

Public Board Meeting Minutes

Thursday 30 October 2025

Present

Melanie Barnes (Interim Director of Finance), 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), Davie Campbell (Interim Board Chair), Fiona MacKay (Non-Executive Board Member), , Ryan McLaughlin (Employee Director – Non-Executive Board Member), Rona Gold (Non-Executive Board Member)

In attendance

Linda McGovern (Interim Director of People and Culture), Debs Crohn (Interim Head of Corporate Governance), John Daniels (Head of Primary Care), Tammy Sharp (Director of Performance, Transformation), Shona Lawrence (NHS Orkney Corporate Communications Officer), Ian Grant (The Orcadian) and 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.

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 attendees.

A warm welcome was extended to Linda McGovern (Interim Director of People and Culture) who is providing support for our People and Culture Team.

Apologies received from Jason Taylor (Non-Executive Board Member) and Stephen Brown (Chief Officer Integration Joint Board).

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

3. Declarations of Interest (Presenter: Chair)

Fiona MacKay declared an interest in item 14.4 Clinical Services Review Implementation Plan Update as they were part of the reviewing team.

4. Minutes of Previous Meeting 28 August 2025 (Presenter: Chair)

Minutes of the meeting held on 28 August 2025 were accepted and approved as an accurate record of the meeting.

5. Matters Arising (Presenter: Chair)

No matters arising were raised.

6. Action Log (Presenter: Chair)

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

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

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

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The CEO has spent time meeting with staff, services, partners and stakeholders to obtain a greater understanding of the services and care we provide and the importance of delivering remote and rural healthcare.

The CEO has seen first-hand the pride our staff take in the care they deliver whilst recognising that more needs to be done around waiting times.

The CEO has met with other NHS Scotland Chief Executives to discuss how we deliver on key national policies i.e. Operational Improvement Plan (OIP), the Population Health Framework and Public Sector Reform

The Interim Board Chair advised that he has spent time since the last Board meeting reviewing committee membership, this was presented to Board later in the agenda.

I Grieve requested an update on Public Sector Reform. The Interim CEO stated that positive conversations continue with Orkney Island Council (OIC) and the Integration Joint Board (IJB) as we move forward with the Public Sector Reform work. A proposal, along with a reform route map, will be submitted to the Scottish Government by December 2025 this will be presented to Board for consideration at the next meeting.

The Employee Director requested an update on the Equalities Outcome Report. The Interim Director of People and Culture confirmed that the report was not submitted to the Scottish Government on time. A Short Life Working Group has been set up to complete and submit the report by Spring 2026.

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

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on current risks, recent changes to risk ratings, and any new or closed risks from the last reporting period. Risk management is now considered standard practice, and the report is presented by Committee. This month, three risks including the Island Games risk are now closed. A two-level risk process is now in place, monitored by the Clinical Quality and Risk Management Groups, with oversight provided through a Chair's Assurance Report to the Joint Clinical Care Governance Committee (JCCGC).

The Interim Board Chair requested clarification on how the Financial Sustainability risk is scored. The Medical Director explained that the scoring is determined at a national level, while the Risk Management Group reviews and challenges the score. The current score accurately reflects the organisation's financial situation.

The Interim CEO recognised management of risk is via the Risk Management Group and advised that the risk in relation to lack of Senior Leadership capacity is being mitigated with the appointment of an Interim CEO and Board Chair, this will be further strengthened when our substantive Director of People and Culture joins the organisation in November 2025.

R Gold asked for clarity on the mitigations offered in relation to the risk on financial sustainability. The Interim Director of Finance advised that this will be covered later in the agenda.

R Gold asked for an update on the risk in relation to the lack of project management capacity and capability. The Director of Performance and Transformation confirmed that the first cohort of Quality Improvement (QI) training is now complete, a second cohort will commence in January 2026. 2 Project Managers have now completed project management training and re-patriate if work to business as usual is now complete.

Following the disestablishment of the substantive Head of Improvement post, an analysis of the skills required in the Improvement team has been undertaken and this has provided an opportunity to look at what is required longer term.

The Employee Director asked for an update on the leadership development programme for Band 8a – 8ds and asked when this will commence. The Interim CEO advised that this needs to be reviewed due to staffing changes - an update on the leadership development programme will be brought to the next Board meeting.

Dr K Cole asked for clarity on the risk in relation to lack of social care capacity and delayed transfers of care and what mitigating actions are being put in place around a longer-term plan to mitigate against the situation noting the numbers of DTOC have fluctuated throughout the year.

The EDoNMAHP advised that patients are being transitioned to longer term care, recognising that our numbers remain at 15. No elective activity has been cancelled; day unit has been opened to reduce the risk of cancelled operations. A SLWG is now in place to minimise any impact on our health and care system, addressing the number of DTOCs is a core element of our Clinical Services Review (CSR) Implementation Plan.

I Grieve noted that the challenges around DTOCs are included in the Integrated Performance Report (IPR), Corporate Strategy update, Joint Clinical Care Governance Committee (JCCGC) minutes and the Integration Joint Board (IJB) papers and asked the EDoNMAHP for confirmation of when we are likely to see a shift in the number of DTOCs. The EDoNMAHP advised that this is a priority for the Board and the strategic planning group and confirmed that patients are now being placed in St Rognvald's House.

The Employee Director was pleased to see the mid-year position in relation to statutory/mandatory training but noted the number of staff attending resuscitation training remains low, asking if there is an issue in relation to Data Quality and what the Executive Team are doing to ensure statutory/mandatory training does not slip. The EDoNMAHP advised that face to face training for violence and aggression training is discussed at Clinical Nurse Manager meetings, the current compliance rate for resuscitation training is 54% across the Board. Training has been mapped for nursing and midwifery teams, and confirmed staff are being released to attend training.

During the month of October, one of our local primary schools was invited to The Balfour to undertake basic life support training, additionally several 'Re-start a heart' sessions have been delivered in October 2025 for staff. The EDoNMAHP provided assurance to the Board that a clear message has been sent to staff that statutory/mandatory training must be complete before any other training is authorised.

The Head of Primary Care advised that staff on our ferry-linked Isles are required to complete specialist training resuscitation, this was not previously included in our statutory/mandatory training and that this has now been rectified.

The Director of Performance and Transformation reminded members that conversations have taken place with all senior managers in relation to ensuring improvement plans are in place to bring statutory/mandatory training up to date by the end of December 2025, this continues to be monitored.

The Director of Performance and Transformation stated that all senior managers have been consulted to ensure statutory and mandatory training will be up to date by December 2025, progress is being closely monitored.

J Kenny asked for an update on recruitment within our Mental Health Services. The Head of Primary Care advised that recruitment for band 8b and band 7 has now concluded, recognising that recruitment remains challenging.

Decision / Conclusion

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

9. Integrated Performance Report (IPR) (Presenter: Director of Performance and Transformation)

The Interim Board Chair thanked the performance team for the refreshed Integrated Performance Report.

The Executive Leadership Team presented the October 2025 Integrated Performance Report by chapters.

Patient Safety, Quality and Experience

The Medical Director presented the Patient Safety, Quality and Experience Report, highlighting that new run charts are now included. The team continues to close Serious Adverse Events; there has been a reduction in the number of complaints received noting the complexities of conducting investigations.

The EDoNMAP explained that efforts are ongoing to reduce falls, though more progress is needed. Dr. K Cole noted that falls data is recorded according to national standards and requested that data on falls causing harm be presented for local review. The EDoNMAHP confirmed that data is extracted from the DATIX system and, following discussions with the Information Governance Team, this will be included in the next Integrated Performance Report.

J Stevenson and Dr K Cole asked if there is a different way for patients to be monitored in relation to falls. The EDoNMAHP advised that patients who are at higher risk of falls are placed near to the nurse's station, window blinds are open and more frequent checks on high-risk patients are undertaken. Dr K Cole asked if there is a need to look at cameras for monitoring falls. The EDoNMAHP advised that there are issues in relation to recording patients, staff will always promote positive mobility where safe to do so, recognising that the risk of falls can always happen.

The Interim CEO advised that observations of patients are just one way to mitigate the risks of falls.

The Medical Director advised that data is available on the number of falls resulting in harm, this will be circulated to the Board following the meeting.

Operational standards

The Director of Performance and Transformation presented the operational standards chapter of the IPR, advising that we remain on track to ensure there are zero patients waiting over 52 weeks by 31 March 2026.

J Stevenson asked for clarity on the waiting lists for Endoscopy patients. The Medical Director advised that the upper Gastrointestinal (GI) endoscopy waiting list has now been cleared, our compliance has improved due to the introduction of Scot Cap which is now being offered to patients in Orkney.

J Stevenson asked for an update on our theatre capacity (and reminded members of our commitment to not using the term “off island” as this is inaccurate and confusing) The EDoNMAHP explained that a review of theatre capacity is in progress but has been delayed due to a vacancy in the theatre leadership team. Recruitment for a Senior Charge Nurse for theatres is now complete, with the new nurse starting on 3 November 2025. Theatre utilisation data is reviewed daily to ensure an emergency theatre is always available.

J Stevenson asked for assurance on the dip in the diagnostics waiting lists. The Medical Director advised that the increase in diagnostic waiting lists is due to MRI patients being re-patriated from NHS Grampian. The backlog has been addressed; MRI prostate scans are now being undertaken in Orkney, reducing the need for patients to travel to Aberdeen.

Community and Mental Health Services

The Head of Primary Care advised that data in relation to Orthotics is provided by an external provider, timings of clinics remain challenging, conversations are taking place with the external provider including the opportunity to redesign the way the service is delivered.

Dr K Cole asked if a conversation is required with the National Team in relation to the 4-week target for Orthotics. The Head of Primary Care advised that a shift in the way the service is delivered is an opportunity, conversations could take place with the national team this will be explored.

Recruitment of physiotherapists continues, many applications were raised in the last physiotherapy recruitment campaign, this is encouraging,

The Interim CEO acknowledged that more work is required on the community data sets, this will be explored as the IPR further develops.

Population Health

The Medical Director highlighted the improvements in smoking cessation rates, As the IPR is presented by exception, no further updates were provided, reflecting the amount of work being undertaken within our Population Health Service.

Workforce

The Interim Director of People and Culture advised that work continues with managers in relation to managing sickness absence, statistics in relation to return to work is available and will be shared with Board Members for assurance.

Dr. K Cole requested that Primary Care be informed about available support for NHS Orkney staff experiencing work-related stress. The Interim Director of People and Culture will provide this information to Primary Care colleagues.

J Kenny noted that the staff sickness data presented to the Board is four months old and asked what additional qualitative data is being collected. This will be reviewed when the substantive Director of People and Culture joins in November 2025.

Finance

The Interim Director of Finance advised that data in the IPR is in relation to Month 5, data being presented later in the agenda is Month 6 performance data.

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. Board Committee Membership 1 November 2025 - 31 March 2027

The Interim Board Chair presented the proposed Board Committee membership from 1 November 2025 – 31 March 2027 noting that there will be changes due to Executive tenures ending during this period.

Membership of the Remuneration Committee has been updated to bring it in line with other Health Boards.

The EDoNMAHP advised there is a joint Executive Lead for JCCGC – membership to be updated to include Chief Officer IJB.

J Stevenson asked that the report be updated to reference the IJB Audit and Performance Committee.

The Employee Director reported that the Area Partnership Forum's (APF) reporting process has been reviewed and proposed a 12-month pilot where the APF report directly to the Board, rather than to the Staff Governance Committee, noting that 80% of APFs already report directly to their Boards.

R Gold asked if a transitional period is required noting the lack of lead in time for changes to take place.

The Interim CEO requested confirmation that a non-executive board member with significant financial expertise is required for the Audit and Risk Committee. The Interim Board Chair confirmed that, based on a review of other Health Boards, the proposed members have strong financial experience, including the Interim Board Chair, who is an accountant.

Decision/conclusion

The Board approved the proposed Board Committee Membership from 1 November – 31 March 2027, and the 12-month pilot of the APF reporting directly to the Board with immediate effect..

11. CHAIR'S ASSURANCE REPORTS

11.1. Joint Clinical and Care Governance Committee (JCCGC) Chair's Assurance Report 1 October 2025 (Presenter: Jean Stevenson – Vice Chair of Joint Clinical and Care Governance Committee)

The Vice Chair presented the Joint Clinical and Care Governance Committee Chair's Assurance Reports. The meeting went smoothly; assurance provided with no matters of concerns escalated to the Board.

Decision / Conclusion

The Board noted the update.

11.2. Finance and Performance Committee Chair's Assurance Report 28 September 2025 - (Presenter: Fiona Mackay - Chair Finance & Performance Committee)

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Report from 28 September 2025 meeting.

The meeting was the first chaired by the new Chair (Fiona Mackay), there is now a much clearer focus on our financial performance, particularly given the Financial Escalation Board has been stood down with additional scrutiny now being provided by the Finance and Performance Committee.

Points of escalation include the improving together programme savings target not being achieved, additional costs associated with implementation of the reduced working week, delayed transfers of care and the implementation of MORSE (Community Electronic Patient Record).

Positive assurance provided on our position in relation to zero waits for patients on the 52-week waiting lists, a weekly improving together programme delivery group is now in place, improvement to the Integrated Performance Report (IPR) is enabling committee to take additional assurance on our performance.

Decision / Conclusion

The Board noted the update.

9.2.1 Financial Escalation Board Chair's Assurance Report August and September 2025 (Presenter: Davie Campbell - Interim Board Chair)

The Interim Board Chair presented the Financial Escalation Board Chair's Assurance Reports from the August and September meetings.

The Financial Escalation Board has now been stood down, with Financial Scrutiny now being built into the Finance and Performance Committee, which is now meeting monthly, showing our commitment to strengthening our governance and reducing duplication.

Dr K Cole asked if recommendations coming to Board should be specified going forward. The Interim Board Chair advised that this will be reviewed.

Decision / Conclusion

The Board noted the update.

11.3. Audit and Risk Committee Chair's Assurance Report 2 September 2025 (Presenter: Jason Taylor – Chair Audit and Risk Committee).

In the absence of the Chair of Audit and Risk Committee, the Interim Board Chair presented the Audit and Risk Committee Chair's Assurance Report from the 2 September meeting.

Decision / Conclusion

The Board noted the update.

11.4. Senior Leadership Team Chair's Assurance Reports – September and October 2025 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the Chair's Assurance Reports from September and October 2025 highlighting the following areas of escalation. The Interim CEO summarised the main points as follows

- The MORSE Community EPR Project Initiation Document (PID) is now approved
- SLT agreed to the need to establish an on-call rota for out-of-hour pharmacy service
- A Nursing and Midwifery Clinical Supervision policy approved
- A workshop will be held on the 10 November 2025 with the Executive Team to discuss our Operational Governance including the role of the Senior Leadership and Executive Leadership Team

J Stevenson welcomed the rollout of the clinical supervision policy and inquired about its implementation. The Interim CEO, with support from the EDoNMAHP, explained that the policy is linked to the re-validation process and will be carried out by trained staff across the organisation.

Decision / Conclusion

The Board noted the update provided.

11.5. Area Clinical Forum 8 October 2025 (Presenter: Dr Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum (ACF) presented the Chair's Assurance Report from its meeting on 8 October 2025.

Useful discussions have taken place with Nursing and Midwifery Advisory Committee (NAMAC) and Therapy, Rehabilitation and Diagnostics Advisory Committee (TRADAC) around discharge planning.

Senior representation at ACF from the Area Dental Committee (ADC) and Hospital sub-committee remains challenging. Nationally there is variety across Boards in relation to support for Clinical Advisory Groups (CAG). ACF Chairs have asked Scottish Government to provide guidance on CAG support. The Employee Director advised that Scottish Government are likely to advise that support should be determined by local Health Boards.

The Medical Director advised that operational support is being provided by the Board for

CAGs, including the request for a clinician to Chair for the Hospital Sub Committee. One of the challenges is around remuneration for CAGs.

The ACF Chair extended a thanks to the Vice Chair of the ACF for leading the session with Ministers at this year Annual Review.

Work is underway by the ACF to raise awareness of the role of the Chair with other Committees.

I Grieve asked what further solutions are being discussed in relation to the Primary Care Improvement Plan proposals. The Head of Primary Care advised that a paper will be taken to the IJB in November 2025, following which proposals will be taken to the GP Sub-Committee.

The Head of Primary Care confirmed that a term of reference has been proposed to the Area Dental Committee, however due to capacity challenges within our Dental Services a response has not yet been received.

Decision / Conclusion

The Board noted the update provided.

11.6. Staff Governance Committee – 18 September 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 18 September 2025 which was rescheduled from August 2025. The meeting was rescheduled due to lack of staff side quoracy, which remains an ongoing challenge.

There are some lessons learned from rescheduling meetings, this was noted.

Committee raised concerns in relation to the lack of senior leadership and the number of staff absences due to mental health/anxiety, this has increased the workload of our single point of access Occupational Health Nurse.

There is a long-standing issue in relation to lack of operational governance, actions are being brought to Committee which should be being dealt with at an operational level.

The Interim CEO confirmed that work is underway led by our Director of Finance to resolve the issues in relation to staff accommodation, this will result in improvements over the next 2 weeks. The Interim CEO has met with the Occupational Health Team, whilst the workload has increased, staff are being seen within agreed timeframes. One of the challenges staff are reporting is in relation to team challenges and communications and culture differences within teams.

Decision/Conclusion

The Board noted the update provided

12. STRATEGIC OBJECTIVE - PLACE

12.1. Community Planning Partnership Key Messages (Presenter: Head of Primary Care)

The Head of Primary Care presented the key messages from the Community Planning Partnership.

2 Meetings have taken place since the last Board Meeting; discussions have taken place in relation to the Health and Social Care Framework; there is a need to undertake a strategic needs assesment as part of the work being undertaken on Public Sector Reform.

Decision/Conclusion

The Board noted the update.

12.2. Integration Joint Board (IJB) Key Messages (Presenter: Head of Primary Care)

The Head of Primary Care provided an overview of the key messages from the last 4 Integration Joint Board meetings.

Confirmation provided that papers have been presented to the IJB in relation to DTOCs, revenue monitoring and approval to dis-establish the Strategic Planning post. The IJB has asked that further work is undertaken on the financial plan.

Decision/Conclusion

The Board noted the update.

12.3 Public Health Annual Report 2024/25 (Presenter: Medical Director)

The Medical Director provided an overview of the Public Health Annual Report 2024/25, celebrating our success in relation to uptake rates for vaccinations.

Progress was noted in work on early years, tobacco, drugs, alcohol and weight management. The risk previously highlighted to the Board in relation to capacity within the service to roll out of the new Child Health System has now been mitigated with go live planned for November 2025.

The Interim Board Chair reflected on the need to embed Population Health internally and in our community.

I Grieve welcomed the Public Health Annual Report but asked for clarity on how the outcome of the report is being used across all of Orkney's Committees as prevention is the key going forward.

Dr K Cole advised that the management of shingles is through Pharmacy and asked if the data has been included.

J Stevenson asked for confirmation on the number of cases in relation to Pertussis.

J Kenny re-iterated the need for the work of Public Health to be visible at the Integration Joint Board going forward.

Medical Director to confirm the number of Pertussis cases included in the report and if shingles data has been included in the report.

The Medical Director welcomed the opportunity to showcase the work of the Public Health Team, this will be reflected in the flash reports being presented to Committees.

Decision/conclusion

The Board approved the Public Health Annual Report 2024/25.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review – culture, governance and senior leadership – October 2025 progress update (Chief Executive)

The Interim CEO provided an update on the external review culture, governance and senior leadership.

At the end of August 2025, the Board launched its Behavioural Standards Framework following an extensive period of engagement with staff.

Work has been undertaken in relation to reviewing our Operational Governance, a workshop will be held with the Executive Team 10 November 2025.

The Clinical Strategy refresh has been built into Clinical Services Review recommendations.

The Pulse Survey has been paused due to capacity challenges within our People and Culture Team.

Decision / Conclusion

The Board noted the update provided.

13.2. Themes from Board Walkarounds August and September 2025 (Presenter: Interim Board Chair and Interim CEO)

The Interim Board Chair presented the themes arising from the Board Walkarounds in August and September 2025. The Interim CEO stressed the importance of Board Walkarounds.

The EDoNMAHP provided an update on the work underway to improve discharge communications with our Primary Care and Pharmacy colleagues.

Decision/conclusion

The Board noted the update.

14. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

14.1. Safety, Quality and Experience Quarter 1 Report – Quality extract

The Interim Board Chair advised that the Safety, Quality and Experience report is a new extract provided to the Board from the full Quality Safety and Experience report presented to JCCGC. The report outlines work underway across the Board in relation to Excellence in Care, Quality Improvement (clinical and non-clinical) and the Scottish Safety Programme.

The Interim Board Chair welcomed the report from a non-clinical perspective, feedback from members should be provided to the Medical Director.

I Greive found the report useful particularly the impact of the projects.

R Gold recognised the need for the report to be provided at the Public Board and asked what more could be done to promote this work. The Interim Board Chair acknowledged the need for this to be shared with our Community.

The Medical Director thanked members for their feedback which will be shared with the Patient Experience Team.

Decision/conclusion

Members welcomed and noted the report.

14.2. Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Executive Director Nursing, Midwifery, AHPs and Chief Officer Acute Services).

The EDoNMAHP presented the HIART report and thanked the Infection Prevention and Control and our facilities teams for keeping our patients safe.

Despite the increased workload, quality assurance audits, national reporting and primary care audits are up to date.

Decision/conclusion

The Board discussed and took assurance on the Healthcare Associated Infection report.

14.3. Clinical Services Review Implementation Update (Presenter: Medical Director)

The Medical Director provided an update on the Clinical Services Review Implementation, the Board were asked to note that accountability for delivery is spread across the Executive Team.

The Director of Performance and Transformation confirmed that Project Initiation Documents are in place for all workstreams, noting digital remains a challenge due to lack of capacity.

Buy in across the organisation is required to ensure the successful delivery of the recommendations outlined in the Clinical Services Review.

The Interim Board Chair asked for confirmation of timelines for delivery of the workstreams. The Director of Performance and Transformation advised that work is underway to look at deliverables over the next 12-18 months, work at pace is required in relation to agreement on the operational structure and front door. In the next few weeks clarity will be provided on what will be delivered over the next 12 – 18 months.

I Grieve asked that monitoring of the CSR implementation plan is provided via the JCCGC. The Director of Performance and Transformation advised that the monitoring of the CSR implementation plan is via the Improving Together Programme Board with onward assurance to JCCGC and the Board.

R Gold asked for clarity in relation to project documentation and asked if Executive Leads have visibility on deliverables. Director of Performance and Transformation advised that each Executive has a PID and skeleton workplan for each workstream. Noting that the next JCCG meeting is February 2026, confirmation was given that the plans will be in place for the next meeting.

R Gold asked for confirmation on who is leading on the communications and engagement plan for the workstreams. The Director of Performance and Transformation confirmed that the Interim Head of Corporate Governance is leading this piece of work, an update on communications and engagement will be presented to Board in December 2025.

R Gold asked if funding ear-marked for the Public Sector Reform could be used to support community engagement.

F Mackay declared an interest in this item and asked if consideration had been given to looking at shared services.

The Interim CEO advised that this is a conversation that should take place with OIC.

Decision/conclusion

The Board received and noted the update.

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. Corporate Strategy 2025/26 Delivery Plan and Quarter 2 update (Presenter: CEO)

The CEO presented the Quarter 2 2025/26 Corporate Strategy update. There are 15 deliverables in our Year 2 Corporate Strategy Delivery Plan 2025/26. 4 of the deliverables are RAG rated Red, 4 rated Amber, 6 Green and 1 deferred to 2026/27.

The 4 deliverables off track were discussed earlier in the agenda.

The CEO reflected that there is a need to streamline reporting to reduce duplication going forward.

I Grieve welcomed the appendix presented to the Board and the level of detail provided.

R Gold questioned the actions in relation to access to services. The Medical Director advised that the information presented is qualitative rather than quantitative, this will be clarified in the next update to Board.

Decision/conclusion

The Board noted the update and took assurance on progress of our Corporate Strategy 2025/26 Delivery Plan at Quarter 2.

15.2. Month 6 Finance and Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented Month 6 financial performance advising that this is the sixth month consecutively where we have reported an adverse position against plan.

At month 6 the Board remains £200K off track against our financial plan, a review of all efficiency schemes has been undertaken. Areas of concern remain spend on medical staffing, agency costs and primary care prescribing. Our Year end forecast has been reviewed; worst case scenario is that our predicated overspend is £6.8 million.

R Gold thanked the Interim Director of Finance for their report and asked for confirmation on whether the £2.4 million IJB savings will be achieved. The Interim Director of Finance advised that this figure was a legacy target set by the Board.

I Grieve advised that the legacy target was set pre-COVID and welcomed a review of the target.

R Gold asked what additional actions are in place to reduce the run rate for the remainder of this financial year. The Interim Director of Finance advised that a review of our run rate has been undertaken, additional control targets are now in place for Executive Directors to reduce the run rate over the next 6 months.

I Grieve asked for the return on investment in our Improvement Team and asked if a freeze on staff travel is now required. The Interim Director of Finance advised that all staff travel requests are considered through the Vacancy Control Panel.

Dr K Cole asked if prescribing costs could be discussed with GP Sub Committee. The Interim Director of Finance advised that conversations are required with our Primary Care Colleagues in relation to prescribing costs.

Decision/conclusion

The Board discussed and noted Month 6 (October 2025) Financial Performance.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

19. Staff Governance Committee 15 May 2025

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

20. Audit and Risk Committee – 26 June 2025

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

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

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

22. Area Clinical Forum

No minutes received.

23. Finance and Performance Committee 31 July 2025

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

24. ITEMS FOR INFORMATION

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

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

Members noted the meeting schedule 2025/26.

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

Members noted the meeting schedule 2025/26.

24.3. Questions from the public

No questions were raised.

The Interim Board Chair closed the meeting at 12.38.