



# Minute Public Board Meeting

## Thursday 11 December 2025

### Present

Davie Campbell (Interim Board Chair), Dr Kirsty Cole (Chair, Area Clinical Forum), Issy Grieve (Non-Executive Board Member), Joanna Kenny (Non-Executive Board Member), Dr Anna Lamont (Medical Director), James Goodyear (Interim Chief Executive Officer (CEO)), Jean Stevenson (Non-Executive Board Member), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services EDoNMAHP), Fiona MacKay (Non-Executive Board Member), Ryan McLaughlin (Employee Director – Non-Executive Board Member), Rona Gold (Non-Executive Board Member) and Jason Taylor (Non-Executive Board Member).

### In attendance

Suzanne Gray (Senior Management Accountant), Debs Crohn (Head of Corporate Governance), Tammy Sharp (Director of Performance, Transformation), Shona Lawrence (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture), Stephen Brown (Chief Officer IJB).

## 1. Cover page

### Purpose of Orkney NHS Board

The overall purpose of Orkney NHS Board is to ensure the efficient, effective and accountable governance of the NHS Orkney system, and to provide strategic leadership and direction for the system.

Our **Values**, aligned to those of NHS Scotland, are:

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

- **Place** Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community
- **Patient safety, quality and experience** Consistently deliver safe and high-quality care to our community
- **People** Ensure NHS Orkney is a great place to work
- **Performance** Within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively
- **Potential** Ensure innovation, transformation, education and learning are at the forefront of our continuous improvement

**Quorum:**

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

## **2. Welcome and Apologies (Presenter: Chair)**

The Interim Board Chair opened the meeting at 09.30 am and welcomed Dave Harris (Director of People and Culture) to their first Board Meeting.

Apologies received from Melanie Barnes (Interim Director of Finance), Head of Corporate Governance advised that Suzanne Gray (Senior Financial Accountant) would be attending to present agenda item 15.1 on behalf of the Interim Director of Finance.

The meeting was quorate in accordance with the Board's Code of Corporate Governance.

## **3. Declarations of Interest (Presenter: Chair)**

No declaration of Interest to be recorded.

## **4. Minutes of Previous Meeting 30 October 2025 (Presenter: Chair)**

Minutes of the meeting held on 30 October 2025 were accepted and approved as an accurate record of the meeting.

## **5. Matters Arising (Presenter: Chair)**

No matters arising were raised.

## **6. Action Log (Presenter: Chair)**

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

## **7. Board Chair and Chief Executive Report to the Board – December 2025 (Presenters: Interim Chair, Interim CEO)**

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities in November and December 2025.

Substantial work is ongoing in relation to the Public Sector Reform with our partners OIC, IJB and our regional NHS partners due to the establishment of East and West sub regional planning forums. Both partnerships provide excellent opportunities to improve services for our patients in Orkney. These items were discussed in more detail later in the agenda.

The Board continues to make progress on SG's target of no patients waiting more than 52 weeks for an outpatient appointment. The Interim CEO re-iterated that this is a welcomed achievement recognising that no patients should wait this length of time for an appointment.

We continue to be one of the top performing Health Boards for our Emergency Department performance.

The Board continues to be challenged in relation to our financial position and social care capacity in the Community.

The Interim CEO has continued to meet with staff and this week met with our Central Decontamination Unit. Thanks were expressed to our CDU who have supported NHS Grampian with a recent incident, given food for thought to NHS Assure on how mutual aid and support could be provided should incidents of this nature occur in the future,

The interim Board Chair re-iterated that their focus has been on positive conversations in relation to Public Sector Reform and sub-regional planning.

#### **Decision / Conclusion**

The Board noted the update provided

### **8. A Summary of Ministerial Annual Review 6 October 2025 (Presenter: Interim Board Chair)**

The Interim Board Chair provided a summary of the Ministerial Annual Review which took place on 6 October 2025. Ms Maree Todd and Caroline Lamb attended the Board who met with the Area Partnership Forum, Area Clinical Forum, patients followed by a public session.

The Interim CEO re-iterated that the Annual Review is a great way for us to communicate with our community and demonstrates our accountability as a public sector organisation.

The Employee Director advised that the meeting was a moment in time, positive work has taken place since the meeting.

F Mackay asked for clarity on the feelings from Scottish Government following the review. The Interim Board Chair advised that SG were mindful of the work achieved in 2024/25, recognising our current challenges.

The Medical Director confirmed that feedback from Ms Todd and Ms Lamb was very complimentary about our position in terms of innovation and sustainability.

I Greive felt that the conversations were fruitful, Ms. Lamb and Ms. Todd were well prepared and feedback from the public was positive.

#### **Decision / Conclusion**

The Board noted the update.

### **9. Corporate Risk and Assurance Report (Presenter: Medical Director)**

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on current risks, recent changes to risk ratings, and any new or closed risks from the last reporting period.

There are several changes being made to how the Risk Register is being presented as part of our commitment to continuous improvement. One of the changes being implemented is change to how the risk scores are presented, the cover paper now details the Board; s top 4 risks.

J Kenny asked for clarity on the risk being reduced in relation to the financial sustainability score, The Medical Director advised that risk scores are reviewed by risk owners. The financial sustainability risk score has been reduced following the recent financial governance review and our better understanding of our financial position.

The interim Board Chair asked for confirmation of how staff can input into risk management. The Medical Director advised that the Risk Management Group is the place risk owners monitor and review risks, which are then reviewed by the Senior Leadership Team noting that risks are reviewed ahead of the timescales outlined in our risk management framework.

The Interim CEO advised that the change to the financial risk score relates to a review undertaken in May and confirmed that additional controls are now in place to mitigate the risk. The Board is on a continuous improvement journey in relation to risk management recognising that more work is required to embed operational risk management through the Risk Management Group.

J Taylor reflected that there is more evidence through committee minutes that risks are being reviewed, which is welcomed. Audit and Risk Committee recognise that a more proactive approach is required by risk owners. The Interim CEO advised that this requires cultural change, risk owners will be asked to present updates at the Risk Management Group going forward recognising that risk management underpins how we manage our business.

The Medical Director asked the Board and Audit and Risk Committee to recognise the work that has been delivered over the past 12 months, there is alignment with our sub-committees providing a greater level of scrutiny by the Board.

J Stevenson asked for an update on the lack of senior leadership capacity and capability. The Medical Director advised that the update presented is from August 2025, noting that the risk is still live and challenges in relation to interim positions and vacancies. The Director of People and Culture advised that all risks in relation to People are being reviewed, this is a key priority noting that the leadership development programme delivery model needs to be reviewed.

The Employee Director asked for a timeline for when the Leadership Development programme proposal will be in place. The Director of People and Culture advised that this will be a priority in Quarter 4 2025/26, recognising this is not just about leadership development but about capacity across the organisation.

Dr K Cole noted that clinical risks only reference the impact in secondary care, there is no mention of the risk within primary and community care services. The Chief Officer IJB recognised that primary and community care risks are reflected in the IJB risk register, recognising the need for cross-referencing of risks on multiple risk registers. I Greive advised that this will be raised at the Audit and Risk Committee in February 2026.

The Employee Director asked for clarity on the risk score in relation to Mental Health Team capacity. The Chief Officer IJB advised that the introduction of all age psychiatric team will assist at points when people are in crisis, recognising that recruitment is still underway it will be in the new year before the team is fully staffed. Business continuity plans are in place to support over the Christmas period should this be required.

### **Decision / Conclusion**

The Board noted the progress made to update and the current mitigation of risks highlighted

## **10. Integrated Performance Report (IPR) December 2025 (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation reminded members of the areas covered within the Integrated Performance Report up till the end of September 2025.

### **Areas of good performance**

Sickness absence remains below the national average.

Diagnostics and imaging services have shown marked improvement, particularly in cardiology and local MRI provision, resulting in enhanced patient access and reduced reliance on external providers and the resulting travel out with Orkney for patients. The Medical Director asked the Board recognising the improvements. The number of people being seen on island is higher than anticipated, this is currently 150 per month. business plan is being developed for the next 12 months, the current provision will expire in June 2026.

Cancer standards reporting 100% compliance with the 31-day treatment standard.

Mental Health and Psychological Therapies continue to exceed national targets

The number of patients waiting over 52 weeks for new outpatient appointments has reduced significantly, demonstrating the impact of targeted capacity increases. J Taylor asked for confirmation on the impact it will make when this piece of work is complete. The Director of Performance and Transformation advised that work is underway to look at patients who are 26 weeks, this is part of our commitment to look at capacity and demand across all specialties.

### **Areas for improvement**

**Serious Adverse Event Review capacity** - Completion rates are below target due to limited reviewer capacity. Outstanding reviews are expected to be closed next quarter.

**Complaints management due to staffing challenges** - Stage One complaints response compliance is below target, affected by staffing pressures. Targeted workshops are planned to address this.

**Ongoing challenges in relation to DTOC and social care capacity** - Performance is significantly below target, with ongoing challenges in social care recruitment and residential places for those waiting.

**Efficiency savings plan is behind where we expect to be at this point in the year** - The Board is currently £508k adverse to trajectory, with key drivers including medical recruitment costs, agency nursing, and prescribing.

The Executive Leadership Team presented the Integrated Performance Report by chapter.

## **Patient Safety, Quality and Experience**

The Medical Director advised that most areas are rated green, an explanation was offered in relation to there being no national definition of what is meant by falls with harm. Manual audit work is underway, noting that the number of falls recorded has fallen, the small number of falls presented should be viewed as limited assurance.

Assurance provided that SAER compliance has improved noting that suicide reviews are reliant on external partners.

Patient safety, quality and experience reports are now being presented to clinical advisory groups, a mobility and morbidity group is now in place noting that external organisations cannot complete reviews on behalf of the board.

The Employee Director asked if data could be shared on falls with harm in the IPR. The EDoNMAHP advised that the definition is a national definition, the IPR presented to Board in February 2026 will include additional information noting this will be a manual task.

The Interim Board Chair asked for clarity on the PEWs score being required as zero. The EDoNMAHP advised that the Board has very few paediatric presentations through our Emergency Department. One of the indicators for PEWs is the recording of blood pressure, which can be challenging for children. Challenges have been noted in relation to compliance; work is underway with staff to improve compliance noting that recording is challenging for PEWs.

## **Operational standards**

The EDoNMAHP confirmed there have been challenges in relation to patient flow. The 12-hour standard remains at amber due to retrieval times.

The Interim Board Chair asked for clarity on how we are utilising our assets to reduce the number of Delayed Transfers of Care. The Chief Officer IJB advised that multi-disciplinary teamwork has commenced, recognising that more work is required on our frailty pathway. Other areas have looked at reducing the number of secondary care beds, which would not be an option for Orkney, recognising that this has resulted in overspends on social care due. Scottish Government are aware of the challenges; a paper has been submitted to Ministers in relation to bolstering our social care workforce. There are currently significant vacancies within our social care workforce, whilst numbers remain high, the team are committed to ensuring patients are transferred.

J Stevenson reflected that DTOC's are impacted by guardianship. The Chief Officer IJB advised that a campaign to raise awareness of Power of Attorney will commence in the New Year.

The Medical Director advised that there are improvements in all outpatient specialties except for ophthalmology, plans are in place to bring this in line in Quarter 4 2025.

There has been a sustained fall in the number of new patients waiting for an outpatient appointment.

Dr K Cole asked for clarity on the SAS turn around times and the bottlenecks referred to too in the Corporate Risk Register. The EDoNMAHP advised that the IPR is correct in terms of turnaround times, this is captured on the risk register in relation to no flow within the hospital should this be the case. Dr K Cole asked that the impact column on the risk register be reviewed for consistency. The Interim CEO confirmed that our Corporate Risk Register does contain anticipatory

### **Community and Mental Health Services**

The Chief Officer IJB advised that the Phio app is now live recognising more timely data is required.

There has been a reduction in waiting times for podiatry – this is now below 12 weeks.

Greater detail around community indicators will be brought to Board going forward noting that data is currently a manual process.

J Kenny asked for clarity on the issues in relation to up to date management data being available to managers and the Board. The Chief Officer IJB advised that this work is underway and will be resolved when MORSE

### **Population Health**

The Medical Director recognised that maternity, childhood immunization and smoking cessation remains above the national target, which is testament to the work of our Public Health Team.

J Stevenson asked for clarity on the uptake of the MMR immunization and asked if a public campaign is required. The Medical Director recognised the need for greater public awareness; this is a national issue noting that the decline in Orkney is less than the national average.

### **Workforce**

The Director of People and Culture is currently looking at the Key Performance Indicators to ensure Board receives assurance on our workforce performance.

There is a recognition that sickness absence due to anxiety needs further analysis to understand the reasons behind this. The Interim Board Chair asked for greater assurance and what is being undertaken to manage sickness absence. The Director of People and Culture advised that further work is needed to ensure processes are in place to support both managers and staff, having robust data on Occupational Health and Return to Work interviews. The introduction of regular staff pulse surveys will also support our approach to staff wellbeing.

The Interim Board Chair asked for confirmation on what data would be presented to Board on Workforce planning. This work will be brought to Board in February 2026.

J Taylor asked for confirmation of our vacancy rates and a timeline for when this will be presented to Board. The Director of

Staff appraisals rates remain below target; work is ongoing with managers to improve compliance.

A workshop will take place in Quarter 4 2025/26 to look at what more could be done in terms of substantive recruitment.

## **Finance**

I Grieve welcomed the introduction of the first section of the IPR and the comments in relation to the areas for improvements. I Grieve asked if arrows be re-instated on the IPR. The Medical Director advised that the use of Statistical Control Targets will be challenging, but this will be reviewed ahead of the next IPR being brought to Board in February 2026. A board development session will be scheduled in Quarter 4 on Statistical Control Targets.

## **Decision/conclusion**

The Board received the Integrated Performance Report (IPR) update, noting where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

# **11. ASSURANCE REPORTS**

## **11.1. Finance and Performance Committee Chair's Assurance Report 26 November 2025 - (Presenter: Fiona Mackay - Chair Finance & Performance Committee)**

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Report from 26 November 2025 meeting.

Positive assurance provided on the IPR noting progress is being made against several KPIs.

Concerns raised in relation to our financial position and the Robertsons contract.

Work underway to review medical staffing costs and looking at the strategic actions which will deliver financial benefits in 2026/27.

Committee approved changes to Standing Financial Instructions, Committee Terms of Reference, Work Plan and timetables for meetings 2026/27.

R Gold noted the positive progress in KPI's and strategic actions and asked for clarity on the timescales to bring the deficit back inline this financial year. Interim CEO advised that actions have been identified to bring the deficit back on track, however it is like that our year-end position will be a deficit of £3.8 million and not the required £2million position required by Scottish Government.

## **Decision / Conclusion**

The Board noted the update and took assurance on the report.

**11.2. Senior Leadership Team Chair's Assurance Reports 25 November 2025 (Presenter: Interim CEO - Chair of Senior Leadership Team)**

The Chair of the Senior Leadership Team (SLT) presented the Chair's Assurance Reports from the 25 November 2025 meeting summarising the main points as follows

Financial position was discussed and the actions needed by the team to address the challenges.

Conversation took place in relation to workforce challenges.

Decisions were taken to streamline the process for risk assessments; senior leadership team has now moved to monthly meetings.

I Grieve noted the risks in relation to Month 6 financial position and noted that there are no actions commissioned in the report. The Interim CEO advised that lengthy conversations took place with SLT in relation to the Vacancy Control Process and reducing the number of agency staffing.

**Decision / Conclusion**

The Board noted the update and took assurance on the report.

**11.3. Area Partnership Forum 18 November 2025 (Presenter: R McLaughlin, Employee Director)**

The Chair of the Area Partnership Forum (APF) presented the Chair's Assurance Report from its meeting on 18 November 2025.

Concerns were raised in relation to clinical and staff side engagement in relation to sub-regional planning from a national perspective.

The lack of workforce planning remains an area of concern noting this is progressed.

We have yet to fully implement the Distance Island Allowance requirements

Concerns raised in relation to staff alarms and staff being aware of how to respond to issues, this has been raised with Robertsons Facilities Management. J Kenny asked for clarity on the actions being taken to resolve these issues, noting the risks associated with this. The Interim CEO advised that a paper is being taken to Finance and Performance Committee 17 December 2025

The roll out of phase 3 Once for Scotland policies have not yet been implemented due to clarity being required from the National team.

I Grieve thanked the Employee Director and asked for clarity on where actions are being captured and monitored. The Head of Corporate Governance advised that action logs could be shared with Board Members if required.

### **Decision / Conclusion**

The Board noted the update provided.

## **12. STRATEGIC OBJECTIVE - PLACE**

### **12.1. Public Sector Reform – Orkney’s Routemap to Reform (Presenter: Chief Officer - IJB)**

The Chief Officer IJB presented the Public Sector Reform – Orkney’s Routemap to Reform paper for approval following the ask from Scottish Government for transitional arrangements to be put in place for Public Sector Reform.

A local working group made up of the CEOs and Chairs from the Board, IJB and Orkney Islands Council to look at what the opportunities are locally for service resilience recognising the financial challenges across all Organizations.

Over the past few months, a routemap to reform has been developed, discussed and agreed by OIC 9 December and IJB 10 December and is presented to Board for consideration.

Feedback from Ministers is that they are supportive of the proposed approach, if changes are made this will be brought back to all 3 organisations for agreement.

The principles set out in the paper outline an approach to shared services and reducing duplication.

The Interim Board Chair recognised a productive partnership is now in place, the approach has been discussed with the Area Partnership Forum. The Interim CEO confirmed the approach has been productive and this work will be taken forward together with our partners.

R Gold thanked the individuals involved in pulling the proposal together, supportive of the approach and asked how the community would be brought into the conversations going forward. The Chief Officer IJB advised that this will form part of the planning following approval by Scottish Government recognising that one of the principles is ensuring benefit for the people of Orkney this will include meaningful engagement. The Interim CEO advised that the Community Planning Partnership will be a key partner in developing our approach, noting the need for public engagement going forward/

F MacKay offered her support for the proposal, noting that the Clinical Services Review Recommended exploring opportunities for shared services.

J Kenny advised as Chair of the IJB they are content to support the proposal.

I Grieve asked that communications be put in place with our community to ensure clear and consistent messages are in place.

**Decision/Conclusion**

The Board approved the Orkney's Routemap to Reform paper for onward submission to Scottish Government.

**13. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE**

**13.1 Healthcare Associated Infection Reporting Template (HIART) Report (Presenter:EDoNMAHP)**

The EDoNMAHP presented the Healthcare Associated Infection Reporting Template Report advising of a drop in compliance in hand hygiene from 93% to **92%**, however this still fails to meet the 95% target. The main issues during this data collection period, is staff wearing nail polish/varnish and failure to undertake hand hygiene before entering a patient room.

The Interim Board Chair asked for confirmation on hand hygiene audits, The EDoNMAHP advised that work has been undertaken with all staff in relation to hand hygiene, staff are advised why audits have been failed, this is also discussed at the nursing and medical huddles. Hand Hygiene is monitored by the Infection Prevention Committee

Board members noted the Infection Prevention and Control week report and advised that the team have been undertaking infection prevention visits to the new Kirkwall Care Home "Kirkjuvar". The visit was followed up with written recommendations and advice with links to the current guidance to the Orkney Islands Council team to support any offered advice.

I Grieve asked the Board to recognise the work undertaken by our IPC team, including additional work in the Community in relation to the new Care Home facility.

J Taylor asked for confirmation of the national targets in relation to *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB). The EDoNMAHP advised that challenges in relation to the Local Delivery Standard for *Staphylococcus aureus* bacteraemia, as the target was set at zero. NHS Orkney is unlikely to meet its *E. Coli* Bacteraemia target of no more than five cases due to current validated number.

**13.2 Six-monthly whistleblowing reports Quarter 1 and Quarter 2 (Presenter: Medical Director)**

The Medical Director advised that no whistleblowing cases have been reported in the first 6 months of the year. Whistleblowing is not included in our mandatory training,

recruitment is underway to raise the number of confidential contacts. Activities during speak up week were well received by the organisation.

The Interim Board Chair asked if we have enough capacity within the organisation to deal with whistleblowing. The Medical Director advised that there is a much greater awareness of whistleblowing across the organisation recognising that where a whistleblowing concern is taken forward this will require substantial support from the organisation.

J Taylor (Board Whistleblowing Champion) acknowledged that processes are in place, numbers remain low. Work has been undertaken to raise awareness of whistleblowing with independent contractors.

J Stevenson asked for clarity on how staff morale being low was identified and what is being done to improve staff morale. The Medical Director advised that this information was received by the confidential contacts. The Interim CEO advised that this was discussed at Staff Governance Committee, this needs to be triangulated with the information from the iMatter staff survey and regular pulse surveys with staff.

The Interim CEO asked the Board to reflect on the pro-active approach we take to encouraging staff to speak-up, this will be re-iterated at the next All staff briefing and Senior Leadership Team Meeting.

The Director of People and Culture advised that there is a need to create a culture of people raising issues in the moment.

The Medical Director asked the Board to recognise that the staff morale comment was in relation to the first 2 quarters of this year.

## **14. STRATEGIC OBJECTIVE - PEOPLE**

### **14.1.1. iMatter 2025 National Report (Presenter: Director of People & Culture)**

The Director of People & Culture presented the iMatter 2025 National Report noting that the Board is not an outlier but our engagement score may decrease as we start to look at changes to the ways we deliver services.

The key thing is that the people operations group is taking this piece of work forward particularly around speaking up.

#### **Decision / Conclusion**

The Board noted the update provided.

## **15. STRATEGIC OBJECTIVE - PERFORMANCE**

### **15.1. Month 7 Finance & Improving Together (efficiency programme) progress report (Presenter: Senior Financial Accountant)**

The Senior Financial Accountant presented the Month 7 finance and Improving Together (efficiency) Programme progress report.

At month 7 revenue position shows an overspend of £2.759m, which is £0.508m higher than the planned year-to-date overspend of £2.251m.

Achieved savings at Month 7 is £0.194m adverse to the year to date target of £1.235m. The trajectory of savings was geared towards the final quarters of the financial year with 67.5% due to be delivered in the final 5 months of the year. Following a full review of each of the workstreams, only £1.3m of cash-releasing savings will be delivered (34% of the total target of £3.8m).

A refreshed approach to financial monitoring is now being adopted, financial control targets are now in place. Scottish Government require the Board to deliver a £2 million pound deficit at the year-end.

The Interim CEO advised that financial control target meetings have been undertaken with all Executive Directors, a process of monthly forecasting will be introduced in January 2026 as a standard process.

J Taylor reminded members that a presentation by the previous Director of Finance 12 months ago stated that the Board has posts over establishment and advised that there appears to be an understanding by our community and staff of the need to address the deficit.

The Interim CEO advised that the external financial review highlighted overspends due to staffing establishments – the introduction of financial control targets will the vacancy control panel will mitigate the risk as well as having in place a robust workforce plan noting policy constraint and the pressure which exist across all public sector services.

The Interim Board Chair asked for reassurance that the Vacancy Control Panel is working effectively. The Interim CEO provided assurance that all posts going through the panel are considered in line with the Health and Care Staffing Act, logged and available.

R Gold welcomed the introduction of financial control targets and asked what information will be provided to Board that has not been presented to date recognising the positive leadership changes and the time this takes to embed needs to be reflected to Scottish Government.

R Gold asked for clarity on the £1.3 million cash releasing savings. The Interim CEO advised that this figure relates to the original cash releasing savings plan identified by the Improving Together Programme Board. Following the financial review, turnaround actions equate to £1.75 million this in addition to the £1.3million cash releasing savings.

Monthly Finance and Performance Committee meetings will provide assurance for the Board going forward.

## **Decision/conclusion**

The Board discussed and noted Month 7 (November 2025) Financial Performance.

## **15.2. Operational Improvement Plan progress Update (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation presented the Operational Improvement Plan progress update. Two actions remain off track

- **Digital Dermatology** – The Medical Director advised that the technology for Digital Dermatology in Primary Care was put in place in January 2025 and is now being tested by the Skerryvore Practice. The action is now rated amber/green.
- **Frailty service at the Front Door** – The EDoNMAHP advised that a locum consultant geriatrician is now in place, this action will be picked up as part of the Clinical Services Review, noting that the date cannot be revised as the target date has been set by Scottish Government

R Gold thanked the Director of Performance and Transformation for the presentation of the report and asked what the costs of actions rated amber are. The Director of Performance and Transformation advised that this work has not yet been completed by this and will be re-visited with the Interim Director of Finance.

F Mackay noted that there are several plans across the Organisation, there is a need to review all plans in their totality.

The Interim CEO advised that the actions within the OIP will not result in cost savings, noting these will be cost pressures and the nature of delivering remote and rural healthcare service delivery.

### **Decision/conclusion**

The Board discussed and welcomed the update.

## **15.3. National Planning - Direction Letter Scottish Government (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation presented the Direction Letter from Scottish Government in relation to sub-regional national planning published 13 November 2025.

The new model is designed to strengthen accountability for population-based planning, improve equity of access, and support the long-term transformation and sustainability of Scotland's health and care system.

Current national and place-based planning arrangements remain in place, with no changes to statutory functions or the Scottish Public Finance Model.

The direction introduces two new collaborative sub-national structures to replace the previous three-region model, East and West, NHS Orkney will be part of the East Sub Regional Delivery Committee chaired by the CEO of NHS Lothian.

The structures will focus on four shared priorities including MyCare.scot, orthopaedic TTG delivery, emergency healthcare services, and a Once for Scotland approach to

business systems. Both sub-national groups are required to produce consolidated financial planning for 2026/27 and provide quarterly performance reporting to Ministers.

Implementation is effective immediately, with further operational detail to be developed collaboratively as the new sub-national arrangements mature.

Each area will be required to produce an integrated financial plan.

The Interim Board Chair re-iterated the need for everyone to be part of shaping the planning going forward, there should be no difference to the way services are delivered to patients.

I Grieve raised concerns in relation to services being strengthened but remains skeptical of the changes being proposed.

R Gold asked for clarity on the short-term financial pressure referenced in the workforce section of the report. The Interim CEO advised that this is in relation to leadership capacity and the need to put forward plans for the 4 priority areas and the significant amount of work required to produce integrated plans.

The Interim Board Chair advised that feedback has been provided on the concerns raised by the Board.

#### **Decision/conclusion**

The Board discussed and noted the update recognising that the changes need to be reflected to Scottish Government.

#### **15.4. Health and Social Care Surge Plan 2025/26 (Presenter: EDoNMAHP)**

The EDoNMAHP presented the Health and Social Care Surge plan 2025/26. There are 5 core priorities

- Prioritise care for those most at risk.
- Utilise effective prevention.
- Ensure the right care, in the right place, at the right time.
- Maximise system capacity and capability.
- Support the mental health and wellbeing of the workforce.

A Target Operating Model for the Acute Setting was offered to the Board, recognising winter pressures are felt all year round.

The Chief Officer IJB discussed the challenges in relation to social care staffing and the inability to flex.

R Gold thanked EDoNMAHP and Chief Officer IJB for the paper and asked if the Board were being asked to approve an overspend. The EDoNMAHP confirmed that the underspend will be used to deliver our surge plan. The Chief Officer IJB confirmed that additional funding has been identified to support the plan and will not make any material changes to our project spend this financial year.

J Stevenson asked for clarity on staffing levels if the bed base is increased and the impact this would have on safe staffing levels. The EDoNMAHP explained to the Board that an increase from 12 to 16 beds does not require any additional staff. If any patient is in our ED for more than 4 hours, they will be transferred to a bed.

**Decision/conclusion**

The Board discussed and approved the Health and Social Care Surge plan 2025/26.

**16. STRATEGIC OBJECTIVE – POTENTIAL**

No papers were presented.

**17. ANY OTHER COMPETENT BUSINESS (AOCB)**

No other competent business raised.

**18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS**

**19. Staff Governance Committee 15 May 2025**

Members noted the minutes of the Staff Governance Committee 15 May 2025.

**20. Audit and Risk Committee – 26 June 2025**

Members noted the minutes of the Audit and Risk Governance Committee 26 June 2025.

**21. Joint Clinical Care Governance Committee – 3 July and 20 August 2025**

Members noted the minutes of the Joint Clinical Care Governance Committees 3 July and 20 August 2025.

**22. Area Clinical Forum**

No minutes received as the Area Clinical Forum has not met since the last Board Meeting.

**23. Finance and Performance Committee 31 July 2025**

Members noted the minutes of the Finance and Performance Committee 31 July 2025.

**24. ITEMS FOR INFORMATION**

- 24.1 a - Public Protection and Community Safety Information Sharing Protocol
- 24.2 b - Reduced Working Week Final Approved Implementation Plan NHSO
- 24.3 c - NHS Orkney - Climate Recognition - 23 September 2025

**24.1. Board Meeting Schedule 2025/26 (Presenter: Chair)**

Members noted the meeting schedule 2025/26.

**24.2. Record of Attendance 2025/26 (Presenter: Chair)**

Members noted the meeting schedule 2025/26.

**24.3. Questions from the public**

No questions were raised.

The Interim Board Chair closed the meeting at 12.43