

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Paul Corlass, Des Creasey, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, Meghan McEwen, Ryan McLaughlin, Laura Skaife-Knight, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

In attendance: Director of People and Culture, Head of Corporate Governance

1. Apologies

Apologies received from Jean Stevenson

2. Declaration of Interests

No declarations were made.

3. Minutes of previous meeting held on 27 June 2024

The Minutes were approved as an accurate record subject to some changes from J Taylor.

4. Matters Arising

No additional items were raised.

5. Action Log

No recorded actions to follow up

6. Chair and Chief Executive Report

The Chief Executive presented key items for noting from June and July:

1. The Board will receive the first of scheduled quarterly reports, reporting today on the Quarter 1 progress against the Corporate Strategy, with a suite of comms ready to issue following the meeting.
2. The relaunch of the long service awards celebrating and recognising colleagues in the organisation, along with staff awards earlier in the year, one of the highlights of the year.
3. Extended Senior Leadership Team where over 40 members of our senior leadership community came together to discuss key areas and number of non-execs attended
4. Developments in the Financial and Performance leadership space
5. Agreeing our digital priorities

The Chair echoed the comments about the long service awards acknowledging the powerful conversations that were had with colleagues and loved ones who gathered for the awards. She went on to advise members that regular briefings have been scheduled regular briefings with MP's and MSP's to go through agendas and build relationships.

Members **noted** the update and detail in the paper.

7. CHAIRS ASSURANCE REPORTS

7.1. Senior Leadership Team

The Chief Executive presented key points from the Senior Leadership Team on 4 July

- MRI scanner service funding to be withdrawn from 31 March 2025, which is a cause for concern, members heard that a letter has been sent to John Burns, Chief Officer for NHS Scotland, raising concerns in terms of impact on patient experience.
- Risks with progressing with only three digital priorities in 2024/25 - noting the need to be aware of those projects that are not being taken forward and associated risks
- Very out-of-date policies remains a challenge and gaps in governance arrangements for policies/documentation added as a new risk, members noted that there has been some additional senior resource in this space with strengthened governance

Members **noted** the items escalated.

8. STRATEGY QUARTER 1 UPDATE

8.1. Corporate Strategy and Annual Delivery Plan Delivery Update versus KPIs

The Chief Executive presented to Board the first quarterly update by means of a Scorecard, having work with each of the delivery leads on the key performance indicators across the 5 p's, advised members of the good progress with 68 action on track. She went on to go into more detail on the areas that were showing as adrift, with 3 showing as Red (significantly delayed) and 6 rated Amber (partially delayed);

1. Appraisals - the target is set at 40% but we have not moved beyond 32% -
2. Operational governance continued work in this space, clear reporting lines to SLT,
3. Board Assurance framework, clear plan to move that work forward starting with engagement with the Senior Leadership Team and Executive Team.

The Chair acknowledged the hard work that had gone into developing the scorecard.

The Head of Improvement referred members to those indicators that were reported as amber advising members that in the main there is additional engagement required on each of them to ensure that staff are involved and that the right thing is done. Members were asked to give feedback on the content of the report, noting that in the report to Board will only show those areas that are off track, as the Governance Committees will receive the detail and discuss in full.

The Chair asked whether there were any themes to those areas that are reported as off track.

The Chief Executive advised that in the case of appraisals is around accountability and managers performing in their areas, but acknowledged there are some areas where there are capacity issues with some Heads of Service and key senior leaders off on long term sickness absence and delays in getting the right interim/cover arrangements in place.

Non-Executive members acknowledged the report was detail that has not been to the Board before, and welcomed the presentation of information, offering suggestions on some additional information that would improve the level of information for them:

- dates added to the RAG
- early warning system
- quarter by quarter tracking
- improve the mitigations

The Chief Executive welcomed the helpful feedback which will enable the team to refine things further. She acknowledged that this is a very different way of working, and as a Board there are 3 things that we need to see as we mature as a Board:

1. Integrated performance report by exception only
2. Corporate Strategy and ADP metrics by exception
3. New performance review meetings due to be introduced where colleagues will be held to account for their metrics and supported to improve where needed

Members asked for clarity on what steps are taken in the event there is no progress on one of the indicators across the quarterly reports, suggesting there may be opportunity to trigger internal audit to carry out further work.

The Chief Executive noted that the Board have received reports on integrated improvement, integrated performance and integrated governance for the first time.

Members **received** and were **assured** by the mitigations for those indicators off track.

9. Healthcare Associated Infection Reporting Template

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute presented the key messages from the report, commending the team for meeting the targets and continued progress across the sites with the training and positive feedback that is received.

The Team were recognised for their work. K Cole asked about colour coding which it was agreed would be clarified by a post meeting note.

POST MEETING NOTE:

The graph represents the percentage scores which is sent back to Boards from ARHAI and contains both local and national scores for CRA completion for Methicillin Resistant Staphylococcus aureus (MRSA) and carbapenemase producing Enterobacteriaceae (CPE).

Dark green – represents local MRSA CRA screening scores.

Mid Green – represents the collated Scottish Board scores/national MRSA CRA screening scores.

Light green – represents local CPE scores.

Turquoise – represents the collated Scottish Board score/ national CPE CRA scores.

Pink – Target

Presenting the data over time enables the Board to see that, despite having some improvement to make, overall NHSO is performing

10. Digital Priorities

The Chief Executive introduced the paper, presented to the Board for information, reminding colleagues that the Digital Strategy that had been agreed was quite ambitious. She went on to say that there had been a challenging discussion at the Finance and Performance Committee in this regard and the Digital and Information Operational Group were asked to carry out a prioritisation exercise.

The Chief Executive advised members that for those projects that were prioritised they are in the process of setting up the project teams and work is currently being done to look at the impact assessment of not proceeding with the other projects. She suggested that the approach taken demonstrates real maturity, accepting it cannot all be done, pausing and taking the time to prioritise, which came with some challenging conversations.

The Head of Improvement advised members that all of these priorities have been matched to a risk on the corporate risk register, she referred members to the GPIT project, which is showing as Amber in the Corporate Strategy scorecard, advising this is one of the national programmes that the Board do not have a lot of control of the national roll out.

D Creasey acknowledged the report which sets out very clearly why the priorities are what they are. J Taylor agreed and went on to ask about those projects that will not progress. The Head of Improvement advised that what is not taken forward this year, will remain on the Digital Roadmap. She went on to refer specifically to the text messaging capability of the Community EPR which is something that has been an ask from the Non-Executives for some time. D Campbell noted the maturity in the decision making, and the maturity in the challenge from the Finance Performance Committee, suggesting that it feels like the dial is turning.

There was discussion about the need to increase the use of Near Me consultations which members heard is part of the Outpatients Improvement Workstream.

Members **received** the report noting that progress reporting will be through the Finance and Performance Committee.

11. ANY OTHER COMPETENT BUSINESS

Concerns were raised about the social media activity in terms of the Daisyvilla GP Practice. The Chief Officer of the IJB advised that the Board are in a procurement process at the moment limiting what can be said, acknowledging that the biggest concern being raised is patients having to travel to Kirkwall to collect prescriptions. He went on to say that there is not a plan for this to change but recognising that we are in a process at the moment, with interested parties asking questions, further information will be provided over the coming weeks.

The Chief Executive, building on colleague's concerns, advised that the continuity of this service is important to the community, acknowledging that if there are lessons to learn or things we could have done better from a communication or engagement perspective that can be taken forward.