

Public Board Meeting – Annual Accounts Minutes 26 June 2025

Present

Melanie Barnes (Interim Director of Finance), Dr Kirsty Cole (Chair, Area Clinical Forum), Debs Crohn (Head of Improvement), Rona Gold (Non-Executive Director), Issy Grieve (Non-Executive Director), Joanna Kenny (Non-Executive Director), Dr Anna Lamont (Medical Director), Shona Lawrence (Corporate Communications Officer), Meghan McEwen (Board Chair), Laura Skaife-Knight (Chief Executive Officer), Jean Stevenson (Non-Executive Director), Jason Taylor (Non-Executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Tammy Sharp (Director of Performance, Transformation Deputy CEO).

Guests

Rashpal Khangura (External Auditor KPMG), Taimor Alam (External Auditor KPMG) Hannah Casey (Public Health Manager), Shona Lawrence (Corporate Communications Officer), Sarah Gilmour (The Orcadian), David Delday (BBC Radio Orkney).

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 as a whole.

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 Board Chair opened the meeting at 11.05 am and welcomed attendees.

Apologies were received from Dr Louise Wilson (Director of Public Health), Ryan McLaughlin (Employee Director - Non-executive Director).

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

3. Declarations of Interest (Presenter: Chair)

J Taylor declared an interest in relation to item 11.3 (Island Games Final Plan 2024/25) due to receiving remuneration in the development of Orkney's bid for the Island Games.

4. Minutes of Previous Meeting 24 April 2025 (Presenter: Chair)

Minutes of the meeting held on 24 April 2025 were accepted and approved as an accurate record of the meeting.

5. Matters Arising (Presenter: Chair)

K Cole advised that Board agendas are not currently being shared with the Area Clinical Forum (ACF).

K Cole to share meeting dates of ACF with Board Chair

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 2025 (Presenters: Chair, Chief Executive)

The Chair and Chief Executive presented their report to the Board providing an update on key events and activities in May and June 2025, highlights included:

- Publication of 3 key documents in the past week - Population Health Framework, Public Sector Reform, Service Renewal Framework which sets out the direction of travel for the next 10 years.
- Board members were encouraged to read the Public Sector Renewal Framework which sets out the strategic direction in Scotland.
- Planned care update: work underway at NHS Orkney to reduce our longest waits and have zero 52-week waits by the end of March 2026. Enhances scrutiny has been put into the system, additional page will be included in the IPR, monthly update at Senior Leadership Team

- MRI scanner is now in Orkney and operational, first patients have been treated. Evaluation and business case will be developed to ensure sustainability of the service for our patients.
- iMatter (staff survey) results show improvements for fourth successive year.
- New Leadership Development Programme and Education and Improvement Centre developments approved and launched soon
- National recognition for long-serving NHS Orkney nurse - Moira Sinclair who has over 40 years plus service. Amanda Manson and Anne Gregg were also nominated by the Royal College of Nursing.

8. CHAIRS ASSURANCE REPORTS

8.1. Joint Clinical and Care Governance Committee Chair's Assurance Report (Presenter: Rona Gold - Chair of Joint Clinical and Care Governance Committee)

No papers presented as Committee has not met since the last Board meeting.

8.2. Finance and Performance Committee Chair's Assurance Report 27 March and 22 May 2025 - (Presenter: Davie Campbell - Vice Chair Finance & Performance Committee)

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Reports from 27 March and 22 May 2025 meetings.

22 May 2025

- Delayed Transfers of Care - To be discussed at the Integration Joint Board (IJB) meeting July 2025
- Capacity within the Improvement Function - to be discussed later in the meeting

Director of Performance, Transformation and Deputy CEO confirmed work continues reviewing the Integrated Performance Report (IPR) metrics, considerations to be given to metrics for the Robertson's contract and sustainability. Annual delivery Plans have been super-seeded by the production of the NHS Operational Plan.

I Grieve asked for an update on the planned workshop to look at the use of Hamnavoe House and when the Board will receive an update. EDoNMAHP advised that a paper will be presented to the IJB in July, with recommendations from the workshop. This will come through our governance processes before being presented to the IJB.

The Board Chair asked that the Chief Officer IJB, EDoNMAHP provide a timeline for the discussions through our internal governance processes for the older people's strategy.

The Board Chair asked all members to be clear what the ask of the Board is when items are being escalated and what action is required.

Decision / Conclusion

The Board noted the update provided subject to the amendments discussed and agreed above.

8.3. Audit and Risk Committee Chair's Assurance Reports 6 and 27 May 2025 (Presenter: Jason Taylor, Chair of Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the Chair's Assurance Reports from the meetings on the 6 and 27 May 2025 highlighting the following

- Business concerned with the Annual Accounts process
- Approval of the Board Assurance Framework and Performance Scorecard.

The Board Chair asked when the update on Counter Fraud Strategy would be complete. Interim Director of Finance advised this will be complete by September 2024.

The Board Chair commended the quality and detail contained in the Chairs Assurance Report.

Decision / Conclusion

The Board noted the update provided.

8.4. Senior Leadership Team Chair's Assurance Reports - May and June 2025 (Presenter: Chief Executive - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the report highlighting the following items which had been discussed at their meetings in May and June 2025 highlighting the following areas of escalation

- Limited assurance on the Health and Staffing act submission to Scottish Government
- Downgrading and closing of risk related to waiting times data
- Ensuring zero waits for patients waiting 52 weeks

The Chief Executive acknowledged that SLT are now driving forward improvements, these include

- Development of the Education and Improvement Business Cases
- Leadership development programme
- Operational Governance Review engagement approach

The Board Chair asked for clarity on the ask in relation to options appraisal discussed at the 3 June 2025 meeting. Head of Improvement confirmed this was in relation to Car Parking at The Balfour.

The CEO shared that there has been an increase in the number of staff attending SLT as observers demonstrating our commitment to openness.

Decision / Conclusion

The Board noted the update provided.

8.5. Area Clinical Forum 2 June 2025 (Presenter: Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on 2 June 2025, highlighting the following

Concerns

- Service provision - Chief Officer and Head of Primary Care are aware

Positive assurance

- Public Protection Policy and Safeguarding children's Policy and Tongue Tie Policy presented for consultation and approval by the Clinical Governance Group.
- Behavioral standards workshop takes place in July 2025.

Area Clinical Forum Chair asked if office-bearers could be invited to the Extended Senior Leadership Team. Head of Improvement to review and forward invites to clinical advisory group office-bearers.

Decision / Conclusion

The Board noted the update provided.

8.6. Staff Governance Committee - 15 May 2025 (Presenter: Joanna Kenny - Chair of Staff Governance Committee)

The Chair of the Staff Governance Committee presented the Chair's Assurance Report from the meeting held on 15 May 2025 highlighting the following items

Escalations

- Ongoing issues in relation to safer staffing - improvement plan to be discussed later in the agenda
- Workforce Operational Group is not yet effectively established
- Workforce Report to be integrated into the Workforce Chapter of the Integrated Performance Report
- Agenda for change reform implementation plan - conversations taking place regarding Reduction in Working Week (RWW), this will return to Board in August 2025.

The Chair of Staff Governance Committee advised that challenges remain in relation to face to face completion of statutory/mandatory training.

Director of People and Culture advised that a lengthy discussion took place at the SLT 24 June 2025 in relation to statutory/mandatory training, despite additional input from the People and Culture Team the dial has not changed in terms of increasing compliance. An additional Extended Senior Leadership Team (ESLT) meeting is scheduled for 3 July 2025 which sets out non-negotiable expectations and the consequences of manager not ensuring staff are compliant with statutory/mandatory training.

The Board Chair asked if a risk should be raised and added to the Corporate Risk register in relation to the lack of a workforce operational group. The CEO advised that the Terms of Reference for the workforce group were approved by the SLT 24 June 2025 and meetings scheduled for the next 12 months.

Lou Willis (Children's services Lead) winner of our Team Orkney Leader of the Year award shared with Committee their leadership experience.

Decision / Conclusion

The Board noted the update provided.

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

The Medical Director presented the Corporate Risk and Assurance report providing an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period.

Members were advised that the number of risks has increased this financial year, operational risk registers are now in place.

3 separate risks have now been merged into a single risk. The summary sheet provides an overview of how risks are being managed by Governance Committees.

Top two risks were presented to the Board noting individual risks are managed by Governance Committees. Financial sustainability risk has been reduced due to transitional funding being received from Scottish Government.

J Taylor raised concerns in relation to the reduction of the risk and frequency of the risk being reviewed every 3 months. The Interim Director of Finance advised that the risk was increased due to the risk of the Board being issued with a Section 22. The Board Chair and Chief Executive asked that the risk is reviewed on a monthly basis.

The risk regarding capacity in the social care system has been reduced. The Board Chair asked for clarity on the reduction of the social care system risks given the number of delayed transfers of care in the system. The EDoNMAHP advised that when the risk register was reviewed in May 2025, numbers were lower than they currently are. At the next review of the risk it will be increased due to site capacity. EDoNMAHP to ensure the narrative captures the risks associated with patient care.

R Gold noted and welcomed the comprehensive report and the improvement in our risk management and asked that the risk in relation to Senior Leadership capacity be reviewed following the departure of the Chief Executive and absences in senior positions.

The Board Chair advised that a meeting will be scheduled for Non-executive Directors in the next 2 weeks to discuss the risks in relation to Senior Leadership capacity.

The Medical Director advised that risks are being reviewed more frequently outwith policy recognising the dynamic nature of risk management. Work continues to improve our risk management approach, as the process evolves and operational risk registers are established. This will ensure the risk register focuses on mitigating actions and assurance.

Decision / Conclusion

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

10. Integrated Performance Report (IPR) (Presenter: Director of Performance, Transformation and Deputy CEO)

The Director of Performance, Transformation (Deputy CEO) presented the Integrated Performance Report (IPR). The Board discussed the following points

- Sickness absence rates
- Appraisal rates have increased to 38.3%
- 4-hour emergency access standard remains amongst the top 3 Health Boards

A review of the IPR has commenced, there is a need for the report to be improved to suit the needs of the Board. The Board recognised that there is a need to develop the data presented to focus on actions being taken and the impact they have had on performance.

A template will be shared with the Corporate Leadership Team in July 2025, recognising that this is an iterative process over the next 12 months.

The Board Chair asked that conversations take place with Non-executive Directors to shape the IPR going forward.

The Chief Executive welcomed the review of the IPR and encouraged Committee Chairs and Executive Leads to work with the Director of Performance, Transformation (Deputy CEO) as part of the review.

Director of Performance, Transformation (Deputy CEO) advised that the IPR will form part of the Performance Review Meeting (PRM) packs so staff are aware and clear on their role in performance targets and management.

I Grieve asked that the narrative in the IPR be made clearer, including SMART targets and asked that the change in position column remains in the IPR.

The Chief Executive asked that changes to the IPR are built into the Leadership Development Programme.

The Board Chair asked that the amber status be included in the IPR going forward.

Patient Safety Quality and Experience (PSQE)

The Medical Director presented the PSQE Chapter of the IPR noting the following

- Reduction in the number of falls
- Number of complaints target is set at 0 to ensure it appears on the IPR
- Excellent performance in Maternal Early Warning Scores (MEW's) and Pediatric Early Warning Scores (PEW's).

The Board Chair asked for evidence in the IPR of learning being implemented. The Medical Director confirmed that learning from Serious Adverse Event Reviews (SAER's) and Complaints are

summarised in the quarterly Safety Quality and Experience (SQE) Report to the Joint Clinical Care Governance Committee (JCCGC).

J Stevenson asked for clarity on Endoscopy figures. The Medical Director recognised the challenges of having this skill set in Orkney. The introduction of Scot cap is reducing the number of people requiring endoscopy. Recruitment to a substantive consultant was unsuccessful, there is a shortage across Scotland, the Board remains reliant on external resources.

The Board Chair challenged Executives to be clear on the actions taken when referencing recruitment challenges.

Community Services

Chief Officer IJB provided an update on performance of Community Services focusing on the following 2 areas.

- Physiotherapy – The Phio app is now live - feedback from patients has been positive. 73 people on the current waiting list have accessed the self-management app.
- Podiatry - There has been a significant reduction in patients waiting to be seen for podiatry services.

K Cole asked for confirmation on why podiatry services have a waiting time for 4 weeks. Chief Officer IJB advised that this is a nationally set target.

Population Health

H Casey provided an update on population health performance. Smoking cessation - whilst rated red, it is an improving position.

Board Chair asked for clarity on vaccination uptake and asked if the changes to where vaccinations are delivered has made an impact on uptake.

Workforce

Director of People and Culture provided an overview of the Workforce chapter of the IPR focusing on areas not covered earlier in the agenda.

Sickness absence is below national average but higher than we would like. Work underway to review workforce metrics. Long term and short-term sickness have now been split.

There has been an increase in appraisals since the last meeting.

The Board Chair and J Taylor asked for clarity in relation to the number of bank hours being used to cover staff sickness. Director of People and Culture advised that work is underway to provide assurance on how excess hours exceed contracted hours this will be included in the IPR going forward and brought to the August Board meeting.

D Campbell asked how the IPR could be used for better clinic planning and asked that consideration be given to producing a high-level 1-page public facing IPR.

Decision/conclusion

The Board received the Integrated Performance Report (IPR) June 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) Strategic Plan 2025-2028 - what this means for NHS Orkney (Presenter: Chief Officer - Integration Joint Board)

The Chief Officer - Integration Joint Board presented the Strategic Plan 2025-2028 - what this means for NHS Orkney for awareness.

All IJB's are required to have a 3 year-strategic plan, metrics contained with the plan should be included in the IPR going forward. Orkney like all areas struggle when people are in crisis, the plan sets out the need for prevention and early intervention this is reflected in the Public Sector Reform commitment from Scottish Government.

There is a clear contribution required from a Population Health perspective in the delivery of the Strategic Plan.

The Board Chair noted that there will be implications for NHS Orkney given our workforce and financial position.

Decision/conclusion

Members noted the update and the implications for NHS Orkney.

11.2. Integration Joint Board (IJB) Key Messages from Meeting 30 April 2025 (Presenter: Chief Officer - Integration Joint Board)

The Chief Officer - Integration Joint Board presented the Key messages from the IJB meeting 30 April 2025, these are as follows

- Strategic plan approved 30 April 2025
- Annual IJB Budget approved
- Received community planning partnership suicide prevention action plan
- Well produced strategies and plans received by the Board.

The Board Chair asked members to read the Orkney Scheme of Delegation.

Decision/conclusion

Members noted the update and key messages

11.3. NHS Orkney Final Island Games Plan - OHB2526-43 (Presenter: DoNMAHP)

The EDoNMAHP presented the NHS Orkney Final Island Games Plan for approval following approval by the FPC 27 May 2025. The plan incorporates additional narrative requested by Finance and Performance Committee. All patient bookings, transport and rotas have been approved.

J Taylor advised that there are some changes to accommodation, this may need to be reviewed.

EDoNMAHP thanked those involved in developing the plan.

CEO thanked the EDoNMAHP for their leadership and recognised engagement with Island Games Committee and partnership working.

EDoNMAHP assured the Board that there will be no impact on planned care, clinical administration teams have ensured patients have been booked taking into consideration road closures. Financial costs are in relation to our commitment to orthopaedics on call cover should they be required to support resident team in Emergency Department, recognising this will be a small cost.

R Gold asked if a lessons learned meeting is planned and when the Board will have sight of them, and the legacy of the Island Games and impact on public health. H Casey advised that public health is working closely with Orkney Island Council's health and wellbeing strategy. Lessons Learned will be scheduled in August/September, which will come through our internal governance process.

CEO advised that a new recruitment campaign will be launched during the Island Games - details will be shared with the Board.

Decision/Conclusion

The Board approved the NHS Orkney Final Island Games Plan.

11.4. Programme for Government (PfG) - What this means for NHS Orkney - OHB2526-44 (Presenter: Director of Performance, Transformation and Deputy CEO)

Item deferred as this forms part of the wider Public Sector Reform agenda.

12. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

12.1. Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute - EDoNMAHP)

The EDoNMAHP presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives, highlighting continued compliance with MRSA standard. Targeted work in clinical areas continues on hand hygiene

Board Chair commended the work of the Infection Prevention Control and domestics team.

Decision / Conclusion

The Board noted the update provided received assurance.

12.2. Clinical Services Review Methodology and next steps (Presenter: Medical Director, Director of Public Health, Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services)

The Medical Director presented the Clinical Services review methodology and next steps paper recognising progress has been made since the papers were submitted to Board.

There is a recognition that pace is required in terms of reviewing recommendations from the Clinical Services Review.

A meeting has taken place with Healthcare Improvement Scotland re Horizon 3 recommendations.

R Gold thanked those involved in the production of the paper and outlined the following points for consideration

- Governance recommendations - when will the Board have an opportunity to feed into defining the criteria
- Stakeholder engagement - be useful to include stakeholders to ensure all relevant stakeholders are included
- Communications - what is the approach to the communications plan?

The Medical Director advised that the principles in the paper are not to create new structures. A Quality Impact Assessment process is in place; a workshop will take place in the next 2 weeks to look at Horizon 1 recommendations, which are our priority.

CEO acknowledged that the final report will be received later this week which is a requirement of Scottish Government transitional funding, this will include next steps and what is required from internal governance. CEO committed to sharing with the Board a proposal on how Non-executive Directors and Clinical Advisory Groups will be involved in the development of the recommendations as they progress into delivery.

Decision/conclusion

The Board noted the paper

12.3. NHS Orkney Medical Device Policy (Presenter: Medical Director)

The Medical Director presented the NHS Orkney Medical Device Policy for consideration and approval. There is a requirement from Scottish Government for all Boards to have a policy in place for the use of all Medical Devices including software. The draft policy was shared with Scottish Government in April 2025, however, no feedback has been received.

The Medical Director confirmed that a Medical Devices Group is in place and responsible for the policy.

D Campbell asked for clarity on the governance route for the policy. The Medical Director confirmed it had been approved by the Medical Equipment Group and Senior Leadership Team.

K Cole asked if the Medical Device Policy had been shared with the Head of Primary Care. The Medical Director advised that National Services Scotland have been involved in the development of the policy due to systems being commissioned nationally. Communications to be issued to Primary Care.

Decision/conclusion

The Board approved the NHS Orkney Medical Device Policy for submission to Scottish Government.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review - culture governance and senior leadership - June 2025 progress update - OHB2526-47, OHB2526-48 (Presenter: Chief Executive)

The Chief Executive presented the report summarising the external review that was commissioned by her in mid-2024 into Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement. The CEO highlighted the following actions that have been delivered since the last meeting.

- Leadership development programme
- Engagement work around behavioural standards will conclude in July 2025
- Sickness, mandatory training
- Clinical Services Review and clinical engagement
- Respectful governance
- Support for the Chief Executive
- Locked down Year 2 Corporate Strategy Objectives.

R Gold asked for evidence of the impact of sickness absence, mandatory training and appraisals. Director of People and Culture advised that the Your employee journey will be used to monitor progress made, this will be shared with Board members via OnBoard.

R Gold asked for clarity on the operational governance review meetings. Head of Improvement advised that one-to-one meetings have taken place with Executive Directors and Heads of Service. A project plan and approach to communications and engagement to be shared with Board Members via OnBoard.

R Gold asked for clarity on organisational development work being complete. Director of People and Culture advised that this work has currently been paused. This will be reviewed following recruitment of the Director of People and Culture.

R Gold raised concerns in relation to the pace of the work - CEO reminded the Board that our culture work requires pace but reflective of how the action plan is presented going forward.

Decision / Conclusion

Members accepted the report.

13.2. NHS Orkney iMatter 2025 results (Presenter: Director of People and Culture)

The Director of People and Culture presented the NHS Orkney iMatter 2025 results. Only 1 question out of 30 has reduced this year.

Biggest movement is in people recommending NHS Orkney as a good place to work and being happy for a friend or relative to access services within my organisation.

Board visibility and decision making remain amber actions for the Board. There is a need for the organisation to have an improved understanding of performance management.

The Board Chair asked for a question to be added to the board walkarounds to ask staff what more could be done to improve board visibility

The CEO recognised the 2025 iMatter scores is a good news story, demonstrating our commitment to putting staff first. The CEO raised a risk in relation to the well-being co-coordinator stepping out of the Organisation in August 2025, this will significantly impact on our ability to deliver on our staff well-being strategic objective.

Decision/conclusion

The Board discussed and took assurance by the iMatter 2025 results.

13.3. Themes from Board walkarounds - June 2025 - OHB2526-55 (Presenters: Chief Executive, Chair)

The Chief Executive presented the themes from the Board Walkaround which took place in May 2025. A recent meeting with the Health and Safety Team has taken place and will come to Board in August 2025.

J Taylor asked for an update on space for the vaccination service which was raised as an issue. The Director of Performance, Transformation (Deputy CEO) advised that this a review of clinical space has been built into the Outpatients improvement Workstream, this work will conclude Summer 2025.

The Board Chair is keen to undertake a review of the themes of the Board Walkarounds over the past 12 months, this will be presented to Board for discussion.

Decision/conclusion

The Board received and noted the update.

13.4. Equality and Diversity Annual Report 2024/25 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Equality and Diversity Annual Report 2024/25 for discussion consideration and approval. Members were asked to note that the Board is more diverse than our local Community and we have high numbers of staff declaring a disability.

R Gold asked for confirmation of the plans in place to pro-actively target men in the recruitment process as there is a need to look at our recruitment process through the gender lens.

The Director of People and Culture is exploring opportunities for a research project with the University of Highlands and Islands (UHI), EDoNMAHP advised that there is a national push to increase the number of men recruited into health and care roles.

K Cole asked for clarity on the gender pay gap analysis and how the Board compares with other Health Boards in Scotland. The Director of People and Culture advised that Agenda for Change terms and conditions are set nationally, the review is in relation to who is appointed to roles by gender.

The Medical Director asked that numbers below 5 in the report are removed prior to publication so individuals cannot be identified.

Decision/conclusion

The Board approved the Equality and Diversity Annual Report 2024/25 for publication.

14. LUNCH

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025 (Presenter: Interim Director of Finance)

Rashpal Khangura and Taimor Alam (External Auditors) joined the meeting at 14.00 pm.

The Interim Director of Finance advised the Board that the Audit and Risk Committee at its meeting on the 26 June 2025, recommended that the Board approve the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025. Members were reminded that the annual accounts are not for publication or sharing until laid before Parliament in September 2025.

External Auditors presented the draft external audit report which will be signed off following approval by the NHS Orkney Board. Auditors presented a clean audit report to the Board with one amendment in relation to the Old Balfour Hospital.

Positive progress on savings were noted, recognising the risk which remains in terms of long-term financial sustainability.

Auditors thanked the finance team for their support in the production of the Annual Report and Accounts.

J Taylor confirmed that the Audit and Risk Committee recommended to the Board approval of the Draft NHS Orkney Annual Report and Accounts for year ended 31 March 2025 and authorised the Chief Executive to sign the representation letter as Accountable Officer for the Board.

Decision/conclusion

The Board accepted the recommendation from the Audit and Risk Committee and approved the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025.

Rashpal Khangura and Taimor Alam (External Auditors) left the meeting at 14.15 pm.

15.2. NHS Scotland Operational Improvement Plan - what this means for NHS Orkney (Presenter: Director of Performance, Transformation and Deputy Chief Executive)

The Director of Performance, Transformation (Deputy CEO) presented the NHS Scotland Operational Improvement Plan - what this means for NHS Orkney report in relation to the Annual Delivery Plan and Corporate Strategy. Priorities are

- Reducing waiting times, with no one waiting more than 52 weeks by March 2026.
- Shift the balance of care from acute settings into communities.
- Expand digital access and innovation in service delivery.
- Focus on prevention and early intervention to improve population health.

Decision/conclusion

Members noted the update and the implications of what this means for NHS Orkney.

15.2.1. Planned Care funding and improvements for 2025/26 - what this means for NHS Orkney (Presenter: Director of Performance, Transformation and Deputy CEO)

The Director of Performance, Transformation (Deputy CEO) presented the Planned Care funding and improvements for 2025/26 - what this means for NHS Orkney report to the Board.

The report sets out requirements from First Minister and how the Board will make the required improvements by 31 March 2026.

The Board Chair thanked the Director of Performance Transformation (Deputy CEO) for the paper and welcomed sight of the improvement plan.

Decision/conclusion

Members noted the update and considered the implications of what this means for NHS Orkney.

15.3. Improving Together (efficiency) Programme Final Plan 2025/26 - (Presenter: Director of Performance, Transformation (Deputy CEO))

The Director of Performance, Transformation (Deputy CEO) presented the Improving Together (efficiency) Programme Final Plan 2025/26. The plan sets out the steps to be taken to ensure the Board meets its savings target of £3.8 million this financial year. £2.7 million savings have already been identified, with a pipeline of schemes in development for the remaining £1.6 million,

D Campbell asked if there have been any material changes to the plan since the last draft presented to Board. The Director of Performance, Transformation (Deputy CEO) confirmed there were no material changes to the plan since the last iteration.

Decision/conclusion

The Board discussed and approved the Improving Together (efficiency) Programme Final Plan 2025/26.

15.4. Financial Performance Report May 2025 - OHB2526-63 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 2 Financial Performance Report. The Board is forecasting a £2.2 million deficit at the end of 2025/26.

Areas contributing to adverse financial position are

- Medical staffing costs and our reliance on locums
- Agency spend on nursing - EDoNMAHP advised that recruitment to substantive posts is underway, this will reduce agency spend on nursing
- Increased prescribing costs

Additional grip and control meeting taking place Friday 27 June 2025.

The Interim Director of Finance confirmed that no decision has been made in relation to King Street and the Old Balfour site.

K Cole asked for confirmation on when medical staffing costs will be presented to the Board. The CEO advised that this will be presented to the Financial Escalation Board in July 2025.

The Board Chair raised concerns in relation to workforce vacancies and asked for confirmation on what is being undertaken to address the challenges noted. Interim Director of Finance advised that this is being overseen by the Workforce workstream of the Improving Together (efficiency) Programme.

Decision/conclusion

The Board discussed and noted the Month 2 (May) Financial Performance Report.

15.5. Financial Escalation Board Chair's Assurance Reports and Terms of Reference - April and May 2025 (Presenter: Chair)

The Board Chair presented Chair's Assurance Reports from the Financial Escalation Board meetings held on the 30 April and 28 May 2025. Papers presented at the Financial Escalation Board of a high quality. The Financial Escalation Board has moved up a notch. However, members noted that at times, the meeting strayed into other areas.

Members were reminded that the purpose of the Financial Escalation Board is financial escalation and should not be undertaking the role of an assurance committee

The Board Chair thanked the Interim Director of Finance for establishing the Board and the information being presented.

Decision/conclusion

The Board received and noted the Chair's Assurance Reports and the Financial Escalation Board Terms of Reference.

15.6. Respectful Governance (Presenter: Chair)

The Board Chair presented a paper on respectful governance, thanking the Head of Improvement for their support.

The paper builds on the paper discussed at the Board Development Session in March 2025. Proposed changes from 1 October 2025 include:

- Board members respecting board governance ensure attendance at meetings, and apologies being submitted at the earliest opportunity
- Chairs Briefings will be introduced to support Committee Chairs in their role
- Clarity on turnaround times for Chairs Assurance Reports and Action Logs
- Report authors prioritising financial, risk management and equality and diversity section in the cover paper

R Gold welcomed the paper and asked for clarity on who produces the Chairs Briefing and timescales for this to be shared with Committee Chairs. The Board Chair advised that Chairs Briefing will be issued at last 2 days before meetings.

R Gold asked that minutes and Chairs Assurance Report are circulated at the same time and asked that Chairs Assurance Reports are put through an easy read assessment.

I Grieve welcomed the paper and asked that a note be included in the Chairs Briefing Paper on the need for privacy when meeting online.

The Board Chair reminded Members of the need for respectful governance and to act with respect and kindness.

Decision/conclusion

Members received and approved the proposed changes outlined in the paper from the 1 October 2025.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business was raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

19. Audit and Risk Committee 6 May 2025

Members noted the minutes of the Audit and Risk Committee 6 May 2025.

20. ITEMS FOR INFORMATION

20.1. ITEMS FOR AWARENESS

Members noted the following documentation

- Podiatry Waiting List Performance and Improvement Plan
- Podiatry Health Intelligence dashboard data
- Population Orkney mainland-isles Orkney action update

20.2. Correspondence for noting (Presenter: Chair)

Members noted the letter from Caroline Lamb in relation to Collaboration and Leadership dated 25 April 2025.

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

Members noted the meeting schedule 2025/26.

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

Members noted the meeting schedule 2025/26.

20.5. Questions from the public

Sarah Gilmour (The Orcadian) asked for confirmation on the Month 2 Finance Report in relation to £200k survey work for the Old Balfour and asked for further detail on what would be included in the figure. Interim Director of Finance advised that this is for survey work, but this has not yet been commissioned, The funding is earmarked to ascertain how much demolition would cost.

S Gilmour asked what the pressure points or themes are for delayed transfers of care. EDoNMAHP advised that there are currently 10 delayed transfers of care relating to accessing residential placements and care at home.

Reflections on the meeting

- J Kenny reflected that the meeting is a good example of having efficient time allocated for papers to be discussed.
- I Grieve thanked report authors for the quality of the papers and good answers to questions asked
- D Campbell acknowledged the slickness of the meeting

The meeting closed at 14.30.