Minute Public Board Meeting
Thursday 25 June 2026

Present

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)), 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), Jason Taylor (Non-Executive Board Member), and Dr Louise Wilson (Director of Public Health).

In attendance

Debs Crohn (Head of Corporate Governance - Minutes), Shona Dart (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture) and John Daniels (Head of Primary Care Services).

Observers

Michael Morrison, Iain Grant, Andrew Stewart

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 CEO presented Michelle Mackie (Interim Deputy Director Nursing and Lead Midwife) with a 45-year long term service award.

The Board Vice Chair opened the meeting at 11.05am and welcomed everyone to the meeting.

Apologies were noted for Davie Campbell (Board Chair), Jean Stevenson (Non-Executive Board Member), Tammy Sharp (Director of Performance and Transformation), Stephen Brown (Chief Officer - Integration Joint Board), and Ryan McLaughlin (Employee Director)

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

3. Declarations of Interest (Presenter: Chair)

No declarations of interest were recorded.

4. Minutes of Previous Meeting 30 April 2026 (Presenter: Chair)

Minutes of the meeting held on 30 April 2026 were accepted and approved as an accurate record of the meeting with the amendments discussed at 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 – June 2026 (Presenters: Interim CEO)

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities in April - June 2026.

Public Service Reform strategy work is moving forward at pace including sub national east of Scotland planning. Significant activity is taking place including a wider focus on planned care and working with other Health Boards to reduce our waiting times.

An event took place on 8 June 2026 with Orkney Islands Council to look at how we can move forward Public Service Reform in Orkney including reducing duplication, streamlining governance and workforce opportunities. This work is very much in line with the direction of travel from Scottish Government and Programme for Government which will be published in September.

There has been a significant increase in our iMatter scores this year with 78% of staff completing the survey. We have retained our employee engagement score with colleagues reporting they feel supported in working with Board. The next Senior Leadership Team meeting on 9 July 2026 will focus on iMatter action planning with an update being presented to Staff Governance Committee.

The Vice Chair thanked the Interim CEO for the report and reflected on the useful event on the 8 June 2026 in relation to Public Service Reform and welcomed the number of colleagues who completed the iMatter survey.

The Vice-Chair reminded Board that today is Issy Grieve's last Board meeting after 8 years and thanked Issy for the great work they have done for NHS Orkney and the Integration Joint Board and the community of Orkney.

Decision / Conclusion
The Board noted the update provided.

8. CHAIR'S ASSURANCE REPORTS

8.1. Area Clinical Forum 1 June 2026 (Presenter: Dr Kirsty Cole – Chair, Area Clinical Forum)

The Area Clinical Forum Chair presented the Assurance Report from the 1 June 2026 meeting, drawing the Board's attention to the following: Clinical Advisory Groups continue to raise concerns in relation to accommodation, which is impacting start dates for staff.

R Gold asked the Board to acknowledge that the concerns were noted and asked where the issues in relation to accommodation are addressed. The Interim CEO advised that key worker housing has been raised as part of Public Service Reform and that he will have a conversation with James Wylie to consider whether accommodation is best addressed through the PSR leadership group or through the Community Planning Partnership. The Medical Director confirmed that accommodation is provided for medical colleagues taking up employment with the Board.

Digital system pressures are being experienced, and the eHealth team have been asked to present at Clinical Advisory Groups.

Area Clinical Forum raised concerns in relation to clinical colleagues attending recruitment stakeholder events.

The ACF Chair advised Board that work is underway to re-invigorate the Area Medical Committee, the Area Pharmaceutical Committee is now meeting regularly with an educational element incorporated into the meeting.

Decision / Conclusion
The Board noted the update and took assurance on the report.

8.2. Area Partnership Forum 21 April and 19 May 2026 (Presenter: Interim CEO)

The Chair of the Area Partnership Forum (APF) shared the Assurance Report from the meetings on 21 April and 19 May 2026.

Conversations took place at the April 2026 meeting in relation to our financial plan.

APF noted significant improvements in our statutory/mandatory training, with the Royal College of Nursing representative commenting on our approach to implementing the Agenda for Change reform actions.

The Director of People and Culture is in the process of pulling together a people delivery plan which will be brought back to APF for consultation.

R Gold asked if the accommodation policy referenced in the report will be linked to the issues raised previously in relation to accommodation changes. The Medical Director advised the Board that extensive engagement has taken place with clinical advisory groups and Joint Local Negotiation Committee (JLNC) on amendments to the policy, noting the policy is about equity and fairness for staff.

I Grieve asked for confirmation of the concern for senior leaders to engage in sub-national planning. The Interim CEO advised that engagement will be in line with Healthcare Improvement Scotland's Planning with People, conversations were in relation to what support may be available to support this piece of work.

Decision / Conclusion
The Board noted the update and took assurance on the report.

8.3. Audit and Risk Committee Chair's Assurance Reports 26 May 2026 (Presenter: Jason Taylor- Chair of Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the Assurance Report from the meeting on 26 May 2026.

Primary business of the meeting was the draft Annual Accounts and Report. Updates were received in relation to Business Continuity Planning and implementation of Health and Safety Internal Audit.

Decision / Conclusion
The Board noted the update and took assurance on the report.

8.4. Finance and Performance Committee Chair's Assurance Reports 29 April and 25 May 2026 (Presenter: Fiona Mackay - Chair of Finance and Performance Committee)

The Chair of the Finance and Performance Committee shared Assurance Reports from the meetings on 29 April and 25 May 2026.

Positive assurance was provided in relation to the Integrated Performance Report, with a notable improvement in the number of Delayed Transfers of Care.

Committee reviewed and noted the Capital Plan and external funding for a replacement of our CT Scanner.

Concerns in relation to the Month 12 position, financial savings plan and the Robertson Facilities Management Contract were escalated to the Board for consideration. Performance indicators for management of the Robertson Facilities Management Contract will be monitored by the Finance and Performance Committee.

Whilst positive assurance was provided in relation to the Older Persons/Frailty Workstream, concerns were raised in relation to limited progress in the three other key priority areas.

Committee discussed the frequency of meetings, as the Board remains at level 3 escalation it was agreed that Committee will continue to meet monthly.

Decision / Conclusion
The Board noted the update and took assurance on the report.

8.5. Senior Leadership Team Chair's Assurance Report 5 May and 3 June 2026 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) shared the Assurance Report from meetings held on 5 May and 3 June 2026.

The Interim CEO was reminded by the Board of changes to the SLT which has led to meaningful conversations taking place with our senior leaders.

The meeting in May 2026 was facilitated by Public Service Delivery Scotland in relation to our Equality Outcomes Report and how we take actions forward.

June’s SLT meeting focused on our approach to implementing safe care, assessing safe staffing levels and escalation processes. The session was opened up to a wider cohort of senior leaders, with presentations being delivered by our Interim Director of Pharmacy and Lead Nurse Renal, these were well received.

The Interim CEO advised that feedback from SLT members is that the new format is working well.

Decision / Conclusion
The Board noted the update and took assurance on the report.

8.6. Staff Governance Committee Chair’s Assurance Report 14 May 2026 (Presenter: J Kenny, Chair Staff Governance Committee)

The Chair of the Staff Governance Committee delivered the Chair’s Assurance Report from the meeting held on 14 May 2026.

Concerns raised at the meeting were in relation to the lack of JLNC meetings. The Medical Director confirmed a JLNC meeting has now taken place.

Useful conversations took place following presentation of the annual medical education report, with some bright ideas put forward to our Improvement Team.

Ongoing concerns in relation to appraisal rates were discussed, with an improvement plan in progress to increase compliance. Director of People and Culture advised that conversations are taking place with Executive Directors to understand the challenges, this continues to be discussed at the Performance Review Meetings (PRMs).

Decision / Conclusion
The Board noted the update and took assurance on the report.

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

The Medical Director presented the Corporate Risk and Assurance report, providing the Board with an update on the highest corporate risks, which include financial sustainability, insufficient senior leadership capacity and capability, and clinical engagement.

One risk was added to the Risk Register in May with none in June 2026, all risks have been updated within their timescales.

The Medical Director advised that there are changes taking place in relation to how risks are being presented noting this is a process of continuous improvement.

The Risk Management Group (RMG) is now chaired by the Medical Director with risks being approved by the RMG.

Decision / Conclusion
The Board noted the progress made to update and the current mitigation of risks highlighted.

10. Integrated Performance Report (IPR) May 2026 (Presenter: Interim CEO)

The Interim CEO reminded members of the areas covered within the Integrated Performance Report (IPR) up till the end of May 2026.

Patient Safety, Quality and Experience.

The EDoNMAHP presented the patient safety, quality and experience report and asked the Board to note that there has been a reduction in the number of falls due to the work being undertaken by clinical teams.

The Medical Director asked Board to note the sustained number of reduced longest waits which has been maintained for nearly a year. Board noted that the Treatment Time Guarantee has increased due to the focused attention on reducing our waiting lists.

The Interim CEO noted an increase in the number of stage 2 complaints and asked if a piece of work needs to be undertaken by the Clinical Governance Group. The Medical Director advised that an update will be provided at the next Board meeting.

Sustained improvements in endoscopy were noted, with monitoring meetings with Scottish Government now being stepped down. A data quality issue was noted by Scottish Government at the end of May.

At the end of April 2026, 6-week compliance for Computer Tomography was at 100%.
MRI compliance was 79%, with 20 patients waiting more than six weeks. Several delays were due to patient unavailability, including patients declining appointments because they were unavailable.

Ultrasound dropped to 41% seen within 6 weeks, due to staffing challenges although this has seen improvement throughout May 2026. Overall waits for ultrasound scans have dropped from 175 in April to 29 at the end of May 2026, with 6 week compliance increasing to 72%.

The Interim CEO noted the position in relation to ultrasound with no waiting lists.

The Vice Chair asked for an update on compliance in relation to Serious Adverse Event Reviews (SAERs). The Medical Director confirmed that all open reviews are due to awaiting feedback from external organisations, work is underway with the Head of Patient Safety, Quality and Risk to review all cases to ascertain if cross organisational reviews can be closed noting limited number of staff available to complete reviews.

I Grieve asked if low appraisal rates and statutory mandatory training compliance impacted patient safety. The Medical Director advised that the Head of People and Culture continues to work with Executive Directors and provided assurance that this is being addressed.

The Director of People and Culture acknowledged that there has been an improvement on statutory mandatory training rates.

Community

J Daniels provided an update on concerns in relation to Allied Health Professionals. Work is underway to review the AHP structure, noting the Electronic Patient Record currently being used does not capture all activity data. A capacity and demand exercise is currently being undertaken.

Dr K Cole asked for confirmation on the increased number of patients who were seen in May 2026 and its impact. The Head of Primary Care Services advised that this may be due to a data quality issue related to the Phio app, noting that the app has been well received.

Dr K Cole was disappointed to see the comments in relation to the Primary Care Improvement Plan funding being referenced. J Daniels confirmed that PCIP funding is ringfenced for General Practice only, the absence of First Contact Physiotherapists should have no impact on secondary care. The statement regarding PCIP funding will be removed to avoid confusion.

Community Mental Health waiting times target continues to be met, noting there are areas for improvements.

Population Health

The Director of Public Health advised that uptake of vaccinations remains high, with a MenB vaccination campaign commencing in July 2026.

Smoking remains a challenge with a focus on maternity services with clinic letters being adapted to signpost patients to smoking cessation services.

The Vice-Chair asked for confirmation of the reasons for the drop in uptake of the MMR vaccination. The Director of Public Health advised that this is in part due to the small numbers in Orkney, work is underway to look at the areas of variation.

Workforce

The Director of People and Culture advised that there is a reduction in sickness absence rates, with no data quality issues.

Assurance provided to the Board that the Occupational Health and Wellbeing Committee is now meeting regularly, this includes monitoring statutory/mandatory training.

Overtime and excess hours narrative were not updated in the IPR, the EDoNMAHP apologised. Agency usage has continued to reduce, with the number of bank hours remaining static with overtime increasing due to peak annual leave periods and to filling in gaps within the system. Excess hours are recorded for part-time staff; this is in part due to hospital pressures.

Finance

The Interim Director of Finance highlighted the year-end position of a £2.6 million deficit. Improvements have been seen in relation to the 30-day target for invoices paid.

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. STRATEGIC OBJECTIVE – PLACE

11.1. Integration Joint Board (IJB) key items, decisions and financial update (Presenter: Head of Primary Care Services - John Daniels)

The Head of Primary Care Services presented the Integration Joint Board (IJB) key items, decisions and financial update following the IJB meeting 25 June 2026.

The Integration Joint Board approved the appointment of two Service User Representatives to the Board, following the resignation of the previous long standing Service User Representative. It was also agreed to establish a Service User Group to support the new members.

The Board noted the draft Revenue Expenditure Outturn report for the fiscal year 2025/26. The draft position showed an overspend of £0.630 million against the Board-approved budget of £69.129 million, with draft outturn of £69.759 million. For NHS Orkney commissioned services, there was an underspend of £1.350 million following the removal of the £2.4 million savings target.

Discussions took place in relation to the Primary Care Improvement Plan which was approved and moved forward in a constructive way.

Decision / Conclusion
The Board noted the Integration Joint Board (IJB) key items, decisions and financial update.

11.2. Orkney Integration Scheme (Presenter: Head of Primary Care Services - John Daniels)

The Head of Primary Care Services presented to the Board an overview of changes to the Orkney Integration Scheme for approval.

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2025 Amendment Order will come into effect on 1 September 2026 which extends the voting rights to the third sector, service user and carer representatives on the Integration Joint Board.

The Orkney Integration Scheme has had to be updated to reflect these legal changes.

NHS Orkney and Orkney Islands Council must approve the amended Orkney Integration Scheme which will then be submitted to Scottish Ministers to ensure Orkney is compliant in its statutory requirement.

R Gold was fully supportive of the changes but asked for clarity on the background section of the report (2.5) in relation to reviewing the scheme in light of the work underway on Public Service Reform and asked where the decision was made not to undertake a review.

The Head of Primary Care Services advised that a conversation will take place with the Chief Officer IJB in relation to the decision not to undertake a review with feedback provided to members.

Dr K Cole asked if a process has been undertaken by Scottish Government in relation to supporting patients and carers to attend the IJB. The Vice Chair was not aware of what support has been put in place for patients and carers. The Head of Primary Care Services advised that support will be offered to representatives ahead of meetings.

I Grieve advised that there is an induction pack in place for IJB members.

Decision / Conclusion

The Board approved the proposed changes to the Orkney Integration Scheme.

12. PATIENT SAFETY, QUALITY AND EXPERIENCE

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

The EDoNMAHP presented the Healthcare Associated Infection Reporting Template Report (HIART) advising that local delivery standard targets are currently within projected levels and one outwith, however this target was also set at zero. 90% compliance with our hand-washing target, hand hygiene day in May 2026 was well received.

Thanks were given to our infection, prevention and control and estates and facilities teams for achieving the targets set in HIART.

Decision / Conclusion
The Board took assurance from the report.

13. STRATEGIC OBJECTIVE – PEOPLE

13.1. Equality and Diversity Monitoring Report 2025 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Equality and Diversity Monitoring Report 2025 for approval noting the gender pay gap was presented last year.

Board was reminded that a commitment has been made to establishing an Equalities Short Life Working Group to take forward our Equalities Outcomes, and data from the report will be included in this piece of work.

J Taylor asked that going forward, where there is a column for ‘don’t know’, wording should be changed to reflect the organisation not being informed, to make it clearer that it was the organisation that did not know, rather than the individual.

J Taylor asked if international recruits not NMC registered are impacting on the figures. Director of People and Culture to confirm.

Decision / Conclusion
The Board approved the Equality and Diversity Monitoring Report 2025.

13.2. Board Walkarounds (Presenter: Interim CEO)

The interim CEO presented the Board Walkarounds which took place in May and June 2026, Outpatients and Improvement Team.

The Interim CEO noted that our Director of Performance and Transformation leaving the organisation has impacted on staff morale, plans are in place for the team as part of the transitions to the Director of People and Culture.

Concerns were raised in the Outpatients' walkarounds in relation to capacity and substantive anaesthetic cover. Since the walkaround a Clinical Nurse Manager has joined the organisation, as well as recruitment to an additional band 5 post for outpatients.

The Director of People and Culture advised the Board that there is a need to close the loop following board walkaround which is considered by the Executive team.

Board were asked to note the introduction of an action plan following a Board Walkaround and this was welcomed.

The Vice Chair noted the usefulness of Board Walk rounds.

R Gold welcomed the introduction of the action plan and acknowledged they and F MacKay had undertaken a Board Walkaround with Daisy Villa.

Decision / Conclusion
The Board discussed the themes arising from the Board Walkarounds in May and June 2026.

14. Break

15. STRATEGIC OBJECTIVE – PERFORMANCE

15.1. NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025 (Presenter: External Auditor)

The External Auditor presented the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2026 for approval which were presented to Audit and Risk Committee 25 June 2026.

Positive assurance was taken from the external audit report and recommendations. The audit opinion statement will be issued by the External Auditor by 30 June 2026.

External auditors returned a grade 1 associated with the potential risks linked to non-delivery of the financial savings plan.

The external audit is now complete, with no unadjusted audit differences identified by the external auditors, as set out by the requirements of Audit Scotland.

External Auditors expressed their thanks to the Finance team for their work undertaken in producing the Annual Accounts.

The Vice-Chair reminded members that the Annual Accounts paper had been considered by the Audit and Risk Committee prior to Board approval.

J Taylor (Chair of Audit and Risk Committee) confirmed that the report had been reviewed and recommended for approval, with no significant matters of concern.

The Vice-Chair thanked external auditors and those involved in producing the annual accounts and report 2025/26.

Decision / Conclusion
The Board approved the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2026 following the recommendation from the Audit and Risk Committee.

15.2. Financial performance report May 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 2 finance position and Improving Together (efficiency) Programme progress report and asked the Board to note a correction to the savings to date: £289k against a plan of £100k, which is a favourable position.

The financial plan is favourable against plan in the first two months of the year, noting that there is a need to improve the run rate over the remainder of the year. This will be challenging to achieve compared with previous years.

The Board were asked to note a backdated fuel bill for The Balfour of £188k accrued from last financial year.

The Medical Director asked a question in relation to the costs associated with oil compared with the use of air source heating. The Interim Director of Finance recognised that a comparison of the two costs is required.

I Grieve asked the Interim Director of Finance where the sale of King Street features in the financial savings plan. The Interim Director of Finance advised that the sale of King Street is a benefit in relation to capital and agreed to provide more detail to the Board going forward.

F MacKay asked the Executive Team for assurance on delivery of the transformational priorities, noting the targets in the savings plan for 2026/27. The Interim CEO advised that there is risk in the current position; however, work has been undertaken to validate savings schemes with greater depth and realism, noting there is a potential gap of £800k. There is also a significant level of delivery risk within the corporate schemes, particularly Isles Model of Care, Out of Hours and medical staffing.

The Interim Director of Finance advised that run rate controls are in place and this continues to be monitored.

Decision / Conclusion
The Board discussed and noted Month 2 financial performance.

15.3. NHS Orkney Delivery Planning 2026/27 (Presenter: Interim CEO)

The Interim CEO presented the NHS Orkney Delivery Planning 2026/27 report for assurance as set out in the NHS Scotland sub national regional planning structures as well as our local priorities.

Board was asked to note that there may be additional asks from the national and regional planning space following publication of the Programme for Government. Any additional asks will be included in our Improving Together Programme Plan.

The Vice Chair asked if there were any implications for the Board arising from the First Minister's 100-day plan. The Interim CEO advised that these have been included in the NHS Scotland activities.

I Grieve asked how our local priorities dovetail with the national and regional plans. The Interim CEO advised that all of the national asks can be mapped to our local 5 Ps (Place, Patient Safety, People, Performance and Potential) priorities and all Boards have been asked to work at an East of Scotland level with a clear focus on reducing waiting times, more efficient and productive.

Decision / Conclusion
The Board discussed and welcomed the update.

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. Area Partnership Forum – 18 March and 21 April 2026
Members noted the minutes of the Area Partnership Forum held on 18 March and 21 April 2026.

20. Area Clinical Forum – 4 February 2026
Members noted the minutes of the Area Clinical Forum held on 4 February 2026.

21. Audit and Risk Committee – 3 March 2026
Members noted the minutes of the Audit and Risk Committee held on 3 March 2026.

22. Finance and Performance Committee – 25 March and 29 April 2026
Members noted the minutes of the Finance and Performance Committee held on 25 March and 29 April 2026.

23. Staff Governance Committee – 12 February 2026
Members noted the minutes of the Staff Governance Committee held on 12 February 2026.

24. QUESTIONS FROM THE PUBLIC

25. ITEMS FOR INFORMATION

25.1. Items for awareness – no items presented.

25.2. Correspondence for noting - no items presented.

25.3. Board Meeting Schedule 2026/27 (Presenter: Chair)

Members noted the meeting schedule 2026/27.

25.4 Record of attendance 2026/27 (Presenter: Chair)

Members noted the record of attendance 2026/27.

The Vice-Chair closed the meeting at 13:41.