



Minute Public Board Meeting Thursday 26 February 2026

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

In attendance

Debs Crohn (Head of Corporate Governance - Minutes), Tammy Sharp (Director of Performance, Transformation), Shona Lawrence (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture), Dave Harris (Director of People and Culture), Stephen Brown (Chief Officer - Integration Joint Board).

Observers

Barbara Graham, Andrew Smith, Sophie Marriott, Brenda Wilson, Michael Morrison, Alex Francis, Natasha Cornick, Brenda Wilson, Andrew Stewart, Iain Grant, Cameron Stout, Jenny Devlin, Wendy Corstophine

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 observers to the meeting.

No apologies were noted.

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

The Interim Board Chair thanked the Interim Director of Finance for their support over the past 18 months and acknowledged that it is testament to their hard work that the Boards financial improvements have been made.

The Interim CEO thanked the Interim Director of Finance for the support offered to them since they joined the Board in September 2025.

3. Declarations of Interest (Presenter: Chair)

No declaration of Interest to be recorded.

4. Minutes of Previous Meeting 11 December 2025 (Presenter: Chair)

Minutes of the meeting held on 11 December 2025 were accepted and approved as an accurate record of the meeting.

J Taylor to be added as an attendee to the Minute from the meeting 11 December 2026.

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 – February 2026 (Presenters: Interim Board Chair, Interim CEO)

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

The Interim CEO recognised the pressures being seen across our health and social care system resulting in an increase in demand. To address the increased demand, additional capacity has been put in place, noting the impact this has on staff.

The Interim CEO advised that there has been a whole system response to the increased demand, and we continue to work with partners to address the additional pressures.

The Board continues to face financial difficulties, although there has been some year-end improvement from increased income. However, major spending cuts have not yet occurred.

Earlier this year, the Board conducted an external peer review of maternity services. The feedback was positive regarding patient satisfaction, organisational culture, and a strong partnership with NHS Grampian. The review identified areas needing improvement, such as clinical governance and the need for a separate hospital entrance to enhance patient confidentiality. It also recommended evaluating our leadership and staffing approach in maternity care. The EDoNMAHP will move forward with implementing an action plan.

The Interim CEO and Chief Officer IJB met with the Minister for Mental Health, who acknowledged that our CAMHS and Psychological Therapies Service consistently met the national targets for timely access.

Performance remains on track to deliver no >52-week waits across all specialties by 31 March 2026.

We continue to work with East of Scotland Health Boards on sub-regional planning and the opportunities this provides for delivery of the My Care app and the Business Systems Programme.

National and local engagement continues particularly in relation to Public Sector Reform.

The Interim Board Chair advised that recruitment for the 2 Non-Executive Board Members will commence 26 February 2026.

I Grieve asked for clarity on the plans for GP walk-in centers for Orkney noting other Health Boards have put this in place. The Interim CEO advised that the Board were unable to meet the criteria being proposed at that time due to the lack of community estate. The Chief Officer IJB advised that a submission was made to Scottish Government, conversations will continue and will monitor the roll out of GP Walk-in services across Scotland.

Decision / Conclusion

The Board noted the update provided.

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

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on the highest corporate risks, these being financial sustainability, lack of senior leadership capacity and capability and clinical engagement.

The Interim Board Chair asked for clarity on the risk in relation to social care capacity. The EDoNMAHP apologised that the risk had not been updated due to system pressures and provided assurance to Board that this will be updated ahead of the next meeting.

J Taylor raised a concern in relation to risk 1225 and asked for clarity in relation to the fourth wing at Hamnavoe House. The Chief Officer IJB advised the issue is in relation to staffing the facility and will be reliant on agency staffing which could de-stabilise the whole system. Agency staffing continue to support the care at home service, conversations have taken place with local colleges and Scottish Government in relation to recruitment challenges noting this is not unique to NHS Orkney.

Dr. K Cole requested details on digital risks and mitigation timelines. The Interim Director of Finance responded that the team is addressing these through internal risk management and will present a consolidated digital risk in the Corporate Risk Register at the next meeting.

Decision / Conclusion

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

9. 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 (IPR) up till the end of December 2025, advising that we continue not to meet the waiting times target however we remain on target to deliver the nationally mandated target of zero waits over 52 weeks by 31 March 2026. The Interim Board Chair recognised the progress being made against this target.

Patient Safety, Quality and Experience

The Medical Director reminded the Board that the number of inpatient falls, in the IPR are not falls with harm, falls are being reported as a quality measure only.

Compliance against the Pediatric Early Warning Scores (PEWs) remains off track due to recording challenges. The Maternity Early Warning Scores (MEWs) target has seen a dip in performance, a rapid deep dive has been undertaken, indications are that no patient harms have occurred as a result of the dip in performance.

I Grieve thanked the team for the narrative in the IPR, however raised concerns in relation to how the data is presented and requested that an additional column be added to identify the changing position. The Director of Performance and Transformation advised that the data is presented on the individual Statistic Process Control (SPC) charts and advised that arrows could be added back in to the IPR to show the direction of travel for Key Performance Indicators (KPI's).

J Stevenson asked if the issue in relation to the dip in performance of the MEWs KPI was raised during the maternity peer review. The EDoNMAHP advised that this was not raised in the peer review.

Operational Standards

The EDoNMAHP updated that compliance against the Scottish Ambulance Service (SAS) turnaround time, the 4- and 12-hour Emergency Department (ED) waiting times remain on target.

The Medical Director advised that the reduction in waiting times has a knock-on effect in relation to our Treatment Time Guarantee (TTG). Following significant outpatient improvements, the TTG targets is now off-track.

Improvements are being seen, in relation to our endoscopy and diagnostic services.

R Gold requested confirmation about when progress would be made towards achieving our Delayed Transfers of Care (DTOC) target. The Chief Officer IJB explained that the challenges affecting DTOC are connected to care home beds, guardianship issues, and packages for care at home. Although the numbers remain consistently high, this does not involve the same individuals each time. There is no clear timeline for meeting the target trajectory. However, increasing staffing levels, introducing a frailty pathway, and making decisions earlier in the patient journey should help improve the situation, bearing in mind the need to balance patient risk with their rights.

Dr. K Cole asked the Chief Officer IJB how DTOC affects primary care, especially regarding families and carers, pointing out that the IPR seems to focus more on secondary care impacts. The Chief Officer IJB recognised broader risks affecting carers and noted that while the IJB has raised concerns about the impact on carers, further action is needed, including better metrics for tracking community waiting lists.

The Interim CEO recognised the need to better understand capacity and demand, noting that the increase in DTOC's is not acceptable and there needs to be a step change to reduce the number of DTOC's.

F Mackay asked the Executive team to review the mitigating actions if they are not improving the Key Performance Indicators.

Community

The Chief Officer IJB recognised the work undertaken within the Children's Adolescent Mental Health Service (CAMHs) noting that the 18-week target is being consistently met.

Our podiatry service has achieved a significant improvement in reducing the waiting lists and this needs to be recognised and celebrated.

Dr K Cole asked where the Phio report will be presented. The Chief Officer IJB advised this will be presented to the Joint Clinical Care Governance Committee (JCCGC) to enable feedback to be presented to the Board and the IJB. Over 70 patients have engaged with the Phio app, this has seen a reduction in the overall number of people on the waiting list.

Population Health

The Director of Public Health advised that our immunisation performance continues to be on trajectory.

The smoking cessation team have been working with our pharmacy team and previous referrers have been asked to provide feedback on those attending the service. Digital display screens at The Balfour have also been updated to provide information on the service.

There has been a drop in newborn blood spot screening due to staffing issue. The Board were assured that the staffing issues have now been resolved.

J Stevenson noted a slight decline in MMR vaccination uptake and asked if more communications are needed. The Director of Public Health said national communications are ongoing but agreed local efforts could help.

The Interim Board Chair asked the Director of Public Health how we locally appraise ourselves and celebrate the areas we do well. The Director of Public Health advised that communications population health is promoted locally recognising that more could be done.

Workforce

The Director of People and Culture presented that there continues to be challenges in relation to sickness absence impacted by operational pressures.

The Director of Public Health asked if we are looking at options to support staff with long term conditions for example access to work. The Director of People and Culture recognised the need for managers to support staff with Long Term Conditions.

Appraisal compliance remains a challenge, a review is being undertaken in relation when appraisals are completed, there will be a focus on this at the upcoming Performance Review Meetings (PRM's).

J Stevenson reflected that appraisal rates remain challenging and asked if the process could be refined to make the process easier for manager. The Director of People and Culture advised that there are many reasons for the appraisal rates and advised that the focus has to be on a mindset shift, all staff have a responsibility to engage in the appraisal process. All people managers will be set an objective around staff appraisals.

The Employee Director recognised the need for setting expectations and shifting mindset of managers in relation to increasing appraisal compliance.

We continue to see high reliance on temporary staffing, workshop took place last week with consultant to look at recruitment and retention.

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.

10. CHAIR'S ASSURANCE REPORTS

10.1. Audit and Risk Committee Chair's Assurance Report 2 December 2025 - (Presenter: Jason Taylor – Chair Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the Chair's Assurance Report from the 2 December 2025 meeting. Key matters of concerns raised were as follows:

- Committee noted that the payroll audit has resulted in several recommendations and pieces of work being taken forward.
- Ownership of risks and audit actions – this is being taken forward by the Interim CEO with the Executive Management Team.

Decision / Conclusion

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

10.2. Finance and Performance Committee Chair's Assurance Reports 17 December 2025 and 28 January 2026 (Presenter: Fiona Mackay - Chair of Finance and Performance Committee)

The Chair of the Finance and Performance Committee presented the Chair's Assurance Reports from the 17 December 2025 and 28 January 2026 meetings. Key matters of concerns raised are as follows:

- Robertsons contract – an interim contract manager has been appointed and improvements are now being made in relation to the contract,
- A consolidated digital risk has been developed and was discussed earlier in the agenda.
- The number of Delayed Transfers of Care (DTCOC's) remains unacceptable.
- Financial Performance remains off track, however at month 10 we are reporting an improved position.

Work is underway to focus on the financial aspects of medical staffing, an improvement plan was discussed by Committee. Plans were presented for the 3 'big ticket items'/priorities for 2026/27: these being GP Out of Hours, Isles Model of Care and Digital.

The Board noted that the Finance and Performance Committee are meeting monthly to strengthen the role of the Committee.

I Grieve asked for clarity on the digital risk and asked when an action plan will be brought forward. The Interim Director of Finance advised that the risk will be brought through the Risk Management Group in March and back to Board in April 2026.

Decision / Conclusion

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

10.3. Senior Leadership Team Chair's Assurance Report 12 January 2026 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the Chair's Assurance Report from the 12 January 2026 meeting summarising the main points as follows:

- Risks in relation to Digital Services
- Financial position

- Partnership Working
- Reduced Working Week

The Interim Board Chair welcomed the changes made at the SLT, the Interim CEO advised that changes have been made in relation to the Executive Management Team and welcomed the feedback re SLT.

Decision / Conclusion

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

10.4. Joint Clinical Care Governance Committee Chair's Assurance Report 4 February 2026 (Presenter: R Gold, Chair Joint Clinical Care Governance Committee)

The Chair of the Joint Clinical Care Governance Committee (JCCGC) presented the Chair's Assurance Report from the 4 February 2026 meeting summarising the main points as follows:

- Cost pressures in relation to Personal Protective Equipment
- Clinical Engagement in Serious Adverse Event Reviews (SAER's)

The Chair asked for clarity on what actions could be taken by the Board in relation to the areas of concerns raised.

The EDoNMAHP reported a nationwide change to PPE requirements for Highly Infectious Disease, creating cost pressures for Health Boards. Discussions with the national team continue as they await the final costs and anticipate additional financial challenges.

The Medical Director advised that clinical quality groups have been established to support with SAER's recognising the additional ask this puts on our clinical colleagues.

Decision / Conclusion

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

10.5. Staff Governance Committee Chair's Assurance Report 12 February 2026 (Presenter: R Gold, Chair Joint Clinical Care Governance Committee)

The Chair of the Staff Governance Committee presented the Chair's Assurance Report from the 12 February 2026 meeting summarising the main points as follows:

- In sufficient Senior Leadership capacity and capability remains a challenge
- Appraisals rates remain off target.
- Resuscitation and face fit testing compliance remains off target – plan in

The Committee took assurance for the first time on the Quarter 3 Health and Care Staffing Act Report.

J Stevenson requested an update on resuscitation training compliance. The EDoNMAHP responded that an extra trainer has been recruited though releasing staff for sessions remains a challenge. Clinical Nurse Managers are actively addressing this.

R Gold asked that all Committees assess the risk of senior leadership capacity and capability beyond just financial factors. The Interim CEO agreed, emphasising consideration of long-term effects.

Decision / Conclusion

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

10.6. Area Clinical Forum (ACF) 12 December 2025 and 4 February 2026 (Presenter: Dr K Cole, Chair Area Clinical Forum)

The Chair of the Area Clinical Forum presented the Chair's Assurance Reports from the 12 December 2025 and 4 February 2026 meetings summarising the main points as follows:

- Ongoing lack of hospital sub-committee and area dental committee attendance at ACF impacting on the quality of scrutiny being applied
- Maturity of the Area Clinical Forum

The Interim Board Chair requested clarification on the governance gap and current actions. The Medical Director reported discussions with the ACF Chair, noting challenges due to a shortage of candidates for Area Medical Committee Chair. It was decided to establish a formal Area Medical Committee. Attempts to recruit the Hospital Sub Committee Chair were unsuccessful; consultants are meeting with the Medical Director.

The Medical Director advised that administrative support is being provided to all clinical advisory groups.

Decision / Conclusion

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

10.7. Area Partnership Forum 20 January 2026 (Presenter: R McLaughlin, Employee Director)

The Chair of the Area Partnership Forum (APF) presented the Chair's Assurance Report from its meeting 20 January 2026. Points to note:

- Positive performance of NHS Orkney in the national iMatter benchmarking
- Issues in relation to Robertsons contract discussed.
- Workforce report was discussed, a deeper dive analysis has now been taken forward.
- A review of the Health and Social Care data has been undertaken, staff side members are keen to see real time staffing tool/method being used on an annual basis.

Decision / Conclusion

The Board noted the update provided.

11. STRATEGIC OBJECTIVE - PLACE

11.1. Integration Joint Board (IJB) key items, decisions and financial update (Presenter: Chief Officer - IJB)

The Chief Officer IJB presented the Integration Joint Board (IJB) key items, decisions and financial update following the IJB December 2025.

The Interim Board Chair welcomed the update.

Decision/Conclusion

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

11.2. Community Planning Partnership Update (Presenter: Chief Officer - IJB)

The Chief Officer IJB presented the Community Planning Partnership updates from the meetings previous quarter. The Scottish Government Place Director attended the December meeting, focus on public sector reform.

Board Chair welcome equalities and population health groups.

Decision/Conclusion

The Board noted the Community Planning Partnership Update.

11.3. Public Sector Reform Update (Presenter: Chief Officer - IJB)

The Chief Officer IJB presented and update on Public Sector Reform. Following Orkney's 'Routemap to Reform' document being approved 11 December 2025; this was submitted to Scottish Government 12 December 2025 following approval by the JB and Orkney Island Council.

Some positive verbal feedback has been received from Scottish Government officials but, as yet, no written feedback has been received from Scottish Ministers.

A Leadership Steering Group (comprising the Chief Executives of NHS Orkney and Orkney Islands Council, the Chair of the NHS Orkney Board, the Leader of Orkney Islands Council, the Chair, Vice Chair and Chief Officer of the Integration Joint Board and the Governance Leads from NHS Orkney and Orkney Islands Council) meets on a three-weekly basis.

To further strengthen relationships and begin planning the implementation of the routemap a session with the steering group was helpfully supported by John Sturrock K.C, with a further session planned for early March and a wider engagement session planned for May 2026 following the upcoming election period.

Decision/Conclusion

The Board noted the Public Sector Reform update.

11.4. Sub-national regional planning update (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented an update on sub-national regional planning. This mandated Health Boards across Scotland to work more closely on 5 key priorities, and to agree joint plans to deliver these by 31st March 2026.

SPDCE has also commissioned work on Rural and Island healthcare, and terms of reference for orthopaedics, emergency healthcare, digital front door, and Rural and Islands work have been agreed.

Ministerial Direction is to bring forward plans by 31st March against the five key priorities above, expectation that SPDCE and SPDCW will continue to work after that date to ensure delivery against plans by 31st March 2029.

The Interim Board Chair reflected that concerns in relation to North of Scotland work previously undertaken would be lost, this has certainly been heard.

I Grieve raised concerns about the amount of staff time required to attend the East of Scotland meetings and asked for clarity on when we are likely to see the benefits in Orkney.

The Interim CEO recognised the ask on Executive staff and all Board CEO's have been asked to look at backfilling recognising this is part of Boards discharging their responsibilities for collaboration. Work is underway to look at how patients access urgent care services, orthopaedic plans are currently in draft, this is being worked up but no timelines at present.

Dr K Cole asked if there is a date when the remote and rural workstream leads will be confirmed. The Interim CEO advised that there is strong support for this workstream. Since papers were submitted workstream leads have been confirmed.

Decision/Conclusion

The Board noted the sub-national regional planning update.

12. STRATEGIC OBJECTIVE – PEOPLE

12.1. Agenda for change Reform - Reduced Working Week Implementation Plan (Presenter: Director of People and Culture)

The Director of People and Culture presented the Reduced Working Week Implementation Plan for assurance. Implementation of the Reduction in the Working Week (RWW) is underway across NHS Orkney, with services having plans to transition from 37 to 36 hours per week.

Work continues to be taken forward in partnership with recognised Trade Unions, ensuring staff-side engagement in the process.

Efforts are now focused on ensuring colleagues are supported to retain part-time hours, and recruiting is progressing for clinical backfill, where approved, to ensure service delivery remains and staff personnel records are updated.

The Interim Board Chair asked for confirmation of the roles being backfilled and asked if there are any risks associated with implementing the RWW. The Director of People and Culture advised that part time staff can retain part time hours and acknowledged that there may be questions once implemented.

J Taylor reflected that the organisational response has been to flex resources to deliver the mandated request noting that we still haven't addressed the local issue of appraisal and training compliance. The Director of People and Culture acknowledged the reflection.

Dr K Cole asked how that RWW fits with the wider asks around staffing establishment. The Director of People and Culture advised that this also needs to include, financial, health and care staffing act and establishment. The EDoNMAHP advised that protected learning time, health and care staffing act and time to lead was taken into consideration when developing the RWW implementation plan.

J Stevenson asked if staff working part time would be willing to increase hours. The EDoNMAHP advised that this has been considered and offered to staff and teams.

J Stevenson asked for clarity on maternity staff reducing the working week and the impact this may have on handover. The EDoNMAHP advised that this has been mapped out by the Lead Midwife, there will be no impact.

J Kenny thanked those who have contributed to the RWW Implementation Plan.

The Interim CEO recognised the need to step back noting the number of national workforce asks which remains challenging for smaller Boards.

The Medical Director advised that in some areas the RWW has provided an opportunity for service re-design and this will feed into workforce planning in those areas.

Decision/Conclusion

The Board took assurance on the Reduced Working Week Implementation Plan.

12.2. Update on Equality Outcomes Report 2026-2029 (Presenter: Director of People and Culture)

The Director of People and Culture presented an update on Equality Outcomes Report 2026-2029.

NHS Orkney is legally required to publish Equality Outcomes every four years. As outcomes for 2021–2025 have expired and none were published in 2025, there is a pressing need to agree and progress Equality Outcomes for 2026–2029 to ensure compliance and mitigate reputational and governance risk.

The Executive Team presented the Board with three draft suggested equality outcomes. The draft outcomes aim to balance ambition with realism given limited specialist equality capacity and known data quality challenges with tangible outcomes. A further update will be presented to Board in due course.

J Kenny acknowledged the report, highlighting the challenging decisions required by the Board, especially those in outcome 3. He expressed concern about lacking capacity to meet statutory requirements. The Director of People and Culture confirmed that no resources are currently allocated to this piece of work.

R Gold thanked the Executive Team for the report and highlighted a discussion in relation to outcome 1 which addresses patient feedback on quality and asked consideration by given to protected characteristics.

R Gold asked if outcome 2 needs to be focused on outcomes and access. The Director of People and Culture noted the comments from R Gold.

F Mackay asked if there is an opportunity for this piece of work to be undertaken collaboratively with Orkney Island Council and the Integration Joint Board. The Chief Officer advised that this could be built into the work being undertaken on Public Sector Reform.

Decision/Conclusion

The Board discussed the Equality Outcomes Report 2026-2029 and noted progress being made.

13. PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1 Financial Case for MRI provision in NHS Orkney (Presenter: Medical Director)

The Medical Director presented the financial case for MRI provision in NHS Orkney to the Board for assurance.

NHS Orkney is seeking Scottish Government agreement to sustain the MRI provision beyond the end of the current time-limited funding period in May 2026. A relocatable MRI scanner has been successfully implemented at The Balfour Hospital and has been validated for a wide range of examinations including prostate MRI.

The service has repatriated the majority of MRI activity that would otherwise have been referred to NHS Grampian, materially improving access, pathway timeliness, and patient experience. We anticipated 800 scans being delivered, however that number is likely to be over 1,000.

A proposal for an additional year and ongoing funding has been submitted to the national imaging group, following positive patient feedback.

Feedback has not yet been received; this is likely to be provided by late March 2026. The Medical Director reminded the Board that the MRI scanner is relocatable, and not a permanent fixed scanner, costs for a fixed scanner are likely to be significantly higher.

J Taylor observed that the report references costs associated with NHS Grampian and inquired whether the costs related to the Service Level Agreement (SLA), specifically regarding cost savings for NHS Grampian and diagnostic capacity across the East of Scotland, have been quantified. The Medical Director responded that patient treatment in Aberdeen would not be cost neutral and highlighted challenges concerning the review of the SLA due to reluctance to proceed with such an undertaking. Scottish Government has requested that all Boards adopt a national strategy towards achieving savings.

The Interim CEO acknowledged that it is complex for Health Boards to review SLAs. Work is currently in progress to establish a baseline for all SLAs, which will also be applied to our MRI service.

The EDoNMAHP thanked the Medical Director and the Radiology Manager for the work to date and asked that consideration be given to a covered walkway being put in place for patients accessing the MRI scanner.

J Kenny asked that sustainability be better reflected in the business case particularly from a travel perspective. The Medical Director acknowledged that air travel has been included in the business case, as well as remote consultations.

I Grieve noted their hesitation to agree with the Scottish Government's stance on the national diagnostics approach and expressed interest in thoroughly examining the cost savings achieved by NHS Grampian. The Medical Director shared that discussions have occurred with NHS Highland and is interested in exploring options for patients in Caithness.

The Medical Director advised that whilst this should be celebrated there is a risk that if the service ceases patients will need to travel to Aberdeen and we will lose the back up for our CT scanner.

Decision/Conclusion

The Board took assurance from the report.

13.2 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.

Hand Hygiene and Multi Drug Resistance Organism (MDRO) targets have been achieved for this report.

The EDoNMAHP commended the infection control and estates team for achieving the targets.

Decision/Conclusion

The Board took assurance from the report.

13.3 Safety, Quality and Experience Report, Quarter Two – Quality Extract (Presenter: Medical Director)

The Medical Director presented the Safety, Quality and Experience Report, Quarter Two report for assurance.

The Excellence in Care (EiC) approach continues to strengthen assurance, with improved organisational participation and improving data submission rates (15% to 41% over 12 months).

Falls remain a significant challenge to describe those with and without harm. With increasing reporting and active mitigation; NHS Orkney will participate in the national SPSP falls with harm programme.

Key service improvement work is progressing, including the Community Dressings pilot and behavioural standards framework.

Overdue incidents and delayed SAERs remain a concern due to lack of clinical engagement.

Decision/Conclusion

The Board took assurance from the report.

14. STRATEGIC OBJECTIVE - PERFORMANCE

14.1. Month 10 Finance & Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 10 finance and Improving Together (efficiency) Programme progress report.

There has been a significant improvement in the YTD position as at Month 10 which is predominantly due to the release of reserves by the IJB, additional funding and release of accruals. This is a non-recurring benefit for 2025/26 and the position remains challenging for 2026/27.

At the end of Month 10, the reported financial position an overspend of £2.220m, which is £44k higher than the planned deficit of £2.176m but £195k lower than the planned trajectory.

A revised year-end forecast was submitted to SG in Month 8, predicting a deficit of £4.2m at 31 March 2026. Due to the improvements in Month 9, a revised forecast of £3.6m was submitted. With the release of the IJB reserves, the forecast has been further reduced in Month 10 to £2.7m.

Scottish Government have confirmed that the transitional funding of £2m will be provided, however any deficit position over £2m will be shown as an overspend in the annual accounts.

The Interim Board Chair noted the current position brings the Board under the 1% RRL position, which is due to IJB reserves and thanked the teams for the report.

I Grieve thanked the finance team for their work to date and asked the Interim CEO if achieving the financial target set by Scottish Government will de-escalate the Board from level 3. The Interim CEO advised that if we achieve the financial target, this is year 1 of the plan and confirmed this would be a decision by Scottish Government.

R Gold reflected the significant financial challenges noting that difficult decisions are now required and where budgets need to be aligned to ensure effective service delivery.

Decision/conclusion

The Board discussed and noted Month 10 financial performance.

14.2. Draft 2026/27 Financial Plan for NHS Orkney (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the draft 2026/27 Financial Plan for NHS Orkney submitted 2 February 2026. The final plan will be submitted to Scottish Government by 16 March 2026. The final plan will include a section on the East of Scotland and how the Board will support collaboration and an updated savings plan.

NHS Orkney is entering the 2026/27 planning cycle in a highly constrained financial environment.

The Board faces a revised opening deficit of £3.6m, requiring delivery of £4.173m in savings to achieve the planned position. Scottish Government planning assumptions include a 2% baseline uplift and an expectation of 3% recurring savings, alongside clear guidance that brokerage is no longer available.

1.6m cash releasing savings have been identified through the Improving Together Programme, this has contributed to our current Year End position.

Scottish Government planning assumptions for 2026/27 include a 2% baseline funding uplift (£1.6m) to cover pay and inflationary pressures, full funding for the 2025/26 pay deal and Agenda for Change reform. There is an expectation of 3% recurring savings on baseline budgets. No new recurring commitments should be undertaken without funding being confirmed.

Delivery risk remains high; transformational change and integrated planning are critical to financial sustainability and potential Section 22 qualification if plan is not achieved.

J Taylor asked for an update on the requirement from Scottish Government to reduce our WTE staffing establishment. The Interim Director of Finance advised that the main focus has been on the Board achieving the 1% RLL reduction.

R Gold thanked the Interim Director of Finance and requested clarification on plans for 2026/27 and their feasibility. The Director of Performance and Transformation

stated that activity is based on 2025/26, with financial requirements pending, as funding is not yet confirmed.

Decision/conclusion

The Board discussed and welcomed the update.

14.3. Corporate Strategy 2024-2028 Year 2 Quarter 3 Reportt (Presenter: Interim CEO)

The Interim CEO presented the Corporate Strategy 2024-2028 Year 2 Quarter 3 Report, reflecting that the report duplicates reports being presented to our governance committees.

The Board asked the Executive team to review how the Corporate Strategy could be included in other reports to the Board going forward.

Decision/conclusion

The Board discussed and noted the update.

15. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

16. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business raised.

17. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

17.1. Audit and Risk Committee – 7 October 2025

Members noted the minutes of the Audit and Risk Governance Committee 7 October 2025.

17.2. Area Clinical Forum – 12 December 2025

Members noted the minutes of the Area Clinical Forum 12 December 2025.

17.3. Area Partnership Forum – 18 November 2025

Members noted the minutes of the Area Partnership Forum 18 November 2025.

17.4. Finance and Performance Committee – 17 December 2025

Members noted the minutes of the Finance and Performance Committee 17 December 2025.

17.5. Joint Clinical Care Governance Comittee – 1 October 2025

Members noted the minutes of the Joint Clinical Care Governance Committee 1 October 2025.

17.6. Staff Governance Committee – 3 December 2025

Members noted the minutes of the Staff Governance Committee 3 December 2025.

18. ITEMS FOR INFORMATION

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

Members noted the meeting schedule 2025/26.

18.2. Board Record of Attendance 2025/26 (Presenter: Chair)

Members noted the meeting schedule 2025/26.

18.3. Questions from the public and the media

B Smith asked for confirmation of the staffing in place for the MRI service. The Medical Director advised that an MRI Lead has been recruited but is not aware of any challenges in accessing the service.

B Wilson asked the Board a question in relation to theatre utilisation which is currently at 43% and asked in an improvement plan is likely to be implemented. The EDoNMAHP advised that a new senior charge nurse is now in place and this is being reviewed as part of our Improving Together Programme.

The Interim Board Chair closed the meeting at 12.28