

Attendance

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, Shona Lawrence, Meghan McEwen, Jarrard O'Brien, Laura Skaife-Knight, Brian Steven, Jean Stevenson, Sam Thomas, Phil Tydeman, Louise Wilson

Guests: Debs Crohn, Lauren Flett, Anne Gregg, Tracy Myhill (observing), Rachel Ratter

Absent:

Members: Ryan McLaughlin, Jason Taylor

1. Staff Stories (Presenters: Executive Director Nursing, Midwifery, AHP's and Chief Officer Acute Services)

The Board welcomed NHS Orkney's Scotland Health Awards winners Anne Gregg and Lauren Flett (on behalf of Melissa Lindsay) who provided their reflections on the tremendous achievement and members shared how proud they were of all finalists - Anne, Melissa and Amanda - for the outstanding work they were doing to look after the community and provide excellent care.

2. Welcome and Apologies (Presenters: Chair)

Apologies received from R McLaughlin and J Taylor.

The Chair on behalf of the Board thanked Brian, the Interim Director of Finance for his leadership and the quality and impact he had provided in recent months recognising this would be his final Board meeting.

3. Declarations of Interest (Presenters: Chair)

No declarations of interest on agenda items or in general were made.

4. Minutes of Previous Meeting 24 October 2024 (Presenters: Chair)

The minute of the meeting held on 24 October 2024 was accepted as an accurate record of the meeting and was approved.

5. Matters Arising (Presenters: Chair)

There were no matters arising.

6. Action Log (Presenters: Chair)

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

7. Board Chair and Chief Executive Report to the Board (Presenters: Chair, Chief Executive)

The Chair and Chief Executive presented the report providing an update on key events and activities from October - December 2024.

Areas highlighted were NHS Orkney remained on track to deliver its Financial Plan for the year and £4m savings plan. This was the result of much hard work across the organisation, which had and continued to be a real team effort. There was a clear plan for the 2025/26 Improving Together (efficiency) programme, with governance and transformation schemes agreed – as detailed later on the agenda. There had been improvements to the iMatter results and the recently-published national benchmarking demonstrated how much NHS Orkney had improved comparatively to other Boards. This was a good news story for NHS Orkney, and another important step forward.

NHS Orkney had been Highlighted for Excellence by the University of Aberdeen for the excellent support provided to medical students on placement and for working hard to ensure that year four students had a broad range of experiences with many difference teams.

The Annual Review meeting was held on Tuesday 3 December 2024 and was an opportunity for the community to hear about a range of developments underway to further improve care and services for the community and patients.

Members were provided with a summary of the priorities for Quarter 4 of 2024/25.

Decision/Conclusion

Members noted the update.

7.1. A summary of Annual Review meeting 2023/24 feedback. (Presenters: Chair, Chief Executive)

The Chair and Chief Executive provided the Board with an overview of feedback following the Annual Review 2023/24 meeting held on the 3 December 2024.

They expressed a special thanks to Age Scotland Orkney, Orkney Housing Association Limited and The Blide Trust for working in partnership regarding the Patient and Carer engagement meetings.

Members discussed that moving forward it may be helpful if the Annual Review meeting alternates between day time and evenings.

Decision/Conclusion

Members noted the feedback following the Annual Review Meeting held on Tuesday 3 December 2024.

8. Chairs Assurance Reports

8.1. Joint Clinical and Care Governance Committee (Presenters: Rona Gold. Chair of the Joint Clinical and Care Governance Committee)

The Chair of the Joint Clinical and Care Governance Committee presented the report highlighting the following items which had been discussed at their meeting on the 1 December 2024:

- The meeting had been well attended with high quality papers and positive assurance from annual reports
- The Emergency Department Peer Review was received and next steps agreed
- It was agreed the Public Protection Accountability Assurance Framework would be added to Corporate Risk Register due to lack of progress being made to embed the framework across the organisation. Committee agreed public protection should be taken forward as an improvement project - Senior Leadership Team to consider this and provide an update to JCCGC in February 2025

Decision / Conclusion

The Board noted and accepted the update provided.

8.2. Finance and Performance Committee (Presenters: Davie Campbell, Vice-Chair of Finance and Performance Committee)

The Vice Chair of the Finance and Performance Committee presented the report highlighting the following items which had been discussed at their meeting on the 28 November 2024 highlighting:

- The MRI service provision was to cease 31 March 2025 as the North Imaging Alliance had been disbanded and funding withdrawn. Decision expected from Scottish Government early December 2024 regarding NHS Orkney's business case and request for support, including financial support, to ensure continued service provision
- Concerns remained regarding lack of preparedness for the Island Games

The Vice Chair noted the improved strength of the committee and learning could be shared with other groups.

The Chief Executive highlighted that the Senior Leadership Team had welcomed the latest Island Games Preparedness Plan and received assurance, highlighting that this contradicted the escalation points in this report.

Decision / Conclusion

The Board noted the update provided.

8.3. Audit and Risk Committee (Presenters: Jason Taylor, Chair of Audit and Risk Committee)

The Vice Chair of the Audit and Risk Committee presented the report highlighting the following items which had been discussed at their meeting on 3 September 2024 highlighting:

- Concern was raised around papers not received at the meeting due to various challenges
- The Committee approved revisions to internal audit plan
- There was a request for the Senior Leadership Team (SLT) and Risk Management Group to provide detailed commentary around risks considered (noting that the request related to SLT had already been actioned as we can see in the SLT Chair's Assurance Report).
- There had been a significant increase in attendance

Decision / Conclusion

The Board noted the update provided.

Due to an oversight, the Staff Governance Committee Chair's Assurance Report had not been included in the papers, however, the Chair of the committee provided a verbal update from the meeting held on 14 November 2024 highlighting:

- The Committee approved the Colleague Experience Framework with the caveat that an implementation plan would be developed and brought to the Staff Governance Committee on 12 February 2025 for discussion ahead of onward submission to the Board on 27 February 2025 for approval
- Members noted the lack of representation from clinical leadership across various groups, and this was particularly highlighted by the Occupational Health, Safety and Wellbeing Committee as a barrier to progress
- Members were advised there was an increased Corporate Riskscore to 16 for the risk in terms of lack of senior leadership and capacity

- Members received a much-welcomed update around Consultant Job Planning and received assurance that progress is being made
- An update was provided in relation to Medical Education, highlighting the great work undertaken by the team
- Members raised concern around the Wellbeing Committee being stood down, noting that at present there was no identified group to take forward the key work. Work was being undertaken to identify how the work would be taken forward.

The Director of People and Culture advised a suite of documentation in relation to the Operational Workforce Group would be presented at the February 2025 meeting. This group would incorporate the work covered by the Wellbeing Committee, and other vital groups.

Decision / Conclusion

The Board noted the update provided.

8.4. Senior Leadership Team - November 2024 (Presenters: Chief Executive, Chair of the Senior Leadership Team)

The Chair of the Senior Leadership Team presented the report highlighting the following items which had been discussed at their meeting on 18 November 2024 and provided an overview of changes to the SLT from January 2025 highlighting:

- Proposed next steps for Laboratory Managed Service had been agreed (to go onward to Finance and Performance Committee and the Board)
- SLT supported the proposed next steps for the Operational Risk Register process and definitions and cleansing of current local and operational risks
- Members received a detailed and comprehensive Island Games Draft Plan scrutinised and welcomed. Confidence and assurance received upon sight of the full plan
- A new Corporate Risk had been agreed for addition to Corporate Risk Register – re: Training compliance/Health and Safety
- Revised arrangements for Senior Leadership Team were approved from January 2025
- The new NHS Orkney Board Assurance Framework was approved and would go onwards to the Audit and Risk Committee and Board
- The Budget Setting timescale for 2025/26 was approved for onward submission to the Finance and Performance Committee

R Gold queried the reference made in the Terms of Reference relating to NHS Orkney submissions to Scottish Government would be owned by SLT ensuring that staff were kept up-to-date on organisation and community-wide issues and performance. The query was who currently owned the submissions and should they not be owned by the Board. She also queried whether the two joint Board/SLT meetings would be in addition to the normal cycle of meetings.

The Chief Executive advised there was a strong relationship between SLT and the Board and the importance of reinforcing the connection. The dates for these meetings were yet to be discussed and agreed with the Board Chair. SLT were responsible for overseeing and approving the Scottish Government submissions and these feature as a standing agenda item where (1) approval was needed or (2) for noting for visibility.

In relation to a query R Gold raised around SLT approving key policies, the Chief Executive advised SLT was required to approve policies and sub committees would receive the status of

the policies. Public Health were leading on work around overdue clinical policies. An update would be provided at February 2025 Board meeting.

K Cole queried whether the Four Hour Emergency Access Standard – Expert Working Group was separate to the External Peer Review. The Director of Nursing, Midwifery, AHPs and Acute advised that they were separate and the Expert Working Group was a Scottish Government-Commissioned piece of work.

Decision / Conclusion

The Board noted the update provided and agreed the refreshed SLT Terms of Reference.

8.5. Area Clinical Forum (Presenters: Kirsty Cole, Chair of the Area Clinical Forum)

No meeting has taken place since the last Board Meeting.

9. Corporate Risk Register (Presenters: Medical Director)

The Medical Director presented the report which provided 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 SLT reviewed risk 349 on 'Digital records – Health visiting and school nurse service' which had been merged with risk C-2024-02 'Lack of organisational digital maturity', currently scored as high risk at 15.

There had been no changes to risk scores since the previous meeting with one new risk added. The top three risks would be included within the next cover paper.

Following discussion, members were advised that whilst risk scores were updated on a three monthly basis, this captured updates in relation to the risk rather than work that had been carried out around the risk and there would be no update to the risk register if there was no change to the risk score.

Members discussed the opportunity of holding a Board development session based on risk. J Taylor and the Board Chair would discuss.

Decision / Conclusion

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

10. STRATEGIC OBJECTIVE - PLACE

11. STRATEGIC OBJECTIVE - PEOPLE

11.1. iMatter Benchmarking Report 2024 (Presenters: Director of People and Culture)

The Director of People and Culture provided an overview of the outcomes from the iMatter Benchmarking report highlighting NHS Orkney's Employee Engagement Index score had, for the third year in a row, increased 72% (2022), 74% (2023) and 75% (2024).

In response to iMatter results and additional staff feedback, in 2024 NHS Orkney agreed 6 key areas of organisational focus, which were:

- Health and wellbeing
- Valuing and recognising staff
- Involving staff in decision-making
- Living our values
- Listening to and acting on feedback (including closing the loop)
- Creating a culture where staff feel safe to speak up

The Chair thanked the People and Culture team for their increased visibility, success and positive energy. The increase of Board visibility was also welcomed and based on feedback, and Non-Executive Board members would return to Board walkarounds in January 2025.

Decision / Conclusion

The Board noted the update provided

12. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

12.1. 6-monthly whistleblowing report (Presenters: Chief Executive)

To Chief Executive presented the 6 monthly Whistleblowing report advising there had been one whistleblowing concern raised during the first half of the year. This concern related to the Mental Health Service. Work with the team to discuss the concerns and resolution of these had been undertaken and an action plan completed in conjunction with the team.

A whistleblowing case from the reporting period 2022/23 had been referred to the Independent National Whistleblowing Officer for consideration and NHS Orkney awaits the formal outcome.

There were three Confidential Contacts at NHS Orkney, who had received contacts from staff in 2024/25 and these numbers were rising due to recent promotion of this important route. Many staff also choose to contact the Chief Executive directly to raise concerns and where this happens, these concerns are listened to and responded to, with the support of wider Executive Directors as needed, and the loop closed.

During Quarter four of 2024/25 the Board and Executive-level lead role for whistleblowing would transfer from the Chief Executive to the Medical Director, in response to staff feedback and as part of transitional arrangements re; the Chief Executive's portfolio.

Decision / Conclusion

The Board noted the update provided sought assurance.

12.2. Healthcare Associated Infection Reporting Template (HAIRT) Report December 2024 (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute Services)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services 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 and highlighted the following:

- Teams were commended for work carried out and maintaining cleanliness across the site which was reflected in the low numbers of infections
- There was an MRSA screening dip in compliance due to the timeliness of the screening
- There was a decrease in hand hygiene scores due to a variety of reasons
- There was a decrease in Domestic scores due to long term sickness and recruitment

The Chair thanked the team in relation to the response to data and the update, actions and interventions taken place.

Following discussion members requested further information to be provided at the next meeting in relation to MRSA rates.

Decision / Conclusion

The Board noted the update provided received assurance.

13. STRATEGIC OBJECTIVE - PERFORMANCE

13.1. Integrated Performance Report (Presenters: Chief Executive)

The Integrated Performance Report by exception was presented in chapters which summarised NHS Orkney's performance based on national and local reporting requirements as well as those indicators which matter patients, staff, and local community.

The Chief Executive advised that there had been a slight improvement in relation to sickness absence, and said that four-hour emergency access standard performance and unscheduled care performance remained strong, there was high vaccination update in relation to Covid-19 and influenza in adults. NHS Orkney remained on track to deliver its Financial Plan for the year and £4m savings plan.

Further focus was required around appraisal rates, reducing waiting times and reducing Delayed Transfers of Care which continued to fluctuate to levels above the agreed Target Operational Model.

Patient safety, Quality and Experience

The Chair noted the great challenge around Significant Adverse Event Reviews (SAERs) and queried whether March 2025 was a realistic deadline to complete the backlog. The Medical Director assured members that it would be achievable and all reviews would be SMART. Some of the reviews were very out-of-date with no actions and no longer relevant.

I Grieve queried the decrease in the Planned Care score and if it reflected small numbers or something more fundamental. The Medical Director highlighted the challenges around delivering planned care and whilst the score did reflect small numbers there were challenges around accessing services within NHS Grampian and the most specific services were dependent on the waiting times.

D Campbell queried where there were areas with no national matrix where local scores were at 100%, was that perfection of reality. It was agreed SLT and CLT would help quantify the data against the target.

Operational Standards Acute

J Stevenson queried the 0% target in relation to Cancer Waiting Times 62-Day Standard. The Medical Director advised that the figure was in relation to one patient in Aberdeen and due to complex reasons regarding the patient, Aberdeen decided to delay care. The Chair queried whether it would be possible to increase rigor and transparency around patient care within the Board and if the JCCGC could produce outcomes. The Medical Director reminded colleagues that datasets with fewer than 5 cases should not be discussed at public meetings.

Community

K Cole requested clarity of the difference between allied health professional led musculoskeletal service and an allied health professional led physiotherapy musculoskeletal service. It was agreed clarity would be provided at the next Board meeting. It was also requested to include data around adult mental health waiting times, though members were advised that there was no national requirement to report on adults.

The Chair queried whether the Planned Care Programme Board were considering Podiatry waiting lists and improvement work. Members were advised that a proposal would be received from the IJB focusing on Podiatry.

Population health

Members were advised that the MMR uptake was back on track.

The Chair requested that if there were outstanding areas of success to be built into the in Chair's Assurance Report.

Members were advised that appointments had been re-scheduled following the temporary pause of the Diabetic Eye Screening.

Workforce

Following discussion it was agreed that the next report would include reporting and targets around bank hour and excess hours worked and whether excess hours posed potential risk to staff wellbeing and patient care.

Decision / Conclusion

Members noted where Key Performance Indicators were off track and the improvement actions in place to bring deliverables back on track in Quarter 3 (October-December 2024).

13.2. Month 7 Financial Position Update (Presenters: Interim Director of Finance)

The Interim Finance Director presented the report providing a summary of the month 7 financial performance. The reported financial position at the end of month 7 was in line with the plan and the Board still expected to deliver the £5.778m original plan during the period however, the Board were required to reduce the run rate over the remainder of the financial year in line with the original plan profile as the efficiency programme matured.

Members were advised that the expectation for the next three years was the requirement to make 3% efficiency savings as the brokerage was at an end. Any reported deficits would be recorded and affect the audit opinion.

The Chair queried whether achieving the 3% savings would provide a base for success the following year or would there need to be a change in conversations moving forward. Members were advised phasing of the improvement plans would benefit the next year however there would be further complex challenges.

I Grieve raised a query around staff travel and the confidence level around the increase use of NearMe. The Medical Director advised that the level of NearMe usage within NHS Grampian was good. A memorandum had been worked on by the Medical Director and the Medical Director of NHS Grampian to set out expectations and ways of working between consultants and staff in Orkney.

R Gold requested clarity around the assumptions under volatility in month 7 in relation to the use of medical bank spend would slow in the remaining 5 months of the year. The Interim Director of Finance advised as the budget was set there was phasing included to cost flex, the assumption was based on arithmetic on creating a run rate. The further savings under improvements identified raised the question of was that in relation to the current financial year. Members were advised this was identifying new savings, the quantification and the risk and then take a view of what to build into the year end forecast.

Members were advised that the development phase for the 2025/26 Financial Plan had commenced and the full plan would be presented to the Board in April for approval.

Decision / Conclusion

The Board sought assurance from the report.

13.3. Improving Together Programme Update up to Month 7 (Presenters: Director of Improvement)

The Director of Improvement presented the report providing an update on the Improving Together Programme delivery phase and achievement of savings year-to-date for 2024/25. NHS Orkney had materially improved the total identified in-year savings through October 2024 with a revised total of £4.3m and full-year savings of £4.7m. This represented an increase of £666k since last reporting to Board and was derived from converting seven pipeline schemes into implementation.

The month represented the first report where deliverable savings now exceeded the in-year target. While this was encouraging and a strong reflection of the organisations commitment to and focus on the programme, there were still cost pressures that need mitigating or reducing; as well as a continued need to control pay and non-pay spend as moving into the winter period.

Recurrent savings currently equated to £3.12m (72%) with £1.23m (34%) identified as non-recurrent. This level of recurrence now aligned with the commitment set out in the financial plan submitted to Scottish Government and, if delivered, met one of the criteria set out in the de-escalation roadmap to move out of Level 3 of the NHS Support and Intervention Framework.

Decision / Conclusion

The Board noted the update provided

13.4. 2025/26 Improving Together Programme - proposed timescale, governance and approach (Presenters: Director of Improvement)

The Director of Improvement provided the Board with an update on the proposed timescale, governance and approach for the Improving Together Programme 2025/26.

Members were advised NHS Orkney had made substantial progress with the programme this financial year compared to previous years. It had taken considerable effort to establish the programme; and to embed several new ways of working.

There were eight standard workstreams that would form the basis of the 2025/26 programme and a process to review other transformational opportunities, informed by national benchmarking and other sources of comparative data.

Members were advised that the ambition of timescales were achievable and learning had been captured.

The Chief Executive advised a complete and comprehensive communications programme would be created and published within the New Year.

Decision / Conclusion

The Board noted the update provided and approved the timescale, governance and approach for the Improving Together Programme 2025/26.

13.5. Budget setting process and timeline (Presenters: Interim Director of Finance)

The Interim Director of Finance presented an overview of the proposed approach to budget setting for 2025/26. The proposed approach to budget setting as set out in the paper included planning for the next 3 years.

Managers had been invited to budget setting meetings week commencing 18 November 2024, with clear guidance to be sent to managers over the next few weeks.

Decision / Conclusion

The Board discussed and approved the budget setting template for 2025/26.

13.6. NHS Orkney Board Assurance Framework (Presenters: Chief Executive)

The Chief Executive presented the new draft NHS Orkney Board Assurance Framework. The Board Assurance Framework provided a mechanism for assurance to be monitored throughout the year, placing an emphasis on the need for the Board to be able to demonstrate it had been properly informed about the totality of risks and is assured that adequate controls and assurances are operating effectively to reduce risks to an acceptable level. This would enable oversight of the risks to the delivery of NHS Orkney's Strategic Objectives, as set out in the Corporate Strategy.

Having a Board Assurance Framework provides the structure for evidence to support NHS Orkney's Annual Governance Statement.

Progress would be reported quarterly to the Audit and Risk Committee and would go to SLT also with the Quarterly Corporate Strategy progress updates. The Board would review the complete Assurance Framework annually.

Support for the Board Assurance Framework would be through the Corporate Governance team but would require the active involvement of many across the system, including the Board, to make it work effectively.

Decision / Conclusion

The Board welcomed and approved the NHS Orkney Board Assurance Framework.

13.7. Health and Social Care Winter Preparedness Plan 2024/25 (Presenters: Chief Officer Integration Joint Board, Executive Director Nursing, Midwifery, AHPs and Chief Officer Acute Services)

The Director Nursing, Midwifery, AHPs and Chief Officer Acute Services presented the report advising the Winter plan set out an approach that was system-wide and included capacity management and unscheduled service improvements and reviews lessons learned from 2023/24.

R Gold required clarity around the suggestions from JCCGC Chair's Assurance Report that were not included and asked that the approval be subject to the changes recommended by the JCCGC.

Decision / Conclusion

The Board approved the Health and Social Care Winter Preparedness Plan 2024/25 subject to changes recommended by JCCGC

14. STRATEGIC OBJECTIVE - POTENTIAL

15. Board Walkabouts (Presenters: Chair)

The Board noted the update provided

16. ANY OTHER COMPETENT BUSINESS (Presenters: Chair)

No other competent business discussed.

17. ITEMS FOR INFORMATION (Presenters: Chair)

The Board noted and approved the Schedule of Board and Committee Meetings for 2025/26.