

Attendance

Present:

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Paul Corlass, Issy Grieve, Joanna Kenny, Anna Lamont, Meghan McEwen, Ryan McLaughlin, Jarrard O'Brien, Rachel Ratter, Laura Skaife-Knight, Jean Stevenson, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

Absent:

Members: Des Creasey, Rona Gold

Guests: Debs Crohn

1. Welcome and Apologies (Presenters: Chair)

Apologies were received from D Creasey and R Gold.

2. Declarations of Interest (Presenters: Chair)

No declarations of interests were raised.

3. Minutes of Previous Meeting (Presenters: Chair)

The minute of the meeting held on 18 July 2024 was accepted as an accurate record of the meeting and was approved.

4. Matters Arising (Presenters: Chair)

There were no matters arising.

5. Action and Escalation Log (Presenters: Chair)

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

Members welcomed the new escalation log.

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

The Chair and Chief Executive presented the report providing an update on key events and activities from July to August 2024.

The Cabinet Secretary for NHS Recovery, Health and Social Care, Mr Neil Gray visited NHS Orkney on 1 August 2024 and was provided with an insight into NHS Orkney's journey of improvement, and the steps taken to further improve patient care and services, and the experience of staff. Key priority areas discussed and highlighted during the visit were waiting times, delayed transfers of care and operational and financial performance.

120 staff responded to the follow-up iMatter survey where staff were asked for more information about what matters to them to ensure that focus is on the right areas in the year ahead to further improve people's experience of working for NHS Orkney. There were six areas of organisational priorities for the next year, in response to feedback from staff regarding where people most want to see improvements.

Five of these remain the same as last year recognizing we have further work to do in each of these areas (including staff health and wellbeing, value and recognition and involving staff in decisions that affect them) and creating a culture where staff feel safe speaking up knowing action will be taken is a new priority for the year recognising the further work needed in this important area in response to the iMatter results.

An update was provided of meetings held with external stakeholders and partners and an overview of the outlook ahead was included.

Decision/Conclusion

Members noted the update.

7. Corporate Risk Register (Presenters: Medical Director)

The Medical Director presented the report highlighting the presentation of the Corporate Risk Register has undergone significant changes to support clarity, oversight, and scrutiny.

The Corporate Risk Register is a live document, which had previously been difficult to present as the report became out of date as soon as the register was exported for review at Committee or Board. In future the aim was to present a single version of the live document in meetings to ensure that the most up to date information is shared and reflected a point in time view.

Decision / Conclusion

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

8. CHAIR'S ASSURANCE REPORTS

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

The Vice 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 30 July 2024:

- Welcomed the initial Medical Director's report, and a refined version would be presented at the next meeting with assurances around operational matters raised with input from the relevant clinical Executive leads
- The integrated Mental Health improvement plan would be presented to the Committee in October
- Significant work is underway in terms of the mental health transfer bed ensuring the safety of patients
- A briefing paper around colonoscopies would be presented to a future meeting for assurance

The Chair asked whether there was a timeline from the Mental Welfare Commission Report being received following a recent on-site visit to ensure expectations were being managed. The Chief Officer for the Integration Joint Board advised that whilst there had been no official timeline, it was expected 4-6 weeks following the visit.

Decision / Conclusion

The Board noted the update provided.

8.2. Finance and Performance Committee (Presenters: Des Creasey, 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 11 July 2024 highlighting:

- Mobile MRI service and funding provision to cease 31 March 2025 as the North Imaging Alliance has been disbanded and funding withdrawn (this has been escalated to Scottish Government with discussions ongoing regarding future service provisions and an options appraisal completed)

- Digital Maturity corporate risk to be reviewed and updated to incorporate the range of digital related risks
- Financial position reported at Month 2 is in line with the financial plan
- Concerns raised about lack of preparedness for the Island Games

I Grieve requested assurance around the level of preparedness for the Island Games and progress that had been made to date.

The Director of Public Health advised that work was ongoing and the medical plan had been received from the games committee and the NHS Orkney group had been asked to map out resource implications. Discussions had been held with NHS 24, there was assessment of several venues from the games committee and the winter plan would be the basis of a broad plan. Contact had been made and information was received from both NHS Shetland and Guernsey around learning and the impact on health services.

D Campbell highlighted the disparity of communication between the organisation and volunteer organisation and would therefore welcome a monthly progress report.

J Kenny queried whether there was a fixed timescale in relation to Island Games preparedness and plans confirmed.

The Board Chair queried whether the Island Games should feature on a risk register.

The Chief Executive highlighted the continued focus from the Senior Leadership Team chair's assurance report (as the Island Games is a standing item at SLT) and that it had been made clear that sight of the medical plan and operation plan in one document was urgent and needs to come to SLT at the earliest opportunity for visibility and scrutiny.

Members were advised by the Chief Executive that detailed work had been completed in terms of the MRI scanner business case and costs and alternative options had been explored with discussions ongoing with Scottish Government.

Decision / Conclusion

The Board noted the update provided from the meeting held on the 11 July.

8.3. Staff Governance Committee (Presenters: Joanna Kenny, Chair of Staff Governance Committee)

The Chair of the Staff Governance Committee presented the report highlighting the following items which had been discussed at their meeting on the 14 August 2024.

- Occupational Health, Safety and Wellbeing Committee had not met since April 2024, as a consequence the committee were unable to take any assurance on operational matters delegated to the committee
- The Health and Care Staffing Act Programme Board had not met since March 2024
- JLNC had met and provided a positive assurance report
- Members requested that a Corporate Risk was raised regarding the compliance and data quality issues of mandatory training

The Board Chair noted positive assurances around the Spiritual Care proposals and thanked the Staff Governance Committee for the progress.

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute and the Director of People and Culture agreed to action the risk in relation to training compliance around face to face training and statutory training.

Members were advised that the Director of Nursing, Midwifery, AHPs and Chief Officer Acute would Chair the Programme Board in the interim and work would progress.

The Employee Director informed members that the steering group around the non pay elements of Agenda for Change had met where the protected learning time element was discussed as a key point. Work would progress with advisory committees to address the current issues.

The Chief Executive advised there would be a mini deep dive in relation to the Health Care and Staffing Act at the next Area Partnership and Staff Governance Committee meetings due to the concerns escalated within the report.

Decision / Conclusion

The Board noted the update provided from the meeting held on the 14 August 2024 and acknowledged the great progress.

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

The Chair of the Audit and Risk Committee presented the report highlighting the following items which had been discussed at their meeting on the 27 June 2024:

- The Committee approved the draft significant issues letter which has been submitted to the Scottish Government
- Members reviewed and approved the recommendation of approval of the Annual Report and Accounts 2023/24 onwards to Board
- Positive assurance taken from the service audit reports
- The Annual Accounts process had been carried out and submitted in a timely fashion

Decision / Conclusion

The Board noted the update provided from the meeting held on the 27 June 2024.

8.5. Senior Leadership Team (Presenters: Chief Executive, Chair of the Senior Leadership Team)

The Chief Executive presented the report highlighting the following items which had been discussed at their meeting on the 5 August 2024.

- Preparedness for the Island Games – to be a monthly standing agenda item at SLT and a request for visibility of the full plan to return ASAP to SLT for scrutiny and familiarity given the concerns raised re: lack of preparedness
- Integrated Performance Report (June's performance) – SLT focused on areas in which a different response is now needed due to deteriorating performance/where improvements are needed, including: staff sickness due to stress (>30%), pre-noon in-week discharges and waiting times. SLT agreed to focus on sickness absence/stress and to discuss solutions together at September's SLT, and to provide more improvement support to improving pre-noon discharges, consistent with our approach re: planned care/reducing waiting times
- Internal Audit recommendations 2023/24 progress report – 7 actions are overdue (spanning: clinical governance/complaints, business continuity and cyber security). Mitigating actions will be shared at September's Audit and Risk Committee
- Internal Audit was now a quarterly agenda item at SLT – and welcomed Azets in attendance
- A refresh and reset of SLT would take place at the September meeting

The Board Chair welcomed the continued self reflection and commitment to learning and requested an update on the outstanding audit recommendations was provided in the next chair's assurance report as well as being escalated to the Audit and Risk Committee.

The Board Chair raised an opportunity around using the risk register and Corporate Strategy to prioritise areas where it was difficult to gain traction. The Quality Improvement approach could therefore be tactful in those areas of implementation gaps.

Decision / Conclusion

The Board noted the update provided from the meeting held on the 5 August 2024.

8.6. Area Clinical Forum (Presenters: 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 the 2 August 2024.

- There was the intention to hold an Area Clinical Forum Island Games development session and an invite would be sent to the NHS Orkney preparedness group

- The Neurodevelopmental pathway had not progressed causing concern and confusion across services and schools
- Concerns were raised about the lack of financial information forthcoming from Primary Care to the GP Sub committee relating to the PCIF resulting in limited ability of that committee to perform its advisory and stakeholder roles with relation to the PCIP
- The aim for future focus of ACF meetings was to be the Chair's Assurance Reports of the clinical advisory committees and for this to support a broader piece of work relating to increased clinical engagement.

Decision / Conclusion

The Board noted the update from the meeting held on the 2 August 2024

9. STRATEGIC OBJECTIVE 1 - PEOPLE

9.1. iMatter Organisational Response (Presenters: Director of People and Culture)

The Director of People and Culture presented the paper which demonstrated the progress made in relation to NHS Orkney's 2024 iMatter results, identifying any significant changes and points to note.

The report highlighted several areas of achievement, as well as some areas that required attention.

The Chair celebrated the time taken to understand the in-depth results and was curious around how staff responded in relation to how performance was managed within the organisation and the interpretation of the question.

J Stevenson appreciated the qualitative data within the report and how more face to face contact with managers was requested and whether there was follow up. The Director of People and Culture advised that there had been positive engagement through forums and further progress was required.

The Chief Executive thanked everyone involved and celebrated results and the small steps forward. Action Plan progress would be monitored via the new Performance Review Meetings. Members agreed SLT would have overall oversight of the tangible action plan and organisational wide progress with delegated actions across key stakeholders. The Staff Governance Committee would ensure alignment of the progress.

Decision / Conclusion

The Board welcomed the report and welcomed the on-going work and noted the positive responses.

9.2. Board Walkarounds (Presenters: Chief Executive)

Members **noted** the report.

10. STRATEGIC OBJECTIVE 2 - PATIENT SAFETY, QUALITY AND EXPERIENCE

10.1. Clinical Governance Structure (Presenters: Medical Director)

The Medical Director presented the report summarising the current Clinical Governance roles and structure.

The revised operational Clinical Governance and quality improvement reporting structure was shared with JCCGC on 3rd April 2024, approved at the Audit and Risk Committee on 28th May, and presented to the board on 7th June 2024. Reporting to the JCCGC now included a summary clinical governance report from the Clinical Governance Committee.

The summary report provided an update on areas of NHS Orkney strategic, enabling, and underpinning activity of particular clinical relevance which the JCCGC should be sighted on. The aim was to facilitate the role of the Board and Board Committees to review and scrutinise reports on NHS Orkney programmes in support of clinical services and assure that advice was

provided, as required, to the Board on the clinical impacts of any major new service developments or changes proposed for adoption by NHSO.

The Board Chair requested clarity around where the return template was sent to and whether the clinical advisory committees and Area Clinical Forum had been involved in process.

The Medical Director advised the quarterly return template was sent out to all service areas and used to compile the Medical Director report, reported to the Joint Clinical Care Governance Committee and back to directors involved. Members were advised that there had been no change in terms of the Area Clinical Forum Reporting Structure and the structure had not specifically been presented to the group.

I Grieve queried where the Clinical Governance terms of reference had been reviewed and agreed. The Medical Director advised that the objectives and descriptions were presented to the JCCGC however members emphasised that the terms of reference had not been provided, it was confirmed that the terms of reference would be presented to the committee on 1 October 2024 for approval.

The Director of Public Health found the report useful and highlighted the importance of including IJB commissioned NHS delivered care services within the structure.

The Chief Executive highlighted that the Planned Care Board reported to the Audit and Risk Committee rather than Finance and Performance Committee, suggested that we think carefully about how to share with staff how governance works at NHS Orkney and welcomed the Weekly Incident Review Group reports being shared with SLT weekly.

Suggestions for the September Board development session included clinical governance structures and processes with reporting and data around quality, safety and experience.

Decision / Conclusion

There was a shared divergent understanding around the report from members therefore learning would be sought and a shared understanding would be developed at the September development session.

10.2. Quality Impact Assessments (Presenters: Medical Director)

The Medical Director presented the report providing a progress update on the work of the Quality Impact Assessment (QIA) panel as well as the findings from the panel assessment held on 1 July 2024.

A total of 10 workstreams comprised the efficiency programme which had identified productivity and efficiency savings of £3.75M in-year savings and £3.9M full-year savings by Month 4. On 1 July 2024, the QIA Panel reviewed 27 schemes: 11 required a pre-QIA review, and 16 required a full-QIA review. Each scheme had validated savings.

A set of core principles were agreed as part of the QIA process and methodology.

The Board Chair was pleased that the panel had met and queried what quality metrics were in place for programmes being delivered and how the quality impacts were monitored. The Director of Improvement informed members there was a section in relation to Key Performance Indicators (KPIs) that would be monitored on a monthly basis.

The Recovery Director raised a question around the financial challenge and the frequency of meetings in relation to the QIAs. The Medical Director advised that whilst meetings were quarterly, workstreams continued to meet throughout.

Members agreed that Quality Impact Assessment reporting would go to the Joint Clinical Care Governance Committee and would provide the Board with an update through their chair's assurance report.

Members were advised that the report had been shared to the Scottish Government and they had identified it as good practice and shared it with other Boards.

Decision / Conclusion

Members received assurance.

10.3. Safety, Quality and Experience Report Quarter 1 (Presenters: Medical Director)

The Medical Director presented the Safety, Quality and Experience report, the first of its kind, highlighting the aim was to focusing on patient safety, experience, and quality of care. This report was intended to be quarterly and therefore, future reports would be presented a quarter in arrears to allow time for response and investigation time limits to be met. This partial report had been presented to SLT for review and discussion and SLT had supported the report being presented quarterly as set out above. The fully quarter one report would go to SLT in September 2024 and then on to JCCGC in October 2024 as per the quarter in arrears.

Decision / Conclusion

The Board took assurance form the report.

10.4. HIART Report (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute)

The Director of Nursing, Midwifery, AHP's and Chief Officer Acute 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:

- The LDP Standards for 2024-25 were still yet to be confirmed.
- An infection incident was currently being investigated within one of the departments and an exceedance report was sent through to ARHAI Scotland to inform them
- The Domestic Monitoring Tool had been malfunctioning and therefore there is no data for July within the HAIRT
- On the 1st August 2024, ARHAI updated the National Infection Prevention & Control Manual (NIPCM) to align with the UKHSA guidance for hospitalised Covid -19 positive patients

The Board Chair and the Chief Executive commended the report and welcomed and noted the importance of visibility of patient voices.

Decision / Conclusion

The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection and took assurance.

11. STRATEGIC OBJECTIVE 3 - PERFORMANCE

11.1. Finance Report - Quarter 1 (Presenters: Recovery Director)

The Interim Recovery Director presented the quarter 1 financial report providing an update on financial performance at the end of the first quarter of the 2024/25 financial reporting period. The main highlights were:

- NHS Orkney remained at stage 3 of the NHS Scotland Support and Intervention Framework for finance
- The Board submitted a financial plan for the 2024/25 financial period which forecasted a full year deficit of £5.778m against the Board's revenue resource limit. Whilst this plan was approved by the Board and submitted to Scottish Government, it remained a non-compliant plan
- The reported financial position at the end of quarter 1 was slightly favourable to plan and the Board was still forecasting to deliver the £5.778m original plan at the end of the year. However, the Board profiled the in-year deficit plan to be more challenging over the second half of the year as the efficiency programme developed, and therefore the run rate needed to reduce over the remainder of the financial year to achieve the financial plan
- The Board was still anticipating full delivery of the £4.000m in-year savings programme and the minimum 3% full year recurrent delivery target

Members were made aware of the challenging capacity constraints within the Finance Team which limited availability to evolve finance reporting. The intention was to present the new detailed Finance report to the Finance and Performance committee in September 2024.

J Taylor requested an update around agency costs particularly in regards to medical and dental services. He also requested reassurance in relation to whether the solar panels under the net zero section would be a cost saving.

D Campbell referenced the format of the report and future reporting could include collective scrutiny to allow understanding and engagement from the Board as a whole.

The Board Chair requested further clarity to the reference around cost pressures within the Junior Doctor establishment and where the budget for patient travel was approved.

In response to the above, the Recovery Director advised that clear narrative around variances would be provided, work was underway in regards to supplementary staffing and was incorporated within the improvement programme. With regards to the Junior Doctor establishment there was an overspend against the recurrent budget. Work around patient travel was underway, there had been communication with Grampian in relation to increase the number of near me appointments.

The Employee Director asked whether the 5% pay offer through Agenda for Change would be funded by the Scottish Government and queried whether there would be back pay accrued for a certain period regarding the Band 5 Nursing Review and if funding would be carried forward. The Recovery Director advised that the 2024/25 pay settlement for the Agenda for Change was nearing agreement although it was expected that it would be funded by the Scottish Government. In relation to the Band 5 review protected learning time, the expectation was that as it was backdated and because there was some uncertainty the Scottish Government had confirmed it was non recurrent currently until there was an understanding of the impact however, the expectation was that it would become recurrent.

Decision / Conclusion

The Board took assurance from the report.

11.2. Integrated Performance Report

The Integrated Performance Report (IPR) 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.

D Campbell raised a question around the progress of succession planning. The Director of People and Culture advised this had been paused and would form part of the experience programme. The Chief Executive said that this work would be restarting with succession planning for the Board to be completed by the end of 2024/25 as a minimum such was the important of this.

Members agreed that the quarterly Quality Safety and Experience report would be presented to the Joint Clinical Care Governance Committee in future.

I Grieve appreciated the breadth of the topics covered and the increased data and suggested comparison charts on national data would be beneficial.

Further clarity was requested as a pre meeting note in relation to the maternity care section to further integrate the data.

The Recovery Director highlighted that the information in the finance section was outdated due to limited capacity within the team. Further information would be provided to Board members.

The Board Chair requested that future iterations included information around reimbursement to patients regarding patient travel.

Under the operational standards chapter, J Taylor requested the timeline of the output of theatre utilisation work and J Kenny requested clarity around ophthalmology wait times.

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute advised theatre utilisation was one of the key work streams included within the improvement programme and the

Medical Director advised the challenge remained around ophthalmology lists and further work was being explored through national treatment centres.

Decision / Conclusion

The Board took assurance from the delivery and implications of current performance levels.

11.3. Integrated Performance Report by exception (Presenters: Chief Executive)

The Chief Executive presented the report advising NHS Orkney was introducing a new Performance Management Framework (PMF), part of the framework was the Integrated Performance Report (IPR). The proposal was that the IPR by chapter would be scrutinised by Board Committees and that SLT and the Board would have a summary overall scorecard followed by the exception report.

Regular performance monitoring would help identify any deviations from KPI's. This early detection would allow for quick interventions before issues escalated.

Decision / Conclusion

Following further discussion at the In-Committee Board meeting, members approved the Integrated Performance Report by Exception.

11.4. Performance Management Framework (Presenters: Director of Improvement)

The Head of Improvement presented the report which set out a proposal to amend how performance of services and specialties were governed to a new quarterly cycle. Performance Review meetings were being established to support the delivery of the annual delivery plan and financial plan, monitoring progress against agreed performance trajectories and holding to account respective leads for the operational and clinical delivery of key performance indicators.

The meetings aimed to supportively scrutinise performance against plan, provide early identification of risks associated with delivery, determine interventions necessary to correct adverse performance and provide a formal mechanism to escalate concerns to the Executive in a timely manner and supportive environment.

Meetings would be delivered as hybrid in the first instance.

Decision / Conclusion

Members approved the proposal from Senior Leadership Team to introduce quarterly performance review meetings and discussed the terms of reference.

11.5. Improving Together Report (Presenters: Director of Improvement)

The Improvement Director presented the report to provide progress update on the development of and implementation phases of the 2024/25 Improving Together efficiency programme.

NHS Orkney had made good progress in developing its financial efficiency programme throughout July. At the time of writing, the programme had identified productivity and efficiency savings of £3.8m in-year and £3.9m full-year savings. This represents an £0.6m increase since June 2024. These have been risk-adjusted through discussions with workstream teams and therefore represent the 'base-case' scenario for in-year savings, although there are material and considered risks as detailed later in the paper.

Recurrent savings currently equate to £2.6m (69%) with £1.15m (31%) identified as non-recurrent. This level of recurrence was broadly in line with the plan submitted to Scottish Government and focus and effort continues to progress ideas that improve this.

The Improvement Team continued to risk-assess the current programme to determine the robustness of the savings profile and the potential downside scenario position.

The Chair welcomed the sustained progress.

Decision / Conclusion

The Board took assurance from the report and noted the progress.

11.6. Digital Delivery Plan - Quarter 1 Report (Presenters: Head of Improvement)

The Head of Improvement presented the report advising the Quarter 1 progress update and work underway within the digital services and IT Infrastructure team. To support the adoption and implementation of the Enabling, Connecting and Empowering Care in the Digital Age Strategy 2021, and NHS Orkney's Corporate Strategy 2024 – 2028, a Digital and Information delivery plan for 2024/26 had been developed and managed by the Digital Information Operations Group.

An update was provided on delivery against each of the digital projects at the end of Quarter 1 as well as outlining the projects which had been deferred to 2024/25 following a digital prioritisation exercise. There were 39 actions in the Digital Delivery Plan for 2024/25. From the 2 actions, 1 was significantly delayed and 1 that was amber was partially delayed. The significantly delayed action was from a national programme, the National Child Health System, therefore out with the digital services control. The other delayed action was in relation to GP IT implementation and reprovisioning, a solution had been provided and work would commence.

The Chief Executive advised that an external facilitated face to face listening exercise would take place in September for Digital Services to understand what works well and where improvements could be made, to reconnect colleagues and build relationships and to determine options for service delivery moving forward.

The Board Chair noted the sustained progress of the Digital Information Operations Group.

Decision / Conclusion

The Board took assurance from the report.

12. STRATEGIC OBJECTIVE 4 - POTENTIAL

12.1. Future Proposal for the Improvement Team (Presenters: Director of Improvement)

The Director of Improvement presented the proposed structure, function and resource for the future state and development of the improvement team.

Aligned to a move by the organisation to deliver on key strategic programmes of work, a review of this team had recently taken place with the proposed new approach developed to better engage and support teams through sustained periods of improvement.

The focus for the current year would be on establishing the core building blocks to deliver the basic and most fundamental programme improvements. As this function develops over several years, it presents the opportunity to provide a greater leadership role across culture, training and innovation.

J Stevenson thanked the team for the report however, had difficulty translating some of the educational needs for staffing training and how the plan was aligned with professional and mandatory training. The Director of Improvement advised the aim of the team was to support improvement objectives within the Corporate Strategy therefore professional training would remain with the Directorates.

Decision / Conclusion

Members approved the proposal for the future function of the Improvement Team.

12.2. Quality Improvement Methodology and Training Programme (Presenters: Director of Improvement)

The Director of Improvement presented the proposal to developing a quality improvement methodology and training programme for NHS Orkney staff. NHS Orkney intended to model itself on the more progressive health boards that had adopted a quality improvement methodology. The paper set out the intended approach to be taken to develop a methodology and training programme that was the right fit for NHS Orkney staff.

NHS Orkney had previously engaged with NHS Education for Scotland (NES) and other teaching providers to offer staff training in quality improvement. There were nationally offered quality improvement training courses through the Scottish Improvement Foundation Skills (SIFS) programme and other associated programmes.

This new model would ensure improvement resource was focused in those areas where successful transformation delivers multiple benefits, from improved clinical outcomes and patient/service user experience, through to financial savings. A working group would be given 16 weeks to develop the learning structure for NHS Orkney based on good practice from other Health Boards. A defined scope of work would be set out within 4 weeks. The roll-out of the methodology would commence from Quarter 4 2024/25.

Members were advised that ownership would remain with the Director of Improvement until March 2025 thereafter will be led by the Head of Improvement.

Decision / Conclusion

Members approved the methodology.

13. STRATEGIC OBJECTIVE 5 - PLACE

13.1. Planning with People Guidance Update (Presenters: Chief Executive)

The Chief Executive presented the report providing an on the updated Planning with People Guidance which was published on 29 May 2024. The updated guidance takes into consideration the current challenges faced by NHS Boards to ensure all parties are clear on respective roles, responsibilities and processes and reinforces the statutory duties for engagement regardless of financial pressures.

The report summarised the key changes to the national guidance that our Health Board needs to be aware and how NHS Orkney kept in touch with Healthcare Improvement Scotland (HIS) throughout the year and worked with HIS to ensure compliance with this guidance.

Next steps were detailed within the report.

Decision / Conclusion

Members noted the update.

13.2. Population Health and Prevention Integrated Performance Report (Presenters: Director of Public Health)

The Director of Public Health presented the report advising performance for immunisations and screening was generally good and meeting national uptake standards although there was quarter by quarter variability due to the small numbers involved. The smoking cessation service continued to engage with clients and raise awareness of the service. The integrated performance report for population health would be included in the reporting by exception overall integrated performance report moving forward.

Decision / Conclusion

Members scrutinised the report and sought assurance on delivery.

13.3. Population Health and Prevention - proposal for future reporting (Presenters: Director of Public Health)

The Director of Public Health presented the report advising that the Scottish Government was developing a new approach, which would be outlined in the forthcoming Population Health Framework alongside the existing public health priorities. Shifting the focus of the NHS from a treatment orientated organisation to a health improving organisation required a renewed focus and shift in mindset, including for NHS Orkney.

Members agreed it would be of best interest to pause any changes to the reporting structure until the framework confirmed what was required.

Members welcomed the proposal, the Board Chair required clarity around the Orkney Public Health message, with the metrics closely tethered to the outcomes.

The Chief Executive welcomed the update and emphasised population health and prevention must become more mainstream to reporting and in the organization generally and suggested over time that it becomes a more central part of the organization-wide improvement programme.

Decision / Conclusion

Members approved the proposal for future reporting relating to Public Health.

14. ANY OTHER COMPETENT BUSINESS

15. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

Members noted the following minutes:

- Joint Clinical and Care Governance Committee - 14 June 2024
- Staff Governance Committee - 9 May 2024
- Area Clinical Forum - 4 June 2024

16. ITEMS FOR INFORMATION

Members noted the attendance.