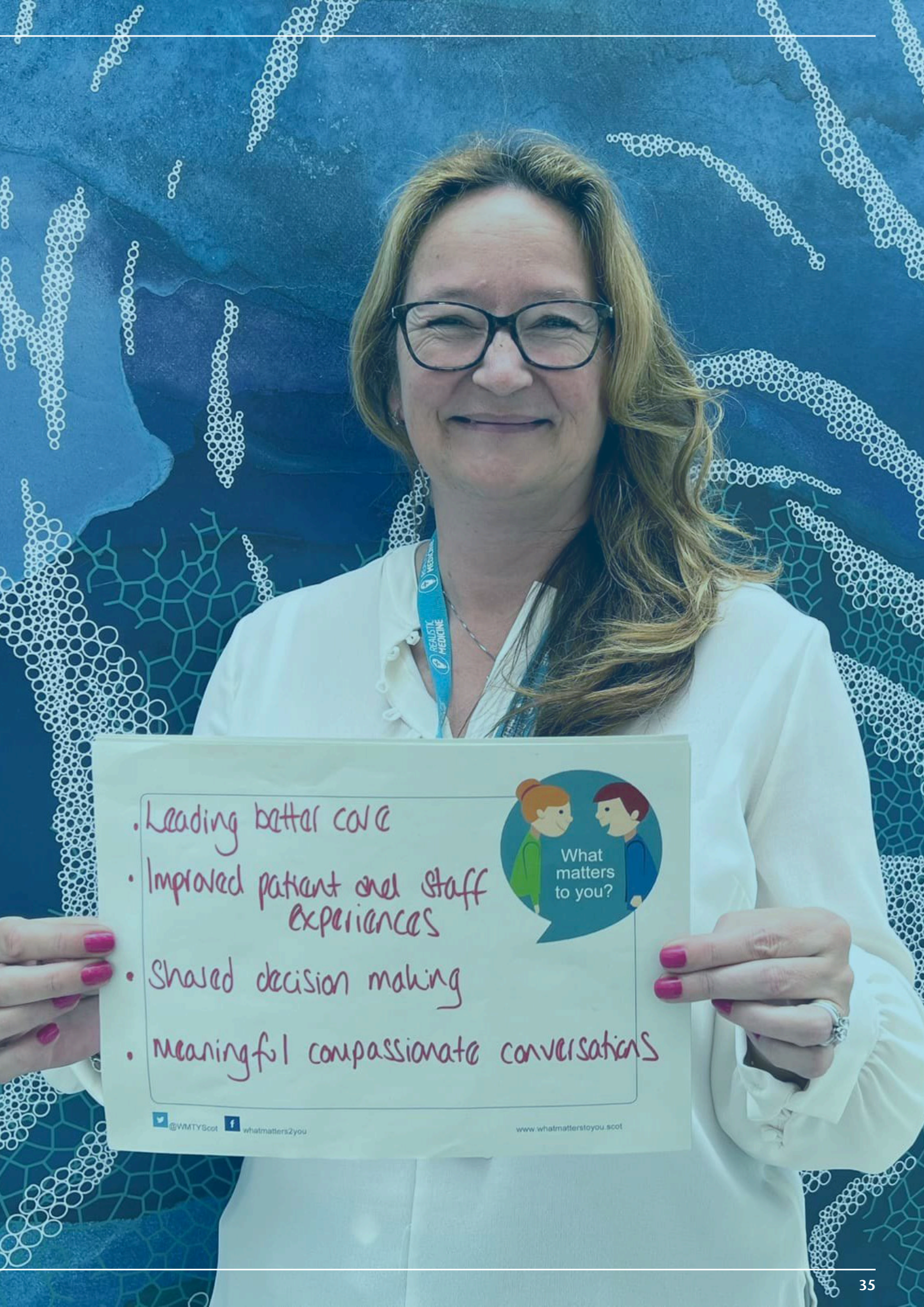
# Appendix 4 – Commitment needed from Team Orkney

Moving NHS Orkney forward is a team sport. We need every member of Team Orkney to be up for this, to sign up to the direction of travel and ambition and to play their part.

Part of my ask here is that staff will:

- Continue to share feedback so that we can celebrate our position progress and have honest conversations about where we need to improve and change things
- Focusing on the small things, which often matter most – including, saying ‘thank you’
- Ensure we don’t tolerate poor behaviours and challenge when we see or experience that are not in line with our values

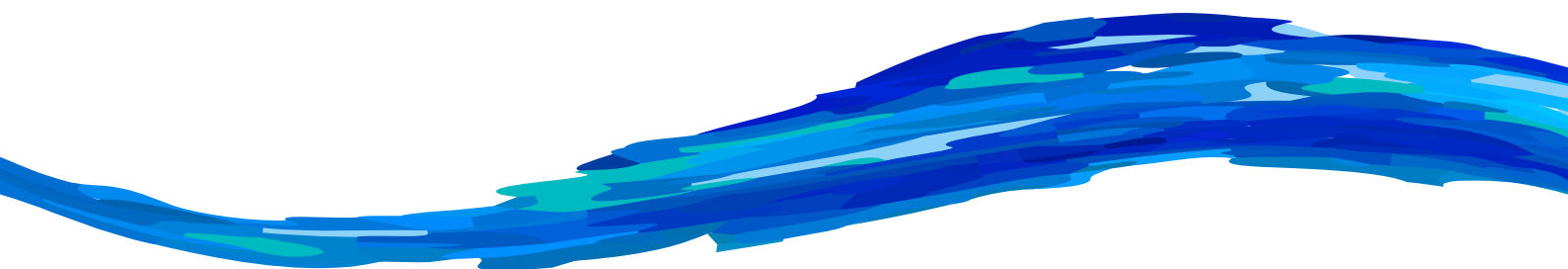




- Leading better care
- Improved patient and staff experiences
- Shared decision making
- meaningful compassionate conversations









# CEO's 100-day report

## RECONNECTING WITH PEOPLE

### Summary version

August 2023

#### Introduction

This report summarises my experiences and insights since taking up post on 3 April 2023.

The purpose of this report is to summarise what I've heard, to share my reflections and observations on this vital insight, and to set out how I propose we now move forward as an organisation.

#### Context and who we are



Serve a population of 22,000



NHS Orkney is the smallest and one of 14 Territorial Health Boards in Scotland – but it has so much potential



We provide a comprehensive range of primary, community-based and acute services



800 staff



Orkney is made up of 70 islands of which 20 are inhabited

#### Summary

At the heart of this report is one over-riding observation about our starting point at NHS Orkney which we must seek to put right together:

**Prioritising people, which means finding meaningful ways to reconnect with our patients, local community and our staff.**

#### 3 main priorities

1. To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.
2. Recognising this report must have synergy with other workplans, we must ensure there is alignment between our Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, as well as the Board's Clinical Strategy and wider supporting workplans.
3. To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working here is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture.

#### Implementation

An appropriate governance process will be put in place to track progress. This will use existing reporting and monitoring systems, including through Board Committees and Senior Leadership Team.

## Next steps

1. Establish the monitoring approach and frequency through existing governance arrangements
2. Following the introduction of a newly-formed Senior Leadership Team which began meeting in July 2023, a review of operational governance will commence so that staff voices are heard and drive decision-making at all levels of the organisation
3. Ensuring join-up with wider workplans – including clinical, people, financial recovery, digital and estates and our new Corporate Strategy which will be developed following engagement later in 2023/24
4. Create a clear implementation plan which captures the key actions linked to this 100-day plan for oversight, monitoring and assurance re: delivery
5. With the development of a new long-term Corporate Strategy (internal and external engagement will commence Autumn 2023), to ensure there is a single clear annual workplan setting out what will be taken forward each year and deliverables by quarter

## Commitment needed from Team Orkney

Moving NHS Orkney forward is a team sport. We need every member of Team Orkney to be up for this, to sign up to the direction of travel and ambition and to play their part.

Part of my ask here is that staff will:

- Continue to share feedback so that we can celebrate our position progress and have honest conversations about where we need to improve and change things
- Focusing on the small things, which often matter most – including, saying 'thank you'
- Ensure we don't tolerate poor behaviours and challenge when we see or experience behaviours or actions that are not in line with our values



Laura Skaife-Knight,  
CEO



# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Corporate Risk Register</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Carrie Somerville, Planning, Performance &amp; Risk Manager</b> <b>Debbie Lewsley, Clinical Governance &amp; Risk Facilitator</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide an update on and overview of risk management across NHS Orkney.

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

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

## 2.2 Background

NHS Orkney's Risk Management Strategy forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance.

NHS Orkney have adopted a 3-tier risk management system which allows for escalation and de-escalation of risk as appropriate to take account of changes in our operating environment and organisational landscape with the Risk Management Forum playing an active role in this process.

The Corporate Risk Register is owned by the Chief Executive, who, in conjunction with the Executive Directors and members of the Board, ensures that strategic risks which would influence the 'business' aspects of managing the organisation are recognised and addressed. These risks may derive from:

- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- significant risks escalated from Directorates.

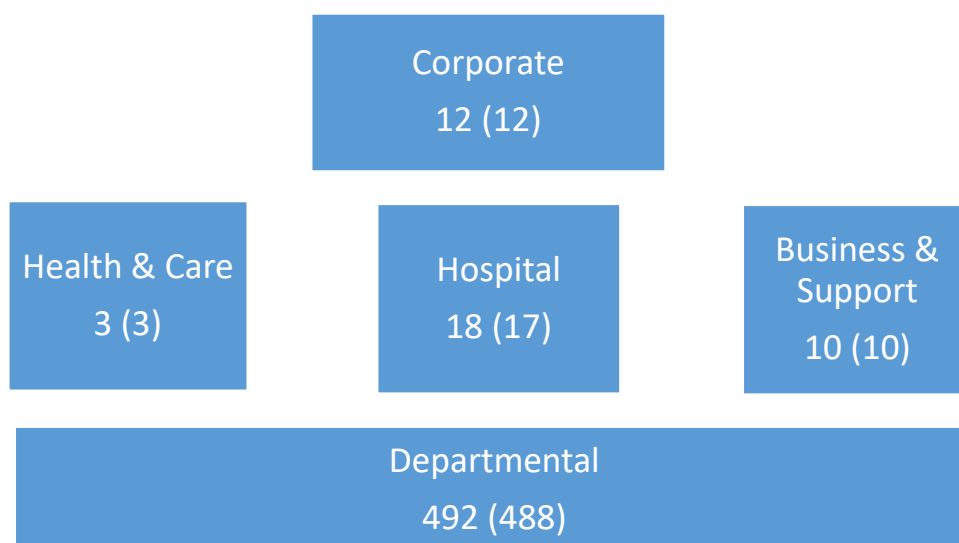
## 2.3 Assessment

The Risk Management Strategy provides strategic direction for risk management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our supporting documentation lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation.

Engagement in the identification, assessment, review and management of risks is very positive across all departments and the Clinical Governance and Risk Facilitator works closely with risk handlers to provide support and guidance.

Monthly reporting of all Tier 1 and 2 risks is provided to the Executive Management Team and Figure 1 below summarises the active risk position across the organisations 3 tier risk register structure as of the end of July 2023, with the May 2023 position provided in brackets for reference.





As can be seen from the above summary the majority of risks are being managed and held at a departmental level, with 47 active Tier 3 risk registers in place. Risks at this level tend to be relatively fluid and identification and assessment of new risks is encouraged, as good management practice. Proactive risk assessment and regular review of departmental risk registers is supporting the prioritisation of responses and ensuring resources are being directed to address areas of most concern and active risk management and regular review ensure that risks which are no longer manageable at that level are escalated and considered by the Risk Management Forum and de-escalation occurs in line with agreed operating procedures.

The corporate risk register is provided within Appendix 1, with 12 active risks on the corporate risk register with each of them owned by a member of the Executive Management Team. All risks are subject to review and update at an interval appropriate to the individual risk. All risks have been subject to recent review and mitigating actions are being taken to address gaps in controls.

During the last reporting period there were no new or escalated risks added to the corporate risk register or any movement to risk ratings. A meeting has been scheduled with the Acting Director of Public Health and the Chief Officers of Acute Services and IJB to reassess risk 554 to ensure that whole system pressures are captured rather than just Covid specific pressures.

There was one new risk added to the Tier 2 Hospital Risk Register this was in relation to Sub-optimal Care for PVC Insertion and a change to the risk rating to the Tier 2 Business & Support Risk No 1109 that relates to the change to Scottish Fire Rescue Service attendance criteria, the risk was increased from 16 to 20 due to the national change now being implemented and no guarantee that fire appliances will respond to an alarm in non-residential buildings.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at July2023 and Table 2 provides the last reported position for reference. As can be seen there has been a slight decrease in risk exposure at a corporate level as a result of the new risk and increase rating within the Tier 2 registers.

## Risk Exposure – Tables 1 & 2:

### July 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	90	30	0	140	25.6%
Health & Care	25	15	9	0	49	9.0%
Hospital	45	177	19	0	241	44.1%
Business & Support	20	63	33	0	116	21.2%
TOTAL EXPOSURE	110	345	91	0	546	100.0%
% of Total	20.1%	63.2%	16.7%	0.0%		

### May 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	90	30	0	140	26.4%
Health & Care	25	15	9	0	49	9.2%
Hospital	45	165	19	0	229	43.2%
Business & Support	0	79	33	0	112	21.1%
TOTAL EXPOSURE	90	349	91	0	530	100.0%
% of Total	17.0%	65.8%	17.2%	0.0%		

#### 2.3.1 Quality/ Patient Care

There are currently 4 corporate risks aligned to the Joint Clinical and Care Governance committee which are being reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

#### 2.3.2 Workforce

There are currently 2 corporate risks aligned to the Staff Governance committee which are reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

#### 2.3.3 Financial

There are currently 6 corporate risks aligned to the Finance and Performance Committee which are reported at each Committee meeting and there are no new risks in this area to highlight this reporting period.

The highest level of corporate risk relates to Risk No 510 which is in relation to the corporate financial position, there is considerable improvement work ongoing with regards to this risk, which is reported through the Finance and Performance Committee.

#### **2.3.4 Risk Assessment/Management**

The Audit & Risk Committee provide oversight to ensure there is a visible and robust process of risk management within NHS Orkney which provides assurance, to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes. In March 2023 the Committee approved the new format of reporting which includes the alignment of all Tier 1 and Tier 2 risks to appropriate Governance Committees.

#### **2.3.5 Equality and Diversity, including health inequalities**

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

#### **2.3.6 Climate Change Sustainability**

There is 1 corporate risk in relation to climate change and sustainability that is aligned to the Joint Clinical and Care Governance committee, current mitigations being undertaken support NHSO's commitment to removing fossil fuels from within their Estate. Discussions to take place with Director of Finance regarding structure of committee to ensure that correct clinical representation and participation can be achieved.

#### **2.3.7 Other impacts**

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

#### **2.3.8 Communication, involvement, engagement and consultation**

There are no consultation requirements related to this paper. However, engagement in risk management is supported by the Risk Management Forum which meets regularly with the purpose of:

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

#### **2.3.9 Route to the Meeting**

The paper has been prepared for the purposes of reporting to the Board only.

### **2.4 Recommendation**

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

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, Corporate Risk Register.



Title	Owner	Current Risk Level	Target Risk Level	Controls In Place	Updates (Assurance)
Risk ID: 63 Because cruise liners dock, there is a risk outbreak on a liner services, both PH and Hospital be overwhelmed which could harm	Director of Public Health	4	4	Learning has been captured from Norovirus outbreak on a ferry in June 2010 and has been incorporated into the Port Health Plan. MOU in place with NHS Grampian, Shetland, Highland & Western Isles. Joint Port Health Exercise held annually at commencement of Cruise Liner season.	Jan 23: Working group formed including Ian incl exercising, etc. The first meeting was cancelled. Will be included within handover sheet for new Resilience Officer. Planning an exercise on Shetland and Orkney. Unsure of format. SL meeting with Environmental Health to review the last season and consider future partnership working. Pre-season meeting usually takes place. April 23: Port health plan is being reviewed. Met with Environmental Health to agree way forward. Exercise Longstone is being planned by HIRIP to exercise the evacuation of a liner.
Risk ID: 311 NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient harm	Medical Director	9	6	Brexit assessment has been completed Brexit Steering Group Monthly report to SMT	Update Oct 2022 - Risk remains the same with the rising energy costs food price escalation, shortages of skilled workers, global shortages of goods in particular processing chips, laptops etc continuing. There are however, no current issues being reported with procurement of supplies. Update May 2023 - With the continued international uncertainty around BREXIT, Ukraine/Russia was and Climate Change, the substantial increase in food prices continue to impact on the availability of food, supply of medicines and medical supplies. Resulting in potential additional fiscal burden on the Board, and in turn patient care.
Risk ID: 365 Potential noncompliance with Health and Care (Staffing) (Scotland) Act	Director of Acute Services	15	9	Executive Lead – Acting DoNMAHP / Professional Leads: Acting Nursing, Midwifery and AHP Medical Director / Lead Dentist Executive & Senior Management Team meetings Management Team Clinical Care & Governance, & Staff Governance framework; 6 monthly update report General Management Structure within Community Policies / Procedures / Guidelines Health & Care (Staffing) (Scotland) Act 2019: Guidance Summaries dated 17 Aug 21 RMP4: Health & Care Staffing Delivery Plan created 28 Sep 21	Update Dec 2022 - Further review of NHS Orkney position will be undertaken in the new year to identify current position and any continued mitigation required. Update March 2023 - Risk remains high - work continuing to understand legislation and NHSO now involved in trailing implementation sites and further govt funding for 12 months in place for HSLN. Update June 2023 - Programme Board has recommenced, additional information sessions around the Act are being held and meeting with SG Lead and NHSO Staffing Lead and Director of Nursing held and follow up meeting scheduled in 6 weeks time.

Risk ID: 508 NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care	Director of Finance	12	8	Improvement plan being developed being led by SIRO. With oversight mechanisms in place for delivery.	Update Oct 2022 - This work is ongoing as part of BAU and any new process/programme will be added and included to the work and is continually being monitored. Update May 2023 - All sites have now got new generation Firewalls reporting to a central analyser. All sites now have Intrusion Protection Systems, Network Level Anti-Virus and Ransomware detection, additional data recovery points been implemented. Likelihood of risk decreased, and overall risk reduced from 16 to 12.
Risk ID: 509 Care and financial sustainability may be compromised should the current medical workforce model continue	Medical Director	12	12	To be updated with support from Executive lead Situation has been occurring for some time, so organisation has partly accepted risk	Sept 2022: Successfully recruited consultant Anaesthetist expected start date October 2022. O&G Consultant retirement but candidate in place for seamless transition. Physician recruitment ongoing and so likelihood of risk decreased, and overall risk decreased from 16 to 12. Update March 2023 - Risk score is stable. There continues to be retirements and ongoing recruitment. Consultant physician recruitment remains an area of concern.
Risk ID: 510 Corporate Finance Risk	Director of Finance	20	8	General Funding Overspend, Recurring Financial Balance and Capital Programme - Remobilisation Plan which information is placed to AOP which goes to F&P for consideration and then to Board for ratification and approval and finally signed off by Scottish Government. Ongoing dialogue across organisation to ensure they deliver financial balance. Scottish Government is cited on various discussion through the F&P, Remobilisation and Capital Updates Report. Cost Savings - outlined in AOP and also outlined in F&P Report. The savings are discussed at the F&P Committee and Board with plans put in place to address the target. Discussed with each budget managers and regular dialogue with EMT.	Update Jan 2023 - Still awaiting templates from Scottish Gov. Draft plan submitted to Board and will be presented at F&P end of January 2023. Update March 2023 - 5 year recovery plan been submitted to F&P Committee and Scottish Gov and will be presented to Board for final sign off in April 2023. Update July 2023 - A group and control board chaired by the CE has been created to take forward the financial recovery plan over the next 5 years.
Risk ID: 550 Nefarious Applications, Operators or Agents	Director of Finance	9	8	Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support.	Update Jan 2023 - Central Analysis Programme half completed - currently working on Unified Threat Management Devices - test one operational and going through test process - first remote site Garson and this will be implemented after testing completed and then further roll out to other sites - this will be completed by end of March 2023. Update March 2023 - Central Analysis Programme now completed - Garson completed devices now configured ready for deployment over the next 2 months. Update July 2023 - Work currently on hold due to emergency work being undertaken in Primary Care expected to recommence by end of month.

Risk ID: 553 Impact of NHS Service Provision on Climate Change and Sustainability	Director of Public Health	12	8	Sustainability Steering Group established, and low carbon transport adopted across NHS Orkney. Reduced off island and local travel through imbedding of Near Me. Reduced staff travel as result of working from home and the use of Microsoft Teams reducing off island travel.	Update Feb 2023 - Work underway and once completed this will have made a significant contribution to NHSO commitment to removing fossil fuels from within our Estate. Update August 2023 - Discussion to take place with Director of Finance about structure of committee and involvement and commitment of clinical staff and management within NHS Orkney to ensure that correct clinical representation and participation can be achieved.
Risk ID: 554 Failure to Meet Population Health Needs Resulting from Pandemic	Director of Public Health	12	8	Clinical Strategy being developed which will consider future population health need.	Update May 2023 - Community Planning Partnership continues to develop plans under its delivery groups to address broader socioeconomic issues relating to cost of living, sustainability and local inequalities. The NHS Orkney Cost of living Crisis work is being shared with teams across NHS Orkney to support implementation and raise awareness of the organisation's role. Update July 2023 - Risk to be reassessed as issue is general issue pressures rather than Covid specific and needs clear understanding of whole system pressures across NHSO & IJB. Meeting scheduled with Acting DPH, Chief Officer Acute Services and IJB in August to reassess.
Risk ID: 555 Failure to Meet Patients Specialist Healthcare Needs	Director of Acute Services	12	8	Partnership arrangements in place with mainland Boards to ensure access to more specialist secondary and tertiary services. Visiting services provided for more widely used specialities to avoid the need for off island travel. Repatriation off clinical care when it is safe to do so. Good relationships and SOPs to support access to senior clinical decision makers off island as required eg Paediatrics.	Nov 2021: Ongoing risk will be monitored at regularly intervals - mitigations already in place. March 2022: No changes to risk ongoing review. Sept 2022: No change to risk since last review and will continue to monitor. Update March 2023 - No change to risk - work is due to commence to review substantive workforce and SLAs.
Risk ID: 655 Senior Leadership, Oversight, and Support	Chief Executive	8	8	The EMT have communicated out to the small number of staff impacted by this who they are being managed by, further extensions are being put in place to interim arrangements to facilitate transfer to the permanent structures and the Board is in discussion with the Scottish Government about the current interim CEO position.	Update May 2023 - New substantial CEO commenced post April 2023, CEO will have their own portfolio. Paper going to Rem Com June 2023 in regards to Interim HRD and way forward. Update Aug 2023 - Three time- outs now completed - Medical Director stepping down and interim and substantial recruitment underway along with substantial recruitment of Director of HR with interim support being sourced but not confirmed. This risk requires to be broadened to reflect wider leadership gaps and fragility eg Primary Care.

<p>Risk ID: 923</p> <p>Data Security - Control of Access to Clinical &amp; Non-Clinical Personal Data</p>	<p>Director of Finance</p>	<p>15</p>	<p>4</p>	<p>IT Access request process</p> <p>Information Security Policy</p>	<p>Update Nov 2022 - Data still incomplete, meeting organised with IT and HR to resolve issue and ensure data quality improved.</p> <p>Update Jan 2023 - HR working to improve their data quality - IT is progressing work with access to other applications.</p> <p>Update May 2023 - IT system Profile Updater is live and published - working with records manager re data owners including shared mailboxes. Automated data reports now functioning and will be sent to individual owners for confirmation.</p>
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## Senior Leadership Team Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> Monday 3 July 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	Senior Leadership Team, on 18 July 2023	
<b>Presented By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 3 July 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<div>1. Data Quality concerns</div> <div>2. Operational performance where NHS Orkney is currently under-performing – including the 12-week outpatient standard, Treatment Time Guarantee, 62-day cancer standard and diagnostic standards</div> <div>3. Financial performance – and being £929K overspent after month 2 of 2023/24 with a clear financial recovery plan with costed schemes and trajectories needed for August’s meeting</div>	<div>1. Annual Delivery Plan – positive feedback received from the Scottish Government and is now being incorporated into current draft, which will come onwards to Board in August 2023 for final approval</div> <div>2. Medium-Term Plan – a timetable for engagement and development has been agreed, ahead of the draft coming to August Board for approval</div> <div>3. Phase 1 of establishment review is underway</div> <div>4. Data Quality review to be commissioned this week</div> <div>5. Work underway share a holistic picture of fragile services and short-medium and long-term plans, linked to longest wait patients. Paper to come to SLT and Board in August</div> <div>4. Unscheduled care improvement plan to return to SLT in August 2023</div>
Positive Assurances to Provide	Decisions Made
<div>1. Planning for the junior doctors’ industrial action well-advanced with a focus on safe service delivery for patients</div> <div>2. CEO’s 100-day plan drafted and engagement with SLT and wider forums to commence in July 2023</div> <div>3. iMatter results received and reviewed and action planning underway</div> <div>4. Staff Governance action plan for 2023/24 developed and wider engagement completed, with clear priority areas</div> <div>5. Early winter planning has started, with draft to return to August 2023 SLT</div>	<div>1. Terms of Reference for SLT agreed</div> <div>2. Attendance at quarterly extended SLTs agreed</div>
Comments on Effectiveness of the Meeting	
<div>1. Big agenda, lots of ground covered and a good start</div> <div>2. Next time agree 2-3 areas where we want to spend most time on agenda to allow more discussion on these areas</div> <div>3. Structure of agenda linked to strategic objectives allows SLT to have full visibility of what is happening and key areas</div> <div>4. We need to ensure there is timely communications back into organisation and each Head of Service/line manager cascades key messages to team/s</div>	

## Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on  
**03 July 2023 at 3:00pm.**

**Present:** Laura Skaife-Knight, Chief Executive (Chair)  
Stephen Brown, Chief Officer  
Mark Doyle, Director of Finance  
Elvira Garcia, Consultant in Public Health Medicine  
Lorraine Hall, Interim Director of Human Resources  
Anthony McDavitt, Director of Pharmacy  
Michelle Mackie, Interim Deputy Director of Nursing  
Steven Phillips, Head of People and Culture  
Carrie Somerville, Planning, Performance and Risk Manager  
Keren Somerville, Head of Finance (Acting Director of Finance)  
Monique Sterrenburg, Interim Deputy Medical Director  
Samantha Thomas, Director of Nursing, Midwifery, AHPs and Acute  
Louise Wilson, Director of Public Health  
Jay Wragg, Director of Dentistry

**In Attendance:** Sara Lewis, Acting Director of Public Health  
Christy Drever, Committee Support

### **1 Welcome and Apologies**

Apologies were received from Mark Henry.

### **2 Minute of meeting held on 05 June 2023**

The minute from the Senior Management Team meeting held on the 05 June 2023 were accepted as an accurate record of the meeting and were approved.

### **3 Action Log**

No update to the action log due to it being the first meeting of the Senior Leadership Team.

### **4 Matters Arising**

No items were raised by members under Matters Arising.

### **5 CEO Update**

L Skaife-Knight provided an overview of national issues and priorities, contextualising the localised impact to staff and priorities at NHS Orkney:

- Elective recovery and Operational Delivery Plans remain a clear focus nationally, in addition to addressing long wait times and seeing fragile services improvements (short, medium and long-term planning).
- Consistency of improvement and performance in terms of urgent and unscheduled care (including working with system partners to address Delayed Discharges).
- Early winter planning.
- Annual Delivery Plan – Draft submitted and feedback from Scottish Government received and early engagement underway for the Medium-Term Plan.
- Staff health and wellbeing – L Skaife-Knight noted intent to strengthen work in this area.

L Skaife-Knight provided an overview of the current areas of concern and focus from a Board perspective:

## 10.1.1

- The Board was significantly over budget on close of month two, highlighting the importance of robust financial recovery plans. The Board requires assurance on these areas.
- Annual Accounts was an outstanding area of concern, as were yet to be submitted. L Skaife-Knight advised that the team continue to work with the Auditors to conclude the process after which there would be a formal debrief.
- Concerns raised surrounding data quality, with an external review to be undertaken.
- L Hall, with support of finance colleagues, is to lead on the initial stages of an establishment review.
- Review of existing Service Level Agreements to be undertaken.
- Plans to be actioned in areas where we were falling short in terms of wait times.

L Skaife-Knight advised that from today, 3 July 2023, the following two areas were launched:

- Senior Leadership Team – Timely and clinically-led decision making forum for the organisation.
- Executive Team portfolio changes.

The second phase of the SLT would be to undertake a full review of the wider operational governance, including all forums feeding into the SLT meetings.

L Skaife-Knight raised that she had drafted her 100 Day Report, based on feedback and experiences since joining NHS Orkney, which includes several proposals for improvement. This document would be shared with SLT at the next meeting for feedback. Members were informed that the Report had two overriding areas of focus; prioritising people (patients and staff) and reconnecting with staff and the local community.

A McDavitt queried as to the scope of the data quality review. L Skaife-Knight noted that although the team were currently unclear and that the external review was an opportunity for improvement in this area.

### Conclusion / Decision

Members **NOTED** the verbal update provided.

## 6 Senior Leadership Team - Final Terms of Reference (SLT2324-01)

L Skaife-Knight presented the SLT final Terms of Reference, as approved at the NHS Orkney Board meeting on 22 June 2023. Presented to SLT for completeness and any final comments.

### Conclusion / Decision

- Members **APPROVED** the final SLT Terms of Reference, without further comment.
- Members **AGREED** for the Terms of Reference be reviewed as part of the 6-month review.

## 7 Extended Senior Leadership Team – Proposed Attendance (SLT2324-02)

L Skaife-Knight presented the quarterly extended SLT proposed attendance list and requested feedback from those present. Strategic focus to session; wider leadership community together.

### Conclusion / Decision

- It was confirmed that attendance would be based on roles, and therefore roles to be stated firstly, with post holder names secondly.
- Members **APPROVED** the proposed attendance list, subject to the additions and amendments stated on the action log.

**8 Strategy****8.1 Annual Delivery Plan and Medium-Term Plan (SLT2324-03)**Medium-Term Plan (MTP)

- Draft MTP to be submitted to the SLT for review on 15 August, prior to presentation at the NHS Orkney Board meeting on 24 August 2023.
- Final MTP to be submitted to the Scottish Government (SG) on 1 September, and discussed as part of the Board Sponsorship Meeting, due to take place by October 2023.

Members were asked to note the proposed timeline, and requirements.

Annual Delivery Plan

- C Somerville met with SG representatives on 28 June, to receive initial feedback to the draft submission. Feedback was overall positive, with NHS Orkney's return being within the top quartile.
- Minor adjustments made to the document, following feedback received, prior to return on 7 July. A formal feedback letter from the SG to be presented to Board on 24 August.

Members were asked to support minor amendments required to the document, where required.

**Conclusion / Decision**

Members **NOTED** the timetable and associated support requirements to complete the reports.

**9 Workforce****9.1 Junior Doctor's Industrial Action – Business Continuity Plans**

Joint Industrial Action Steering Group in place and is considering any associated impacts, risks and mitigations to enable us to continue to deliver quality, safe, patient centred services during this time.

Conversations ongoing with Junior Doctors, with the next round of negotiations due to take place on 4 July. The organisation to plan for Junior Doctors to be on strike for 3 days w/c 10 July. However, it is hoped that a suitable conclusion can be found, from national perspective.

S Thomas advised that there had been several planning conversations with colleagues, and a subsequent cover document shared with Consultant colleagues for comment. S Thomas to continue conversations with individuals in terms of cover arrangements and associated remuneration, where necessary.

A McDavitt queried as to the full impact for the organisation and how this would be measured e.g., budgetary impact. S Thomas advised that measures are being explored to fully capture the impact of the industrial action, including an additional budget code for related costs.

**Conclusion / Decision**

Members **NOTED** the verbal update provided.

**10 Culture****10.1 iMatter – Update and Next Steps (SLT2324-05)**

S Phillips advised that there had been an improved response, with 24 of 28 areas showing positive improvement and an increase in employee engagement across the full organisation. Managers would have received their respective reports, and would be undertaking team action planning, with potential for up to 140 action plans being completed across NHS Orkney.



## 10.1.1

Members were informed that the iMatter reporting was to be handled differently this year, with creation of an organisational response in terms of Board Activity, to ensure progression in this historically static area.

### Conclusion / Decision

- Members **NOTED** the report provided, and the positive progress made.
- Members **NOTED** the Action Plan deadline of 14 August.

## 10.2 Staff Governance Action Plan 2023/24 (SLT2324-06)

L Hall presented the draft Action Plan, as approved by Staff Governance Committee in June. The draft was amended to realign with the Plan on a Page, L Hall noted that there was more work to be completed around KPIs to ensure they were measurable. Members were advised that the Chair of the Staff Governance Committee had confirmed that they were content with the proposed activity for 2023/24.

L Hall provided clarity following confusion in terms of Executive portfolio, noting that the overarching Executive lead of the Plan on a Page actions, would not necessarily be the named individual for each action, meaning fellow colleagues may be leading and call upon others to gather the required information.

### Conclusion / Decision

Members **NOTED** the realigned Staff Governance Action Plan for 2023/24.

## 11 Quality and Safety

### 11.1 Performance Report (SLT2324-07)

C Somerville advised that work was ongoing to create a revised Integrated Performance Report. Timelines of which were being worked on, and would be discussed at the next SLT meeting, and Finance & Performance Committee in July, then onward to the August Board meeting for implementation by October 2023. This report would include the following:

- Summary page showing overview of headlines re: performance
- Narrative and actions from the Executive lead where performance off track
- Benchmarking including wherever possible
- Key HR and Finance metrics to be included
- Trajectories to be included to show how actions planned likely to improve/impact on performance

L Skaife-Knight raised that moving forward the intention for SLT would be to focus on specific areas which were off track or under-performing to ensure all avenues were explored to drive improvement.

T McDavitt queried as to available comparisons to evaluate the data. L Skaife-Knight advised that, as part of the new report, national benchmarking data would be provided for context. Meantime, the next report would include benchmarking, where available whilst the new report is developed.

S Thomas noted that the data detailed for ED shows that performance against the 4-hour target often falls short of the national standard. Due to the small numbers seen in the system, a couple of breaches can skew the numbers negatively, and therefore more information such as admitted and non-admitted performance this will be quantified in the reports moving forward to inform where further internal improvements are needed.

J Wragg requested that a placeholder be input to the new report around patient access to dental care, and he would provide information as it developed nationally.

## 10.1.1

L Skaife-Knight raised that M Henry had been asked to present a paper at the August Board In-Committee Session around a holistic review of our fragile services; short, medium and long-term planning. It was requested that this be added to the 1 August SLT agenda for discussion prior to the In-Committee Session.

A McDavitt queried the definition of what was being measured and how they were chosen. C Somerville advised that the reporting format used was inherited from the previous postholder, however, shared the desire to improve the performance reporting moving forward, including additional reporting areas. A McDavitt recommended inclusion of prescribing performance.

### Conclusion / Decision

Members **NOTED** the Performance Report.

#### 11.2 Urgent and Unscheduled Care Improvement Plan (SLT2324-08) 11.3 Winter Planning (SLT2324-09)

S Thomas advised they would take both of the above agenda items as one combined item. The Scottish Government have expressed clear focus on early winter planning, due to this initial planning sessions have begun to review the system as a whole. To underpin the winter planning and unscheduled care improvements. S Thomas recommended that NHS Orkney look to adopt a system-wide monitoring system, alike those used in many Health Boards in Scotland and England. The system would improve data capture, access and would provide robust governance behind the existing process.

S Thomas shared a slide deck with members to provide an overview of the proposed system and how this could improve data capture, access and operations at The Balfour.

### Conclusion / Decision

- Members **NOTED** the Urgent and Unscheduled Care Improvement Plan Report and Winter Planning Update provided.
- The Unscheduled Care Improvement Plan to be presented at the August SLT
- The Winter Plan to be presented at the August SLT.

## 12 Systems and Governance

### 12.1 Corporate Risk Report (SLT2324-10)

C Somerville advised of the following updates since the previous presentation of the Report:

- M Henry to undertake review of the Risk Management Strategy
- C Somerville to undertake review around risk reporting

L Skaife-Knight requested a shift of focus for the report moving forward, to highlight the top three organisational risks and our response to ensure the SLT were aware of what these were and what we're doing about them to help mitigate and reduce risks.

### Conclusion / Decision

Members **NOTED** the Corporate Risk Report and the ongoing risks identified.

### 12.2 Data Quality Issues – Update (SLT2324-11)

C Somerville summarised what is known to date. This will be a standing agenda item at SLT and the external review will be an improvement opportunity.

### Conclusion / Decision

Members **NOTED** the Data Quality Issues update provided.

**13 Sustainability****13.1 Financial Performance Report (SLT2324-12)**

M Doyle begun by highlighting the £929,000 overspend at the close of May 2023, and the projected yearend overspend of £6.4m. It was raised that the projected year-end overspend was significantly higher than what had been submitted to the Scottish Government at the end of March 2023 (£3.1m).

The Executive Directors agreed a Financial Recovery Plan in March 2023, which detailed the following:

- Removal of underspends (actioned)
- Delivery of £3.7m savings.
- Executive Directors to work with budget managers to bring budgets to balance.
- Build a bank of savings schemes, which the FSO were working on with Executive Directors.

Why were we heading for this level of overspend?

- £3m overspend in terms of agency staffing, both nursing and locum. £1.5m of this was related to Covid spend, which was to be relinquished by the end of March 2023.
- Overspend in terms of Pharmacy and Estates.

L Skaife-Knight, M Doyle and D Creasey met with Directors in terms of immediate action required. NHS Orkney are to submit an updated plan to the Scottish Government and have already highlighted the potential year-end overspend.

L Skaife-Knight raised that the current spending levels cannot continue, noting that it was the responsibility of each budget holder in the organisation to turn this around. It was confirmed that the month three position would be available by 16 July.

A McDavitt requested moving forward that Pharmacy Services and Pharmacy Prescribing costs be split to aid in identification of cost pressures. In addition to this, A McDavitt queries as to outward communication of financial position. M Doyle advised that Pharmacy prescribing cost data is communicated to Scottish Government regularly, highlighting all high costs drugs.

**Conclusion / Decision**

Members **NOTED** the Financial Performance Report.

**13.2 Financial Recovery Update (SLT2324-13)**

The agreed plan set out delivery of £3.7m worth of savings; £1.5m recurring and £2.2 non-recurring. M Doyle advised that we were currently tracking £00k against the recurring savings target, and £1.6m against the non-recurring savings target. A Grip and Control Board has been created, chaired by the CEO, with the ask for Executive Directors to work with the FSO to put forward each of their savings' schemes, outline required support to move them forward and anticipated best/worst case scenarios in terms of achievable savings.

Moving forward, the Grip and Control Board would be looking to get an update on position in terms of items of risk and escalation.

It was requested that if there were areas of which funding was to be available, that M Doyle and K Somerville be informed.

S Brown confirmed that he met with the FSO and committed to £200,000 worth of non-recurring savings by yearend.

S Lewis recommended a meeting with the wider budget holders for broader engagement. M Doyle advised that he was to raise the topic with the FSO to pull this meeting together.

## Conclusion / Decision

Members **NOTED** the Financial Recovery Update Report.

### 14 Items to be escalated in Chair's Assurance Report to the Board

Matters of Concern and key risks:

- Data quality
- Operational performance
- financial performance
- financial recovery plan

Major actions commissioned:

- Annual Delivery Plan and Medium-Term Plan
- 5 Areas of organisational focus for staff experience
- Establishment review
- Data quality external review
- Fragile services oversight and SLA review
- Unscheduled Care Improvement Plan and trajectories.

Positive assurances to provide:

- Junior doctors and associated planning
- 100 Day Plan
- iMatter results and action planning process
- Staff Governance Action Plan amendments and linkage to the Plan on a Page
- Early winter planning

Decisions made:

- Agreement of SLT Terms of Reference
- Agreement of Quarterly Extended SLT attendance.

### 15 Any other competent business

#### 15.1 Wider Communication to Staff

L Skaife-Knight advised that communication would go out via the weekly staff bulletin, each Friday, following the SLT meeting to outline areas of discussion. In addition, it was raised that the Chair would welcome anybody in the organisation to shadow the meeting as part of their own professional development.

**Meeting Closed: 16.18**



## Senior Leadership Team Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> 18 July 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	Senior Leadership Team, on Tuesday 01 August 2023	
<b>Presented By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 17 July 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<div>1. Data Quality</div> <div>2. Vaccination programme, funding and sustainability – with proposals being developed and to return to SLT on 1 August 2023 for approval and to agree a way forward</div> <div>3. Concerns about clinical space – with short and longer-term solutions discussed and agreed, notably:<div><div>- A paper back to SLT in August with immediate pressure points and options</div><div>- Prioritise a review of the terms of reference for the Accommodation Group to empower this group to make decisions and put forward proposals/solutions</div><div>- A full review of space at The Balfour by the end of 2023/24</div></div></div>	<div>1. Medium-Term Plan and Anchors Strategy under development</div> <div>2. CEO 100-day plan drafted and engagement underway</div> <div>3. Data rapid assessment review to commence in July 2023</div> <div>4. Policy process to be reviewed under new portfolio arrangements and arrangements in place meanwhile with ratification by operational groups for suggested approval via SLT</div>
Positive Assurances to Provide	Decisions Made
<div>1. Process and engagement with Scottish Government and within NHS Orkney for completion of the Annual Delivery Plan, the Medium-Term Plan and the Anchors Strategy</div> <div>2. A real focus on listening to and responding to staff feedback from SLT and ‘closing the loop’ and a commitment to role-modelling leading with kindness and compassion</div> <div>3. Positive feedback from SLT on the direction of travel and focus of the CEO’s draft 100 day report and feedback on report welcomed</div>	<div>1. SLT extended attendance agreed with the first extended meeting on 4 October 2023 where we will focus on winter planning, escalation plan for The Balfour, on-call arrangements and protocol and emergency preparedness</div> <div>2. Endorsement from SLT for the Endowment Fund bid to strengthen support for staff health and wellbeing and reward and recognition</div> <div>3. Patient Identification Policy approved</div> <div>4. Sharepoint risk landscape – agreement to stop using Sharepoint, as recommended by the Information Governance Committee</div>
Comments on Effectiveness of the Meeting	
<div>1. A big and growing agenda. Too much business for 1 hour meeting – with some items and discussions rushed/insufficient.</div> <div>2. Review agenda so that we spend more time on right areas for key discussion points and separate out items for information.</div>	

## Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on  
**18 July 2023 at 11.30am.**

**Present:** Laura Skaife-Knight, Chief Executive (Chair)  
Stephen Brown, Chief Officer  
Nick Crohn, Interim Deputy Director of Acute Services  
Mark Doyle, Director of Finance  
Elvira Garcia, Consultant in Public Health Medicine  
Lorraine Hall, Interim Director of Human Resources  
Mark Henry, Medical Director  
Sara Lewis, Acting Director of Public Health  
Anthony McDavitt, Director of Pharmacy  
Michelle Mackie, Interim Deputy Director of Nursing  
Steven Phillips, Head of People and Culture  
Carrie Somerville, Planning, Performance and Risk Manager  
Keren Somerville, Head of Finance (Acting Director of Finance)  
Monique Sterrenburg, Interim Deputy Medical Director  
Samantha Thomas, Director of Nursing, Midwifery, AHPs and Acute  
Louise Wilson, Director of Public Health  
Jay Wragg, Director of Dentistry

**In Attendance:** Nicola Muir, Committee Support  
Gordon Robinson, Head of Information Governance

### 1 **Welcome and Apologies**

There were no apologies received.

### 2 **Minute of meeting held on 03 July 2023**

The minute from the Senior Leadership Team meeting held on the 03 July 2023 were accepted as an accurate record of the meeting and were approved.

### 3 **Senior Leadership Team – Chair’s Assurance Report**

The Chair’s Assurance Report prepared following the Senior Leadership Team meeting held on 03 July 2023 was reviewed and approved by members. Members were advised that a suite of four Chairs Assurance Reports would be presented to Board on 24 August 2023.

### 4 **Action Log**

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

### 5 **Matters Arising**

No items were raised by members under Matters Arising.

### 6 **CEO Update**

L Skaife-Knight provided an update concerning the following areas:

#### Senior Leadership Team Meetings

- Meetings to be held in person from September, with an option for hybrid attendance if required. In addition to this, it was proposed to extend the standard SLT meetings to 1.5

## 10.1.3

hours due to the size of the agenda for the meetings and to ensure sufficient time for discussion and debate in these meetings. Members were supportive of these changes.

- L Skaife-Knight highlighted the following four areas of focus for SLT moving forward:
  1. Putting people first in everything we do
  2. Putting patient experience, safety and quality at the top of the agenda
  3. Leading with kindness and compassion
  4. Listening to feedback, acting on it and closing the loop.

SLT colleagues were encouraged to role model these areas of focus within their teams.

### CEO Blog Post

L Skaife-Knight directed those present to her recent blog post, in which it detailed a recognition that NHS Orkney was going through a period of change and transition. L Skaife-Knight also commented that the blog set out her personal commitment to NHS Orkney, for the longer-term. It was felt necessary to highlight this due to recent questions from staff in this period of transition.

### **Conclusion / Decision**

- J Wragg requested that a placeholder be built into a future agenda concerning national outcome measures and would endeavour to bring this forward when able to do so.
- Members **NOTED** the verbal update provided.

### **Chief Executive draft 100-Day Report (SLT2324-14)**

L Skaife-Knight advised that the 100-Day Report had been drafted after listening to feedback from staff, the local community and partners. Now in the engagement phase where feedback is being sought on the report, after SLT, L Skaife-Knight will attend the Area Partnership Forum to get feedback and input. The final version of the report will return to SLT on 1 August for approval ahead of going onward to Board in August for approval. L Skaife-Knight highlighted the following areas of the report:

Key areas:

- Prioritising people; patients and staff
- Reconnecting with staff and the local community

Three main recommendations:

- To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.
- The report to have synergy with other workplans, ensuring alignment with Plan on a Page. Annual Delivery Plan, Medium-Term Plan, Clinical Strategy etc.
- Investment in staff development, upskilling teams and creating a culture of safety, learning and continuous improvement.

L Skaife-Knight emphasised that whilst the CEO had written the report, that it was important that SLT share feedback, as it needed to be right, and owned by SLT to take forward the recommendations, and therefore engagement and input from everyone was welcomed. Feedback was requested from members inside and outside of the meeting.

M Sterrenburg queried as to the timeframe for the outlined actions. L Skaife-Knight advised that the Report would align with other workplans, and each action would have a clear timeline linked when finalised.

J Wragg recommended amendment to wording on page 4 from “Ensuring everything we do is driven by patient and staff feedback...” to “Listening to feedback of the population...” with view to manage expectation.

## 10.1.3

A McDavitt raised that it was valuable to include the quotes in the report to provide a collective voice, alongside the Chief Executive.

### Conclusion / Decision

L Skaife-Knight requested any further reflective comments be sent directly to her by COP 21 July, for finalisation of the document prior to returning to SLT on 1 August and going onward to Board on 24 August.

## 7 Extended Senior Leadership Team – Attendance (SLT2324-15)

L Skaife-Knight presented the proposed attendance list and requested final feedback from members.

Further amendment requested:

- Public Health Lead under Director of Nursing should read Public Protection Lead
- Inclusion of Senior Charge Nurse from Maternity perspective.
- Principle Pharmacist to move under Director of Pharmacy
- Realistic Medicine representative to move under the Medical Director, individual TBC.

The first extended session is scheduled for 4 October, and will focus on the following areas:

- Winter Plan
- Escalation plan for the Balfour
- On Call arrangements
- Emergency preparedness

### Conclusion / Decision

Members **APPROVED** the SLT proposed attendance, subject to the above amendments.

## 8 Strategy

### 8.1 Annual Delivery Plan and Medium-Term Plan (SLT2324-16)

#### Medium-Term Plan (MTP)

C Somerville continues to collate colleague responses, with view for the draft document to be shared with SLT on 22 August prior to presentation to In-Committee Board on 24 August, and onward to the Scottish Government (SG) on 1 September. C Somerville requested any final responses for inclusion.

A McDavitt raised that it would be valuable to have this form as part of the overall strategic planning to ensure we were in a more favourable position for future SG requests.

C Somerville advised that she is working with HR to create a planning hub for non-SG requests, to maintain momentum of local priorities and requests.

L Skaife-Knight highlighted that annual planning for 2024/25 would commence in Quarter 3 of 2023/24, which would help with planning early for the year ahead, building on ADP and MTP.

#### Annual Delivery Plan (ADP)

Members were asked to note the positive feedback from SG on the first draft and note the updated return sent to SG in response to their feedback. NHSO are awaiting response from SG, which would be in the form of a formal letter which would be considered a delivery contract and would be due to be presented to Board on 24 August.

C Somerville highlighted how impressed SG were with the ADP, and the level of engagement we did in advance. C Somerville thanked colleagues for their feedback and co-operation in creation of the plan.



## Conclusion / Decision

Members **NOTED** the ADP and MTP update provided.

### 9 Workforce

#### 9.1 Staff Health and Wellbeing / Reward and Recognition – Bid for Funding (SLT2324-17)

S Phillips advised that the enclosed funding bid would be presented to the Endowment Trustees on 20 July for consideration. Following submission of the papers there had been the following amendments made to the application:

- Provision of two-years' support for the Employers Assistance Programme
- Request for funding to employ a Wellbeing Co-ordinator for a two-year period. It was decided to extend this period to fully realise contributions and evaluation of the position.

The application for funding was presented to SLT for comment and endorsement, ahead of presentation to APF and onward to Endowment Trustees.

L Wilson queried as to how this plan would interlink with the currently available wellbeing hubs and programmes for NHS staff and whether there had been measurable data provided as to uptake from staff in the Western Isles. S Phillips advised that a level of information had been received from the NHS WI in terms of peak call times and caller demographic however specific usage levels were not provided. It was noted that this information, along with anticipated costs could be requested. In terms of other readily available wellbeing resources for NHS staff, it was confirmed that the psychological wellbeing hub concluded after COVID, and the team were not aware of the previous usage levels.

M Doyle recommended that the Endowment Trustees would be keen to understand the requirement for the two-years funded position, proposed exit strategy and any need for ongoing funding (if required). S Phillips noted that he would verify requirements and prepare narrative around these areas for the Committee, noting that the year-year duration of the funded role had been discussed with the Endowment Trustees Chairperson.

A McDavitt queried whether these arrangements would be accessible for colleagues in the Health and Social Care Partnership. S Phillips confirmed that it would be open to these individuals.

## Conclusion / Decision

Members **ENDORSED** the proposed bid, subject to update following SLT feedback.

### 10 Culture

#### 10.1 iMatter – Response to Colleague Feedback (SLT2324-18)

S Phillips advised that the full organisational response was provided for members' awareness and noting. Members were made aware that there were only 15 Action Plans submitted to date, of a possible 140, and encouraged colleagues to discuss with their respective teams to actively engage with the process. The deadline for action planning is 14 August.

The following areas were proposed as areas of focus for the organisation:

1. Health and wellbeing programme
2. Reward and recognition
3. Involvement in decision making
4. Listening to and acting on feedback
5. Leading with kindness and living our values.

Members were asked to consider if there should be any further inclusions to the draft priorities, which were felt to consolidate the priorities of the 100-Day Plan, Plan on a Page etc. into one action plan.

## 10.1.3

L Hall raised that the element around performance within communication and engagement was lacking, as colleagues rank organisation performance year-on-year. Although, it was noted important to understand what areas, in terms of performance, staff want to see improvement.

J Wragg raised a criticism of the iMatter system, noting a preference for measurable service or team-related improvements which could be shared with staff to show outcomes of engagement process, as opposed to the perception of being a 'tick box exercise'. C Somerville advised that the Integrated Performance Report could perhaps incorporate this request. C Somerville agreed to pick this up as part of their work with the Health Intelligence and Talent & Culture Teams.

S Brown raised that the H&SCP had previously issued colleagues with a '7-Minute Briefing', outlining the highlighted findings and key findings of the iMatter survey. S Brown advised that this method was felt to be a great way to relay in the information to colleagues. Members were advised that the aim of the exercise is to improve the work-life balance for individuals and teams, and each member had responsibility to hold these conversations with their respective teams. Although, it was noted that due to the annualised nature of iMatter it was challenging to embed and review changes made within the period.

L Skaife-Knight raised that one method of achieving synergies across workplans and a clear focus on strategic priorities in all we do is to ask Corporate Communications to align all staff communications with the strategic priorities. Members were advised that the Comms Team had been tasked with aligning communications under the five-strategic priorities by September.

### Conclusion / Decision

Members **NOTED** the iMatter Report provided.

## 11 Quality and Safety

### 11.1 Data Quality Issues Update (SLT2324-19)

L Skaife-Knight advised members that NHS Orkney had commissioned a Public Health Scotland (PHS) rapid assessment of organisational data quality. Members were notified that they may be contacted to support this review by means of an interview, and it was requested that these meetings are treated as priority.

Following the review, a suite of recommendations will be presented to SLT, and onward to Board. L Skaife-Knight confirmed that a brief of the issues faced and proposed next steps had been shared with Caroline Lamb and John Burns. A Cabinet Secretary briefing has also been submitted, which has been shared with SLT. It was confirmed that this issue would be a standing agenda item to ensure members were frequently updated.

### Conclusion / Decision

Members **NOTED** the Data Quality Issues Update provided.

## 12 Systems and Governance

### 12.1 Document Development Procedure (SLT2324-20)

G Robinson advised that the document had been updated to recognise the introduction of the SLT and requirements for policies to be presented in this forum for final approval moving forward, though operational groups and forums should ratify the policy and recommend to SLT for approval first, consistent with the Terms of Reference for SLT. Members were advised that this procedure would not remove the requirement for consultation with the relevant Committees or subgroups prior to presentation at SLT for approval.

## 10.1.3

L Skaife-Knight highlighted the need to get the work around policies concluded in the first instance. Following this work, procedures and guidelines would require their own arrangements. It was agreed that this would need to be a clear approach to policies, including the lead persons under the leadership of the CEO (non-clinical policies) and Director of Nursing, Midwifery, AHPs and Acute Services (clinical).

### Conclusion / Decision

Members were content to **APPROVE** the Document Development Plan.

## 12.2 Patient Identification Policy (SLT2324-21)

G Robinson advised that the document presented for approval had required update as it was felt to be lacking in enforcement of the three-step patient identification. The information Governance team redrafted the document and it subsequently went out for consultation.

L Wilson queried as to the unfinished documents referenced within the Policy. G Robinson advised that those referenced required update and approval as the previous versions were considerably outdated. It was agreed that the document would be populated with the current versions, and subsequently updated when the referenced documents were approved.

### Conclusion / Decision

- Members were content to **APPROVE** the Policy subject to the above amendment.
- G Robinson and J Wragg to liaise regarding future updates from a dental perspective.

## 12.3 SharePoint Risk Landscape – IT and Information Governance (SLT2324-22)

Report presented for information and awareness, as escalated by the Information Governance Committee (IGC) due to the unmitigated risk due to single tenancy for Office 365 in terms of data security and data compliance. The IGC approved the recommendation to not proceed with the SharePoint roll-out until mitigations were available.

M Henry raised that the paper did not articulate the challenges and potential risks in maintaining the status quo. L Skaife-Knight also noted that NHSO were currently using MS Teams as a document storage facility, which is felt to be inappropriate, and asked that clear guidance was shared on this as part of this exercise.

### Conclusion / Decision

Members **AGREED** with the recommended way forward, as approved at IGC.

## 12.4 Senior Leadership Team Risk Register Report (SLT2324-23)

There were no significant changes to the Corporate risks to tier 2. However, there was the ask from the Risk Management Forum (RMF) to escalate the perceived risk in relation to accommodation, which may warrant further discussion at a future meeting.

### Conclusion / Decision

Members **NOTED** the update provided and **AGREED** that risk would be moved to the beginning of the agenda to ensure full discussion.

## 13 Sustainability

### 13.1 Vaccination Programmes: Sustainable Vaccination Service Resources (SLT2324-24)

Three main challenges were raised in relation to the winter vaccination programme, although it was noted that members could take assurance that plans were in place and work underway:

## 10.1.3

- The temporary location of the vaccination team in the Balfour foyer, although there were plans to explore alternative locations.
- Finance and ensuring the ability to secure permanent funding for vaccination programme to ensure sustainability moving forward.
- Recognition across the service for the need to utilise staff trained in vaccination across the autumn and winter months.

### Conclusion / Decision

Members **REQUESTED** this paper return to the next SLT meeting, with proposed solutions / recommendations to ensure an informed, well-rounded, decision is made.

#### 14 Items to be escalated in Chair's Assurance Report to the Board

LSK to draft and circulate virtually for comment prior to onward submission to the Board.

#### 15 Any other competent business

##### 15.1 Accommodation within estate of NHS Orkney

N Crohn raised that it had become evident that the Non-Residential Accommodation Group (NRAG) had not been functioning as originally set out due to challenges around decision making, particularly in terms of the financial implications of change management. The group does not currently have a set budget or remit to make financial decisions.

L Skaife-Knight raised that an operational governance review would soon commence, and that it needs to ensure that this group feel empowered to make, recommend and action decisions in terms of non-residential accommodation. It was noted that a full review of space in the Balfour, and across community, was needed and being planned for the latter half of 2024/25. In the meantime, N Crohn was asked to bring back an update to the next SLT for any areas which required immediate decisions.

### Conclusion / Decision

- Members **REQUESTED** a summary paper be presented to SLT for any immediate pressure points, especially from a patient perspective, to ensure timely decisions were made.
- Members **APPROVED** for the NRAG Terms of Reference to be reviewed.

**Meeting Closed: 13:10**



## Senior Leadership Team Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> 1 August 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	Senior Leadership Team	
<b>Presented By:</b>	Laura Skaife-Knight	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 1 August 2023		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<div>1. Digital dictation replacement solution identified – recognising the risks of delays and to handling with primary care if a local solution is not procured and implemented at pace. A lessons learnt document to return to SLT in due course for wider sharing.</div> <div>2. The Board's financial position remains cause for concern, with SLT committed to leading recovery, with a paper to return to the 22 August 2023 meeting with further actions that will be taken for decision by SLT to slow our spend and change our forecast run rate</div> <div>3. Leadership fragility recognising Executive level changes and gaps in key areas, including paediatrics, clinical governance and primary care, with plans in place in each area to mitigate the risk via substantive recruitment</div> <div>4. Concerns raised regarding significant adverse events (SAER) and complaints, with SLT to have monthly updates on themes and SAER action plans and progress with an increased focus for SLT on quality, safety and experience</div>	<div>1. Data quality review commenced 27 July 2023</div>
Positive Assurances to Provide	Decisions Made
<div>1. Quarter One Plan on a Page 2023/24 – clear line of sight of progress versus Quarter One agreed actions and areas where improvement and greater focus are necessary</div> <div>2. CEO 100-day Report</div>	<div>1. Changes to Infection Prevention and Control Statutory and Mandatory Training requirements agreed to ensure staff are kept up to date with IP&amp;C practice, to keep themselves and patients safe. It was agreed that all Scottish Infection Prevention &amp; Control Education Pathway by staff group will be undertaken every 2 years with the refresher only undertaken yearly</div> <div>2. CEO 100-day Report approved</div> <div>3. Digital Dictation solution approved at a cost of £63K in year 1 which is an additional cost pressure in 2023/24 plus £18.5K in year 2</div>
Comments on Effectiveness of the Meeting	
<div><div>- Pace of meeting much better and better sized agenda, allowing for more discussion</div><div>- To issue update and summary of meeting to extended SLT ahead of sending wider staff comms to keep colleagues better briefed</div></div>	

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Annual Delivery Plan 2023/24</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Carrie Somerville, Planning, Performance and Risk Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Following receipt of Guidance issued to Territorial Health Boards in February 2023 outlining the requirements for the 2023/24 Annual Delivery Plan and the 2023/2026 Medium-Term Plan, NHS Orkney has made significant progress developing both documents following extensive engagement with Senior Leadership Team and wider members of NHS Orkney and input from the Scottish Government.

The Board is asked to approve the final version of the Annual Delivery Plan (Appendix 1) and note the formal feedback received from Scottish Government (Appendix 2).

## 2.2 Background

NHS Orkney will be accountable for the monitoring of its plans, and managing associated risks, ensuring arrangements for scrutiny and assurance regarding planning arrangements within the Board. This will be achieved via Senior Leadership Team, Finance and Performance Committee and the Health Board on a quarterly cycle, consistent with the reporting rhythm for monitoring and measuring progress against corporate priorities for the year.

NHS Orkney will provide the Scottish Government with quarterly updates against the actions and deliverables within the Annual Delivery Plan, consistent with the internal reporting cycle and rhythm. There will be additional meetings requested by Scottish Government as part of the Sponsorship arrangements between Boards and the Scottish Government and these have been requested 1-2 times a year, with the next meeting in October 2023.

The Annual Delivery Plan has been produced in collaboration with members of the Executive Team and the Senior Management Team. Production of the documentation has considered the 10 Drivers for Recovery as described by Scottish Government. These have been closely mapped and are linked to the five Strategic Objectives agreed by NHS Orkney for 2023/24, notably: Workforce, Culture, Quality and Safety, Systems and Governance and Sustainability.

## 2.3 Assessment

The key deliverables captured within the Annual Delivery Plan have been mapped so the activity can be summarised both in terms of the 10 Drivers for Recovery set by the Scottish Government and also those local agreed Strategic priorities (as described in the 2023/24 Plan on a Page).

### Deliverables linked to 10 Drivers for Recovery

Primary and Community Care	3
Mental Health	1
Urgent and Unscheduled Care	7
Planned Care	1
Cancer Care	1
Climate	1
Health Inequalities	12

Innovation Adoption	5
Workforce	16
Digital	1

## Deliverables mapped to the NHS Orkney Strategic Priorities

Culture	6
Quality & Safety	16
Systems & Governance	11
Sustainability	6
Workforce	9

### 2.3.1 Quality/ Patient Care

16 deliverables within the ADP have been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

### 2.3.2 Workforce

9 deliverables within the ADP have been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

### 2.3.3 Financial

The Financial Recovery Plan is captured within the Sustainability deliverables of the ADP.

### 2.3.4 Risk Assessment/Management

Risk Management controls are in place to support delivery and will be reported through Quarterly reporting to Senior Leadership Team, Finance and Performance Committee and to Board.

### 2.3.5 Equality and Diversity, including health inequalities

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

### 2.3.6 Climate Change Sustainability

1 deliverable within the ADP has been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

### 2.3.7 Communication, involvement, engagement and consultation

The Board carried out its duties to involve and engage external stakeholders where appropriate with the production of the ADP:

- Executive Management Team, 24 April 2023



- Director of Human Resources Heads of Department meeting, 9 May 2023
- Director of Nursing, Midwifery, Allied Health Professionals and Acute Services Senior Management Team meeting, 22 May 2023
- Orkney Health and Social Care Partnership Senior Management Team meeting, 23 May 2023
- Director of Finance Senior Management Meeting, 24 May 2023
- Engagement session with Head of Digital Transformation at Scottish Government, 26 May 2023
- Feedback from Deputy Chief Operating Officer at Scottish Government, 5 June 2023
- Feedback meeting with Scottish Government, 28 June 2023
- Clarifications Meeting with Public Health Team, 29 June 2023
- Clarifications meeting with Human Resources Team, 30 June 2023
- Clarifications meeting with Finance, 30 June 2023
- Clarifications meeting with Nursing, Midwifery, Allied Health Professionals and Acute Services Team, 6 July 2023
- Clarifications meeting with Orkney Health and Social Care Team, 11 July 2023

#### **2.3.8 Route to the Meeting**

The Annual Delivery Plan was considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Management Team meeting on 1 June 2023
- Senior Management Team meeting on 5 June 2023
- Scottish Government draft feedback meeting on 5 June 2023
- Board In Committee meeting on 7 June 2023
- Senior Leadership Team meeting on 3 July 2023
- Senior Leadership Team meeting on 18 July 2023
- Formal feedback meeting with Scottish Government on 3 August 2023

Senior Leadership and the Scottish Government have approved NHS Orkney's Annual Delivery Plan.

There are a small number of areas where some further information is required, which the Scottish Government have discussed with NHS Orkney and as detailed in Appendix 1, which have been actioned since receiving this letter from the Scottish Government.

Following Board approval, we will publish the Annual Delivery Plan in full for transparency, which will include sharing this with our staff and our patients and local community and making the document available on NHS Orkney's website.

## 2.4 Recommendation

- **Awareness** – To note the formal feedback from Scottish Government
- **Decision** – To approve the submission and publication of the final Annual Delivery Plan

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, 2023-24 Annual Delivery Plan NHSO Final V3
- Appendix 2, Scottish Government formal feedback letter
- Appendix 3, ADP Template 1 NHSO 2023-24 Final
- Appendix 4, ADP2 Template 2 NHSO V3 Final



## 2023/24 ANNUAL DELIVERY PLAN



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Introduction and Context

A number of recent successful permanent appointments to key Executive Leadership roles within NHS Orkney and partner organisations will continue to secure the long-term sustainability of service delivery and improvements across Health and Social Care Services for the local community, notably:

- Chief Executive, NHS Orkney
- Director of Nursing, Midwifery, Allied Health Professionals and Acute Services, NHS Orkney
- Chief Executive, Orkney Islands Council,
- Chief Inspector/Local Area Commander, Police Scotland
- Chief Executive, Voluntary Action Orkney

In line with Scottish Government requirements, the supporting documents to this will focus on the Recovery and Renewal phase and the 10 Drivers of Recovery, which support the Medium-Term Plan and Annual Delivery Plan creation. At NHS Orkney, there is a strong focus on driving delivery at pace over the next 12–18 months, as we progress through the Recovery and Renewal phase, which includes exploring options for increasing and maximising use of our capacity and financial and workforce sustainability. The 10 Drivers of Recovery which will feature throughout the plan are:

1. Improved access to Primary and Community Care to enable earlier intervention and more care to be delivered in the community
2. Urgent and Unscheduled Care – Provide the Right Care, in the Right Place, at the Right Time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.
3. Improve the delivery of Mental Health support and services.
4. Recovering and improving the delivery of Planned Care
5. Delivering the National Cancer Action Plan (Spring 2023-2026)
6. Enhance planning and delivery of the approach to health inequalities
7. Fast track the National adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8. Implementation of the Workforce Strategy
9. Optimise use of digital and data technologies in the design and delivery of Health and Care services for improved patient access.
10. Climate Emergency and Environment

This document is a ‘live’ document which will be adapted and modified as the Plan develops, and progress is made. As we deliver the Annual Delivery Plan and move to our Medium-Term (multi-year) Plan, NHS Orkney continues to work in collaboration with local, regional, and national partners to maximise the opportunities presented to capitalise on innovation, new models of delivery and transforming our approach to improving health and wellbeing in Orkney. This plan in its current format has been discussed internally with the Senior Management Team and updated accordingly to ensure wider organisational engagement, including with our clinical leaders. The NHS Orkney Board met on 7 June and have approved this document being submitted to Scottish Government.

The plan was developed through collaboration, aligning with financial and workforce planning processes across NHS Orkney and the Orkney Health and Social Care Partnership and is set within the context of the strategic priorities of NHS Orkney.

This version reflects initial feedback received from Scottish Government Colleagues.

2023/24 NHS Orkney Strategic Priorities

1. Workforce - Executive Lead: Interim Director of Human Resources
Workforce is at the heart of NHS Orkney and our local community. Now more than ever we face profound challenges, and we must take steps to retain the great staff we have through strengthened support and development options whilst attracting the best people to join us.
2. Culture – Executive Lead: Chief Executive
Improving our organisational culture is at the heart of how we continue to develop as an organisation. It will help us to secure the future that places the needs of those we care for central to how we act, by listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care, and building a sustainable future.
3. Quality and Safety – Executive Lead: Medical Director
Quality and Safety is critical to ensure we are delivering the best for those who need our care. Focusing on the experience of our patients and outcomes they achieve will build confidence that we are delivering the highest quality care for our local community.
4. Systems and Governance – Executive Lead: Medical Director
Systems and Governance supports everyone in the organisation to know the way we work is aligned to our values, is fair and that decisions made will be consistent.
5. Sustainability – Executive Lead: Director of Finance
Sustainability has to be a goal that we strive for, not only environmentally but also financially and from a workforce perspective. NHS Orkney has profound challenges that will require consistent and multi-year efforts to achieve sustainability.



## 6. Annual Delivery Plan (ADP1)

The Senior Management Team have provided updates in relation to the 10 Recovery Drivers. The plan has been created by the Senior Management Team and presented to the Board for approval on 7 June 2023. Additional detail has been included following the feedback received and can be see thought tracked changes.



ADP1 NHSO 2324 V3  
FINAL.doc

## 7. Annual Delivery Plan (ADP2)

The deliverables in this section are aligned to the 10 Recovery Drivers as described in the Guidance notes. Where they refer to a local Strategic Priority this is also captured through the deliverable reference. Oversight of progress will be captured through the Senior Management Team and Governance will be through the Finance and Performance Committee.



ADP2 NHSO 2324 V3  
FINAL.xls

## 8. Next Steps & Oversight (Formal ADP Feedback)

NHS Orkney will receive feedback from Scottish Government. – Feedback was received, and a follow up meeting took place to agree way forward on 28<sup>th</sup> June. Further to the meeting held on 28<sup>th</sup> June, and additional meeting was held on 3<sup>rd</sup> August 2023 shortly before receipt of the formal feedback letter dated 4<sup>th</sup> August.

Annual Delivery Plan is being presented to Board on 24 August 2023.

Updates will be reported on a quarterly basis to the Senior Leadership Team, Finance and Performance Committee and onward to NHS Orkney Board, deliverables should be aligned to the NHS Orkney Strategic Priorities.



ADP 2023-24 Sign Off  
Letter - Orkney - Final

DRAFT



T: 0131-244 2480

E: John.burns@gov.scot

4 August 2023

Dear Laura,

## **NHS ORKNEY : ANNUAL DELIVERY PLAN 2023/24**

Thank you for submitting your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a clearly shared understanding between the Scottish Government and NHS Orkney regarding what is to be delivered in 2023/24.

There are a small number of areas where some further information is required, which have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strengthened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working



with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance ([paula.speirs@gov.scot](mailto:paula.speirs@gov.scot)).

Yours sincerely

A handwritten signature in black ink, appearing to read 'JCBurns', with a long horizontal line extending from the end of the signature.

**JOHN BURNS**  
NHS Scotland Chief Operating Officer

## Annex 1 : NHS Orkney 2023/24 ADP Review Feedback and Responses

### Primary and Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	<p><i>Set out approach to extending and scale MDT preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term.</i></p> <p>Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.</p>	<p>It is noted that Primary Care Improvement Plan critical actions/elements looking to be embedded in Q4. We would ask you to reflect on expected impact in ADP2, reflecting forecast quarterly actions.</p> <p>Potential to mention of the preventative role of public health nursing services e.g Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community.</p>	<p>Meetings have taken place with GPs, arrangements for transitional payments during this financial year with the aim of establishing a phlebotomy clinic by 31 March 2024. The current actions as set out in ADP2 are reflective of the capacity and funding available to implement the recommendations as outlined within the MoU. We await feedback from SG in relation to the PCIP tracker which was submitted in March 2023.</p> <p>Our health visiting and school nursing teams continue to work in multiagency forums across the Orkney children's services partnership, including social work, education and TSI. There are many one to one and group preventative interventions being provided across Orkney by the Health Visitors and School Nurses, in conjunction with multi agency colleagues. Service development plans are being developed and will include the identification of outcomes to support MDT preventative approaches. Children's Allied Health Professionals have established the 'Pre-term Baby Pathway' locally, which allows for early identification and intervention for developmental concerns.</p>	Content
1.2	<p>Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.</p>	<p>It is encouraging to hear the Board's test of change project is being well supported. It would be helpful to get an update on this work, as well as an estimated timeline for both the test of change and first responder model.</p>	<p>Initial meeting has been held with the Community Council, Scottish Fire and Rescue and SAS. Initial changes have included Scottish Fire and Rescue staff being trained by SAS to work alongside the NHS Nurse Practitioners to assist as First Responders if required. Further discussions took place in relation to home care</p>	<p>Content</p> <p>As part of quarterly progress reporting, we would find it helpful to know an expected timeline of the implementation of the first responder model and to see the SAS outline paper once approved. It would also be useful to know when the next meeting for the 'Home</p>

			<p>provision on Island. This work is being led by the Chief Officer, IJB and the Medical Director and Director of Nursing. A follow-up meeting is planned with the aim of widening out to further Islands. The plans in relation to this work are being shared with the Strategic Planning Group and IJB.</p> <p>SAS have also developed an outline paper for developing first responder services on the remote isles. We are currently awaiting feedback, and when this has been approved through SAS governance processes, this will be shared.</p>	Care Provision on Island' is scheduled for followed by an update after the meeting.
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	Primary Care Improvement Plan critical actions/elements looking to be embedded in Q4. No expected impact laid out despite actions taken per quarter.	Health and Community Care. Reference difference between mainland and isles care	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	RE T2DPF: No detail included related to Framework/ early detection on action 1.4 beyond discussions with GP clusters	Funding approved for training. Cardiology Specialist Nurse to undertake ECG interpretation SCST diploma by March 2025.	Content
1.5	<b>Frailty</b> In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	None required	None required	Content
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.	While narrative makes reference to increasing staff complement by 1 WTE there is no further detail provided in ADP2 on when this will take place. Similarly capacity is identified as a key risk, but actions to mitigate are focused on review and collation of data rather than specific action on recruitment.	We have successfully recruited a Dental Officer, there is a requirement to recruit a Senior Dental Officer and discussions are ongoing with HR to consider innovative ways to attract candidates for example using video to show the facilities and promote the geography.	Content



1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.  Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.	If not already happening, we would suggest that the Board liaises with NES to explore what support can be offered to the referenced Orkney-based optometrist who is now at the clinical placement stage of the IP optometrist pathway.	None required	Content
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners.	Board has described strong links with primary care colleagues and also described the IPC input to care homes. There is no mention of GP or dental services provision or plan to review requirements around this.	IPC currently support GP and Dental Services with audit and inspection visits both on Orkney Mainland and the Outer Isles.	Content

#### Urgent & Unscheduled Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise. Plans should include: <ul style="list-style-type: none"> <li>Interface with NHS 24 in and out of hours</li> <li>Mental health pathways</li> <li>Development of new pathways for inclusion within FNC, including consideration of paediatric pathways.</li> <li>Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (Call before you convey)</li> <li>Further develop public messaging (hard to reach communities)</li> <li>Further develop signposting alternative pathways, including paediatric.</li> </ul>	MH Workforce/Primary/Unscheduled Care: Short stay pathway work done via review of Rapid Assessment and Streaming. No action for q4 however  No mention of alternative paediatric pathways  Detailed actions against all deliverables	None required	Content

2.2	<p>Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding.</p> <p>Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community &amp; mental health services and to include children and babies.</p>	<p>MH Workforce/Primary/Unscheduled Care: Review of admission pathways back in q1 but no mental health related actions since.</p> <p>No mention of specific support for children and babies</p>	None required	Content
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	<p>It is encouraging to hear of the Board's plans on integration of services. It would be helpful to get some more detail on how this will work in practice and what the timeline looks like for this.</p>	<p>As part of the Winter Plan last year, our aim was to integrate the Isles GP practices with NHS 24. We continue to work with Isles Communities regarding this approach.</p> <p>The Out of Hours team have proposed that we consider employing an additional staff member at weekends to both support the team and also to prevent unnecessary admissions through ED.</p> <p>This is still at an early stage and will be subject to appropriate governance committee consideration when further details are available.</p>	<p>Content</p> <p>As part of quarterly progress reporting, it would be useful to have further details/update once available.</p>
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	No reference of plans to implement OPAT services within the Board.	Through the Winter Planning Process 2023/24 and the work being undertaken with regard to Urgent and Unscheduled Care improvements these are key areas of focus to scope and deliver. Updates around this work are scheduled to be presented to the NHSO Board at the August 2023.	<p>Content</p> <p>As part of progress reporting, it would be useful to see the material presented to the NHSO Board when available.</p>
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	None required	None required	Content
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short-stay wards, and reduction in Boarding levels.	<p>MH Workforce/Primary/Unscheduled Care: Short stay pathway work done via review of Rapid Assessment and Streaming. No action for q4 however</p>	None required	Content

2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Plans to review discharge processes however no detailed actions, including actions to support seven day discharge.		
2.8	Best Start Maternity and Neonatal Plan: <i>you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.</i> Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.	None required	None required	Content

## Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
3.1	Outline plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18- week referral to treatment waiting times standard.	The Board do not have any current long waits, despite anomalies in their published data suggesting they do. No detail on what NHS Orkney will do to maintain performance – although there are details on steps being taken to remedy reporting accuracy. There is no performance trajectory contained within.  Current performance for Psychological Therapies is compliant with 18-week referral to treatment standard. No detail on what NHS Orkney will do to maintain performance. There is no performance trajectory contained within.	Health and Community Care update	Content  As part of progress reporting, we would wish to see how NHS Orkney plan on maintaining performance/standard and trajectories required for both CAMHS and PT and how waits will be reflected accurately through data submission.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	Some acknowledgements to taking steps that would support coherence with CAMHS/ND Service Specifications, although more could be done to detail how the Board are assessing their progress and what they see as manageable next steps and risks to implementing these service specifications fully. Would be good to see how the Board plan to assess suitability with the PT Service Spec that will be published over the summer and how this will inform next steps in service development.	Health and Community Care update	Content  As part of progress reporting, we would wish to see further detail as to detail how the Board are assessing their progress, what they see as manageable next steps and associated risks to fully implement the Spec in CAMHS and how the board plan to assess suitability with the PT Service Spec and

		They mention funding support provided to 3rd sector organisations delivering whole family support, school counselling and community mental health. They do not mention the role of School Nurses who cover emotional health and wellbeing as a core part of their role.		how this will inform next steps in service development.  More information required on the role of School Nurses who cover emotional health and wellbeing as a core part of their role.
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	Positive to see a milestone in the ADP around improving the provision of CAMHS data. CAMHS aggregate data has been a significant challenge for NHS Orkney, however, the plan does not detail how the challenges will be addressed, and how once CAMHS aggregate issues have been resolved, the Board will look to enact reporting against CAPTND.  Work has been undertaken to increase robustness and timeliness of CAMHS workforce data in line with 'Plan' pillar. Risks are still moderate as both funding and capacity cannot be guaranteed still.	Health and Community Care update	Content
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.  Boards are also asked to include within their return current percentage of total frontline spend and the planned trajectory towards the 10% and 1% target.	Total Mental Health budget of £11,669k.  The recurring element of this budget that relates to CAMHS is £61k Total Frontline Services budget £57,296k (includes Hospital Services, Pharmacy & Drugs, IJB and External Commissioning).  The Mental Health budget is 20% of the 'frontline' budget while CAMHS is 1%. This is based on budget not actual spend and excludes Estates, Support Services, Reserves and Savings.	None required	Content

#### Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care.	Considering the hospital within a hospital approach to protect planned care. Utilising CfSD to support on this aspect.  Seems to be working closely with local health boards to deliver services that Orkney can't.	None required	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity	Reviewing the potential for single procedure list looking at current capacity	We have commenced engagement with CfSD around productive use of Theatres. This is also	Content

	and maximise single procedure lists.	and actual activity. Already underway. No reference to potential for increase in day surgery / 23 hour surgery.	captured as part of Winter Planning action tracker, with regard to protecting the schedule.	
4.3	Set out the plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.  Responses should include forecast reductions across specialties and in theatre productivity, day case activity or start and finish times. In addition, set out forecast increase in activity for certain procedures to levels recommended by Royal Colleges.	Appears to be working closely with CfSD and SDGs on a number of issues including unwarranted variation.  17 March documentation covers the reductions in specialties.  Can't see anything about Atlas maps of variation	None required	Content
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	NECU waiting list validation is included in ADP2 – it will include all patients waiting over 10 weeks	None required	Content

#### Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	62 day improvement plans includes bid for additional cancer tracking to support pathway improvement. Board intends to have full adoption of CCE.	Improvement plan updates will be presented to Senior Leadership Team in July 2023, which includes expansion of diagnostic and workforce capacity.	Content  Officials will get read-out from meeting on monthly cancer performance call with the Board.
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	Board indicates happy to consider a single nurse led on Island RCDS service but does not detail plans for this.	This will be part of a broader scope of work and the next step would be consideration of working through a regional approach to support and delivery group to understand opportunities to engage regionally as unlikely to be sustainable in a small board	Content  Officials will remain close to NCA developments.
5.3	Set out plans to achieve full adoption of <u>Framework for Effective Cancer Management</u>	FECM fully adopted and working group now set up. Standing agenda item at Cancer cARe Board and looking to implement ACRT across all cancer pathways.	None required	Content
5.4	Outline plans to improve the quality of cancer staging data	Not referenced	None required	Content



5.5	<p>Confirm you have:</p> <ul style="list-style-type: none"> <li>Implemented or have plans to implement provision of single point of contact services for cancer patients</li> <li>Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways</li> <li>Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways</li> <li>Embed the Psychological Therapies and Support Framework</li> <li>Signposting and referral to third sector cancer services embedded in all cancer pathways</li> </ul> <p>In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.</p>	<p>Potential to reference CHAS and existing relationships for children who need to access palliative care</p> <p>No reference to SPoC or OTP.</p> <p>Clinical pathways, Prehab service, Psych Therapies framework and signposting to third sector part of current review process.</p>	Noted	<p>Content</p> <p>We can monitor this direct with Board Cancer Management Teams; however, it would have been beneficial for more detail to have been included in the ADP.</p>
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## Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	<p>No specific reference of work relating to race/ racialised health inequalities</p> <p>Women's Health Plan referenced.</p>	<p>As detailed in the NHS Orkney Equality Outcomes Report, there is continued focus on ensuring telephone interpretation and translation services are available to the local ethnic community.</p> <p>The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare, hence the importance of interpretation services.</p> <p>Outcome One: meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.</p> <p>The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services.</p> <p>Outcome Two: Ensuring there is race equality within NHS Orkney. Any discriminatory conduct will be eliminated.</p>	Content
6.2	<p>Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.</p> <p>This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.</p> <p>Boards are also asked to state their Executive Lead for prisons healthcare and</p>	<p>Welcome the work underway to support medication being issued to patients in police custody, with a focus on controlled drugs, however, no mention of MAT Standards, or other actions being taken nor associated challenges.</p> <p>Nothing provided around ensuring improvement in continuity of care when people are transferred into prison and from prison into the community.</p>	<p><b>Health and Community Care</b></p> <p>Public Health Manager attends Orkney Community Justice Partnership, which is chaired by the Chief Officer, IJB and includes representatives from Scottish Prison Services. Consideration and some supportive activities have been taken to raise awareness of services such as smoking cessation and sexual health to support people when they are released from prison. Work is ongoing to improve knowledge of service to gain appropriate referrals through smoking cessation team, given prisons are</p>	<p>Content</p> <p>Noted Mark Henry is the Exec Lead for prison/custody healthcare, from other sources – this should be included in any updates to the plan.</p> <p>As part of progress reporting, it would be good to know if other issues of continuity of care will be addressed e.g. MH, substance use. Also need to know how MAT standards will be applied to those in police custody and returning from prison with</p>

	those in custody, reflecting that the prisoner population is spread across all Board areas.	Not clear if Primary Care Staff have access to Police Adastras system or not.  Confirmation of Executive Lead required.	now smoke free. This allows people the option to be supported to remain smoke free when released from prison.	associated milestones in ADP 2
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	None required	None required	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	Women's Health Lead has been appointed.	None required	Content
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	No reference to governance structure to oversee Anchors Strategic Plan.	None required	Content
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	There is no mention of supporting the financial cost of transport to hospitals (such as the YPFF).	Patients receive the relevant travel policy documentation and claim forms when travel is required, this in line with the Highland and Islands travel scheme and Young Patients Family Fund. The documentation explains to the patient what travel can be claimed and how to claim.	Content

## Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
7.1	Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.	Although there is good reference in ADP1 to innovation coming through ANIA, we would ask for associated deliverables and actions within ADP2, especially in relation to work underway – or required - to consider the associated business change to realise benefits at a local Orkney level, including reference to challenges locally.	ADP2 updated to reflect this, with deliverable 2023/24QS-0049 created.	Content
7.2	Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.	None required	None required	Content

## Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
8.1	<i>Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups</i> Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	No mention of eRostering in return in regard to mental health.	eRoster is being rolled out to all Teams and Departments within NHSO.	Content

## Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
9.1	<b>Optimising M365</b> Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include:	NHS Orkney are having challenges in terms of potential opportunities relating to MS365 due to single tenancy. Additional obstacles include staff time locally to secure documentation due to central sharing model. The Board also does not have permission or the controls to fulfil their legal obligations. As such NHS	Paper in relation to MS365 due to be presented to Senior Leadership Team in July 2023.	Content  As part of progress reporting, keen to understand outcome of the paper presented to SLT

	<ul style="list-style-type: none"> <li>• Outlining what resources and approaches are being used to roll out M365 collaboration across Health and Care Integrated Authorit(y)ies.</li> <li>• Describing the approaches being taken to deliver business change and realise the benefits of the M365 product</li> <li>• Confirming which current tools are being used, how they are being utilised and plans for future role out of applications including (but not limited to) Sharepoint, automation and retirement of legacy applications</li> <li>• Describing how M365 data and licences are being used and controlled locally</li> <li>• Outlining the approach being taken and confirmation of compliance with Information Security, Information Governance and Data Protection standards</li> <li>• Providing milestones for the deployment of document management classification scheme working practices compliant with GDPR guidance will be fully embedded and operational</li> </ul> <p>Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365</p>	<p>Orkney have paused the project.</p> <p>The board is keen to progress with SharePoint in order to remove reliance on internal file servers, using a staggered approach with e-Health teams eager to pilot this functionality.</p>		
9.2	<p><b>National digital programmes</b></p> <p>Boards to provide high level plans for the adoption/implementation of the national digital programmes*. This should include:</p> <ul style="list-style-type: none"> <li>• Position Statement – including work undertaken to date and areas outstanding</li> <li>• Highlighting any issues/challenges with adoption/implementation</li> </ul>	<p>NHS Orkney have highlighted all National Digital programmes except Endoscopy Reporting Systems are having issues in terms of capacity for eHealth support and for the clinical or technical service lead – Which can result in longer timelines of priorities of workplan.</p>	<p>An update on the eHealth workplan will be shared with the Tech Enabled Board to support prioritisation of the digital programmes and to monitor progress against milestones.</p>	<p>Content</p> <p>As part of progress reprocure, would be good to have more information on the workplan once available</p>



	<p>on and what plans are in place to mitigate any issues should they arise</p> <ul style="list-style-type: none"> <li>• High level milestones in 23/24</li> <li>• An outline of the resources identified to support business change for national programmes</li> </ul> <p>Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.</p> <p>Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.</p> <p><b>*National digital programmes:</b> CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)</p>			
9.3	<p>Boards to complete the <b>Organisational Digital Maturity Exercise</b> to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).</p>	<p>NHS Orkney will complete an Organisational Digital Maturity Exercise in 2023. This process will be reported through the Senior Leadership Team and Governance Structure (initially to Tech Enabled Board) and at Finance and Performance Committee.</p>	<p>Digital Maturity Exercise has been completed and the outputs reviewed. An action plan will be prepared with clear outcomes and timelines, which align to the Digital Strategy. These will initially be shared with Tech Enabled Board for feedback before being shared with Senior Leadership Team and Finance and Performance Committee.</p>	Content
9.4	<p><b>Leadership in digital</b> Boards should outline:</p> <ul style="list-style-type: none"> <li>• Executive support and commitment to how you are optimising use of digital &amp; data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital</li> </ul>	<p>The Tech Enabled Board is in place to provide oversight. The meeting is chaired by the Director of Finance and has membership from both NHS and IJB to ensure full integration of technology and benefits realisation. The Tech Enabled Board reports to the NHS Orkney Finance and Performance Committee. It is also responsible for delivery of Electronic Patients Records system across the board.</p>	<p>Colleagues have been invited to apply for a place either individually or as a team on the Leadership in Digital programme. At this time, it is known that there are multiple teams considering their projects to support applications.</p>	Content

	<p>skills across the whole workforce</p> <ul style="list-style-type: none"> <li>How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation</li> </ul>	The OD& Learning department are carrying out a Training Needs Assessment which will help to understand the requirements locally to support learning across the organisation.		
9.5	<p><b>Scottish Health Competent Authority /Network &amp; Information Systems Regulations (NI)s Regulation Audits</b></p> <p>Boards to demonstrate progress against the level of compliance with the <u>Refreshed Public Sector Cyber Resilience Framework</u> via the independent audit process. Health boards must follow the 2023 audit programme guidance and adopt the new evidence template. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.</p>	Work in is ongoing to progress data and evidence gathering for the NIS Audit later in the year adopting the new evidence template. This work will be progressed, and Senior Leadership Team and Governance Structure updated in terms of progress and also risks/issues.	NIS Audit team visited NHSO in June 2023 where they audited physical security of the organisation, were presented the IT policies and automated processes. Further evidence is due to be submitted in October 2023 to allow the audit to be completed.	Content

## Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	There is good reference to the progress made to date, which is thoroughly welcomed, though further detail is required in relation to specific plans for 23/24 with regard to either vehicle expansion or rollout of infrastructure.	<p>Following some challenges with availability of national dealerships locally to support on island fleet (in relation to servicing and breakdowns), in the past this led to NHS Orkney is to purchase vehicles.</p> <p>70% of the organisation's car fleet is electric, there is now a charging facility available for all Isles which have a Health Care Facility. NHS Orkney currently operate with 100% electric van fleet. The remaining non-electric fleet will be replaced through Capital funding when the opportunity arises to support deliver against the requirement.</p>	Content
10.2	Set out plan to achieve waste targets	The information NHS Orkney have given in the	NHS Orkney has invested in an infrastructure that is	Content

	set out in DL (2021) 38.	<p>ADP does not represent the work currently underway and demonstrate progress towards the 2025 targets. The work that NHS Orkney have done with regards to sustainable management of waste, particularly in terms of clinical waste treatment on site is commendable.</p> <p>The Waste Officer for the Board is extremely engaged in getting good and appropriate segregation in place, audits regularly to ensure compliance and has made a significant effort to engage with clinical staff. This is not represented in the ADP.</p> <p>NHS Assure will visit NHS Orkney in July alongside SG, this will be to develop the Green Theatre agenda, waste audit and training and advise on where the Board could engage with local arrangements which will perhaps progress them in terms of the Circular Economy.</p>	<p>designed to retain and process the majority of clinical waste on Island and to date this has reduced the carbon footprint of the Board significantly. Further work to reduce the amount of clinical waste at source through education and appropriate segregation has been underway for some time and is delivering positive outcomes.</p> <p>Recycling and segregation of refuse is well established across NHS Orkney and the Waste Manager is working closely with the Head of Porter Services to engage further support and use education to reduce unnecessary/inappropriate waste.</p> <p>A project is underway at NHSO to further reduce food waste at patient and ward level. NHSO is looking to introduce a plated food service to all patients under the supervision of the Chef Manager across the Balfour site and all meals.</p>	
10.3	Set out plan to reduce medical gas emissions – N2O, Entonox and volatile gases – through implementation of national guidance.	Please include timelines you are working to for mitigating each medical gas. Would be helpful if the clinical leads are identified for each gas mitigation project.	The Sustainability is the oversight group for Green Theatre compliance. We can confirm that N2O is no longer used in Theatres. Discussions are ongoing with Dental around running down the manifold and the pipeline N2O gas.	Content
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	Orkney focus appears to be related to actions relating to waste. However they do reference setting up green theatre group Plans seem very embryonic but show willingness to engagement.	NHS Orkney is engaged, and the project will be led through the Sustainability Board. The team have engaged with National Advisors, who have contributed to planning.	Content
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	NHS Orkney are doing lots of incredible work in the energy transition space and have been proactive with seeking funding for projects. This is only partially reflected in this section of the ADP. The text in the box itself is repetitive (minor and just needs deleting) and talks about waste and travel (although relevant	Additional to the New Balfour, the team are reviewing opportunities to increase solar panels, wastewater retention and how this can be captured. We continue to discuss with National advisors at ASSURE how we can further improve the New Balfour.	Content

		<p>as there are crossovers – specifics of these crossovers have not been given, i.e. % emissions of heat/power in building from waste treatment unit, or charging infrastructure load. Would remove Waste / Travel from this section unless relevant information was added here.</p> <p>In terms of Energy Transition, no specific objectives for 2023/24 have been explicitly mentioned. As targets are broad and long-term, it would be good to detail what specific actions that will be focused on this year to drive the board's priorities. If decarbonising buildings and completing work by March 2025 – there will be plenty of specifics to add in this section for 2023/24 that needs to be reflected here.</p>	<p>NHS Orkney's commitment to achieve net zero has been rewarded by financial investment from SG to allow the Board to concentrate on all other Board owned properties outside the Balfour.</p> <p>A 2-year Project is underway across 13 buildings to remove all fossil fuelled heating systems and to replace with renewable energy systems, at the same time all buildings have been subject to survey and will be insulated, new windows and doors fitted, subject to local planning conditions solar panels and or wind turbines will be fitted to further increase the renewable option. This project will be overseen by the Hub North who have supported the Board to secure the services of specialists including M and E, Architect/Planning, and advisors on renewable energy.</p>	
10.6	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.	None required	None required	Content
10.7	Outline plans to implement an approved Environmental Management System.	While NHS Orkney uses the national EMS platform for legislation, and aspects and impacts registers, there are still many other elements of EMS that need to be developed, like the environmental policy statement, manual, procedural documents etc. Further clarity around their outline plan to implement a full EMS is needed.	NHS Orkney are engaging with the National Lead at Health Facilities Scotland and taking guidance and support in preparation, implementation and use of policy, procedure and supporting documentation.	Content

## Finance & Sustainability

No	Key Result Areas	SG Interim Feedback	Board Comments	SG Final Sign Off Comments
A.1	Delivery of ADP / Financial Plan	The financial information within the submitted ADP aligns to that presented in	The Board has taken a number of actions in the first quarter to tackle the	Content

		<p>the Boards 2023-24 financial plan.</p> <p>We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24 financial plan through the in-year financial performance return process, beginning with the Quarter One review.</p> <p>In addition, a revised financial plan is due to be submitted at the end of June 2023 that will provide an updated forecast for 2023-24 and further detail on expected delivery of savings.</p>	<p>underlying financial deficit in 2023/24 and beyond. Such actions include:</p> <ul style="list-style-type: none"> <li>• 'Confirm and Challenge' sessions with each of the Executive Directors – these have been led by the Chief Executive with the Chair of the Finance and Performance Committee, Director of Finance and Head of Finance in attendance. The sessions will now be superseded with</li> <li>• Grip and Control Board where each of the Executive Directors will be charged with taking forward a number of individual savings schemes and reporting back through the Grip and Control Board on progress to date and risks to delivery. The Grip and Control Board will be chaired by the Chief Executive and supported by the Director of Finance</li> <li>• The Finance and Performance Committee will receive regular updates and scrutinise performance</li> <li>• NHS Orkney Board continues to receive regular updates on the Boards financial performance</li> <li>• The Financial Sustainability Office will facilitate workshops to encourage staff to share efficiency ideas and opportunities for savings and to drive forward the financial recovery</li> <li>• Briefing notes shared in staff communications to outline the financial challenges and encourage feedback across the organisation.</li> </ul>	
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			<p>Following the month 2 reporting, the Board is forecasting an overspend of £6.4m for 2023/24 based on the assumptions and estimates detailed within this plan.</p> <p>Work continues with the Executive Directors and the wider organisation on the financial recovery plan through the FSO to seek opportunities to address the financial gap.</p> <p>In addition, a number of other actions continue:</p> <ul style="list-style-type: none"> <li>• Review and update of material changes to the baseline recurring pressures based on the latest information;</li> <li>• Assessment of the continued requirement for previously agreed investment;</li> <li>• A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.</li> <li>• Communication with the Integrated Joint Board will need to take place to establish how the underachievement of savings will be addressed during 2023/24 and moving forward.</li> </ul> <p>The Director of Finance continues to have regular meetings with the Senior Leadership Team, the Chair, the Chief Executive and the Chair of the Finance and Performance Committee to discuss the current position, financial recovery plan and seek opportunities to address the financial gap.</p>	
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#### Workforce - General

NHS Orkney ADP supplement document expands upon the Board level action regarding eRostering. Additionally, document expands upon the Boards efforts in regard to the safe staffing act, and the workforce strategy. ADP plan contains numerous workforce wellbeing initiatives. NHS Orkney also highlight that some funding is yet to be agreed as a risk but have included appropriate controls. ADP focuses on leadership of workforce but does not make mention on recruitment.

#### Board Response

An establishment review is underway through the Plan on a Page (Strategic Priorities for the organisation) which is being led by Human Resources and Finance. The Health Board are engaged in various programmes which will help to attract and appoint the right candidates. Some examples of the work underway includes;

- Building engagement locally and externally through programmes (Job Centre, providing work coach training to assist with application process. Supporting Armed forces employment through the Military Access programme support by SG, to encourage armed forces employability recruitment event attendance)
- Islands visits used to help support successful recruitment.
- Growing our own - foundation apprenticeships leading to SVQ3 then access to Open University (Health Care Support Workers with opportunity to go on to Nursing Degree)
- Diversification – top up degree supported to transfer skills from veterinary medicine to biomedical science

#### Value Based Health & Care

No	Key Result Areas	SG Feedback	Board Comments	SG Final Sign Off Comments
1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	Confirmation of Executive Lead for RM requested.	The Executive Lead for the Realistic Medicine is the Medical Director, who is supported by the Director of Dentistry as the Board Lead.	Content
2	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	Confirmation of governance arrangements requested.	A review of operational governance arrangements is currently being undertaken, led by the Chief Executive. Monitoring of delivery against the Local Realistic Medicine Action Plan will be quarterly through the Senior Leadership Team and onward to Board. Updates will also be provided as appropriate to the Governance Committees such as the Joint Clinical Care and Governance Committee, Finance and Performance and Staff Governance Committee.	Content



# **Annual Delivery Plan Template**

**Template: ADP1 updated  
13/07/23**

**NHS Board: Orkney**

## 2023/24 Annual Delivery Plan

### Section A: Recovery Drivers

1

#### Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board Action
1.1	<p>As an Island Board the ability to extend and scale the multi-disciplinary team's preventative approach can be both challenging but equally opportunistic, with strong whole system considerations vital to service delivery.</p> <p>Review of requirement to have 7-day a week Advance Clinical Practitioners capacity is being undertaken. GP with Special Interests approach has been progressed to support gaps which exist in terms of on Island capacity, and current examples include Dermatology and Dementia.</p> <p>A number of Third Sector partners have been commissioned through the IJB to assist the early intervention agenda. The IJB have successfully bid for a range of external funding opportunities to enhance local service provision and to allow test of change/innovative ideas, such as the Whole Family Wellbeing Fund to expand Family Support Team.</p> <p>NHS Orkney are engaged with discussions with Primary Care Division regarding the Primary Care Improvement Funds. Tracker information has been submitted for consideration and NHS Orkney await further instruction and advice. Discussions with GP Sub-Committee representatives to understand what opportunities exist through CTAC Service can deliver within the current funding envelope. A project team will be established during Quarter 2, to consider and deliver against CTAC objectives by March 2024.</p> <p>Meetings have taken place with GPs, arrangements for transitional payments during this financial year with the aim of establishing a phlebotomy clinic by 31 March 2024. The current actions as set out in ADP2 are reflective of the capacity and funding available to implement the recommendations as outlined within the MoU. We await feedback from SG in relation to the PCIP tracker which was submitted in March 2023.</p> <p>Our health visiting and school nursing teams continue to work in multiagency forums across the Orkney children's services partnership, including social work, education and TSI.</p> <p>There are many one to one and group preventative interventions being provided across Orkney by the Health Visitors and School Nurses, in conjunction with multi agency colleagues.</p> <p>Service development plans are being developed and will include the identification of outcomes to support MDT preventative approaches.</p> <p>Children's Allied Health Professionals have established the 'Pre-term Baby Pathway' locally, which allows for early identification and intervention for developmental concerns.</p>

1.2	<p>The Out of Hours service approach taken on Island depends on the geographical location with the outer Isles supported by GP or Advance Nurse Practitioner capacity 24/7. A test of change project is currently being supported by Emergency Services and Voluntary Access Orkney on Papa Westray and Eday, supported by leadership from the Chief Officer and Medical Director.</p> <p>NHS Orkney looks to establish a robust model of first responder across each Island, with initial plan to have cover across 3 of outer Isles. This will help to support the Clinicians on Island and increase resilience and support as part of the Isles Model of Care.</p> <p>Initial meeting has been held with the Community Council, Scottish Fire and Rescue and SAS. Initial changes have included Scottish Fire and Rescue staff being trained by SAS to work alongside the NHS Nurse Practitioners to assist as First Responders if required. Further discussions took place in relation to home care provision on Island. This work is being led by the Chief Officer, IJB and the Medical Director and Director of Nursing. A follow-up meeting is planned with the aim of widening out to further Islands. The plans in relation to this work are being shared with the Strategic Planning Group and IJB.</p> <p>SAS have also developed an outline paper for developing first responder services on the remote isles. We are currently awaiting feedback, and when this has been approved through SAS governance processes, this will be shared.</p>
1.3	<p>Work is ongoing to develop pathways with progress to be reported during Quarter 2. Creating robust pathways will identify, support, and define best practice for the Board. This will be measured through key performance indicators which will offer a basis for evaluation/assurance and to inform improvement plans.</p> <p>We are developing a training needs analysis in line with Promoting Excellence in Care Framework for Dementia knowledge and skills. This will assess current level of knowledge to inform a plan for improvement. The training needs analysis will be mapped to roles against essential and desirable knowledge and skills.</p> <p>There has been a gap with regard to dementia diagnosis due to Consultant Psychiatrist constraints. In May 2023, we appointed a part time GP with special interest in Dementia to try to create a sustainable solution to this issue. We are also developing a mentor arrangement for that post holder with a mainland based Old Age Psychiatrist.</p> <p>We have funded via the ADP (Alcohol and Drugs Partnership) a GP with Special Interest in substance misuse who works with the Substance Misuse CPN team. Patients with dual diagnosis are looked after within this team. This post has enabled the MAT standards to be developed and embedded locally.</p> <p>There is only one Mental Health Primary Care nurse for the Orkney population. This was funded via the PCIF. It is hoped that additional national funding will enable the further development of this role in Primary Care</p> <p>Plans submitted for the proposed PCMH Fund. At this point we await confirmation of funding. When funding is confirmed, the Board would look to review the proposed plan based on budget available based on prioritisation.</p>



1.4	<p>During 2023/24 NHS Orkney plan to review and improve the management of key cardiovascular risk conditions such as diabetes, high blood pressure and high cholesterol this has been captured as deliverable 2023/24DP-0027. With initial discussions through GP Cluster taking place in Quarter 2.</p> <p>Funding approved for training. Cardiology Specialist Nurse to undertake ECG interpretation SCST diploma by March 2025.</p>
1.5	<p>Home First, an Occupational Therapy led service, supports people home from hospital and helps to establish their care and support needs in their own home environment. This multi-professional teamwork is in tandem with Social Care, Care at home and Physiotherapy professions.</p> <p>Of the 71% of patients assessed in hospital who were judged as suitable for Home First, 68% of these patients were deemed severely frail. Despite frailty levels, for those at point of discharge from Home First, 60% made progress with occupational performance outcomes and many of the remainder remained unchanged. To further support this area a QI initiative is underway to address what is currently a quite fragmented landscape and to pull this together into a consistent and cohesive approach to frailty care. These outcomes of this project will all be in place by the end of this calendar year.</p> <p>The next large QI project across NHS Orkney will address all of our rehabilitation pathways, with a particular focus on neurological rehabilitation. This will be approached in the same way and with the same broad goals of developing pathways within a system that it gets it right for everyone, every time. This project aims to deliver clear outcomes by April 2024. In combination, these 2 QI projects should significantly improve patient outcomes and therefore reduce long-term use of services.</p>
1.6	<p>A review of capacity with a view to increasing capacity for routine and urgent dental care for unregistered and deregistered dental patients is being undertaken. The Board plan to increase the staffing at Dental Officer level by the equivalent of 1 WTE by the end of the financial year. This is the minimum required to mitigate the risk that Public Dental Services becoming overwhelmed by demand for urgent care for those not registered elsewhere. NHS Orkney meet regularly with SG colleagues to discuss performance. NHS Orkney continue to benchmark performance against other Boards in terms of number of patients registered and number of treatment claims. This is monitored by local management to drive any improvements which can be delivered within the current limited capacity available.</p> <p>We have successfully recruited a Dental Officer, there is a requirement to recruit a Senior Dental Officer and discussions are ongoing with HR to consider innovative ways to attract candidates for example using video to show the facilities and promote the geography.</p>
1.7	<p>Work continues to understand where there are opportunities to introduce the delivery of more services within the Community. Given the current challenges on Island in terms of eyecare, work to transition hospital-based eyecare into a primary care setting will be challenging in year.</p> <p>Optometric capacity is currently challenged with no trained Optometric Independent prescribers in post. A postholder has undertaken the required training modules but is now required to complete Clinical placements to complete the course. This work is unlikely to progress until 2024 but when this can be progressed this will allow earlier discharge of patients from hospital eye services, and for follow up care to be provided by services within the community.</p> <p>Work is also underway to increase capacity for Optometry access on Island. Discussions have taken place with the current on Island provider and data has been reviewed to ascertain that this service is at capacity. NHS Orkney will continue to liaise with alternative optometric advisors to understand if</p>

	<p>there is an opportunity to have presence of a second provider on Island.</p> <p>NHS Orkney and Orkney Islands Council have agreed to review the entirety of the estate across both organisations and produce an accommodation plan. This work will maximise the use of our physical assets in relation to delivering community-based services across our localities. Some services currently provided from within the Balfour could more effectively be delivered in community settings, with improved ease of access for patients, if the appropriate accommodation can be identified. This is discussed regularly</p>
<b>1.8</b>	<p>The Board has a Band 6 Infection, Prevention and Control Practitioner who supports Care Homes, and this includes the support offered to Primary Care colleagues. NHS Orkney has strong links with Primary Care colleagues and support from Infection, Prevention and Control team includes Quality Assurance audits, Antimicrobial Stewardship.</p> <p>IPC currently support GP and Dental Services with audit and inspection visits both on Orkney Mainland and the Outer Isles.</p>

**Urgent & Unscheduled Care**

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No	Board Action		
2.1	NHS Orkney understands the National modelling around flow navigation centres and the impact of the work on front door presentations and redirection of services. It is untenable for NHS Orkney to put a flow navigation centre in place, however NHS Orkney will look to embed and develop as progress is made to ensure that optimum flow and capacity throughout the system.		
	The Primary Care (OOHs) are collocated in the same building (The Balfour Hospital) as colleagues from SAS and Emergency Department which enhances the working relationships and communication.		
	<ul style="list-style-type: none"><li>Work is underway with the ferry-linked isles to review the provision of out-of-hours services. NHS 24, whilst introduced years ago on the Orkney mainland, has never been implemented across the other isles and the delivery model for out-of-hours urgent care provision is being reviewed. Engagement and planning sessions have been scheduled for three isles to review the totality of provision across the community planning partners.</li></ul>		
	<ul style="list-style-type: none"><li>Work is ongoing around the current Mental Health pathway on Island with consideration around the operating model for the transfer bed. The current model can impact on in-hours services with significant days lost for the Community Mental Health team. The staffing of the transfer room in 22/23 resulted in 566 working days lost to the CMHT provision. The waiting list for assessment as of March 2023 is growing (adults 32, CAMHS 52, older adults 56 and primary care 18). In relation to adult CMHT provision, a new model of Transfer Room provision is being developed to free up the daytime CPN capacity with an options paper to be ready for June 2023. A GP with Special Interest in the Dementia role has been appointed to this will contribute to a reduction in the Older Adults waiting list.</li></ul>		
	<ul style="list-style-type: none"><li>Work is ongoing with SAS colleagues on Island to understand opportunities to access services where possible and to increase calls before you convey</li></ul>		
	<ul style="list-style-type: none"><li>Through the 2023/24 Strategic Priorities the Senior Leadership Team and Board have committed to following actions which will address and improve public messaging</li></ul> <table><tr><td><ul style="list-style-type: none"><li><b>Culture</b> - Improving our Culture is at the heart of how we continue to develop as an organisation. It will help us to secure the future that places the needs of those we care for central to how we act, by listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care and building a sustainable future.</li></ul></td><td><ul style="list-style-type: none"><li><b>Action 1:</b> Using the key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.</li><li><b>Action 2:</b> Ensure our Clinical Strategy informs our strategic decision-making process.</li></ul></td><td><ul style="list-style-type: none"><li><b>Executive Lead</b> – Chief Executive</li></ul></td></tr></table>	<ul style="list-style-type: none"><li><b>Culture</b> - Improving our Culture is at the heart of how we continue to develop as an organisation. It will help us to secure the future that places the needs of those we care for central to how we act, by listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care and building a sustainable future.</li></ul>	<ul style="list-style-type: none"><li><b>Action 1:</b> Using the key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.</li><li><b>Action 2:</b> Ensure our Clinical Strategy informs our strategic decision-making process.</li></ul>
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	<ul style="list-style-type: none"> <li>• <b>Quality &amp; Safety</b> - Quality and Safety is critical to ensure we are delivering the best for those who need our care. Focusing on the experience of our patients and the outcomes they achieve will build confidence that we are delivering the highest quality care for our local community.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Action 1:</b> Use latest guidance to ensure meaningful patient feedback mechanisms are in place which demonstrate that we listen, act, and learn.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Executive Lead</b> – Medical Director</li> </ul>
	<ul style="list-style-type: none"> <li>• Work is underway to review the pathways for all specialities to ensure that they are fit for purpose and part of this will include consideration around opportunities to signpost alternative pathways to benefit the patient, for example Pharmacy First</li> </ul>		
2.2	<p>A review of the Urgent and Unscheduled Care capacity is being undertaken this will include the current service delivery model used on Island. This has been captured as deliverable 2023/24DP-0029. The Emergency Department currently operates as both an Accident and Emergency, and Admissions Unit.</p> <p>Navigation Flow is used for mainland population to support Urgent and Unscheduled Care. The Emergency Department also operates with scheduled appointments where appropriate if the patient needs to return for following up treatment.</p>		
2.3	<p>Work is underway to closely integrate the approach to urgent care services on Island, to ensure best utilisation and optimisation of local capacity. These plans are being pulled together to ensure a coherent throughput for Health and Social Care services, with support from Pharmacy. The current OOH model varies for the population with those on the mainland supported via the Balfour and those on the outer Isles supported by GP/ANP capacity.</p> <p>NHS Orkney will participate in a working group which is reviewing opportunities to understand the capabilities of ADAstra application to support more effective communication for all Out of Hours services.</p> <p>As part of the Winter Plan last year, our aim was to integrate the Isles GP practices with NHS24. We continue to work with Isles Communities regarding this approach.</p> <p>The Out of Hours team have proposed that we consider employing an additional staff member at weekends to both support the team and also to prevent unnecessary admissions through ED.</p> <p>This is still at an early stage and will be subject to appropriate governance committee consideration when further details are available.</p>		
2.4	<p>The care of patients affected by respiratory disorders is supported by NHS Grampian via the Respiratory Medicine Unit. Support for GPs is available through the Hospital based Consultant of the week to aid decisions for patients with different levels of severity or exacerbation.</p> <p>Through the Winter Planning Process 2023/24 and the work being undertaken with regard to Urgent and Unscheduled Care improvements these are key areas of focus to scope and deliver. Updates around this work are scheduled to be presented to the NHSO Board at the August 2023.</p>		

	<p>A programme of work is in place and being led by the Medical Director to understand by speciality any opportunities through considering the current model of care which would allow clear actions to be taken forward which would improve NHS Orkney performance and ultimately the patient experience.</p> <p>The care of paediatric patients is supported by NHS Grampian. We are reviewing our Service Level Agreements to ensure that the service model remains fit for purpose (including the pathways) and this work will be completed by Quarter 3 of 2023/24.</p>
<b>2.5</b>	<p>Work for the Cardiology Team is being supported by the Cardiology Specialist Nurses which includes Heart Failure to understand opportunities increase the virtual capacity to support patient care being closer to home and to prevent heart failure re-admissions. NHS Orkney is linked into West of Scotland work in relation to National Cardiology pathways. Work is being undertaken by the Specialist Nurse to support the completion of National Heart Failure Admission and Discharge pathways. The Specialist Nurse for NHS Orkney has been included to ensure that the Remote and Rural perspective is considered. The Heart Specialist Nurse is also continuing to gain qualifications that will contribute to local service improvement and the patient experience.</p>
<b>2.6</b>	<p>A review of the local service delivery model which includes consideration around an appropriate model or solution for rapid assessment and streamlining. This will review current demand and performance and opportunities to manage assessment capacity more effectively and is captured under deliverable 2023/24DP-0030.</p>
<b>2.7</b>	<p>A review of the discharge process to support optimised flow through the system. This is being led by the Deputy Director of Acute Services and will seek input from Hospital and Community Services. A review of the discharge process to support optimised flow through the system. This will be led by the Deputy Director of Acute Services and will seek input from Hospital and Community Services. This is captured in the deliverables under 2023/24DP-0031.</p> <p>The Chief Officer is leading on producing a shared property plan to deliver joint working service models. NHSO is exploring options for the Old Balfour site to ensure any use of the land moving forward is consistent with the needs of the local community and Orkney strategic priorities.</p>
<b>2.8</b>	<p>Progress was reported for the period 1 October 2022 to 31 March 2023 in relation to The Best Start Maternity and Neonatal Plan which is being led by the Interim Deputy Director of Nursing/Lead Midwife. Any challenges are reported the Management Team for Director of Nursing, Midwifery, Allied Health Professional and Acute Services and Board oversight provided through Joint Clinical Care and Governance Committee.</p> <ul style="list-style-type: none"> <li>• 15 completed.</li> <li>• 21 actions not completed.</li> </ul>



**Mental Health**

Improve the delivery of mental health support and services.

No.	Board Action
3.1	<p>The CAMHS establishment has increased from 2 posts to 14 posts. 10 of the 13 new posts have been filled to build capacity within the team. The remaining 3 posts are supported by SLAs with NHS Grampian and NES and are also currently filled. In June 2023, we have 12 staff employed in CAMHS by NHS Orkney, 2 staff providing services under SLA provision with Grampian and NoS and 1 Psychiatry trainee attached.</p> <p>The Board do not have any current long waits, with the exception of those where there is valid clinical reason to wait beyond the assessment to wait treatment time. With those exceptions, all assessments have taken place within the standard.</p> <p>Current performance for Psychological Therapies is compliant with 18-week referral to waiting time standard being consistently met by the Board. Work is ongoing within the Board to continue to drive further improvements and for patients to be seen as soon as possible post referral.</p> <p>The Waiting List is subject to regular review from the Clinical Director and where patients have longer wait, the reason for this are understood and valid.</p> <p>Staff numbers have increased through CAMHS investment such that there are now 9 dedicated staff. The Board continue to recruit to meet the critical floor outlined in the original SG CAMHS Investment Plan.</p> <p>Efforts during 2023/24 will be focussed on thoroughly capturing and embedding the CAMHS aggregate data.</p> <p>Performance will be reported as part of an Integrated Performance Report via the Senior Leadership Team and onward to NHS Orkney Board, to ensure full governance and oversight.</p>
3.2	<p>Work is ongoing to provide additional support in relation to whole family support, school counselling and community mental health and wellbeing services and this includes commissioning from our Third Sector partners. A total of £102,000 supported seventeen projects in Orkney for Round 1, and Round 2 is underway, with twelve organisations delivering £74,000 of projects that will build on and develop the work further that was undertaken in Round 1. All the projects support positive mental health and wellbeing in communities across Orkney following the impacts of Covid, and Round 2 also has a new priority to tackle poverty and support suicide prevention in the light of the Cost-of-Living crisis.</p> <p>Progress has been made in terms of previous gaps in the provision of CAMHS Psychological Therapies and CAMHS Neurodevelopment Assessments created by vacancies and maternity leave, despite all effort's recruitment to these posts was unsuccessful. The posts have now been filled. Work continues with improvements in performance through monitoring and ensuring that all patients are seen.</p> <p>Not all ND referrals are treated through CAMHS PT, however, all complex referrals meeting the CAMHS referral criteria, are routed through the CAMHS ND pathway. A separate CAMHS pathway for Autism and ADHD has been piloted to streamline the assessment process.</p>

	<p>Work is ongoing to upskill staff. Efforts are being made to ensure that parents are supported by enabling staff (including Education and AHP colleagues) to have CYGNET training (post autism diagnostic support). Where appropriate staff will attend Essential CAMHS (NES course). A member of the team has been invited to attend CBT training.</p> <p>There are plans to review service delivery against the CAMHS Service Specification, which would be a follow to last year's review by the Clinical Director.</p> <p>The Board are aware that a PT Service Specification will be published, and the Lead Consultant Psychologist has been involved at a National level, and there is a level of confidence that this is deliverable.</p> <p>Plans will be produced by the Service and shared with the Senior Leadership Team for oversight.</p> <p>The 3rd sector support which was described was additional support funded on a non-recurring basis from Year 1 of CAMHS investment. There is a strong relationship between the CAMHS team and those who work in Education</p>
3.3	<p>Work has been completed by Health Intelligence and the Management Team to improve routine and regular data reporting re: CAMHS. This will require ongoing close attention and is a key priority for the team. Improvement plans are being produced through collaboration between Health Intelligence and the Management Team. The team are acutely aware of the issue and that addressing the issue is a key priority for 2023/24. Adult PT returns are being produced.</p> <p>A specification of requirements for a system which could improve reporting for CAMHS and address some of the challenges faced in terms of producing CAPTND has been identified. Prioritisation is focussed on producing robust and regular aggregate data, when this has been resolved the team will create plans to address CAPTND. The Mental Health team rely on the system capacity to produce the necessary data reports.</p> <p>Monthly meetings are now taking place with representatives from NHS Orkney (Mental Health and Health Intelligence) and a SG representative to monitor progress in relation to CAPTND data.</p>
3.4	<p>Total Mental Health budget of <b>£11,669k</b>. The recurring element of this budget that relates to CAMHS is <b>£61k</b></p> <p>Total Frontline Services budget <b>£57,296k (includes Hospital Services, Pharmacy &amp; Drugs, IJB and External Commissioning)</b></p> <p>The Mental Health budget is <b>20%</b> of the 'frontline' budget while CAMHS is <b>1%</b>.</p> <p>This is based on budget not actual spend and excludes Estates, Support Services, Reserves and Savings</p>

## 4

**Planned Care**

Recovering and improving the delivery of planned care

**We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.**

No.	Board Action
4.1	A review of footprint to be undertaken to understand opportunity to consider the suggested hospital within a hospital approach, to protect delivery of Planned Care. NHS Orkney will engage with CfSD to understand opportunities which could be progressed and support increasing throughput in the first instance, considering the opportunities and restrictions of an Island board. This has been captured under deliverable 2023/24DP-0032.
4.2	<p>A review of performance considering the current capacity versus actual activity is underway. This will allow potential challenges/obstacles to success to be articulated and to describe what could be achievable through increasing activity and maximising single procedure lists.</p> <p>A reported obstacle to success, in the past has been to ability to bring a colleague from another Board on Island to provide additional support. Complications and issues in terms of honorary contracts can delay or even remove the ability for support to come from another NHS Scotland Board to work for NHS Orkney.</p> <p>We have commenced engagement with CfSD around productive use of Theatres. This is also captured as part of Winter Planning action tracker, with regard to protecting the schedule.</p>
4.3	<p>All opportunities are being explored to ensure that NHS Orkney is utilising CfSD support and productive opportunities and other Speciality Delivery Groups and Clinical Networks. This will be managed and captured with the necessary Performance data to ensure that the Board successfully reduces unwarranted variation.</p> <p>NHS Orkney are keen to work with colleagues at CfSD and the Speciality leads to ensure that all innovations and opportunities have been identified and are being progressed and would invite colleagues to come on Island and visit the Hospital to see Planned Care facilities.</p>
4.4	Discussions with NECU have progressed with some challenges around Information Governance now addressed. Waiting List validation (Admin) will progress in June 2023. It has been agreed that the process will review appropriate lists for all patients waiting 10 weeks or longer.

**Cancer Care**

Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Board Action
5.1	<p>NHS Orkney has submitted a request to Scottish Government as part of the 62-day cancer improvement plan submissions for additional funding (May 2023). This will target early diagnosis to help to support most effective pathway management for those patients being tracked. Work is underway to understand how alternative options could further improve patient care and the timeliness of care.</p> <p>Improvement plan updates will be presented to Senior Leadership Team in July 2023, which includes expansion of diagnostic and workforce capacity.</p>
5.2	<p>NHS Orkney will consider approach to rapid cancer diagnostic service. Consideration will be given to understand opportunities to have a single nurse led pathway on Island to benefit the patient.</p> <p>This will be part of a broader scope of work and the next step would be consideration of working through a regional approach to support and delivery group to understand opportunities to engage regionally as unlikely to be sustainable in a small board</p>
5.3	<p>The Framework for Effective Cancer Management has been progressed and a working group established to ensure that oversight and full adoption of the framework is being deployed. This also features as a standing agenda item on the Orkney Cancer Care Delivery Group with updates on progress or obstacles to success being discussed.</p>
5.4	<p>Work is underway to deliver all recommendation for the safe delivery of SACT outlined in DL 12/23. This will be complete by the implementation date of 5 June 2023.</p>
5.5	<p>NHS Orkney will fully engage with the North of Scotland Cancer Care Alliance's Transforming Cancer Care subgroup to embed pre-habilitation principles to support all patients on receiving a cancer diagnosis. This will be undertaken as part of the complete review of clinical pathways, supporting SLAs, and data capture that is currently underway.</p> <p>Other areas that will be addressed through this review process include:</p> <ul style="list-style-type: none"> <li>• Introduction of ACRT, possibly through a single point of entry model for cases of suspected cancer</li> <li>• Ensuring the Psychological Therapies and Support Framework is fully embedded in cancer pathways</li> <li>• Signposting and referral to third sector cancer services embedded in all cancer pathways</li> </ul>

6

**Health Inequalities**

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action
6.1	<p>Key local priorities for reducing Health Inequalities include:</p> <ul style="list-style-type: none"> <li>• NHS Orkney are using the Marmot principles as a framework to underpin the work we do with partners to address inequalities in Orkney.</li> <li>• The Orkney Child Poverty Strategy and implementation plan are being progressed with our Community Planning Partners.</li> <li>• Work is underway with Orkney Islands Council to develop an Orkney Fuel Poverty Strategy</li> <li>• Working with the Orkney Cost of Living (CoL) Task Force a CoL action plan has been developed to mitigate the impact of the CoL crisis for the population of Orkney and improve living standards. Within the NHS specific actions are being implemented to support our staff.</li> <li>• We are providing training for staff across the health and social care partnership relating to financial inclusion and developing a financial inclusion pathway to be used by frontline staff.</li> <li>• In line with the Equality Evidence Strategy 2023 to 2025 we are working in partnership with NHS Shetland to deliver a project to improve access to adult screening programmes for people with a learning disability.</li> <li>• To support the implementation of the Women's Health Plan and improve access to national adult screening programmes for women who have experienced intimate partner violence we are working in partnership with Women's Aid and Orkney Rape and Sexual Assault service to learn from women's lived experience and develop an action plan to remove the barriers and promote access to screening for women.</li> <li>• We are developing smoking cessation staff with specialist skills to support women during pregnancy.</li> <li>• Working with Community Learning &amp; Development partners tiered Suicide Prevention training relating to the Knowledge and Skills Framework for mental health improvement, self-harm &amp; suicide prevention across levels; informed, skilled and enhanced is being delivered.</li> </ul> <p>As detailed in the NHS Orkney Equality Outcomes Report, there is continued focus on ensuring telephone interpretation and translation services are available to the local ethnic community.</p> <p>The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare, hence the importance of interpretation services.</p> <p>Outcome One: meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.</p> <p>The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services.</p> <p>Outcome Two: Ensuring there is race equality within NHS Orkney. Any discriminatory conduct will be</p>



	eliminated.
<b>6.2</b>	<p>NHS Orkney do not support a prison facility on Island. However, there is a police custody and forensic service.</p> <p>There is only one custody suite in Orkney which lies in close proximity to the Balfour Hospital. This facilitates the close working relationship between NHS Orkney and Police Scotland to support those in custody with medical requirements. All custody medical interactions are recorded in Police Adastra with an appropriate SOP in place to support this. A review is currently underway to support issuing of medication for patients held in custody, with a specific focus on controlled drugs. This is being led by the Director of Pharmacy and will conclude by December 2024.</p> <p>Public Health Manager attends Orkney Community Justice Partnership, which is chaired by the Chief Officer, IJB and includes representatives from Scottish Prison Services. Consideration and some supportive activities have been taken to raise awareness of services such as smoking cessation and sexual health to support people when they are released from prison. Work is ongoing to improve knowledge of service to gain appropriate referrals through smoking cessation team, given prisons are now smoke free. This allows people the option to be supported to remain smoke free when released from prison.</p>
<b>6.3</b>	<p>The implementation of the MAT standards will improve services for those with substance misuse issues and ensures better prescribing to reduce drug related harms and risk of death. It does this by enabling safe, accessible and high-quality treatment, for example, staff are being trained to administer vaccinations for service users. The development of Dried Blood Spot Testing for blood born virus screening is being considered along with NHS Grampian.</p>
<b>6.4</b>	<p>Women's Health Lead for NHS Orkney is the Lead Midwife and supported by the Director of Nursing, Midwifery and Allied Health Professionals. This is captured through deliverable 2023/24DP-0032.</p>
<b>6.5</b>	<p>An Anchor Institution self-assessment is to be undertaken and utilised to develop an NHS Orkney Anchors Strategic Plan by October 2023.</p> <p>Through Healthy Working Lives we will promote awareness and deliver training to support the implement of fair work practices and healthy workplaces in Orkney.</p> <p>Anchor activity is being progressed across partners through the Community Planning Partnership by the Sustainable Delivery Recovery Group with a focus on Community Wealth Building.</p> <p>A Community Wealth building workshop has been held with The Orkney Partnership, so that members can better understand the CWB approach and begin to explore how CWB could be implemented in Orkney to inform the delivery of the 2023/30 Orkney Community Plan.</p> <p>Community planning partners and other organisations will be invited to take place in a series of workshops on the five CWB pillars and the findings of these workshops be used to write a draft plan to implement CWB in Orkney.</p>
<b>6.6</b>	<p>The NHS is a member of the Orkney Islands Council Sustainable Travel group, through this it is ensured that the needs of patients are considered in any sustainable travel planning proposals. Issues faced by patients can also be raised at this forum for consideration.</p>

	<p>A comprehensive patient travel booklet for Orkney patients and escorts is provided for all planned health care activity which includes information and guidance on inter island and off island travel, accommodation options, reimbursement entitlements and charities that provide support. The document also includes a list of contact numbers and website addresses that may be helpful for patients and their escorts in Orkney and when off island.</p>
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	<p>Patients receive the relevant travel policy documentation and claim forms when travel is required, this in line with the Highland and Islands travel scheme and Young Patients Family Fund. The documentation explains to the patient what travel can be claimed and how to claim.</p>
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- 7** **Innovation Adoption**  
Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Board action
7.1	<p>The Financial Sustainability Office, whilst introduced to help deliver against the Financial Recovery Plan for the organisation, is working with internal and external colleagues to understand opportunities and how business change opportunities can be progressed and tracked to measure success.</p> <p>One example of this is the support the FSO is providing to progressing work towards a sustainable medical model. Innovative employment models are being developed across several areas of the workforce, but particularly medical consultants.</p> <p>ADP2 updated to reflect this, with deliverable 2023/24QS-0049 created.</p>
7.2	<p>NHS Orkney currently link in with organisations such as CfSD, NES to drive improvements and reduce the obstacles to success.</p> <p>Areas at an early stage of adoption include colon capsule endoscopy (CCE), theatre scheduling and endoscopy optimisation. The next innovative elements to be considered for introduction locally include active clinical referral triage (ACRT), cytosponge, and quantitative faecal immunochemical test for faecal haemoglobin (qFIT). This review and any necessary actions will be completed by November 2023.</p> <p>Discharge patient-initiated review is in place in some areas, but a systematic approach across all areas is required and will be complete by September 2023.</p>

## Workforce Implementation of the Workforce Strategy.

No.	Board Action																		
8.1	<b>eRoster Update</b> <ul style="list-style-type: none"> <li>NHS Orkney signed and returned the PID for eRoster on 5 May 2023.</li> <li>A small eRoster project team are working with the national RLDatix team on implementation of the 8 procured products, as per an agreed project plan, with a projected go live date of 16 October 2023.</li> <li>eRoster key deliverables during this period include establishing business as usual resources and ownership of the system, as well as standard operating procedures, organisation wide training and established induction procedures for new starts.</li> </ul>																		
	<b>Health and Care (Staffing) (Scotland) Act Implementation Plan</b> <p>Whilst the Board works to ensure the general principles and duties are embedded into business as usual in preparation for enactment on 1 April 2024, the actions to be completed against each duty is noted in the table below, including a plan for training requirements related to the duties noted:</p>																		
	<table> <tr> <th>Health &amp; Care (Staffing) (Scotland) Duties</th><th>Implementation Plan</th></tr> <tr> <td>12IA – Duty to ensure appropriate staffing</td><td> <ul style="list-style-type: none"> <li>Re-establish Programme Board</li> <li>Ratify Clinical Workforce Governance Framework to inform 3-year Workforce Plan</li> </ul> </td></tr> <tr> <td>12IB – Duty to ensure appropriate staffing: agency workers</td><td> <ul style="list-style-type: none"> <li>Review usage and associated cost quarterly</li> <li>Collate and submit data to Scottish Government</li> </ul> </td></tr> <tr> <td>12IC – Duty to have real-time staffing assessment in place</td><td rowspan="3"> <ul style="list-style-type: none"> <li>Embed national real-time staffing resource(s)</li> <li>Develop and embed local real-time staffing resource.</li> <li>Develop 'Safe to Start' standard operating procedure, including escalation matrix</li> </ul> </td></tr> <tr> <td>12ID – Duty to have risk escalation process in place</td></tr> <tr> <td>12IE – Duty to have arrangements to address severe and recurrent risk</td></tr> <tr> <td>12IF – Duty to seek clinical advice on staffing</td><td rowspan="2"> <ul style="list-style-type: none"> <li>Embed systems and process into vacancy panel and Executive Management Team</li> </ul> </td></tr> <tr> <td>12IG – Duty to ensure appropriate staffing: number of registered healthcare professionals etc</td></tr> <tr> <td>12IH – Duty to ensure adequate time given to clinical leaders</td><td> <ul style="list-style-type: none"> <li>Scope WTE and cost to implement and include in financial plan</li> </ul> </td></tr> <tr> <td>12II – Duty to ensure appropriate staffing: training of staff</td><td> <ul style="list-style-type: none"> <li>Ratify and fund statement of training requirement (internal and external)</li> <li>Annual review, ratify and fund statement of training requirement (internal and external)</li> </ul> </td></tr> <tr> <td>12IJ – Duty to follow the common staffing</td><td> <ul style="list-style-type: none"> <li>Agree specialist and professional judgement only</li> </ul> </td></tr> </table>	Health & Care (Staffing) (Scotland) Duties	Implementation Plan	12IA – Duty to ensure appropriate staffing	<ul style="list-style-type: none"> <li>Re-establish Programme Board</li> <li>Ratify Clinical Workforce Governance Framework to inform 3-year Workforce Plan</li> </ul>	12IB – Duty to ensure appropriate staffing: agency workers	<ul style="list-style-type: none"> <li>Review usage and associated cost quarterly</li> <li>Collate and submit data to Scottish Government</li> </ul>	12IC – Duty to have real-time staffing assessment in place	<ul style="list-style-type: none"> <li>Embed national real-time staffing resource(s)</li> <li>Develop and embed local real-time staffing resource.</li> <li>Develop 'Safe to Start' standard operating procedure, including escalation matrix</li> </ul>	12ID – Duty to have risk escalation process in place	12IE – Duty to have arrangements to address severe and recurrent risk	12IF – Duty to seek clinical advice on staffing	<ul style="list-style-type: none"> <li>Embed systems and process into vacancy panel and Executive Management Team</li> </ul>	12IG – Duty to ensure appropriate staffing: number of registered healthcare professionals etc	12IH – Duty to ensure adequate time given to clinical leaders	<ul style="list-style-type: none"> <li>Scope WTE and cost to implement and include in financial plan</li> </ul>	12II – Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> <li>Ratify and fund statement of training requirement (internal and external)</li> <li>Annual review, ratify and fund statement of training requirement (internal and external)</li> </ul>	12IJ – Duty to follow the common staffing
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method	workload tool runs for quarter 2 and 3.
12IK – Common staffing method: types of health care	<ul style="list-style-type: none"> <li>• Complete as per Clinical Workforce Governance Framework (draft)</li> </ul>
12IL – Training and consultation of staff	<ul style="list-style-type: none"> <li>• Embed training into induction, statutory/mandatory training</li> </ul>
12IM – Reporting on staff	<ul style="list-style-type: none"> <li>• Completion of HIS HSP Board self-assessment template</li> </ul>

### The workforce strategy

The strategy states we must consider how we can recruit people through alternative routes and where we put resources to maximise and attract the pool of talent we need for our workforce. In order to **attract** the right workforce NHS Orkney plans to:

- Undertake careers fairs articulating the careers available throughout the NHS.
- Undertake school visits with practice education.
- Progress domestic recruitment campaigns regularly, as, and when required, monitoring the time taken to recruit against Nationally set KPIs regularly.
- Undertake a review of Clinical Journals used during recruitment campaigns.
- Work towards achieving the international recruitment targets in collaboration with the North of Scotland region international recruitment service.
- Identify volunteer opportunities within the organisation and create an induction and peer support system for volunteers.
- Introduction of the Once for Scotland flexible work location policy potentially allowing home working practice across the country to be formally adopted.
- A Growing our Own programme.
- Organisation-wide focus on succession planning which is captured through deliverable 2023/24WF-005, with clear milestones captured for 2023/24.



## 9 Digital

### Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

**THIS SECTION SHOULD BE COMPLETED IN CONJUNCTION WITH YOUR DIGITAL LEAD**

No.	Board Action
9.1	<p>NHSO will look to optimise the use of digital optimise and where appropriate enhance the use of digital and data technologies in the design and delivery of Health and Care Services for improved patient and colleague outcomes. The Board are challenged in terms of the potential opportunities related to M365 due to the single tenancy. Some additional obstacles include staff time locally to secure documentation due to Central Sharing model. The Board does not have the permissions or controls to fulfil their legal obligations. As many of the risks are out with the control of the board, the project and adoption has been paused. The staff are trained where platforms are usable (Teams, InTunes, Defender, Office). The Board are keen to progress with Sharepoint to remove the reliance on internal file servers, with a staggered approach. eHealth team are keen to pilot the functionality for the organisation.</p> <p>The Digital strategy aims to deliver a holistic view to the financial stability by ensuring that all actions are cost effective, within budget, accurate and to specification. This will drive down financial wastage and allow the organisation to concentrate on the wider picture whilst delivering the infrastructure and abilities required to continue the important work for our community and retain a good balance sheet.</p> <p>A number of challenges exist in relation to funding and sustainability.</p> <ul style="list-style-type: none"> <li>• Software as a service is now the norm and requires a recurring revenue budget rather than one off capital funding.</li> <li>• Annual increases in support and maintenance contracts for RPI/CPI</li> <li>• The aging desktop and end user devices.</li> </ul> <p>IT and eHealth agree an annual budget with finance that includes both revenue and capital strands. Funding for new projects is currently being considered and planned through the Board's financial plans.</p> <p>We will continue to work with finance colleagues to highlight up any future projects including forecast funding requirements to ensure they are factored into future plans well in advance of commencement.</p> <p>The Board also acknowledges the financial and non-financial efficiencies which can be delivered through implementation of digital and data solutions. This can include reduction in recurring spend, so this can be redistributed or could result in releasing time to care for clinical colleagues. A review of the change impact for work will be undertaken, supported by the Financial Sustainability Office to understand the Change Impact for the Board.</p> <p>The Board underwent an ICO audit, and the board was commended on the controls in place around Information Governance and Data Protection Standards.</p>

	Paper in relation to MS365 due to be presented to Senior Leadership Team in July 2023.				
9.2	<b>National Digital Programme</b>	<b>Position</b>	<b>Issues/Challenges</b>	<b>Milestones (23/24)</b>	<b>Resources Identified</b>
	CHI	Planning	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan	Q1 - Planning Q2 – Testing/Training Q3 - Delivery Q4 - Review	Yes
	Child Health	Planning	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan	Q1 and Q2 – Planning Q3 and Q4 - Testing	Yes
	GP IT	Scoping	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No (Request for Project Management support submitted out-with eHealth)
	eRostrering	Planning	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No (Project Management support out-with Digital Team)
	LIMS		Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No

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	HEPMA	Implementation	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan	Q1 and Q2 – Delivery Q3 - Review Q4 - BaU	Yes
	Endoscopy Reporting System	On hold	Awaiting contract with Grampian ending		No
	Diagnostics (PACS)	Planning	Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No
	Near Me		Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No
	Connect Me		Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No
	Scottish Vaccination Immunisation Programme (SVIP)		Issues in terms of capacity for eHealth support but also for the clinical or technical service lead – which can result in longer timelines or prioritisation of workplan		No
	An update on the eHealth workplan will be shared with the Tech Enabled Board to support prioritisation of the digital programmes and to monitor progress against milestones.				

9.3	<p>NHS Orkney will complete an Organisational Digital Maturity Exercise in 2023. This process will be reported through the Senior Leadership Team and Governance Structure (initially to Tech Enabled Board) and at Finance and Performance Committee.</p> <p>Digital Maturity Exercise has been completed and the outputs reviewed. An action plan will be prepared with clear outcomes and timelines, which align to the Digital Strategy. These will initially be shared with Tech Enabled Board for feedback before being shared with Senior Leadership Team and Finance and Performance Committee.</p>
9.4	<p>The Tech Enabled Board is in place to provide oversight. The meeting is chaired by the Director of Finance and has membership from both NHS and IJB to ensure full integration of technology and benefits realisation. The Tech Enabled Board reports to the NHS Orkney Finance and Performance Committee. It is also responsible for delivery of Electronic Patients Records system across the board.</p> <p>The OD&amp; Learning department are carrying out a Training Needs Assessment which will help to understand the requirements locally to support learning across the organisation.</p> <p>Colleagues have been invited to apply for a place either individually or as a team on the Leadership in Digital programme. At this time, it is known that there are multiple teams considering their projects to support applications.</p>
9.5	<p>Work in is ongoing to progress data and evidence gathering for the NIS Audit later in the year adopting the new evidence template. This work will be progressed, and Senior Leadership Team and Governance Structure updated in terms of progress and also risks/issues.</p> <p>NIS Audit team visited NHSO in June 2023 where they audited physical security of the organisation, were presented the IT policies and automated processes. Further evidence is due to be submitted in October 2023 to allow the audit to be completed</p>

No.	Board Action
10.1	<p>NHS Orkney fleet consists of 37 number of cars, 5 number of vans and has been subject to a replacement process over the last 3 years with 65% total number now electric. NHS Orkney has also undertaken project across all of the islands and operational basis to install charging points and a support structure.</p> <p>Following some challenges with availability of national dealerships locally to support on island fleet (in relation to servicing and breakdowns), in the past this led to NHS Orkney is to purchase vehicles. 70% of the organisation's car fleet is electric, there is now a charging facility available for all Isles which have a Health Care Facility. NHS Orkney currently operate with 100% electric van fleet. The remaining non-electric fleet will be replaced through Capital funding when the opportunity arises to support deliver against the requirement.</p>
10.2	<p>As part of a new waste management strategy NHS Orkney have completed the appointment of the mandated position of Waste Manager. New industrial equipment has been sourced and installed with the aim of helping reduce transportation of waste off island. This work will continue to maximise the options and to implement the strategy and standard operating procedures to be associated with the strategy.</p> <p>Further areas of the strategy for NHS Orkney will be to concentrate of the reduction of food waste. NHS Orkney intention is to reduce food waste by up to 33% by the agreed baseline. Work has begun to achieve this and will include a new delivery service and food fluid and nutrition approach a patient level and further discussion with the local Area Partnership Forum around all other food services i.e staff and public.</p> <p>NHS Orkney has invested in an infrastructure that is designed to retain and process the majority of clinical waste on Island and to date this has reduced the carbon footprint of the Board significantly. Further work to reduce the amount of clinical waste at source through education and appropriate segregation has been underway for some time and is delivering positive outcomes.</p> <p>Recycling and segregation of refuse is well established across NHS Orkney and the Waste Manager is working closely with the Head of Porter Services to engage further support and use education to reduce unnecessary/inappropriate waste.</p> <p>A project is underway at NHSO to further reduce food waste at patient and ward level. NHSO is looking to introduce a plated food service to all patients under the supervision of the Chef Manager across the Balfour site and all meals.</p>
10.3	<p>NHS Orkney has undertaken some technical changes required to facilitate services to remove N2O. This piece of work will further support and facilitate the decommissioning of N2O from manifolds and pipelines at The Balfour.</p> <p>The Sustainability is the oversight group for Green Theatre compliance. We can confirm that N2O is no longer used in Theatres. Discussions are ongoing with Dental around running down the manifold</p>



	and the pipeline N20 gas.
<b>10.4</b>	<p>NHS Orkney Estates department have liaised directly with NHS Scotland National Waste Lead who has offered to come on island and undertake the necessary training across services at the board. The Waste Lead has further offered to assist and chair the first Green Theatre Group at board level and is happy to share best practice and learning to date in NHS Scotland.</p> <p>NHS Orkney is engaged, and the project will be led through the Sustainability Board. The team have engaged with National Advisors, who have contributed to planning.</p>
<b>10.5</b>	<p>The Balfour hospital and healthcare building opened in 2019 and has been built and created very much with energy efficiency and sustainability as a driver. The heating and hot water system is driven by renewable energy and is subject to OFGEM subsidies as a consequence of Renewable Heat Initiative (RHI). NHS Orkney has undertaken a desktop exercise to investigate increasing the number and quantity of solar panels currently in use.</p> <p>To reduce the amount of waste that Orkney produces and sends off-island we applied for a grant of £536,400 to the Scottish Government to purchase our own Clinical Waste Treatment Unit. This enables us to compact and sterilise our clinical waste and has reduced our carbon footprint for waste by around 80% as well as financial savings and increased resilience.</p> <p>We have also recently been successful in a bid for funding of just under £3,986,750 awarded by the Scottish Government to decarbonise the rest of our estate. A major project has started across NHS Orkney Primary Care owned buildings (13) to decarbonise each of those buildings. This will involve the implementation of renewable energy equipment such as air source/ground source and the use of solar panels and wind turbines. This work has been funded by the Scottish Government Energy Efficiency Grant Scheme. These works will be completed by March 2025.</p> <p>A major project has started across NHS Orkney Primary Care owned buildings (13) to decarbonise each of those buildings. This will involve the implementation of renewable energy equipment such as air source/ground source and the use of solar panels and wind turbines. This work has been funded by the Scottish Government Energy Efficiency Grant Scheme.</p> <p>The Board continues to remove all diesel and petrol cars from our fleet with a replacement programme of electric vehicles.</p> <p>NHS Orkney's climate change action plan is led by the Sustainability Steering Group, the action plan sets out clear targets in line with Scottish Government policy.</p> <p>Additional to the New Balfour, the team are reviewing opportunities to increase solar panels, wastewater retention and how this can be captured. We continue to discuss with National advisors at ASSURE how we can further improve the New Balfour.</p> <p>NHS Orkney's commitment to achieve net zero has been rewarded by financial investment from SG to allow the Board to concentrate on all other Board owned properties outside the Balfour.</p> <p>A 2-year Project is underway across 13 buildings to remove all fossil fuelled heating systems and to replace with renewable energy systems, at the same time all buildings have been subject to survey and will be insulated, new windows and doors fitted, subject to local planning conditions solar panels</p>

	and or wind turbines will be fitted to further increase the renewable option. This project will be overseen by the Hub North who have supported the Board to secure the services of specialists including M and E, Architect/Planning, and advisors on renewable energy.
<b>10.6</b>	<p>Across our board-run general practice we have worked to reduce the CO2 content of inhalers to reduce our environmental impact. On average, 1 dose (2 puffs) of a standard inhaler releases an equivalent amount of CO2 to driving a petrol car 1.72 miles.</p> <p>The total use of inhalers across this practice in the 12 months to Oct 21 was approx. 70 million tonnes of CO2, or the equivalent of a quarter of a million car miles. Two improvement cycles have been undertaken since then with the latest results in Mar 23 revealing that the total annual release of CO2 from inhaler use was reduced to less than 10 tonnes. Or to put it another way, a drop in equivalent car miles from 250,000 to under 35,000. This work will continue.</p> <p>NHS Orkney will develop a plan to implement the recommendations within the Quality Prescribing Guide for Respiratory Prescribing in Scotland. NHS Orkney has already co-developed guidance with NHS Shetland on informing prescribers of how to reduce their carbon footprint through inhaler selection. NHS Orkney will continue to review it's performance on this through the review of the National Therapeutic Indicator for these aims.</p>
<b>10.7</b>	<p>NHS Orkney use the national procured Environmental Management System (EMS).</p> <p>NHS Orkney are engaging with the National Lead at Health Facilities Scotland and taking guidance and support in preparation, implementation and use of policy, procedure and supporting documentation.</p>

## Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

The Financial Sustainability Office (FSO) which was established during 2022/23 will facilitate and support improvement/control mechanisms to monitor progress against the Financial Recovery Plan. Additional controls to highlight challenges include:

- Workstreams led by Executive Sponsors
- Reporting through Finance and Performance Committee
- Financial Recovery Programme Board

The Board are engaged with improvement programmes with attendance at the Financial Improvement Network by both Finance and FSO colleagues. The FSO team are also linked into the Healthcare Projects and Change Association Network.

In preparing the Financial Plan, consideration has been given to additional costs and National, Regional and Local priorities for investment, however, there remains several uncertainties and associated risks.

The following risks have been highlighted:

- Level of recurring savings required in 2023/24 equates to £5.011m of which the board have assumed delivery of £1.526m.
- The plan assumes that the Executive Directors will deliver balanced budgets for their areas and overspends will be addressed.
- Covid funding will only be provided for Vaccinations, Test & Protect and PPE, its assumed that all other Covid costs will cease by 31st March 2023, otherwise they will need to be met from the Board's recurring allocations and will increase the funding gap further.
- The impact of inflation on the cost base for next year, particularly across medicines, clinical supplies, and energy costs.
- Availability of funding for both Nationally funded Programmes & Initiatives and Services funded annually on a non-recurring basis.

The top 5 risks identified are set out below:

Top 5 Risks						
Risk Title	Description of risk and potential impact	Mitigating Actions	Impact	Impact Score	Likelihood Score	Likelihood
1	Unable to recruit to sustainable medical model, impacting on savings that can be delivered	Medical Director to liaise with services to identify opportunities where permanent staff can be employed to eliminate	High	0.83	0.83	High

		boards need for locums/ agency				
2	Lack of engagement from EMT to support and deliver required savings to enable the board to get back into financial balance	Ongoing dialogue with EMT with regular updates from the Director of Finance to ensure up to date understanding of impact and requirements	High	0.83	0.50	Medium
3	Inability to identify new recurring savings schemes through service redesign	EMT colleagues required to identify and implement recurring savings schemes supported by FSO	High	0.83	0.50	Medium
4	Impact of national policies decisions and restrictions on board to redirect funding to key areas of need	Discuss with Scottish Government and redress any issues	High	0.83	0.83	High
5	Ability to withdraw additional resources put in place during Covid by 31.03.23 and additional costs impacting the financial gap further	Executive Management Team continue to review and address ongoing spend/ exit plans	High	0.83	0.17	Low

The financial outlook for 2023/24 has highlighted a financial gap of £6.790m. The Board is forecasting a £3.016m overspend for 2023/24 based on the assumptions and estimates considered to produce the Financial Plan.

Work continues with the executive management team to ensure successful delivery against the financial recovery plan. The FSO will work with Executive Leads and colleagues to seek additional opportunities to address the financial gap. The unachieved recurring savings for 2022/23 have been rolled forward to the opening position for 2023/24.

In addition, a number of other actions continue:

- Review and update of material changes to the baseline recurring pressures based on the latest information.
- Assessment of the continued requirement for previously agreed investment.
- A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.
- Communication with the Integrated Joint Board will need to take place to establish how the underachievement of savings will be addressed during 2023/24 and moving forward.

The Director of Finance and Chief Executive will have regular Confirm and Challenge meetings with the Executive Directors to discuss the current position, Financial Recovery Plan and seek opportunities to address the financial gap.

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The Board has taken a number of actions in the first quarter to tackle the underlying financial deficit in 2023/24 and beyond. Such actions include:

- 'Confirm and Challenge' sessions with each of the Executive Directors – these have been led by the Chief Executive with the Chair of the Finance and Performance Committee, Director of Finance and Head of Finance in attendance. The sessions will now be superseded with
- Grip and Control Board where each of the Executive Directors will be charged with taking forward a number of individual savings schemes and reporting back through the Grip and Control Board on progress to date and risks to delivery. The Grip and Control Board will be chaired by the Chief Executive and supported by the Director of Finance
- The Finance and Performance Committee will receive regular updates and scrutinise performance
- NHS Orkney Board continues to receive regular updates on the Boards financial performance
- The Financial Sustainability Office will facilitate workshops to encourage staff to share efficiency ideas and opportunities for savings and to drive forward the financial recovery
- Briefing notes shared in staff communications to outline the financial challenges and encourage feedback across the organisation.

Following the month 2 reporting, the Board is forecasting an overspend of £6.4m for 2023/24 based on the assumptions and estimates detailed within this plan.

Work continues with the Executive Directors and the wider organisation on the financial recovery plan through the FSO to seek opportunities to address the financial gap.

In addition, a number of other actions continue:

- Review and update of material changes to the baseline recurring pressures based on the latest information;
- Assessment of the continued requirement for previously agreed investment;
- A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.
- Communication with the Integrated Joint Board will need to take place to establish how the underachievement of savings will be addressed during 2023/24 and moving forward.

The Director of Finance continues to have regular meetings with the Senior Leadership Team, the Chair, the Chief Executive and the Chair of the Finance and Performance Committee to discuss the current position, financial recovery plan and seek opportunities to address the financial gap.



## Section C: Workforce

Please include an update on the implementation of Board workforce plans.

NHS Orkney's 3-year Integrated Workforce Plan describes the actions we are taking to achieve the vision, outcomes, and values, which are key to the strategy. This section will provide an update on the proposed actions for year one 2022-2023 and key deliverables for 2023-2024 along the whole workforce, in order to attract, employ and train staff in sufficient numbers to deliver the future workforce.

To ensure a whole Orkney approach to this work, regular workforce planning meetings are taking place with representation from NHS Orkney, Orkney Islands Council, the Third Sector, and the Orkney Health & Social Care Partnership.

**The workforce strategy states we must strive to improve the quality and granularity of the data we collect and adapt our planning accordingly.**

- Ensure a high level of equality detail is maintained by contacting all colleagues across NHS Orkney and ask them to review their demographic and equality data and update if required. It is expected this will be done on an annual basis.
- Reviewing bank contracts on a monthly basis (continuing throughout the three years).
- Finalise the workforce dashboard and share detail with managers as and when required (continuing throughout the three years).
- Undertake a thorough organisational establishment review (potentially carrying over into 2023/24 if required) supported by FSO, to help more clearly articulate and understand service gaps.
- Continue to prepare and present a workforce report including detail on: Establishments and Staff in post; Bank Usage; Overtime and Excess Hours; Sickness absence and Overall Absence; Starters and Leavers; Workforce Profile; Displaced Staff; Vacancy Management; Appraisal; Statutory and Mandatory training; Employee Relations; and Occupational Health information to the Staff Governance Committee on a quarterly basis (continuing throughout the three years).

**The workforce strategy states it is vital that our staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.**

- Senior management engagement and contribution to Once for Scotland stakeholder engagement sessions if required.
- Introduction of local Terms and Conditions subgroup
- Promote the introduction of new Once for Scotland policies within NHS Orkney to support colleagues understand how this enhances their workforce journey.

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- Working in partnership undertake a review of all NHS Orkney policies, which are out with the Once for Scotland phase two roll out, prioritise and update.
- Provide pastoral and preceptorship support to international recruits.
- Celebrate success of graduate apprenticeships.

### **The workforce strategy states we must support our staff with the skills and education to deliver Health and Social Care services.**

- Undertake an organisational training needs analysis to identify the training requirements across the organisation.
- Implement a self-service option for booking training.
- Liaise with higher education institutions, (HEI), for example Robert Gordon University (RGU), University of the Highlands and Islands (UHI), to explore training and development opportunities.
- Education to be provided on risk assessments, incident management/investigation and legal accountability.
- Review and create a suite of Inductions including Corporate Induction; Clinical Induction; and Managers Induction. Ensuring that out with the Corporate Induction Programme, team based specific Inductions take place for all staff joining, on promotion and moving departments. This will ensure that staff not only understand fully the requirements of their role but also understand how they fit. Induction is a key strand of building a connection to the organisation, their manager, and the teams they work with.
- Create infrastructure for leadership opportunities at all levels throughout the organisation; National leadership development programme, engaging with local colleagues and universities, and exploring third party providers and professional speakers.
- Collaborate with NHS Shetland to support management and leadership training across the organisation.
- Create and deliver management bundles on HR and management roles and responsibilities around people management.
- Ensuring that staff are provided with the time to undertake the required training necessary for their role and to support interventions for their development and growth.
- Implement new suite of eLearning on Turas learn.

### **The workforce strategy states once we have employed our workers, it is important that we support and nurture them.**

- Undertaking a wellbeing cultural review in line with the 8 aspects of culture: vision/values/goals and performance, quality, and innovation/team working/compassionate care/compassionate leadership and collective leadership. This work will be the basis of our People Strategy 2022-2026.
- Further develop the Staff Wellbeing and Support Group including recruiting wellbeing champions to support idea generation, participation in schemes to support and embed wellbeing and wellness and support communication flow with the services.
- Implement and promote a physical activity programme “fit for fun”.

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- Enhance and update the staff wellbeing page which is updated on a rolling basis and signposts to wellbeing training resources e.g., Psychological First Aid and Coaching.
- Engagement with citizens advice bureau to introduce a programme of work aimed at supporting colleagues with their financial position.
- Exploring the establishment of a staff hardship fund to support staff, through a co-ordinated approach enabling them to also access wider community support across the system.
- Facilitate clear, strong, and credible representation of NHS Orkney staff at national equality and diversity network meetings.
- Implement updated equality and diversity eLearning.
- Review and action conclusions of the NHS Orkney Equality and Diversity workforce monitoring report.
- Continued roll out of managers bundles training to support the wellbeing of all colleagues.
- Promote polytunnel open day for staff.
- Monitor appraisal rate, promote training on appraisals and encourage managers to ensure appraisals are undertaken for their staff.
- Facilitate the iMatter questionnaire and support managers to develop local outputs into meaningful actions.

An establishment review is underway through the Plan on a Page (Strategic Priorities for the organisation) which is being led by Human Resources and Finance. The Health Board are engaged in various programmes which will help to attract and appoint the right candidates. Some examples of the work underway includes;

- Building engagement locally and externally through programmes (Job Centre, providing work coach training to assist with application process. Supporting Armed forces employment through the Military Access programme support by SG, to encourage armed forces employability recruitment event attendance)
- Islands visits used to help support successful recruitment.
- Growing our own - foundation apprenticeships leading to SVQ3 then access to Open University (Health Care Support Workers with opportunity to go on to Nursing Degree)
- Diversification – top up degree supported to transfer skills from veterinary medicine to biomedical science

## Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

NHS Orkney has partnered with NHS Grampian to deliver our own Realistic Medicine agenda as well as shared work with NHSG.

To support this approach the NHS Orkney allocation for project management support to Realistic Medicine has been transferred to NHSG who then provide this function in Orkney as part of their wider processes. This has allowed NHS Orkney to achieve maximum value for money and impact from a limited resource.

Work from 2022/23 that is still being progressed includes:

- A project to sustainably improve the bladder and bowel health of those most in need.
- Through Endowment and Green Exercise Partnership Funding, poly tunnel project which supports our commitment to net-zero as well as providing a resource for the whole community, including local schools.
- Including the BRAN (Benefits, Risks, Alternatives, Do Nothing) questions from the It's OK to ask campaign in patient letters.

Work planned for 2023/24 in this area includes:

- A planned collaborative conference accessible to all in NHS Orkney and NHSG.
- The development of Realistic Medicine Champions across departments and specialities
- Promoting use of the Atlas of Variation to direct improvement work
- Public and patient engagement
- Embedding the BRAN principles in all forms of consultation

The Executive Lead for the Realistic Medicine is the Medical Director, who is supported by the Director of Dentistry as the Board Lead.

A review of operational governance arrangements is currently being undertaken, led by the Chief Executive. Monitoring of delivery against the Local Realistic Medicine Action Plan will be quarterly through the Senior Leadership Team and onward to Board. Updates will also be provided as appropriate to the Governance Committees such as the Joint Clinical Care and Governance Committee, Finance and Performance and Staff Governance Committee.

## Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

The Senior Leadership team from the IJB were involved in the discussions around the creation of this plan. They also contributed to the discussions around the NHS Orkney Strategic priorities.

## Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

Improvement Programme	Expected Impact/Benefits
National SCI Gateway Upgrade	The SCI Gateway messaging application has been completely re-written to give it a new, more modern look and feel and to be able to work in multiple browsers.
New Digital Dictation Solution	See a clear digital audit trail of all dictations and transcriptions, as well as the ability for everyone to see completion status at any given time. To interface with our PAS and SCI Store and allow for downstream letters to be sent to our GPs
Move to new TrakCare UI	New mobile user interface designed to improve electronic medical record adoption and patient safety, speed clinical workflows and improve the patient experience.
Trak access for Community Nurses	To allow a more joined up approach to patient care. To provide read only access to our secondary care PAS/EPR
Trak access for GPs	To allow a more joined up approach to patient care. To provide read only access to our secondary care PAS/EPR
Roll Out Trak IP EPR	To deliver a level of paperless processes within IP1, IP2 and ED.
Roll out upgrade to Trak ED	Eliminate bottlenecks and optimise patient flow from pre-arrival through inpatient admissions, surgical bookings, and discharge. Prioritise care accurately according to triage category, time waiting, next to be seen indicators, and patient alerts.
Roll out Trak Community Mental Health	Support the delivery of high quality, full-scope mental health services to clients by multi-disciplinary teams and visiting nurses in a broad range of non-acute, community-based healthcare settings Focus on health promotion, maintenance and improvement for individuals and groups with multi-disciplinary team meetings and events for clients, families, and staff Optimize service delivery and utilization of staff and physical resources with scheduling and appointment booking tools. Keep track of every contact made to your service by patients.
National RIS	A new national approach to RIS is anticipated to result in better co-ordination and management of radiology services, including tracking and issuing results to patients.
New Chemocare	Electronic chemotherapy prescribing offers significant advantages over paper-based systems in terms of patient safety and the efficient and effective use of resources. It also offers a potential solution to the challenges of the increasing demands which will be made of chemotherapy services as a result of increases in cancer incidence (due to the ageing population) and the introduction of new, more complex chemotherapy treatments.
eHealth eLearning & 1 to 1 training made available and captured on TURAS.	To provide a wide range of eHealth educational resources and support to enhance clinical systems professional development skills.



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Improvements to allow for ease of access to all eHealth SOP's and clinical system user guides.	To provide ease of access via our knowledge base within our JIRA Service desk tool to all staff.
Implementation of eHealth change control	Intended to lead to eHealth improvements. To provide a structure for any eHealth changes being implemented to minimise any disruption and introduce new ways of working in a planned and systematic way.
National - CfSD Digital Pre-Op Assessment	Digital solution to capture pre op assessment information
National Endoscopy Reporting System	Adoption date dependant on Grampian Contract ending.
Energy Efficiency Board	Efficiency/ Continuous Improvement Review
Sustainability and Waste	Efficiency/ Continuous Improvement Review
Medical Staffing Improvement Plan	Efficiency/ Continuous Improvement Review
Locum & Agency Spend Review	Grip and Control Review of high spend area
Theatre Productivity	Efficiency/ Continuous Improvement Review
Radiology Service Review	Efficiency/ Continuous Improvement Review
Sustainable Medical Model	Efficiency/ Continuous Improvement Review
Pain Service	Review model of care
Gynaecology Services	Income Generation and Improved patient outcomes for neighbouring Health Board
Orthopaedic Utilisation	Efficiency/ Continuous Improvement Review
Vacancy Panel	Grip and Control Review of high spend area
Community Prescribing Review	Efficiency/ Continuous Improvement Review
Dermatology – Phototherapy	Efficiency/ Continuous Improvement Review
Isles of Model Care	Review model of care
Consumables Group	Efficiency/ Continuous Improvement Review
SLA Reviews	Efficiency/ Continuous Improvement Review
Primary Care Improvement Plan	Efficiency/ Continuous Improvement Review
Review of admission pathways	Efficiency/ Continuous Improvement Review
Performance Data Production	Review to ensure the right data is being produced at the right time, to support continuous improvement reviews

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Health Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Plan on a Page – Quarter 1 Progress Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Carrie Somerville, Planning, Performance and Risk Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

The Board is asked to discuss the update, note the progress and areas where greater focus is needed, and actions being taken.

## 2.2 Background

In May 2023, it was confirmed that in keeping with the approach taken in previous years, the Senior Management Team developed a Plan on a Page for 2023/24 setting out the top priorities for the year, which the Board endorsed.

The Plan on a Page describes the Board's five main strategic objectives. Each strategic objective has an Executive Lead and each priority area is underpinned by clear actions and deliverables (which where possible are measurable). Progress against these actions will be monitored on a quarterly basis via Senior Leadership Team and the Board. This is the first quarterly update, and feedback is welcomed so that we can develop this reporting as we go.

## 2.3 Assessment

Strategic objectives:

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

The table below summarises by strategic objective progress for Quarter One by action and RAG ratings.

	Green	Amber	Red
<b>Workforce</b>	3	4	
<b>Culture</b>	3	1	
<b>Quality &amp; Safety</b>	2	3	1
<b>Systems &amp; Governance</b>	1	5	
<b>Sustainability</b>	2	1	
<b>Total</b>	<b>11</b>	<b>14</b>	<b>1</b>

There is one red RAG-rated action where insufficient progress has been made and therefore where there is currently no assurance. This is the first action under Quality and Safety strategic objective – which relates to ensuring meaningful patient feedback mechanisms are in place which demonstrate that we listen, act and learn.

Appendix 1 details by Strategic Objective the full summary of performance against each of the actions for Quarter One and the areas of focus for Quarter Two.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Climate Change Sustainability**

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

### **2.3.7 Communication, involvement, engagement, and consultation**

Executive Directors provided updates against each of the actions aligned to the Strategic Priorities

### **2.3.8 Route to the Meeting**

The Plan on Page Quarter 1 Update has been previously considered by the following group as part of its development. The group supported the content presented in this report.

- Senior Leadership Team meeting - 1 August 2023.

## 2.4 Recommendation

- **Awareness** – For Members to review the report and seek assurance. Feedback is also welcome on this report recognising this is the first such report to the Board.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Plan on a Page action tracker for Quarter One 2023/24.