

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Infection Prevention &amp; Control HAIRT</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Acute Services</b>
<b>Report Author:</b>	<b>Sarah Walker</b>

## 1 Purpose

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

- Awareness

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

The Board are asked to note the information contained in the Healthcare Associated Infection Reporting Template (HAIRT) and note the progress

against nationally set HAI reduction targets, any incident reports or emerging issues.

## 2.2 Background

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

## 2.3 Assessment

In the last quarter *Escherichia Coli* bacteraemia (ECB) cases dropped significantly from the first quarter of 2023. Cases fluctuate on an ongoing basis and reflect several hepatobiliary cases, where risk factors have been investigated but this has not identified areas where risk mitigation would have proved useful.

The team continue to address individuals who are not dress code compliant, any failure to undertake hand hygiene, or improvements required for best use of personal protective equipment on a daily and ongoing basis. We always discuss the rationale with staff so they are fully cognisant of the risks we are trying to mitigate.

IP&C quality assurance and ongoing support to secondary, primary and community care settings continues.

### 2.3.1 Quality/ Patient Care

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

### 2.3.2 Risk Assessment/Management

As described in 2.3.1

### 2.3.3 Route to the Meeting

HAI Executive Lead for IP&C

## 2.4 Recommendation

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

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



# **NHS Orkney**

## **Infection Prevention & Control HAIRT Report**

### **August 2023**

**Created By:**

Sarah Walker

Infection Control Manager

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## **2 Report Summary**

### **2.1 Situation**

Quarter 2 and to present Quarter 3 LDP figures are included within this HAIRT, however, the Board should be aware that investigations for some cases from Quarter 2 and 3 are still ongoing with clinicians and further information will be available in the next report.

### **2.2 Background**

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

### **2.3 Assessment**

In the last quarter *Escherichia Coli* bacteraemia (ECB) cases dropped significantly from the first quarter of 2023. Cases fluctuate on an ongoing basis and reflect a number of hepatobiliary cases, where risk factors have been investigated but have not identified areas where risk mitigation would have proved useful.

The team continue to address individuals who are not dress code compliant, any failure to undertake hand hygiene and improvements required for personal protective equipment on a daily and ongoing basis, discussing the rationale with staff so they are fully cognisant of the need for and basis behind the risk mitigation.

IP&C quality assurance and ongoing support to secondary, primary and community care settings continues.

### **2.4 Recommendations**

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

## Staphylococcus aureus bacteraemia (SAB)

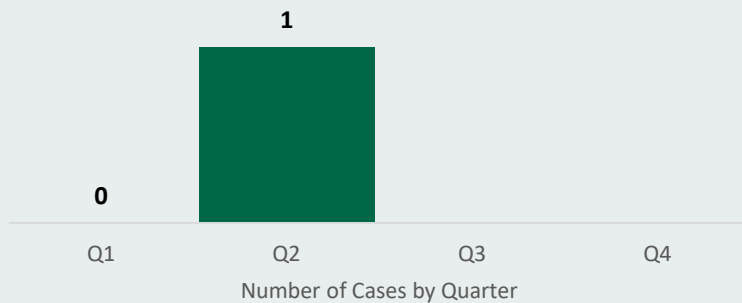
Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP target set for Orkney is 3 per year, with the expectation that the aim is to achieve **zero** where possible.

Currently, there is one SAB under investigation for Quarter 2.

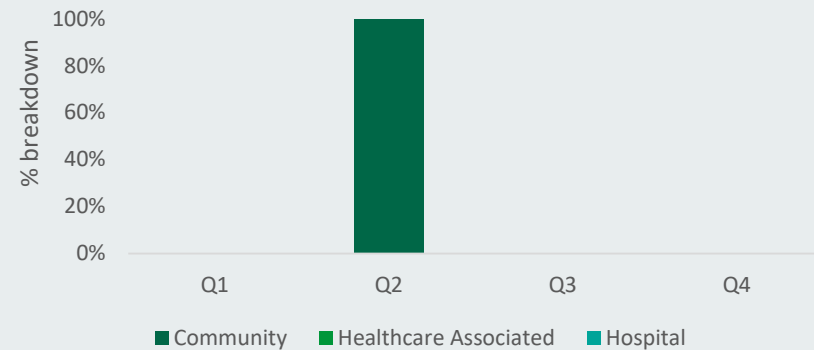
### Dashboard

LDP Standard 1st Jan 2023 to 31<sup>st</sup> Dec 2023 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3

#### SAB numbers Jan - Dec 2023



#### SAB Acquisition



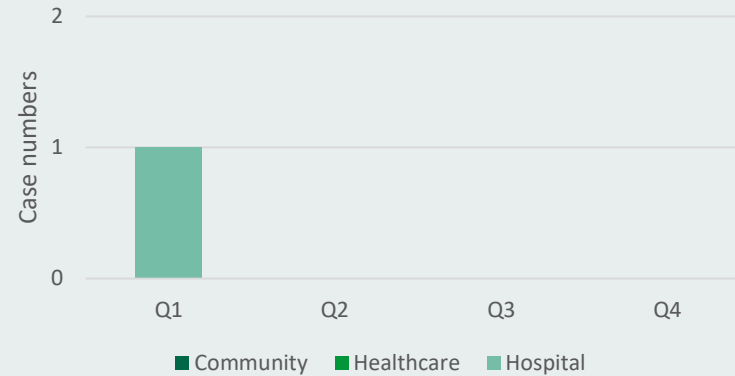
### **Clostridioides difficile Infection**

Surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The LDP target set for Orkney is 3 per year but the aim is always to have a few as possible.

To date for LDP target year 2023, one case has been attributed to hospital. Therefore, has received care in the preceding 12 weeks.

LDP Standard 1<sup>st</sup> Jan 2023 -31<sup>st</sup> Dec 2023 for *Clostridioides difficile* Infection – TARGET 3

#### **CDI Acquisition**



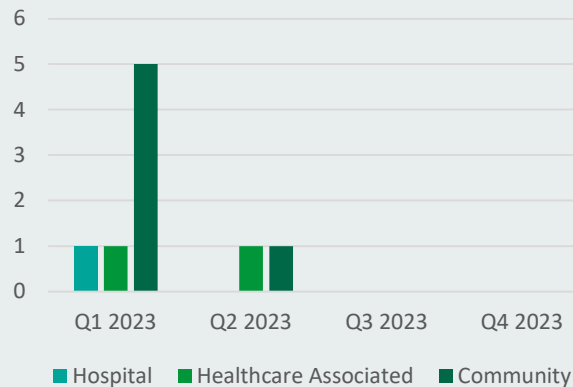
### **E. Coli Bacteraemia**

National surveillance of *E. Coli* bacteraemia has a target reduction in place of 25%.

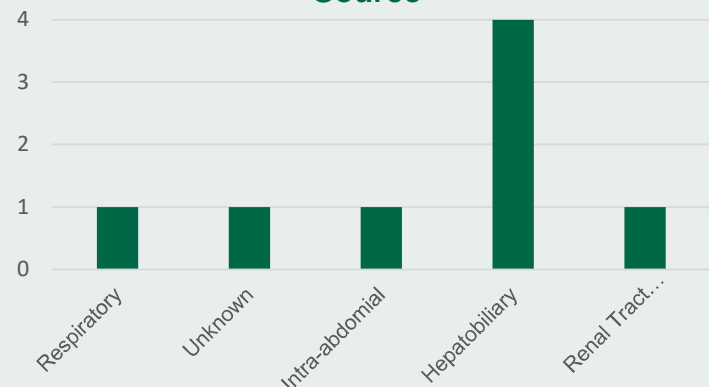
Quarter 2 has seen a slight reduction in cases, and there is currently one case for Quarter 3, two cases are still under investigation and source will be available in the next HAIRT. Most cases are presenting with underlying hepatobiliary symptoms but no risk factors can be identified.

*Escherichia Coli* (*E. Coli*) Bacteraemia 1<sup>st</sup> Jan 2023 - 31<sup>st</sup> Dec

#### **Origin**



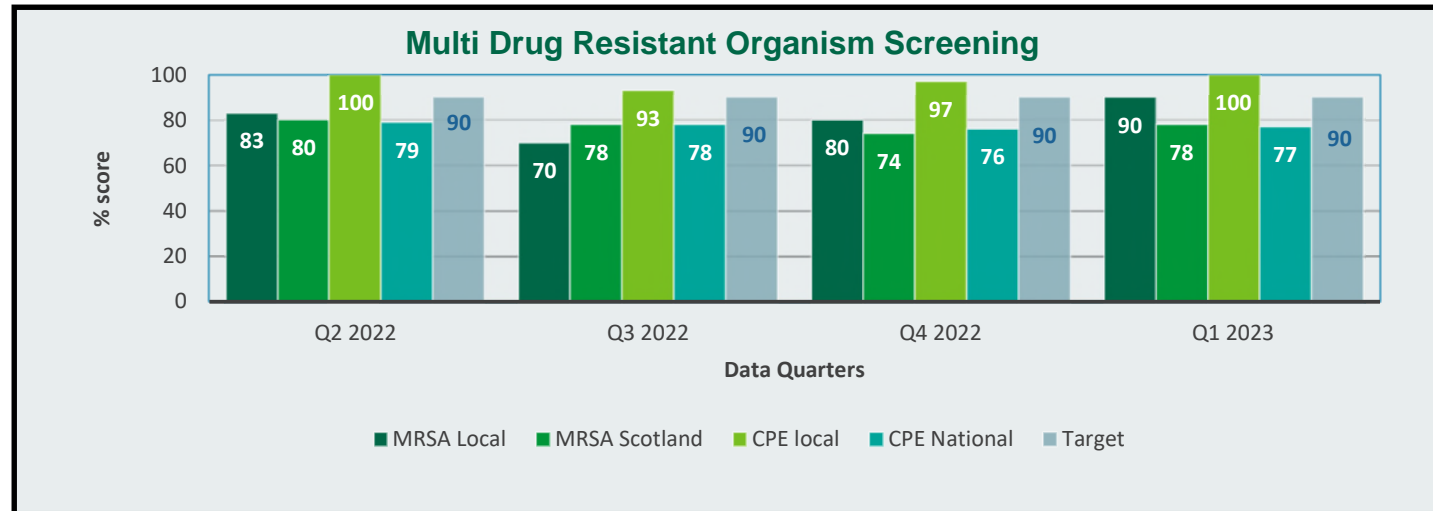
#### **Source**



### Multi Drug Resistant Organism (MDRO) National Screening

There has been no national update to the MDRO data since receipt of the Q1 2023 data. Local data collection continues and is anticipated to show a slight improvement once data is released.

Screening target remains **90%**



### Hand Hygiene

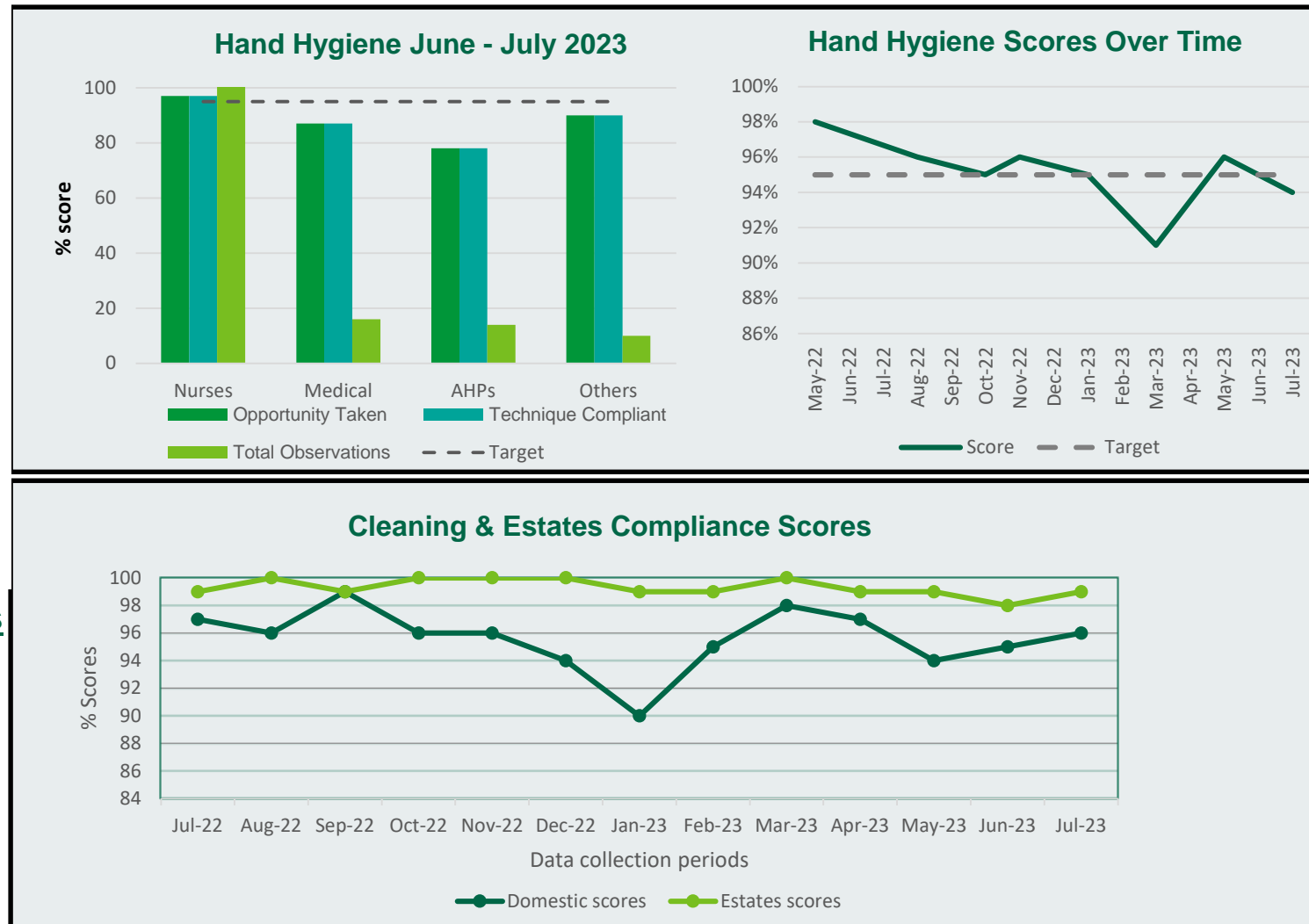
Bare below the elbows is an ongoing challenge and if staff are not compliant that will immediately influence a hand hygiene slippage. The IP&C team raise this on a regular basis in huddles and in June issued an IP&C newsletter which included bare below the elbows and dress code as part of hand hygiene and hand hygiene improvement.

So that staff are fully sighted on why dress code and bare below the elbows is important. Currently the hand hygiene score is 94%. A total of 149 observations were undertaken.

### National Domestic and Estates

#### Environmental Scores

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



### **Quality Assurance**

Quality Assurance audits are nearing completion, audit results have been fed back individually to each practice, with many improvements plans now returned. The collective areas for improvement have been shared with the Head of Primary Care, and individually with the Estates Department for any environmental improvements that may be required.

As IP&C quarterly newsletter was issued within the weekly comms in June which covered a “Bug of the Month”, this time the spotlight was on E. Coli, focussing on hand hygiene, urinary catheter management and antimicrobial treatment and updating teams on E. Coli bacteraemia (ECB) rates both nationally and locally. The local ECB figures were presented for 2022 and information on cases that were considered either hospital or healthcare associated in the hope that this will assist in a reduction in healthcare and hospital related ECB. There was also an emphasis on the hydration campaign and when to ensure adequate hydration is maintained as dehydration is a leading cause of urinary tract infections, which can be a causative factor for ECB.

### **Care Home Support**

IP&C education originating from the training needs analysis, which was undertaken earlier in the year commenced in July in one care home, uptake has been slow, but this probably is suggestive of the peak of staff holidays and the reduced number of staff available to undertake training whilst continuing day to day service needs. The team are positive this will improve in the coming weeks and months. The team continue to offer support on an ongoing basis with regular visits to care homes and drop ins to support any IP&C issues reported.

### **Exception Reporting to Scottish Government**

No further exception reports have required submission.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
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<b>Title:</b>	<b>Infection Prevention &amp; Control Annual Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sam Thomas, Director of Nursing, Midwifery and Allied Health Professions, Acute Services and HAI Executive Lead</b>
<b>Report Author:</b>	<b>Sarah Walker, Infection prevention &amp; Control Manager</b>

## 1 Purpose

The Infection Prevention & Control Annual Report is presented for discussion. This includes yearly LDP targets and IPC work undertaken in 2022-23

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

- Awareness
- Discussion

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred



## **2 Report summary**

### **2.1 Situation**

The Infection Prevention & Control (IP&C) Annual Report offers an overview of the work undertaken by the team across Primary, Secondary and Social Care during 2022-23. It is presented for information, review and assurance.

### **2.2 Background**

The IP&C Annual Report is tabled at JCCGC every year for assurance and any questions prior to going to Board.

### **2.3 Assessment**

The year has been challenging for IP&C with changes in staffing and reduced capacity at some points, due to vacancies. The team have diversified and moved away from the traditional nurse role.

Moving from a pandemic footing to one of recovery has and remains a massive task. Some of the targets have been missed but there are many reasons for this, with each and every case being investigated and discussed with the lead clinician.

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

Every infection whether it is a community or healthcare associated infection is investigated for lessons that can be learned and shared.

#### **2.3.2 Workforce**

Staffing has been challenging during 2022-23 and work as an infection prevention & control practitioner can also be challenging. This year the team have diversified and welcomed three new staff into the team to assist and support IP&C agenda. Two IP&C Practitioners and a new Healthcare Support Worker/Administrator. Working differently and uniquely to meet the IP&C service.

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

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

The following meetings have taken place.

- Infection Control Committee, 29 March 2023

### 2.3.4 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Infection Control Committee, 29 March 2023
- Joint Clinical and Care Governance Committee, 4 July 2023

## 2.4 Recommendation

Review, note and comment where required on the contents of the Report

- **Awareness** – For Members assurance

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 NHS Orkney Infection Prevention and Control Annual Report



# **NHS Orkney**

## **Infection Prevention & Control Annual Report**

### **2022-23**

**Created by:**

Sarah Walker  
Infection Control Manager

**Supported by:**

Dr Becky Wilson  
Infection Control  
Doctor/Consultant Microbiologist

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# Foreword

The year has been a positive one, there have continued to be changes in regard the team and with changes to de-escalation of Covid measures, both in primary, secondary and social care. With guidance changing on an ongoing basis in the early part of the year, teams have struggled with the ongoing changes and keeping up to date, this picture reflected across most Scottish boards, NHS Orkney were no different.

Through the winter of 2022-23, teams dealt with other respiratory pathogens, reminding teams that as we live with SARS-CoV-2, teams have become cognisant of the other pathogens, that they managed pre-pandemic.

The Healthcare Associated Infection Standards were reviewed in May 2022 by Healthcare Improvement Scotland. The update took into consideration the wider social care settings. These standards form the basis for the governance and system processes required to ensure safe standards of care for patients and will used to inform scrutiny inspections within the Board.



*Infection prevention & control is everyone's business*

## The Team

### Management Team

- Michael Dickson - Interim Chief Executive
- Mark Henry/Sam Thomas - HAI Executive Lead
- Dr Becky Wilson - Consultant Microbiologist, Infection Control Doctor
- Sarah Walker - Infection Control Manager

### Infection Prevention & Control Nursing Team

- Catherine Edwards IPCN Specialist
- Kelly Laing-Herridge – IPCN
- Jennifer Watt – IPC Practitioner
- Eve Richardson – IPC Practitioner (16 hrs)
- Katie Berston – Healthcare Support Worker /Administrator.

## Introduction

It has been an extremely busy year for the Infection Prevention & Control Team. Preventing and controlling Healthcare Associated Infection (HAI) has continued to be a challenge in healthcare settings. The realisation that the step down of covid measures in the community has not translated to do healthcare has been difficult for visitors, patients and staff to accept and may have potentially resulted in covid transmission within the care settings.

All HAIs that are potentially preventable are investigated, with the Lead clinician and care team. Any lessons learnt of actions are followed up and shared. Although every case, whether considered HAI or community acquired; such as *Staphylococcus aureus* and *Escherichia coli* Bacteraemia, *Clostridioides difficile* infection and surgical site infection amongst others are followed up on every occasion. Surveillance of surgical site infections, which had been paused nationally through the pandemic, has been ongoing in NHS Orkney throughout the pandemic and continues to provide an overall local picture of success, with no infections reported. Alternatively, some of the bacteraemia numbers have increased since last year and may be related to a pause in some treatments. NHS Orkney is committed to ensuring that any preventable infections are investigated, and lessons learnt and shared. There has been little to learn this year from the infections investigated but the team continue to share information on best practice with teams.

The purpose of this Infection Prevention & Control (IPC) Annual Report is to provide an overview of January 2022 - December 2022 Local Delivery Planning Targets and IPC activities and improvements required for the forthcoming year, 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

# Executive Summary

## Summary of the January 2022-December 2022 Local Delivery Targets



### ***Clostridioides* (formerly *Clostridium*) *difficile* infection (CDI)**

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI where possible is therefore essential and an important patient safety issue.

The standard is to achieve a reduction in *Clostridioides difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over)

NHSO performance in 2022/2023

Healthcare associated cases per 100,000 bed days (ages 15 & over) was 2 cases.

Community associated cases per 100,000 populations (ages 15 & over) 2 cases

**LDP TARGET – 1 over**

### **Hand Hygiene**

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

**TARGET ACHIEVED**

### **Surgical Site Infection (SSI)**

SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. National reporting is paused but NHSO local figures have been continued.

NHSO performance in 2022/2023

Total procedures = 59

Caesarean sections = 38

Hip Arthroplasty/Reduction of long bone = 16

Large bowel = 5

Surgical site infections identified = 0

**TARGET ACHIEVED**

### **Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* (*S. aureus*) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. Infection can occur if *S. aureus* breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP TARGET: The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance.

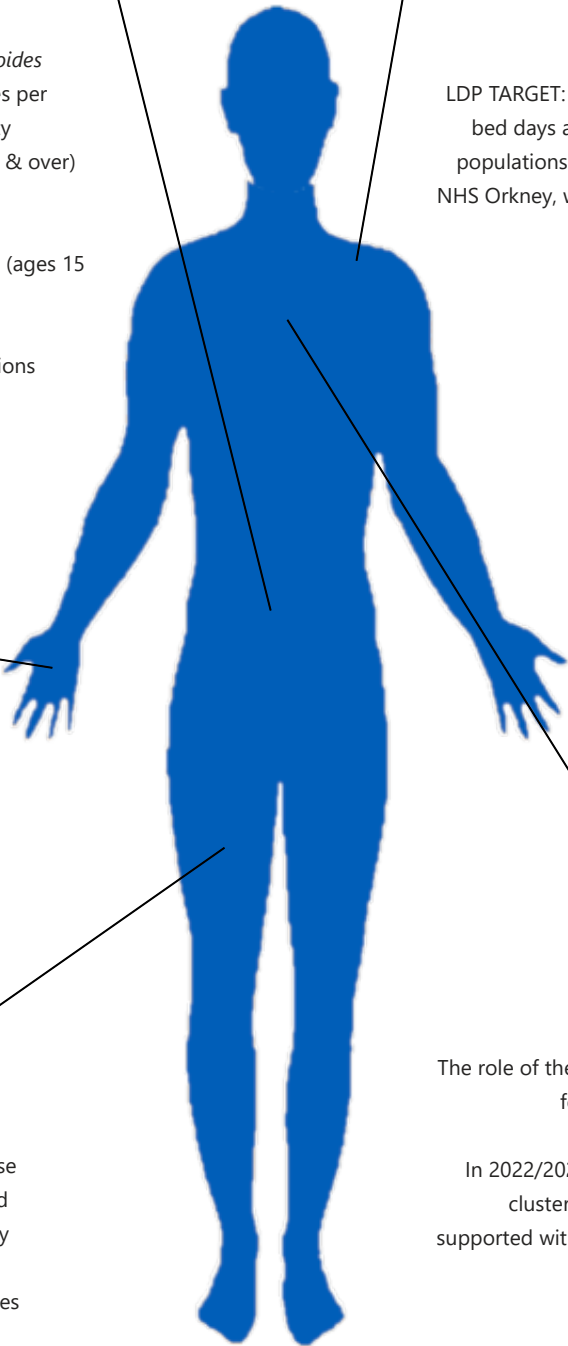
Actual - 9 Cases  
Target - 3 Cases

**LDP TARGET - 6 Over**

### **Outbreaks of Infection**

The role of the IPC Team in healthcare is to prevent, prepare for, detect, and manage outbreaks of infection.

In 2022/2023 the infection control team have managed 2 clusters of SARS-CoV-2, 1 water related incident and supported with multiple other community-based clusters and outbreaks of infection.





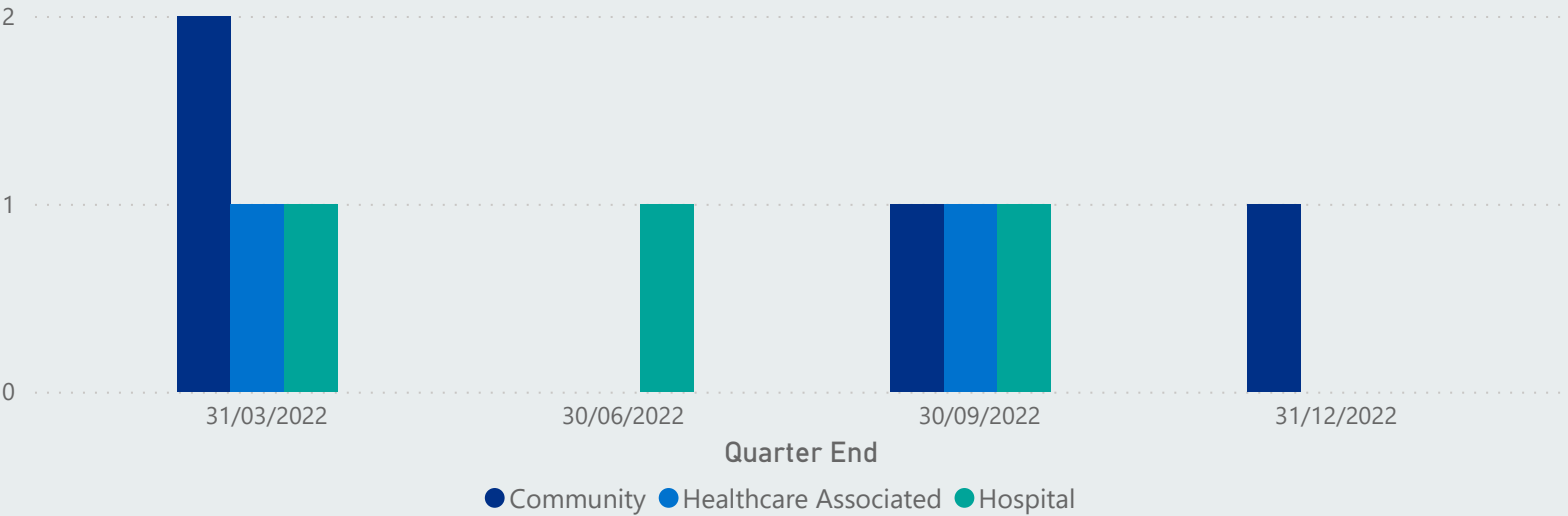
This year there were 9 SABs investigated to identify the origin of infection. This is well over the target of 3, with other Boards reporting a similar picture.

For the healthcare associated infections, there needs to be consideration of the patients who arrive from outwith NHS Orkney, sometimes with significant co-morbidities, who have a variety of reasons for being on island. There have also been instances of shared care between NHS Orkney and other Scottish health boards where information has been sought from other IP&C teams to help ensure our surveillance remains as robust as possible. Recurrence of infection, particularly where patient factors affect the adoption of definitive management strategies remains a challenge that perhaps is disproportionately represented in the small numbers seen in NHS Orkney.

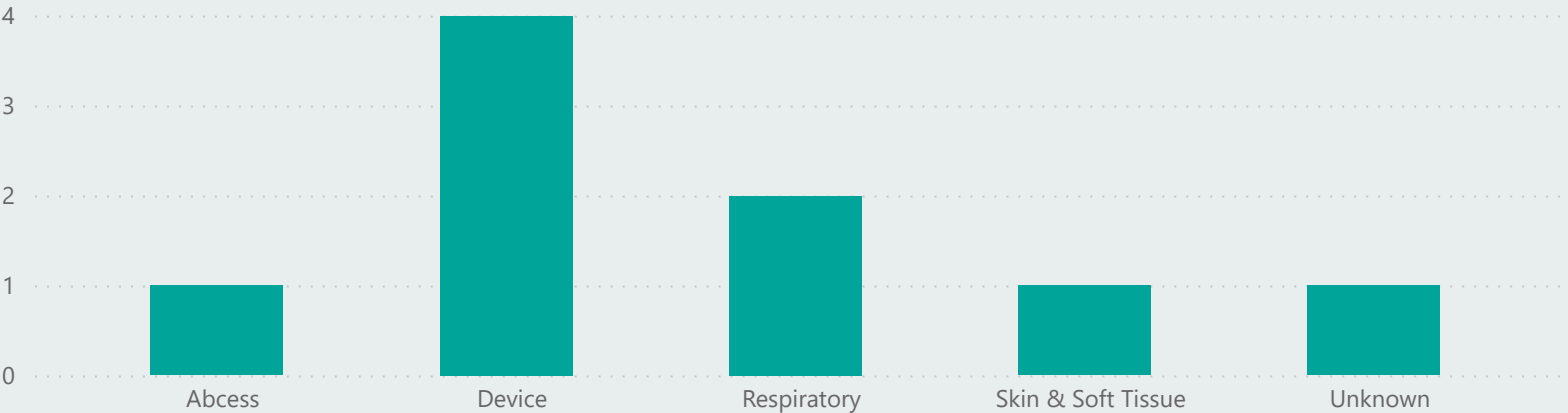
- Community cases = 4. Two respiratory infections, one skin and soft tissue, one unknown source
- Healthcare associated infection = 2. One abscess related but had healthcare input within 30 days of isolate, and one device related.
- Hospital acquired = 3. All device related (long term devices).

All were Meticillin sensitive *Staphylococcus aureus* bacteraemia.

Origin of infection, Healthcare associated, hospital acquired or Community  
Based on LDP Targets



Source of infection



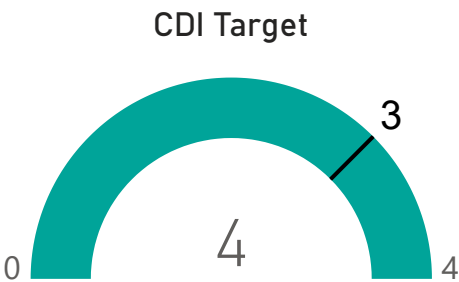
# HAI Surveillance

## Clostridioides difficile infection (CDI) LDP Target year

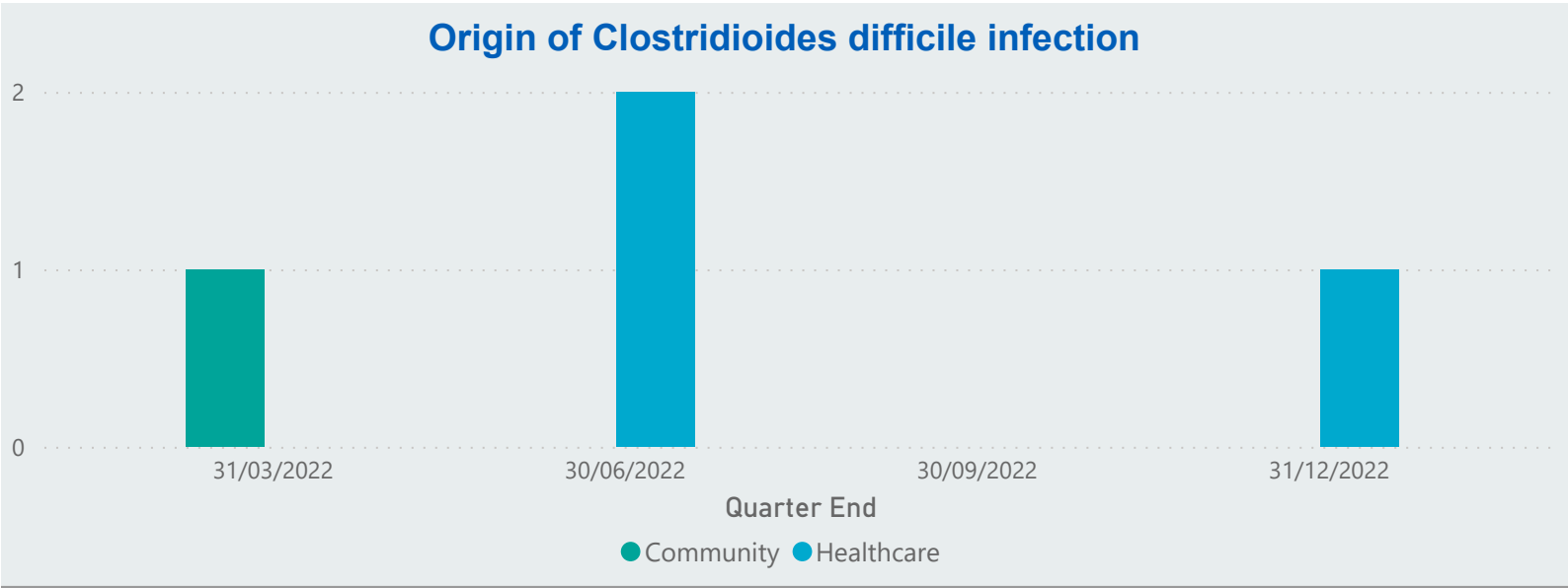


4 CDI infections investigated to identify the origin of infection. This is 1 over the target of 3.

One was a community cases and the remainder healthcare associated, so had healthcare input or been discharged from a healthcare setting in the preceding 4 weeks prior to symptom onset.



Origin of Clostridioides difficile infection



# HAI Surveillance

## Multi Drug Resistant Organism Clinical Risk Assessment (CRA)

An uptake of 90% for the application of the MRSA Screening Clinical Risk Assessment is necessary to ensure that the national policy for MRSA screening is as effective.

The clinical risk assessment tool has been adapted over time to meet requirements and make it easy for staff to complete. This tool encompasses, other infections to provide a thorough assessment of infection risk at the time of admission. Although NHSO are struggling to meet the 90% target, they are performing consistently above the Scottish average. Further improvement will be required with Senior Charge Nurses and teams to improve the screening results.

Where the figures are **Green** this indicates an improvement since the last quarter

MRSA & CPE Uptake Values (Quarter End)

MRSA Uptake					CPE Uptake				
Region	31/03/2022	30/06/2022	30/09/2022	31/12/2022	Region	31/03/2022	30/06/2022	30/09/2022	31/12/2022
Orkney	93.00%	83.00%	70.00%	80.00%	Orkney	97.00%	100.00%	93.00%	97.00%
Scotland	81.00%	80.00%	78.00%	74.00%	Scotland	80.00%	79.00%	78.00%	76.00%

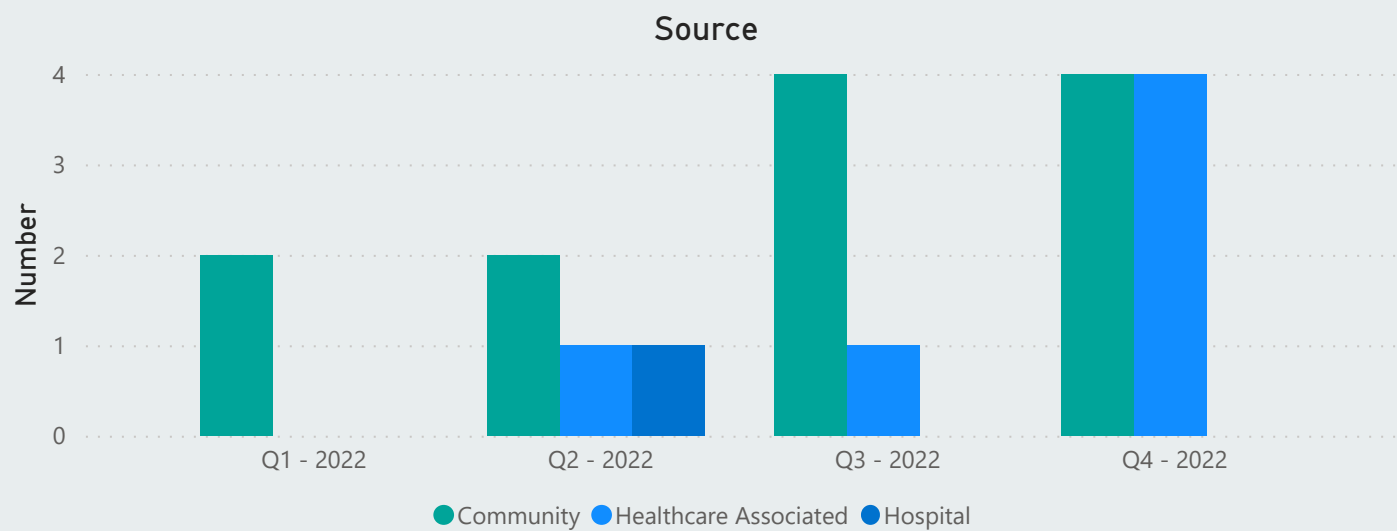
*Escherichia Coli (E.Coli)* is a bacterium that forms part of a normal intestinal flora that assist digestion, however if it migrates to another body area that should be clean then it can cause infection; e.g. *E.Coli* is the most common cause of urinary tract infections.

Surveillance of *E.Coli* bacteraemia within Boards is an ongoing requirement in order to reduce what was an upward trend of *E.Coli* bacteraemia in Scotland. An improvement target has been set for reduction in cases by 50% by 2024, which will be challenging for all Boards. However, this challenge has been recognised by Scottish Government and target has been reduced in the last month to 25% reduction- DL (2023) 06 issued the 23rd February 2023.

In the last year there have been 19 cases within the Board area from January 2022-December 2022, which is a slight increase the previous year. Cases are categorised by healthcare intervention, i.e., blood culture obtained within 48hrs of admission or 48hrs after discharge, healthcare associated deemed as any interaction with healthcare in the preceding month, community cases have had no interaction with any healthcare setting/staff.

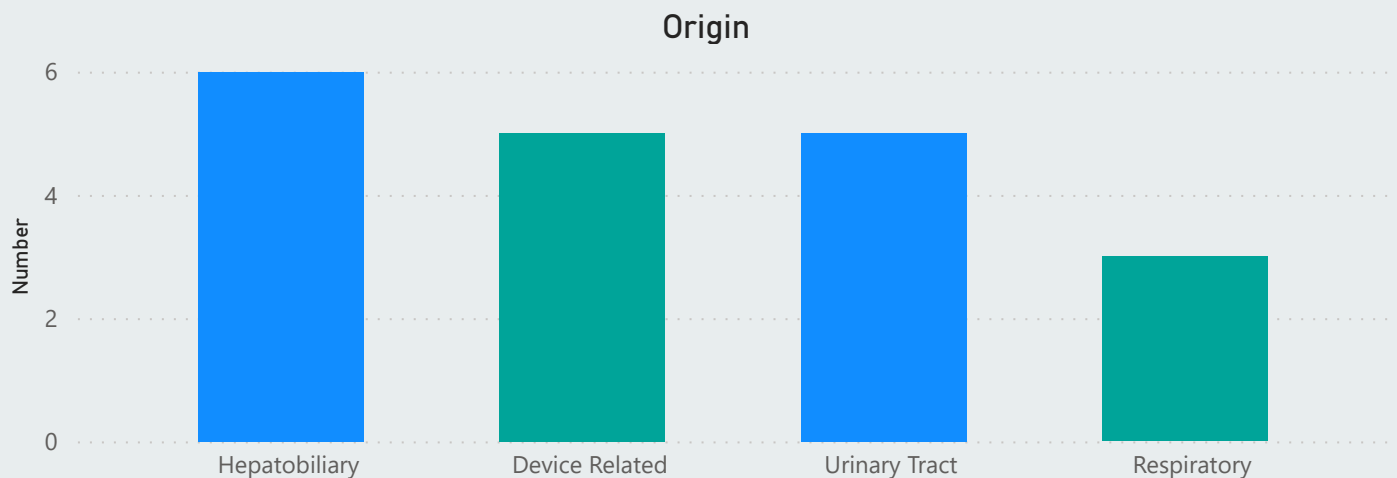
### Source of Infection

Below is a breakdown of source of infection for January 2022 – December 2022



### Origin of Infection

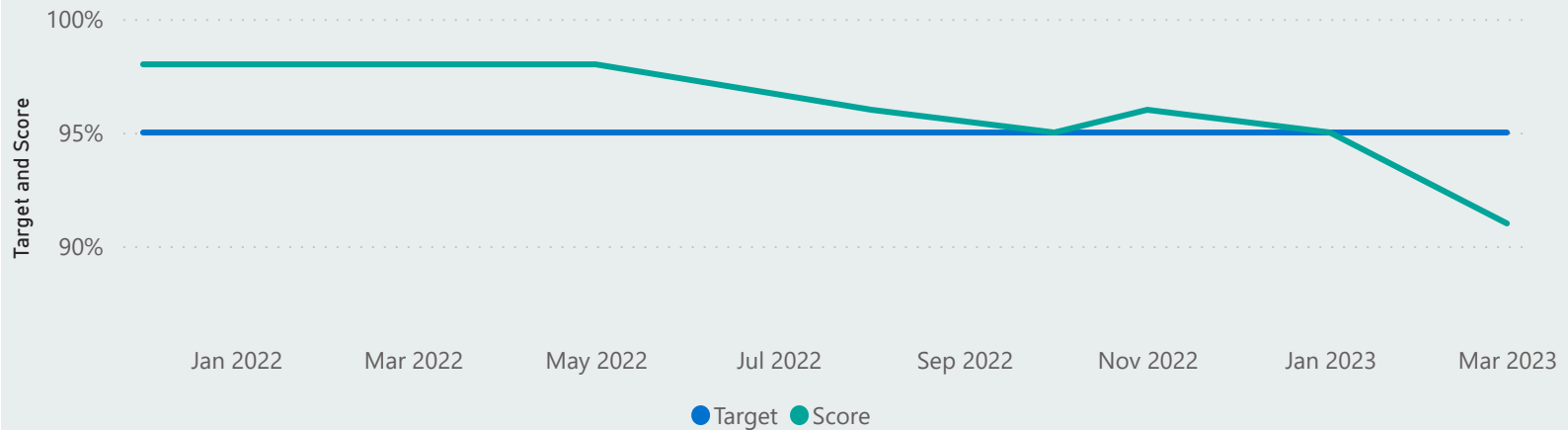
Below is a breakdown of origin of infection for January 2022 – December 2022



TheWorld Health Organisation 5 moments for hand hygiene, are monitored by departments on a rolling basis in line with the National Infection Prevention & Control Manual, Chapter 1 Standard Infection Control Precautions (SICPs) monitoring required by CNO letter 2012(1). This infection control bundles are known to reduce the risk of transmission of infection.

Quality assurance hand hygiene is undertaken monthly and reported bi-monthly by the Infection Prevention & Control Team. Target is set at 95% across all areas. For the first time in over a year, results dipped below 95% in February. Auditing in March has shown a returned improvement back to over 95%, however. IPC will continue to closely monitor and always address non-compliance with staff member at time of observation.

Hand Hygiene Scores Over Time



Surgical Site Infections

Surgical site infection surveillance is undertaken for three procedures undertaken within the Balfour: all Caesarean Sections, elective and emergency, Large Bowel operations, and lastly on all orthopaedic hip surgery.

In the last year there have a total of 59 surgical surveillance operations followed up this year and zero surgical site infection across all three streams. The national data collection tool is now unavailable may be due to review of SSI infections and pause in surveillance nationally

Well done to the teams!

SSI Data Table\*

Procedure	Surveillance Type	No. Of Procedures	SSIs	SSI Rate (%)	95% Confidence Interval	National SSI Rate (%)	National 95% Confidence Interval
Caesarean Section	Full	38	0	0	0.0 to 9.2	0.20%	0.0 to 1.4
Large Bowel Surgery	Full	5	0	0	0.0 to 43.4	0.00%	0.0 to 13.3
Reduction of Long Bone Fracture	Full	1	0	0	0.0 to 79.3	0.00%	0.0 to 2.6
Repair of Neck of Femur	Full	15	0	0	0.0 to 20.4	0.20%	0.0 to 0.9
Total	—	59	0	0	0 to 6.1		

TABLE 1.1: Number of procedures and SSIs by procedure category for Caesarean section (inpatient and PDS to day 10), Large bowel surgery (inpatient and readmission to day 30), Reduction of long bone fracture (inpatient and readmission to day 30) and repair of neck of femur (inpatient and readmission to day 30) procedures within Balfour Hospital, 01/01/2022 - 31/12/2022

# Cleaning and Maintenance of the Healthcare Environment



Cleaning and maintenance of healthcare settings forms another element of Standard Infection Control Precautions. We are fortunate to have dedicated Domestic and Estates Teams, alongside our RFM colleagues for secondary care, work tirelessly to ensure environmental safety in healthcare settings. The teams work together with the IPCT to ensure environmental cleanliness and to meet the required standards in primary care sites with rectification fed through to Estates and Domestic following IP&C audit and follow up. This makes for great collaborative working and improvement where required.

The scores below reflect their commitment to a safe environment. The teams have been quite under pressure latterly, with vacancies and absence but continue to risk assess where required to ensure a level assurance for all department leads, GP practices and other areas.

## Domestic Scores

Health Board	1st Quarter Apr - June 2022/23	2nd Quarter July - Sept 2022/23	3rd Quarter Oct - Dec 2022/23	4th Quarter Jan - March 2022/23
NHS Ayrshire and Arran	95.70%	95.50%	95.60%	
NHS Borders	95.80%	95.30%	95.80%	
NHS Dumfries and Galloway	96.10%	95.60%	96.70%	
NHS Fife	96.00%	96.20%	95.90%	
NHS Forth Valley	94.50%	94.80%	95.40%	
NHS Golden Jubilee	98.20%	98.20%	98.00%	
NHS Grampian	93.40%	93.20%	92.90%	
NHS Greater Glasgow and Clyde	95.40%	95.00%	94.90%	
NHS Highland	95.60%	95.10%	94.90%	
NHS Lanarkshire	95.80%	95.40%	95.80%	
NHS Lothian	95.80%	95.70%	95.90%	
NHS NSS SNBTS	93.90%	91.40%	93.10%	
NHS Orkney	96.40%	96.50%	96.50%	
NHS Scotland	95.40%	95.30%	95.30%	
NHS Scottish Ambulance Service	96.60%	96.70%	96.80%	
NHS Shetland	95.10%	96.40%	97.60%	
NHS State Hospital	98.00%	96.90%	96.30%	
NHS Tayside	95.00%	95.30%	95.30%	
NHS Western Isles	96.70%	95.70%	95.20%	

## Estates Scores

Health Board	1st Quarter Apr - June 2022/23	2nd Quarter July - Sept 2022/23	3rd Quarter Oct - Dec 2022/23	4th Quarter Jan - March 2022/23
NHS Ayrshire and Arran	97.50%	97.30%	96.90%	
NHS Borders	97.90%	97.40%	97.20%	
NHS Dumfries and Galloway	99.70%	99.60%	99.80%	
NHS Fife	96.30%	96.30%	96.50%	
NHS Forth Valley	94.00%	93.60%	94.50%	
NHS Golden Jubilee	98.00%	98.10%	96.90%	
NHS Grampian	93.00%	92.90%	93.00%	
NHS Greater Glasgow and Clyde	96.60%	96.10%	96.00%	
NHS Highland	97.80%	97.80%	97.80%	
NHS Lanarkshire	96.30%	95.20%	96.30%	
NHS Lothian	97.10%	97.10%	97.10%	
NHS NSS SNBTS	94.80%	94.80%	95.00%	
NHS Orkney	99.50%	99.70%	99.80%	
NHS Scotland	96.70%	96.40%	96.50%	
NHS Scottish Ambulance Service	95.70%	94.70%	95.70%	
NHS Shetland	99.80%	99.80%	99.80%	
NHS State Hospital	98.40%	99.50%	99.00%	
NHS Tayside	99.10%	99.10%	99.40%	
NHS Western Isles	99.20%	98.40%	98.60%	

Work to meet the targets set for community and secondary care prescribing is being progressed and we hope to meet those targets during the course of the coming year, though covid has undoubtedly had a measurable impact on what can be achieved.

However, a point prevalence study (PPS) was undertaken again this year. An information sheet has been formulated to give feedback to prescribers and offering information for improvement.

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## Central Decontamination Unit (CDU) Audit

Between 1st January 2022 and the 31st of December 2022, the CDU has processed 192117 items, i.e. tray sets, instrument packs and single instruments, refer to Appendix 1, an decrease from 204090 on the previous reporting period. The item count of 192117 is an accurate account of the items processed due to the tracker system; the decrease in productivity is because of the COVID-19 pandemic recovering and the theatre and dental services still running a reduced service.

During 2022 1264 patient endoscopies were carried out with a total of 1541 scope being processed. This was 23 patient endoscopies (1287) less than during 2021, there was also 142 endoscopes reprocessed due to the storage cabinet time expiring. Also 94 endoscopes were reprocessed due to not being used on the patient or delays in treatment.

A summary of the five types of product non-compliances identified are recorded in the table below. The reporting process continues to monitor the "actual" non-conformances to identify the root cause and take effective corrective action/s. It has been identified by the CDU Manager that the number of 'wet packs' non compliances has decreased and after investigations it was found when examination pack were removed from baskets and place straight on to the steriliser rack it greatly reduced the number of wet packs, by using this process it also seems to have reduced the number of burst packs by almost half.

The main reason for the Product Service Faults is burst wraps within theatres, these are not caused by CDU and seems to be the result of the storage and handling of the trays, after informing and training theatres on the handling of tray the burst packs have reduced.

The CDU unit was audited by BSI in February 2022 and obtained continuing certification to ISO 13485:2016 and the Medical Devices Directive (MDD) 93/42/EEC Annex V 3.2 under Article 12. No minor non-conformances were raised as a result of the audit and there were no outstanding non-conformances from the previous year to close. Re-certification was issued again was undertaken on the 10<sup>th</sup> of January 2023, with no non-conformities or issues raised.

# Quality Assurance Audits in Secondary Care

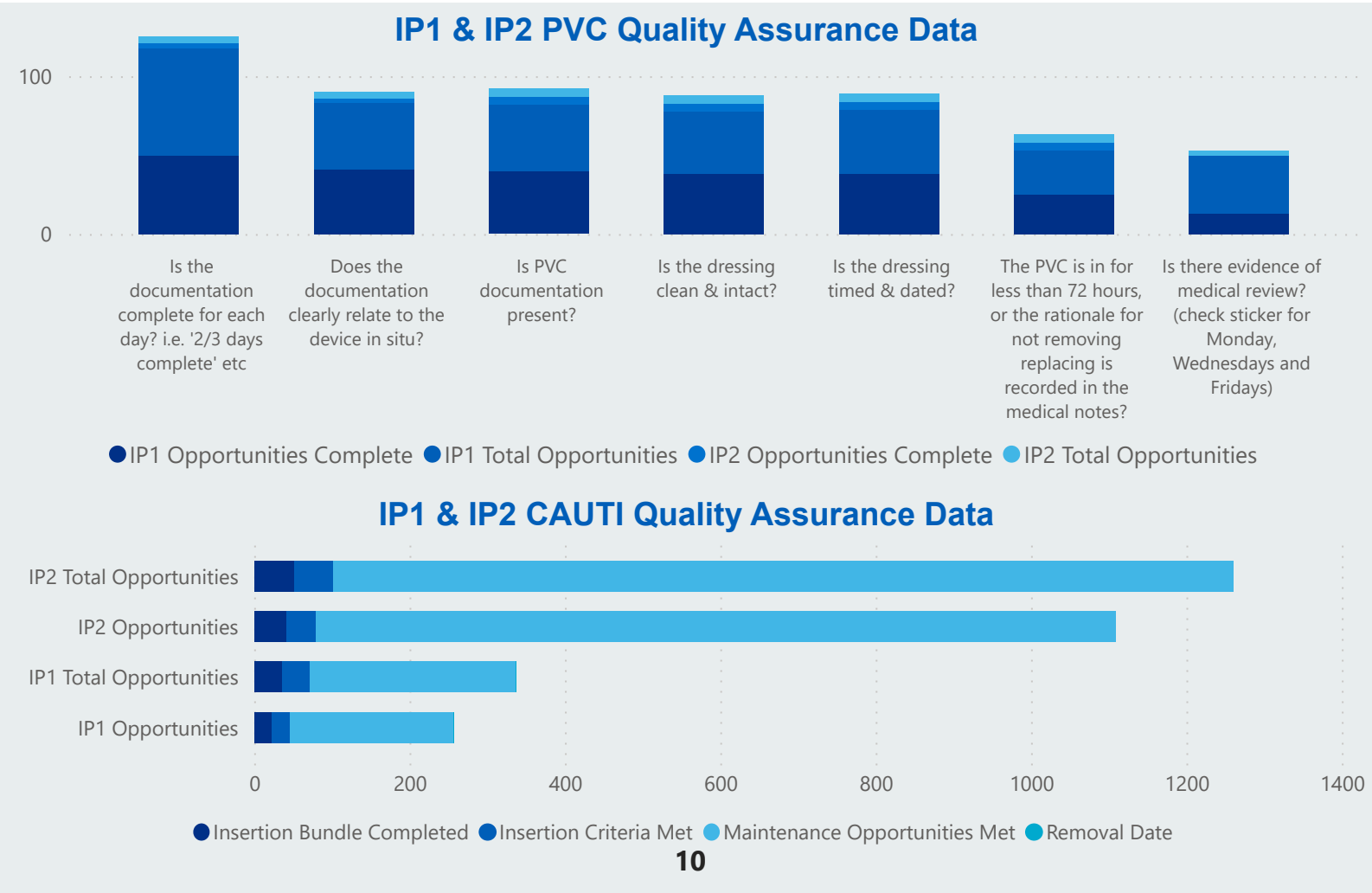


This year 47 environmental and clinical practice audits have been undertaken by the team within The Balfour healthcare facility and Garson dental clinic. All audits are sitting with scores of over 80% and the majority are over 90% however there is for one low risk area, where leadership and ownership of the area has been problematic. This has been escalated through many different routes but with very little consistent improvement.

Hand hygiene and personal protective equipment quality assurance are undertaken on monthly basis across departments feedback is given to the individual in charge of the area at the time of the audit and followed up. The team discuss practices with individuals across all staff groups where improvement can be made, and this is supported with the rationale outlined within the National Infection Prevention & Control Manual.

Additionally, the team undertake audits for improvement for peripheral vascular cannula (PVC) management and Catheter associated urinary tract infection management (CAUTI). This work is essential in reducing staph aureus bacteraemia and *Escherichia coli* (*E. coli*) bacteraemia in patients. Both PVC management and CAUTI management are risk factors in both bacteraemia's and are patient safety issues, hence the bacteraemia's form part of the LDP target mentioned on page 6 and 7. The PVC and CAUTI management tools are useful in empowering staff to ensure, the device insertion is really required, ensures the correct procedures are undertaken for insertion and maintenance and enables timely removal. Timely removal reduces risk to patients, as does assessing if a device is required. Inserting devices into patients where are not required bypasses the body's natural defences and thereby adds an element of risk. The split between the wards and use of PVC and urinary catheters is quite stark and reflects the differences in the patient population and treatment plans.

The graphs reflect a calendar year of quality assurance audits undertaken in departments, with feedback for improvement to teams at the time of the audit.





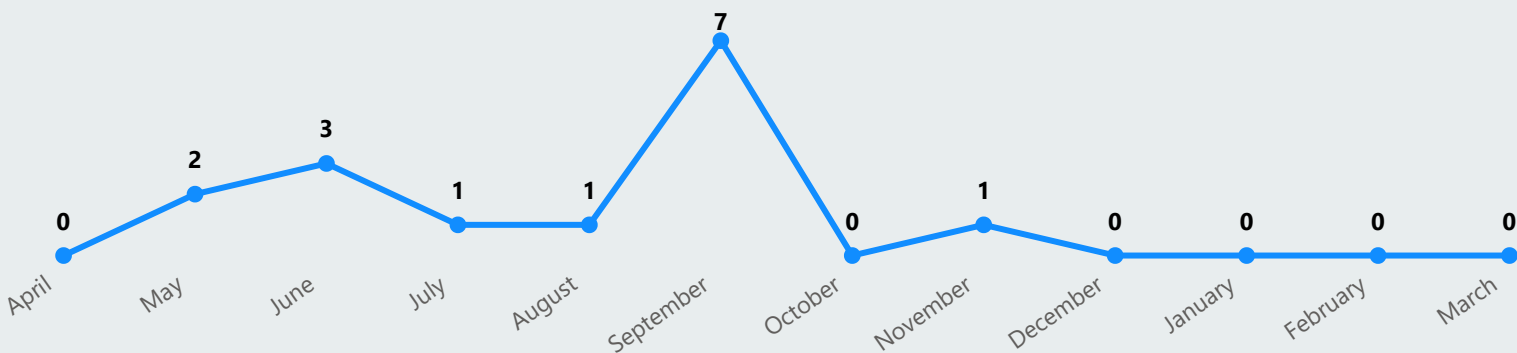
All practices received an Infection Prevention and Control visit this year. The reduced capacity within the IP&C team in the early part of the summer has caused a delay in visits.

For primary care settings an environmental and clinical practice audit was also completed. Unfortunately, this year has seen a decrease in the return of improvement plans to the IP&C team with only 7 out of 15 improvement plans being returned. This may be due to the changes in staffing in GP practices and an understanding of what is required. The team have supported practices with improvement plans but with little significant change.

All aspects of environmental and domestic improvements are communicated to the teams on return to The Balfour. This enables the domestic team to lead on improvements on cleaning or product use with the domestic staff member on site. Additionally, the IP&C team list improvements and share with the Estates team, for addressing through capital funding and also link in with the water safety group, where required. The audits will continue on an annual basis or more frequently where required or requested.

Table shows audits undertaken and timescales.

Number of GP Practice Audits by Month



Factors	Number
No Patient Equipment Cleaning Schedules	7
Incorrect Storage of Used Cleaning Equipment	6
No Domestic Cleaning Schedules	5
Non Compliant Sinks	5
No Peer Auditing	3
Staff not Bare Below the Elbow	3
Carpet Throughout	2
Sharps Bins not Labelled Appropriately	2
Sharps Bins not on Temp Closures	2
Using non NHS Cleaning Products	2
Cleaning Schedules not Signed off by Senior Staff	1
Cluttered Rooms	1
Evidence of Testing Urine at Sink	1
Fabric Curtains	1
No Domestic Colour Coding	1
Poor Environmental Cleanliness	1

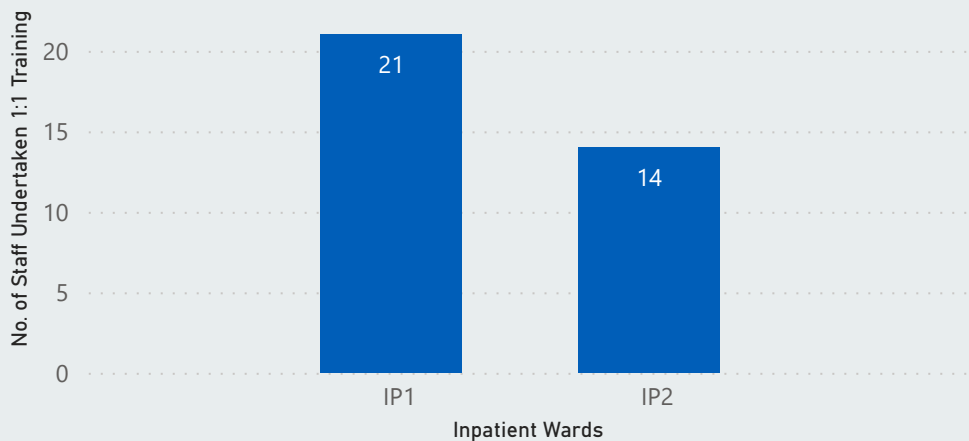
There is some improvement to made in practices for some aspects of the audit, but with small audit denominators, slight deviation or non-compliance could result with a score of less than 90%. Work around the built environment, particularly in the Isles practices, continues. Sinks and taps that are non-compliant with current standards and documentation for areas such as equipment and environmental cleaning schedules were problematic, with areas and equipment found clean but no documentation to support, which is part of Standard Infection Control Precautions.

Educational sessions have been offered across all areas.

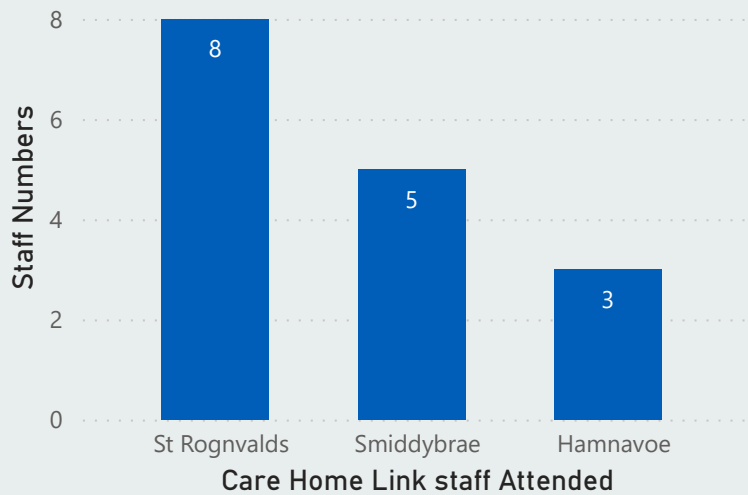
This year has seen a vast amount of education being delivered throughout Acute and Primary Care and some social care settings. The main focus has been on rapid changes in SARS-CoV-2 (Covid) guidance ensuring that staff across the Board are fully up to date with any changes, but additional training has been offered on Transmission Based Precautions in all care settings and 1:1 training undertaken in secondary care departments in order to deliver IP&C training requirements. As it has been difficult this year to get staff relieved for education this type of training was implemented to ensure some education is received. The IPC Team have also been offering education in alternative formats such as via Teams links in departments and in Newsletters, both electronically and in hard copy. Link staff in both secondary care and in care homes has been fundamental in promoting education and cascade training. A Training Needs Analysis has been issued to the wards at the beginning of March 2023, so training can be targeted to staff needs in the forthcoming year.

Table shows IP&C educational sessions/opportunities in Secondary Care.

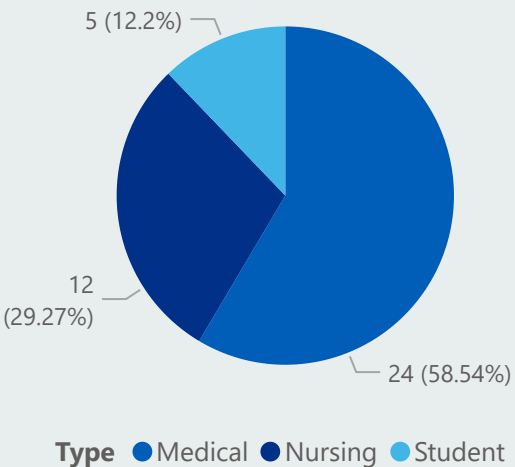
IPC and Ward Staff - One to One Working Figures



Care Home Link Staff Training



Number of bank and agency staff attending IP&C induction



The team continue to support their own development and education.

Through 2022-23;

- The Infection Prevention & Control Manager has achieved a MSc in Infection Prevention & Control.
- The Infection Prevention & Control Nurse (IPCN) Specialist has obtained a Post Graduate Certificate in IP&C and has commenced a new module specifically aimed at IPC in the Built Environment.
- The IPCN has completed one module and partially completed a second towards their MSc in IP&C
- The team aim to have all staff at various stages of training, to support service planning, resilience and truly grow our own specialist practitioners

## New IPC Team Members

Working in a remote and rural setting, with recruitment challenges the team have undertaken a “ground-breaking” role for what has historically been a nurse role by recruiting two dental registrants to the team. One staff member joined the team in September and a part time staff member in December. These individuals work as Infection Prevention and Control Practitioners and for all members of the team this has been a positive move to recruitment challenges and for diversifying the IPC role. The Practitioners have written a short summary of their experience to date.

**“Starting this role as an Infection Prevention Control Practitioner, has allowed us to broaden our skill set and knowledge greatly. The opportunity to work with such an important team within the healthcare setting, whilst being able to take our own dental background knowledge to the new role, has created a very diverse team. The learning side of the position has been very insightful, providing us with general infection control knowledge we did not have before e.g., medical abbreviations, reading lab reports, assessing symptoms that may be linked to infection, the general care of patients in the hospital and residents in the care homes. From the practical aspect of the role, we work with a variety of people from different areas in the hospital. We are visible in the wards to provide advice and carry out tasks, such as audits and surveillance. The role has proven to work well within the already established team.”**

Exception reports this year have primarily related to SARS-CoV-2 with mask wearing stepping down in the community and within Care Homes on consultation with individual Service Users.

In secondary care there has also been an exception report related to water sampling and incident management teams established. However, this was deemed to be relate to the processing of samples within the off-site labs as opposed to water related issues. Additional, work continues through the Water Safety Group which is a requirement of the Board

Additionally, there have been supportive visits to care homes for gastrointestinal illness

A number of pre-assessment groups and incident management teams have been convened over the last 12 months.

## Changes in IP&C Practice

### SARS-CoV-2

Throughout the year the changes to guidance for SARS-CoV-2 have continued, as the country moves to now living with this pathogen and following the success of the vaccination programme. In May 2022, DL 2022 07 was issued highlighting de-escalation of Covid Measures was issued to Board to start to implement. This entailed an across board changes, including removal of pathways, removal of physical distancing guidance, changes to pre-operative surgical testing, discontinuation of PCR testing for asymptomatic staff, and changes to blanket testing prior to Aerosol Generating Procedures. Since then, there have continued to be changes to covid restrictions including discontinuation of blanket asymptomatic staff and patient testing (although still appropriate on transfer etc), step down of enhanced mask wearing in care homes, and a provision for service user and staff choice. Although within NHS Orkney mask wearing has continued in all areas, and this aligns with the Scottish Government guidance and is an organisational decision, for health & safety and resilience. Triage questions prior to patient attendance in clinic or at day surgery etc is on-going although questions have been revised several times to keep pace with the changes to guidance.

Further changes to guidance will follow in the coming months, as we continue to live with SARS-CoV-2, although one element introduced during the pandemic is the Hierarchy of Controls and this is set to remain as best practice for health and safety and considers; substitution and ventilation within the built environment, as a risk reduction measure, diluting pathogens in the air we breathe by opening windows or having room air changes is considered to be best practice and will is now extant.

With an escalation of high consequence infectious diseases (HCID) in some areas of the world, the Board have reconvened a HCID group. This group meets on a monthly basis with an aim to implement plans and process, should a case present itself. Original plans had been tested early in the pandemic and worked well, but now require revisiting and updating. Both the Infection Control Doctor and the Infection Control Manager also attend the NHS Grampian HCID group. This allows for plans to cross Boards and with an overall view of processes in both Boards to ensure robust process and communication and is a great example of regional working to improve patient care and support staff in the remote and rural setting.

# Changes in IP&C Practice


## Personal Protective Equipment

Changes have been made to Personal Protective Equipment (PPE), in the last year with particular changes made to Transmission Based Precautions. In order to reduce occupational dermatitis in staff and encourage hand hygiene. The removal of blanket use of gloves when caring for patient and now allows a risk assessment, encourages staff to think about the task their undertaking and to therefore prevent over usage of gloves that may trigger occupational dermatitis and affect staff wellbeing sometimes on a long-term basis. A positive move for staff. Example of a contact precautions sign below.



**Visitors:**  
Report to nurse in charge before entering this room.

**Staff members:**




**Hands**

Decontaminate hands before entering this room.



**Personal Protective Equipment**

Put on an FRSM and eye/face protection before entering this room. An apron should be worn for direct care delivery and contact with the patient's care environment (gown if extensive splash/spray anticipated or if AGP performed). Gloves are only required if exposure to blood and/or body fluids is anticipated



**Door**  
Keep door closed

Risk assessed ☐

Door required to remain open.

Initials:  Date:



**Before leaving**

Decontaminate equipment prior to removal from room.

Discard gloves, apron, eye/facial protection and fluid repellant surgical mask in healthcare waste bin.

Decontaminate hands.

For our new team this year has been particularly challenging. The transition from a pandemic footing to system recovery remains a massive task, and our HAI surveillance demonstrates that all our pre-pandemic work has not abated. We have already dedicated more time to aspects of our workstreams, including antimicrobial stewardship that have struggled to compete with covid demands. However, we welcomed two new members into our team, and there are some remarkable achievements in Catherine having gained her postgraduate certificate in infection prevention & control and CDU has gained another years accreditation with no non-conformances.

As we have moved through the pandemic, all staff have continued to rally and respond to a changing landscape in a way we can be proud of. For us locally, these last few months have shown us the havoc that covid can wreak, not just for individuals and families, but also communities and the workforce, both inside and out with the healthcare setting. Although we have been extremely lucky that this wave has hit after the success of our vaccination programme, and also with the more mild omicron variant, we have been able to demonstrate across outbreak management in a variety of settings that the community and healthcare community have come together to provide the care our patients and service users need. A massive thank you to all!

**Becky Wilson**

**NHS Grampian/NHS Orkney**

**Consultant Microbiologist**

**&**

**Infection Prevention and Control Doctor**

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Duty of Candour Annual Report 2022/2023
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Judy Sinclair, Clinical Governance & Quality Improvement Manager

## 1 Purpose

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

- Awareness and Decision

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Duty of Candour is a legal responsibility of all health and social care services in Scotland<sup>1</sup>. When unintended or unexplained events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

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<sup>1</sup> [Duty of Candour](#) – Scottish Government



For the period 1 April 2021 to 31 March 2022, one event occurred where the Duty of Candour thresholds was applied, with a further three reviews yet to conclude that may increase the number.

## 2.2 Background

In accordance with NHS Orkney's Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the Datix incident reporting system. The clinical risk, and the level of review required of each incident is assessed by the Weekly Incident Review Group.

The statutory requirement to refer to an external agency, when applicable, and compliance with the Duty of Candour is considered as part of this assessment. Furthermore, a clinical risk assessment takes place for all new complaints and potential litigation cases at the Weekly Incident Review Group. Duty of Candour Procedure as an appendix within the NHS Orkney Learning from Incidents: and management of Significant Adverse Events policy.

## 2.3 Assessment

Duty of Candour is identified through the clinical incident management process, as per NHS Orkney policy, and the incident management system where a section is complete by the investigator of the incident. **Seven** incidents were identified as requiring a Level 1 review, in line with a refreshed approach to our Significant Adverse Event Review (SAER) process; and of the four SAERs concluded, **one** has met the duty of candour threshold.

### 2.3.1 Quality/ Patient Care

Candour promotes responsibility for developing safer systems and underpins the delivery of high-quality healthcare. It also enhances staff engagement in service improvement and creates greater trust for people who use our services. Throughout the incident management process, improvements are highlighted, and learning sought and shared.

### 2.3.2 Workforce

NHS Orkney has reviewed and refreshed its approach to incident management in line with learning and networking through Healthcare Improvement Scotland (HIS) national adverse events network, to enhance knowledge and skills to support both staff and patients by means of compassionate conversations, underpinning a safe, open and transparent 'Just culture'.

### 2.3.3 Risk Assessment/Management

Workforce capacity, vacancies, staff turnover and loss of organisational memory due to key staff leaving has created and will continue to pose risks in ensuring efficient and effective processes are timely, followed, maintained, and continuously improving.

Clear standardised operating procedures and training for incident management, SAER's and Duty of Candour have been and continue to be developed over 2023 to minimise risk and provide structured support for new and existing staff in both investigating and who are directly involved in incident management.

### 2.3.4 Equality and Diversity, including health inequalities

An impact assessment has not been undertaken on this report.

### 2.3.5 Communication, involvement, engagement and consultation

This Annual Report has not been previously considered by any groups as part of its development. The report will be shared with the Quality Forum for noting.

As required, it will be submitted to Scottish Ministers and be placed on NHS Orkney website.

### 2.3.6 Route to the Meeting

- Joint Clinical and Care Governance Committee – 4 July 2023

## 2.4 Recommendation

Discuss the report and consider the implications and actions required to build sustainable capacity and capability for continuous quality improvement, investigation, learning from incidents and duty of candour.

- **Awareness** – To take assurance from the annual report
- **Decision** – To approve next steps from learning

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 Duty of Candour Annual Report



# Duty of Candour

## **ANNUAL REPORT 2022/2023**

CLINICAL GOVERNANCE & QUALITY IMPROVEMENT DEPARTMENT

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# NHS Orkney Duty of Candour

## Annual Report 2022/23

### 1. Introduction

All health and social care services in Scotland have a duty of candour. This is a legal requirement which instructs NHS Orkney (NHSO) on how to tell those affected that an unintended or unexpected event(s) appears to have caused harm or death, and are required to apologise and to be meaningfully involved in a review of what happened and that organisations learn how to improve for the future<sup>1</sup>.

An important part of this duty is that NHSO provide an annual report about how the duty of candour is implemented in our services. This report will outline how NHSO has met the duty of candour during the time between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023.

### 2. Background

The Duty of Candour (DoC) legislation became active from the 1st of April 2018<sup>2</sup>. This placed a statutory obligation on health organisations to follow the subsequent regulations which stipulate several actions to take place if certain circumstances occur. These are:

- If a patient suffers **death or serious\*** harm because of an adverse event that the organisation is responsible for, the following should occur:

An apology is offered to the patient or their relative

The patient / relative is informed that there will be an investigation

The patient / relative is given the opportunity to ask questions to be answered as part of the investigation

The result of the investigation is shared with the patient / relative and a meeting is offered

The organisation learns from the investigation by implementing the recommendations/ actions

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<sup>1</sup> [Duty of Candour Legislation, 2018](#)

<sup>2</sup> [Duty of Candour Legislation, 2018](#)

### 3. NHS Orkney

NHSO is the smallest health board in Scotland and serves an archipelago of islands with a population of approx. 22,000 people. NHSO employs 738 staff (592 WTE) who provide a range of primary, community-based and hospital services.

In accordance with NHSO Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the Datix incident reporting system. DoC is considered as part of this process and reporters have an opportunity to consider potential DoC, both professional and in relation to the Act.

The clinical risk, and the level of review required of each incident, is assessed by the Weekly Incident Review Group (WIRG) which includes the following individuals:

- Medical Director (or nominated deputy)
- Director of Nursing, Midwifery and AHPs (or nominated deputy) / Acute Services (or nominated deputy)
- Chief Officer (or nominated Integrated Head of Service deputy)
- Clinical Governance and Quality Improvement Manager
- Clinical Governance & Risk Facilitator
- Patient Experience Officer (or nominated deputy)
- Health and Safety Manager (or nominated deputy)
- Information Governance Manager (or nominated deputy)

Furthermore, a clinical risk assessment is undertaken for all new complaints and potential litigation cases at WIRG. NHSO local Duty of Candour Procedure as an appendix within the NHS Orkney Learning from Incidents: and management of Significant Adverse Events policy.

It is worthwhile noting that following a review of procedures over the reporting year, a refreshed policy and accompanying procedures will be rolled out during the next reporting period.

## 4. Incidents where Duty of Candour was applied

During the reporting period, there was **1** incident where the duty of candour applied. These are unintended or unexpected incidents that result in harm or death as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition.

DoC incidents are identified through NHSO Significant Adverse Event management process. Over the reporting period, there have been **7** Significant Adverse Event Reviews (SAER) launched. These events include a wider range of outcomes than those defined in the DoC legislation as this has included adverse events that did not result in significant harm but had the potential to cause significant harm.

Through the SAER process, it is identified if there were factors that may have caused or contributed to the event, which helps to identify where DoC requires to be applied.

There are another 3 SAER in progress that were reported during this time which may be DoC, but due to these investigations still being open, it is not possible to declare this at this time; therefore, this report will only cover the known DoC events acknowledging there may be more once the investigations have been completed.

<b>Type of unexpected or unintended incident</b> <i>(not related to the natural course of someone's illness or underlying condition)</i>	<b>Number of times this happened</b> <i>(between 1 April 2022 and 31 March 2023)</i>
A person died	
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	
A person's treatment increased	
The structure of a person's body changed	
A person's life expectancy shortened	1
A person's sensory, motor or intellectual functions were impaired for 28 days or more	
A person experienced pain or psychological harm for 28 days or more	
A person needed health treatment in order to prevent them from dying	
A person needing health treatment in order to prevent other injuries as listed above	
<b>Total events Duty of Candour was applied</b>	<b>1</b>

## 5. Learning from Duty of Candour

For all SAER, and recognition of where a DoC is applied, there is an apology given, an opportunity for patients and families to be involved in the review and a comprehensive explanation of the incident provided.

The recommendations and actions that have been highlighted from the DoC includes:

- A review of NHS Orkney's cancer care pathways
- Review programme of induction, including supervision and governance arrangements of locum consultant staff
- Review of pathway for full and thorough handovers for locums to optimise continuity of care
- A mechanism should be embedded to ensure that any diagnosis additional to the primary one is followed up in tandem with the original diagnosis
- A mechanism should be implemented to ensure discharge letters are flagged and copied to the local lead surgeon when patients are repatriated, to ensure continuity of care
- Multi-Disciplinary Team (MDT) summary sheet(s) should document those present at the MDT, including role and Board of employment
- The MDT meeting should ensure that any follow up procedures required are booked and the summary sheet should be amended to reflect this
- The Lead MDT professional role should be strengthened to ensure that plans are co-ordinated and that the patient is aware of this. The patient and the patient's GP should receive a copy of the summary

## 6. NHS Orkney Policies, Procedures and Guidance

All adverse events are reviewed to help to understand the context and cause of the event, allowing for changes to be implemented to improve the systems for all patients. For all adverse events that meet the criteria for DoC, these are investigated as a SAER.

There has been a refresh of processes and reporting templates, that have been successfully tested, and includes development of recommendations and an improvement action plan for every review. These actions are led by the Clinical Executive Directors who agree the most suitable staff to be responsible for taking



the actions forward and ensuring changes for improvement are made, embedded into business as usual, and learning shared.

The monitoring process carried out by the Clinical Governance and Quality Improvement Team continues. This includes tracking the SAERs to establish which events are DoC, monitoring compliance to ensure all aspects of the legislation have been followed and correlation with the causation codes recorded for each incident. This is currently reported at the WIRG and monthly at the Quality Forum, which are led and attended by a range of senior leaders and managers.

During the reporting period, there was a focus on training for staff involved in undertaking SAER's. Training via MS Teams has been secured through networking with Healthcare Improvement Scotland (HIS) National Adverse Event Group and linking with NHS Lanarkshire who have an established training plan and resources which have been willingly shared, for which we are sincerely grateful.

This included training videos and other materials that will be further developed for local use during 2023/24. The training programme aims to provide staff with the knowledge, tools and techniques to confidentially participate in investigating significant adverse events. All staff will continue to be encouraged to complete the NHS Education Scotland DoC e-learning module, which is available on TURAS.

## 7. Conclusion

This year has highlighted an improved understanding of the legislation within NHSO and the establishment of updated policies, processes and procedures that are currently being tested with an aim to be ratified by September 2023. This will include an agreement to continue with regular monitoring to identify the adverse events that trigger the DoC legislation as well as continued training and regular reporting on the DoC incidents.

We would also like to extend our thanks to the Adverse Events Team at HIS for providing a network that has proved invaluable for our development, learning, networking, and sharing of good practice. In addition, we would like to add our sincere thanks and gratitude to Karon Cormack, Director of Quality at NHS Lanarkshire who has been so generous in sharing her time, knowledge, and resources.

This report is submitted to HIS and shared within NHSO and available on the public facing website.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Chairs Report – Joint Clinical and Care Governance Committee</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Henry Medical Director/ Stephen Brown Chief Officer</b>
<b>Report Author:</b>	<b>Steven Johnston, JCCGC Chair</b>

## 1 Purpose

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

- Awareness

**This report relates to:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Joint Clinical and Care Governance Committee met on the 4 July 2023 and agreed the following key areas and agenda items that were to be reported to the NHS Orkney Board meeting and Orkney Islands Council Integration Joint Board.

- Speech and Language Pressures Report
- Approved stand down of the NHS Orkney Ethical Advice and Support Group
- First Care Home Assurance Report

### 2.2 Background

The Joint Clinical and Care Governance Committee reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

### 2.3 Assessment

#### Speech and Language Pressures Report

Members received the Speech and Language Pressures report which provided an update on national and local pressures on Speech and Language provision, highlighted the consequences for patients and provided an assessment of local issues and challenges.

Key points highlighted included:

- A legacy of non-investment and disinvestment which has dramatically impacted on services and the intrinsic challenge of a small friable service with no critical mass to absorb gaps or extend service offer.
- The importance of Speech and Language Therapy and the difference their interventions can make across all sectors of the community and particularly their impact on outcomes for those with lifelong conditions.

- Concerns about widening health inequalities because of ongoing service pressures and the risk that other small services could be facing similar challenges.
- The post pandemic increase in demand on services coupled with recruitment challenges across the UK with 90% of services reporting difficulties and 78% severe difficulties.
- The plan to draw in larger boards for a broader approach to education and training as a regional approach is not enough to address the significant gap and islands services are just too small to compete.

It was noted that the report was provided to raise awareness of the issues regarding a small and fragile service and to seek support for recommendations.

Members welcomed the report noting the concerns raised and took some reassurance and optimism from the work and proactive approach in exploring options to mitigate the risks and challenges highlighted.

It was confirmed that learning from the approach in the report was something that could be taken forward to wider fragile services work and it was agreed that a paper making the link to longest waits and providing clarity for short, medium and long term planning would be submitted to the Senior Leadership Team meeting.

It was agreed that there should also be future reporting of progress to the Joint Clinical and Care Governance Committee to ensure focus was maintained and assurance provided. Although Speech and Language Therapy was the discipline presented at the meeting, other AHP services experienced similar pressures and may require attention.

### NHS Orkney Ethical Advice and Support Group

Members received and approved a proposal that the NHS Orkney Ethical Advice and Support Group should be stood down, on the condition that links were maintained with the NHS Grampian group through the NHS Orkney Medical Director.

### Care Home Assurance Report

Members welcomed the first six monthly assurance report covering NHS Orkney Care homes which provided an overview of progress and performance within the reporting period October 2022 to March 2023.

The impact of 100% occupancy rates across all three care homes and the wider service impacts along with staffing difficulties due to absence and recruitment challenges were highlighted and explored.

Assurance that there had been no care inspectorate inspections finding during the period was welcomed.

Training programmes had been restarted post pandemic and new dealing with challenging behaviour courses to address violence and aggression issues, particularly relating to dementia patients, were highlighted.

Overall, falls and hospitalisation rates were below average, and the few exceptions could be linked to specific individuals.

Members welcomed the broader and more detailed reporting, and it was agreed that suggestions for additional information would be incorporated to reports going forward.

## **2.3.1 Quality/ Patient Care**

The ongoing work reported in the Quality Forum and Care at Home reports demonstrate the ongoing commitment to improved quality of patient care and services.

## **2.3.2 Workforce**

Reduced staffing whether from recruitment challenges or absence and gaps in service as reported in the Care Home Assurance and Speech and Language Therapy Report are a concern.

## **2.3.3 Financial**

There are no financial implications to highlight associated with this item.

## **2.3.4 Risk Assessment/Management**

The risk(s) highlighted in the Speech and Language Service Pressures Report is not represented in the register of risks aligned to JCCGC.

## 2.3.5 Equality and Diversity, including health inequalities

The Speech and Language Therapy Service report highlighted risks of widening inequalities and poorer outcomes for patients.

## 2.3.6 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Joint Clinical and Care Governance Committee 4 July 2023

## 2.4 Recommendation

- **Awareness** – For assurance and to adopt approved minutes.

## 3 List of appendices

- Appendix 1 Approved minute from the Joint Clinical and Care Governance Committee meeting held on the 4 April 2023

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**  
on **Tuesday 4 April 2023 at 13.00**

- Present** Steven Johnston, Chair  
David Campbell, Non-Executive Board Member  
Rona Gold, Vice Chair (Health), Non-Executive Board Member  
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member  
Rachael King, Integration Joint Board Member  
Heather Woodbridge, Integration Joint Board Member
- In Attendance** Lynda Bradford, Head of Health and Community Care (item 8.6)  
Stephen Brown, Integration Joint Board Chief Officer  
Sara Lewis, Interim Director of Public Health  
Anthony McDavitt, Director of Pharmacy  
Sharon Ann Paget, Interim Chief Social Work Officer  
Judy Sinclair, Clinical Governance and Quality Improvement Manager  
Laura Skaife-Knight (Left at 14.19)  
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute (Left 14:45)  
Heidi Walls, Committee Support  
Diane Young Mental Health Services Manager (item 8.6)  
Maureen Swannie, Head of Strategic Planning and Performance

**C1 Welcome and Apologies**

Apologies had been received from Mark Henry, M Sterrenburg and L Wilson

**C2 Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

**C3 Minute of meeting held on 24 January 2023**

The minute of the Joint Clinical and Care Governance Committee meeting held on 24 January 2023 was accepted as an accurate record of the meeting and approved.

**C4 Matters Arising**

There were no matters arising

**C5 Action Log**

The Committee reviewed and updated the action log. (See action log for details)

**Governance**

**C6 Whistleblowing Quarterly report - JCCGC 2324-01**

The Clinical Governance and QI Manager presented the report advising that NHS Orkney were required to monitor Whistleblowing concerns and performance against the key performance indicators. There had been no concerns raised under the standards during the final quarter of financial year 2022/2023.

It was noted that benchmarking data against other Boards and trend analysis would be useful to better understand and compare the information provided along with triangulation of other organisational information such as iMatter so themes could be noted and escalated.

#### **Decision / Conclusion**

The Committee reviewed the report, took assurance from the information provided and welcomed the annual report at the next meeting.

#### **C7 Committee Annual Report - JCCGC2324-02**

The Chair presented the Committee Annual Report noting that the Joint Clinical and Care Governance Committee held a development session on the 22 March 2023 to discuss committee effectiveness during the year including any concerns, successes and areas for focus moving forward. These areas of discussion have formed part of the Annual Report that is provided for approval by the Committee before submission to the Audit and Risk Committee and ultimately Board.

#### **Decision / Conclusion**

The Committee approved the annual report, noting that further refinements would be made to the Committee going forward.

### **Clinical Quality and Safety**

#### **C8 Regional Services Update**

The Interim Director of Public Health provided a verbal update noting that there were increased admissions over the weekend period, as mirrored in national trends.

National work continued to better align work and increase effectiveness over a 12 month programme and there was a Memorandum of Understanding regarding surge capacity in the North of Scotland. The East of Scotland were considering a regional model for Health protection service and feedback and learning from this would be taken if progressed.

#### **Decision / Conclusion**

The Committee noted the verbal update provided.

#### **C9 Quality Forum Chairs Report JCCGC2324-03**

The Clinical Governance and QI Manager provided an update to members on the work of the Quality Forum and presented the December 2022 meeting minute.

The Chair highlighted the neurology improvement work and circulated a link for members' reference.

The key queries raised by members related to community concerns regarding the withdrawal of the chronic pain management service, the marking of pain service complaints as exception for future reporting, the closure of High Dependency Unit



and the impact for Integrated Joint Board Services, expectations of the Planning with People Group and how any requirement for joint working would be taken forward and assurance regarding patient falls and learning from reporting.

It was highlighted that the inclusion of comparative fall improvement data in future care reports would be helpful and that it would be interesting to see how joint working around planning with people would be taken forward.

In response to the queries, it was explained that several stage 1 pain service complaints were received at the same time so there was a specific piece of focussed work on the issues raised. It was also noted that the pain service had been delivered for a very long time by an individual practitioner and when they retired it was a big loss for patients. As the model of care that had been provided wasn't in alignment with current provisions in other areas there had been challenges as the alternative arrangements were not providing exactly the same treatment as previously provided.

It was confirmed that the high dependency unit and the pain service were the focus of significant pieces of work to ensure appropriate provisions for Orkney were in place going forward and that both services were key priority areas within the clinical strategy.

It was noted that the planning with people group was new, and the minute included with papers was from a meeting prior to the appointment of the new Director of Nursing, Midwifery, Allied Health Professions and Acute. It was anticipated that further updates and reporting on how this work was being taken forward would be provided at future meetings.

Members were advised that patient falls is always a key area of focus and specific work around identifying frailty and implementing measures to prevent falls was highlighted.

It was noted that there were periods of random variation in falls data which could sometimes be attributed to an individual inpatient, but members were reassured that reporting was well established and was reviewed weekly. It was confirmed that fall mats were used and that smaller nursing stations through the corridors were part of the build standard for the hospital.

### **Decision / Conclusion**

The Committee reviewed the minutes and took assurance from the updates provided.

## **C10 Quality Forum Annual Report JCCGC2324-04**

The Clinical Governance and QI Manager presented the Quality Forum Annual Report which provided an overview of the business discussed at the Quality Forum during the period 2022/23 and focussed on the key successes and challenges.

Successes highlighted included the monthly spotlight session, good engagement from a range of different clinicians and teams, randomised coffee trials and the consideration of, and shared learning from, significant adverse events reviews and the Scottish National Audit programme.

The challenges reported included the scale of issues and appropriate prioritisation, the continuity, capacity, and capability to maintain improvement based on the learning, labour intensive manual data collection and consistent leadership and support.

Members noted the chair and membership changes recorded for the year and were impressed that the group had been maintained during the period of change.

It was highlighted that the importance of clarity of structure was noted at a recent development session along with a need to be clear about, and focus on, key pieces of work aligned with key objectives and members were optimistic about the opportunities a period of stability could provide going forward.

With reference to an earlier query, the Chair welcomed the good engagement highlighted as a success and noted that although the attendance of deputies was always requested the reality for small teams meant this wasn't always achievable.

The suggestion to colour code the attendance table in future reporting to help with readability was noted.

With reference to earlier discussion, the Chief Officer confirmed it would be helpful if there could be further visibility at this meeting around patients falls to include reasons and actions and whether this would be within the care reports, incorporated within the Quality Forum report or a stand-alone paper would be discussed and agreed at agenda setting.

It was confirmed that the Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) would be taken forward by the Clinical Governance team with leadership from the Medical Director. It would be linked to the Clinical Strategy so should provide a broader view whilst also helping ensure a focus on key areas and aid the measurement of learning.

Although challenges and areas for improvement were noted, members welcomed the helpful, honest, and realistic report which provided a clear picture of the current position and provided context to the issues raised alongside positive examples of ongoing work.

The Chair and members acknowledged that J Sinclair would soon be retiring from her role as Clinical Governance and QI Manager and paid tribute to her dedication, hard work and varied contributions to NHS Orkney during her forty years' service. Members joined to thank her for the stability and organisational knowledge and wisdom which she had provided to and shared with colleagues and although she would be greatly missed was wished a very long and happy retirement.

### **Decision / Conclusion**

The Committee reviewed the Quality Forum Annual Report and took assurance.

#### **C11 Pharmacy Annual Report JCCGC2324-05**

The Director of Pharmacy presented the annual report which provided a comprehensive review of the Pharmacy department's activities, accomplishments, and challenges for the year 2022-23 and the year ahead.

The report aimed to give stakeholders an overview of the department's performance, as well as its alignment with the overall goals of the NHS Orkney and Orkney Health and Social Care Partnership.

The Director of Pharmacy noted a theme around consolidation and building and a proposed different approach to reporting moving forward.

The Chair noted clear alignments of elements of the report with NHS Orkney's clinical strategy and was interested in the work around sustainability, which might be appropriate to pick up in another committee arena.

It was agreed that it was increasingly obvious that both NHS Orkney and Shetland were missing the input of the incredibly valuable professional voice at both operational and board level, and it was hoped that within the next three to six months an integrated Area Pharmaceutical Committee would be in place. It was noted that the change would need to be reflected in the Area Drugs Therapeutic Committees membership to ensure representation was not reduced but strengthened.

Further clarity regarding contractual models for community pharmacy was requested and the Director of Pharmacy explained that there is a national contract for community pharmacy with almost no local flexibility so there is an ask that rural directors of pharmacy look at proposing new models of working before committing to the next pharmacy contract. It was confirmed that community pharmacy has a well-established negotiating body, but what doesn't currently exist is a difference in model. In response to a query the Director of Pharmacy confirmed that efforts to encourage Scottish Government to review the model were ongoing.

R Gold highlighted the importance of seeing such issues within reports so that where appropriate topics could be escalated to board so that opportunities to influence national decisions could be maximised.

R King raised queries regarding demographics and ferry linked isles and highlighted the importance of pharmacy as a key stakeholder within service redesign.

The Director of Pharmacy welcomed the support noting the function was often still seen through an old view lens and he confirmed the requirement to stand up some structures that input to organisational decisions.

It was confirmed that ferry linked islands was an area highlighted for further work but the likely requirement to self fund would be challenging.

Members welcomed the report and agreed that although there was still some way to go in shifting the traditional preference for a GP pathway, there had been a shift in recognition and awareness of the widening pharmacy role and an appreciation of developments and achievements.

Members welcomed the comprehensive and detailed report which noted challenges and highlighted success and demonstrated clear alignment with the clinical strategy.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance.

#### **C12 Care at Home/Care Home Assurance Report JCCGC2324-06**

The Chief Officer presented a report which included proposals for providing assurance to the committee that the care delivered to those in receipt of care at home or in care homes is safe, effective and person centred. A suite of key pieces of information for future reporting was agreed.

Members welcomed the broader and more detailed reporting proposed noting that this had previously been very specific to infection prevention and control during the pandemic.

### **Decision / Conclusion**

The Committee reviewed the report and approved the proposed approach for future reporting.

#### **C13 Mental Health Assurance Report JCCGC2324-07**

The Mental Health Services Manager presented the assurance report which updated members on the activity within the Mental Health Service for the period September 2022 to March 2023 which included recent service delivery progress and challenges.

Sustained and increased demand across services alongside recruitment challenges were highlighted and the subsequent impact of increasing waiting lists and service gaps reported. Detailed information regarding mitigation and planned recruitment was provided.

The Mental Health Transfer Bed was highlighted as the key current challenge which was having a significant impact on service delivery. Members were advised that the significant growth in referrals meant the issue was now a major pressure and was no longer a sustainable model. Consultation with relevant colleagues an options proposal paper was in progress and upon completion would be presented to the Integration Joint Board.

Positive highlights included the start in post of a part time GP with Special Interest (Substance Misuse) to the Orkney Drug & Alcohol Team, CAMHS funding and recruitment and the appointment of an Autism Speciality and Learning Disability Nurse

Members recognised mental health services as a pressured area in the system, welcomed the honest overview and acknowledged the need to be realistic about governance expectations. Full assurance would not be taken until the issues identified were fully addressed and embedded, but it was agreed reassurance was taken from the report and the additional dialogue provided was helpful.

Members were also keen to understand how they as a board could support conversations with Scottish Government around adult mental health issues, as much of the focus to date had been on CAMHS.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance.

## **Person Centred Care**

### **C14 Improving Cancer Journey JCCGC2324-08**

The Chief Officer presented a report on a new project that was started in partnership with MacMillan Cancer Support and health and social care colleagues in Shetland and the Western Isle to improve non- clinical outcomes of people diagnosed with cancer.

The Improving Council Journey Project is one that has been developed across several board areas in recognition of the improvements in cancer diagnosis, treatment and survival rate.

It aims to provide broader support by taking a holistic view of cancer patients' journeys by considering additional impacts such as financial, caring, mental health, education, and wellbeing.

Members were advised that there was funding for three years which would include a project manager and islands link worker for each of the isles and they would work with GPs as input from an early stage of diagnosis would be required.

It was confirmed that GPs had been involved in discussions, but as the project moved towards implementation their engagement was particularly key and a paper would also be presented at the GP Sub Committee.

It was also noted that numbers in Orkney were small enough that it may be possible to extend the approach out to others with long term conditions.

Members noted the much welcomed additional island resource.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance.

## **Population Health**

### **C15 Public Health Update JCCGC2324-09**

The Interim Director of Public Health presented the Public Health update noting that early intervention was one of the key principles in the clinical strategy and one of the questions that was posed was around identifying inequality in the delivery of national screening programmes.

The report included with papers highlighted inequalities and inequities across adult screening programmes, but noted that overall, the screening programmes in Orkney performed well, meeting the essential and/or desirable update rates with a few exceptions, such as bowel screening in men and the steady decline in uptake rates of cervical screening in women.

Members were assured that this was the start of the journey around this work and

there would be further development work and an action plan to address issues identified. A stakeholder group was already in place and overseeing two current project and would share learning across projects going forward.

R King asked if we had any way of understanding if cost of living crisis impacting people's ability to access services with particular reference to ferry linked Isles and the Interim Director of Public Health replied that there hadn't been any specific work but there was awareness that travel costs could be impacting.

Members agreed it was important to understand if this was an issue and if so identify if any funding streams were available to provide appropriate support.

It was confirmed that an active piece of work was underway looking at the issue from the perspectives of both members of the public and staff.

Members agreed that ensuring an appropriate audience had sight of this report would help generate action.

The Interim Director of Public Health assured members that there was lots of collaborative work around the issues raised and the stakeholder group would be key to taking things forward.

It was confirmed that reporting would either come directly to the committee or through Quality Forum.

### **Decision / Conclusion**

The committee reviewed the Public Health update and took assurance.

### **Risk and Assurance**

#### **C16 Corporate Risks aligned to the Clinical and Care Governance Committee JCCGC2324-10**

The Planning, Performance and Risk Manager presented the paper which provided an update and overview of the management of risks related to the business of the Joint Clinical and Care Governance Committee.

Members questioned how risks aligned to the Committee from the integration joint board were reported and it was agreed that this would be considered by the Chief Officer.

*Post meeting note: The IJB risk register is presented to the IJB every six months, and a decision was made not to bring the report to JCCGC in addition as it would be duplication.*

### **Decision / Conclusion**

The committee welcomed the update provided and liked forward to a joint approach to this reporting moving forward.

#### **C17 Emerging Issues**

There were no emerging issues.

**C18 Any other Competent Business**

No other business was raised

**C19 Items to be brought to the attention of the IJB, Board or other Governance Committees**

It was agreed that the following items would be highlighted to the NHS Orkney Board and Integration Joint Board:

- Key highlights from the Mental Health Assurance Report
- The approved future Care at Home/Care Home Assurance Reporting
- Annual Pharmacy Report
- Public Health Screening Update

**Items for Information and noting**

**C20 Schedule of meetings 2023/24**

Members noted the schedule of future meetings.

**C21 Record of attendance**

Members noted the record of attendance.

The meeting closed at 16:12pm

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on  
**05 May 2023 12:15pm.**

**Present:** Steven Johnston – ADC, Chair  
Paul Cooper, Hospital Sub  
Penny Martin, TRADAC  
Sylvia Tomison, NAMAC

**In Attendance:** Freddie Pretorius, Committee Support  
Hannah Casey, Public Health Manager  
Mark Henry, Medical Director  
Morven Gemmill, Lead AHP

### 1 Apologies

Apologies were received from Kirsty Cole, Laura Skaife-Knight, Lyndsay Steel, Moira Flett, Monique Sterrenburg, and Stephen Brown

### 2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

### 3 Minute of meeting held on 7 February 2023

The minute from the meeting held on the 7 February 2023 was accepted as an accurate record of the meeting and was approved.

### 4 Matters Arising

No items were raised by members under Matters Arising.

### 5 Area Clinical Forum Action Log

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

### 6 Log of Items Escalated

The Chair highlighted that the log of items escalated items had been updated since the last Board meeting, and members noted the updates. Further updates noted during the meeting were recorded on the logbook.

### 7 Cost of Living

H Casey presented a paper on NHS Orkney's response to the escalating cost of living and prompted members to discuss how actions identified could be implemented.

The current Cost of Living Crisis was anticipated to have a negative impact on health inequalities in Orkney. This posed risks to the population and staff wellbeing. Concerns were raised about patients being asked to purchase over the counter medications and materials e.g., dressings themselves locally and online; Members queried if it would be beneficial to have a fund that would allow these patients to obtain these medications through NHS Services.



## 12.5.1

There was discussion around patient travel which had been raised to ACF from ADC a number of years ago. The Orkney Partnership Board were aware of this, and related work being done to help the situation. Awareness on the impact of the Cost of Living Crisis was increasing with articles appearing in professional journals.

The Orkney Money Matters presentation to Board was noted and the 3 key aims: Increased awareness, better coordination between services and increased capacity within teams. H Casey confirm the Public Health department were involved in this work.

It was also acknowledged that our own staff may be adversely affected, although not a role for the ACF but more so staff side and our wellbeing group.

### Decision/Conclusion

Members acknowledged the concerns regarding the cost-of-living crisis and agreed to further discuss action that could reduce impact in the future as well as raise awareness; this topic was to be shared with the Advisory Committees in order get a wider view from clinicians on how best to tackle the issue.

## 8 Clinical Accommodation – Update

This item was discussed under Item 6 – please see Escalation Log for details.

Members of TRADAC wish to re-emphasise the need to escalate this matter, and to convey to ACF that while feedback was appreciated, it has not resolved the ongoing clinical space issue. Members would like to continue advocating for this issue due to the significant concerns it has raised and continues to raise.

### Decision/Conclusion

Members noted the update, and the issue will be escalated to Board.

## 9 Chairs Reports:

### 9.1 Board – ACF2324-02

S Johnston, Chair, circulated an update report to all members following the NHS Orkney Board meeting on 23 April 2023 and provided an overview of the areas pertaining to ACF members:

- A 0.5WTE Consultant Psychiatry post was to go live imminently and there had already been expressions of interest
- The updated Plan on a Page had been endorsed
- There was good uptake across Orkney with adult screening programmes
- Through staff governance there were plans to improve the induction process
- All three financial targets had been met and around half of the savings target for 2022/23. Rather than a 3-year plan, NHSO have agreed with SG to produce a 5-year plan which will be more realistic in terms of meeting savings targets.
- Good performance in cancer 31-day standard, 18-week referral to treatment and psychological therapies.

Areas raised during the meeting:

- There were challenges around meeting smoking cessation targets and further work being done in PH and with Alcohol and Drugs Partnership
- Increased use of the Mental Health Transfer bed was putting pressure on staff and patients

## 12.5.1

- There was a dip in compliance with hand hygiene which will require work led by the Director of Nursing, Midwifery, and allied health Professions.

### 9.2 ACF Chairs Group

It was observed that the ACF groups have diverse discussions, although some common themes were identified. Through ongoing deliberation and a survey of ACF Chairs, it was anticipated that the alignment of ACF groups across Scotland would converge on a shared goal.

#### Decision/Conclusion

Chair to feedback to ACF at a forthcoming meeting.

## 10 Governance

### 10.1 Reformation of AMC – Update

Members were advised that the Hospital Sub Committee was being reinstated, with Paul Cooper taking the role of Chair the next step in this process would be to review and re-established the Area Medical Committee

#### Decision/Conclusion

Members took note of the progress made and welcomed that the proposed structure would be reinstated.

### 10.2 Clinical Engagement – Update

The Board and the Royal College of Physicians Edinburgh were collaborating to develop an assurance framework and a number of projects are going to be undertaken. Clinical engagement would be explored by the chair of the ACF and the Medical Director; this work would be supported by the royal college, and demonstrable progress was anticipated within the next 12 to 18 months. The ACF will receive feedback in the form of reports, as clinical engagement becomes a standing agenda item.

#### Decision/Conclusion

Members noted the update.

### 10.3 ACF Annual Report

The Chair emphasised the benefits for the committee to have an annual report to review past concerns and successes. It was also planned to develop a business cycle and work plan going forward, it was suggested that this would be created in March of each year during a development session to determine items for the year ahead.

#### Decision/Conclusion

Members reviewed and discussed the report, having agreed to provide feedback to the committee virtually in order to identify concerns, successes, and opportunities for development in the coming year. In addition, members endorsed the proposal to discuss the annual business cycle for the year ahead during each March Development Session.

## 11 Development Sessions

### 11.1 Topic for Next Session: 07 July 2023

Members suggested the following topics for the next ACF development session:

- **Safe Staffing Act** – possibly jointly with Area Partnership Forum

## 12 Professional Advisory Committees

### GP Sub Committee

K Cole, Chair of the GP Sub Committee had submitted a chairs report highlighting the following area for concern:

#### Failed Transitional Payments

Community Treatment and Care (CTAC), Pharmacotherapy, and Vaccine Transformation Programme (VTP) work streams were to be transferred from GP practices to NHS Orkney on April 1, 2023. The Scottish Government had agreed to make payments to GP practices ("transitional payments") if these services were not yet transitioned, however these were now not being provided. GP Practices were no longer contractually obligated to perform this work; however, they would continue to do so in the interim. The Medical Director confirmed this was a national problem with work ongoing to find a solution.

#### **Decision/Conclusion**

Members noted the report and included minutes from meetings held on 15 February 2023

### 12.1 TRADAC

Concern had been raised about the lack of representation from Laboratory Services, work would continue to ensure that TRADAC was able to adequately represent this department.

#### **Decision/Conclusion**

Members noted the report.

## 13 Any Other Competent Business

#### Testing Centres for CBT Testing

There had been fraudulent activity noticed, however Orkney has not been affected by this.

#### Phlebotomy Service

Concern was raised as the service were still unable to process children's phlebotomy work.

## 14 Items to be Brought to the Attention of:

### 14.1 Board

- Cost of Living
- Intention to Improve our Clinical Engagement
- Ongoing challenges regarding Management position for children's services
- Clinical Accommodation

## **15 For Information and Noting**

### **15.1 Key Documentation Issued – ACF2324-05**

Members noted the key legislation issued since the last meeting.

### **15.2 Correspondence**

No correspondence had been received.

### **15.3 Schedule of Meetings 2023/24**

Members noted the schedule of meetings for 2023/24.

**Meeting Closed: 13:45**

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Anchor Plan strategic approach
Responsible Executive/Non-Executive:	Sara Lewis, Acting Director of Public Health
Report Author:	Dr Louise Wilson, Director of Public Health

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Annual Operation Plan

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

- Effective

## 2 Report summary

### 2.1 Situation

The annual delivery plan is a key element of the NHS Board's planning for the year. This year NHS boards have been asked to submit:

“an 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<sup>1</sup>. This report highlights the approach being taken within NHS Orkney to develop a plan.

## 2.2 Background

As part of the annual delivery plan guidance boards were asked to share their approach to developing an Anchors strategic plan. Anchor institutions are large organisations with a major stake in their local area. They have sizeable assets that can be used to improve the community's health and well-being and tackle health inequalities, and as such NHS Orkney is an anchor institution.

Supplementary guidance was then released by Scottish Government which clarified that a baseline would not be required in the October submission, as there was ongoing work on the development of relevant metrics for a baseline.

The Anchors Strategic Plan should set out an initial 3 year strategy and be framed with reference to how it will support a 'prevention' public health approach and contribute to both community wealth building and reducing child poverty.

Key information required includes:

- How the board is working or intends to work in partnership with other local anchors
- Actions to maximise local procurement of goods and services, provide fair work opportunities, and use land assets for the benefit of the local area.
- Governance arrangements to progress the strategic plan.

## 2.3 Assessment

Locally a timetable for the production of the required plan has been drawn up (Appendix 1). Key work undertaken has included engaging with the NHS Board Anchor Institutions peer learning channel where good practice is shared. Public Health Scotland has also published an Anchors Framework to help support the development of an anchor plan. A questionnaire has been shared with the sustainability group and leads of relevant areas to gain a basic understanding of where the organisation is in relation to key elements of anchor work.

Ongoing engagement is occurring with the Sustainable Development Delivery Group of the Community Planning Partnership particularly around the community wealth building agenda. It is anticipated that the Community Planning Partnership will play a key role in bringing local anchors together.

### 2.3.1 Quality/ Patient Care

Anchor work focuses on broader issues than delivery of care but is aimed at reducing inequalities.

### 2.3.2 Workforce

One strand of anchor work is fair work, and potentially anchor work may help recruitment of staff.

### 2.3.3 Financial

Much anchor work is around local procurement and using assets for broader benefit.

### 2.3.4 Risk Assessment/Management

The development of the timetable enables oversight to be kept on the process and progress of the plan development.

### 2.3.5 Equality and Diversity, including health inequalities

The anchor plan when developed will support the Fairer Scotland duty and aim to reduce inequalities. An impact assessment is not currently available.

### 2.3.6 Climate Change Sustainability

The approach of local procurement and maximising the use of local assets to benefit as many as possible support the underlying principles of sustainability.

### 2.3.7 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Sustainability Steering Group 20 July 2023

## 2.4 Recommendation

- **Awareness** – To note the approach being undertaken for the development of the plan.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, Anchor strategic plan timetable 2023/24

## Anchor Strategic plan timetable 2023/24

**RAG Status**  
 Red – Overdue  
 Amber – In Progress  
 Green - Complete

<b>Anchors Strategic Plan Timetable 2023/24</b>	
<b>Lead Director Author(s)</b>	Director of Public Health Planning, Performance and Risk Manager Public Health Manager
<b>Key Points</b>	The report provides a timetable for production of the Anchors Strategic Plan.

<b>Date 2023</b>		<b>RAG</b>
22 June	SG Guidance circulated	
12 July	Pack issued to Sustainability Steering Group members with Guidance regarding Anchors Strategic Plan, and Self-Assessment	
20 July	Meet with Sustainability Steering Group to discuss SG Guidance and Self-Assessment to agree way forward, to include governance arrangements and key partnerships	
21 July and 18 August	Self-Assessment questionnaire to be completed by services via Forms	
21 August and 28 August	Review of responses and clarification meetings if required to be carried out	
29 August and 8 September	Prepare Strategic Plan based on the baseline information, the governance arrangements and key partnerships as agreed via Sustainability Steering Group	
19 September	Present Draft Anchor Strategic Plan to Senior Leadership Team (papers to be submitted 12 September)	
03 October	Present Draft Anchor Strategic Plan to Joint Clinical Care and Governance Committee (papers to be submitted 12 September)	
October	Present Final Draft Anchor Strategic Plan to Board	
27 October	Submit plan to Scottish Government	



# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Public Health Quarter 1 Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Louise Wilson, Director of Public Health</b>
<b>Report Author:</b>	<b>Sara Lewis, Acting Director of Public Health</b>

## 1 Purpose

The purpose of this report is to provide the Board with an update on key public health activity undertaken in Quarter 1 2023/24.

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

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Government policy/directive
- NHS Orkney Clinical Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report has been provided to update the Board on key public health activity including:

- Health protection activity
- Scottish National Blood Transfusion Service Hepatitis B Virus (HBV) Lookback Exercise
- Spring Vaccination Program
- Autumn Vaccination Programme
- Potential resurgence of measles and meningococcal diseases
- New RSV Vaccination Programme (2024)
- Childhood Schedule Vaccination Changes (2025)
- No Cervix Exclusion audit

### 2.2 Background

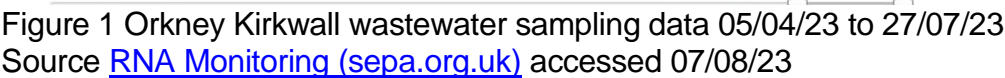
The public health department has a broad remit, working to protect the health of the population and to focus on prevention and upstream interventions across all other aspects to improve health and wellbeing in the community with a focus on inequalities, working closely with Public Health Scotland and the Community Planning Partnership. This includes action to mitigate the impact of the Cost-of-Living Crisis, reduce child poverty, obesity, and smoking. It also provides oversight of the delivery of the Scottish Immunisation Programme and Scottish National Screening Programmes, and the NHS Orkney Resilience function.

### 2.3 Assessment

#### Health protection update

The previously reported reduction in the number of reported positive cases of COVID-19 dealt with by the NHS Orkney Health Protection Team (HPT) has continued, with around an 80% decrease in the reported case numbers over the same period last year. The Health Protection Team now focusses activity on managing those cases relating to actual/potential outbreak situations within closed settings such as residential social care settings. There have been zero COVID-19 related care home outbreaks in Orkney since June 2023. There has been one outbreak reported in a non-care home, social care setting.

Wastewater testing conducted on incoming wastewater samples collected by Scottish Water at the Kirkwall wastewater treatment works shows the COVID-19 positivity detections fluctuate with a spike being seen in July 2023 (sample dated 6<sup>th</sup>) (Figure 1).



In addition, cruise liner season is underway within Orkney and the HPT work closely with the Port Health team at Orkney Islands Council to ensure that all ships coming into Orkney are in compliance with Scottish guidance for all relevant infections and to monitor any cases of infection across staff or passengers. A total of 217 ships are expected to visit this year, with 139 (as of July 31<sup>st</sup>) having already departed.

Hepatitis B core antibody (anti-HBc) screening was introduced by Scottish National Blood Transfusion Service (SNBTS), alongside the current Hepatitis B testing procedures, in line with recommendations from the Advisory Committee for Safety of Blood, Tissues and Organs (SaBTO) in 2021. This was introduced after it was identified that in 2018, two blood recipients from elsewhere in the UK had likely contracted hepatitis B, despite screening measures being in place. SaBTO also recommended a lookback exercise for previous donations with the potential to transmit infection identified through this testing.

Following extensive consultation with stakeholder groups, Public Health Scotland and health boards, the national anti-hepatitis B core lookback programme officially began on

24/05/2023. To help with the tracing and testing of recipients, SNBTS will write to the recipients registered GP to check the contact details SNBTS hold and to express their intention to write to the recipient within 14 calendar days (unless the GP advises why this may be inappropriate).

Within Orkney there is an identified pathway for any recipients who are identified as part of this process: they will be offered a telephone or face to face appointment locally, with a consultant physician, local blood sampling and then follow up or treatment as appropriate (which may involve referral to NHS Grampian). It is expected that, nationally, recipients will begin to be contacted from late July 2023 and through the subsequent 12 months. The modelling suggests the numbers of recipients residing within the NHS Orkney board area are in the single figures.

Within the first two batches of recipients none from NHS Orkney were identified that required testing.

## Immunisation update

### Spring Vaccination Program

The COVID-19 Vaccination Program is now finished. Data available below:

Cohort	NHS Orkney			Scotland		
	Number	Uptake	Population	Percentage Uptake	Number	Uptake
Older Adult Care Home Resident	79	84	94.0%	22,498	24,799	90.7%
People aged 75 and over	2,088	2,495	83.7%	391,938	477,175	82.1%
12-74 with Weakened Immune Systems	121	247	49.0%	31,981	62,605	51.1%
5-11 with Weakened Immune Systems	0	3	0.0%	68	1,059	6.4%
12-74 with Severely Weakened Immune Systems	118	245	48.2%	33,625	63,124	53.3%
Children 6 months to 4 years at risk	3	27	11.1%	699	6,977	10.0%
<b>Total Eligible Spring/Summer Boosters</b>	<b>2,406</b>	<b>3,073</b>	<b>78.3%</b>	<b>480,101</b>	<b>627,955</b>	<b>76.5%</b>

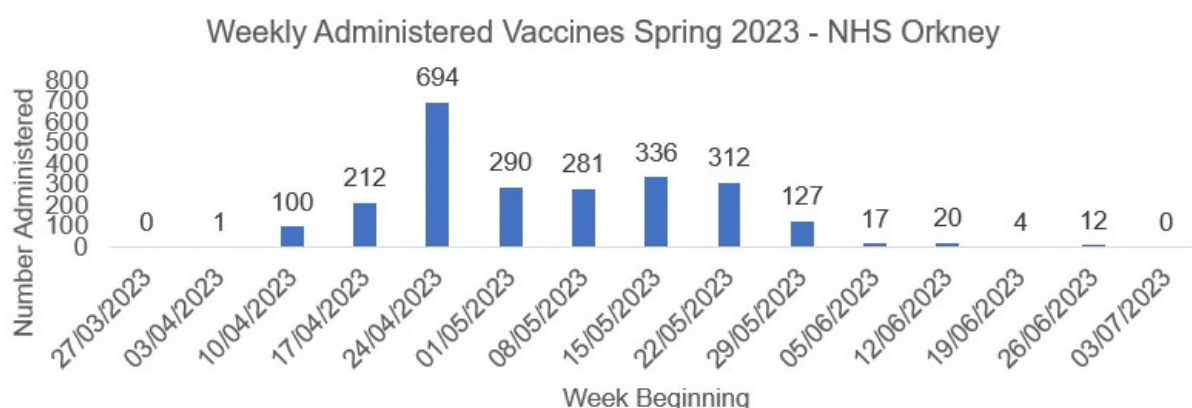


Figure 2: Spring vaccination programme uptake rates  
Source: Public Health Scotland (PHS)

The uptake of the programme is higher than for Scotland, which has been an achievement for the Board vaccination team which started delivering vaccination for all cohorts from April 2023.

However, uptake for children with a weakened immune system has been slightly lower than for Scotland. This is a new cohort being offered this vaccination this year. This lower uptake was identified during delivery of the Spring Programme and to try to increase uptake the immunisation team called parents to explain why their children were offered this vaccination but there was not an interest in taking up this offer. As the uptake was not high across Scotland either, there is a request for specific national communications to increase uptake in this group.

### Autumn Vaccination Programme

The Autumn Vaccination (Flu and COVID-19) Programme starts on the 4 September with the bulk of vaccinations to be offered by 11 December 2023. The campaign is to run to 31 March 2024.

We are awaiting further advice from the Joint Committee for Vaccinations and Immunisations (JCVI) / Chief Medical Officer (CMO)/ National Clinical Governance Group

which will guide the programme on type of COVID-19 vaccine to be offered and the sequence of calling forward the various eligible groups. Expecting that they will advise:

- Protection from Covid vaccination is highest in first three months following vaccination so the covid vaccination programme should start in October.
- New Covid variant vaccine (NVV) may be available from mid-October and should be used in those at the highest risk.

The NHS Orkney Autumn Vaccination programme delivery plan has been developed considering these assumptions, if the assumptions change the plan will be amended accordingly.

### Potential resurgence of measles and meningococcal diseases

Concerns have been raised nationally about a potential resurgence of measles and meningococcal disease within our population, with new university students and children who are unimmunised or with incomplete vaccination at a highest risk.

This is due to a number of factors, including gradual declines in routine childhood vaccine uptake in the UK (with London being at high risk of measles outbreaks), global disruption of vaccination programs, a higher number of international students in our universities and lower uptake rates of MenACWY vaccination in the new freshers cohort due to pandemic school closures.

A number of actions are being put in place to address this issue, including messaging for University entrants, MMR catch up being offered in secondary schools and letters to parents highlighting the importance of ensuring that young people are up to date with their vaccinations.

### New RSV Vaccination Programme (2024)

Respiratory syncytial virus, or RSV, is one of the common viruses that cause coughs and colds. RSV infection is common in children.

For most people, RSV infection causes a mild respiratory illness. However, for a small number of people who are at risk of more severe respiratory disease, RSV might cause pneumonia or even death. RSV is the leading cause of bronchiolitis in babies and infants, an infection of the small airways in the lung which can make breathing harder and cause difficulty feeding.

Those at the greatest risk from RSV are the very young (under one year of age) and the elderly. Infants under six months frequently develop the most severe disease, such as bronchiolitis and pneumonia, which may result in hospitalisation including critical care. Children born prematurely or with underlying chronic lung disease, and elderly people with chronic disease, are also at increased risk of developing severe disease.

The options for a new RSV vaccination programme are being considered by Scottish Government and NHS Orkney will ensure any recommendations are built into the future vaccination programme delivery. I for the introduction of a new programme in the summer/autumn of 2024.

### Childhood Schedule Vaccination Changes (2025)

Menitorix© (A Hib/MenC vaccination product) is to be discontinued by the marketing authorisation holder, GSK.

The JCVI has advised on the options to manage this, and a national Childhood Immunisation Schedule short life working group (SLWG) was set up in March 2023 to prepare for implementation of this change by 2025.

### **Scottish National Screening Programmes**

#### No Cervix Exclusion audit

The National Invasive Cervical Cancer Audit (NICA) is carried out across all Boards to review the cervical screening history of all patients diagnosed with cervical cancer. Through the NICA two recently diagnosed cases of cervical cancer who had been excluded from the screening programme more than 20 years ago following hysterectomy procedures were identified. Their records were reviewed which showed they had been incorrectly excluded as they had undergone sub-total hysterectomies, not total.

Following the completion of an audit of the records of all individuals included on the Scottish Cervical Call Recall System (SCCRS) with either a “No cervix” and/or “No further recall” open exclusion a further audit is being undertaken of all excluded participants. The audit is being undertaken to review all existing records of patients currently resident in Scotland to ensure they have been correctly excluded from the national programme. 554 women are included in this audit from within NHS Orkney. It is anticipated the audit work will take at least one year before the clinical component of the work can commence.

Within Orkney the initial stage of the audit commenced at the end of April. The records are reviewed following a national audit protocol in order according to how long ago the individual was excluded, with the longest being reviewed first.

Given that normal practice is for patients requiring specialist services such as Colposcopy to be referred to NHS Grampian, the team in NHS Orkney are working in partnership with the NHS Grampian project team and the national audit workshop meetings, which supports standardised practice across all the boards.

Currently 44% ( $n=241$ ) of all cases have been fully reviewed, with a further 26% (144) in progress.

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

The activity included in the report highlights our commitment to improving the health of the Orkney population and quality of care received.



## **2.3.2 Workforce**

There are no current workforce implications outlined in this report, however implementation of the RSV vaccination programme and the change to the childhood immunisation schedule will require additional resource to deliver the programmes.

## **2.3.3 Financial**

No financial resource is being requested at this time.

## **2.3.4 Risk Assessment/Management**

Risks identified are managed through normal NHS Orkney Public Health risk procedures with escalation through the Risk Management Forum as required.

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

The Public Health Department aims to reduce inequalities. The main focus of the report is on vaccine preventable diseases. Through the delivery of effective immunisation programmes herd immunity reduces disease inequalities. Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life.

## **2.3.6 Climate Change Sustainability**

Through the provision of preventative health care, such as the delivery of national immunisations and screening programmes, the pressure on the NHS can be reduced increasing sustainability.

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

The report has been produced by the Public Health Department

## **2.3.9 Route to the Meeting**

Approval by Executive Director

## **2.4 Recommendation**

The paper provides awareness for members on planned public health activity and on new guidance in relation to proposed vaccination programme changes



# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Orkney Partnership Board Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Meghan McEwen, Board Chair</b>
<b>Report Author:</b>	<b>Meghan McEwen, Board Chair</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Partnership

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

- Person Centred

## 2 Report summary

### 2.1 Situation

The Orkney Partnership Board met on the 23 June as part of our regular series of meetings. Meghan McEwen attended as Vice Chair, Laura Skaiff-Knight as Chief Executive attended for the meeting, and Stephen Brown attended as Chief Officer. We were asked to approve new Chair and Vice Chair appointments and establish the Chairs for the Delivery Groups to undertake the key priorities and actions of the Partnership.

## 2.2 Background

Community Planning Partnerships are governed by the 2015 Community Empowerment Act, and their roles and responsibilities are laid out in general terms there.

### **The Community Empowerment (Scotland) Act 2015**

The Act (4(4)) requires the community planning partners, through the LOIP and locality planning, to achieve improvements which are consistent with the Scottish Government's National Outcomes, and these are that people:

- grow up loved, safe and respected so that they realise their full potential
- live in communities that are inclusive, empowered, resilient and safe
- are creative and their vibrant and diverse cultures are expressed and enjoyed widely
- have a globally competitive, entrepreneurial, inclusive, and sustainable economy
- are well educated, skilled and able to contribute to society
- value, enjoy, protect, and enhance their environment
- have thriving and innovative businesses, with quality jobs and fair work for everyone
- are healthy and active
- respect, protect and fulfil human rights and live free from discrimination
- are open, connected and make a positive contribution internationally
- tackle poverty by sharing opportunities, wealth, and power more equally

There has been work undertaken with the Improvement Service and it was identified that the impact and reach of the partnership can be increased by reviewing the Chairs and Vice Chair arrangements and ensuring that all partners are playing their full part/

## 2.3 Assessment

Cllr Heather Woodbridge was approved as Chair of the Partnership  
Morwen Brooks from Voluntary Action Orkney was approved as Vice Chair.

Meghan McEwen has been approved as the Chair of the Local Equality Delivery Group.

## 2.4 Recommendation

Board members are asked to discuss how they prefer to remain engaged and connected to the work of the Orkney Partnership board. How reports and information are received for the Board will need to be determined.

## 3 List of appendices

The following appendices are included with this report:

- Orkney Partnership Board minutes – 14 March 2023
- Orkney Partnership Board agenda – 23 June 2023
- Orkney Locality Plan 2023-24



## Orkney Partnership Board

Minutes of the Meeting held on 14 March 2023 via Teams

### 1. Attendance and apologies

#### Facilitating partners

Orkney Islands Council  
NHS Orkney  
Highlands & Islands Enterprise

Cllr James Stockan (Chair)  
Meghan McEwen (Vice Chair)  
Graeme Harrison

#### Participating partners

Orkney College UHI  
Skills Development Scotland  
HITRANS  
Integration Joint Board  
Historic Environment Scotland  
Visit Scotland

Claire Kemp  
Anthony Standing  
Cllr David Dawson  
Issy Grieve  
Dorothy Hoskins  
Cheryl Chapman

#### Co-opted partners

Orkney Housing Association Ltd.  
Voluntary Action Orkney

Craig Spence  
Morven Brooks

#### By invitation

Scottish Government  
Highlands & Islands Enterprise  
Orkney Islands Council

Joe Brown  
Francesca Couperwhite  
Stuart Allison

#### In attendance

Orkney Islands Council  
Orkney Islands Council  
Orkney Islands Council

Cllr Heather Woodbridge  
Karen Greaves  
Anna Whelan

The Orkney Partnership

George Vickers (Secretary)

#### Apologies

Orkney Islands Council  
Community Justice Partnership  
Scottish Ambulance Service  
NatureScot

Oliver Reid  
Stephen Brown  
Andrew Fuller  
Dave Mackay

James began by reminding the group that the Board requires a new chairperson which will be decided at the next meeting. He felt that the delivery group chairs should be elected at the same time and the interim arrangements would remain in place till then. James thanked Issy Grieve for her work and effort being chair of the IJB.

## **2. Draft minutes of the meeting of the Board 14 December 2022**

2.1. Minutes were approved

## **3. Matters arising**

3.1. George stated that there were two improvement plans that came out of the Improvement Service. One is to have a new induction process to ensure everyone knows their role and this will be rolled out over the next few months.

3.2. The second delivery plan was to look at early responses to ensure of early interventions. A meeting will take place with Stephen Brown to consider how to best take this forward. This will be reported back to the June Executive Group and Board meetings.

3.3. James asked that a list of the organisations be circulated stating who can vote for which roles. He also suggested holding the June meeting face to face.

## **4. Report from the Executive Group (EG) Chair**

4.1. Executive Group met 7 March and the written report has been circulated.

4.2. Community Engagement report to be taken to the Board in June or September.

### **4.3. First Responders Short Life Working Group**

The group met last Friday and the written report has been circulated. The report proposes that in the interim IJB provide funding to level up the service to the isles for 12 months and after that the Board would request that The Scottish Government provide ring fenced funding to provide that service into the future.

Issy noted that although there have been discussions at the IJB, nothing has been put to the IJB in terms of funding. Meghan McEwen felt that the mapping exercise document circulated was useful and it would be helpful to also include the populations of each island. Joe Brown is happy to assist and can find out who is best to speak to in the Scottish Government. No decisions were made on the recommendations in the written report.

## **5. TOP Support Package 2023/24**

5.1. Anna explained that this is a noting report as the facilitating partners have met and agreed the package attached.

## **6. Orkney Community Plan/LOIP 2023/30**

6.1. The draft circulated is the final draft for approval and adoption from 1 April 2023.

- 6.2. Cost of living delivery group and Sustainable Development Delivery group are underway. A Local Equality preliminary workshop has been held with another one scheduled for May and from this a delivery group should form.
- 6.3. Changes from the consultation were to have Scotland Outlook 2030 added which has been done.
- 6.4. Issy asked if there is flexibility in the 5-7 year plan to move things to a more critical position if the need arises to which Anna replied that the plan would be reviewed every year and can be amended by the Board at any time.
- 6.5. Issy stated that having seen the report for public health, there are some major concerns and asked the Community Planning Partnership to pay particular attention to these.
- 6.6. Craig Spence wished to record thanks to Anna for pulling together such a good quality document. James echoed this along with thanks to George and the team.
- 6.7. James also wished to thank Meghan for chairing Horizon Scanning.
- 6.8. The Board are happy for the LOIP to be adopted and approved.

## **7. Appointment of chairs to the new delivery groups**

### **7.1. Appoint chair to the Cost of Living Task Force (Delivery Group)**

Craig Spence is happy to continue in the interim to the next meeting.

### **7.2. Appoint chair to the Sustainable Development Delivery Group**

Stuart Allison happy to continue in the interim. Khristopher Leask is happy to vice chair.

### **7.3. Appoint chair to the Local Equality Delivery Group**

Heather Woodbridge happy to chair in the interim.

## **AOCB**

A few members had indicated that they need to leave this meeting early, so James took the opportunity, while everyone was still in attendance, to bring forward his AOCB.

James informed the group that himself and the Chief Executive Oliver Reid were called to a meeting last week with the Deputy First Minister for Scotland, the Cabinet Secretary for Health and the Cabinet Secretary for Local Government with regards to the Single Islands Authority Model. OIC were invited to explore this with the community several years ago but it was placed on hold by the Scottish Government. The Cabinet would now like OIC to pursue this again however, James and Oliver feel that waiting for a new First Minister and cabinet to be established before moving forward with this, would be the best course of action.

## **8. Delivery Group and Task Force reports**

### **8.1. Sustainable Recovery Delivery Group – Including Community Wealth Building Workshop**

A written report had been circulated and Stuart Allison spoke to the main report and George Vickers spoke to the report on the Community Wealth Building Workshop 28 February 2023.

Anna noted that the Scottish Government have opened a consultation on the Community Wealth Building Bill and has suggested drawing up a response from the Partnership Board.

Skills planning is being led by Anthony Standing and SDS. Nick Blyth, Climate Change Strategy Officer has been appointed now and will attend the next meeting to help with the delivery plan.

Issy referred to point 4 in the SRDG action plan with regards to Housing and noted that it was disappointing that, according to the local press, OIC had refused new flats in Kirkwall. James added that although he is not on the planning committee, he was aware that it was a legal issue that led to the refusal and that although there was a way around it, the developer chose for it to go before the committee instead of making the changes to their plans.

Issy also made note regarding the Aspire visions. Anna replied by stating the Aspire principles are included in the new LOIP under sustainable development.

### **8.2. Community Wellbeing Delivery Group**

Francesca told members that the Community Wellbeing Delivery Group held its final meeting on 9 February. All outstanding actions were re-assigned to other groups. The group had 2 key messages to bring to the Board.

- Importance of wellbeing and the need to embed this in delivery groups going forward.
- Allocating of resources quickly when events occur.

The group wanted to thank Gail Anderson for all of her work and contributions.

### **8.3. Connectivity Delivery Group**

Graeme told members that the group met at the end of February and a brief written report was circulated. The main message is that there is still ongoing work. Going forward OIC is the lead with this, but HIE is there to help with pressing the case to Government. The group have recommended that at least once a year, the Board considers digital and transport connectivity to find ways to accelerate the issues.

James thanked the Board for putting this as one of our ambitions. Heather, James and Oliver had a meeting regarding vessel replacements and will be looking at transportation rather than ferries. Other modes of transport will be tested. Graeme also noted that contact with the new cabinet needs to be kept open to ensure timescales don't slip with digital connectivity.

#### **8.4. Cost of Living Task Force**

Craig Spence told members that this group was established to be a short life working group of the Community Wellbeing Delivery Group but has been redesignated as a full delivery group. There has been significant and focused work carried out. The group have amalgamated all of the child poverty strategy actions, food dignity report that was done by VAO, and they've also been inputting to and will consider the upcoming fuel poverty strategy. They have identified 3 main areas to focus on.

- Reduce cost of living for Orkney households
- Building a pathway of preventative, compassionate and cash-first services in Orkney
- Making progress towards transformative, economic, and social change in Orkney.

The group are meeting this week for last time as short-term working group to establish gaps or areas that are needing extra effort in the community. Meghan felt it would be good to have the voice of lived experience fed into this to which Craig replied that this is a good point and is active however, the group is welcome to new ideas on how to do this.

#### **9. Resourcing the work of TOP**

Scott Robertson joined the meeting

George summarised his report that has been circulated around the group prior to the meeting. The Board agreed to adding the recommended text into the terms of reference to make it clearer how the process works.

#### **10. Aspire Orkney Ltd**

A follow up report on Aspire was circulated prior to the meeting and Anna explained that it is just to be noted. The Board are happy to note this.

#### **11. Any other business**

No AOB

#### **12. Date of next meeting**

**12.1.** 23 June 2023

The meeting closed at 15:15





## The Orkney Partnership

*Working together for a better Orkney*

### Orkney PSHIP Board agenda

The next meeting of the **Orkney Partnership Board** will take place on **Friday 23 June 2023, 10.00am – 1.00pm** in person and via Microsoft Teams  
[Click here to join the meeting](#)

### Agenda

Item	Time	Topic	Lead	Purpose
1	10.00am	Apologies	Chair	
2	10.05am	Draft minutes of the meeting of the Board 14 March 2023 <i>Attached</i>		To amend as necessary and agree the minutes
3	10.10am	Matters arising	Chair	To consider any matters arising from the minutes
4	10.15am	Appointment of Chair	Oliver Reid	To elect the chair of the Board
5	10.20am	Appointment of Vice-chair	Chair	To elect the Vice-chair of the Board
6	10.25am	Appointment of chairs to the new Delivery Groups	Chair (George Vickers to explain the procedure)	To appoint the Chairs
6.1		Appoint chair to the Cost of Living Task Force (Delivery Group)	Chair	
6.2		Appoint chair to the Sustainable Development Delivery Group	Chair	
6.3		Appoint chair to the Local Equality Delivery Group	Chair	



## The Orkney Partnership

*Working together for a better Orkney*

Item	Time	Topic	Lead	Purpose
7	10.35am	Discussion of the roles and responsibilities of Board Members, the Chair and Vice Chair of the Board and the Chairs of the Delivery Groups.	George Vickers	TOP participants are clear on their roles and responsibilities.
8	11.00am	Update on the campaign to replace the Orkney Ferry Fleet and generally on transport	Cllr James Stockan	To update the Board.
9	11.20am	Report from the Executive Group (EG) Chair Including First Responders SLWG update	Oliver Reid	To consider
10	11.30am	Carers' Conference (verbal)	Stephen Brown	To update the Board.
11	11.40am	Single Islands Authority	Karen Greaves	To provide a timeline.
12	11.50am	Delivery Group and Task Force reports from interim chairs		
12.1	11.50am	Sustainable Recovery Delivery Group	Stuart Allison	To report progress
12.2	12 noon	Cost of Living Task Force	Craig Spence	To report progress
12.3	12.10pm	Local Equality Delivery Group	Cllr Heather Woodbridge	To report progress
13	12.20pm	Any other business	Chair	
14	12.30pm	Date of next meeting and any items for future meetings	Chair	26 September 2023

GV 08/06/2023

# Orkney Locality Plan 2023-4

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### Introduction

A key objective of the Orkney Partnership is to address the inequalities which persist between areas of Orkney.

The Community Empowerment (Scotland) Act 2015 requires community planning partnerships to identify areas within their boundaries that experience disproportionate levels of socio-economic disadvantage and develop one or more locality plans to reduce inequality. The Partnership's first [Locality Plan 2018-21](#) focused on the ferry-linked isles but was overtaken by the Covid-19 pandemic and did not resolve some of the longstanding disadvantages experienced by isles communities in Orkney.

The pandemic and associated lockdowns highlighted the continuing vulnerability of communities across Orkney, including the ferry linked isles, to any interruption in their access to essential goods and services. The cost of living crisis affects most households in Orkney but has disproportionately hit the most vulnerable. In response, the Board decided to elevate Local Equality to a strategic priority, making it the focus of a dedicated delivery group reporting directly to the Board.

The Local Equality Delivery Group has been tasked by the Board with developing and leading on the delivery of a single locality plan that will address local inequalities across the whole of Orkney. Some of these communities have written their own local development plans and this locality plan does not duplicate these. Instead, the local equality plan will lend support to these existing community development plans.

The challenges faced by the different communities are different, as are the means to engage with those communities:

- Many of the challenges faced by those on the ferry linked isles are because of the problems caused by the lack of connectivity, especially transport. To a lesser extent, this can also be a problem to those living in rural areas of the mainland, but not for those living in Kirkwall where most services are readily accessible.
- There is a stronger sense of community and more community engagement in the ferry linked isles compared to the rest of Orkney (e.g., of those who live in the isles, 56% believe they can influence local organisations, while the figure is only 33% for the rest of Orkney<sup>1</sup>).

Consequently, the delivery group decided to look at them separately, beginning with the ferry linked isles.

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<sup>1</sup> National Island Plan Survey 2020/21 - <https://www.gov.scot/publications/national-islands-plan-survey-final-report/pages/5/>

## Part One: The Orkney Ferry Linked Isles

For 2001 to 2021, the population of Orkney grew from 19,220 to 22,540, an increase of 17.3% compared to 8.2% for the whole of Scotland. However, the population of the ferry linked isles essentially remained static (2,701 in 2001 compared to 2,743 in 2021). If the isles are to prosper, then relevant support needs to be available for longstanding, new and potential residents.

### Connectivity

The same things that make islands places that people want to live also bring challenges. The main issue, which affects all others, is connectivity and the single biggest challenge is the replacement of the internal ferry fleet. Effective transport to and from the isles is needed for many reasons, including because:

- It allows residents to access the services they need, including medical appointments, and, for many people, to access jobs.
- It allows regular services to be delivered on the isles.
- It allows the goods needed day-to-day by islanders to arrive, such as fresh food and fuel.
- It means pupils can travel to school and teachers can travel to the isles.
- Without regular and affordable ferries, essential workers, such as plumbers or electricians, cannot get out to the isles.
- Poor transport means that it is difficult and expensive for those who want to bring old houses back into use or build new homes to get the materials and the workers they need. This affects people who settle on the islands as well as the development trusts building houses for families and essential workers.
- In an emergency, the ferries can be needed to evacuate people and to bring the help needed.
- It allows tourists to travel and support the local economy.

The Council does not have the funds to replace the entire fleet and no money has been promised from Scottish and UK governments. If the situation remains as it is, the fleet will continue to age, ferries will go out of service for longer and longer periods and eventually will no longer be safe to operate.

The failure to roll out Road Equivalent Tariff (RET) to Orkney impacts on households as it means journeys are more expensive for those in Orkney than elsewhere in Scotland and can limit travel.

The provision of air transport services to the islands is also vital for many of the isles communities, especially those further away from the Mainland. Inter-island flights enable people to reach Kirkwall in minutes rather than hours.

Good digital connectivity is more important to those in remote areas because it allows them to access services and remote jobs that are difficult or impossible to travel to.

## 13.3.3

Effective transport and digital connectivity impact on all elements of island life, including:

- The ability to earn a living.
- The ability to educate children and to access other education and training.
- To receive adequate medical care
- For the local economy to function and prosper
- To build and renovate houses so the populations have the accommodation needed.
- To receive the goods and services communities needed to prosper or even survive.

Transport and connectivity will therefore be at the centre of any plan to support the ferry linked isles, but other actions will be needed. The actions below first address transport and connectivity and then actions to mitigate the challenges that transport and connectivity present.

## 13.3.3

### Transport

The Local Equality Delivery Group (LEDG) will support the case for a replacement ferry fleet and investment in transport to the isles, by engaging with the communities to understand the impact of the service on the isles, how improvements in transport services could lead to an improvement and how a deterioration in the service will affect communities.

The Council will lead in carrying out scenario planning to explore the impact of a further deterioration of the inter-island ferry service to these communities. This will be supported by community planning partners who will explain the impact it will have on their own operations and services to the isles and the LEDG will engage with local communities to ensure their view is represented. This will help with future service planning and to lobby the governments for the contributions needed to begin to replace the fleet.

What	How	Who	When
Support the case for the replacement of the internal ferries fleet	Identify the impact that a deterioration of the ferry service will have on the ferry linked isles through a series of seminars and meeting with community councils, development trusts and other community associations, which will feed into the scenario planning.	Community Planning business Manager (CPBM) with Empowering Communities project and HIE	Once OIC has completed its initial scenario planning
	Support the Council in making representations to the Scottish Government and others for the improvements that the Ferry Linked Isles need, including the replacement of the inter-island ferry fleet and a third aeroplane for the isles.	Chair	Once the scenario planning is complete or when opportunities arise.
Support the role out of RET to Orkney and the ferry linked isles.	Engage with the Scottish Government to make the case for RET to be rolled out to the Isles.	Chair with the CPBM and Chair of the Board	December 2023
To reduce the number of journeys from the ferry linked isles to the Scotting mainland which require overnight stops	Engage with Transport Scotland, HiTRANS, OIC and local communities to improve the alignment of transport timetables to allow residents to access services with the minimum of overnight stops.	Chair with the CPBM [This could be the forum, see below]	December 2023

## 13.3.3

### Digital Connectivity

The [R100 Programme](#) has committed the Scottish Government to ensuring every home and business in Scotland will have access to superfast broadband of 30 Megabits per second (Mbps). The programme is extending access across the county, including the ferry linked isles, but progress is slower than planned. The programme will be delivered primarily by improving the physical infrastructure but for some hard to reach areas, a voucher scheme has been made available for individual and local solutions.

What	How	Who	When
Support the full delivery of the R100 Programme.	Engage with the R100 Programme and make representations as required.	CPBM	Ongoing
	Explore community approaches to support those residents who will not be reached by the Programme, including pooling the resources than can be obtained using the vouchers scheme.	Chair/CPBM	Once a clear view emerges on which areas will not be reached by R100



# 13.3.3

## Access to Health and Care Services

The provision of the service is uneven across the isles with some areas having much better access to GPs and community nurses than the mainland, while other areas have a poorer service. Recruitment and retention are a contributory factor, along with the normal challenges of supporting remote island communities.

What	How	Who	When
Ensuring access to adequate medical and social care services for island residents.	Map out the current provisions of services across the Isles and identify the gaps. This will include access to:	1. Chair 2. Vikki Previtt 3. George Vickers	
	1. GPs, community nurses, carers, dentists, podiatrists, mental health services and pharmacy services by writing to Maureen Firth Head of Primary Care Services NHSO. 2. Wellbeing Officers by contacting VAO. 3. First Responders by reviewing the information already collated by the First Responder SLWG and by engaging with the Scottish Ambulance Service (SAS).		
	To explore how public sector, voluntary agencies and the community can collaborate to reduce these inequalities.	Chair	
	To make recommendations to agencies on why and how those gaps could be closed.	Chair	

## 13.3.3

### General Services

Many services are perceived by residents as 'ending at the pier in Kirkwall' and the cost of basic items can be more expensive on the isles and often basic fresh items are not available. Work is already being planned to identify what services are available to Orkney residents across the county and it is proposed that this data can be used to identify gaps on the ferry linked isles.

What	How	Who	When
Support the removal of the barriers to accessing services.	Use the data being collected by NHSO to identify what (practical not just health) services are available to those diagnosed with cancer in different part of Orkney to map out some of the key gaps.	Hannah Casey	
	Engagement Session with community councils, development trusts and community associations on each isle to identify the key services not readily accessible. (In person where possible and ideally as joint sessions).	Chair/CPBM	
	Consider if further actions can be taken by the LEDG and community planning partners to reduce these barriers to services.	LEDG	
Support actions to ensure that basic household items are affordable and that there are fresh fruit and vegetables available throughout the year.	Survey at different times of the year of availability and price using the standard shopping basket used elsewhere to allow for price comparisons, but with additional fresh items added to better capture availability.	CPBM/development trusts and community associations	
	Consider if further actions can be taken by the LEDG and community planning partners to reduce to cost of living and make fresh fruit more available.	LEDG	

# 13.3.3

## Housing

There is a shortage of accommodation for people who want to remain on the islands and those who want to move to the isles, including key workers and families with children who are needed to keep the schools open. Many people who move to the islands have some capital to either renovate or build new houses and the development trusts and have projects at various stages of development, but all encounter challenges, including:

- It is expensive to get building materials to the isles.
- Many of the necessary trades are not on the isles and there are only a few builders, so builders and workers have to visit from the mainland. This is expensive and many firms and tradespeople are reluctant to make the journey.

What	How	Who	When
Remove some of the barriers to the provision of adequate accommodation on the isles.	Explore, identify and where feasible resolve the legislative and regulatory barriers to the development of the housing and accommodation required on the Isles: <ul style="list-style-type: none"> <li>• Engagement Session with community councils, development trusts and community associations on each isle.</li> <li>• Make representations to appropriate bodies for the legislature and regulations to be amended, including requiring that the Scottish Government complies with their obligations under the Islands (Scotland) Act 2018.</li> </ul>	Chair/CPBM	
	Identify and where possible resolve the barriers preventing contractors from delivering services on the isles: <ul style="list-style-type: none"> <li>• Engage with contractors to identify the barriers they face in delivering services on the Isles.</li> </ul>	Chair/CPBM	

### 13.3.3

	<ul style="list-style-type: none"> <li>• Make appropriate recommendations to agencies to remove, reduce or mitigate the effects of those barriers.</li> </ul>		
	<p>Find creative partnership solutions to the shortage of accommodation on the isles for essential workers:</p> <ul style="list-style-type: none"> <li>• Ask community planning partners to map their existing tied housing provision on the isles, set out the history or provision on the isles and the impact of any reduction of provision has had and set out their plans to ensure that accommodation is not a barrier to essential staff taking up posts on the isles.</li> <li>• Write to the relevant CP partners with recommendations from the LEDG.</li> </ul>	Chair/CPBM CP partners	

## 13.3.3

### Development and support workers

There are a number of initiatives to support the development of the isles and to work with residents in need, including the Development Trusts, the Council's Link Workers (part of the Empowering Communities project), the Community Link Practitioners in the GP practices and the Community Wellbeing Officers. However, the support is different on each island. For example, in some islands, the development trusts were able to take advantage of the early subsidies for wind turbines and have good incomes and reserves, while others have not.

What	How	Who	When
To ensure each islands has the resources it needs to support their development and the residents.	Identify available capacity on the isles and gaps through engagement session with community councils, development trusts and community associations on each isle.	Chair/CPBM	
	Consider if further actions can be taken by the LEDG and community planning partners to ensure the resources required are available on each island.	LEDG	

## 13.3.3

### Labour Market

The main employment opportunities on the isles were traditionally around agriculture and, to a lesser extent, fishing. Over the last century, far fewer people were employed in these industries, mainly because of mechanism. If the isles are to continue to prosper, then alternative employment opportunities are needed.

Tourism is one route to increased employment, but another is remote working and this has escalated through Covid Pandemic. Employers, on the Orkney Mainland and internationally, have found that it is possible to employ people, either working entirely remotely on a hybrid basis, with occasional visits to the main offices, and by making premises on the island available for remote working. A number of the local plans include the development of local hubs to provide remote working spaces for residents and visitors to the islands.

The Council is exploring, through the [Empowering Communities Project](#) and its Link workers, how to reduce the use of contractors for Council services and instead finding ways to foster and develop local skills, or use local businesses to carry out the same work or services.

What	How	Who	When
Extend employment opportunities for island residents to take up employment based on the Orkney Mainland and beyond.	Community planning partners to incorporate the learning from Covid and:  1. Commit to taking the appropriate steps to make employment opportunities available to residents on the isles on a remote or hybrid working basis whenever practical and advertising posts as such. 2. Commit to working together to make this possible, including by making space available in any premises on the isles to employees of partner and other organisations where this is feasible.	Chair/CPBM	
	Ensure the lessons learned from the roll-out of work hubs by development trusts are shared across the Isles.	Chair/CPBM	
	The Empowering Communities project will work to make more economic opportunities available to residents of the isles.	Jackie Montgomery, Empowering	

## 13.3.3

		Communities project	
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### Engagement and an Isles Forum

The need for a forum to bring together those working to support the development of the isles, involving development trusts, community councils and the public sector has been identified, including in the development trust/councillor seminar that took place 14 June 2023. This forum would be a tool for the isles communities to engage with the public sector to develop services and initiatives that will improve the lives of those living on the isles and the sustainability of these communities.

What	How	Who	When
Create a forum for discussion between development trusts, community councils, other community associations, the Council and other key service providers, to promote information sharing and better collaboration.	Engagement Session with community councils, development trusts and community associations on each isle to identify the best way forward.	Chair/HIE/Empowering Communities project	
Support communities on the isles to play a full role in public sector engagement.	This forum to play a key role in Orkney Matters 2	CPBM	

### 13.3.3

#### **Part Two: Orkney Mainland and South Linked Isles**

According to the Scottish Index of Multiple Deprivation (SMID), the highest levels of deprivation are in Kirkwall. While the Partnership and others believe that the SMID underestimates the effects of connectivity to poverty and the general cost of living, it is clear that much of the worst poverty is in Kirkwall.

There will be people in poverty across Orkney and while the absolute numbers may be lower in rural areas, the impact of lower incomes can be greater because of the lack of accessible facilities and support.

As set out above, on the ferry linked isles, communities are heavily organised and there are spaces (groups, social media pages) where the Delivery Group can engage with representatives of those communities to agree approaches to address problems. Elsewhere, those spaces for community engagement and much less if they exist at all. However, The Council and other partners intend to engage with communities through Orkney Matters 2. This will adopt a Place Approach to explore how changes to the environment might improve lives and will support the writing of the new Orkney Development Plan. The consultation will also address how the cost of living crisis is affecting people in the community and what steps should be taken to overcome these challenges and tackle the undlying causes of poverty in Orkney.

The LEDG and the Cost of Living Task Force will work with the group to design the consultation so that issues of local equality and potential solutions can be identified, and this will inform the development of this part of the Locality Plan and well as the delivery and development of Part One of the plan.

30 July 2023



# Orkney Locality Plan 2023-4

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### Introduction

A key objective of the Orkney Partnership is to address the inequalities which persist between areas of Orkney.

The Community Empowerment (Scotland) Act 2015 requires community planning partnerships to identify areas within their boundaries that experience disproportionate levels of socio-economic disadvantage and develop one or more locality plans to reduce inequality. The Partnership's first [Locality Plan 2018-21](#) focused on the ferry-linked isles but was overtaken by the Covid-19 pandemic and did not resolve some of the longstanding disadvantages experienced by isles communities in Orkney.

The pandemic and associated lockdowns highlighted the continuing vulnerability of communities across Orkney, including the ferry linked isles, to any interruption in their access to essential goods and services. The cost of living crisis affects most households in Orkney but has disproportionately hit the most vulnerable. In response, the Board decided to elevate Local Equality to a strategic priority, making it the focus of a dedicated delivery group reporting directly to the Board.

The Local Equality Delivery Group has been tasked by the Board with developing and leading on the delivery of a single locality plan that will address local inequalities across the whole of Orkney. Some of these communities have written their own local development plans and this locality plan does not duplicate these. Instead, the local equality plan will lend support to these existing community development plans.

The challenges faced by the different communities are different, as are the means to engage with those communities:

- Many of the challenges faced by those on the ferry linked isles are because of the problems caused by the lack of connectivity, especially transport. To a lesser extent, this can also be a problem to those living in rural areas of the mainland, but not for those living in Kirkwall where most services are readily accessible.
- There is a stronger sense of community and more community engagement in the ferry linked isles compared to the rest of Orkney (e.g., of those who live in the isles, 56% believe they can influence local organisations, while the figure is only 33% for the rest of Orkney<sup>1</sup>).

Consequently, the delivery group decided to look at them separately, beginning with the ferry linked isles.

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<sup>1</sup> National Island Plan Survey 2020/21 - <https://www.gov.scot/publications/national-islands-plan-survey-final-report/pages/5/>

## Part One: The Orkney Ferry Linked Isles

For 2001 to 2021, the population of Orkney grew from 19,220 to 22,540, an increase of 17.3% compared to 8.2% for the whole of Scotland. However, the population of the ferry linked isles essentially remained static (2,701 in 2001 compared to 2,743 in 2021). If the isles are to prosper, then relevant support needs to be available for longstanding, new and potential residents.

### Connectivity

The same things that make islands places that people want to live also bring challenges. The main issue, which affects all others, is connectivity and the single biggest challenge is the replacement of the internal ferry fleet. Effective transport to and from the isles is needed for many reasons, including because:

- It allows residents to access the services they need, including medical appointments, and, for many people, to access jobs.
- It allows regular services to be delivered on the isles.
- It allows the goods needed day-to-day by islanders to arrive, such as fresh food and fuel.
- It means pupils can travel to school and teachers can travel to the isles.
- Without regular and affordable ferries, essential workers, such as plumbers or electricians, cannot get out to the isles.
- Poor transport means that it is difficult and expensive for those who want to bring old houses back into use or build new homes to get the materials and the workers they need. This affects people who settle on the islands as well as the development trusts building houses for families and essential workers.
- In an emergency, the ferries can be needed to evacuate people and to bring the help needed.
- It allows tourists to travel and support the local economy.

The Council does not have the funds to replace the entire fleet and no money has been promised from Scottish and UK governments. If the situation remains as it is, the fleet will continue to age, ferries will go out of service for longer and longer periods and eventually will no longer be safe to operate.

The failure to roll out Road Equivalent Tariff (RET) to Orkney impacts on households as it means journeys are more expensive for those in Orkney than elsewhere in Scotland and can limit travel.

The provision of air transport services to the islands is also vital for many of the isles communities, especially those further away from the Mainland. Inter-island flights enable people to reach Kirkwall in minutes rather than hours.

Good digital connectivity is more important to those in remote areas because it allows them to access services and remote jobs that are difficult or impossible to travel to.

## 13.3.3

Effective transport and digital connectivity impact on all elements of island life, including:

- The ability to earn a living.
- The ability to educate children and to access other education and training.
- To receive adequate medical care
- For the local economy to function and prosper
- To build and renovate houses so the populations have the accommodation needed.
- To receive the goods and services communities needed to prosper or even survive.

Transport and connectivity will therefore be at the centre of any plan to support the ferry linked isles, but other actions will be needed. The actions below first address transport and connectivity and then actions to mitigate the challenges that transport and connectivity present.

## 13.3.3

### Transport

The Local Equality Delivery Group (LEDG) will support the case for a replacement ferry fleet and investment in transport to the isles, by engaging with the communities to understand the impact of the service on the isles, how improvements in transport services could lead to an improvement and how a deterioration in the service will affect communities.

The Council will lead in carrying out scenario planning to explore the impact of a further deterioration of the inter-island ferry service to these communities. This will be supported by community planning partners who will explain the impact it will have on their own operations and services to the isles and the LEDG will engage with local communities to ensure their view is represented. This will help with future service planning and to lobby the governments for the contributions needed to begin to replace the fleet.

What	How	Who	When
Support the case for the replacement of the internal ferries fleet	Identify the impact that a deterioration of the ferry service will have on the ferry linked isles through a series of seminars and meeting with community councils, development trusts and other community associations, which will feed into the scenario planning.	Community Planning business Manager (CPBM) with Empowering Communities project and HIE	Once OIC has completed its initial scenario planning
	Support the Council in making representations to the Scottish Government and others for the improvements that the Ferry Linked Isles need, including the replacement of the inter-island ferry fleet and a third aeroplane for the isles.	Chair	Once the scenario planning is complete or when opportunities arise.
Support the role out of RET to Orkney and the ferry linked isles.	Engage with the Scottish Government to make the case for RET to be rolled out to the Isles.	Chair with the CPBM and Chair of the Board	December 2023
To reduce the number of journeys from the ferry linked isles to the Scotting mainland which require overnight stops	Engage with Transport Scotland, HiTRANS, OIC and local communities to improve the alignment of transport timetables to allow residents to access services with the minimum of overnight stops.	Chair with the CPBM [This could be the forum, see below]	December 2023

## 13.3.3

### Digital Connectivity

The [R100 Programme](#) has committed the Scottish Government to ensuring every home and business in Scotland will have access to superfast broadband of 30 Megabits per second (Mbps). The programme is extending access across the county, including the ferry linked isles, but progress is slower than planned. The programme will be delivered primarily by improving the physical infrastructure but for some hard to reach areas, a voucher scheme has been made available for individual and local solutions.

What	How	Who	When
Support the full delivery of the R100 Programme.	Engage with the R100 Programme and make representations as required.	CPBM	Ongoing
	Explore community approaches to support those residents who will not be reached by the Programme, including pooling the resources than can be obtained using the vouchers scheme.	Chair/CPBM	Once a clear view emerges on which areas will not be reached by R100

# 13.3.3

## Access to Health and Care Services

The provision of the service is uneven across the isles with some areas having much better access to GPs and community nurses than the mainland, while other areas have a poorer service. Recruitment and retention are a contributory factor, along with the normal challenges of supporting remote island communities.

What	How	Who	When
Ensuring access to adequate medical and social care services for island residents.	Map out the current provisions of services across the Isles and identify the gaps. This will include access to:	1. Chair 2. Vikki Previtt 3. George Vickers	
	1. GPs, community nurses, carers, dentists, podiatrists, mental health services and pharmacy services by writing to Maureen Firth Head of Primary Care Services NHSO. 2. Wellbeing Officers by contacting VAO. 3. First Responders by reviewing the information already collated by the First Responder SLWG and by engaging with the Scottish Ambulance Service (SAS).		
	To explore how public sector, voluntary agencies and the community can collaborate to reduce these inequalities.	Chair	
	To make recommendations to agencies on why and how those gaps could be closed.	Chair	

## 13.3.3

### General Services

Many services are perceived by residents as 'ending at the pier in Kirkwall' and the cost of basic items can be more expensive on the isles and often basic fresh items are not available. Work is already being planned to identify what services are available to Orkney residents across the county and it is proposed that this data can be used to identify gaps on the ferry linked isles.

What	How	Who	When
Support the removal of the barriers to accessing services.	Use the data being collected by NHSO to identify what (practical not just health) services are available to those diagnosed with cancer in different part of Orkney to map out some of the key gaps.	Hannah Casey	
	Engagement Session with community councils, development trusts and community associations on each isle to identify the key services not readily accessible. (In person where possible and ideally as joint sessions).	Chair/CPBM	
	Consider if further actions can be taken by the LEDG and community planning partners to reduce these barriers to services.	LEDG	
Support actions to ensure that basic household items are affordable and that there are fresh fruit and vegetables available throughout the year.	Survey at different times of the year of availability and price using the standard shopping basket used elsewhere to allow for price comparisons, but with additional fresh items added to better capture availability.	CPBM/development trusts and community associations	
	Consider if further actions can be taken by the LEDG and community planning partners to reduce to cost of living and make fresh fruit more available.	LEDG	



# 13.3.3

## Housing

There is a shortage of accommodation for people who want to remain on the islands and those who want to move to the isles, including key workers and families with children who are needed to keep the schools open. Many people who move to the islands have some capital to either renovate or build new houses and the development trusts and have projects at various stages of development, but all encounter challenges, including:

- It is expensive to get building materials to the isles.
- Many of the necessary trades are not on the isles and there are only a few builders, so builders and workers have to visit from the mainland. This is expensive and many firms and tradespeople are reluctant to make the journey.

What	How	Who	When
Remove some of the barriers to the provision of adequate accommodation on the isles.	Explore, identify and where feasible resolve the legislative and regulatory barriers to the development of the housing and accommodation required on the Isles: <ul style="list-style-type: none"> <li>• Engagement Session with community councils, development trusts and community associations on each isle.</li> <li>• Make representations to appropriate bodies for the legislature and regulations to be amended, including requiring that the Scottish Government complies with their obligations under the Islands (Scotland) Act 2018.</li> </ul>	Chair/CPBM	
	Identify and where possible resolve the barriers preventing contractors from delivering services on the isles: <ul style="list-style-type: none"> <li>• Engage with contractors to identify the barriers they face in delivering services on the Isles.</li> </ul>	Chair/CPBM	

### 13.3.3

	<ul style="list-style-type: none"> <li>• Make appropriate recommendations to agencies to remove, reduce or mitigate the effects of those barriers.</li> </ul>		
	<p>Find creative partnership solutions to the shortage of accommodation on the isles for essential workers:</p> <ul style="list-style-type: none"> <li>• Ask community planning partners to map their existing tied housing provision on the isles, set out the history or provision on the isles and the impact of any reduction of provision has had and set out their plans to ensure that accommodation is not a barrier to essential staff taking up posts on the isles.</li> <li>• Write to the relevant CP partners with recommendations from the LEDG.</li> </ul>	Chair/CPBM CP partners	

## 13.3.3

### Development and support workers

There are a number of initiatives to support the development of the isles and to work with residents in need, including the Development Trusts, the Council's Link Workers (part of the Empowering Communities project), the Community Link Practitioners in the GP practices and the Community Wellbeing Officers. However, the support is different on each island. For example, in some islands, the development trusts were able to take advantage of the early subsidies for wind turbines and have good incomes and reserves, while others have not.

What	How	Who	When
To ensure each islands has the resources it needs to support their development and the residents.	Identify available capacity on the isles and gaps through engagement session with community councils, development trusts and community associations on each isle.	Chair/CPBM	
	Consider if further actions can be taken by the LEDG and community planning partners to ensure the resources required are available on each island.	LEDG	

## 13.3.3

### Labour Market

The main employment opportunities on the isles were traditionally around agriculture and, to a lesser extent, fishing. Over the last century, far fewer people were employed in these industries, mainly because of mechanism. If the isles are to continue to prosper, then alternative employment opportunities are needed.

Tourism is one route to increased employment, but another is remote working and this has escalated through Covid Pandemic. Employers, on the Orkney Mainland and internationally, have found that it is possible to employ people, either working entirely remotely on a hybrid basis, with occasional visits to the main offices, and by making premises on the island available for remote working. A number of the local plans include the development of local hubs to provide remote working spaces for residents and visitors to the islands.

The Council is exploring, through the [Empowering Communities Project](#) and its Link workers, how to reduce the use of contractors for Council services and instead finding ways to foster and develop local skills, or use local businesses to carry out the same work or services.

What	How	Who	When
Extend employment opportunities for island residents to take up employment based on the Orkney Mainland and beyond.	Community planning partners to incorporate the learning from Covid and:  1. Commit to taking the appropriate steps to make employment opportunities available to residents on the isles on a remote or hybrid working basis whenever practical and advertising posts as such. 2. Commit to working together to make this possible, including by making space available in any premises on the isles to employees of partner and other organisations where this is feasible.	Chair/CPBM	
	Ensure the lessons learned from the roll-out of work hubs by development trusts are shared across the Isles.	Chair/CPBM	
	The Empowering Communities project will work to make more economic opportunities available to residents of the isles.	Jackie Montgomery, Empowering	

## 13.3.3

		Communities project	
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### Engagement and an Isles Forum

The need for a forum to bring together those working to support the development of the isles, involving development trusts, community councils and the public sector has been identified, including in the development trust/councillor seminar that took place 14 June 2023. This forum would be a tool for the isles communities to engage with the public sector to develop services and initiatives that will improve the lives of those living on the isles and the sustainability of these communities.

What	How	Who	When
Create a forum for discussion between development trusts, community councils, other community associations, the Council and other key service providers, to promote information sharing and better collaboration.	Engagement Session with community councils, development trusts and community associations on each isle to identify the best way forward.	Chair/HIE/Empowering Communities project	
Support communities on the isles to play a full role in public sector engagement.	This forum to play a key role in Orkney Matters 2	CPBM	

## 13.3.3

### **Part Two: Orkney Mainland and South Linked Isles**

According to the Scottish Index of Multiple Deprivation (SMID), the highest levels of deprivation are in Kirkwall. While the Partnership and others believe that the SMID underestimates the effects of connectivity to poverty and the general cost of living, it is clear that much of the worst poverty is in Kirkwall.

There will be people in poverty across Orkney and while the absolute numbers may be lower in rural areas, the impact of lower incomes can be greater because of the lack of accessible facilities and support.

As set out above, on the ferry linked isles, communities are heavily organised and there are spaces (groups, social media pages) where the Delivery Group can engage with representatives of those communities to agree approaches to address problems. Elsewhere, those spaces for community engagement and much less if they exist at all. However, The Council and other partners intend to engage with communities through Orkney Matters 2. This will adopt a Place Approach to explore how changes to the environment might improve lives and will support the writing of the new Orkney Development Plan. The consultation will also address how the cost of living crisis is affecting people in the community and what steps should be taken to overcome these challenges and tackle the underlying causes of poverty in Orkney.

The LEDG and the Cost of Living Task Force will work with the group to design the consultation so that issues of local equality and potential solutions can be identified, and this will inform the development of this part of the Locality Plan and well as the delivery and development of Part One of the plan.

30 July 2023

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Patient Experience – Outline Plan
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Mark Henry, Medical Director

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Legal requirement

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

- Person Centred

## 2 Report summary

### 2.1 Situation

This outline paper seeks to inform a discussion about how NHS Orkney will make improvements to capturing and reporting the experience of our patients so that a holistic approach is taken.

### 2.2 Background

Under the [Patient Rights \(Scotland\) Act 2011](#) everyone has the right to receive healthcare that:

- considers their needs

- considers what would most benefit their health and wellbeing
- encourages them to take part in decisions about their health and wellbeing, and gives them the information and support to do so.

The Act also gives patients a right to give feedback (both positive and negative) or comments, and raise concerns or complaints, about the care they have received, as well as setting out the obligations for Health Boards in terms of encouraging, monitoring and learning from the feedback and complaints they receive. The Act goes on to say, that action to deliver the rights and principles should be proportionate and appropriate to the circumstances and should balance the rights of individual patients with the effects on the rights of other patients. It should also take into account resources available and the responsibility of the health board to use resources efficiently and effectively.

Improving safety and quality, and therefore patient experience, is central to NHS Orkney's agreed strategic objectives. To support the Patient Experience agenda, there are 4 national patient experience surveys. These provide important information on the quality of health and care services from the perspective of those using them. They are:

- [Health and Care Experience Survey](#) This is a biannual survey which will next report in spring 2024.
- [Inpatient Experience Survey](#) Another biannual report. This has been on hold since 2018. There is currently no date for the next report.
- [Maternity Care Survey](#) This is conducted every 3, but has not been undertaken since 2018. There is currently no date for the next report.
- [Cancer Patient Experience Survey](#) This survey has not been undertaken since 2018. There is currently no date for the next report.

These national surveys allow NHS Health Boards to:

- compare with other areas of Scotland.
- track our progress in improving the experience of patients in each of these pathways and services.

At a local level, the complaints process is well established and assured through a variety of local and national reporting mechanisms. There is, however, now a requirement to demonstrate focus on learning from complaints, consistent with our ambition to be a continuously improving organisation.

Beyond this, NHS Orkney does not currently have a co-ordinated and holistic approach to collecting information on patient experience nor a regular cycle for reporting such progress.



A wider patient experience survey was last undertaken as part of the development of the Clinical Strategy in 2021.

Based on good practice across the NHS, which we have carefully studied, there are a range of options to enhance and strengthen how we measure and capture patient experience, so this is a rounded assessment of people's experiences in our care, including:

- capturing compliments
- feedback and comments via social media
- introducing Care Opinion
- local surveys
- interviews
- group discussions – by speciality/disease (eg Maternity, cancer)
- there are opportunities upcoming to seek views of patients on a range of subjects, including the work will do to develop a new Corporate Strategy later in 2023/24
- Using patient stories to inform learning and improvements
- Planning with People Guidance (as presented to the June Board) setting out how we will work with partners to develop and strengthen patient involvement and engagement, in addition to improving how we capture patient experience, as set out above

The patient experience is jointly owned by the Medical Director and Director of Nursing, Midwifery, AHPs and Acute Services, and consistent with our strategic priorities, is a top priority for the Executive Team recognising we all have a part to play in making improvements.

## **2.3 Assessment**

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

There is an opportunity to understand the experience of our patients in a consistent, proactive and regular basis.

### **2.3.2 Workforce**

We will review internal capacity in order to support our work in this area to produce incremental improvements.

### **2.3.3 Financial**

There are currently no financial implications to this work.

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

The risk to NHS Orkney in not undertaking this work is that the Board and our services are un-sighted on the experience of our community in a holistic way.

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

Undertaking regular and consistent patient experience work should help to include all areas of our community as long as appropriate consideration is given to address underlying inequalities such as digital poverty. The ability to engage with all stakeholders should be a key consideration in any future decisions around gathering patient experience information, including under-represented groups.

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

To be determined.

#### **2.3.7 Other impacts**

To be determined.

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

Gathering information around Patient Experience is an important part of stakeholder engagement as well as a key step in understanding how to target NHS Orkney's communications and continuous improvement.

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

Outline paper presented straight to Board.

### **2.4 Recommendation**

It is proposed that a paper goes to a September 2023 Senior Leadership Team Meeting to set out a proposal for strengthening our measurement of patient experience, approach to learning from patient experience and proposing a reporting frequency (proposed quarterly patient experience report). The first quarterly report presenting a more rounded summary of patient experience will commence in October 2023 to the Board and Joint Clinical Care and Governance Committee.

- **Decision** – To approve future reporting of patient experience metrics

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Patient Experience Annual Report – 2022/2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Henry, Medical Director</b>
<b>Report Author:</b>	<b>Julie Tait, Patient Experience Officer</b>

## 1 Purpose

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

- Awareness
- Discussion

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Patient Feedback Annual Report 2022-2023 is presented to the NHS Board prior to submission to the Scottish Government as part of the annual requirements of the Complaints Handling Policy and Procedure.

Members are asked to approve the report.

## 2.2 Background

This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety.

## 2.3 Assessment

### 2.3.1 Quality/ Patient Care

Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are provided safe, effective and person-centred care.

### 2.3.2 Route to the Meeting

The Patient Feedback Annual Report requires to be submitted to the NHS Orkney Board Meeting only. It was also presented to Quality Forum on 18 July 2023

## 2.4 Recommendation

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

- **Decision** – approval for submission to Scottish Government

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Patient Experience Annual Report 2022-2023



Barley Field, Tankerness – August 2022

## NHS Orkney Patient Feedback

Annual Report  
2022-2023

## Foreword

The 2022/23 Patient Feedback Annual Report details how NHS Orkney has received, responded to, and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person-centred care approach focussed on:

- respect, empathy and compassion
- power and empowerment
- choice, autonomy, and shared decision making

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff. We welcome their feedback to help us continue to learn and improve, thus providing the best possible health care to the population of Orkney.

2022/23 has been a year of consolidation for NHS Orkney as we continued our recovery from the COVID-19 pandemic. We continue to look at different ways of working and delivering care to our patients, in turn making many of our services more accessible, particularly for those in the ferry-linked islands.

Throughout the currently complex healthcare landscape, we know that at times, services are not delivered smoothly and when this happens, we focus on the best way to resolve a complaint. We know that contacting our complainants in the early stages results in a more positive outcome for our patients and so, we always seek to investigate and resolve any complaint as quickly as possible.

We want to continue to respond effectively to our patients, families and service users who share their experiences with us, listening and learning to continue to provide high quality care that has the patient, their families and carers at the heart. Capturing the experience of these groups in a proactive way will be focus for NHS Orkney over the coming year.

*Mark Henry*  
**Medical Director**  
**NHS Orkney**

## Section 1

### Encouraging and Gathering Feedback

- 1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Although the Covid-19 pandemic has less of an impact than last year, it continues to have some impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have again this year been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well and very much a learning point from the time of the pandemic.

- 1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. More patients prefer to make contact by telephone or email;
- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19 infection control guidance. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- We share "Feel good Friday" social media posts to share when things have gone well.

- 1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

- 1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is shared with staff throughout our hospital and healthcare services. We encourage staff to signpost to PASS when appropriate. A link is available in the

information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

## 1.6 Complaint process experience

A short evaluation of the complaint process experience in 2022/23 has taken place. Each year short surveys are required to be sent out to a random selection of complainants at year end. As with previous years, there is a lack of engagement by those surveyed and challenges with the small numbers of responses and confidentiality issues due to the small population in Orkney.

Only six respondents chose to complete this year's survey. Those who did were unhappy with the outcome of their complaint and the process undertaken. The overall response therefore was not positive.

The main points to note were:

- 50% of patients felt making a complaint was easy
- 50% of patients felt submitting a complaint was easy
- 50% of patients felt Patient Experience staff were helpful and professional
- 33% of patients felt Patient Experience staff listened and understood
- 83% of patients felt Patient Experience staff explained the complaint process
- 83% of patients disagreed that their complaint had been handled in a timely manner
- 50% of patients disagreed that their complaint points were answered
- 33% of patients felt their overall experience of making a complaint was positive

This was not a particularly positive evaluation of the complaints handling experience which is disappointing. Unfortunately, patients who do not have a good outcome to their complaints often feel the experience as a whole was difficult.

Going forward, we will review our acknowledgement letters and early conversations to ensure there is an understanding of what the expectations of our patients are when making a complaint.

As mentioned in previous years, this process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, or a negative one when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure (currently on hold by the Scottish Government). Discussions have also been had at the National Association of Complaints Personnel Scotland where Boards have indicated their concerns at the process and requirement to carry out this survey.



## Section 2

### 2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex and require a detailed examination before we can state our position.

#### 2.1.1 Early Resolution and Investigation Complaints

##### Performance Indicator Four

Number of complaints received by the NHS Orkney Complaints and Feedback Team	151
Number of complaints received by NHS Orkney Primary Care Service Contractors	84
<b>Total number of complaints received</b>	<b>235</b>

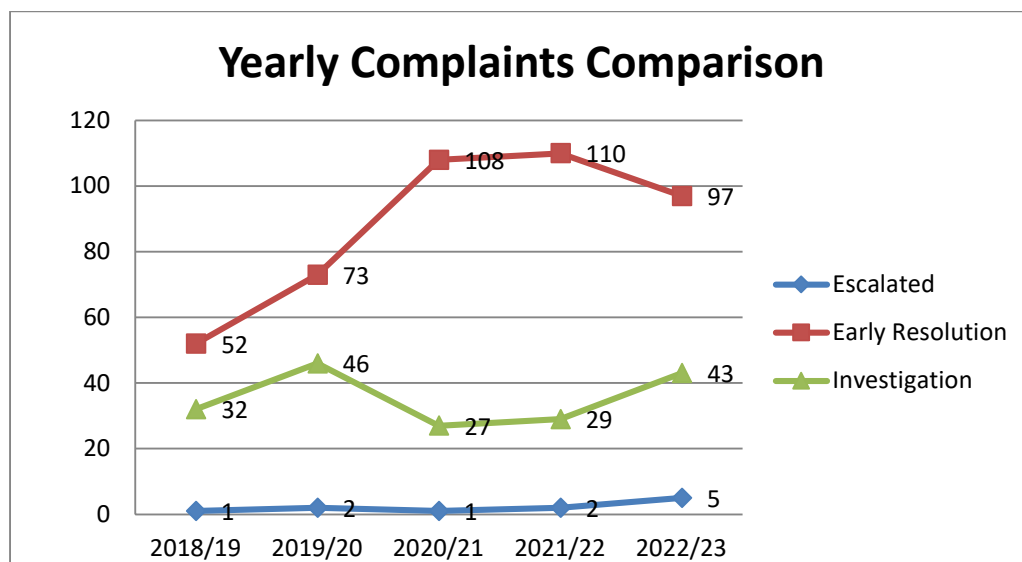
<b>NHS Board Managed Primary Care services;</b>	
General Practitioner	6
Dental	N/A
Ophthalmic	N/A
Pharmacy	N/A
<b>Independent Contractors - Primary Care services;</b>	
General Practitioner	29
Dental	1
Ophthalmic	44
Pharmacy	4
<b>Total of Primary Care Services complaints</b>	<b>78</b>

##### Performance Indicator Five

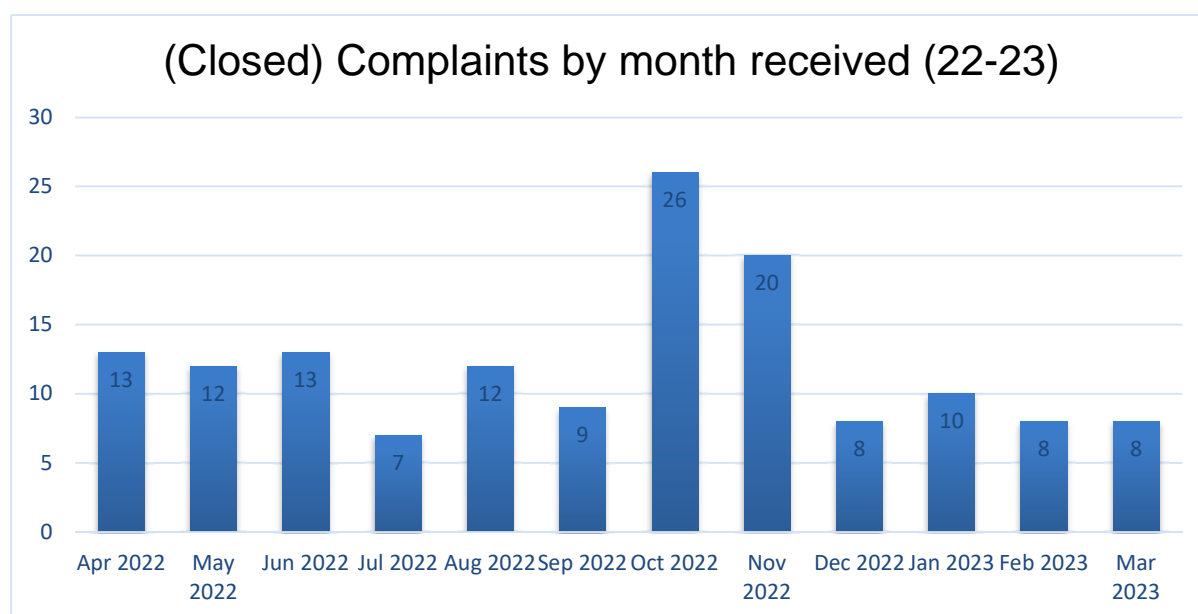
Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
<b>5a. Stage One</b>	97	67%
<b>5b. Stage two – non escalated</b>	43	30%
<b>5c. Stage two - escalated</b>	5	3%
<b>5d. Total complaints closed by NHS Orkney</b>	145*	100%

\*5 complaints were withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow. 1 complaint remains open.

The following chart shows comparisons between our complaints over the last five years. Complaints are still increasing yearly, and in particular Early Resolution complaints, where more emphasis is being made at contacting patients quickly and responding in a more timely way. There has been a slight decrease in Early Resolution complaints this year and more of an increase in Stage 2 complaints. This is due to more complex, cross-service and at times, cross organisation complaints being submitted.



Whilst slightly lower, Stage 2 complaints have risen to similar pre-Covid 19 Pandemic numbers. Additionally, Early Resolutions complaint numbers also remain high. October 2022 saw the most number of complaints received with more than double of the early months in the quarter. Monthly numbers dropped slightly at the start of the new year.



Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

## 2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

## Performance Indicator Six

## Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	49	51%
Number of complaints not upheld at stage one	27	28%
Number of complaints partially upheld at stage one	21	21%
<b>Total stage one complaints outcomes</b>	<b>97</b>	<b>100%</b>

## Investigation complaints

	Number	As a % of all complaints closed at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	14	33%
Number of non-escalated complaints not upheld at stage two	10	23%
Number of non-escalated complaints partially upheld at stage two	19	44%
<b>Total stage two, non-escalated complaints outcomes</b>	<b>43 (1 open)</b>	<b>100%</b>

## Escalated complaints

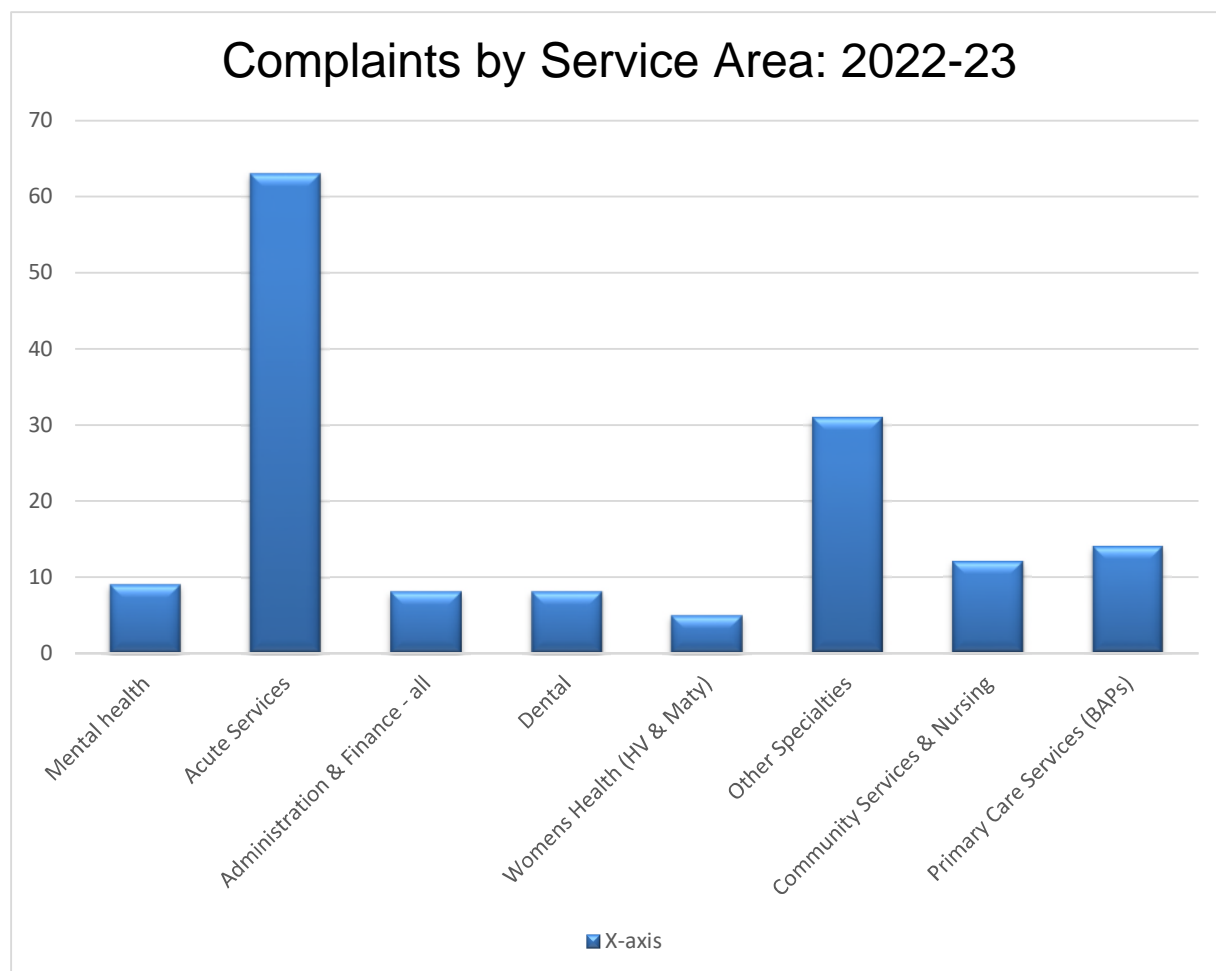
	Number	As a % of all escalated complaints closed at stage two
<b>Escalated complaints</b>		
Number of escalated complaints upheld at stage two	3	60%
Number of escalated complaints not upheld at stage two	2	40%
Number of escalated complaints partially upheld at stage two	0	0%
<b>Total stage two escalated complaints outcomes</b>	<b>5</b>	<b>100%</b>

### 2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

Following the addition of complaints recorded under the heading of Covid-19, to cover the period of the pandemic, in the previous year we recorded 11 complaints where the main subject directly concerned Covid-19 assessment, testing or vaccination. For the year 22-23, only one complaint was recorded under this subject.

The highest sector recording complaints is Acute Service which covers the most clinical services. As mentioned above, complaints are recorded in all inpatient areas, day unit, unscheduled care, outpatients and therefore numbers are understandably higher than other services.



### 2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

For information the breakdown quarterly for response times is as follows:

<b>Closed within Timescales</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Total Number of Complaints closed in full at <b>Stage 1</b>	<b>26</b>	<b>22</b>	<b>32</b>	<b>17</b>
% closed <b>within timescale</b> of 5 working days	<b>(23)</b> <b>88%</b>	<b>(18)</b> <b>81%</b>	<b>(21)</b> <b>66%</b>	<b>(12)</b> <b>71%</b>
Total Number of Complaints closed in full at <b>Stage 2</b>	<b>12</b>	<b>5</b>	<b>19</b>	<b>7</b>
% closed <b>within timescale</b> of 20 working days	<b>(4)</b> <b>33%</b>	<b>(1)</b> <b>20%</b>	<b>(7)</b> <b>37%</b>	<b>(2)</b> <b>29%</b>
Total Number of <b>Escalated</b> complaints closed	<b>-</b>	<b>1</b>	<b>3</b>	<b>1</b>
% closed <b>within timescales</b> of 20 working days	<b>-</b>	<b>100%</b>	<b>(2)</b> <b>66%</b>	<b>(0)</b> <b>0%</b>

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints however are more complex.

We have found again this year that the more complex complaints cross services and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

#### Performance Indicator Eight

	<b>Number</b>	<b>As a % of complaints closed at each stage</b>
Number of complaints closed at stage one within 5 working days.	74	81%
Number of non-escalated complaints closed at stage two within 20 working days	14	15%
Number of escalated complaints closed at stage two within 20 working days	3	4%
<b>Total number of complaints closed within timescales</b>	<b>91</b>	<b>100%</b>

#### Performance Indicator Nine

	<b>Number</b>	<b>As a % of complaints closed at each stage</b>
Number of complaints closed at stage one where extension was authorised	13	34%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	25	66%
<b>Total number of extensions authorised</b>	<b>38</b>	<b>100%</b>

This year 91 of 146 complaints were closed within timescales in line with national guidelines which compares to 90 of 141 in 2021/2022.

Only one third (33%) of Stage 2 complaints were closed within timescales during the year. The main reason for this was delays within the investigation process. Complaints can be complex, cross services and at times organisations and result in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

The average response time for Stage 2 complaints over the last two years are shown below. It has been steadily rising since 2020:

2020-2021 – 20.5 days  
2021-2022 – 23.25 days  
2022-2023 – 30.75 days

76% of Stage 1 complaints were responded to within 5 working days and staff should be commended for resolving complaints quickly and early. 67% of complaints received were investigated at Stage 1 and managers, who were responding to these alongside their day to day duties, were very responsive and quick to manage the majority of concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

## **2.1.5 Trends and Emerging Themes:**

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. In 2022/23 themes of communication, care and treatment, staff issues and waiting times/delays identified as the main issues within Investigation and Early Resolution complaints. This is identical to previous years and similar to other Boards themes over the last few years.

## **2.1.6 Alternative Dispute Resolution:**

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

## **2.1.7 Unacceptable Actions Policy**

At times NHS Orkney must review a complainant in line with the unacceptable actions policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

Due to the small number, it would not be appropriate to provide figures for this part of the report and therefore simply advise that NHS Orkney had occasion(s) to refer and act in line with the policy during the complaints year.

## 2.2 Family Health Services (not including salaried GPs/Dentists):

<b>NHS Board Managed Primary Care services;</b>	
General Practitioner	<b>6</b>
Dental	<b>n/a</b>
Ophthalmic	<b>n/a</b>
Pharmacy	<b>n/a</b>
<b>Independent Contractors - Primary Care services;</b>	
General Practitioner	<b>29</b>
Dental	<b>1</b>
Ophthalmic	<b>37</b>
Pharmacy	<b>4</b>
<b>Total of Primary Care Services complaints</b>	<b>77</b>

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 6 complaints were made during the year relating to this service which accounts for 8% of the total family Health Services complaints.

## 2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 24 complaints had been received. Complaints relate to a number of different areas including clinical care, however a theme appears to be waiting times and communication.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

## 2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Patient waiting times for Orthopaedics	We were able to provide information on referral date and arranged for physiotherapy appointment.

Travel Reimbursement Queries	We received a number of queries via the local MSP from patients querying reimbursement for accommodation and travel. Some patients we are able to ensure correct payment is made. Other patients are advised that reimbursement is made following the guidance in the Highlands and Islands Travel Scheme.
Delays for patients waiting for Orthodontic treatment	At times the Community Dental service can support patients who are waiting for orthodontic treatment. With the absence of an Orthodontic Consultant both in Orkney and NHS Grampian, patients are currently experiencing longer than expected delays in treatment.

## 2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

Unfortunately the number of clients and contacts supported by PASS during 2022/23 is not available at the time of writing this report. We can report that we received 12 complaints from the service on behalf of patients.

## 2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2022/23, The Scottish Public Services Ombudsman received three complaints from Orkney patients who were unhappy with the response received from NHS Orkney. SPSO advised all three that initial assessment indicated a full investigation would not be undertaken. In each case, SPSO advised they felt NHS Orkney had provided a satisfactory response to the original complaint.

## 2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:





"I was overwhelmed by the approachability and friendliness of everyone I encountered at the hospital."

"Can I please say how impressed I was with the treatment I received at the Balfour recently. My medical history is quite complex but this didn't pose any problems and I left hospital feeling much better than when I arrived. Getting home was not straightforward but all went well and I was left feeling well looked after throughout. Thank you to everyone involved. "

"I would like to thank all doctors, nurses and all staff for my care in the Balfour last week. As a person who is not good with hospitals I cannot praise them highly enough"

I would like to thank ~~the staff~~  
from Venetia house for being so understanding  
and professional with the job they have done  
for me.  
They have both put me on the right track  
with my sudden move to Orkney Isle.

"I had a tooth removed this morning in the Balfour and I just wanted to say that the Dental Nurse was absolutely fantastic. She was very kind, extremely reassuring, and I was so glad she was there. NHSO is so lucky to have members of staff like her – she made such a positive impact on my patient experience."

Would you please pass this on to those involved in the clinic yesterday? It really was a very positive experience for a rather worried person – I don't like hospitals, I don't like injections. Due to health difficulties I haven't been indoors with un-known people since March 2020 unless medically necessary – yet I came away feeling good about the whole thing.

A big THANK YOU to all involved!

## Section 3

### The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

#### *Our patients can expect*

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

#### *We also make a commitment to our staff and what they can expect:*

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

- 3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.2 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. These have now resumed to normal service. Our online training is now hosted fully by Turas and the Patient Experience Officer is working with the Talent and Culture team to ensure Patient Experience has a dedicated space.
- 3.3 The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.

A feedback and complaints session was included as part of the newly qualified nurse induction. A short informal discussion was given by the Patient Experience Officer on the value of patient experience and feedback and handouts provided regarding the CHP. The session was well received.

A short presentation was also given to the Weekly Incident Review Group regarding the rise in complaints for Q3. The intention was to raise awareness of the increase in numbers and some delays in responding and to look for themes around areas and services complained about.

Unfortunately due to the move from LearnPro to Turas, information on uptake of the Complaints and Feedback and Investigation Skills is unavailable. Work is underway with the Talent and Culture team to ensure staff are signposted to these training modules.

## Section 4

### Improvements to Services

4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

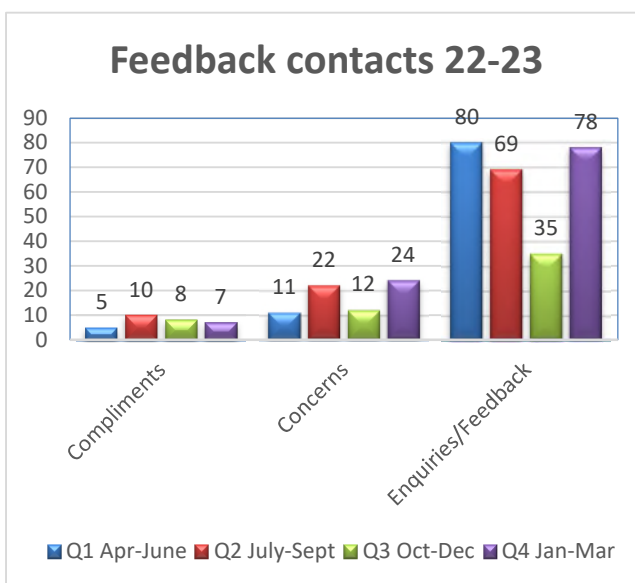
4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient's family concerned by miscommunication during patient discharge from hospital	Investigation identified lack of detail contained on discharge letter	Recommendation that discharge letters should contain more information to better inform community and primary care services
Delay in receiving outcome of X-ray	Investigation identified issues around transfer and reporting of X-rays	Transfer process being reviewed and immediate introduction of highlighting unsigned X-rays at daily handover meetings
Poor communication following miscarriage	Investigation identified some areas for improvement	Consider as MDT if one-month post-miscarriage appointment would be appropriate.
Patient complained care was not managed appropriately	Investigation found a number of areas for improvement	Improved record keeping and legibility; explore need for EPR for area; Training and supervision review required.
Communication issues between ward staff and CMHT staff whilst caring for an inpatient	Investigation found some failings in communication	Improved record keeping required; regular training for staff to care for patients in severe distress; better team working between staff groups required.
Patient's family complained discharge was poor	Investigation found discharge had been appropriate however, some areas for improvement	Staff reminded to signpost patients and families to support services outwith hospital services
Discharge Prescription concerns	Process required amendment	Prescription collection details now added to communication between services

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality Forum. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.

A significant drop in feedback in Q3 coincided with a rise in complaint numbers.

We also received some very positive feedback from Care Opinion:



Some examples of groups of feedback and actions are detailed below:

We have received a significant number of enquiries relating to the Chronic Pain Service since the retiral of the Consultant during the year.	Advice, support and information given. Working group now established to look at how this service can be provided going forward.
We receive a high number of enquires from patients asking about forthcoming appointments.	Information sought and provided where possible
Requests for information on anticipated waiting times for procedures within ENT and Orthopaedics.	Working with Medical Records and clinical staff, the Patient Experience Team has tried to provide helpful information relating to delays and waiting times.
A number of requests for information on services available to patients moving to Orkney.	Advice and information given.
Various Travel Information requests relating to reimbursement of expenses and information on booking travel	Advice and information given.

- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.
- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

## Section 5

### Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Quality Forum.

Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Joint Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing, AHP's and Director of Acute Services, Head of Information and Clinical Governance, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing, AHP's and Acute Services before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

## Section 6

### Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

#### 6.1 Inpatient Experience – IP1 & IP2

We received a good response from patients leaving the hospital after their stay and we were delighted that patients overwhelming let us know all our staff were polite, welcoming, helpful and that they had felt they were treated with respect during their stay.

We shared this poster with staff to share the success!



#### 6.2 Falls Awareness Week

In October 2022, NHS Orkney held sessions on Falls Awareness in the main atrium of The Balfour. Patients were encouraged to come along to have their walking aid health checked, get advice on strengthening exercises and balance exercises. One session helped patients with information on keeping their home safe and telecare.



### 6.3 #FeelGoodFriday

We introduced a #FeelGoodFriday social media campaign to promote positive feedback and staff successes.

We shared good news stories about staff who took to the stage in a local production of Sunshine on Leith and shared experiences from patients who wanted to let us know how services at NHS Orkney had helped them.



### 6.4 Wellness Fair

NHS Orkney took part in the Wellness Fair held at the Pickaquoy Centre on 29<sup>th</sup> January. A number of colleagues attended the event who were able to talk and advise about various health and wellbeing related topics as well as a mix of charity groups. In attendance were services such as Public Health, Maternity, Childsmile and Health Visiting.

### 6.5 Local Digital Resource for Neurological Conditions

Following public feedback from a survey undertaken in 2021 a local 'one-stop' digital resource for Neurological Conditions was added to NHS Orkney's website with the aim of making it easier for people to confidently access information about common neurological conditions.

The information had been collated from already established sources of information and signposts users to sites that provide reliable guidance as well as local and national sources of advice and support.

The resource is aimed at people diagnosed with a neurological condition, their family and friends and the professionals and services who support them, facilitating access to timely accurate and specialised information. <https://www.ohb.scot.nhs.uk/service/neurology>

### 6.6 Facebook Livestream Sessions

Our Chief Executive continued to hold Facebook Livestream session to keep patients updated on all aspects of our services.



## 6.7 NHS Orkney Polytunnels

NHS Orkney provided space for patients and families from the local community to garden in our newly built polytunnels.



### NHS Orkney Polytunnels

#### Opening Times

The polytunnels are open 7 days per week

07:00-21:00 - All year round

#### Polytunnel Information

Polytunnel (**yellow**): The whole polytunnel is available to book out. This polytunnel has wheelchair accessible raised beds. (Plots available for NHS Staff and patients, the general public, and community groups).

Polytunnel (**red**): NHS staff plots.

Polytunnel (**green**): Orkney community plots (Plots available for the general public and community groups).

To request a polytunnel plot or to find out more, please contact:  
 Phone: 01856 888990 (08:30-16:30) or 01856 888000 out of hours.  
 Email for enquiries: [ork.nhsorkneypolytunnels@nhs.scot](mailto:ork.nhsorkneypolytunnels@nhs.scot)  
 Group bookings for yellow polytunnel, please email: [ork.learning@nhs.scot](mailto:ork.learning@nhs.scot)

#### The polytunnels




There will be some gardening equipment available, but we encourage users to bring their own.

While the polytunnels are open for gardening, the space is open for everyone to use. You may wish to pop down for your lunch or to just relax in a safe and inclusive space.

We welcome donations big and small. Please contact us and we will be happy to discuss.



<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Patient Experience Annual Report – 2022/2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Henry, Medical Director</b>
<b>Report Author:</b>	<b>Julie Tait, Patient Experience Officer</b>

## **1 Purpose**

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

- Awareness
- Discussion

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

## **2 Report Summary**

### **2.1 Situation**

The Patient Feedback Annual Report 2022-2023 is presented to the NHS Board prior to submission to the Scottish Government as part of the annual requirements of the Complaints Handling Policy and Procedure.

Members are asked to approve the report.

## 2.2 Background

This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety.

## 2.3 Assessment

### 2.3.1 Quality/ Patient Care

Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are provided safe, effective and person-centred care.

### 2.3.2 Route to the Meeting

The Patient Feedback Annual Report requires to be submitted to the NHS Orkney Board Meeting only. It was also presented to Quality Forum on 18 July 2023

## 2.4 Recommendation

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

- **Decision** – approval for submission to Scottish Government

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Patient Experience Annual Report 2022-2023



Barley Field, Tankerness – August 2022

## NHS Orkney Patient Feedback

### Annual Report 2022-2023

## Foreword

The 2022/23 Patient Feedback Annual Report details how NHS Orkney has received, responded to, and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person-centred care approach focussed on:

- respect, empathy and compassion
- power and empowerment
- choice, autonomy, and shared decision making

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff. We welcome their feedback to help us continue to learn and improve, thus providing the best possible health care to the population of Orkney.

2022/23 has been a year of consolidation for NHS Orkney as we continued our recovery from the COVID-19 pandemic. We continue to look at different ways of working and delivering care to our patients, in turn making many of our services more accessible, particularly for those in the ferry-linked islands.

Throughout the currently complex healthcare landscape, we know that at times, services are not delivered smoothly and when this happens, we focus on the best way to resolve a complaint. We know that contacting our complainants in the early stages results in a more positive outcome for our patients and so, we always seek to investigate and resolve any complaint as quickly as possible.

We want to continue to respond effectively to our patients, families and service users who share their experiences with us, listening and learning to continue to provide high quality care that has the patient, their families and carers at the heart. Capturing the experience of these groups in a proactive way will be focus for NHS Orkney over the coming year.

*Mark Henry*  
**Medical Director**  
**NHS Orkney**

## Section 1

### Encouraging and Gathering Feedback

- 1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Although the Covid-19 pandemic has less of an impact than last year, it continues to have some impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have again this year been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well and very much a learning point from the time of the pandemic.

- 1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. More patients prefer to make contact by telephone or email;
- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19 infection control guidance. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- We share "Feel good Friday" social media posts to share when things have gone well.

- 1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

- 1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is shared with staff throughout our hospital and healthcare services. We encourage staff to signpost to PASS when appropriate. A link is available in the

information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

## 1.6 Complaint process experience

A short evaluation of the complaint process experience in 2022/23 has taken place. Each year short surveys are required to be sent out to a random selection of complainants at year end. As with previous years, there is a lack of engagement by those surveyed and challenges with the small numbers of responses and confidentiality issues due to the small population in Orkney.

Only six respondents chose to complete this year's survey. Those who did were unhappy with the outcome of their complaint and the process undertaken. The overall response therefore was not positive.

The main points to note were:

- 50% of patients felt making a complaint was easy
- 50% of patients felt submitting a complaint was easy
- 50% of patients felt Patient Experience staff were helpful and professional
- 33% of patients felt Patient Experience staff listened and understood
- 83% of patients felt Patient Experience staff explained the complaint process
- 83% of patients disagreed that their complaint had been handled in a timely manner
- 50% of patients disagreed that their complaint points were answered
- 33% of patients felt their overall experience of making a complaint was positive

This was not a particularly positive evaluation of the complaints handling experience which is disappointing. Unfortunately, patients who do not have a good outcome to their complaints often feel the experience as a whole was difficult.

Going forward, we will review our acknowledgement letters and early conversations to ensure there is an understanding of what the expectations of our patients are when making a complaint.

As mentioned in previous years, this process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, or a negative one when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure (currently on hold by the Scottish Government). Discussions have also been had at the National Association of Complaints Personnel Scotland where Boards have indicated their concerns at the process and requirement to carry out this survey.

## Section 2

### 2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex and require a detailed examination before we can state our position.

#### 2.1.1 Early Resolution and Investigation Complaints

##### Performance Indicator Four

Number of complaints received by the NHS Orkney Complaints and Feedback Team	151
Number of complaints received by NHS Orkney Primary Care Service Contractors	84
<b>Total number of complaints received</b>	<b>235</b>

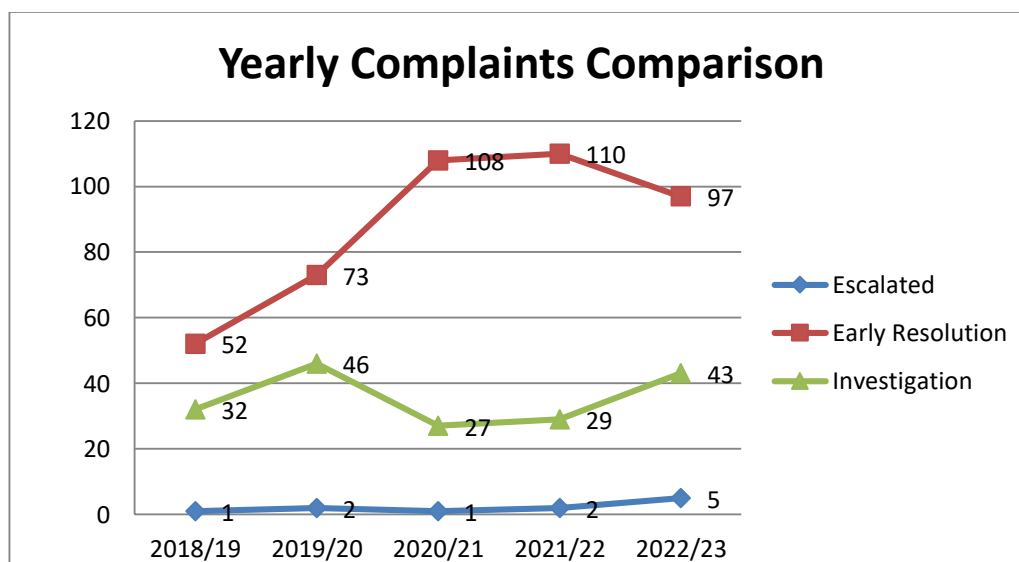
<b>NHS Board Managed Primary Care services;</b>	
General Practitioner	6
Dental	N/A
Ophthalmic	N/A
Pharmacy	N/A
<b>Independent Contractors - Primary Care services;</b>	
General Practitioner	29
Dental	1
Ophthalmic	44
Pharmacy	4
<b>Total of Primary Care Services complaints</b>	<b>78</b>

##### Performance Indicator Five

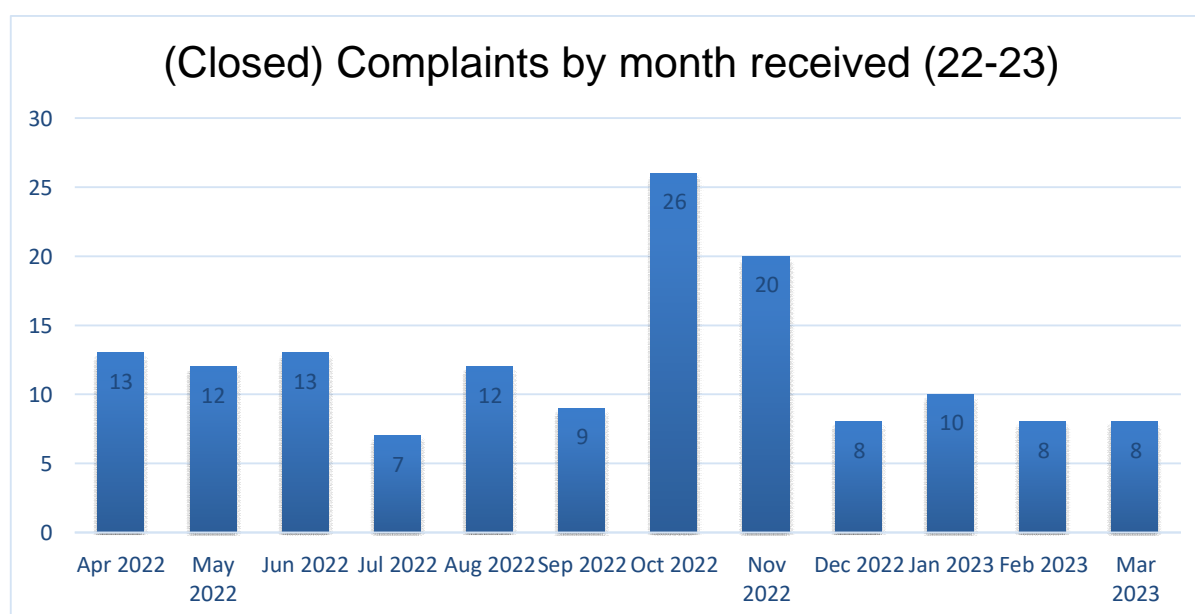
Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
<b>5a. Stage One</b>	97	67%
<b>5b. Stage two – non escalated</b>	43	30%
<b>5c. Stage two - escalated</b>	5	3%
<b>5d. Total complaints closed by NHS Orkney</b>	145*	100%

\*5 complaints were withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow. 1 complaint remains open.

The following chart shows comparisons between our complaints over the last five years. Complaints are still increasing yearly, and in particular Early Resolution complaints, where more emphasis is being made at contacting patients quickly and responding in a more timely way. There has been a slight decrease in Early Resolution complaints this year and more of an increase in Stage 2 complaints. This is due to more complex, cross-service and at times, cross organisation complaints being submitted.



Whilst slightly lower, Stage 2 complaints have risen to similar pre-Covid 19 Pandemic numbers. Additionally, Early Resolutions complaint numbers also remain high. October 2022 saw the most number of complaints received with more than double of the early months in the quarter. Monthly numbers dropped slightly at the start of the new year.



Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.



## 2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

## Performance Indicator Six

## Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	49	51%
Number of complaints not upheld at stage one	27	28%
Number of complaints partially upheld at stage one	21	21%
<b>Total stage one complaints outcomes</b>	<b>97</b>	<b>100%</b>

## Investigation complaints

	Number	As a % of all complaints closed at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	14	33%
Number of non-escalated complaints not upheld at stage two	10	23%
Number of non-escalated complaints partially upheld at stage two	19	44%
<b>Total stage two, non-escalated complaints outcomes</b>	<b>43 (1 open)</b>	<b>100%</b>

## Escalated complaints

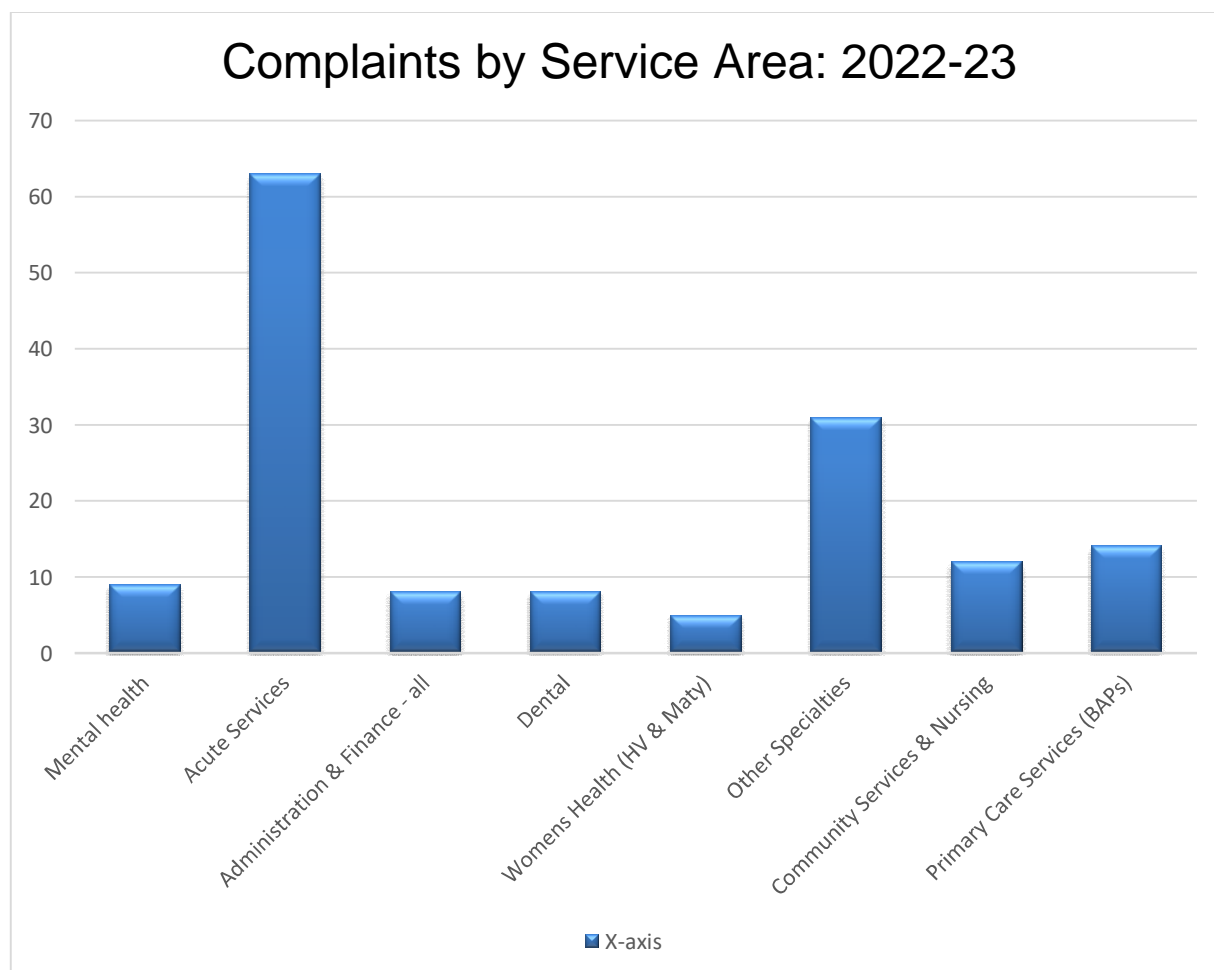
	Number	As a % of all escalated complaints closed at stage two
<b>Escalated complaints</b>		
Number of escalated complaints upheld at stage two	3	60%
Number of escalated complaints not upheld at stage two	2	40%
Number of escalated complaints partially upheld at stage two	0	0%
<b>Total stage two escalated complaints outcomes</b>	<b>5</b>	<b>100%</b>

### 2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

Following the addition of complaints recorded under the heading of Covid-19, to cover the period of the pandemic, in the previous year we recorded 11 complaints where the main subject directly concerned Covid-19 assessment, testing or vaccination. For the year 22-23, only one complaint was recorded under this subject.

The highest sector recording complaints is Acute Service which covers the most clinical services. As mentioned above, complaints are recorded in all inpatient areas, day unit, unscheduled care, outpatients and therefore numbers are understandably higher than other services.



### 2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

For information the breakdown quarterly for response times is as follows:

<b>Closed within Timescales</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Total Number of Complaints closed in full at <b>Stage 1</b>	<b>26</b>	<b>22</b>	<b>32</b>	<b>17</b>
% closed <b>within timescale</b> of 5 working days	<b>(23)</b> <b>88%</b>	<b>(18)</b> <b>81%</b>	<b>(21)</b> <b>66%</b>	<b>(12)</b> <b>71%</b>
Total Number of Complaints closed in full at <b>Stage 2</b>	<b>12</b>	<b>5</b>	<b>19</b>	<b>7</b>
% closed <b>within timescale</b> of 20 working days	<b>(4)</b> <b>33%</b>	<b>(1)</b> <b>20%</b>	<b>(7)</b> <b>37%</b>	<b>(2)</b> <b>29%</b>
Total Number of <b>Escalated</b> complaints closed	<b>-</b>	<b>1</b>	<b>3</b>	<b>1</b>
% closed <b>within timescales</b> of 20 working days	<b>-</b>	<b>100%</b>	<b>(2)</b> <b>66%</b>	<b>(0)</b> <b>0%</b>

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints however are more complex.

We have found again this year that the more complex complaints cross services and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

### Performance Indicator Eight

	<b>Number</b>	<b>As a % of complaints closed at each stage</b>
Number of complaints closed at stage one within 5 working days.	74	81%
Number of non-escalated complaints closed at stage two within 20 working days	14	15%
Number of escalated complaints closed at stage two within 20 working days	3	4%
<b>Total number of complaints closed within timescales</b>	<b>91</b>	<b>100%</b>

### Performance Indicator Nine

	<b>Number</b>	<b>As a % of complaints closed at each stage</b>
Number of complaints closed at stage one where extension was authorised	13	34%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	25	66%
<b>Total number of extensions authorised</b>	<b>38</b>	<b>100%</b>

This year 91 of 146 complaints were closed within timescales in line with national guidelines which compares to 90 of 141 in 2021/2022.

Only one third (33%) of Stage 2 complaints were closed within timescales during the year. The main reason for this was delays within the investigation process. Complaints can be complex, cross services and at times organisations and result in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

The average response time for Stage 2 complaints over the last two years are shown below. It has been steadily rising since 2020:

2020-2021 – 20.5 days  
2021-2022 – 23.25 days  
2022-2023 – 30.75 days

76% of Stage 1 complaints were responded to within 5 working days and staff should be commended for resolving complaints quickly and early. 67% of complaints received were investigated at Stage 1 and managers, who were responding to these alongside their day to day duties, were very responsive and quick to manage the majority of concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

## **2.1.5 Trends and Emerging Themes:**

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. In 2022/23 themes of communication, care and treatment, staff issues and waiting times/delays identified as the main issues within Investigation and Early Resolution complaints. This is identical to previous years and similar to other Boards themes over the last few years.

## **2.1.6 Alternative Dispute Resolution:**

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

## **2.1.7 Unacceptable Actions Policy**

At times NHS Orkney must review a complainant in line with the unacceptable actions policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

Due to the small number, it would not be appropriate to provide figures for this part of the report and therefore simply advise that NHS Orkney had occasion(s) to refer and act in line with the policy during the complaints year.

## 2.2 Family Health Services (not including salaried GPs/Dentists):

<b>NHS Board Managed Primary Care services;</b>	
General Practitioner	<b>6</b>
Dental	<b>n/a</b>
Ophthalmic	<b>n/a</b>
Pharmacy	<b>n/a</b>
<b>Independent Contractors - Primary Care services;</b>	
General Practitioner	<b>29</b>
Dental	<b>1</b>
Ophthalmic	<b>37</b>
Pharmacy	<b>4</b>
<b>Total of Primary Care Services complaints</b>	<b>77</b>

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 6 complaints were made during the year relating to this service which accounts for 8% of the total family Health Services complaints.

## 2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 24 complaints had been received. Complaints relate to a number of different areas including clinical care, however a theme appears to be waiting times and communication.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

## 2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Patient waiting times for Orthopaedics	We were able to provide information on referral date and arranged for physiotherapy appointment.

Travel Reimbursement Queries	We received a number of queries via the local MSP from patients querying reimbursement for accommodation and travel. Some patients we are able to ensure correct payment is made. Other patients are advised that reimbursement is made following the guidance in the Highlands and Islands Travel Scheme.
Delays for patients waiting for Orthodontic treatment	At times the Community Dental service can support patients who are waiting for orthodontic treatment. With the absence of an Orthodontic Consultant both in Orkney and NHS Grampian, patients are currently experiencing longer than expected delays in treatment.

## 2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

Unfortunately the number of clients and contacts supported by PASS during 2022/23 is not available at the time of writing this report. We can report that we received 12 complaints from the service on behalf of patients.

## 2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2022/23, The Scottish Public Services Ombudsman received three complaints from Orkney patients who were unhappy with the response received from NHS Orkney. SPSO advised all three that initial assessment indicated a full investigation would not be undertaken. In each case, SPSO advised they felt NHS Orkney had provided a satisfactory response to the original complaint.

## 2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:



"I was overwhelmed by the approachability and friendliness of everyone I encountered at the hospital."

"Can I please say how impressed I was with the treatment I received at the Balfour recently. My medical history is quite complex but this didn't pose any problems and I left hospital feeling much better than when I arrived. Getting home was not straightforward but all went well and I was left feeling well looked after throughout. Thank you to everyone involved."

"I would like to thank all doctors, nurses and all staff for my care in the Balfour last week. As a person who is not good with hospitals I cannot praise them highly enough"

I would like to thank [redacted]  
from Ventrera house for being so understanding  
and professional with the job they have done  
for me.  
They have both put me on the right track  
with my sudden move to Orkney Isle.

"I had a tooth removed this morning in the Balfour and I just wanted to say that the Dental Nurse was absolutely fantastic. She was very kind, extremely reassuring, and I was so glad she was there. NHSO is so lucky to have members of staff like her – she made such a positive impact on my patient experience."

Would you please pass this on to those involved in the clinic yesterday? It really was a very positive experience for a rather worried person – I don't like hospitals, I don't like injections. Due to health difficulties I haven't been indoors with un-known people since March 2020 unless medically necessary – yet I came away feeling good about the whole thing.

A big THANK YOU to all involved!

## Section 3

### The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

#### *Our patients can expect*

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

#### *We also make a commitment to our staff and what they can expect:*

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

- 3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.2 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. These have now resumed to normal service. Our online training is now hosted fully by Turas and the Patient Experience Officer is working with the Talent and Culture team to ensure Patient Experience has a dedicated space.
- 3.3 The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.

A feedback and complaints session was included as part of the newly qualified nurse induction. A short informal discussion was given by the Patient Experience Officer on the value of patient experience and feedback and handouts provided regarding the CHP. The session was well received.

A short presentation was also given to the Weekly Incident Review Group regarding the rise in complaints for Q3. The intention was to raise awareness of the increase in numbers and some delays in responding and to look for themes around areas and services complained about.

Unfortunately due to the move from LearnPro to Turas, information on uptake of the Complaints and Feedback and Investigation Skills is unavailable. Work is underway with the Talent and Culture team to ensure staff are signposted to these training modules.



## Section 4

### Improvements to Services

4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

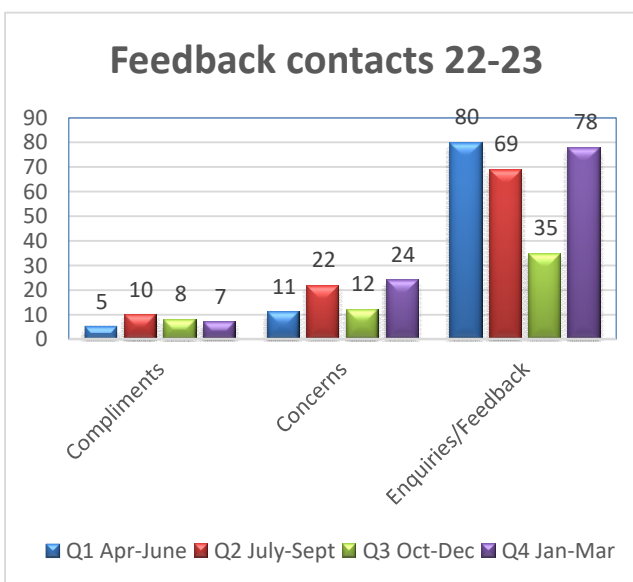
4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient's family concerned by miscommunication during patient discharge from hospital	Investigation identified lack of detail contained on discharge letter	Recommendation that discharge letters should contain more information to better inform community and primary care services
Delay in receiving outcome of X-ray	Investigation identified issues around transfer and reporting of X-rays	Transfer process being reviewed and immediate introduction of highlighting unsigned X-rays at daily handover meetings
Poor communication following miscarriage	Investigation identified some areas for improvement	Consider as MDT if one-month post-miscarriage appointment would be appropriate.
Patient complained care was not managed appropriately	Investigation found a number of areas for improvement	Improved record keeping and legibility; explore need for EPR for area; Training and supervision review required.
Communication issues between ward staff and CMHT staff whilst caring for an inpatient	Investigation found some failings in communication	Improved record keeping required; regular training for staff to care for patients in severe distress; better team working between staff groups required.
Patient's family complained discharge was poor	Investigation found discharge had been appropriate however, some areas for improvement	Staff reminded to signpost patients and families to support services outwith hospital services
Discharge Prescription concerns	Process required amendment	Prescription collection details now added to communication between services

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality Forum. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.

A significant drop in feedback in Q3 coincided with a rise in complaint numbers.

We also received some very positive feedback from Care Opinion:



Some examples of groups of feedback and actions are detailed below:

We have received a significant number of enquiries relating to the Chronic Pain Service since the retiral of the Consultant during the year.	Advice, support and information given. Working group now established to look at how this service can be provided going forward.
We receive a high number of enquires from patients asking about forthcoming appointments.	Information sought and provided where possible
Requests for information on anticipated waiting times for procedures within ENT and Orthopaedics.	Working with Medical Records and clinical staff, the Patient Experience Team has tried to provide helpful information relating to delays and waiting times.
A number of requests for information on services available to patients moving to Orkney.	Advice and information given.
Various Travel Information requests relating to reimbursement of expenses and information on booking travel	Advice and information given.

- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.
- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

## Section 5

### Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Quality Forum.

Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Joint Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing, AHP's and Director of Acute Services, Head of Information and Clinical Governance, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing, AHP's and Acute Services before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

## Section 6

### Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

#### 6.1 Inpatient Experience – IP1 & IP2

We received a good response from patients leaving the hospital after their stay and we were delighted that patients overwhelming let us know all our staff were polite, welcoming, helpful and that they had felt they were treated with respect during their stay.

We shared this poster with staff to share the success!



#### 6.2 Falls Awareness Week

In October 2022, NHS Orkney held sessions on Falls Awareness in the main atrium of The Balfour. Patients were encouraged to come along to have their walking aid health checked, get advice on strengthening exercises and balance exercises. One session helped patients with information on keeping their home safe and telecare.

### 6.3 #FeelGoodFriday

We introduced a #FeelGoodFriday social media campaign to promote positive feedback and staff successes.

We shared good news stories about staff who took to the stage in a local production of Sunshine on Leith and shared experiences from patients who wanted to let us know how services at NHS Orkney had helped them.



### 6.4 Wellness Fair

NHS Orkney took part in the Wellness Fair held at the Pickaquoy Centre on 29<sup>th</sup> January. A number of colleagues attended the event who were able to talk and advise about various health and wellbeing related topics as well as a mix of charity groups. In attendance were services such as Public Health, Maternity, Childsmile and Health Visiting.

### 6.5 Local Digital Resource for Neurological Conditions

Following public feedback from a survey undertaken in 2021 a local 'one-stop' digital resource for Neurological Conditions was added to NHS Orkney's website with the aim of making it easier for people to confidently access information about common neurological conditions.

The information had been collated from already established sources of information and signposts users to sites that provide reliable guidance as well as local and national sources of advice and support.

The resource is aimed at people diagnosed with a neurological condition, their family and friends and the professionals and services who support them, facilitating access to timely accurate and specialised information. <https://www.ohb.scot.nhs.uk/service/neurology>

### 6.6 Facebook Livestream Sessions

Our Chief Executive continued to hold Facebook Livestream session to keep patients updated on all aspects of our services.





## 6.7 NHS Orkney Polytunnels

NHS Orkney provided space for patients and families from the local community to garden in our newly built polytunnels.



### NHS Orkney Polytunnels

#### Opening Times

The polytunnels are open 7 days per week

07:00-21:00 - All year round

#### Polytunnel Information

Polytunnel (**yellow**): The whole polytunnel is available to book out. This polytunnel has wheelchair accessible raised beds. (Plots available for NHS Staff and patients, the general public, and community groups).

Polytunnel (**red**): NHS staff plots.

Polytunnel (**green**): Orkney community plots (Plots available for the general public and community groups).

To request a polytunnel plot or to find out more, please contact:  
 Phone: 01856 888990 (08:30-16:30) or 01856 888000 out of hours.  
 Email for enquiries: [ork.nhsorkneypolytunnels@nhs.scot](mailto:ork.nhsorkneypolytunnels@nhs.scot)  
 Group bookings for yellow polytunnel, please email: [ork.learning@nhs.scot](mailto:ork.learning@nhs.scot)

#### The polytunnels




There will be some gardening equipment available, but we encourage users to bring their own.

While the polytunnels are open for gardening, the space is open for everyone to use. You may wish to pop down for your lunch or to just relax in a safe and inclusive space.

We welcome donations big and small. Please contact us and we will be happy to discuss.

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Staff Governance Action Plan Priorities 2023-24
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Lorraine Hall, Interim Director of Human Resources

## 1 Purpose

To share with the Board the Staff Governance Action Plan for 2023-2024 which details the agreed activities to be undertaken to support the delivery of the Staff Governance Standard and the five pillars of:

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

The initial plan was made up of areas for improvement by subject matter experts and activities carried forward from the 2022/2023 plan.

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

- Awareness

**This report relates to a:**

- Government policy/directive in that all Boards are required via their Standing Committees to ensure that activities are being undertaken against relevant standards the outcomes of which form the basis of a Self-Assessment (SAAT) return to Government. (December 2023)

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

- Safe
- Effective
- Person Centred

## **2 Report summary**

### **2.1 Situation**

The document brought before the Board today shares an action plan (with some of the activities spanning over a one-year period) that continues to move the organisation forward and create a strong foundation of developing, enabling, co-creating and delivering activities where staff feel included and validated. The Staff Governance Committee at its meeting of the 24th May signed off as a good performance the 2022/2023 Action plan noting that of the 52 activities, 34 were fully met (Green), 12 partially met (Amber) and 6 not met or carried forward (red) and approved the 2023/2024 action plan with a further agreement that it be brought in line with the Boards' Plan on a Page to enable the organisation to measure all activities in a consistent manner. This review was undertaken in agreement with the Chair of the Staff Governance Committee, that the revamped document would enable the Committee to provide assurance to the Board.

The Staff Governance Committee at its meeting of the 23<sup>rd</sup> August will collectively see the revamped action plan (attached) aligned to the plan on a page and be able to make comments, additions and/or any changes that it feels are necessary to meet not only the Staff Governance Standard but to assure the Board of the stepped improvements being undertaken.

The activities that have been removed from the original Staff Governance Action Plan plan are being taken forward as business as usual and from the next cycle of committee meetings will be included as a brief progress update to highlight the work that is being undertaken under the banner of good people practices.

### **2.2 Background**

The Staff Governance Action Plan is created from activities that subject matter experts (for each of the standard areas) feel are the most important to include that build on a continuous improvement model and tested via the Boards Area Partnership form and Senior Leadership Team.

The action plan is a living document and as such can be amended during the course of the year in line with identified risks, issues or local Board or national Government



requirements that come into play during the year. The plan ensures that any feedback from the Self-Assessment process is included as part of its activities.

## **2.3 Assessment**

To achieve the Staff Governance Standard and to maintain NHS Scotland's status as an exemplary employer, evidence is required to show that systems are in place to monitor progress, identify areas of concern and ensure action plans are in place to demonstrate how improvements are being made and how they will continue to be made. This also provides the necessary information to inform the NHSScotland Annual Review Process.

For the 2022-2023 Staff Governance Monitoring exercise, the Scottish Government is seeking assurance that Boards have a continued focus on outcomes aligned to the 5 strands of the Staff Governance Standard, as well as culture and values and staff experience.

The Self-Assessment, Staff Governance Monitoring process has been built into the Staff Governance Committee's business cycle to ensure that the assessment goes before both APF and the Staff Governance committee prior to being submitted to Government for the 4th December deadline.

The Employee Director and Chair of the Staff Governance Committee sign off the self-assessment in partnership.

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

The work undertaken is to put in place opportunities and solutions to mitigate risk to the Board and ensure the provision for patients and staff of safe environments and improved and safe working practices.

### **2.3.2 Workforce**

The plan is shared with colleagues and senior leaders to ensure transparency, engagement and inclusion. As part of progressing through the different strands of work, short life working groups have been set up where appropriate to ensure staff involvement.

### **2.3.3 Financial**

Funding has been internally sourced to support wellbeing activities, which are underway. As we review our leadership potential and programmes that will be required to support development, we will further understand any financial implications or risk associated with the provision or delivery.

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

The Action Plan activities are defined to reduce/mitigate known organisational risks.

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

In all of the work undertaken in the name of the Committee and in the delivery of its actions cognisance is taken to ensure that all elements of Equality, Diversity and Health Inequalities is taken into consideration including the provision of training and support for staff who live and work in more remote geographical locations. As discussed at the Board previously we are working in collaboration on how to deliver a resilient and compliant model for reporting moving forward.

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

Subject matter experts produced the plan and its update for the Staff Governance Committee on the 23 August. A verbal update will be provided at the Board of any amendments/changes or comments.

#### **2.3.7 Route to the Meeting**

Via the Staff Governance Committee.

### **2.4 Recommendation**

- Note the Action plan and activities contained and take assurance.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Staff Governance Action Plan 2023/24

## 2023/24 Staff Governance Action Plan Priorities

### 1. Wellbeing

- Appropriately Trained
- Continuously Improving Safe Working Environment
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect
- Well Informed

#### NHS Orkney 2023/24 Plan on a Page – Culture

- Action 1: Using key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.
- Action 3: Explore development opportunities for staff to support enhanced communication skills.

#### NHS Orkney 2023/24 Plan on a Page – Workforce

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

#### Key Outcomes

- Reducing staff absence figures by 1%
- Colleagues will benefit from a diverse range of resources that will enhance their overall health and wellness.

	Action Owner	Action			Update
		Red	Amber	Green	
1. Continue to develop Staff Wellbeing and Support Group throughout the year of 2023/24.	Sara Murray, Occupational Health Nurse Manager			✓	Interim Director of Human Resources received names of Wellbeing Champions from EMT that cover all Directorates within the organisation. Group continue to meet monthly at present.

	(Staff Wellbeing Support Group Chair)				<p>The Group will create a workplan based on National Strategy for workforce Wellbeing deliverables:</p> <ul style="list-style-type: none"> <li>• Appropriate resources for staff to support wellbeing (along with the non-physical resources consider additional resourcing for occupational health that includes mental and physical wellbeing).</li> <li>• The Champions to feedback 'the ask' of staff in the system.</li> <li>• Developing a safe psychological safety suite of resources and to link into organisational culture work.</li> </ul>
2. Accessibility of a Second Nature App for colleagues to promote healthy eating and lifestyle choices.	Sara Murray, Occupational Health Nurse Manager (Staff Wellbeing Support Group Chair)			✓	A successful bid was made to endowments. Currently awaiting further communication from the company to get participants registered and commenced on the app.
3. Review of TRIM (Trauma Risk Incident Management) Training and how this is working in areas. Undertake evaluation 6 months post implementation and undertake any improvement from review.	Sara Murray, Occupational Health Nurse Manager  (Staff Wellbeing Support Group Chair)		✓		There are now 5 trained practitioners within the organisation and Occupational Health Nurse Manager has undertaken TRIM Manager Training. TRIM awareness sessions will be rolled out over the next few months to make the Board and managers aware of TRIM and where it is relevant for use.
4. Undertake the role of the Navigator as part of veteran mental health and wellbeing and input into the local wellbeing group.	Ali Sabiston, Talent & Culture Manager		✓		NES have funded the Talent and Culture Manager to attend the Career Transition Partnership Recruitment Event for those leaving the Armed Forces.

5. Promote and develop a suite of equality educational resources including a Blog series for staff (link in with OIC).	Steven Phillips Head of People and Culture		✓		Linked to Point 6.
6. To create a sustainable and resilient Equalities process that includes meeting legal requirements to publish, links to equalities groups and a publicly available Modern Slavery Statement.	Steven Phillips, Head of People and Culture		✓		The four Statutory Reports set out in the Public Sector Equality Duty Act have now been produced, three of which are available on the Board's website. The final report is being presented to Staff Governance today for approval. The next step of our equality and diversity delivery is to work collaboratively across the organisation to ensure colleagues understand the Public Sector Equality Duty Act, our obligations, to fulfil the requirements and the educational need.
7. Facilitate the iMatter Questionnaire and support managers to develop local outputs into meaningful action plans by 14 <sup>th</sup> August 2023.	Steven Phillips, Head of People & Culture		✓		As a result of the Board iMatter Report, CEO Listening Sessions, Colleague Briefings and conversations with teams throughout the organisation, NHS Orkney has 5 key areas of focus which is being led by the Chief Executive: <ul style="list-style-type: none"> <li>1. Staff health and wellbeing</li> <li>2. Valuing and recognising staff</li> <li>3. Involving staff in decision making</li> <li>4. Listening to and acting on feedback</li> <li>5. Leading with kindness and living our values</li> </ul> The details are current being agreed through the Senior Leadership Team and Area Partnership Forum prior to further communication throughout the Board.
8. Explore development opportunities for staff to support enhanced communication skills.	Steven Phillips, Head of People & Culture		✓		This programme of work will be delivered in conjunction within the 5 key areas of focus for NHS Orkney.

<p>9. To implement Staff Recognition Awards, Long Service and Retirement Recognition and Reward.</p>	<p>Sara Murray, Occupational Health Nurse Manager</p> <p>Steven Phillips, Head of People &amp; Culture</p> <p>(Staff Wellbeing Support Group Chair)</p>		✓		<p>An Endowments Bid has been accepted to allow an Employee Assistance Programme to run for the next 2 years throughout the organisation. Included in the bid was funding for a Wellbeing Co-ordinator which is currently going through the Job Evaluation process. Work is ongoing regarding Team Orkney Awards, Retirement and Long Service Recognition.</p>
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## Additional updates to the Committee – Wellbeing

### August 2023

#### Spiritual Care – Framework

The National Launch of the new framework: Discovering Meaning, Purpose and Hope through person Centred Well-Being and Spiritual care has been launched. We are currently exploring with the Spiritual Care Lead the cascade of the framework and utilisation of development sessions for APF/SGC and sessions at the wellbeing event.

#### Stress Survey

The Occupational Health and Safety team will be conducting an organisational stress survey the results of which will create directorate action plans

The following **wellbeing activities** are currently under discussion and being explored further:

- 2023 Physical Activity Challenge
- Menopause awareness session (to be funded from the Occupational Health) and the establishment of a Menopause Café.
- Collaborating with Scottish Ballet for an additional wellbeing/physical activity programme/s.
- In discussion with a local practitioner of the “Mental Health Toolkit”. It is hoped a Taster Session will be available for the Wellbeing Event.
- Stress Control Sessions run by the Psychology Team.

Information has also been received on upcoming Pastoral Supervision course and awaiting feedback from Talent and Culture Team on how to fund and cascade this through the organisation as its part of the Scottish Government National Framework for Wellbeing and Spiritual Care.

## 2. Health and Safety

- Appropriately Trained
- Continuously Improving Safe Working Environment
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect
- Well Informed

### NHS Orkney 2023/24 Plan on a Page - Quality Safety

- 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.

### Key Outcomes

- To improve the overall safety culture of the organisation.
- To improve the delivery of safety information and instruction to all staff within the organisation.

	Action Owner	Action			Update
		Red	Amber	Green	
10. Introduction of Health & Safety Control Book system and conduct follow-up annual audits.	Lawrence Green, Health and Safety Lead		✓		Control Book system approved for introduction via Occupational Health Safety and Wellbeing Committee, APF and SGC. Two new Health and Safety Team members began on 1 <sup>st</sup> August and following a short period of induction they will move the control book system forward within the organisation.

### Additional updates to the Committee - Health & Safety

#### August 2023

Increasing resilience of Health and Safety Team with the introduction of two new members from 1<sup>st</sup> August. Induction programme completed with the health and Safety Lead. New Colleagues settling into their roles and becoming familiar with organisational business and priorities and meeting colleagues within the organisation.

Willem is focusing on control books with Gilbert having a key focus on going back to basics with regards to the Lone worker system for community based services (linked to V&A).

## 3. Workforce

- Well Informed
- Appropriately Trained
- Continuously Improving Safe Working Environment

### NHS Orkney 2023/24 Plan on a Page – Workforce

- 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

### Key Outcomes

- Create a collaborative approach to workforce planning across the organisation.
- Equip service leads with workforce planning training, tools and templates to enhance workforce planning development.
- Support organisational planning cycles by providing timely updates to the workforce plan.

	Action Owner	Action			Update
		Red	Amber	Green	
11. Monitor and provide updates on the actions highlighted within the Workforce Plan (23/24 Action Plan): and in collaboration with other colleagues review what staff needs to look like to meet (Safe staffing legislation/establishment)	Ali Sabiston, Talent & Culture Manager		✓		Annual Delivery Plan update was provided in May 23 and update to Medium Term Plan in July. A number of planning toolkits have been developed to aid service leads with succession planning and workforce planning. This will be rolled out during the next planning cycle. The Succession planning process will be shared at Senior Leadership Team for comments and then roll out.
12. Create annual updates on the 5 pillars of the workforce Journey. Plan Attract Train Employ Nurture		✓			Captured within Annual Delivery Plan.



13. Develop and provide workforce planning training to enhance development of area workforce plans.			✓		Captured within Annual Delivery Plan.
14. Embed an annual workforce plan review within the wider organisational planning cycles that meets the service and finance requirements of the Board.			✓		Currently being developed with Planning, Performance and Risk Manager.
15. Review and redefine the Board exit procedure to understand reasons for leaving – put in place a more user-friendly process to aim to capture information prior to exit decisions being made.			✓		Focus Group is currently being formed to review the previously drafted Exit Procedure and incorporate into a “Joiners, Movers, Leavers Procedure”. This is a key piece of work as we look at retention and attraction.
16. Support teams to review their roles and responsibilities and be clear on the requirements.	Steven Phillips, Head of People and Culture		✓		A Job Evaluation Process Map is currently being produced to support managers with roles and responsibilities in relation to the process, across the organisation. This piece of work will support reviews of existing job descriptions to ensure colleagues roles and responsibilities are clear.

## Additional updates to the Committee – Workforce

### August 2023

#### Succession Planning

The Interim Director of HR has reminded Corporate Leadership Team around the importance of recognising future potential and work has begun on defining Senior Leadership Structures recognising current state.

#### Workforce Planning

The Interim DHR has engaged with both the people function and finance to create per Directorate a true picture of funding and contract establishment. This has been a complex process but is in the final stages of completion. By the end of August each Director will have spreadsheets which will show variance (plus/minus) (Phase 1). Directors with their relevant deputies will then confirm actuals and the organisational systems will be updated accordingly so that budget holders on their pay budget can see actual staff in post, actual WTE and actual cost.

#### 4. Knowledge and Skills

- Appropriately Trained
- Continuously Improving Safe Working Environment
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect
- Well Informed

#### NHS Orkney 2023/24 Plan on a Page – Workforce

- 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

#### NHS Orkney 2023/24 Plan on a Page – Systems and Governance

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

#### Key Outcomes

- In a reduction of absence rates by at least 1%.
- Increased awareness, understanding and compliance of Once for Scotland policies and procedures.
- New leaders of the organisation will feel empowered with the essential resources needed to take on their daily duties with confidence.
- Increased compliance with statutory and mandatory training and appraisals

	Action Owner	Action			Update
		Red	Amber	Green	
17. Maintain progress on promoting Attendance and Wellbeing by: 17.1 Continue to deliver managers bundle on Attendance Management Training throughout the year 17.2 Continue the focused half day on attendance reviews every month 18. Produce promoting attendance and management of absence action plans	Ingrid Smith, HR Manager		✓		17.1 Attendance manager training was the focus during the month of May which was really well attended with 11 managers. Bundles have been paused over the summer holidays and will recommence in the autumn.  17.2 Focus half days are continuing to take place. The agenda includes, but not exclusive to, a data overview of long and short term absences, a review of colleagues on attendance stages and identifying managers who may require

<p>collaboratively, with managers in high absence areas.</p> <p>18.1 Introduce a meeting frequency to be able to support with early interventions where required.</p>			✓		<p>further support. Consideration is also given to any wellbeing activities taking place in the organisation that may help with tackling attendance.</p> <p>18.1 HR Manager has had initial conversations with managers in top 5 high absence area during the last quarter. The weekly catch ups with managers/ team leads have commenced and as part of this a quick questionnaire is undertaken and manageable quarterly targets are set and reviewed on a weekly basis as part of the action plan. As part of the action plan the HR Team have created a central folder with all things attendance (policies, flow charts, guidance, forms, checklists, suggested questions etc) for managers, which is available electronically or physically.</p>
<p>19. Continue to create training for any phase 2 Once for Scotland Workforce Policies.</p>	Ingrid Smith, HR Manager		✓		<p>The soft launch of the Phase 2 Once for Scotland Policies was initiated as planned in July. HR Manager and Employee Director have agreed to have a joint session in partnership in August/September to ensure consistent views on interpretation. This will lead to creation of training following the launch on 1<sup>st</sup> November.</p>
<p>20. Define the purpose, and scope of a Leadership Development Programme in partnership with NHS Shetland, by end of August 2023 (W2) (initially aimed at new managers)</p>	Steven Phillips, Head of People and Culture		✓		<p>Initial conversations have taken place however as it has been confirmed the review to align NHS Orkney and NHS Shetland's HR Services has come to a stop, further conversations are required to align the collaborative working timeframes.</p>

20.1 Trial the Leadership Development Programme offering from September 2023, with an aim to formalise by February 2024.					
<p>21. Create infrastructure for leadership opportunities at all levels throughout the organisation (W2)</p> <p>21.1 National Leadership Development Programme</p> <p>22.2 Engage with local colleges and universities</p> <p>22.3 Explore third party providers and professional speakers.</p>	Ali Sabiston, Talent & Culture Manager		✓		<p>Collaborating with OIC to deliver a joint leadership training opportunity in September 2023. This will be aimed at organisational change and trust in leadership.</p> <p>Engaged with Heriot Watt and reached an agreement to use them as a future provider which will enable all students to conduct learning from Orkney with no requirement to travel and ability to use the local campus.</p> <p>Working with Orkney College to provide placements for 14 students across Foundation Apprenticeships in Health and Social Care and NQ Access to Nursing.</p>
<p><b>Additional updates to the Committee – Knowledge and Skills</b></p> <p><b>August 2023</b></p>					

# 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>2023 iMatter – Update and Next Steps</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lorraine Hall, Interim Director of Human Resources</b>
<b>Report Author:</b>	<b>Steven Phillips, Head of People and Culture</b>

## 1 Purpose

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

- Awareness
- Discussion

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The agreed 2023-2024 Staff Governance Action Plan identifies iMatter as an action to facilitate a Healthy Organisational Culture. In line with the Action Plan, NHS Orkney should support managers to develop local outputs into meaningful actions by 14 August 2023 by undertaking the following:

1. Manager iMatter sessions to be rolled out to support the process.
2. iMatter lead to create a toolbox for managers which supports them in creating action plans and follow-ups with the team.
3. Provide the organisation with regular updates, regarding iMatter action planning and plan review data.

The review paper brought before the Board demonstrates the progress made in relation to NHS Orkney's 2023 iMatter cycle, identifying any significant changes and points to note.

## 2.2 Background

The iMatter questionnaire provides staff with a chance to share their personal experience, team dynamics, and organisational feedback in real time. The results are reported at different levels - team, directorate, and organisation - and once team results are received, the team collaboratively creates an action plan within 8 weeks. Progress is monitored throughout the year. Teams come together to review the results, share ideas, and develop and implement action plans. The process is documented through the sharing of team stories, making it an integral part of the iMatter process. As at the 8<sup>th</sup> of August NHS Orkney is at 40% of teams having completed their action planning. Reminders have been issued to CLT/SLT and HODs of the importance in completing the action planning process and a verbal update on the final percentage will be shared verbally at the Board meeting. It should be noted that the Staff Governance Committee meet the day prior to the Board on the 23<sup>rd</sup> of August to consider the outcomes

## 2.3 Assessment

The paper attached details the Board's outcome in relation to iMatter.

### 2.3.1 Quality/ Patient Care

iMatter is a powerful tool for continuous improvement that enhances patient care by enhancing the staff's experience in the workplace when used appropriately.

### 2.3.2 Workforce

The iMatter tool is a national development that is utilised by all NHS Scotland Boards. Its purpose is to aid individuals, teams, Directorates, Health and Social Care Partnerships (HSCPs), and Boards in comprehending and enhancing staff experience.

### 2.3.3 Financial

None Identified

### 2.3.4 Risk Assessment/Management

No process-related issues have been identified. However, failing to engage in action planning may have negative consequences for staff.

### 2.3.5 Equality and Diversity, including health inequalities

None identified – this is a nationally procured tool that has been impact assessed.

### 2.3.6 Communication, involvement, engagement and consultation

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

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

- Presented at APF on 18 July 2023
- Presented at SLT on 18 July 2023

### 2.3.7 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Presented at APF on 18 July 2023
- Presented at SLT on 18 July 2023
- To be presented to the SGC on the 23<sup>rd</sup> August 2023

## 2.4 Recommendation

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

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, iMatter 2023 overview.
- Appendix 2, Board Report 2023
- Appendix 3, Board Yearly Components Reports
- Appendix 4, Raising Concerns Report
- Appendix 5, Yearly response rates
- Appendix 6, NHS Orkney's five key areas of organisational focus

**iMatter 2023**

The iMatter survey was circulated to NHS Orkney staff throughout May/June 2023. The overarching Board report is attached at (Appendix 1). Whilst the response rate for 2023 has increased overall by 1%, the participation of colleagues within Orkney Island Council has reduced by 1%.

There are a number of positives to take from the outputs:

- The employee engagement score has, for the second year in a row, increased by 2%, 72% (2022) → 74% (2023)(Figure 1)
- Across all the strand scores, aligned to the five pillars of Staff Governance, our weighted index value has increased by 1 to 2% points (Appendix 2)
- Out of the 28 questions asked of staff, we continue to see 24 of the responses are in Strive and Celebrate. In addition, 22 questions showed an increase of 1 to 3% points.
- Our overall experience score remained at 6.4 out of 10. (Figure 2)

**Figure 1****Yearly EEI**

NHS Orkney

EEI numbers and improvements from last year

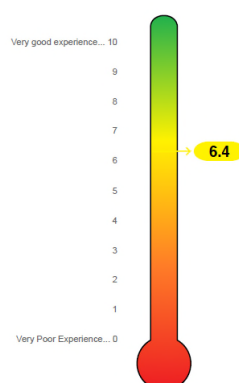


Organisation	2019	Improvement	2021	Improvement	2022	Improvement	2023
HSCP NHS Orkney (Chief Officer)	73	↓	70	↑	72	↑	73
NHS Orkney (SMT Directorate)	76	↓	70	↑	71	↑	74
NHS Orkney (SMT Directorate)	81	↓	70		-		-
NHS Orkney Board Members	86	→	86	↓	83	↑	84
NHS Orkney	75	↓	70	↑	72	↑	74

67 - 100 Strive & Celebrate    51 - 66 Monitor to Further Improve    34 - 50 Improve to Monitor    0 - 33 Focus to Improve

**Figure 2**





All but 4 of the iMatter staff experience components have increased this year. However, 3 saw no change to the response, and 1 saw a reduction of 1% point.

The areas highlighted from the organisation's feedback to 'monitor to further improve' remain the same as last year:

1. I am confident performance is managed well within my organisation.
2. I have confidence and trust in Board members who are responsible for my organisation.
3. I feel sufficiently involved in decisions relating to my organisation.
4. I feel that board members who are responsible for my organisation are sufficiently visible.

There were no 'improve to monitor' or 'focus to improve areas' at the Board level. However, there were a small number of teams falling within those areas that do require some improvement intervention. These teams have been identified, and support and assistance are offered from the iMatter where necessary. (See Figure 3)

**Figure 3**

### 8. EEI number for teams in the same Board

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	Total
Number of Teams	115	22	3	0	140
Percentage of Teams	82.1%	15.7%	2.1%	0.0%	100%

#### **Action Planning:**

The action planning window was opened on June 19th and will remain open until August 14th. This 8-week timeframe has been set by the Scottish government to allow managers to upload their plans into the system. The organisation has shared training sessions and launched a Turas Learn module to assist managers.

Action planning data will be available from 14<sup>th</sup> August.

#### **Summary**

The iMatter Report has highlighted several areas of achievement to celebrate, as well as some areas that require attention. This year, the EEI score has increased by 2 points and 24 out of 28 questions fall within the strive and celebrate parameters. Additionally, two new questions have been introduced in the iMatter survey, and the results for NHS Orkney are as follows:

- I am confident that can safely raise concerns about issues in my workplace - 75%
- I am confident that my concerns will be followed up and responded to - 65%

To fully benefit from the iMatter outcomes, it is crucial for teams to complete their action-planning process.

**iMatter 2023**

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NHS Orkney

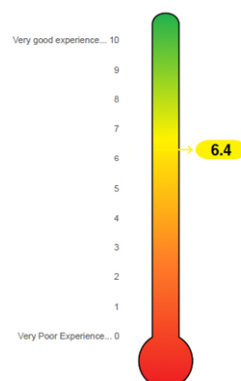
EEI numbers and improvements from last year



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HSCP NHS Orkney (Chief Officer)	73	↓	70	↑	72	↑	73
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NHS Orkney (SMT Directorate)	81	↓	70		-		-
NHS Orkney Board Members	86	→	86	↓	83	↑	84
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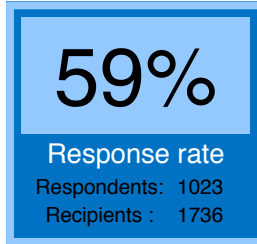
To fully benefit from the iMatter outcomes, it is crucial for teams to complete their action-planning process.

# Board Report 2023

NHS Orkney

Total number of respondents: 1023

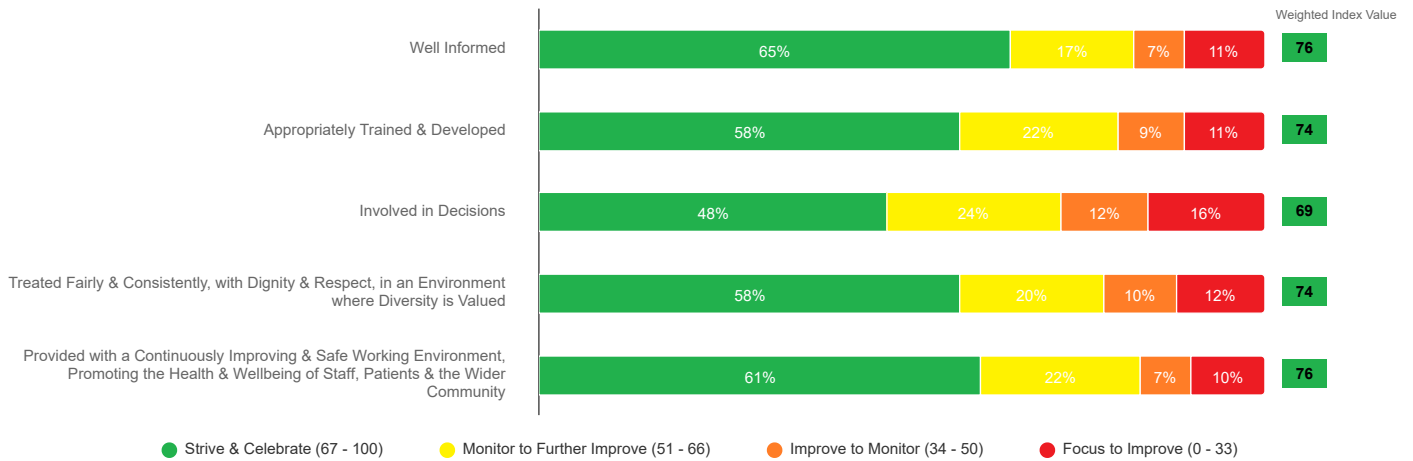
## 1. Response rate



## 2. EEI



## 3. Staff Governance Standards - Strand Scores



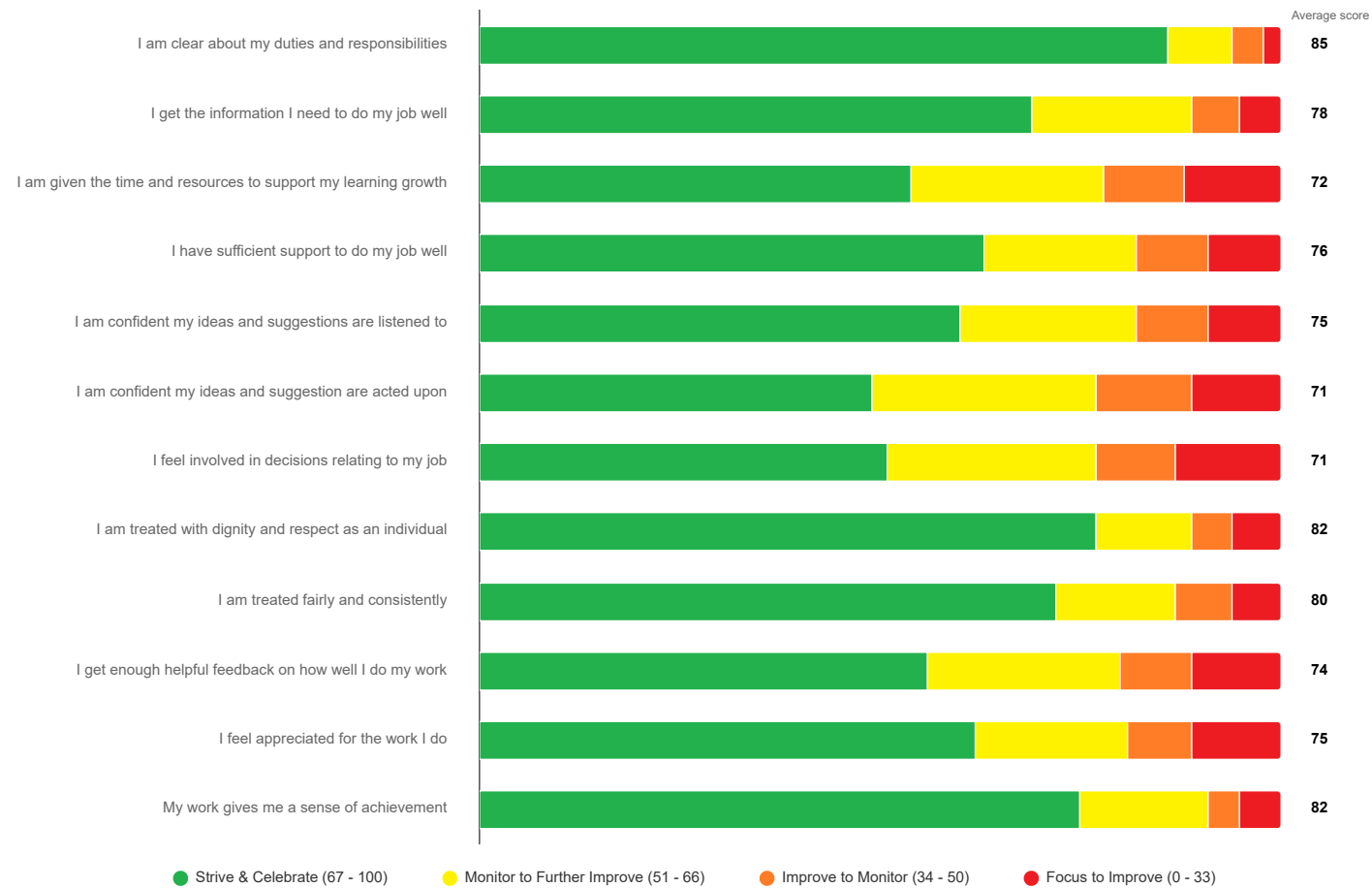
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

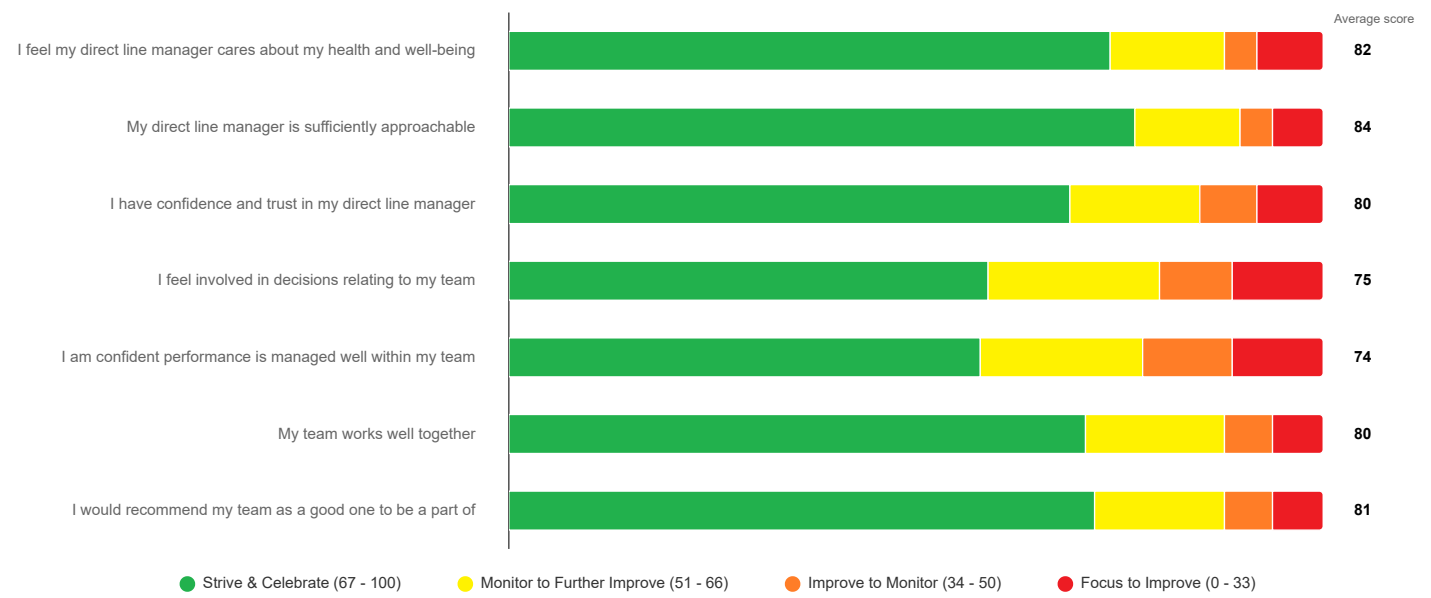
4. Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 1023



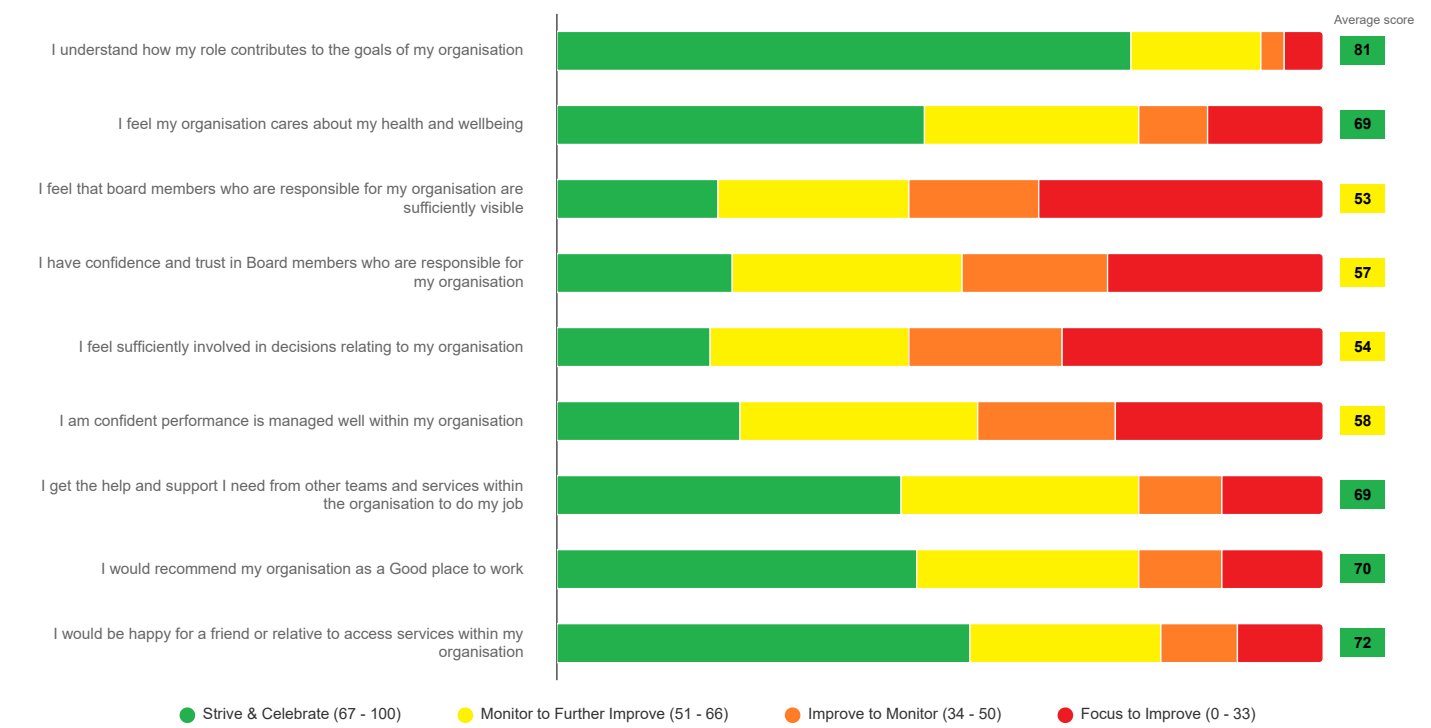
5. Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 1023



6. Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

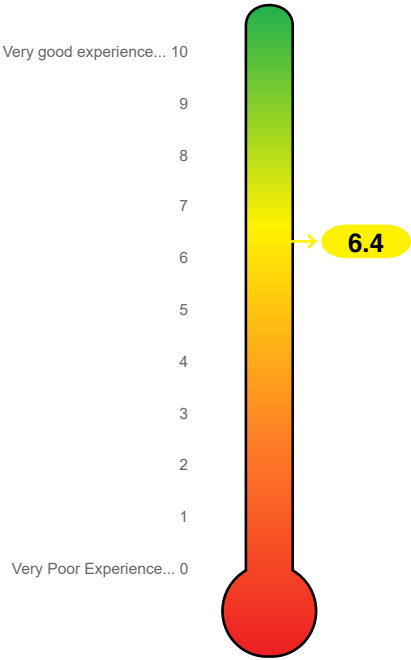
Number of respondents: 1023





7. Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 1023



8. EEI number for teams in the same Board

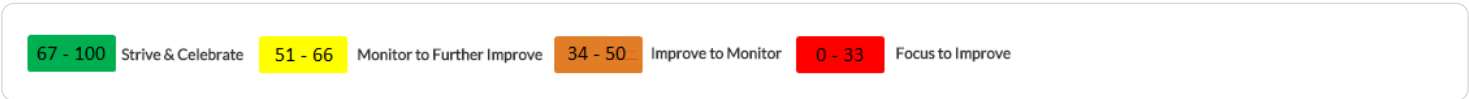
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Percentage of Teams	82.1%	15.7%	2.1%	0.0%	100%

# Board Yearly Components Report

NHS Orkney

## 1. iMatter Components 2023

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2019	2021	2022	2023
I am clear about my duties and responsibilities	Role Clarity	85	81	84	85
My direct line manager is sufficiently approachable	Visible and consistent leadership	85	82	83	84
I am treated with dignity and respect as an individual	Valued as an individual	84	79	80	82
My work gives me a sense of achievement	Job satisfaction	84	77	81	82
I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	84	81	81	82
I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	82	77	80	81
I would recommend my team as a good one to be a part of	Additional Question	82	78	80	81
I have confidence and trust in my direct line manager	Confidence and trust in management	81	78	80	80
I am treated fairly and consistently	Consistent application of employment policies and procedures	82	76	77	80
My team works well together	Effective team working	81	78	80	80
I get the information I need to do my job well	Clear, appropriate and timeously communication	78	73	76	78
I have sufficient support to do my job well	Access to time and resources	75	71	74	76
I am confident my ideas and suggestions are listened to	Listened to and acted upon	75	70	73	75
I feel involved in decisions relating to my team	Empowered to influence	76	70	73	75
I feel appreciated for the work I do	Recognition and reward	76	71	72	75
I am confident performance is managed well within my team	Performance management	75	69	72	74
I get enough helpful feedback on how well I do my work	Performance development and review	73	69	71	74
I am given the time and resources to support my learning growth	Learning & growth	72	68	71	72
I would be happy for a friend or relative to access services within my organisation	Additional Question	79	72	73	72
I am confident my ideas and suggestion are acted upon	Listened to and acted upon	72	66	68	71
I feel involved in decisions relating to my job	Empowered to influence	72	66	68	71
I would recommend my organisation as a Good place to work	Additional Question	75	67	69	70
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	72	67	67	69
I feel my organisation cares about my health and wellbeing	Heath and well being support	72	66	67	69
I am confident performance is managed well within my organisation	Performance management	61	53	57	58
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	62	57	57	57
I feel sufficiently involved in decisions relating to my organisation	Partnership working	57	50	53	54
I feel that board members who are responsible for my organisation are sufficiently visible	Visible and consistent leadership	62	52	52	53



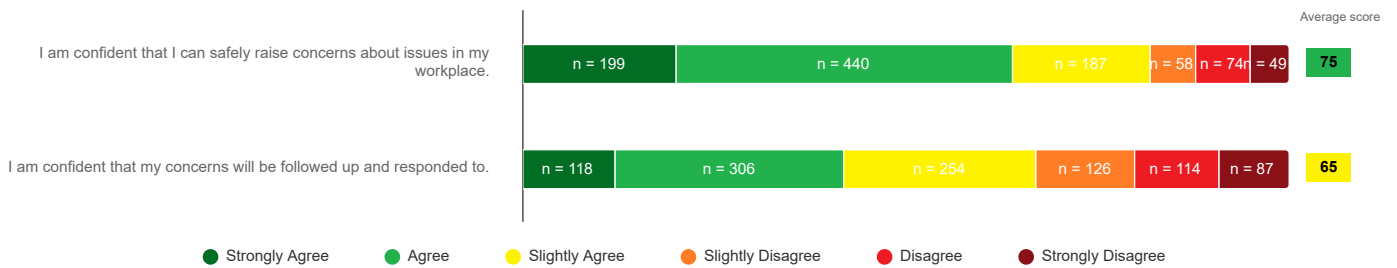
# Raising Concerns Report

NHS Orkney

Total number of respondents: 1023

## 1. Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 1008



# Yearly Response Rates

NHS Orkney

	Response rate	Response rate		Response rate		Response rate	
Organisation	2019	Improvement	2021	Improvement	2022	Improvement	2023
HSCP NHS Orkney (Chief Officer)	73%	↓	71%	↓	56%	↓	55%
NHS Orkney (SMT Directorate)	62%	→	62%	↓	61%	↑	65%
NHS Orkney (SMT Directorate)	78%	↑	100%		-		-
NHS Orkney Board Members	100%	↓	77%	↑	82%	↑	89%
NHS Orkney	66%	↓	65%	↓	58%	↑	59%

## Appendix 6 - NHS Orkney's five key areas of organisational focus

### **Staff health and wellbeing**

- We will invest in a new Employee Assistance Service, including mental health first aid and psychological support for staff.
- This will initially be a one-year trial with a review at the end.

### **Valuing and recognising staff**

- Relaunch of Long Service Awards and recognise retirements.
- Relaunch the Team Orkney Awards (staff awards) this year with new categories aligned with our values and with a new partner to demonstrate the special relationship we have with our local community.

### **Involving staff in decision-making**

- More clinical input in decisions via our new Senior Leadership Team (which is now in place).
- Quarterly extended SLT meetings.
- Review of operational governance which will put staff voices front and centre.
- Regular updates will be shared (fortnightly) from SLT so that you know what decisions and discussions are taking place.
- The Chairs of our Board Committees will share regular updates with key discussion points from these meetings and we will share our main papers.
- Key messages from the bi-monthly Chair and CEO report with all ahead of each Health Board meeting to keep colleagues informed.
- Area Partnership, Colleague Wellbeing and Occupational Health, Safety and Wellbeing meetings will be advertise to allow colleagues to attend.

### **Listening to and acting on staff feedback –**

- A 12-month programme of how we listen and act on staff feedback is under development so that we can act on more real-time feedback.
- Improved communications and forums for listening in place with the CEO and Executive Team, including monthly all staff briefings where there are opportunities for conversations and regular (monthly) listening and drop-in sessions as well as informal walkabouts throughout the year.
- Introduce new quarterly pulse surveys to get more regular feedback.
- Each month at our staff briefings we will ask one question to gauge how colleagues are feeling, to get more real-time feedback.

### **Leading with kindness and living our values –**

- Focus on values and behaviours and the 'how' we do things, including how we treat each other,
- Share our expectations of what living our values of care and compassion, dignity and respect, quality and teamwork, openness, honesty, and responsibility, looks like in reality.
- Focus on leading with kindness (how we treat one another as colleagues) and demonstrating visible and authentic leadership.
- Team Orkney awards categories will be aligned with our values.
- Give colleagues the skills to call out and challenge poor behaviours when this occurs.

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Financial Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

## 1 Purpose

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

- Discussion

**This report relates to a:**

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

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

- Effective

### 2.1 Situation

The purpose of this report is to inform the Board of the financial position for the period 1 April 2023 to 31 July 2023.

### 2.2 Background

The revenue position for the 4 months to 31 July 2023 reflects an overspend of £1.924m. We are currently forecasting an overspend outturn of £5.860m for 2023/24, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:
  - Agreed reduction in covid agency spend not implemented £1.5m
  - Agency and locum spend hospital services £1.5m
  - Estates and Facilities £0.5m
  - Other offsets including reserves (£0.7m)

It is important to note that we are at very early stages in the reporting cycle and the numbers are heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:

- The year-end position is heavily predicated on the delivery of £3.7m of recurring and non-recurring savings as detailed in the financial recovery plan
- The £5.860m forecast overspend also assumes no further savings delivered against the identified savings targets
- It is anticipated that the IJB, in conjunction with NHS Orkney, will deliver £0.465m of recurring savings in 2023/24 as detailed in the financial recovery plan
- Inflation continues to cause a significant challenge for the Board and remains under continuous review
- There are significant assumptions around anticipated allocations
- We continue discussions with other Health Boards to monitor SLA activity
- Prescribing costs – (both unit cost and activity) can fluctuate significantly and remain under review
- Assuming covid costs for Test and Protect, PPE and vaccinations will be contained within the SG allocated funding for these areas.

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

We anticipate achievement of £3.7m of the £6.8m financial gap identified in the financial plan for 2023/24. The IJB has a recurring savings target of £2.400m of which we anticipate £0.465m will be delivered against the fully delegated budgets in the current financial year.

The main areas contributing to the Board's overspent operational performance at month 4 are:

Nursing and Acute Services - £1,047k overspend

Estates and Facilities - £176k overspend

Director of Human Resources - £29k overspend

The Integrated Joint Board - £98k overspend

Under-Achieved Savings - £1,025k overspend

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

## 2.3 Assessment

### Capital Programme

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

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

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

- **IT - £250k**

This will be used to support our Digital Strategy.

- **Medical Equipment £150k**

Spending priorities will be decided by the Medical Equipment Group.

- **King Street development £120k**

The Board continues discussions around the development of King Street for residential accommodation.

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

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

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the Covid pandemic. Consideration is being given to potential future use of the site. At this time, the property is not actively marketed for sale until further discussions take place.

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



## Financial Allocations

### Revenue Resource Limit (RRL)

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

### Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 4, per Appendix 1.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
One-off payment for community pharmacy naloxone kits			960	960
Excellence in Care and Audiology training			49,771	49,771
Planned Care (Waiting Times baseline)	590,638			590,638
Cancer Waiting Times - pathway improvement			57,000	57,000
New Medicines			750,929	750,929
District Nursing commitment		38,000		38,000
Realistic Medicine network and Value Improvement Fund			30,000	30,000
Delivery of Flu and Covid-19 vaccination programmes		400,495		400,495
ADP Programme for Government uplift	85,105			85,105
ADP / NM Tranche 1 & AfC			112,768	112,768
Primary Care Improvement Fund - Tranche 1		485,991		485,991
Scottish Trauma Network	13,992			13,992
	<b>689,735</b>	<b>924,486</b>	<b>1,001,428</b>	<b>2,615,649</b>

### Summary Position

At the end of July, NHS Orkney reports an in-year overspend of £1.924m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system.

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

Previous Month Variance M3		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
<b>£000</b>	<b>Core RRL</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>	<b>£000</b>
(906)	Nursing & Acute Services	16,245	5,527	6,574	(1,047)	(18.93)	(3,108)
41	Medical Director	17,232	5,708	5,684	24	0.42	(178)
(45)	Integration Joint Board	29,372	8,929	9,027	(98)	(1.10)	(92)
(7)	Finance Directorate	2,691	792	756	36	4.54	53
(100)	Estates, Facilities & NPD Contracts	8,077	2,718	2,894	(176)	(6.48)	(555)
17	Chief Executive	1,458	497	465	32	6.44	147
20	Public Health	956	326	300	25	7.76	74
(44)	Director of Human Resources	1,658	473	502	(29)	(6.07)	(127)
250	Reserves	2,620	333	0	333		1,000
(296)	<b>Savings Targets (Board)</b>	<b>(4,390)</b>	<b>(395)</b>	<b>0</b>	<b>(395)</b>		<b>(4,390)</b>
0	<b>Additional Savings Target (Board)</b>	<b>(61)</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>(61)</b>
	<i>Savings Achieved (Board)</i>	<i>1,602</i>		<i>0</i>			<i>3,265</i>
(473)	<b>Savings Targets (IJB)</b>	<b>(2,400)</b>	<b>(630)</b>	<b>0</b>	<b>(630)</b>		<b>(2,400)</b>
0	<i>Savings Achieved (IJB)</i>	<i>0</i>		<i>0</i>	<i>0</i>		<i>510</i>
(1,545)	<b>Total Core RRL</b>	<b>75,060</b>	<b>24,277</b>	<b>26,201</b>	<b>(1,924)</b>	<b>(7.93)</b>	<b>(5,860)</b>
	<b>Non Cash Limited</b>						
0	Dental NCL	965	248	248	0	0.00	0
0	Ophthalmic Services NCL	256	89	89	0	0.00	0
0	Dental and Pharmacy NCL - IJB	791	260	260	0	0.00	0
0	<b>Total Non Cash Ltd</b>	<b>2,011</b>	<b>596</b>	<b>596</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
	<b>Non-Core</b>						
0	Capital Grants	0	0	0	0		0
0	Non-cash Del	0	0	0	0		0
(0)	Annually Managed Expenditure	1	0	0	(0)		0
0	Donated Assets Income	0	0	0	0		0
(0)	Capital Charges	3,318	1,056	1,056	(0)		0
(0)	<b>Total Non-Core</b>	<b>3,319</b>	<b>1,056</b>	<b>1,056</b>	<b>(0)</b>	<b>(0.03)</b>	<b>0</b>
(1,545)	<b>Total for Board</b>	<b>80,390</b>	<b>25,929</b>	<b>27,853</b>	<b>(1,924)</b>	<b>(7.42)</b>	<b>(5,860)</b>

## Nursing and Acute Services

- Hospital Medical Staff, £419k overspend

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

- Ambulatory Nurse Manager, £36k overspend

Dialysis and Theatres & Day Unit are overspent at month 4 due to reliance on agency and bank staff to cover vacancies and gaps in rotas.

- Clinical Nurse Manager, £385k overspend

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 4 due to continued reliance on agency and bank nursing to cover vacancies and gaps in rotas.

- Laboratories, £151k overspend

Laboratories are reporting a significant overspend at month 4, both staffing due to agency usage and consumables are overspending.

- Women's Health, £1k overspend

Maternity ward is overspent by £29k at month 4 mainly due to bank usage within the ward. There are underspending areas within Women's Health reducing the overall overspent position

- Radiology and Audiology, £33k overspend

Radiology is overspent by £35k, this relates to agency spend within this area.

## **Medical Director**

- Pharmacy, £89k underspend

The Acute Pharmacy budgets are currently underspent however, we anticipate that by year-end these budgets will have a slight overspend overall.

- External Commissioning, £45k overspend

External Commissioning including SLAs and patient travel has a combination of over and underspending areas. The Grampian Acute Services SLA is the largest single element within the commissioning budget at £6m. Uplifts to be applied against SLAs in 2023/24 are under review nationally and will be agreed in due course.

## **IJB – Delegated Services**

The Delegated Services budgets report a net overspend of £0.728m (including £0.630m of unachieved savings and £0.098m operational overspend).

- Integration Joint Board, £692k overspent

This includes the unachieved savings to date of £630k.

- Children's Services, £83k underspend

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

- Primary Care, Dental and Specialist Nurses, £35k underspend

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

- Health and Community Care, £161k overspend

There are both over and underspending services in Health and Community Care. Mental Health has the most significant overspend at £282k. This is due to the unfunded Consultant Psychiatrist post and some offsets from reserves to be made against the Mental Health budgets.

- Primary Care Pharmacy, £38k underspend

Pharmacy services are currently underspent within prescribing unified however an overspend forecast by year end. Invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears.

The table below provides a breakdown by area:-

Previous Month Variance M3	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(517)	Integration Joint Board	2,851	251	944	(693)	(2,155)
56	Children's Services & Women's Health	1,609	547	465	82	212
32	Primary Care, Dental & Specialist Nurses	12,286	4,092	4,057	35	178
(104)	Health & Community Care	5,047	1,743	1,904	(161)	(86)
(26)	Covid Costs	530	116	144	(28)	(86)
40	Pharmacy Services	4,648	1,549	1,511	38	(36)
(518)	<b>Total IJB</b>	<b>26,972</b>	<b>8,298</b>	<b>9,025</b>	<b>(728)</b>	<b>(1,973)</b>

**Finance Directorate**

The Finance Directorate is currently reporting an underspend of £36k, it is anticipated the Finance Directorate budget will be underspent by year end.

**Estates and Facilities**

This Directorate is reporting an overspend of £176k to date, unit price of electricity has shown a significant increase. The forecast overspend has increased to £554k at year end.

**Chief Executive**

Currently reporting an underspend of £32k and anticipating an underspend at year end.

**Public Health**

Currently reporting an underspend of £25k and anticipating an underspend at year end.

**Human Resources**

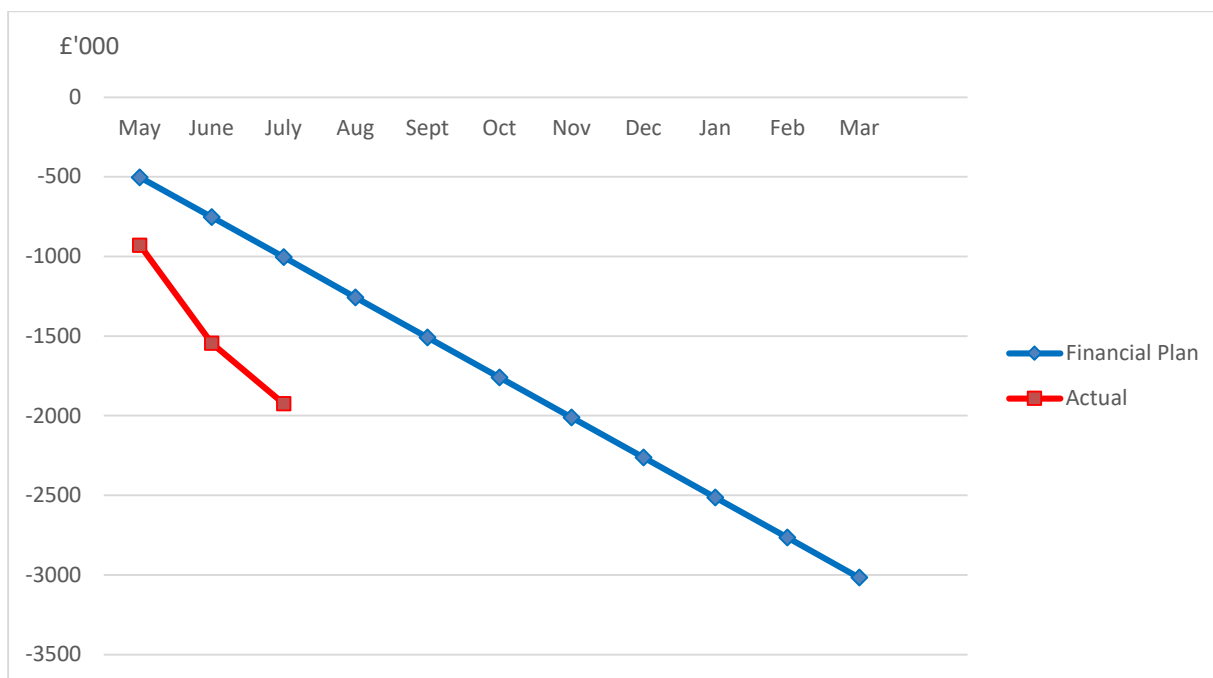
Currently overspent by £29k and anticipating an overspend at year end. Recruitment and relocation costs are impacting on the reported position.

**Savings**

The Board continues through the FSO and the Grip and Control Board to progress plans to deliver the anticipated savings of £3.7m for 2023/24. To date the organisation is currently tracking £0.810m of the £1.5m of recurring savings and £1.659m of the £2.2m of non-recurring savings. An update on the current progress, anticipated savings and future plans will be taken to the Grip and Control Board on 21 August 2023.

## Financial Trajectory

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



## **Financial Plan Reserves & Allocations**

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

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

## **Forecast Position**

As outlined above, the Board is forecasting a £5.860m overspend at year end, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:

- Agreed reduction in covid agency spend not implemented £1.5m
- Agency and locum spend hospital services £1.5m
- Estates £0.5m
- Other offsets including reserves (£0.7m)

The position will be monitored as updated information becomes available.

## Key Messages / Risks

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

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

The in-year position is currently being reviewed and monitored through the Financial Sustainability Office where work will be targeted to address those areas of significant overspend (agency/ locum, pharmacy, estates and facilities).

## 2.4 Recommendation

### Awareness –

- **note** the reported overspend of £1.924m to 31 July 2023
- **note** the narrative to the year end assumptions and outturn

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

## Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 31/7/23 £	Variance £	Outstanding £
<b>Allocations Received</b>				
Initial Baseline	59,831,164	60,195,729	364,565	
NRAC Adjustment	749,977	610,000	(139,977)	
3rd & 4th quarter payments for OU students - 2021/22	45,000	50,000	5,000	
Breast Feeding	31,000	26,000	(5,000)	
CAMHS Improvement - LD, Forensic and Secure CAMHS	3,509	3,969	460	
New Medicines Fund	734,091	750,929	16,838	
Primary Care Improvement Fund - Tranche 1	313,520	485,991	172,471	
Funding Uplift for Alcohol and Drug Partnerships	69,000	85,105	16,105	
District Nurse Posts	45,070	38,000	(7,070)	
Realistic Medicine network and projects	30,000	30,000	0	
<b>Allocations Awaited</b>				
Primary Medical Services	5,968,445		(5,968,445)	5,968,445
GDS element of the Public Dental	1,825,927		(1,825,927)	1,825,927
Unitary Charge	1,121,964		(1,121,964)	1,121,964
Outcomes Framework	496,357		(496,357)	496,357
Primary Care Improvement Tranche 2	388,520		(388,520)	388,520
Mental Health Outcomes Framework	265,122		(265,122)	265,122
Local Development aligned with DHAC Strategy	211,186		(211,186)	211,186
Integration Authorities - Multi-disciplinary teams	135,000		(135,000)	135,000
Mental Health Strategy Action 15 Workforce - First Tranche	80,210		(80,210)	80,210
Mental Health Action 15	75,850		(75,850)	75,850
Perinatal & Infant Mental Health Services	61,000		(61,000)	61,000
School Nurses Commitment Tranche 1	56,120		(56,120)	56,120
Open University Nursing Students 1st & 2nd Quarter Payments	55,000		(55,000)	55,000
Mental Health & Wellbeing in Primary Care Services	54,011		(54,011)	54,011
Ventilation Improvement Allowance	25,066		(25,066)	25,066
Integrated Primary and Community Care	21,812		(21,812)	21,812
Increase Provision of Insulin Pumps for Adults and CGMs	17,150		(17,150)	17,150
CAMHS improvement - Neurodevelopmental Professionals	15,340		(15,340)	15,340
Mental Health Pharmacy Technician	12,642		(12,642)	12,642
CAMHS Improvement - Intensive Home Treatment Teams	10,026		(10,026)	10,026
Learning & Disability Health Checks	9,860		(9,860)	9,860
CAMHS improvement - CAMHS Liaison Teams	8,773		(8,773)	8,773
CAMHS Improvement - Intensive Psychiatric Care Units	8,272		(8,272)	8,272
CAMHS improvement - Out of Hours unscheduled care	5,865		(5,865)	5,865
Community Pharmacy Champions	5,000		(5,000)	5,000
Child Death Review	3,969		(3,969)	3,969
Discovery Top Slice	(2,842)		2,842	(2,842)
PASS Contract	(2,844)		2,844	(2,844)
Pre-Registration Pharmacist Scheme	(12,204)		12,204	(12,204)
Foundation Training	(16,600)		16,600	(16,600)
Contribution to Pharmacy Global Sum	(23,035)		23,035	(23,035)
Children's Hospices Across Scotland	(34,530)		34,530	(34,530)
NDC top slicing	(40,270)		40,270	(40,270)
Positron Emission Tomography (PET Scans - Adjustment	(46,235)		46,235	(46,235)
NSD Riskshare	(225,068)		225,068	(225,068)



Drug Tariff reduction	(315,673)	315,673	(315,673)
Depreciation	(1,228,000)	1,228,000	(1,228,000)
	<u>70,843,517</u>	<u>62,275,723</u>	<u>(8,567,794)</u>
			<u>8,991,186</u>

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Financial Improvement Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>Mark Doyle, Director of Finance</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Legal requirement

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

- Effective

## 2 Report summary

### 2.1 Situation

The Financial Improvement Report is being presented to the Board to provide an update on the actions being taken to support the board to deliver against the Financial Recovery Plan for 2023/24.

### 2.2 Background

Following early reporting in the first quarter of 2023/24, the financial position has significantly deteriorated to a £5.8m forecast overspend at year-end, which is an adverse movement of

£2.7m against the financial recovery plan, which was approved by the Board in March 2023, and reported a forecast outturn of £3.1m overspend. Although it is early in the financial reporting cycle and the position is based on a number of assumptions, it is clear that the board must take action to redress the financial position otherwise, there is a significant danger that we will fail to deliver against the financial plan for 2023/24.

## 2.3 Assessment

Following consultation and discussion with the Executive Management Team which includes representation from the IJB, the Board approved a five-year financial recovery plan 2023/24-2027/28 in March 2023. The plan detailed delivery of £3.7m of savings in 2023/24 (£1.5m of recurring and £2.2m of non-recurring) and a forecast year-end outturn of £3.1m overspend. In addition, the plan agreed, Executive Directors would bring their overspending budgets back to a breakeven position, as part of the savings delivery non-pay underspends would be removed, and the overall Board position would be stabilised during 2023/24.

At the end of quarter one, the board reported the following forecast position at year-end for each of the directorates:

	Forecast Year-end Variance
	<b>£000</b>
Nursing & Acute Services	(3,135)
Medical Director	(167)
Integration Joint Board	(112)
Finance Directorate	63
Estates, Facilities & NPD Contracts	(503)
Chief Executive	141
Public Health	76
Director of Human Resources	(148)
	<b>(3,785)</b>

To date, the board is currently tracking £2.5m (£0.810m recurring and £1.645m non-recurring) of the £3.7m savings targets for 2023/24.

Given the financial challenges faced by the Board and the deterioration in the financial outlook for 2023/24, the following actions are being taken to address the financial position.

### Confirm and Challenge Sessions

During May and June 2023, 'Confirm and Challenge' sessions were held with each of the Executive Directors to outline their position and gain a greater understanding of the plans

for each of their areas to deliver against saving targets and deliver financial balance during 2023/24.

### **Grip and Control Board**

The Financial Sustainability Programme Board has now been replaced with the Grip and Control Board. An initial meeting of the Grip and Control Board was held in July 2023, each of the Executive Directors provided an update on their on-going savings schemes and future plans. Following the initial meeting where the outline plans were highlighted, the Directors have been tasked with providing the best and worst-case savings outcomes for each of their schemes. This update will be provided to the August Grip and Control Board meeting and will allow the board to determine areas of focus for 2023/24 and beyond and will provide additional detail to inform the financial outlook for this financial year. Following the August meeting, updates will be provided to the Finance and Performance Committee, the Board and the Scottish Government.

### **FSO Workplan**

The Financial Sustainability Office (FSO) continues to work closely with Executive Directors and their teams to progress a number of schemes that are underway for delivery in 2023/24 and explore new opportunities for 2024/25 and beyond.

There are a number of schemes that are currently being reviewed for the best and worst-case savings outcomes and targets, and a paper will be taken to the August Grip and Control Board and onward to Finance and Performance Committee.

We continue to review new ideas for 'quick wins' that can be actioned and work closely with the Scottish Government's Sustainability and Value Programme to highlight any potential opportunities that the Board can adopt.

### **Financial Management**

The finance team continues to meet regularly with budget managers to support and aid a greater understanding of their budgets and spend. The team continues to support proposals for investment, cost savings, and financial prudence.

### **Key Messages and Risks**

Based on the financial position forecast at the end of the first quarter, it is clear that progressive and firm action is required to stem the spend in the coming months otherwise, the Board will fail to deliver against the financial plan for 2023/24 which was submitted to the Scottish Government in March 2023.

It is necessary for the board to explore all options to curb expenditure in order to redress the financial position. The Grip and Control Board will consider potential additional measures

and opportunities to implement schemes to curtail spend over the remainder of the financial year and future periods

## **2.3.1 Quality/ Patient Care**

Strong financial governance positively impacts the quality of care that can be delivered to the patients of NHS Orkney.

## **2.3.2 Workforce**

Strong financial governance positively impacts our workforce.

## **2.3.3 Financial**

Strong financial governance ensures financial resources are managed effectively.

## **2.3.4 Risk Assessment/Management**

As outlined above

## **2.3.5 Climate Change Sustainability**

As outlined above

## **2.3.6 Other impacts**

As outlined above

## **2.4 Recommendation**

- **Discussion** – The Board is asked to note the update.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Performance 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 and Louise Anderson, Waiting Times Co-ordinator</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred
- 

## 2 Report summary

### 2.1 Situation

The national standards for each Board are as follows, notably to eliminate:

- Two-year waits for outpatients in most specialties by the end of August 2022
- 18-month waits for outpatients in most specialties by the end of December 2022
- One-year waits for outpatients in most specialties by the end of March 2023
- Two-years waits for inpatient/daycases in the majority of specialties by September 2022
- 18-month waits for inpatient/daycases in the majority of specialties by September 2023
- One-year for inpatient/daycases in the majority of specialties by September 2024

The purpose of this paper is to provide an update on NHS Orkney's performance across these national standards based on latest published data.

## 2.2 Background

Performance reporting provides oversight against the main national standards. The data allows for assessment to be made, for progress to be monitored and opportunities for improvement and any risks to be identified.

A new reporting format for the Waiting Times Performance Dashboard has been included (Appendix 1) which aims to offer the reader a more visual representation of performance. These improvements to reporting remain work in progress as we seek to enhance performance reporting at Board and Board Sub Committees (see agenda item 16.4 for a proposal for a new Integrated Performance Report).

The dashboard contains information from published data sources only. All standards which have no updated data published since the last public Board meeting are highlighted on the front page of the report. Summary management information continues to be circulated weekly to Board members and average speciality waiting times are posted monthly on the NHS Orkney website ([www.ohb.scot.nhs.uk/waiting-times-report](http://www.ohb.scot.nhs.uk/waiting-times-report)).

The updated dashboard format has been produced and for some standards includes an expanded suite of metrics to further improve performance reporting.

## 2.3 Assessment

The Waiting Times Performance Dashboard is produced from published information. As above, for the reporting period there are a number of standards which are due to be published on 29 August 2023, which therefore misses the deadline for August's NHS Orkney Board meeting. The following standards have not yet published.

- Outpatients
- Treatment Time Guarantee (Inpatients)
- 18-Weeks Referral to Treatment
- Psychological Therapy

- Children and Adolescent
- Smoking Cessation
- IVF
- Antenatal
- Diagnostics
- Detect Cancer Early
- 48-hour Access to GP
- Alcohol Brief Interventions (ABIs)
- Drug and Alcohol Referral

**Summary of performance where new data is available since the last Board meeting in June 2023.**

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 in recent months along with a system plan also in development. A new escalation plan for The Balfour is also under development – and both of these documents will support the delivery of safe care for our patients and improve our resilience. An urgent and unscheduled care improvement plan is in place, with a focus internally on improved and good discharge planning to support better flow through and out of The Balfour.

At 19 (8.65% of all operations carried out in June 2023, saw our cancelled operations performance at the lowest level since October 2022, though there remains room for improvement based on benchmarking data compared to other Island Boards, to keep rates at the lowest possible level, recognising the impact of cancelled operations on our patients and their families/loved ones.

Our performance remains consistently strong against the national 31-day cancer standard, remaining at 100% (versus the 95% standard), however, for the 62-day standard at 44.44% January to March 2023, which is 9 patients for context (95% standard), this remains an area where improvement is needed for NHS Orkney with a plan in place to do so which will be monitored by Senior Leadership Team and via Finance and Performance Committee. Those breaches of the 62-day standard are in Urology and Colorectal Cancer Pathways.

The number of delayed discharges (delayed transfers of care) continues to present challenges and impact on our ability to deliver timely care to our emergency patients and timely discharges to those patients ready to transfer from our care. We average 7-8 delayed discharges on any given day which equates to circa 20% of our overall bed base. Over the last month, the number has reached 11-12, which is closer to 25-30% of our bed base. This isn't the experience we would wish for any of our patients who are ready to leave our care. NHS Orkney continues to work closely with our local authority partners to make the improvements that are necessary for our patients and local community as detailed in the report.



The information reported in relation to Dementia, reflects those patients referred with a Dementia diagnosis during 2021/22 and tracks those patients during the first-year post-diagnosis to measure the support offered to those patients. Those figures reported are provisional as they are subject to change due to the support being ongoing. Currently 3 of those 35 patients referred continue to receive support, 15 did not meet the standard and 13 have met the standard. Current tracked performance is a slight reduction compared to the previous year which saw 40 patients referred, 21 of those patients met the standard whilst 9 did not meet the standard.

Our reported performance relates to published data up to March 2023. The previous reported period related to December performance. Performance is measured against those patients seen during the reported period versus those who have been seen within the 4-week standard. Some work is required to address the number of patients waiting which has increased slightly since the December reported position. Improvement work is currently underway which the Chief Officer is the Executive Lead for and the Lead Allied Health Professional the Operational Lead. This work commenced in August 2023.

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

Although the performance standards included within Appendix 1 are largely numerical in nature, they are founded on the principle that meeting target performance levels will secure better outcomes for patients given evidence that long waits have a detrimental impact on health and wellbeing outcomes over the immediate and longer-term.

#### **2.3.2 Workforce**

Pressures through increased demand for services and capacity have been identified. Where the need arises, additional capacity through temporary staffing models is used to support reduction in waiting times. Work is ongoing with clinical and non-clinical teams to identify ways in which the system may be able to respond more quickly to referrals whilst taking time to improve ways of working and find new solutions to waiting list pressures with providing clinical care.

#### **2.3.3 Financial**

Work is ongoing with clinical and non-clinical teams to best utilise the capacity available to offer best value.

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

There are no new risks relating to performance to highlight.

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

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

### **2.3.6 Climate Change Sustainability**

Planning reviews which are at an initial stage of development will capture opportunities to improve performance and reporting in relation to Climate Change Sustainability.

### **2.3.7 Other impacts**

No other impacts to report at this stage.

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

Work is ongoing to supplement the report with a supporting narrative from the Service Lead, which will ultimately form part of the dashboard report.

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

This report has been prepared for the purposes of the Board and has not been shared through other forums due to the timing of the meeting and data available, though on a monthly basis, the Performance Report is shared with Senior Leadership Team and bi-monthly with Finance and Performance Committee. This included updated Management information in relation to the following Standards :

- 4 Hour Emergency Department
- 12 Week Outpatient Standard
- Treatment Time Guarantee (Inpatients)
- 18 Weeks Referral to Treatment
- Access to Psychological Therapies
- Smoking Cessation
- IVF
- Cancelled Operations
- Diagnostics
- Delayed Discharges
- Child and Adolescent Mental Health
- Access to MSK Services
- Cancer Waiting Times
- Detect Cancer Early
- Antenatal
- Dementia

## **2.4 Recommendation**

- **Discussion** – Examine and consider performance against national standards and key improvement areas and plans.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: Waiting Times Performance Dashboard

# NHS Orkney - Board Performance Report (August 2023) Summary (Published data)

**Updates provided:**

- Emergency Department
- Cancelled Operations
- Delayed Discharges
- Access to MSK Services
- Cancer
- Dementia

**No update to report**

- Outpatients
- Inpatients
- 18 weeks
- Psychological Therapies
- Smoking Cessation
- IVF
- Diagnostics
- Child and Adolescent Mental Health
- Detect Cancer Early
- Antenatal
- 48 Hours Access to GP
- Alcohol Brief Interventions
- Drug and Alcohol Referral

# Summary

<div>4 Hour Emergency Department Standard</div> <div>June 2023</div> <div>89.90%</div> <div>May 2023</div> <div>85.50%</div>	<div>12 Week Outpatient Standard</div> <div>March 2023</div> <div>60.9%</div> <div>December 2022</div> <div>64.2%</div>	<div>Treatment Time Guarantee</div> <div>March 2023</div> <div>41.1%</div> <div>February 2023</div> <div>36.5%</div>	<div>18 Weeks Referral to Treatment</div> <div>March 2023</div> <div>85.20%</div> <div>February 2023</div> <div>78.70%</div>
<div>31 Day Cancer Standard</div> <div>January - March 2023</div> <div>100%</div> <div>October - December 2022</div> <div>100%</div>	<div>62 Day Cancer Standard</div> <div>January - March 2023</div> <div>44.44%</div> <div>October - December 2022</div> <div>75.00%</div>	<div>Access to CAMHS</div> <div>March 2023</div> <div>83.33%</div> <div>February 2023</div> <div>80.00%</div>	<div>Access to Psychological Therapies</div> <div>March 2023</div> <div>100%</div> <div>February 2023</div> <div>100%</div>



<90%



>=90% <95%



>=95%

## Emergency Department

**Standard** - 95% of of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment.  
Boards to work towards 98%.



### Current Performance - June 2023

587

Attendances

59

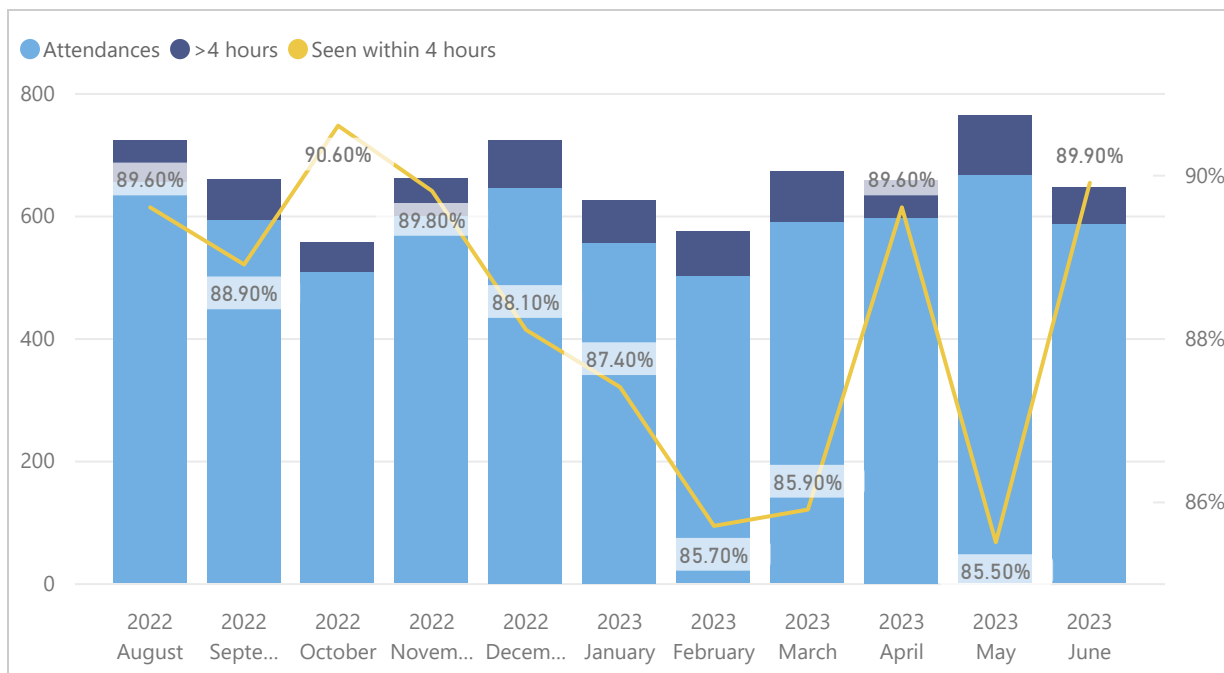
>4 hours

#### Context provided by Nick Crohn, Deputy Director of Acute Services

Although the number of ED presentations remains consistently above 550 per month, there was a peak in activity in May to 667, activity reduced to expected levels of activity during the month of June.

Since the start of 2023, the percentage performance has averaged at 87%.

Early discussions in regard to winter planning have commenced and also a system wide review of admission pathways and utilisation of the whole system.



NHS Shetland

NHS Western Isles

Scotland

The next publication is due  
for release on 5th  
September 2023





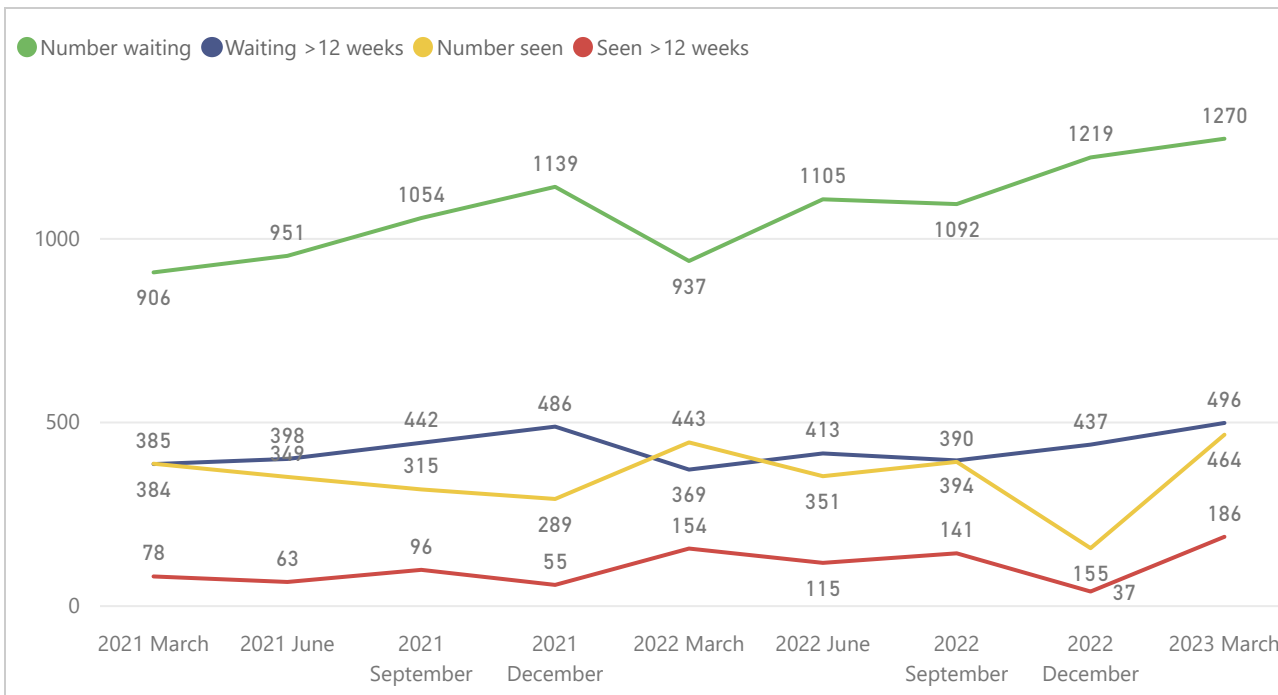
## Outpatients

**Standard** - 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%. (Ongoing waits)



### Context provided by Nick Crohn, Deputy Director of Acute Services

For the period December 2022 to March 2023 the number of patients seen increased from 155 to 464. Work is underway to review the capacity available and increase the number of clinic appointments available for patients waiting, this includes an additional Surgical Clinic. The Director of Nursing, Midwifery, Allied Health Professionals and Acute Services met with the Associate Director for Centre for Sustainable Delivery to discuss opportunities to support service improvements. This work will be tracked and measured for success, with clear action plans in place. Performance for the period reported was adversely impacted by visiting consultants unable to travel to the Island, those patients impacted have been prioritised for the next available appointment.



Published figures - [www.ohb.scot.nhs.uk/waiting-times-report](http://www.ohb.scot.nhs.uk/waiting-times-report)

### Current Performance - March 2023

The next publication is due for release on 29th August 2023

# 60.9%

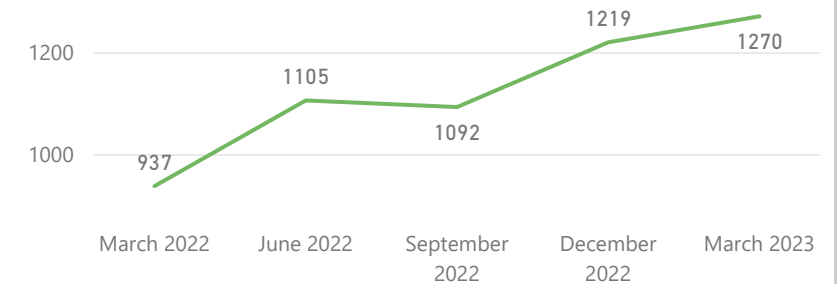
### Numbers waiting

1270

Number waiting

496

Waiting > 12 weeks



### Numbers seen

464

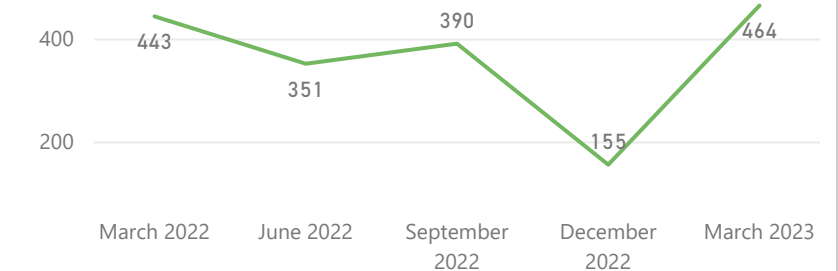
Number seen

186

Seen > 12 weeks

59.9%

Seen Performance





## Treatment Time Guarantee (Inpatients)

**Standard** - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee). (Seen waits)



### Current Performance - March 2023

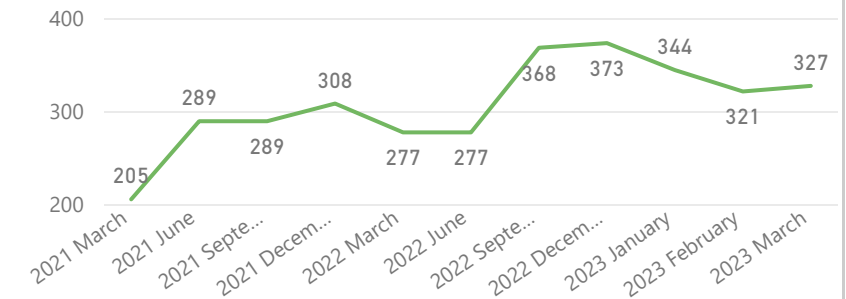
Since the last quarter (December 2022), the number of patients waiting and those waiting less than 12 weeks has decreased slightly. Also the number of patients seen has increased; with a large amount of those patients having been waiting over 12 weeks. This has affected the performance slightly but is good to see the clinical prioritisation having an effect. It should be noted that whilst the numbers seen has increased, overall performance has decreased due to the numbers seen over 12 weeks against the total seen for the month.

The next publication is due for release on 29th August 2023

# 41.1%

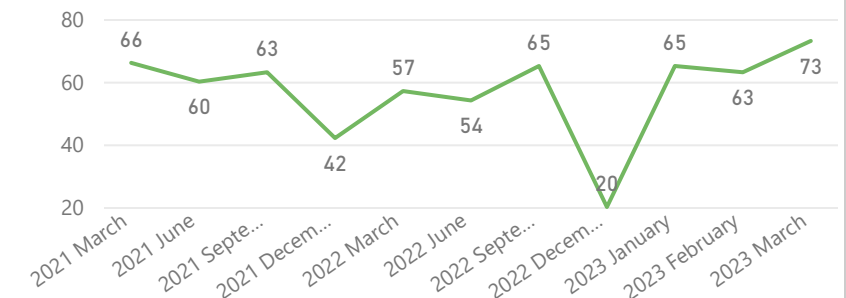
### Numbers waiting

327  
Number waiting  
183  
Waiting > 12 weeks



### Numbers seen

73  
Number seen  
43  
Seen > 12 weeks  
41.1%  
Seen Performance







## 18 Weeks Referral to Treatment

**Standard** - 90% of elective patients to commence treatment within 18 weeks of referral



### Current Performance - March 2023

**85.20%**

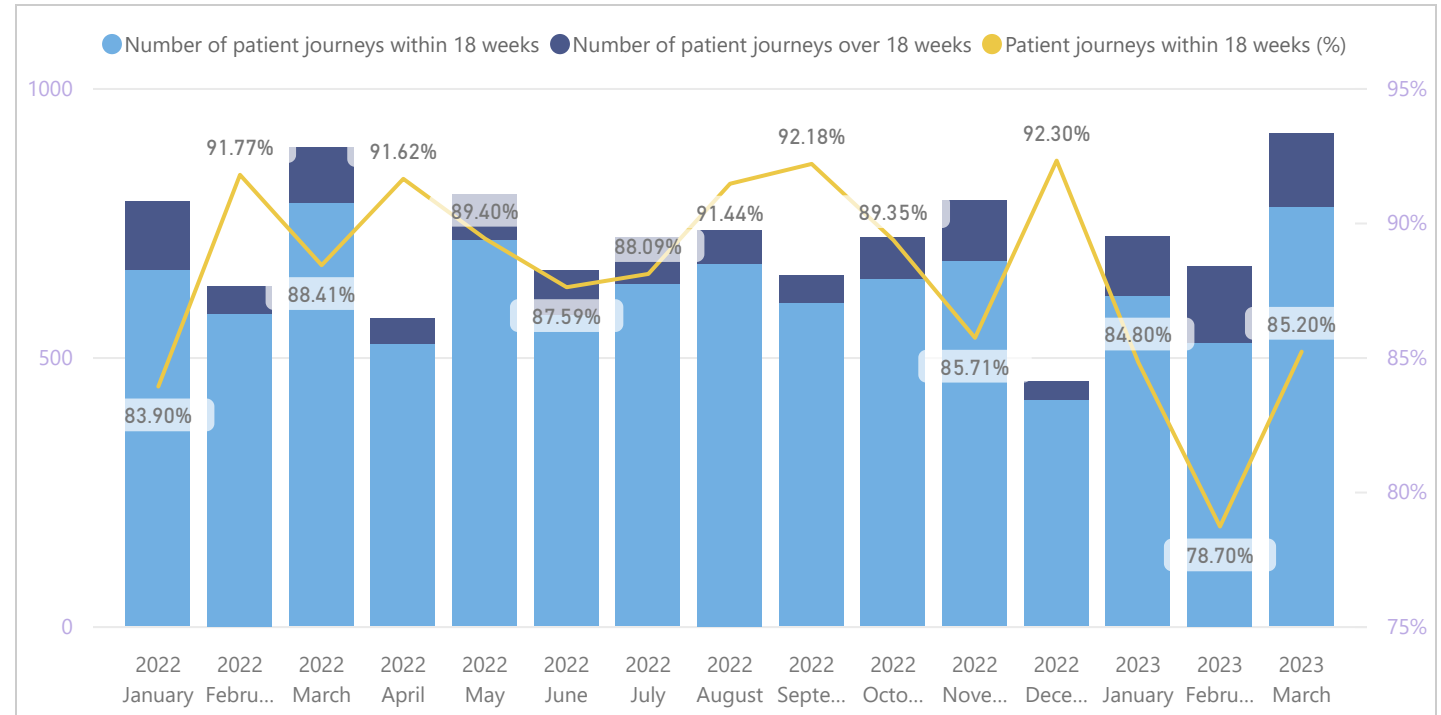
Patient journeys within 18 weeks (%)

**916**

Total Patient Journeys

**780**

Number of patient journeys within 18 weeks



In March 2023, the number of patient journeys was at its highest since 2021. However performance is still below the 90% target. Certain specialties such as Pain Management and Rheumatology both contributed towards the performance decrease with both having less than 50% performance.

The next publication is due for release on 29th August 2023

# Cancer Waiting Times

**Standard** - 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.

## Current Performance - January - March 2023

The next publication is due for release on 26th September 2023

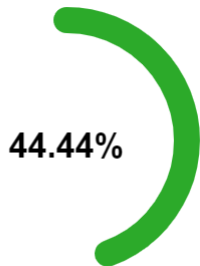
31 Day %



94.00%

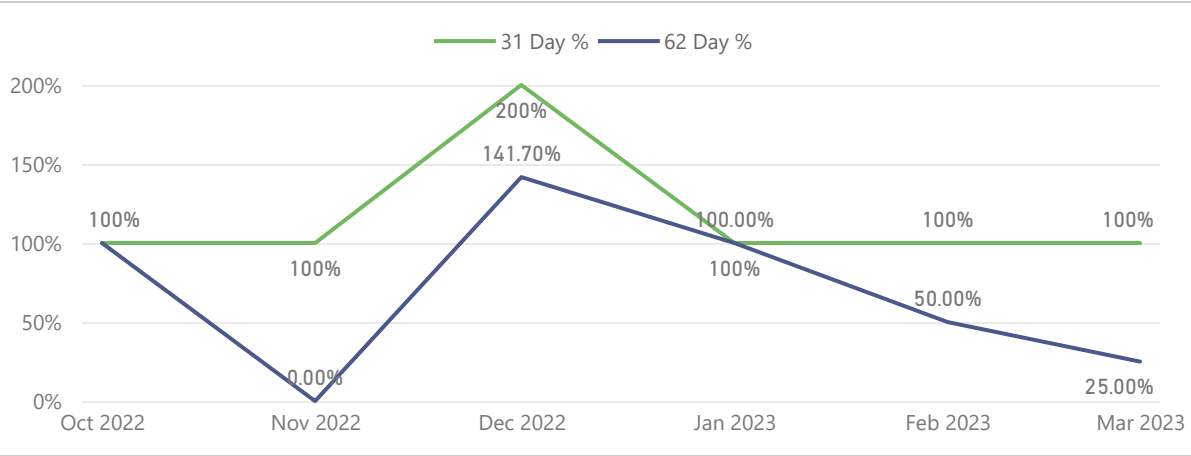
Scotland 31 day

62 Day %



69.40%

Scotland 62 day

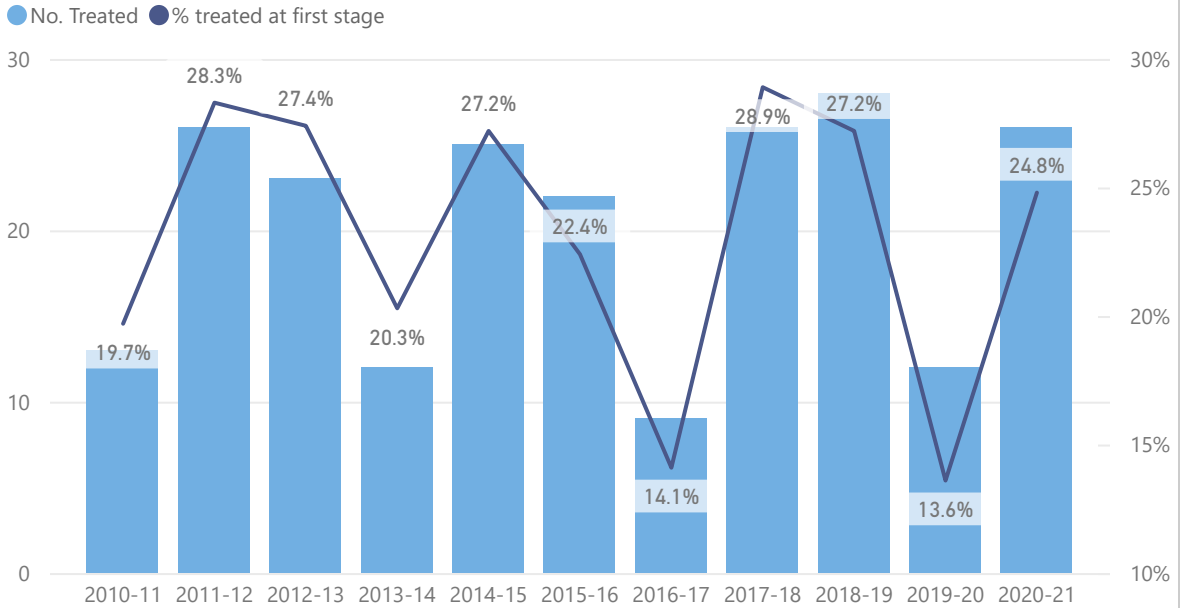


**Standard** - Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%



Date	No. Treated	% treated at first stage
2010-11	13	19.7%
2020-21	26	24.8%

No. Treated and % treated at first stage by Date



## Psychological Therapy

**Standard** - 90% of patients to commence Psychological therapy-based treatment within 18 weeks of referral



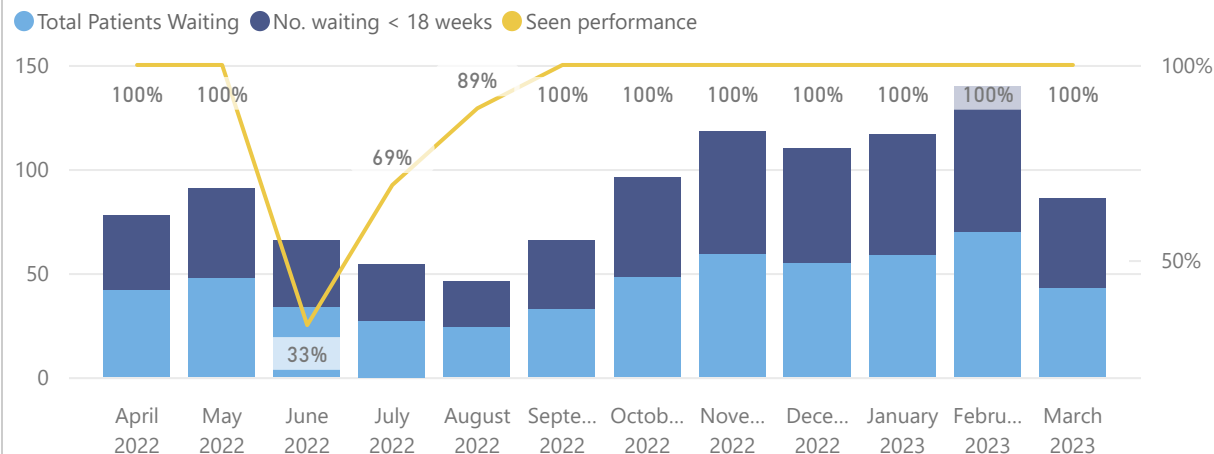
### Current Performance - March 2023

**43**  
Total Patients Waiting  
**0**  
No. waiting > 18 weeks

**43**  
No. waiting < 18 weeks  
**100%**  
Waiting performance

**19**  
Total Patients Seen  
**0**  
No. seen > 18 weeks

**19**  
No. seen < 18 weeks  
**100%**  
Seen performance



**Context provided by Suzanne Roos, Consultant Psychologist, PTTC and Professional Lead for Psychological Therapies**

The PT Service has met the 18-week performance target for more than a year at a 100% level; the only Board in Scotland achieving this standard. The PT Service also provides training to a CAAP trainee & a Doctorate Clinical Psychology trainee starting in September 2023.

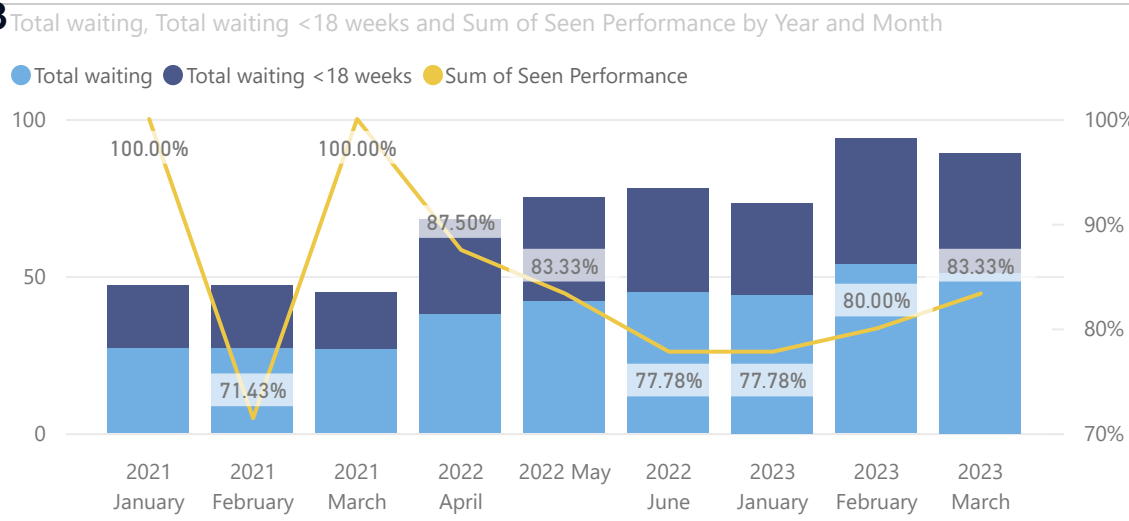
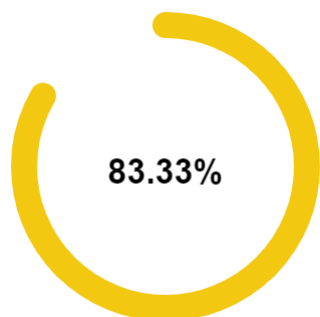


## Children and Adolescent

**Standard** - 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral

The next publication for both is due for release on 5th September 2023

### Current Performance - March 2023



**51**  
Total waiting  
**74.51%**  
Waiting performance

**38**  
Total waiting < 18 weeks

**6**  
Total seen  
**83.33%**  
Seen Performance

**5**  
Total seen < 18 weeks

## Smoking Cessation

**Standard** - NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)

### Current Performance - Quarter 2 2022/2023

% of LDP target (2022/23)

32  
SIMD 1,2&3 Quit Attempts\*

19  
SIMD 1,2&3 12 Week Quits\*

### Context provided by Sara Lewis, Interim Director of Public Health

A total of nineteen 12 weeks quits, representing people who live in SIMD areas 1-3 was achieved through the smoking cessation services in Orkney from April 2022 till March 2023. As the LDP target for NHS Orkney is currently 31 quits, this is 61% of our target. The national data release for Quarter two in 2022/23 demonstrated that at this time, only 2 out of 14 health boards were on target to meeting their annual LDP standard. The LDP target is ambitious for smoking cessation in Orkney under the current model of delivery of local smoking cessation across services. Work is ongoing with partners to explore and implement other options for service delivery.

## Drug and Alcohol Referral

**Standard** - 90% of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

### Current Performance - Quarter ending March 2023

NHS Orkney Performance

15  
Total completed waits

14  
Waited <3 weeks

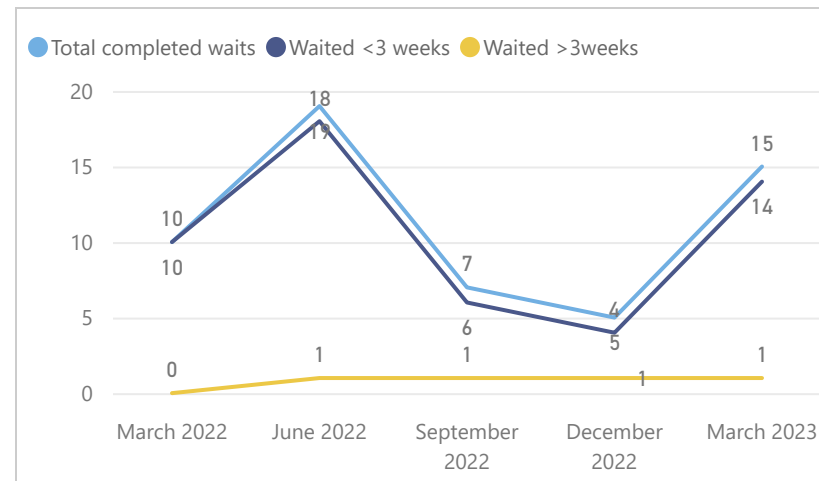
1  
Waited >3weeks

93.33%  
Waited Performance

19  
No. of referrals

71.43%  
NHS Shetland

91.67%  
NHS Western Isles



The next publication is due for release on 26th September 2023

## Alcohol Brief Interventions (ABIs)

**Standard** - NHS Boards to sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and to broaden delivery in wider settings.

### Current Performance - 2019/20



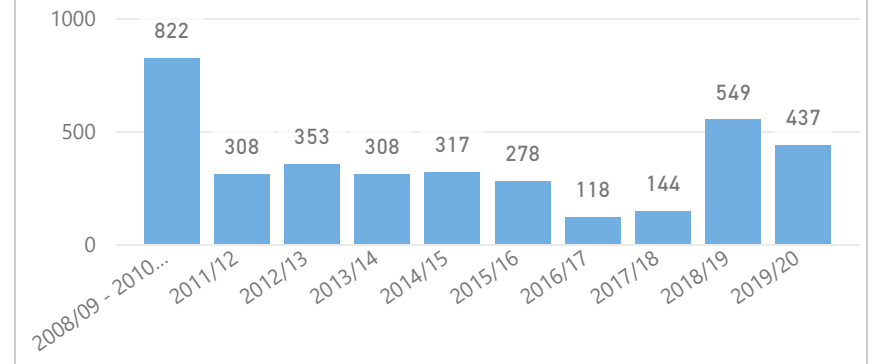
437  
Total ABIs delivered

224  
Number delivered in priority settings

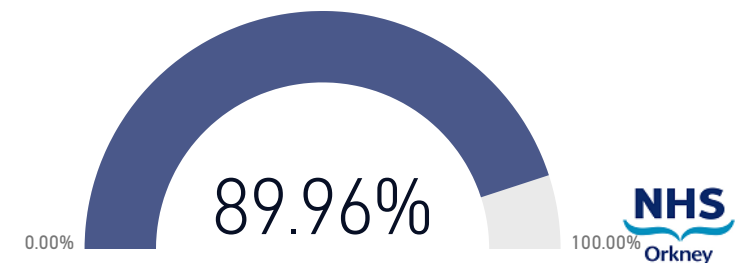
213  
Number delivered in wider settings

PHS have confirmed they aim to publish the 2022/23 annual ABI report in July or August 2023.

### Total ABIs delivered by Year



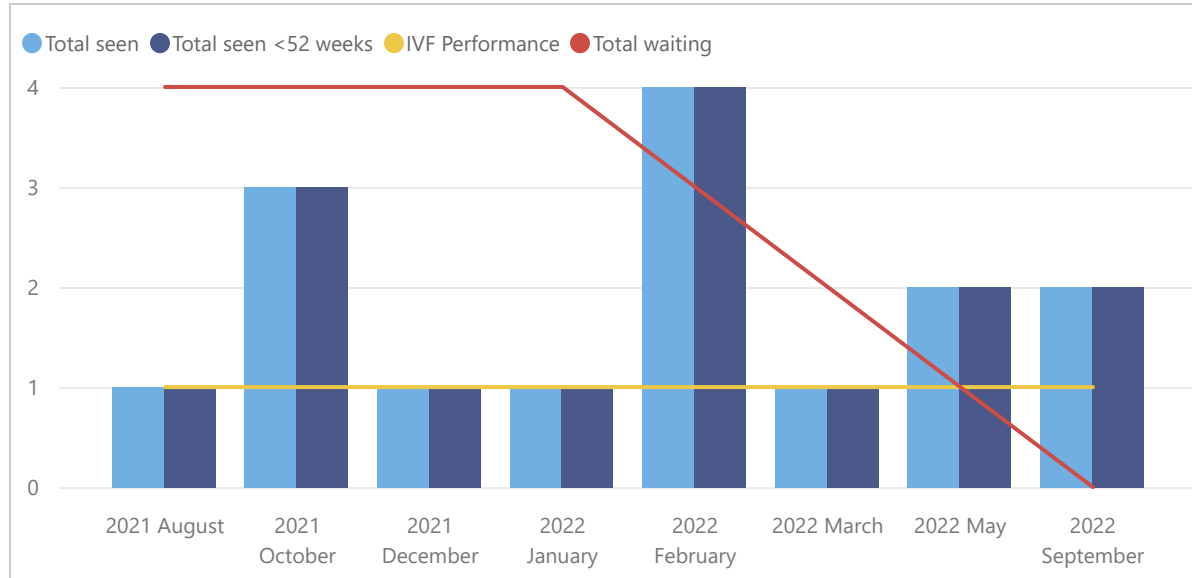
% LDP achieved



## IVF

**Standard** - 90% of Eligible patients to commence IVF treatment within 12 months of referral

### Current Performance - March 2023



## Antenatal

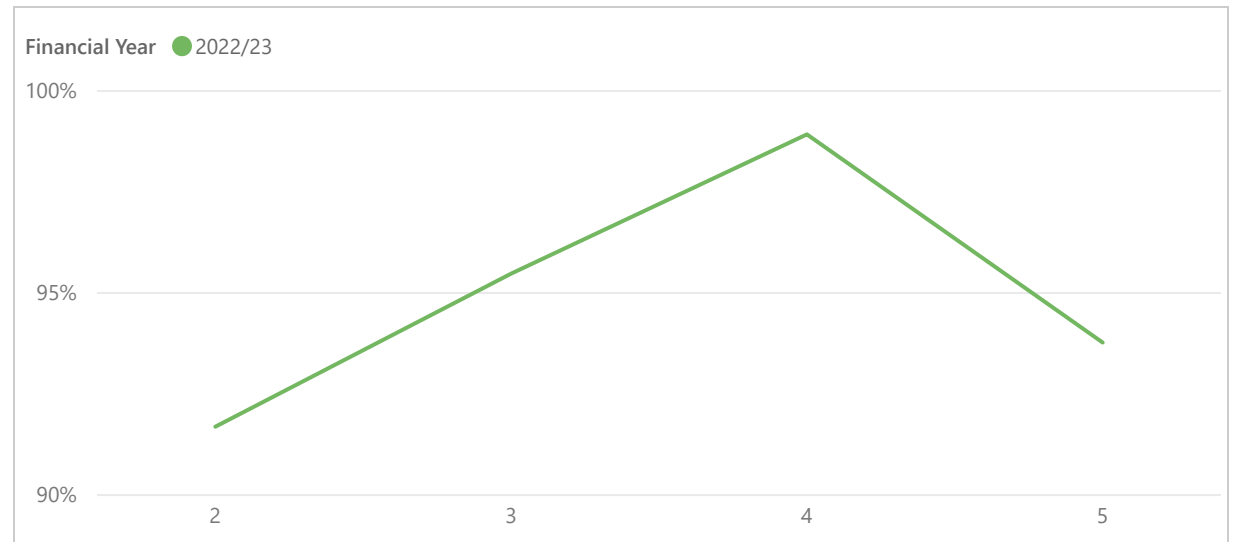
**Standard** - At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12<sup>th</sup> week of gestation

### Current Performance - Calendar Year 2022

SIMD Quintile	Women booked	Booked at 12 weeks	Percentage Performance
2	6	4	66.70%
3	9	9	100.00%
4	25	25	100.00%
5	5	3	60.00%
Not mapped	2	2	100.00%
Postcode not recorded	1	1	100.00%

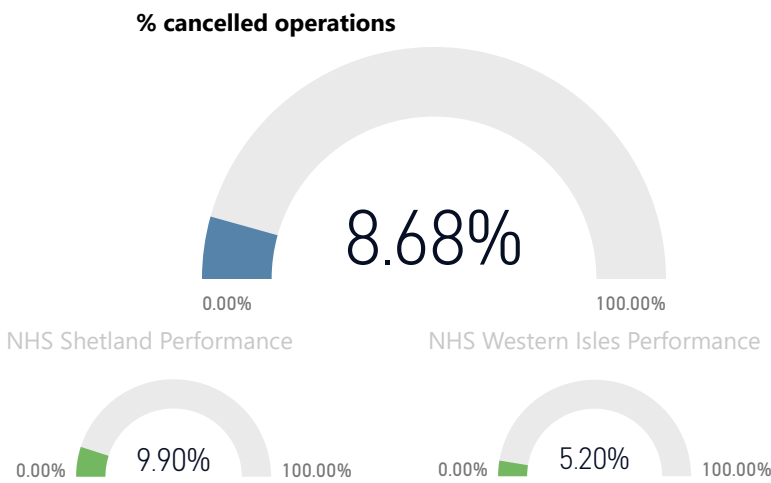
182  
Women booked

176  
Booked at 12 weeks



# Cancelled Operations

## Current Performance - June 2023



The number of cancellations is at its lowest since October 2022, when there were 15 cancellations.

The number of cancellations by patient was impacted by patients unable to attend.

219

Number of scheduled operations

19

Number of cancellations

6

Number of cancellations based on capacity of non-clinical reason by hospital

3

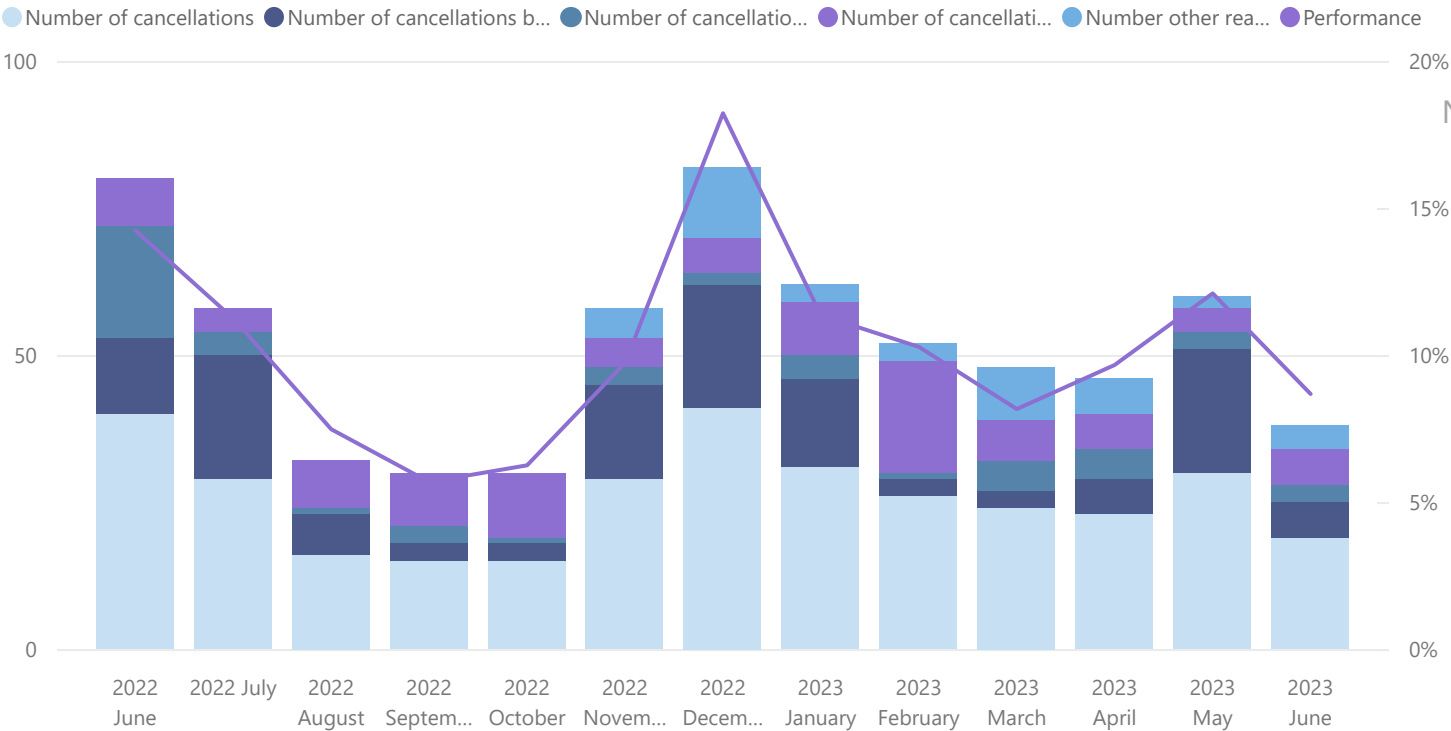
Number of cancellations based on clinical reason by hospital

6

Number of cancellations by patient

4

Number other reason



The next publication is due  
for release on 29th August  
2023

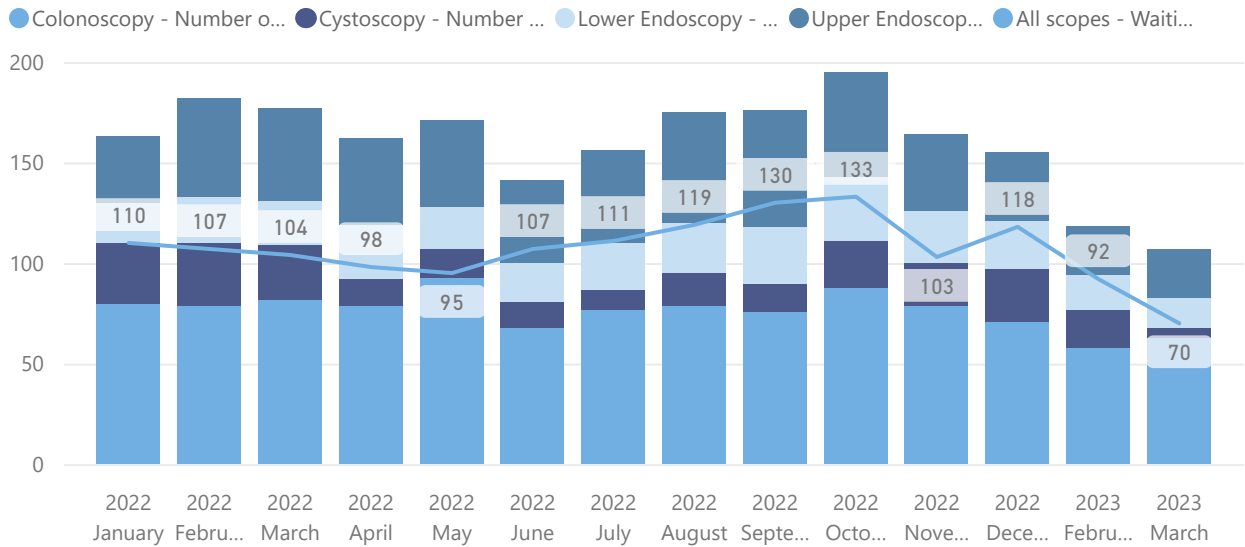
# Diagnostics

Patients waiting for one of the eight key diagnostic tests and investigations should wait no longer than six weeks (42 days)

## Scopes

### Current Performance - March 2023

Scopes - number on list by scope type



107  
All scopes - Number on list

63  
Colonoscopy - Number on list

5  
Cystoscopy - Number on list

15  
Lower Endoscopy - Number on list

24  
Upper Endoscopy - Number on list

34.58%  
All scopes - % waiting <6 weeks

26.98%  
Colonoscopy - % waiting <6 weeks

80.00%  
Cystoscopy - % waiting <6 weeks

20.00%  
Lower Endoscopy - % waiting <6 weeks

54.17%  
Upper Endoscopy - % waiting <6 weeks

### Context provided by Nick Crohn, Deputy Director of Acute Services

Use of a dedicated team to deliver endoscopy in a focussed manner has shown a decrease in patients on the waiting list. Work is being done with the national team and the surgeons around support in developing the service.

## Radiology

### Current Performance - March 2023



26  
Computer Tomography - Number on list

58  
Ultrasound - Number on list

14  
MRI - Number on list

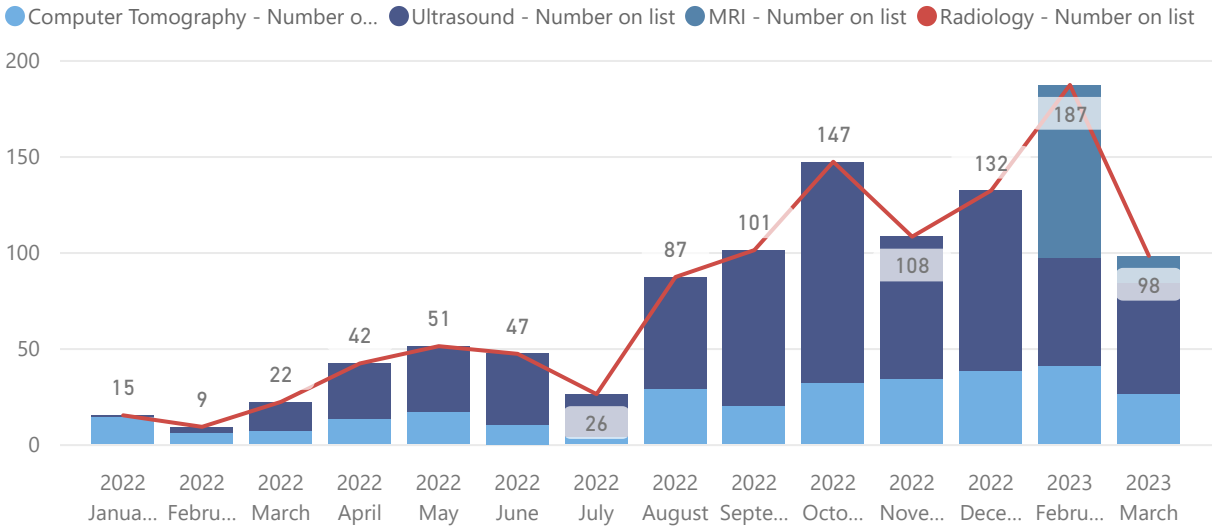
92.31%  
Computer Tomography - % waiting <6 weeks

79.31%  
Ultrasound - % waiting <6 weeks

29%  
MRI - % waiting <6 weeks

### Context provided by Nick Crohn, Deputy Director of Acute Services

Within Radiology the reduction in the number of patients awaiting MRI has been due to the visiting MRI van which attends on a 12 week rotation which can deal with the majority of local referrals. Some are still reliant on imaging at NHS Grampian, however the total number waiting is now significantly reduced.



# Delayed Discharges

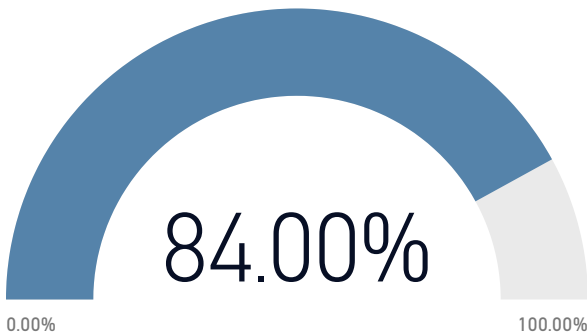
## Current Performance - June 2023

### Context provided by Nick Crohn, Deputy Director of Acute Services

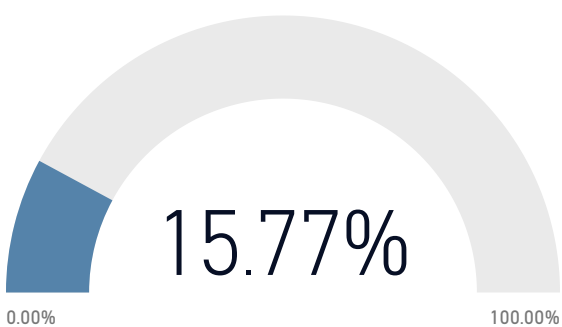
Currently all delayed discharges are being actively managed with weekly contact at the Resource Management Meeting with the council to review the cases and offer support for discharge where possible. Work is underway to review the discharges and ensure that patients get home safely.

Challenges remain with social care hours provision due to recruitment issues and availability of care home beds.

% of delays due to standard reason



% delayed for code 9 reason



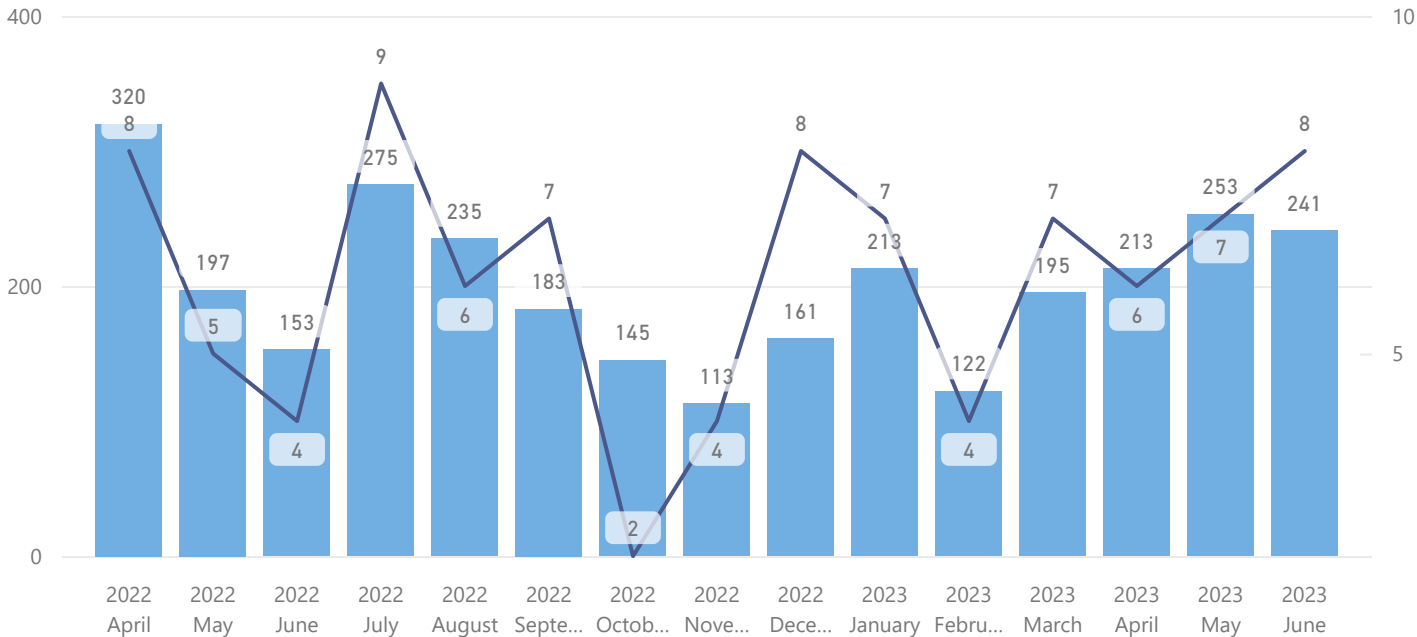
### Definitions:

**Health and social care reasons (standard reason)** - Where a person remains inappropriately in hospital after treatment is complete and is awaiting appropriate arrangements to be made by the health and social care partnership for safe discharge

**Patient, family and carer related reasons (standard reason)** - This includes delays due to legal reasons and where the family are yet to decide on the best course of action for the patient.

**Code 9 complex reasons (code 9 reason)** - More complex arrangements due to the specific care needs of the person.

● No. of delayed bed days occupied ● Delays at Census point



**241**  
No. of delayed bed days occupied  
**203**  
Delay for standard reason  
**38**  
Delay for Code 9 reason

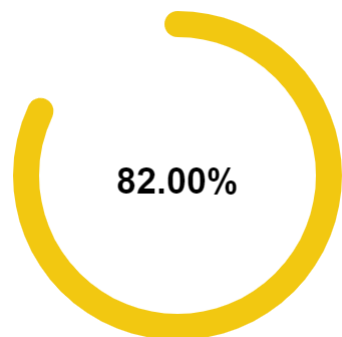


The next publication is  
due early 2024

## 48 hour access to GP

**Standard** - GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90% of patients.

### Current Performance - 2022



**38.00%**  
Response rate

**971**  
No. of responses

**82.00%**  
GP Access Percentage

48.00%  
Scotland Performance

75.00%  
NHS Shetland Performance

72.00%  
NHS Western Isles Performance

Patients were then asked a further  
question as to why they had rated the  
question as they had:

**73.00%**

I was not offered a chance to see or speak  
to anyone within 2 days

**1.00%**

The times available in the next 2  
days were not convenient for me

**5.00%**

The person I wanted to see  
was not available in the next 2  
days

**21.00%**

Another reason

The Scottish Health and Care Experience (HACE) Survey is a postal survey which was sent to a random sample of people who were registered with a GP in Scotland based on latest information available on 6 October 2021.

Questionnaires were sent out in November 2021 asking about people's experiences during the previous 12 months.

### Previous Performance - 2020

**41.00%**  
Response rate

**1197**  
No. of responses

**93.00%**  
GP Access Percentage

64.00%  
Scotland Performance

70.00%  
NHS Shetland Performance

65.00%  
NHS Western Isles Performance

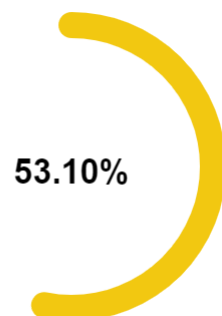


The next publication is  
due early 2024

## Dementia

**Standard** - People newly diagnosed with dementia will have a minimum of one years post-diagnostic support

### Percentage of standard achieved

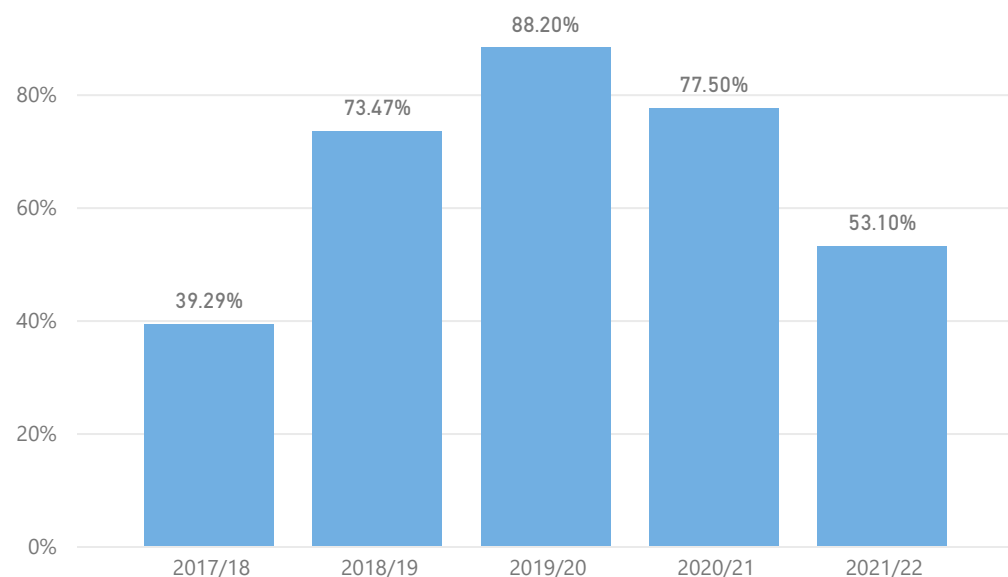


### Current Performance - 2021/22

35	Number of People Referred to P...
13	Standard Met
15	Standard Not Met
3	PDS Ongoing
4	Exempt from Standard

Of the 35 patients referred, 3 continue to receive post diagnostic support. These patients have not yet reached the 12 month timeframe.

### Percentage of standard achieved by Year



Please note the figures shown are currently provisional and subject to change due to post diagnostic support for some referrals is still ongoing.

### Context provided by Gillian Coghill, Alzheimer Scotland Clinical Nurse Specialist

We are currently in a good position with a number of strategic aims detailed in the Orkney Dementia Strategy 2020-2025, such as progressing with an innovative model for assessment, diagnosis, immediate access to post diagnostic support, open ended support for people with a diagnosis, carers support and ability to support or sign post for all aspects of dementia from a single point of access.

We are in the process of providing a Living Well with Dementia in Orkney app. Information governance has been agreed. This can be tailored for individuals and also to each local area to communicate support and services. A draft app will be available within the next few weeks.

Younger onset dementia - increased awareness of younger onset dementia, stigma and support and services, through community sessions. CNS role is contributing to a national SLWG to advocate for supports and services which recognise the challenges for remote and rural areas. This includes the conduit role through Demshine (Younger people with dementia in Orkney).

The next publication is due  
for release on 19th  
September 2023

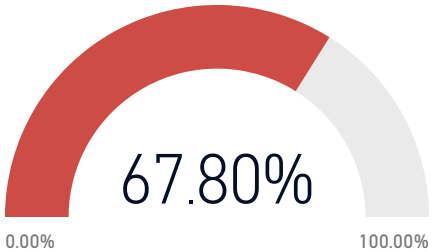


MSK

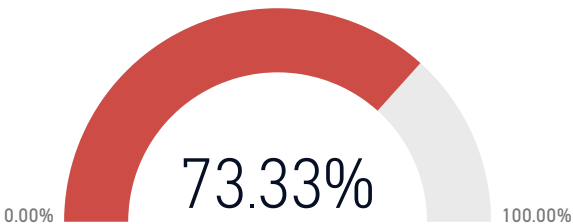
At least 90% of patients should wait no longer than four weeks to be seen from receipt of referral.

Current Performance - March 2023

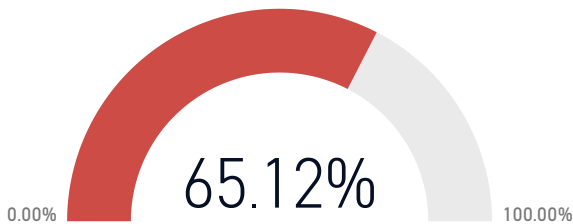
Overall Performance



Orthotics Performance



Physio Performance



Podiatry Performance



All MSK specialties - Performance

394	48
No. waiting	Waiting 0-4 weeks
59	40
No. seen	Seen 0-4 weeks

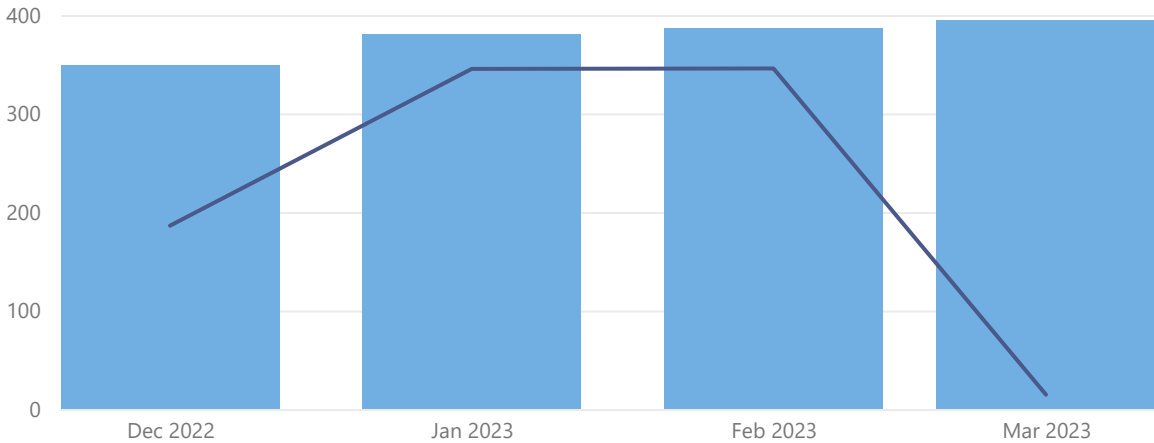
17	16
No. waiting	Waiting 0-4 weeks
15	11
No. seen	Seen 0-4 weeks

275	17
No. waiting	Waiting 0-4 weeks
43	28
No. seen	Seen 0-4 weeks

102	15
No. waiting	Waiting 0-4 weeks
1	1
No. seen	Seen 0-4 weeks

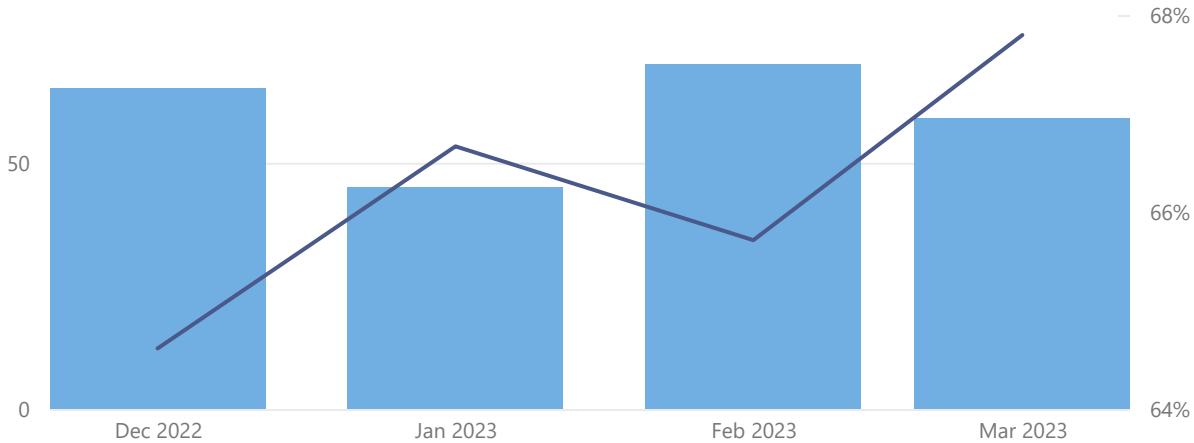
All MSK Waiting Performance

No. waiting Waiting Performance



All MSK Seen Performance

No. seen Sum of Seen Performance



# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Proposal for Integrated Performance 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 and Ian Coghill, Senior Analyst Health Intelligence</b>

## 1 Purpose

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

- Discussion and decision

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Health Intelligence Team are scoping and supporting the production of a new Integrated Performance Report.

## 2.2 Background

The Integrated Performance Report will support enhanced reporting around delivery and performance in the rounds, including:

- People, Workforce and Culture
- Patient Safety, Quality and Experience
- Operational Standards and Community waiting times
- Finance

An extended suite of reporting metrics, reflecting best practice, will help to ensure a refreshed focus performance in the rounds.

Additional features in the proposed new Integrated Performance Report include:

- A summary 'at a glance' performance summary at the front of the report
- Benchmarking (where available allowing comparisons with other island Boards and other Territorial Health Boards)
- Narrative to include performance summary, mitigating actions and recovery trajectory (where appropriate and in the areas where NHS Orkney is underperforming).

A mock Integrated Performance Report is included as Appendix 1. The Integrated Performance Report has been prepared for the purposes of receiving feedback prior to a proposed formal launch in October 2023. In the final version of the report, the operational performance, patient, quality, safety and experience, finance and workforce updates will be in clear sections in the report (unlike the draft version which is for illustrative purposes only).

A process flow is included as Appendix 2, which supports the production of the Integrated Performance Report. This sets out a proposal for the production and sign-off timescales for the Integrated Performance Report for comments and input.

It is proposed that the full Integrated Performance Report with published and validated data comes to the full Health Board each meeting, and appropriate reports go to each Board Sub Committee with latest data (some of which may be unvalidated) at these bi-monthly and quarterly meetings. Where data is unvalidated, this will be clearly indicated in the report.

The Executive Directors responsible for each area of the report will sign off the data and narrative, and each Director will field questions relevant to their portfolio at the public Board meeting and at the relevant Board Sub Committee meeting. The Chief Executive will give an overview of performance at the public Board meeting. We will also look to include a clear indication that where lessons have been learned over time that these have gone on to impact performance positively.

## 2.3 Assessment

A list of key performance sections were identified which are within scope of an Integrated Performance Report. Details of those are detailed below:

<b>Proposed Reporting Section</b>	<b>Proposed Strategic Priority</b>	<b>Proposed Governance Committee</b>	<b>Executive Director Lead</b>
People, Workforce and Culture	Workforce and Culture	Staff Governance Committee	Director of HR
Finance	Sustainability	Finance and Performance Committee	Director of Finance
Patient Safety, Quality, and Experience	Quality and Safety	Joint Clinical Care and Governance Committee	Medical Director
Operational Standards	Systems and Governance	Finance and Performance Committee	Director of Nursing
Community	Systems and Governance	Finance and Performance Committee	Chief Officer

### 2.3.1 Quality/ Patient Care

Performance metrics have been proposed for the Patient Safety, Quality and Experience section which will look to secure better outcomes for patients, through a structured approach to early resolution to challenges or obstacles to success, with action plans with clear timelines and outcomes which can be measured.

### 2.3.2 Workforce

As with Quality/Patient Care, the Integrated Performance Report will look to enhance and standardise the reporting approach, ensuring that clear plans are established to support the delivery of improvements. The report will look to improve the experience of staff and address obstacles to success, through the regular presentation of key data relating people and culture.

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment/Management

No risks to highlight in this paper. However, consideration should be given to the information contained within the report and whether the source is published or unpublished.

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

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

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

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

#### **2.3.7 Other impacts**

No other impacts to report at this stage.

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

Work is ongoing to finalise the Integrated Performance Report, but the key performance indicators have been discussed with each Executive Director lead and their teams.

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

This report has been prepared for NHS Orkney Board and Senior Leadership Team meetings in August 2023, to receive feedback prior to launch of revised report in October 2023. It follows early engagement with Directors and members of the Senior Leadership Team as well early engagement with the Chair of the Board and a sub-set of Non-Executive Directors.

### **2.4 Recommendation**

- **Discussion** and approval – To review the report and to approve the new-style report and proposed next steps.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: Draft Integrated Performance Report
- Appendix 2: Draft process for IPR – Board Sub Committees NHS Orkney
- Appendix 3: Proposed Metrics for IPR – Board Sub Committees NHS Orkney



# Integrated Performance Report

June 2023

Chief Executive: **Laura Skaife-Knight**

## DRAFT REPORT

The information contained in this report has not been validated and should not be considered accurate. The report should be used for demonstration only and should not be shared.



**HEALTH** Intelligence

ORK.healthintelligence@nhs.scot



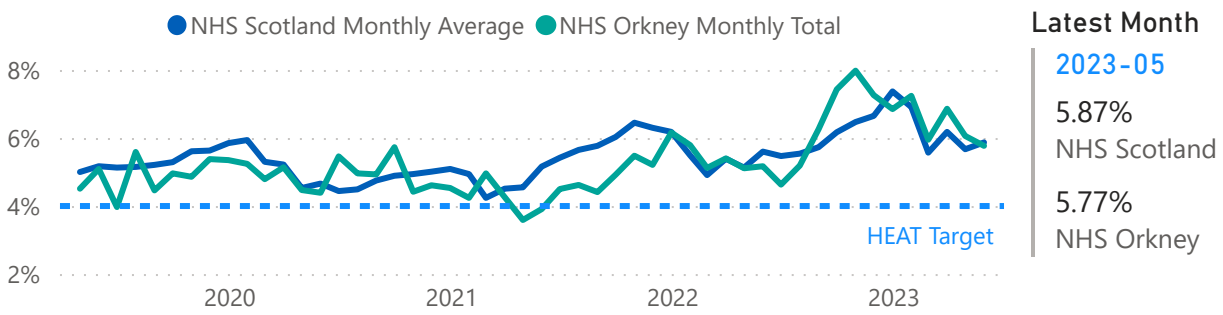
Executive Summary

Domain	Going Well	Cause for Concern
Workforce Pages X to X		
Operational Pages X to X		
Safety & Quality Pages X to X		
Finance Pages X to X		
Community Pages X to X		

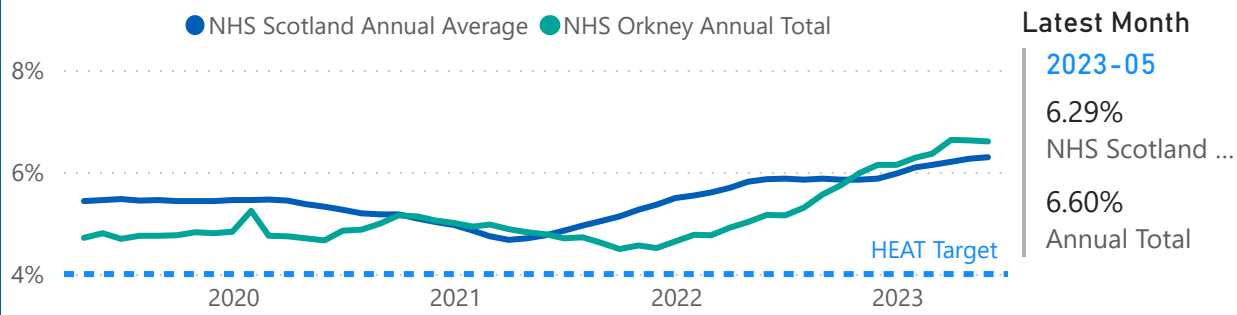
# Sickness Absence (Source: Workforce Dashboard)

Executive Lead:

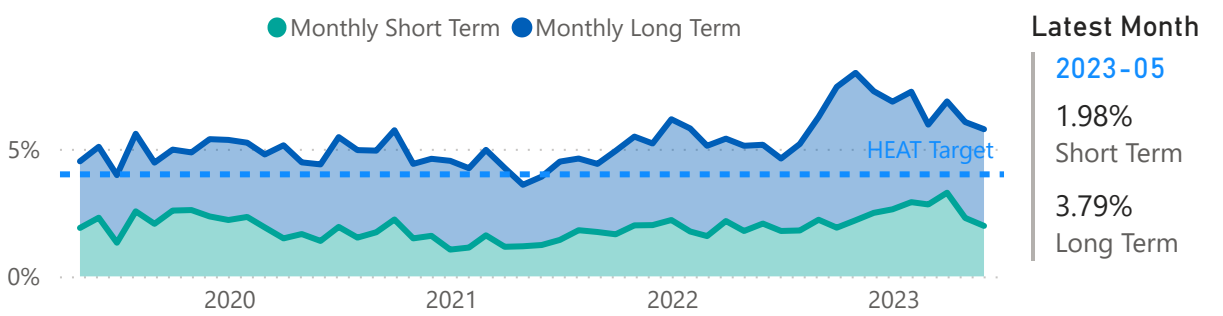
Monthly Comparison - NHS Scotland & NHS Orkney



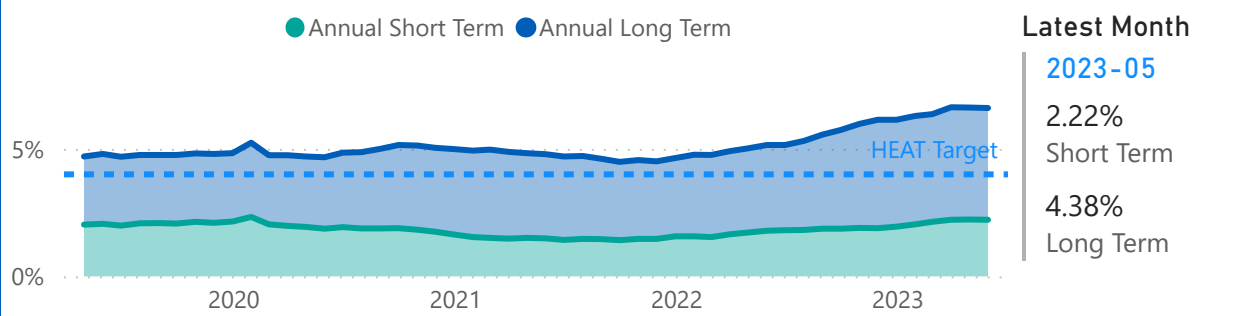
Annual Comparison - NHS Scotland & NHS Orkney



Monthly Comparison - NHS Orkney Long & Short Term Absence



Annual Comparison - NHS Orkney Long & Short Term Absence



## Issues/Performance Summary

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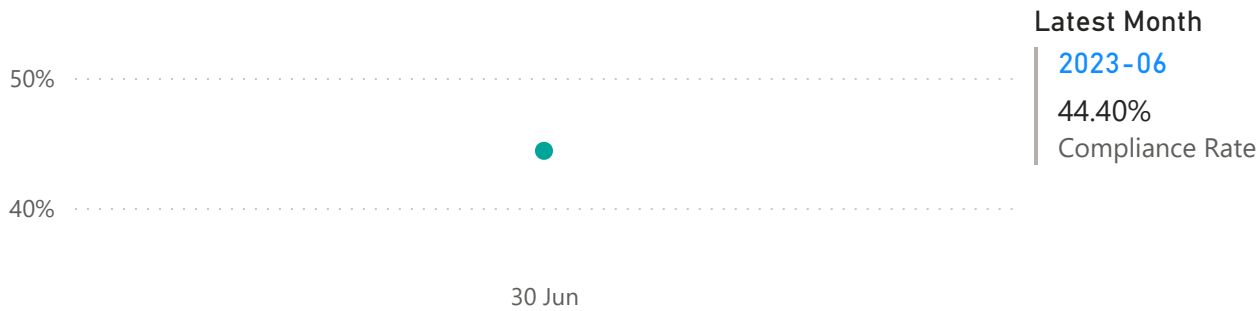
## Planned/Mitigating Actions

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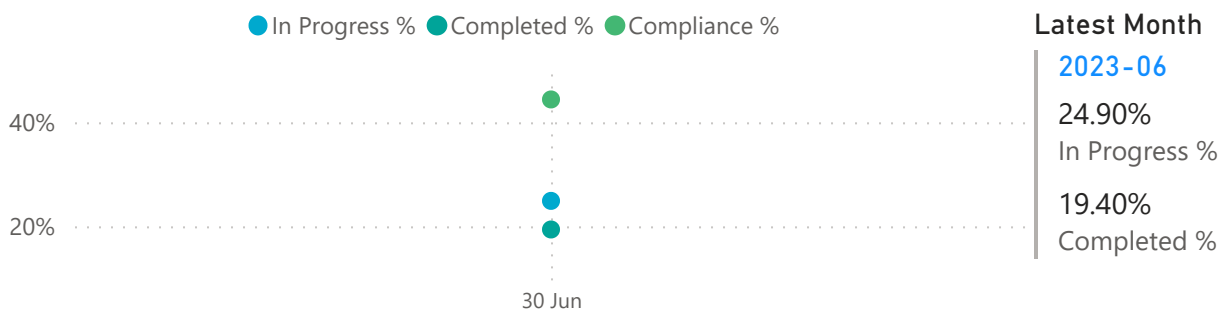
## Assurance/Recovery Trajectory

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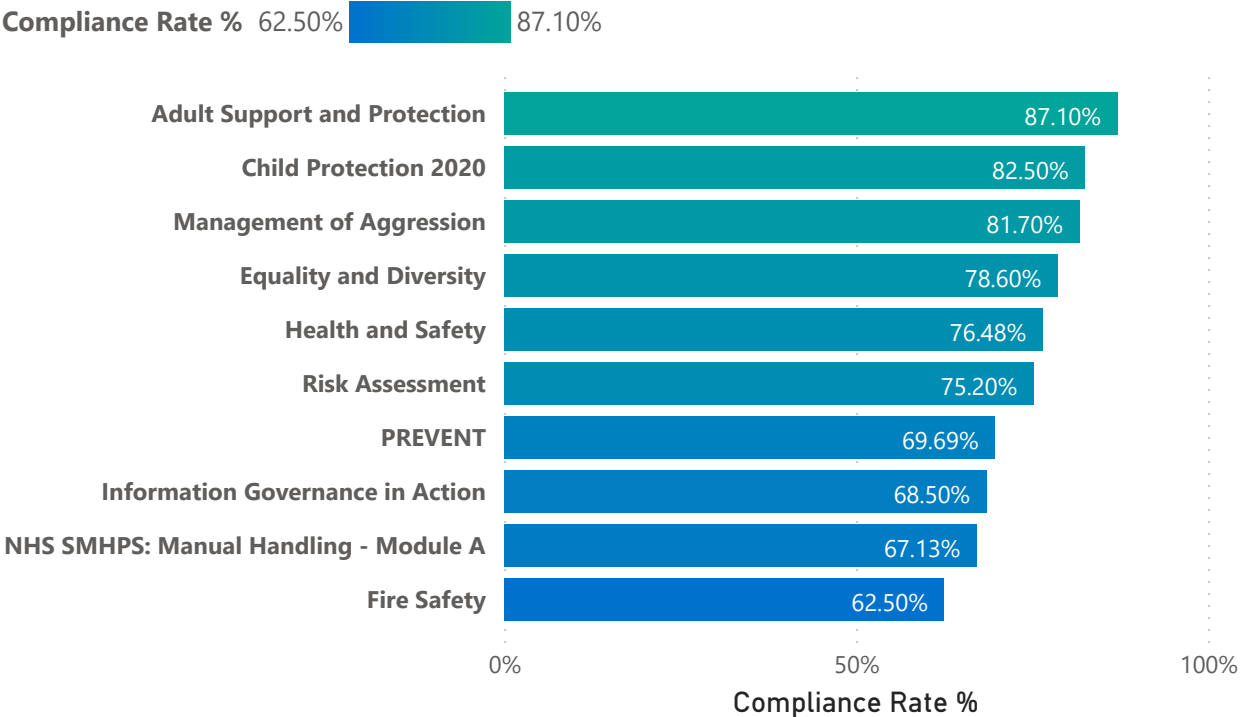
NHS Orkney - Appraisal Compliance



NHS Orkney - % Compliance, In Progress, Completed



Statutory/Mandatory Training Compliance %



Issues/Performance Summary

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Planned/Mitigating Actions

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Assurance/Recovery Trajectory

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# Peer Benchmarking - KPI National Comparison

Latest Report: 10 July 2023

## Board Level KPI Summary - National

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Ayrshire & Arran	65%	12	-5	83%	14	-2	88%	14	-1	60%	12	0	70%	10	0
Borders	67%	11	-3	86%	13	-3	90%	13	-1	63%	14	0	73%	13	0
Dumfries & Galloway	87%	3	2	99%	3	2	100%	4	2	41%	3	0	60%	6	0
Fife	71%	7	5	96%	6	0	100%	5	0	51%	8	-1	55%	5	-1
Forth Valley	54%	14	0	86%	12	2	97%	10	4	41%	3	0	53%	4	-1
Grampian	67%	9	1	95%	7	1	100%	6	2	51%	8	1	76%	14	0
Greater Glasgow & Clyde	68%	8	1	94%	9	-2	100%	7	0	57%	11	0	72%	12	-1
Highland	78%	6	0	94%	8	1	98%	9	0	54%	10	0	64%	8	0
Lanarkshire	61%	13	0	88%	11	2	96%	12	-1	62%	13	0	68%	9	0
Lothian	67%	10	1	90%	10	1	96%	11	-1	50%	7	0	71%	11	0
Orkney	85%	5	-3	98%	5	-4	99%	8	-7	45%	5	0	51%	3	1
Shetland	86%	4	0	99%	4	-3	100%	1	0	29%	1	0	44%	2	0
Tayside	91%	2	1	100%	2	2	100%	3	-2	48%	6	0	62%	7	0
Western Isles	99%	1	0	100%	1	0	100%	1	0	31%	2	0	26%	1	0

## Board Level KPI Summary - Island Boards

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Orkney	85%	5	-3	98%	5	-4	99%	8	-7	45%	5	0	51%	3	1
Shetland	86%	4	0	99%	4	-3	100%	1	0	29%	1	0	44%	2	0
Western Isles	99%	1	0	100%	1	0	100%	1	0	31%	2	0	26%	1	0

## Peer Benchmarking Summary

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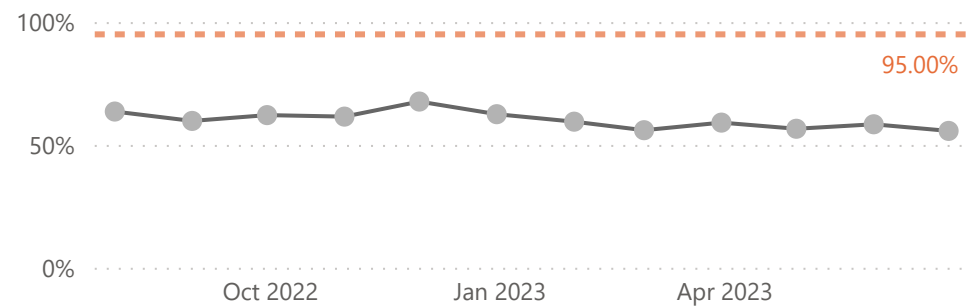
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KPI Red, Amber, Green (RAG) values shown above represent the relative change in position for each board when comparing the same metric from the previous edition of this report.

# New Outpatients (Source: TrakCare)

Executive Lead:

New Outpatients Compliance



Latest Month

2023-06

1411

No. Waiting

55.71%

Compliance

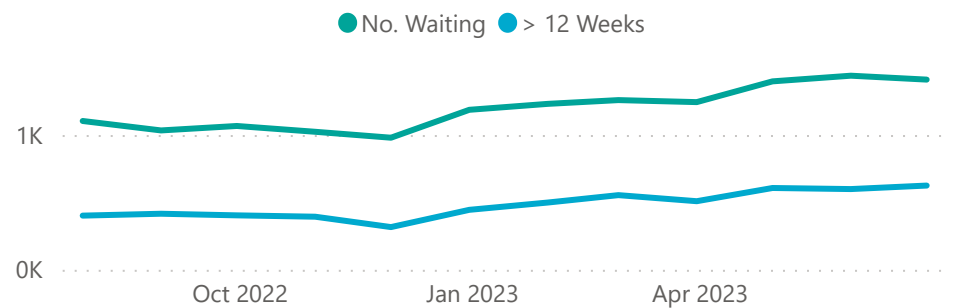
625

> 12 Wks.

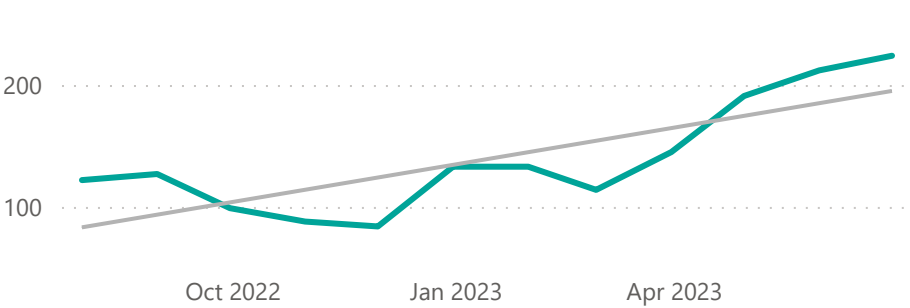
44.29%

%> 12 Wks.

New Outpatients Waiting > 12 Weeks



New Outpatients Waiting > 26 Weeks



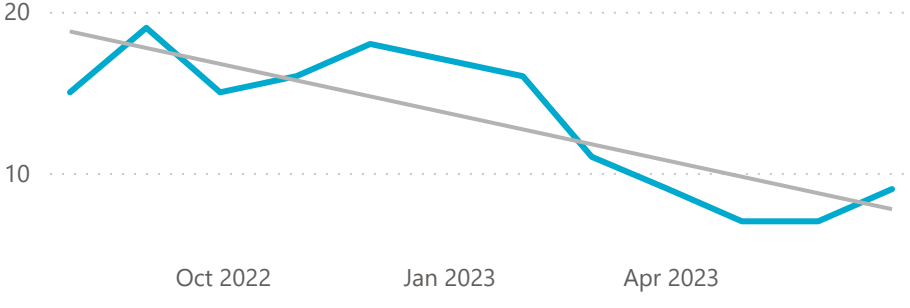
Latest Month

2023-06

224

> 26 Weeks

New Outpatients Waiting > 52 Weeks



Latest Month

2023-06

9

> 52 Weeks

## Issues/Performance Summary

Compliance dropped from 63 % to 56 % during its steepest decline between Saturday, December 31, 2022 and Friday, June 30, 2023.

> 26 Weeks peaked at 224 in Friday, June 30, 2023, after hitting a low point of 84 in Wednesday, November 30, 2022.

## Planned/Mitigating Actions

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## Assurance/Recovery Trajectory

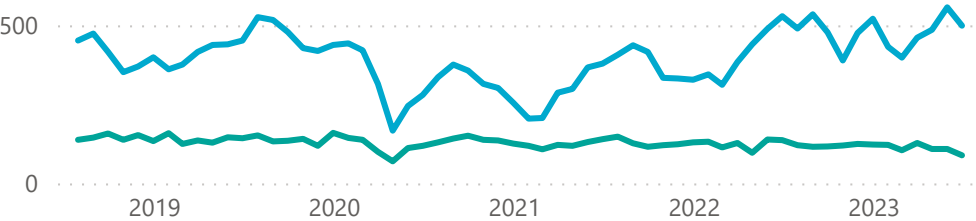
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# Accident & Emergency (Source: TrakCare)

Executive Lead:

Monthly Attendances

Dischg. Type ● Admitted ● Non-Admitted



Latest Month

2023-06

588

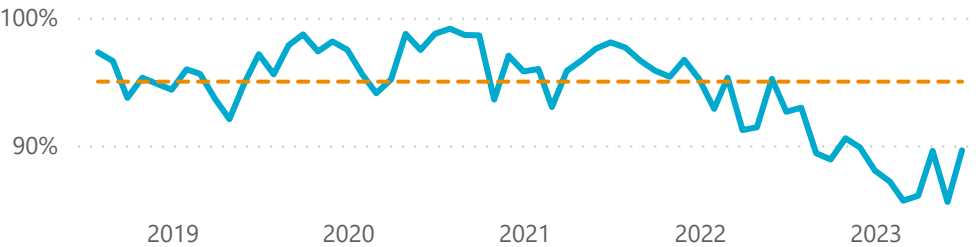
Attended

89

Admitted

Monthly Compliance

● Compliance ● Target



Latest Month

2023-06

588

Attended

61

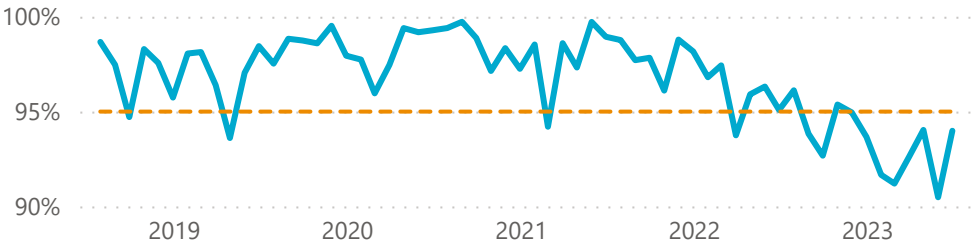
Breach

89.63%

Compliance

Monthly Compliance (Non-Admitted)

● Compliance ● Target



Latest Month

2023-06

499

Attended

30

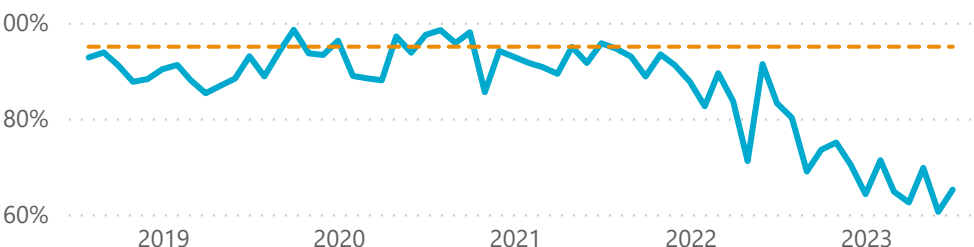
Breach

93.99%

Compliance

Monthly Compliance (Admitted)

● Compliance ● Target



Latest Month

2023-06

89

Attended

31

Breach

65.17%

Compliance

## Issues/Performance Summary

Compliance for Admitted (29.74% decrease) and Non-Admitted (4.75% decrease) both trended down between Tuesday, July 31, 2018 and Friday, June 30, 2023.

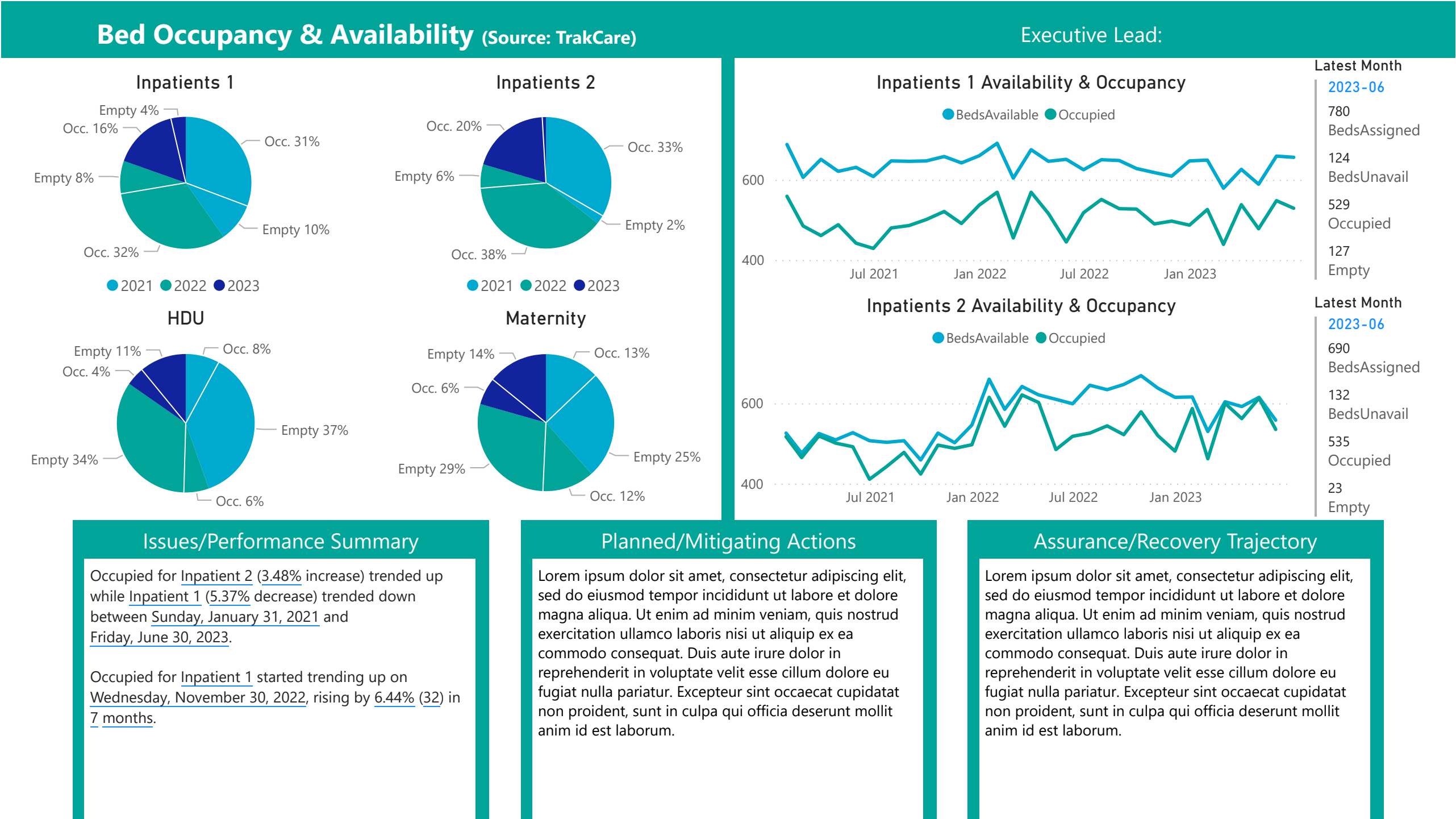
Compliance for Non-Admitted started trending down on Friday, September 30, 2022, falling by 2.37% (2.19%) in 8 months.

## Planned/Mitigating Actions

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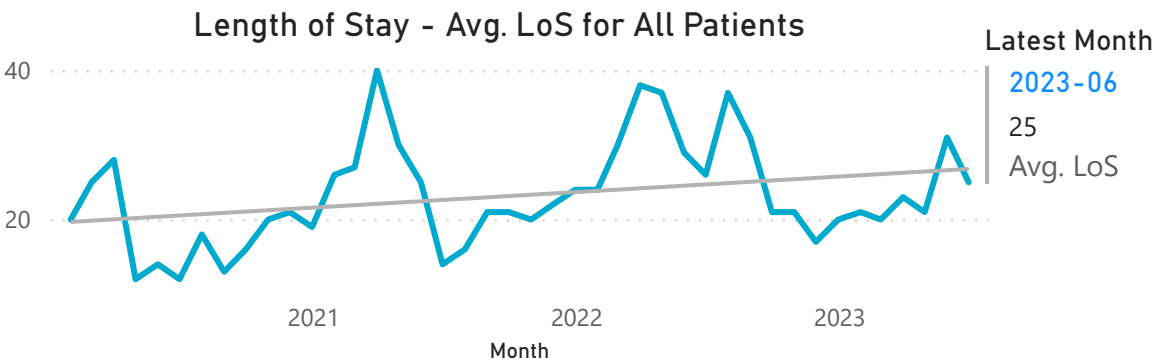
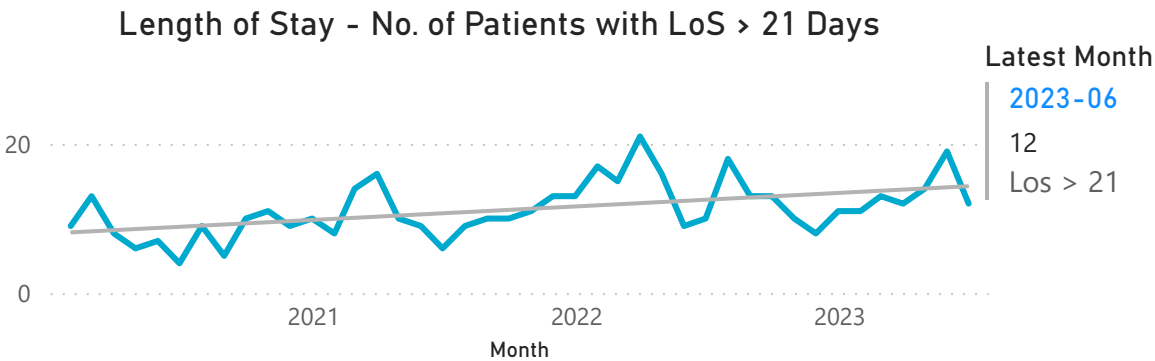
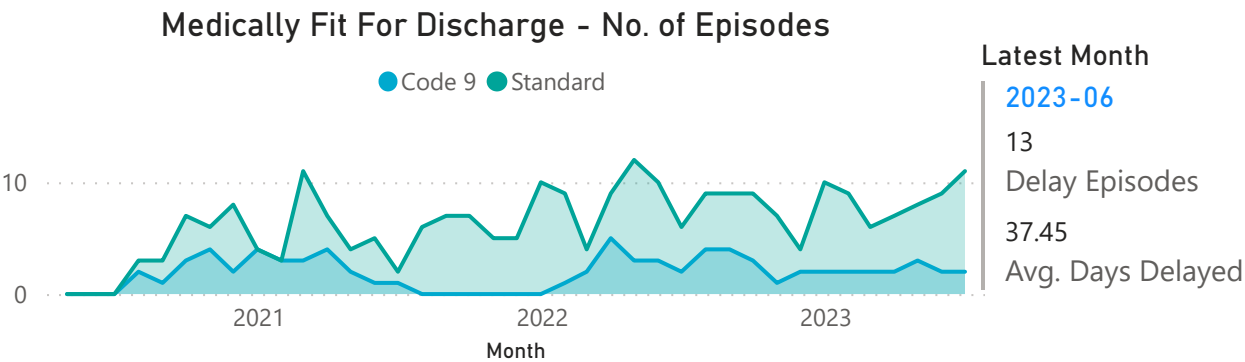
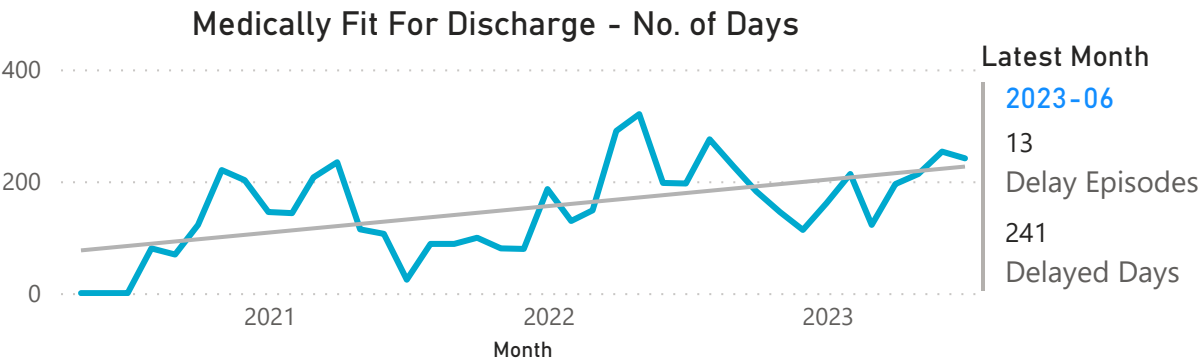
## Assurance/Recovery Trajectory

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

Executive Lead:



## Issues/Performance Summary

Delayed Days started trending up on 2021-12, rising by 5.38% (10) in 6 months.

Delayed Days jumped from 186 to 196 during its steepest incline between 2021-12 and 2022-06.

Los > 21 experienced the longest period of growth (+6) between 2021-09 and 2022-04.

## Planned/Mitigating Actions

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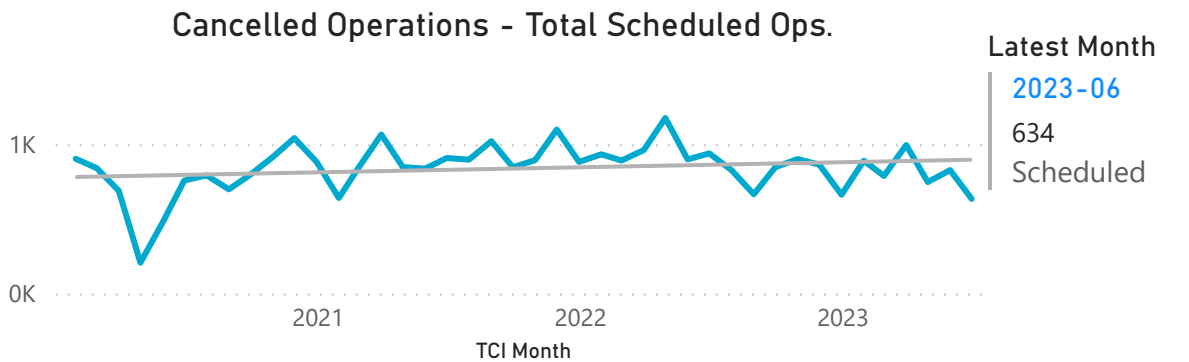
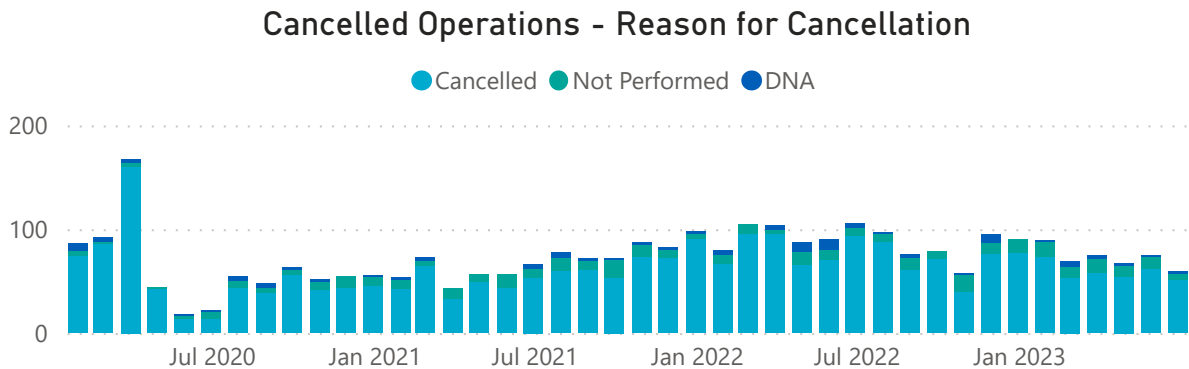
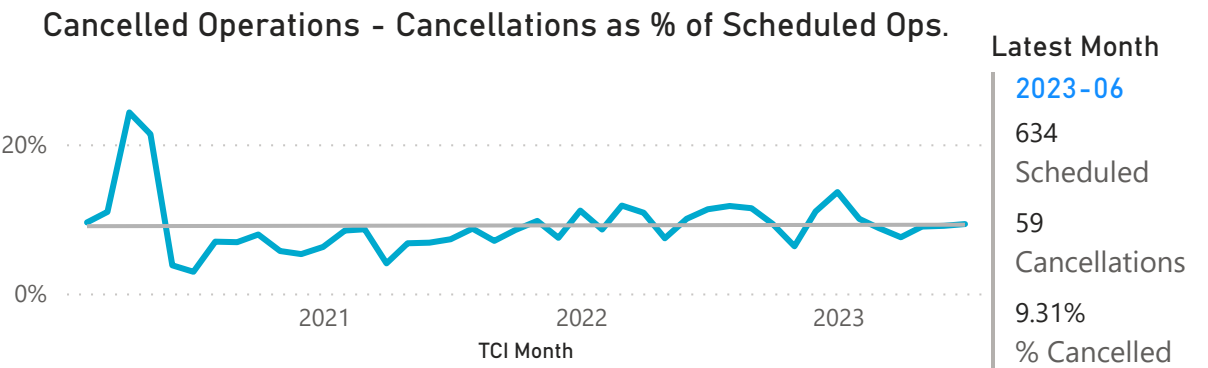
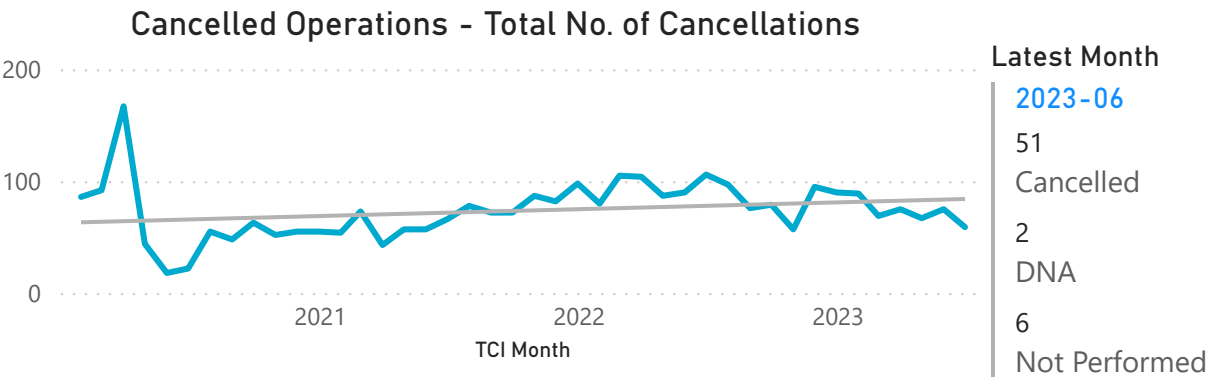
## Assurance/Recovery Trajectory

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# Cancelled Operations (Source: TrakCare)

Executive Lead:



## Issues/Performance Summary

TotalCancellations started trending down on 2022-06, falling by 44.34% (47) in 1 year.

TotalCancellations jumped from 78 to 87 during its steepest incline between 2021-07 and 2021-10.

% Cancelled experienced the longest period of growth (+0.25%) between 2021-09 and 2023-02.

## Planned/Mitigating Actions

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## Assurance/Recovery Trajectory

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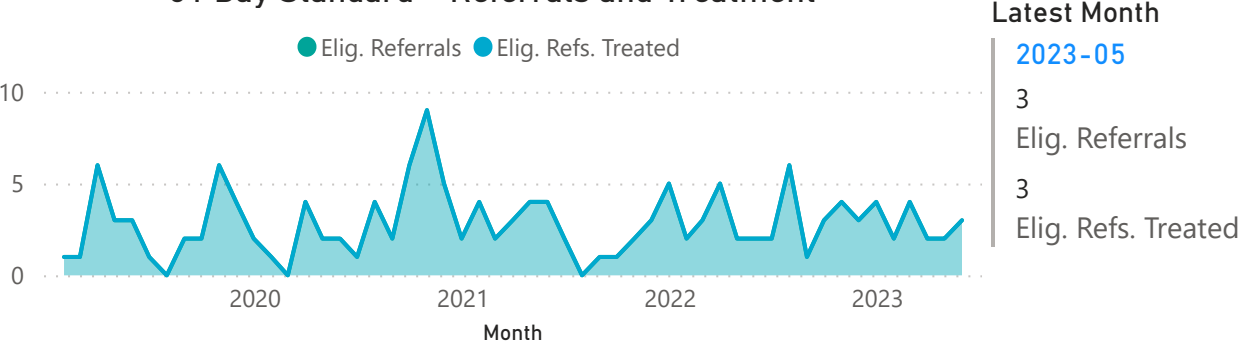
# Cancer Waiting Times (Source: Discovery)

Executive Lead:

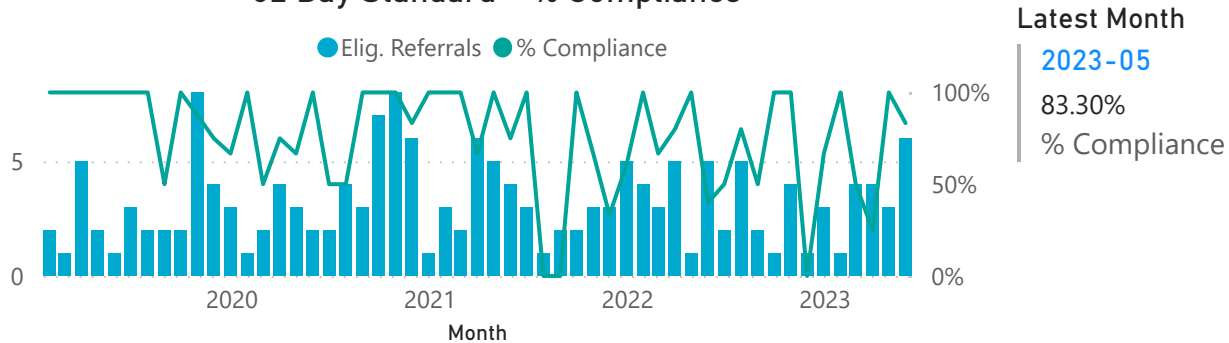
31 Day Standard - % Compliance



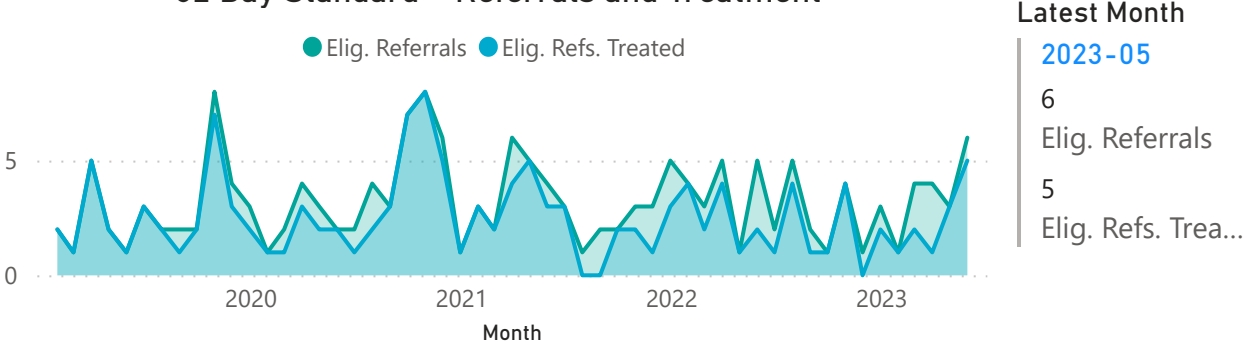
31 Day Standard - Referrals and Treatment



62 Day Standard - % Compliance



62 Day Standard - Referrals and Treatment



## Issues/Performance Summary

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## Planned/Mitigating Actions

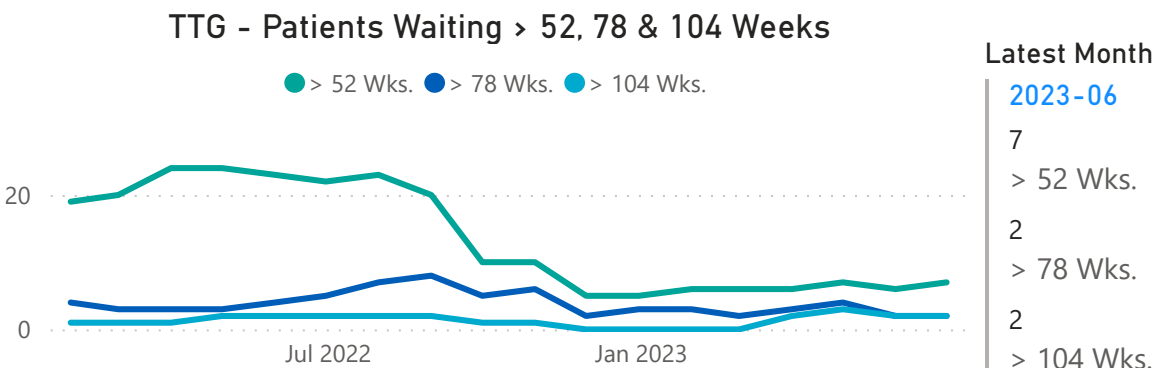
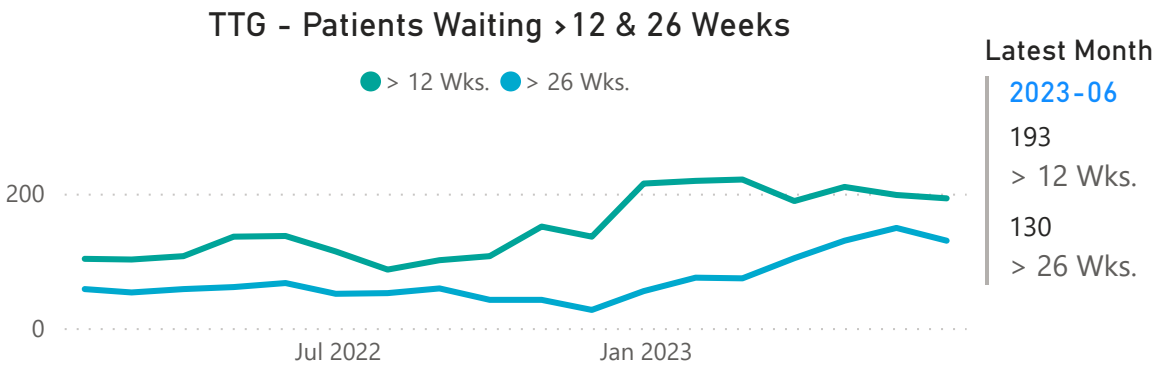
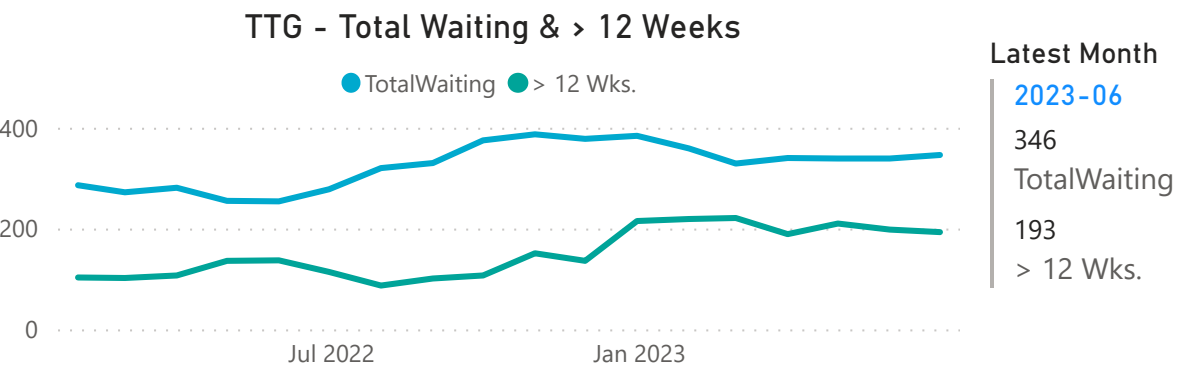
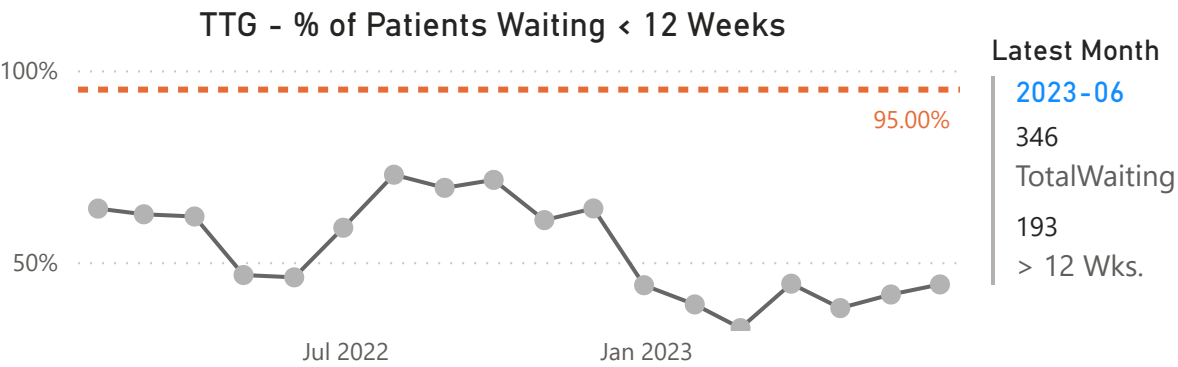
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## Assurance/Recovery Trajectory

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# Treatment Time Guarantee (Source: TrakCare)

Executive Lead:



## Issues/Performance Summary

- > 12 Wks. started trending up on 2022-01, rising by 3.88% (4) in 8 months.
- > 12 Wks. jumped from 103 to 107 during its steepest incline between 2022-01 and 2022-09.
- > 12 Wks. peaked at 221 in 2023-02, after hitting a low point of 87 in 2022-07.

## Planned/Mitigating Actions

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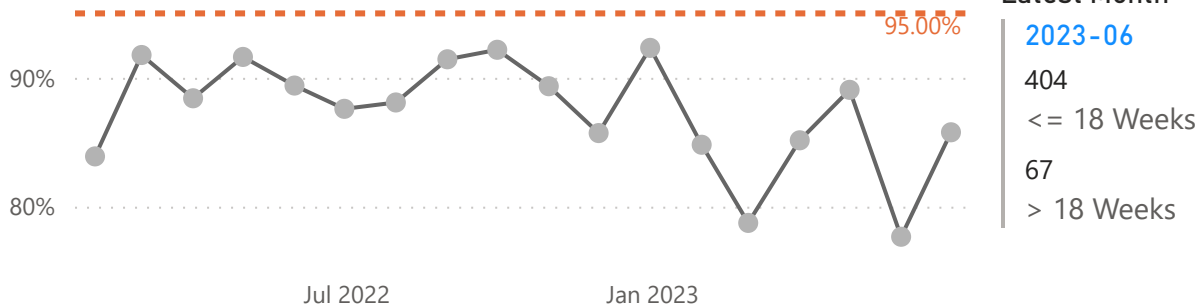
## Assurance/Recovery Trajectory

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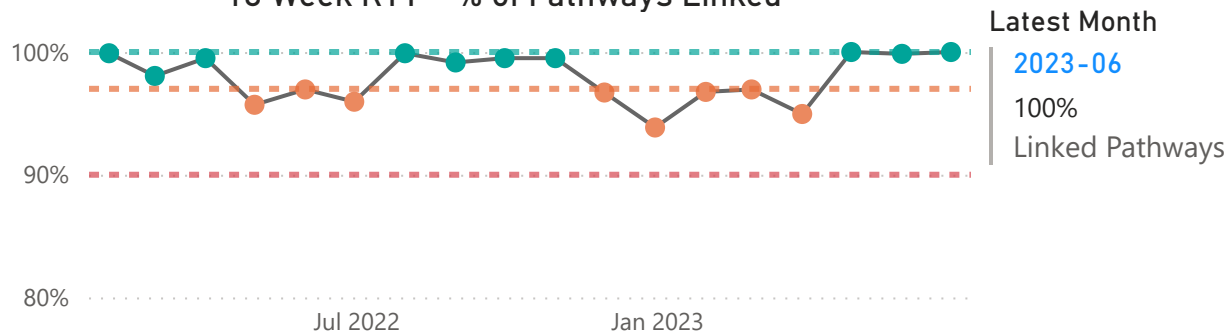
# 18 Week Referral to Treatment (Source: TrakCare)

Executive Lead:

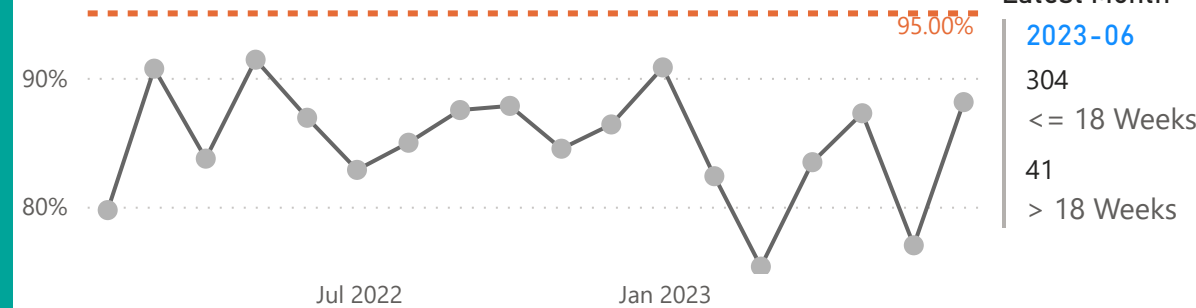
18 Week RTT - Overall Compliance



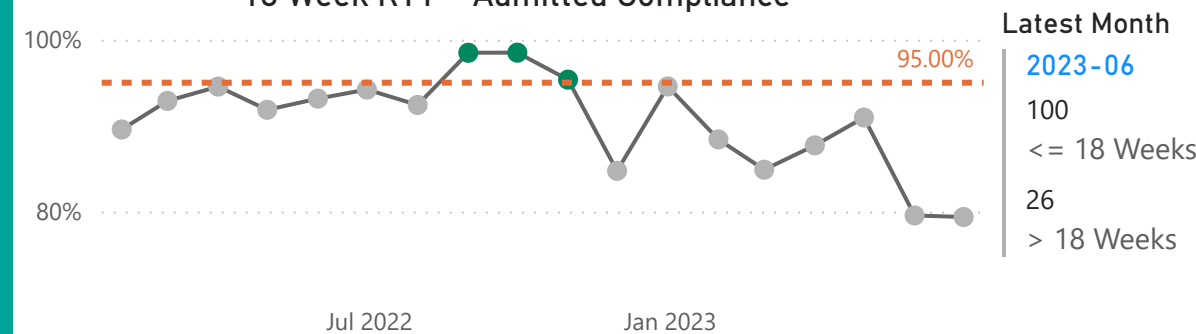
18 Week RTT - % of Pathways Linked



18 Week RTT - Non-Admitted Compliance



18 Week RTT - Admitted Compliance



## Issues/Performance Summary

Overall % trended up, resulting in a 2.23% increase between 2022-01 and 2023-06.

Overall % started trending down on 2023-01, falling by 8.42% (7.14%) in 4 months.

Overall % dropped from 84.81% to 77.67% during its steepest decline between 2023-01 and 2023-05.

Performance peaked at 91.41% in 2022-04, before hitting a low point of 75.35% in 2023-02.

## Planned/Mitigating Actions

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## Assurance/Recovery Trajectory

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**HEALTH** Intelligence

[ork.healthintelligence@nhs.scot](mailto:ork.healthintelligence@nhs.scot)

**DRAFT –  
Process for Integrated  
Performance Report :  
Board & Committees  
August 2023 V1.0**

## IPR FAQs 1 of 2

### **Who will prepare the pack?**

The Health Intelligence Team will create the draft Committee and Board packs in PDF format and will send these out to Narrative Owners for their review and to compose their narrative.

### **Why is there a data lock-in date?**

This is to ensure the data can be extrapolated in a timely manner. This is the first step to prepare the draft IPR with adequate time for Domain & Narrative Owners to review the template and prepare their narrative. Should validated data become available in the meantime and narrative can be provided ahead of submission, the IPR will be adjusted accordingly.

### **How are the metrics presented for Committees?**


An IPR will be produced for Committees to provide members with the opportunity to discuss business in sufficient detail and provide onward assurance and escalation to the Board.

### **How are the metrics presented for Board?**

Board will receive an aggregated version of the IPR grouped by theme. For governance purposes, the data will be the same from what was used for Committee IPRs.

### **What if we wish to change the presented metrics?**

To ensure we have appropriate governance of the change, please can any request to presented metrics or the thematic groupings follow the below approval process:

1. Committee Chair and Executive Lead written request to Chief Executive Officer (or nominated deputy).
  2. If approved, email forwarded to [ork.planningperformance@nhs.scot](mailto:ork.planningperformance@nhs.scot) for the changes to be actioned.
- 

## IPR FAQs 2 of 2

### Who is responsible for the narrative?

The Narrative Owners prepare the content for each of their respective pages for both the Committee & Board IPRs. Review and approval is required before being submitted to Health Intelligence, to collate into the master report. Health Intelligence will carry out checks for any spelling and grammatical errors and to ensure the tone is as uniform as possible but will not rewrite or compose narrative.

### Committee versus Board narrative

Committee narrative should feed into the Board narrative so that there is a common commentary through each cycle. Due to the thematic groupings, narrative in the Board IPR will need to be selective, succinct and focus on providing assurance. Therefore, Narrative Owners will need to submit separate narrative for Committee and Board IPRs.

### Where to submit my narrative?

All narrative should be submitted to the [ork.healthintelligence@nhs.scot](mailto:ork.healthintelligence@nhs.scot) mailbox rather than to an individual in case of unforeseen absence etc.



# IPR process

The IPR will consist of two variants:

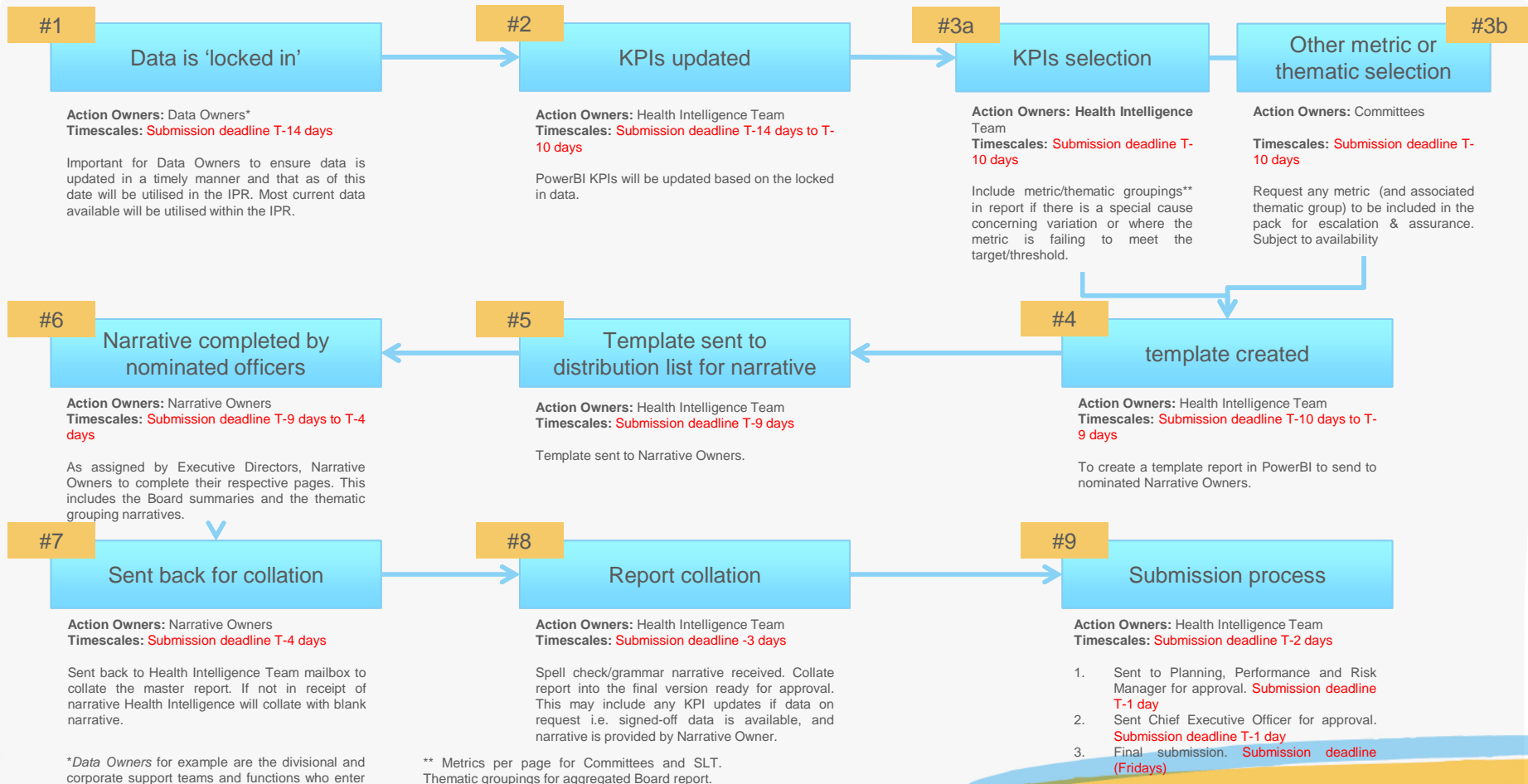
1. A report will be produced for each Governance Committees, namely Audit and Risk, Finance & Performance, Joint Clinical Care & Governance and Staff Governance. Data presented will be based on preceding month subject to validation etc. One (1) report will be submitted to each Committee.
2. An aggregated thematic report grouping relevant metrics within their respective domains. This will be utilised at Board and will include the same data that went to Committees. One (1) report will be submitted to Board.

For example:



\*The subsequent pages outline the completion process to meet the above objectives.





\*Data Owners for example are the divisional and corporate support teams and functions who enter raw data into systems, have the right to access data and whose responsibility it is on how it is used. The Health Intelligence Team are not Data Owners.

\*\* Metrics per page for Committees and SLT. Thematic groupings for aggregated Board report.



**HEALTH** Intelligence

ork.healthintelligence@nhs.scot

**Proposed Metrics for  
Integrated Performance  
Report :  
Board & Committees  
August 2023 V1.0**

## People, Workforce & Culture (Linked to Workforce and Culture Strategic Priorities) – Reporting through Staff Governance Committee

### Recruitment

- Number of posts out to recruitment
- Approval to advert
- Conditional offer to contract sent
- Interview date to conditional offer
- Pre-Employment checks completed
- Time to approve vacancy request
- Time to appoint to post overall
- Time to invite candidates to interview
- Time to shortlist candidates
- Vacancy Rate
- Turnover Rate

### Learning & Development

- Appraisal Rate
- Appraisal Rate (Medical Colleagues)
- Mandatory Training Rate

### Attendance

- Long-Term Sickness Absence Rate
- Short-Term Sickness Absence Rate
- Sickness Absence Rate

## Patient Safety, Quality and Experience (Linked to Quality and Safety Strategic Priority) – Reporting through Joint Clinical & Care Governance Committee

### Infection Control

- CDiff - Actual Cases
- CDiff - Rate per 100,000 bed days
- Ecoli – Actual Cases
- Ecoli – Rate per 100,000 bed days
- Cleanliness Audits Completed
- Cleanliness Scores – High Risk Areas
- Cleanliness Scores – Significant Risk Areas
- Cleanliness Scores – Very-High Risk Areas
- Cleanliness Scores – Low Risk Areas
- MRSA – Actual Cases
- MSSA – Actual Cases
- MSSA - Rate per 100,000 bed days

### Quality

- Serious Incidents
  - Duty of Candour Compliance
  - Number of incidents declared
  - VTE – Percentage versus assessments completed
  - Significant Adverse Events

### Patient Experience (Feedback)

- By Emergency Department / Inpatient and Outpatient Activity
- Number of Clinical and Non-Clinical
- 30 Day response rate
- Percentage reopened cases
- Percentage of complaints closed at stage 1

### HSMR

- Crude Rate
- Relative Risk
- Relative Risk (Weekday)
- Relative Risk (Weekend)
- SHMI

### Safety

- Falls (Harm only) – Rate per 1,000 bed days
- Pressure Ulcers – Rate per 1,000 bed days
- Safer Staffing

### Maternity

- Total Births

# Operational Standards & Community – (Linked to Systems and Governance Strategic Priority) – Reporting through Finance & Performance Committee

## 18 Weeks RTT

- Percentage of patients waiting under 18 weeks
- Number of waiting waiting over 52 weeks

## Emergency Department

- 12 Hour Waits (All attendances)
- 4 Hour Performance
- 4 Hour Performance (Admitted)
- 4 Hour Performance (Non-Admitted)
- Emergency Readmissions Rate

## Operational Performance

- Treatment Time Guarantee
- 12 Week Outpatient Standard
- Diagnostics – Percentage of patients waiting over 6 weeks

## Community Performance

- CAHMS
- Primary Care Access
- Dementia
- MSKN / Physio
- IVF
- Antenatal
- SALT

## Care at Home

- Respite – Number of requests versus number met
- Number of new requests, total hours of care and unmet

## Cancer Performance

- 31 Day Diagnosis to Treatment
- 62 Day Referral to Treatment

## Cancelled Operations

- Hospital Non-Clinical Cancelled operations as percentage of elective activity
- Number of “reportable” cancelled operations as a percentage of elective activity
- Number of cases not readmitted under 28 days
- Number of urgent operations cancelled more than once

## Discharge Planning

- Length of Stay – Number of patients with length of stay over 21 days
- Delayed transfers of care – Number of days
- Delayed transfers of care – Number of patients

## Community Performance (cont.)

- Podiatry
- Smoking Cessation
- Drug and Alcohol Referrals
- Alcohol Brief Interventions
- Dietetics
- Occupational Therapy

## Care at Home (cont.)

- Residential Care – Number of placement requests versus number met
- Carer Assessments – Number requested and Supported Plans in place

## Finance (Linked to Sustainability Strategic Priority) – Reporting through Finance & Performance Committee

### Finance

- Performance Versus Planned
- Performance Versus Financial Recovery Plan
- Agency Spend Versus Planned
- Bank Spend Versus Planned
- Locum Spend Versus Planned

### Procurement/Financial Services

- Contract versus Non-Contract Spend
- Contracts Awarded
- Payment Days
- Invoices Raised

### Digital/Innovation

- NearMe Usage (virtual appointments %)

### Information Governance

- Number of DPIAs processed
- Number of FOIs received
- FOI response rate in days

### Net Zero

- Total fleet versus Electric fleet
- Total net zero properties

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 August 2023
Title:	Chair's Report - Finance and Performance Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Des Creasey, Finance and Performance Committee Chair

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The Finance and Performance Committee reports through each NHS Orkney Board meeting, to ensure members receive any assurance given and action any issues raised.

### 2.2 Background

Members of the Finance and Performance Committee met on the 27 July 2023 and agreed to highlight the following items to the Board.

## 2.3 Assessment

### Risk Management

As part of the F&P Agenda, certain risks (aligned to the F&P Committee specifically) are presented to the committee for review, information and challenge.

Members shared some concerns around the presentation, consistency, relevance and scoring of the risks. It was agreed that the risks aligned to the Committee would be reviewed in advance of the next meeting and brought back for further discussion.

Risk Management remains a key focus area for the Board.

### Financial Performance

The financial position for the 3 months ending on 30 June 2023, showed a significant overspend of £1.5m with a forecasted year end out-turn of £5.8m overspend which is an adverse movement of £2.7m from the £3.1m reported in the financial plan for 2023/24.

The Board is required to achieve £3.7 million in recurring and non-recurring savings based on the financial recovery plan.

A number of mitigating processes have been established, including a Grip and Control Board, to bring the financial performance back to plan. Progress will be reported regularly to the Committee and Board.

### Annual Accounts

A paper was presented to the Committee detailing the current timeline issues around finalisation of the Annual Accounts. The Chair of the Board has requested that a full Lesson's Learned exercise be undertaken once the accounts are approved by the Board, to ensure this can be avoided for next year.

#### 2.3.1 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Finance and Performance Committee 27 July 2023



## **2.4 Recommendation**

- **Awareness**

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, Finance and Performance Committee Minute – 25 May 2023

## Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 25 May 2023 at 9:30 via MS Teams**

**Present:** Des Creasey, Non-Executive Board Member (Chair)  
Steven Heddle, Non-Executive Board Member (Vice Chair)  
Mark Doyle, Director of Finance  
Meghan McEwen, Board Chair  
Steven Johnston, Non-Executive Board Member  
Laura Skaife-Knight, Chief Executive

**In Attendance:** Freddie Pretorius, Committee Support  
Carrie Somerville, Planning, Performance and Risk Manager  
Keren Somerville, Head of Finance (Deputy)  
Peter Thomas, Chief Finance Officer  
Sam Thomas, Director of Nursing, Midwifery, AHP and Acute

### F1 **Apologies**

Apologies were noted from Mark Henry and Stephen Brown.

### F2 **Declarations of Interests - agenda items**

No declarations of interest were raised regarding agenda items.

### F3 **Minute of the Meeting held on 23 March 2023**

The Minute of the meeting held on 23 March 2023 were accepted as accurate records of the meeting and approved.

### F4 **Matters Arising**

There were no matters arising

### F5 **Action Log**

There were no actions for review on the action log.

### F6 **Integrated Emergency Planning Update – FPC2324-01**

The resilience officer presented a report that highlighted the following areas:

- Annual reviews of Business Continuity Plans had been delayed assistance would be provided to ensure completion
- The Junior Doctors' ballot on industrial action had resulted in a clear mandate for a 72-hour strike. However, discussions between the BMA and the Scottish Government could prevent the strike if meaningful negotiations continued. A Joint Industrial Action Group had been formed to monitor the situation.
- The likelihood of a National Power Outage (NPO) remained high, as confirmed by the assessment. A national exercise called 'Ex Mighty Oak' tested the

response of the UK and Scottish governments. A local tabletop exercise focused on Orkney's preparedness. Although Orkney was considered relatively resilient due to local power sources, wider supply issues could still pose significant problems beyond local control.

## Decision/Conclusion

Members noted the update and requested a further report from the Resilience Officer, on due and overdue business continuity plans including training compliance, along with a review of on call arrangements ahead of the winter period.

## Performance Management

### F7 Performance Report – FPC2324-02

The Planning Performance and Risk Manager presented the report and highlighting:

#### Waiting Times

Capacity challenges affected the overall performance of the 18 Weeks Referral to Treatment. Reviews had been initiated to address pain management and clinical service level agreements.

The Cancer Waiting Times met the 31 Day performance standard but fell short of the 62 Day standard due to access issues through SLA arrangements. Discussions were ongoing with the National Elective Coordination Unit for admin validation of waiting lists.

#### CAMHS Reporting

The Community Mental Health Team (CMHT) had completed and submitted aggregate returns for CAMHS reporting. The Health Intelligence Team assisted in correcting historical errors and patient pathways to enable the returns to be submitted. Training for administrative staff was necessary to ensure prompt and accurate updates in TrakCare. Work was ongoing to address Child, Adolescent, and Psychological Therapies National Dataset (CAPTND) for both CAMHS and Psychological Therapies to produce performance reports.

#### Dementia

The Board made progress in implementing strategic aims outlined in the Orkney Dementia Strategy 2020-2025. These aims included an innovative model for assessment and diagnosis, immediate access to post-diagnostic support, ongoing support for diagnosed individuals and their carers, and a single point of access for all dementia-related services.

An improvement plan had been submitted to improve operational performance, and ongoing monitoring. A holistic review led by the Medical Director was underway to understand waiting times, outpatient, and diagnostic services, and to establish a clear line of action. Clinical prioritisation, and findings from this work would be reported at the Senior Management Team and subsequently presented to the Finance & Performance Committee.

The Chief Executive reported that the executive team were reviewing complaints weekly to ensure awareness of ongoing issues, particularly in relation to the four-hour

target. Triangulating the cost to the patient was part of the oversight of the improvement plan.

Timeliness was emphasised, ensuring the most up-to-date data in the packs, clear commentary, and actions, including benchmarking to provide context along with forward-looking trajectories should be included in the next report.

## **Decision/Conclusion**

Members noted the update provided

The Medical Director would review all clinical SLAs with a specific notice to those relating to Cancer, while the Chief Executive would review non-clinical SLAs to gain a clearer understanding of these agreements.

The Chair agreed to ensure that the Chief Officer of the Integrated Joint Board and the Medical Director were available for the next meeting of the Finance and Performance Committee to present reports.

## **F8 Finance Performance Report - FPC2324-03**

The Head of Finance presented the report informing the committee of the financial position for the period 1 April 2022 to 31 March 2023.

- At the end of March 2023, NHS Orkney reported a year end underspend of £0.052m against the Revenue Resource Limit
- An underspend of £0.052m is attributable to Health Board budgets, with a breakeven position attributable to the health budgets delegated to the Integrated Joint Board.
- The Board was on target to deliver against the three financial targets

The Chair emphasised that the overspend from agency staff and locums, required attention and improvement.

*LSK and MM left the meeting at 10:28.*

## **Decision/Conclusion:**

Members reviewed the report, acknowledged the current financial position, and observed that for the year ending on March 31, 2023, there was an underspend of £0.052m in the Revenue and Resource Limit (RRL). The year-end narrative emphasises diligent financial management practices, resulting in efficient resource allocation and cost control measures.

## **F9 Financial Sustainability Office – FPC2324-04**

The Planning, Performance and Risk Manager presented the report providing an update on the actions taken by the Financial Sustainability Office (FSO) to support the delivery of the financial recovery plan during 2022/23 and beyond.

The FSO has successfully built strong relationships, made significant progress in various areas, recruited a skilled team, and would apply the knowledge gained to support the Financial Recovery Plan.

The Financial Recovery Plan had identified potential savings initiatives amounting to £4.9 million for 2022/23. The Board and Executive Management Team had approved these initiatives. Additionally, an investment of £110,000 had been approved for the Dialysis Unit, increasing the required savings to £5,016,000 for 2022/23.

The Director of Nursing noted the importance of reducing locum costs in all disciplines by recruiting to substantive positions.

### **Decision/Conclusion:**

Members acknowledged the update, expressed confidence in the progress made, and recognised the need for further work. They also noted the potential consequences of non-delivery on subsequent years.

The Chief Executive requested the 23/24 FSO plan was included on the next Finance and Performance Committee agenda.

### **F10 Capital Plan 2023-24 – FPC2324-05**

The Head of Finance presented the report setting out NHS Orkney capital plan for 2023-24. In 2022/23, the Head of Estates, Facilities, and NPD established the capital expenditure requirements for the organisation for the five-year period from 2023/24 to 2027/28. The report contained the proposed allocation for 2023/24,

These allocations reflect the Board's key priorities and ongoing replacement programs, which had been agreed in consultation with service leads.

The key priorities for the upcoming year include ongoing upgrades and maintenance of the estate, investments in IT equipment such as servers and security systems, and the procurement of essential medical equipment like theatre tables and resuscitation devices. Additionally, £120k has been assigned for the partial redevelopment of King Street, pending planning permission.

At present, the surplus estate, known as the Old Balfour Hospital, was not actively marketed for sale.

NHS Orkney had received a grant of £3.9m from the Scottish Government for decarbonisation efforts within the estate. This funding will be utilised to renovate twelve healthcare buildings, replacing existing fossil fuel heating systems with renewable energy systems. A program board has been established to oversee the project.

There had been concerns raised about the allocation of funds and alignment with priorities. The Director of Finance noted the need for clarity and a clear direction regarding the allocation of funds.

It was noted that the paper for approval by the Board, should explicitly mention that the proposed capital plan had been discussed and approved by the Senior Management Team (SMT) and also include the areas that would not be invested in. Additionally, the capital spend related to primary care estate should be included to present a comprehensive overview.

## Decision/Conclusion

Members reviewed the report and recommended Board approval of the Capital Plan for the year 2023-24, subject to the above amendments

## Assurance

### F11 **Performance and Audit Committee of the Integrated Joint Board Minutes:**

Members had received the minute for review and noting.

## Risk

### F12 **Risk Report – FPC2223-54**

The Planning Performance and Risk Manager presented the report highlighting key areas of specific concern.

There were a total of six corporate risks and eight operational risks that were aligned with the Finance & Performance committee. During the previous reporting period, one risk related to the Health Visiting Team's efforts in identifying digital records and addressing outstanding issues had been reactivated.

#### Digital Records - For Health Visitors and School Nurses – Risk 349

Updates were being received through the TECB (Technology Enabled Care Board). However, it was noted that the TECB had not met recently, and this would be required for monitoring.

## Decision/Conclusion

The Committee noted the updated risk report and took assurance the progress that was being made.

### F13 **Agree key items to be brought to the Board or other Governance Committees' attention**

## Board

- Annual Delivery Plan – this would be presented to the Senior Management Team on the 5 June 2023, prior to Board approval for submission to the Scottish Government ahead of the required deadline

### F14 **Any Other Competent Business**

#### Monitoring of bank and overtime reporting

The Chair noted that it was crucial to closely monitor the process of bank and overtime reporting and the accuracy of reported figures to improve staff governance. A thorough understanding of this procedure is essential, and continuous oversight should be maintained to ensure transparency and reliability.

F15 Items for information and noting only

F16 **Schedule of Meetings**

Members noted the schedule of meetings for 2023/24

***The meeting ended at 10:55***

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 24 August 2023</b>
<b>Title:</b>	<b>Chairs Report – Audit and Risk Committee</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>Jason Taylor, Chair – Audit and Risk Committee</b>

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Emerging issue

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Audit and Risk Committee met on the both the 22 June 2023 to discuss the annual accounts but due to the non-receipt of the ISA 260 Audit Report from External Auditors, the accounts meeting had to be postponed and the final accounts would be presented to the Audit and Risk Committee on the 24 August seeking a recommendation of Board approval.



The Internal Audit Plan was presented for approval at the Audit and Risk Committee meeting on the 22 June 2023. However, following discussion between Committee Members and Officers, it was agreed that changes were required to reflect consultations that had taken place with other governance committees and the need for the plan to better align with the organisations priorities. It was therefore decided that the plan would be revised to reflect these matters, for presentation and approval at the next committee meeting.

## 2.2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Audit and Risk Committee meeting 22 June 2023

## 2.3 Recommendation

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

## 3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Audit and Risk Committee meeting held on 30 May 2023

**Orkney NHS Board**

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday 30 May 2023** at **11:30**

**Present:** Jason Taylor, Chair  
Issy Grieve, Vice Chair  
Rona Gold, Non-Executive Board Member  
Ryan McLaughlin, Employee Director

**In Attendance** Mark Doyle, Director of Finance  
David Eardley, Chief Audit Executive, Azets  
Rashpal Khangura, Director, KPMG  
Matthew Moore, Senior Manager, KPMG  
Rachel Ratter, Senior Corporate Services Officer (Committee Support)  
Laura Skaife-Knight, Chief Executive  
Carrie Sommerville, Head of Finance  
Keren Sommerville, Planning Performance and Risk Manager

**A37 Apologies**

There were no apologies.

**A38 Declaration of Interests**

I Grieve declared that she was the Vice Chair of the Endowment Fund Sub Committee.

**A39 Minutes of previous meeting held on 2 May 2023**

The minute of the Audit and Risk Committee meeting held on 2 May 2023 were accepted as an accurate record of the meeting, subject to the below amendment and was approved.

- Page 3 amend to *“He was assured that officer capacity would be greater following work on the provision of the financial statement. Whilst not currently concerned, there could be potential issues where the provision of audit evidence or audit concerns could lead to delays.”*

**A40 Matters Arising**

There were no matters arising.

**A41 Action Log**

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

**Governance****A42 Audit and Risk Committee Annual Report 2022/23– ARC2324-18**

The Chair presented the Annual Report for review and approval.

**Decision / Conclusion**

The Audit and Risk Committee approved the Annual Report for 2022/23.

### **Internal Audit**

#### **A43 Final Internal Audit Annual Report – ARC2324-19**

D Eardley presented the report advising that the report was now final and all draft marking would be removed. There were no material changes to the version previously provided to the committee.

#### **Decision / Conclusion**

The Audit and Risk Committee received the Internal Audit Annual Report for 2022/23 and accepted this as a final document.

### **Internal Audit Reports**

#### **A44 Shared Service Governance Report – ARC2324-20**

D Eardley presented the Shared Governance report advising that it provided assurance over the strategy to support the delivery of shared services with other NHS Boards.

Several improvement areas were identified, specifically in relation to clarity regarding the communication between NHS Orkney and the service provider and, clearer Key Performance Indicators (KPIs) within Service Level Agreements (SLAs) would strengthen NHS Orkney's control framework. Areas of good practice were also highlighted.

#### **Decision / Conclusion**

The Audit and Risk Committee received the progress report, noted the information provided and welcomed the recommendations being tracked at future meetings.

### **Internal Audit**

#### **A45 Internal Audit update – Verbal**

Members were informed that Azets were successfully re-appointed as NHS Orkney's Internal Auditors for the next five years. An audit plan would be presented at the next Audit and Risk Committee meeting.

### **Internal and External Audit Recommendations**

#### **A46 Internal and External Audit Recommendations – ARC2324-21**

Members were advised that five internal audit recommendations were brought forward following the last update, and two internal recommendations had been added. It was agreed that further clarity was required before the closure of the Joint Working Arrangements recommendation.

Members discussed the importance of engaging with other governance committees to identify areas of internal audit and would welcome further cross-organisational audit, engaging with front line staff. The Chief Executive

advised that a discussion would be held at the June meeting of the Senior Management Team .

### **Decision / Conclusion**

The Audit and Risk Committee noted the status and update of the actions.

### **Annual Governance Statement**

#### **A47 Directors' Subsidiary Statement on Governance - ARC2324-22**

The Director of Finance presented the report advising that the preparation of the subsidiary statement on governance was an important part of triangulating information available to the Chief Executive and supported compilation of the governance statement for inclusion in the annual accounts.

The statement had been discussed at the previous meeting and was now presented as a final signed version by the relevant Executive Directors.

Members were assured that SMART targets would be implemented in terms of rating risk responses. Risk had been delegated to the Medical Director where targets and objectives would be identified.

It was agreed that a further response would be provided in relation to confidence around schemes operated by the division for funding the work of external stakeholders who meet statutory equality requirements in relation to SLAs.

#### **Post meeting note**

*During the 2022/23 period, NHS Grampian prioritised important training programs as well as legislative reporting to improve outcomes for individuals with protected characteristics. These efforts were aimed at creating a more equitable and inclusive healthcare system, and we remain committed to furthering this mission in the future.*

Middle management and capability would be reviewed through the 2023/24 Staff Government action plan.

The Planning, Performance and Risk Manager informed members that she would be undertaking a holistic view across the organisation in terms of improvement and action plans. Work had started through the delivery planning process and the initial reference document would be provided by the end of June 2023.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Statement of Governance.

#### **A48 Draft Audit and Risk Committee Annual Assurance Statement – ARC2324-22**

The Chair presented the statement which provided formal assurance from the Committee to the Orkney NHS Board that the Annual Report and Accounts for 2022/23 had been reviewed and considered fully by the Committee. The report

complemented the Chair's Reports presented to the Board following each meeting, and the Annual Report for 2022/23 ensuring that the committees' responsibilities for issues of risk, control, governance, and the associated assurances were functioning effectively.

The Chief Executive assured members that both herself and Michael Dickson, previous Interim Chief Executive had reviewed the Annual Report and Accounts for 2022/23, recognising that Mr Dickson was the Accountable Officer for the year in question.

#### **Decision / Conclusion**

The Audit and Risk Committee approved the Draft Annual Assurance Statement for signature by the Chair.

#### **A49 Orkney Health Board Endowment Fund Governance Statement – ARC2324-24**

The Chair of the Endowment Fund Sub Committee presented the report advising that NHS Orkney was required to prepare consolidated financial statements incorporating the Orkney Health Board Endowment Funds. Accordingly, an important part of the assurance required by the Chief Executive was a statement from the Chair of the Endowment Fund Sub Committee confirming whether the Committee has fulfilled its remit and whether there had been adequate and effective governance arrangements in place for the year under review.

This report was provided in fulfilment of the requirement and formed part of the end of year assurance process. The report had been considered by the Endowment Fund Sub Committee and approved for signature by the Chair, the report would also be presented to the full Trustees.

#### **Decision / Conclusion**

The Audit and Risk Committee noted the Governance Statement from the Chair of the Endowment Fund Sub Committee.

#### **A50 Significant Issues that are considered to be of wider interest – Draft letter to the Scottish Government – Health Finance Division – ARC2324-25**

The Chair drew members attention to the draft letter, which advised that there were no significant issues that were considered to be of wider interest, the final letter would be signed on completion of the accounts.

#### **Decision / Conclusion**

The Audit and Risk Committee reviewed the draft letter and approved signing following receipt of the final Annual Accounts on the 22 June 2023.

#### **Annual Accounts**

#### **A51 NHS Orkney Draft Annual Accounts for year ended 31 March 2023 – ARC2324-26**

The Director of Finance provided the Committee with the draft annual accounts for 2021/22 advising that the Board was required under Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare Annual Accounts. It was the role of the Audit and Risk Committee to consider the Accounts and associated documents and to recommend adoption of the Accounts by the Board. The final Accounts were to be presented to the Audit and Risk Committee and Board on 22 June 2023.

The Board was monitored by the Scottish Government against three financial targets, Revenue Resource Limit, Capital Resource Limit and containing its spending and cash requirement. Subject to Audit approval NHS Orkney had achieved all three financial targets in 2022/23.

The financial planning process for 2022/23 highlighted a financial gap of £6.9m and anticipated delivery of £4.9m savings in the year and a forecast outturn of £2.0m overspend for 2022/23.

Members were advised that the Financial Sustainability Office supported the delivery of £3.4m of savings. Significant challenges were faced with some of the anticipated savings schemes, in particular, progress with the implementation of a sustainable medical model and the anticipated delivery of savings from the Integrated Joint Board (IJB). Additional cost pressure funding from the Scottish Government in year allowed the savings target for 2022/23 to be fully achieved.

A comprehensive review of income and expenditure including the main areas of impact was provided.

The Committee were reminded that the accounts were not made public documents until laid before parliament later in the year and the Board had received clearance to publish.

Members raised concern that there was no data available against the key national clinical targets for Child and Adolescent Mental Health Services (CAMHS). The Chief Executive informed the Committee that this had been raised at the Finance and Performance Committee and the Parliamentary Committee and assured members that the Head of Community Care would provide data to be included in the report.

## **Decision / Conclusion**

The Audit and Risk Committee reviewed the Annual Accounts for year ended 31 March 2023, noting that the final version would be presented to the Committee on the 22 June 2023 seeking a recommendation of Board approval.

### **A52 Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2023 - ARC2324-27**

The Endowment Fund Treasurer provided the Committee with the Orkney Health Board Endowment Fund Annual Accounts for the year ended 31 March 2023.

Members were advised that Orkney Health Board Endowment Fund was a registered charity and presented annual audited accounts to its Board of

trustees for approval. Annual audited accounts were prepared which would also be consolidated into the annual accounts of Orkney Health Board.

The statement of financial activities detailed income and expenditure for the year including the distinction between donations and legacies. Income had reduced from the previous year, due to reduced income from investments and a reduction in donations. Expenditure had increased, essentially due to a large bid that was approved the previous year.

The charity conducted a review of its ethical investment policy during the year with the Trustees agreeing that the strategy should be strengthened so that there would be no direct or indirect investment in health damaging products, including fossil fuels.

### **Decision/Conclusion**

The Audit and Risk Committee reviewed and recommended onward submission to the Trustees for final approval.

### **Information Governance**

#### **A53 Information Governance Committee Chair's Report and approved minutes - ARC2324-28**

The Head of Finance presented the Chair's report from the recent meetings of the Information Governance Committee, highlighting the below:

- The Information Governance Assurance report was attached as an appendix following the request from the Audit and Risk Development session on the 27 March 2023
- Significant concern was raised that 60% of policies were past their review date therefore provided a risk to the organisation. The report highlighted actions that had been taken to address the issues
- Members received an update on the Record Management Plan and the returned Progress Update Review document for review and comment.

### **Decision / Conclusion**

The Audit and Risk Committee noted the update provided and took assurance from this and the approved minutes.

### **Fraud**

#### **A54 Counter Fraud Standard – Fraud Standard Statement – ARC2324-29**

Members were provided with an update on NHS Orkney's position following the implementation of the NHS Scotland Counter Fraud Standard (CFS) which was introduced on 1 April 2022 under the terms of Partnership Agreement 2022 – 2025.

The report highlighted Board progress against the twelve components of the CFS. NHS Orkney had completed a self-assessment meeting six out of the components and partially meeting the remaining six components. This highlighted significant progress made during the first year.

**Decision / Conclusion**

The Audit and Risk committee noted the update and welcomed regular reports to future meetings.

**Risk****A55 Risk Management Forum Chair's report and minutes – ARC2324-30**

The Planning, Performance and Risk Manager presented the Chair's report from the recent meetings of the Risk Management Forum, advising members around risk that had been added, deescalated, changed or made inactive during the reporting period.

The Chair welcomed the report and accompanying minutes and members agreed that it would be beneficial to receive regular updates. Members were assured that risk would feature as a standard item on the Senior Leadership Team agendas going forward.

The Committee were satisfied with the Risk Management Forum Terms of Reference and the Risk Management Strategy and provided feedback for the final versions.

**Decision / Conclusion**

The Audit and Risk Committee noted the report and took assurance from this and the approved minutes.

Members approved the Risk Management Forum Terms of Reference and recommended Board approval of the Risk Management Strategy following comments and updates.

**A56 Risks escalated from other Governance Committees**

No risks had been escalated.

**A57 Agree items to be brought to the attention of the Board or other Governance Committees****Board**

- Shared Service Governance Report
- Improvement and Action Plans
- Risk Management Strategy
- Progress with policy updates

**A58 Any Other Competent Business**

No other competent business was raised.

**A59 Items for Information and Noting only****A60 NSI National Single Instance Financial Ledger Services**



**A61 NSI Post Implementation and Lessons Learned**

**A62 Reporting Timetable for 2023/24**

Members noted the schedule of meetings for 2023/24  
**A63 Record of Attendance**

The Committee noted the record of attendance.

## Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<b>Getting it right for everyone (GIRFE)</b> <a href="https://www.gov.scot/publications/getting-it-right-for-everyone-girfe/">https://www.gov.scot/publications/getting-it-right-for-everyone-girfe/</a>	A Scottish Government factsheet sets out details of “Getting it right for everyone” (GIRFE), a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care. It will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people’s needs are met. It includes a timeline and next steps, with the aim of implementation across Scotland by summer 2025
<b>Scottish mental health law review: our response</b> <a href="https://www.gov.scot/publications/scottish-mental-health-law-review-response/">https://www.gov.scot/publications/scottish-mental-health-law-review-response/</a>	A Scottish Government publication responds to the independent review of mental health, capacity and adult support and protection legislation. The Scottish Government states that the review’s recommendations are “strongly aligned with many existing Scottish Government commitments to advance human rights in Scotland”, including with the aims of its new Mental Health and Wellbeing Strategy with its focus on the principles of prevention and early intervention in mental health support.
<b>Health and Care (Staffing) (Scotland) Act 2019: statutory guidance</b> <a href="https://www.gov.scot/publications/health-care-staffing-scotland-act-2019-draft-statutory-guidance/">https://www.gov.scot/publications/health-care-staffing-scotland-act-2019-draft-statutory-guidance/</a>  <b>Comments by 19 September 2023.</b>	A Scottish Government consultation seeks views on the statutory guidance that will be issued by the Scottish Ministers to accompany the Health and Care (Staffing) (Scotland) Act 2019, which aims to put in place the systems and processes that are needed to enable better workforce planning, better transparency of risk and better accountability. The requirements of the Act will take effect from April 2024.
<b>Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report - A synthesis of the evidence</b> <a href="https://publichealthscotland.scot/media/20366/evaluating-the-impact-">https://publichealthscotland.scot/media/20366/evaluating-the-impact-</a>	A Public Health Scotland report on the independent evaluation of the impact of minimum unit pricing (MUP) for alcohol in Scotland concludes that MUP has been effective in its main goal of reducing alcohol harm with the reduction in deaths and hospital admissions

Topic	Summary
<a href="#">of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf</a>	specific to the timing of MUP implementation.
<b>Health screening: equity in screening strategy 2023 to 2026</b> <a href="https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/">https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/</a>	The Scottish equity in screening strategy tackles inequalities within the screening programmes.
<b>National Islands Plan: implementation route map 2023</b> <a href="https://www.gov.scot/publications/national-islands-plan-implementation-route-map-2023/">https://www.gov.scot/publications/national-islands-plan-implementation-route-map-2023/</a>	Details how we will deliver on the commitments in the National Islands Plan, over the coming year
<b>Mental Health and Wellbeing Strategy</b> <a href="https://www.gov.scot/publications/mental-health-wellbeing-strategy/">https://www.gov.scot/publications/mental-health-wellbeing-strategy/</a>	Easy read summary of the new mental health and wellbeing strategy, laying out our vision for improving mental health and wellbeing in Scotland.
<b>Healthcare Associated Infection (HCAI) strategy 2023 to 2025</b> <a href="https://www.gov.scot/publications/scottish-healthcare-associated-infection-hcai-strategy-2023-2025/">https://www.gov.scot/publications/scottish-healthcare-associated-infection-hcai-strategy-2023-2025/</a>	The Scottish Healthcare Associated Infection (HCAI) Strategy 2023 to 2025 sets out our approach to supporting NHS Scotland to reduce HCAIs, as we recover from the COVID-19 pandemic.
<b>Cancer Strategy 2023-2033</b> <a href="https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/">https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/</a>	This Cancer strategy for Scotland sets out our vision for the next ten years to improve cancer survival and provide excellent, equitably accessible care. It was developed in collaboration with people with lived experience and our wider partners
<b>Stroke Improvement Plan</b>	Sets out our priorities and the actions we will take to minimise preventable strokes and ensure timely and equitable access to life-

Topic	Summary
<a href="https://www.gov.scot/publications/stroke-improvement-plan-2023/">https://www.gov.scot/publications/stroke-improvement-plan-2023/</a>	saving treatment and a person centred, holistic approach to care that supports rehabilitation.
<b>NHS 24 STRATEGY 2023 – 2028</b> <a href="https://www.nhs24.scot/strategy">https://www.nhs24.scot/strategy</a>	The strategy describes what a future NHS 24 will look like – for the people who deliver and use the much-valued services and for the partners NHS24 work with. It supports the ambition to help people access right care, at the right place.
<b>National Islands Plan Review – consultation</b> <a href="#">National Islands Plan review: consultation - Scottish Government - Citizen Space</a> <b>Closing Date 9 October 2023</b>	Scotland's first ever <a href="#">National Islands Plan</a> was published in 2019. It is now being reviewed as required by the Islands (Scotland) Act 2018, which may lead to the publication of a new National Islands Plan. The Scottish Government wants to work together with local authorities, island communities and relevant sectors and partners to ensure this process is as thorough and effective as possible, providing us with vital feedback from those most impacted by the National Islands Plan

## Circulars

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
<b>PCS(AFC)2023/04</b>	05/06/2023	Changes to Section 15 of the Agenda for Change handbook
<b>CMO(2023)09</b>	06/06/2023	Seasonal flu immunisation childhood and school programme 2023/24 – cohort confirmation
<b>DL(2023)17</b>	19/06/2023	Publication of the 'Healthcare Associated Infection Strategy 2023-2025'

Reference:	Date of Issue:	Subject:
DL(2023)23	17/07/2023	Intra-NHS Scotland Information Sharing Accord 2023
DL(2023)22	25/07/2023	Delivery of neonatal intensive care in Scotland

## Timetable for Submitting Agenda Items and Papers 2023/24

Initial Agenda Planning Meeting <sup>1</sup>	Final Agenda Planning Meeting	Papers in final form <sup>2</sup>	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager <sup>3</sup>	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) <b>at</b>
<b>12:00 noon</b>	<b>12:00 noon</b>	<b>17:00</b>	<b>16:00</b>	<b>10:00</b>
< 1 week after previous meeting >	< 4 weeks before Date of Meeting >	< 2 weeks before Date of Meeting >	< 1 week before Date of Meeting >	< Day of Meeting >
2 March 2023	30 March 2023	13 April 2023	20 April 2023	<b>27 April 2023</b>
4 May 2023	25 May 2023	8 June 2023	15 June 2023	<b>22 June 2023</b>
29 June 2023	27 July 2023	10 August 2023	17 August 2023	<b>24 August 2023 (Annual Accounts)</b>
31 August 2023	28 September 2023	12 October 2023	19 October 2023	<b>26 October 2023</b>
2 November 2023	16 November 2023	30 November 2023	7 December 2023	<b>14 December 2023</b>
21 December 2023	25 January 2024	8 February 2024	15 February 2024	<b>22 February 2024</b>

<sup>1</sup> Draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

<sup>3</sup> Draft agenda, minute and action log issued to Directors following meeting

## NHS Orkney - Board - Attendance Record - Year 1 April 2023 to 31 March 2024:

Name:	Position:	27 April 2023	22 June 2023	24 August 2023	26 October 2023	14 December 2023	22 February 2023
<b>Members:</b>							
	<b>Non-Executive Board Members:</b>						
M McEwen	Chair	Attending	Attending				
D Campbell	Vice Chair	Attending	Attending				
D Creasey	Non Executive Board member	Attending	Attending				
I Grieve	Non Executive Board Member	Attending	Attending				
R Gold	Non Executive Board Member	Attending	Attending				
S Heddle	Non Executive Board Member	Apologies	Attending				
S Johnston	Area Clinical Forum Chair	Attending	Attending				
J Kenny	Non Executive Board member	Attending	Attending				
R McLaughlin	Employee Director	Attending	Apologies				
J Taylor	Non Executive Board member	Attending	Attending				
	<b>Executive Board Members:</b>						
M Doyle	Director of Finance	Apologies	Attending				
M Henry	Medical Director	Attending	Attending				
L Skaife-Knight	Chief Executive	Attending	Attending				
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attending	Attending				
L Wilson	Director of Public Health	Apologies	Apologies				

# 19.3

Name:	Position:	27 April 2023	22 June 2023	30 June 2023	24 August 2023	26 October 2023	14 December 2023
	<b>In Attendance:</b>						
S Brown	Chief Officer – IJB	Attending	Attending				
L Hall	Interim Director of HR	Attending	Apologies				
S Lewis	Acting Director of Public Health	Attending	Attending				
C Somerville	Planning, Performance and Risk Manager	Attending	-				
K Somerville	Head of Finance	Attending	-				
E West	Corporate Services Manager	Attending	Attending				