

Attendance

Present:

Members: Davie Campbell, Kirsty Cole, John Daniels, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, Michelle Mackie, Meghan McEwen, Ryan McLaughlin, Jarrard O'Brien, Rachel Ratter, Laura Skaife-Knight, Brian Steven, Jean Stevenson, Jason Taylor, Phil Tydeman, Louise Wilson

Guests: Debs Crohn, Tracy Myhill

Absent:

Members: Stephen Brown, Sam Thomas

1. Welcome and Apologies (Presenter: Chair)

Apologies were received from S Brown and S Thomas.

2. Declarations of Interest (Presenter: Chair)

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

3. Minutes of Previous Meeting 22 August 2024 (Presenter: Chair)

The minute of the meeting held on 22 August 2024 was accepted as an accurate record of the meeting and was approved.

4. Matters Arising (Presenter: Chair)

There were no matters arising.

J Taylor noted that there had been a substantial post meeting note sent to Board members following the Public Board meeting held on 22 August 2024 and queried the availability of the information contained and whether it would be made public. The Chief Executive suggested post meeting notes were added to the NHS Orkney website and shared via usual communication channels, for openness and transparency, in addition to minutes moving forward. This was agreed.

5. Action and Escalation Log (Presenter: Chair)

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

Members were advised that the escalation log had been a trial and a further conversation to move forward in a cohesive way would be discussed at the In Committee session later in the day.

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

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

Points highlighted included that 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.

Very many congratulations to Anne Gregg, Macmillan Specialist Nurse, and Amanda Manson, Cardiology Specialist Nurse, who had both been nominated for Nurse of the Year Award and Melissa Lindsay, Midwife and Sonographer, who had been nominated for Midwife of the Year Award in this year's Scotland Health Awards.

On the 11 October 2024, the Chief Executive and Executive Team attended the second bi-annual Chief Operating Officer Engagement session with Scottish Government colleagues. This was a positive meeting, with lots of open and honest conversations and relationships between NHS Orkney and Scottish Government remain strong. Further to the previous Board meeting and recognising how much this meant to the local community, the Chief Executive updated that an options appraisal and business case had been submitted to the Scottish Government regarding the future provision for the MRI scanner recognising the right solution for patients and community was needed, and NHS Orkney had received feedback that it has a very solid clinical case with more details on the financials to be worked through.

The first of the new Performance Review Meetings had taken place for corporate and clinical teams which was another positive and important step forward providing an opportunity to celebrate good news stories and to recognise the good work and progress made across the organisation, to continue to build relationships, to offer and provide support where improvements were needed and to hold to account.

NHS Orkney's Annual Review is a non-Ministerial review this year and would take place on Tuesday 3 December between 12-2pm (hybrid). This is an opportunity for patients, the community and staff to hear about NHS Orkney's performance in 2023/24 and hear about the range of developments underway to further improve care and services for the community and patients and priorities for 2024/25, based on what matters to our community.

I Grieve thanked the Chair and Chief Executive for the report and queried the national agenda in terms of the Health Secretary's mention of Delayed Transfers of Care would have been helpful to have been included within the report as it a top national priority. The Chief Executive agreed to include in future reports.

J Kenny was pleased to hear the Performance Review Meetings had started and the good engagement from teams.

Decision/Conclusion

Members noted the update.

7. CHAIRS ASSURANCE REPORTS

7.1. Joint Clinical and Care Governance Committee (Presenter: Jean Stevenson, Chair of the Joint Clinical and Care Governance 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 1 October 2024:

- Digital systems remained an area of concerns for all services with lack of integration noted and impact seen on delivering patient care
- Need for further assurance and action planning to understand the impact of legislation for Children's services across the system and through integration
- Process for peer reviews undertaken within the organisation to include governance structure
- Exception reporting had been discussed further
- Members provided positive assurance around the Children's Health Annual Report and commended regular supervision captured and training data
- The communication between the Medical Assisted Treatment team and GP's was highlighted as exemplary and progress was noted against the standards
- The Public Health Annual report was insightful and space was identified to further connect with Corporate strategy
- There was positive feedback from Breast Feeding peer review
- The Emergency Department peer review and the Centre for Sustainable Delivery report would be presented at the December meeting
- An improvement plan required for training gaps around data entry to the Scottish Morbidity Record (SMRO2) system.

The Vice Chair noted under decisions made, the update around Neuro-developmental pathway should have been under work underway as further clarification is still required.

Decision / Conclusion

The Board noted the update provided.

7.2. Finance and Performance Committee (Presenter: Davie Campbell, Chair of Finance and Performance Committee)

The Chair of the Finance and Performance Committee presented the report highlighting the following items which had been discussed at their meeting on the 26 September 2024.

- Concerns were raised around the significant gap in revenue resource with the Board as an outlier
- Non-attendance of key leaders at the meeting which has inhibited the scrutiny
- Concerns remained in terms of preparedness for the Island Games
- A de-escalation migration plan was being developed
- Great work was taking place around digital maturity and confidence and assurance received that the NIS audit was not being considered in isolation but included the digital maturity element
- NHS Orkney was the only Board in Scotland that was on target to achieve its financial plan
- The Committee heard of excellent work in Near Me outpatient activity with NHS Grampian, with more near me than face to face appointments being reported
- Members approved the proposal for financial delegated approval limits to Governance and operational committees

The Board Chair queried what could be put in place to address the non-attendance of key leaders at meetings moving forward. The Chief Executive expressed that deputies must attend in the absence of Executive Director. There was strengthened attendance included in the updated Terms of Reference for 2025/26 which also addresses this feedback, recognising that we remain in escalation and the focus and accountability that is needed.

R Gold queried the Near Me data available around patient experience. The Director of Improvement advised that an update would be provided at the next meeting.

The Chief Executive provided an update about the Island Games which was an item of escalation in the Chair's Assurance Report, emphasising

the objective of the organisation was to be as prepared as it could be for the Island Games and to stress test its plans in the months to come. Leadership had been strengthened with the Director of Nursing, Midwifery, AHPs and Chief Officer for Acute and the Director of Public Health working together and the Interim Head of Strategy offering additional operational support. Meeting frequencies had increased and visibility of the plan was to be presented to SLT in November 2024. The Chief Executive said she was personally meeting the Chair of the Island Games in the weeks to come to reaffirm NHS Orkney's commitment to collaborative working and to ensuring NHS Orkney maximised its contribution to the Games as a key partner. A new Corporate Risk was being added to the Corporate Risk Register which Board members would see at the next meeting.

The Chief Executive asked the Chair of Finance and Performance Committee about the mention in the report that the Board was not necessarily acting as a Board in financial escalation and specifically posed the question what was not being seen that Board members would expect to see in place. It was agreed a discussion would take place at the December 2024 In Committee Board meeting which would include a workshop on Finance and de-escalation specifically.

Decision / Conclusion

The Board noted the update provided.

7.3. Audit and Risk Committee (Presenter: Issy Grieve, 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 3 September 2024:

- 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).

The Board Chair referenced the Public Health Waiting Times Improvement Plan and requested when the work would be concluded. The Head of Improvement advised that the report was now overseen by the Planned Care Board and there were some outcomes that nationally had been told not to progress and some of the work would not be concluded until March 2024 and as such this Improvement Plan

remained ongoing. An further update would be provided at the December 2024 Audit and Risk Committee.

Decision / Conclusion

The Board noted the update provided.

7.4. Senior Leadership Team - September and October (Presenter: Chief Executive, Chair of the Senior Leadership Team)

The Chief Executive presented the reports highlighting the following items which had been discussed on the 3 September 2024 and 14 October 2024 September 2024:

- Traction on Island Games preparedness remained a concern, with strengthened resource and governance arrangements in place in September and a decision-point at the end of September if insufficient progress was seen
- Public Protection Accountability and Assurance Framework toolkit – concerns raised about the gaps and lack of join up with wider system Public Protection Work and additional resource needs scoping. Agreed to take to JCCGC and back to a future SLT and to add as a new Corporate Risk
- SLT deep dive into sickness absence due to anxiety/stress/depression/other psychiatric illnesses was persistently the major reason for sickness absence and currently around 30% which required a very a different organisational response
- Five key 'People' issues agreed as priorities by SLT for improvement with action underway in each to recover and improve performance: Job Evaluation, Budgets, Training compliance, Appraisal and Sickness absence related to stress
- There were 6 new proposed Corporate Risks
- A 2-phase approach to addressing overdue policies and procedures was agreed
- SLT continued to mature and in response to feedback, there would be 2 meeting per month from January 2025

October 2024:

1. Five key 'People' issues agreed as priorities by SLT for improvement with action underway in each to recover and improve performance:

- Job Evaluation
- Budgets
- Training compliance

- Appraisal
 - Sickness absence related to stress
2. 6 new Corporate Risks were proposed as follows:
- Lack of functioning operational and local risk register (Agreed)
 - Lack of training compliance – health and safety courses (Lead Executive Director to review risk score and bring back to next SLT)
 - Island Games preparedness (Not agreed – to go back to Risk Owner for review and revision and validation through the Risk Management Group)
 - Organisational clinical policies and procedures (Not agreed – to go to Risk Management Group for revision)
 - Public Protection (Not agreed - to go to Risk Owner for review and revision and validation through the Risk Management Group)
 - Workforce experience and wellbeing (Not agreed - to go to Risk Owner for review and revision and validation through the Risk Management Group)
 - Public Protection not reviewed and to go to Risk Management Group for validation
3. Organisational preparedness for the Island Games
- a further and final request for visibility of the operational and medical plan so these can be scrutinised at the November 2024 SLT meeting
4. Anchor Plan – 6-month update
- Given the present challenges and capacity restraints, it was agreed that NHS Orkney will write to the Scottish Government to propose incorporating the high-level metrics into the Place strategic objective of our Corporate Strategy and Community Planning Partnership workplan/priorities to fulfil this requirement, and make best use of the available resources we have
 - The metrics should be SMART and measurable wherever possible, so that progress can be better evidenced
 - Suggestion that we focus on 1-3 priority areas, so we can make demonstrable progress in fewer priority areas as we begin planning for 2025/26
5. A 2-phase approach to addressing overdue policies and procedures was agreed as follows:

- Phase 1 – triage of policies/procedures to prioritise clinical policies/procedures that require updating (Short Life Working Group to be led by the Director of Public Health)
- Phase 2 – to work with the Clinical Advisory Groups and 5 key operational groups to ‘do the work’ – timing for this work to be agreed in Quarter 4 once phase 1 work and triage is completed, recognising wider pressures

6. SLT members on many occasions during the meeting referenced the competing demands on staff and the need to (1) agree the highest priorities and (2) stop work that can pause until 2025/26, recognising current pressures

The Board Chair welcomed the significance of the Senior Leadership Team.

I Grieve provided thanks for the reports and queried further work that had taken place in relation to appraisals. The Chief Executive advised that conversations were underway and a subset of SLT was now working on actions to be taken with some helpful feedback from teams who attended the Performance Review meetings too which we were acting on.

R Gold queried the mention of the policies and procedures work and as this was a substantial piece of work and was conscious that there could be risks and where were the risks and where were they being addressed. The Chief Executive advised this is one of the risks that was not agreed at SLT and there was work to be carried out under the leadership of the Director of Public Health, with a short life working group, who would carry out a prioritisation exercise and a triage would take place. The outputs on phase 1 would be presented to the Senior Leadership Team and onwards to Board early 2025. An update would be provided at the February 2025 Board meeting.

Decision / Conclusion

The Board noted the update provided.

7.5. Area Clinical Forum (Presenter: Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on the 1 October 2024:

- Lack of clarity regarding progress of the children’s neuro-developmental pathway, in particular the previous goal to have a single point of entry for referrals into the pathway.

- Members had an open and honest discussion with the Director of People and Culture around work related stress and ways to address and improve the current situation
- Members agreed to provide support to the updating of outdated clinical policies, procedures and protocols on the basis that the requests were presented in a realistic and timely manner
- Members welcomed the update and overview regarding the Care Opinion website, a place for people to share their experiences of health and care in ways which are safe, simple and lead to learning and change
- Working towards developing a clinical governance structure

Decision / Conclusion

The Board noted the update provided.

8. Corporate Strategy Quarter 2 Report (Presenter: Chief Executive)

The Chief Executive presented the report, providing an overview of performance and key metrics in relation to each of the agreed reporting sections as set out in the Corporate Strategy and national reportable metrics required by Scottish Government.

There were currently 77 deliverables in the Corporate Strategy Delivery plan for 2024/25. 2 were RAG rated Red, 18 rated Amber, 52 Green and 5 actions had been deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group.

The red RAG status were around appraisals and having clear plans improve access to key services. Work was underway in each of these areas to see the improvements that are necessary.

J Kenny highlighted that the red area around workforce and the importance to include the full bracket mentioned around training and sickness absence as they were equally important.

The Director of People and Culture informed members that there was 5 key areas of focus to improve workforce data, and workforce dashboards had been created. The Staff Experience programme consultation was complete and would be presented at next Staff Governance Committee.

The Medical Director advised there had been progress made in terms of the amber areas and that there was a revised Patient Experience safety and Quality report that had been developed and shared with the Joint Clinical and Care Governance Committee and the Senior Leadership Team. Learning from adverse events reports had taken place and improved training for those who carry out the training. The Care Opinion to listen to patient feedback was being trialled in maternity and would be rolled out further.

The Interim Director of Finance highlighted the effort of work carried out in relation to improving budgets, recognising the challenged environment.

The Chief Executive advised members that progress had been made in relation to GP IT with dedicated resources with positive traction and in relation to holding honest conversations with the community, a new piece of work was due to commence working with clinical teams across the organisation to hold conversations with the community around managing expectations. This would start with the Dentistry Service in the week to come. Deferred items to the next financial year on digital dictation were made clear to Scottish Governance colleagues.

The Director of Public Health echoed the conversation around communication with the community.

D Campbell had a query around the overall delivery and rationale and staff challenges and asked would there be more items added to deferred list. The Chief Executive advised there was always a risk of slippage given the gaps and fragilities presently in the organisation, but as it stands there is confidence in delivery as described in the plan, and the need to continue to be open and honest and maintain our discipline.

I Grieve encouraged the performance team to take advantage of the internal audit planning.

The Board Chair noted the transformational framework the Corporate Strategy had been for both the organisation and the Board and thanked the Lead Executives and Committee Chairs for embracing the new approach.

Decision / Conclusion

Members received assurance on the progress made and noted where Key Performance Indicators were off track and the improvement actions in place to bring deliverables on track in Quarter 3.

9. STRATEGIC OBJECTIVE 1 - PEOPLE

9.1. Themes from Board Walkarounds (Presenter: Chief Executive, Chair)

The Chief Executive highlighted the walkarounds that had taken place since the last meeting and identified the key themes.

Some Non-Executive members raised concern around being temporarily removed from the walkarounds due to current capacity constraints as they were beneficial and requested to be re-considered.

The Board Chair agreed that as part of improving visibility and continuing recent improvements in this space and said it was important a further

conversation was carried out in relation to Non-Executives undertaking visits.

The Director of People and Culture highlighted that iMatter results showed that NHS Orkney was the most improved Board in Scotland for Board visibility.

Members were advised that challenges around accommodation were being addressed via the Strategic Estates and Property Group.

Decision / Conclusion

Members received the update provided and noted the next steps and recommendations.

9.2. Patient Experience and Engagement - Preparing for the Annual Review (Presenter: Chief Executive)

The Chief Executive presented the report summarising the patient engagement that was being planned to inform the feedback that would be shared at NHS Orkney's 2023/24 Annual Review meeting on Tuesday 3 December 2024.

Members were advised of the several strands to the way in which NHS Orkney were approaching patient, community and carer engagement for the 2023/24 Annual Review meeting. The theme for the meeting would be 'Reconnecting with People', and in preparation ahead of the meeting, listening and engagement sessions had been arranged with various groups across the community which would be led by the Board Chair and Chief Executive, with support from Board members.

Patients and the community were invited to submit questions in advance of the meeting, a significant amount of time will be dedicated to responding to these questions at the public meeting in December 2024.

A wide range of key partners and external stakeholders had been invited to the meeting, so that these views could be heard and represented also. The lead representative for Healthcare Improvement Scotland (HIS) was involved in the planning for the Annual Review and would be in attendance on 3 December 2024.

I Grieve queried where the organisation was in terms of patient involvement in the general organisation. The Board Chair believed it was not appropriate to invite someone to a Committee meeting and there would be more beneficial avenues to hear from the population. The Chief Executive said she would like a wider discussion about patient experience, including patient and public engagement at a future Board development session and that in Year 2 of the Corporate Strategy

required a much-strengthened focus on further improving patient experience.

The Medical Director advised there was already improvement in patient experience reporting and in terms of patient engagement there was the Care Opinion underway and work in relation to the ferry linked isles.

The Board Chair attended a session with Age Scotland Orkney and heard great stories, specifically in relation to GP services and stroke support services and great examples of kind care shown in Dentistry and clinicians in wards providing great spaces when delivering bad news. Board members were encouraged to attend further patient and community listening meetings being planned ahead of the December 2024 Annual Review meeting.

Decision / Conclusion

Members received assurance on the patient engagement plan, agreed to promote the event within the community and attend the session on the 3 December and participate fully as Board Members.

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

10.1. Corporate Risk Register (Presenter: 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.

The number of risks had increased by one and out of 6 risks, 1 was added and the other 5 requested further clarity from the Risk Management Group before being re-represented to the Senior Leadership Team.

R Gold queried the role of the oversight Committee in relation to risks. The Medical Director advised that a risk owner could change a risk and the Committee could request that a risk be updated via feedback. As the full risk register was shared with each Committee, oversight would return to one Committee. Azets proposed to develop a training package that would be looked at in the future. The Board Chair agreed further clarity was required in terms of the oversight Committee and that a single oversight Committee was preferable to avoid confusion re: accountability.

Decision / Conclusion

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

10.2. **HIART Report (Presenter: Director of Nursing, Midwifery, AHP and Chief Officer Acute)**

The Interim Deputy Director of Nursing and Midwifery 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 Local Delivery Plan Standards for 2024-25 were still yet to be confirmed
 - In recent changes in reporting the Antimicrobial Resistance & Healthcare Associated Infections (ARHAI) data intelligence team were referring community cases of SAB (and *E.Coli* bacteraemia), identified in other Boards, to the Boards of residence. No action was required by Boards
 - A previous infection incident and data exceedance had now been closed, however there were some ongoing actions and monitoring is in place
 - Following release in the NIPCM of Chapter 4 – water safety and management, there had been a discussion at the Water Safety Group and some members had now formed a short life working group to ensure that NHS Orkney was compliant with the guidance and any actions required. This was issued with a DL ((2024) 17) which included an fully implemented date of 1st January
- D Campbell queried whether there should be further scrutiny of the report that it requires.

R Gold raised a question in relation to recent changes of reporting the Antimicrobial Resistance & Healthcare Associated Infections (ARHAI) data intelligence team are referring community cases of SAB (and *E.Coli* bacteraemia), identified in other Boards, to the Boards of residence and queried where it was recorded. The Deputy Director of Nursing advised the infection should be recorded in the Board where it occurred. A post meeting note would be provided.

K Cole highlighted that the report was hard to read with acronyms and requested further clarity in future reports around data figures.

J Kenny noted the failure to comply with training in relation to Infection Control and queried what improvement was in place. The Director of People and Culture advised that this would be included at the next Senior Leadership Team.

The Chief Executive noted that whilst this report must come to Board ahead of being submitted to Scottish Government, that we should consider for public Board how it may be more helpful, effective and meaningful as it could be and so a more rounded picture was included in the cover paper moving forward. This would be discussed with the Director of Nursing, Midwifery, AHPs and Chief Officer for Acute.

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 - Month 5 (Presenter: Interim Director of Finance)

The Interim Finance Director presented the report providing a summary of the month 5 financial performance. The reported financial position at the end of month 5 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 the reported revenue position after 5 months of the 2024/25 reporting period reflected an overspend of £2.880m. This compared to a planned year-to-date overspend at month 5 of £2.889m and therefore the overall revenue position was in line with the original plan.

£4.000m of savings were required to be achieved during 2024/25 to deliver the £5.778m deficit plan. The Board had achieved £1.273 million after 5 months to 31 August 24, with the current programmes in implementation forecast to deliver £3.4m with an additional £0.789m of savings in the pipeline being progressed to the implementation stage. The current recurrent savings forecast was £2.5m which was above the minimum 3% requirement during the year.

Savings delivery was a key focus, led through the Board's Improving Together Programme, with improved collaborative working relationships with Scottish Government colleagues, aligned to national improvement programme initiatives.

The formula-based capital resources for 2024/25 was £1.027m, members were provided with a breakdown of the planned areas for expenditure which would bring the Board to a breakeven position.

There were a number of risks which may affect the year end outturn position. A detailed forecast exercise would be undertaken within Finance during the next month and the risk range would be updated following the exercise.

The Board would require a further £5.778m of brokerage this year in line with the forecast.

The Board Chair queried the reference to the Integration Joint Board (IJB) highlighting they did not employ people or deliver services so where was the accountability for overspend. By referring to the IJB there was a risk of being ambiguous and asked who was responsible to bring budgets into line to ensure Board could hold the correct people accountable. Members were advised a meeting was to be scheduled with the Chief Officer for the IJB and the Interim Director of Finance had researched into the interaction of other Boards with their IJB.

R Gold thanked the team for the work and clear report and queried the risk around winter pressures and whether they were explicitly detailed. Members were advised work was underway on quantification of that risk and would provide information at the next Board meeting.

D Campbell queried whether the Board was content to meet targets or get ahead of the curve. The Director of Improvement recognised the challenge during the second half of the year and agreed enhanced measures from October 2024 to ensure NHS Orkney were doing as much as they could. The 15 Box Grid submission had sent to the Scottish Government.

J Taylor referred to his request at the August 2024 Board meeting for a post meeting note in relation to medical locum and agency spend and the challenges around why the spend continued. He also queried the decarbonisation shortfall funding in relation to solar panels and the reason behind that.

The Director of Improvement apologised for not providing a post meeting note and there was work underway which would map out all agency staff within the organisation and what the plan was. The Medical Director added that there was an advert for consultants expressing interests.

I Grieve queried the £2.4m historic figure applied to IJB savings figure and whether it would be detrimental to the end of year position if the Board was to remove the figure. The Interim Director of Finance advised that there was potential that the figure would be reduced and off set against any over spends on a partial basis however this would need to be confirmed following a discussion with the Chief Officer for the IJB. The Chair highlighted that with regards to the IJB commissioned services,

NHS Orkney were either providing them with £2.4m less, in which case was it appropriate to report, or the services delegated to and commissioned to NHS Orkney needed to save £2.4m, if that was the case further clarity was required.

The Medical Director recognised that further work was required around locum staffing and to formally recognise the intent to move to a larger substantive staffing model.

The Chief Executive emphasised that it was critical to understand the financial governance around the IJB savings ahead of going into 2025/26 as this is a recurrent theme that is fundamental to our financial recovery, so it is incumbent on us to have a shared understanding of this and quick.

J Kenny as Chair of IJB Performance and Audit committee welcomed clarity that would be sought following a conversation between the Interim Director of Finance and the Chief Officer for the IJB.

In relation to agency spend, the Interim Director of Finance advised in collaboration with the Director of People and Culture and the Director of Nursing, Midwifery, AHPs and Chief Officer for Acute to review over the last 5 years, the number of vacancies by specialty and how those had been filled and shared with Scottish Government and Board.

Decision / Conclusion

The Board took assurance from the report.

11.2. Integrated Performance Report (Presenter: Chief Executive)

The first 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.

Performance reporting was now via a performance scorecard for each chapter of the IPR with an overall at a glance scorecard also included. Where a national/local indicator was off-track an exception report was provided outlining the reasons, risks and mitigating and improvement actions being taken to bring performance back on track.

Three positive areas were performance remained consistently above the national 31-day cancer standard, remaining at 100% (versus the 95% standard), Child and Adolescent Mental Health and Psychological Therapies had exceeded the 18-week referral to treatment target, performance continued to be strong and the Board continued to deliver

against the Board-approved deficit plan for the 2024/25 financial year which means there isn't an exception report included.

Areas of focus were sickness absence rates in relation to stress and anxiety, waiting times from both an acute and community perspective and the fragility across community nursing. Following a meeting with the community nursing team with the Chief Executive, Chief Officer for the IJB and Director of Nursing, Midwifery, AHPs and Chief Officer for Acute-, short-, medium- and long-term plans to make improvements were agreed.

Patient Safety, Quality and Experience

The Medical Director advised members that NHS Orkney were a positive outlier for the 31-62 day cancer standard in terms of cancer diagnostics and cancer treatment. More data was provided in the report than previous versions and there was improvement in reporting of performance in areas such as significant adverse event compliance. Whilst the number of new outpatients continued to increase, the compliance remained stable and maintained a steady level of waiting times compliance however the Planned Care Programme Board was working to improve the compliance rate.

Operational Standards Acute

The Medical Director highlighted the improved compliance particularly around areas such as the 4-hour emergency access standard compliance in terms of the total attendances had increased but actually the standard compliance had maintained.

In relation to the cardiac investigations that were not able to provided within Orkney such as the the CT angiography and the MRI angiography provided by NHS Grampian it was unlikely that there would be the possibility to repatriate the cardiac MRI if the organisation was to receive and MRI scanner as it required a specialist form of MRI with higher magnetic field strength.

In terms of the improvement plans there were 4 specialties that requested particular plans: Ear, Nose and Throat, Orthopaedics, Pain clinic and Ophthalmology, this would be reported through the Planned Care Programme Board. These areas required a considerable improvement and remained an active area of concern and work.

D Campbell appreciated the layout and format of the report however struggled with the rationale regarding the actions for improvement and therefore asked for improvements in the narrative here moving forward.

The Chief Executive advised that there were 5 Delayed Transfers of Care as at 24 October 2024 which was a much improved position. The Director of Nursing, Midwifery, AHPs and Chief Officer for Acute had taken the lead on an improvement programme to look at an end to end review of discharge processes and planning. The winter plan would go through Board in December 2024 and were still awaiting confirmation of funding allocated in relation to unscheduled care.

The Interim Director of Finance highlighted the engagement work NHS Grampian were carrying out in relation to their future and the requirement for NHS Orkney to remain aligned to this and how they propose to change their services as it could create an impact on the organisation. A post meeting note would be provided to capture how NHS Orkney would stay in touch with NHS Grampian.

K Cole queried whether there was themes around attendances within the Emergency Department and requested further clarity around outpatient referrals. The Board Chair advised that outputs from the Planned Care Board would begin to provide clarity and move forward.

Community

The Head of Primary Care welcomed back the Associate Director of Allied Health Professions.

J Kenny queried what plan was in place to deal with podiatry and orthotics. The Chair echoed this and had a fundamental question around the model of care. A post meeting note was requested to ensure the podiatry services were fit for an ageing population and what permanent and transformative measures would take place.

The Chief Executive advised it was identified through the Planned Care deep-dive that there was a gap in terms of governance oversight around community waiting times and that strengthened oversight would be provided by the Planned Care Board moving forward; an issue also covered at the new Performance Review Meetings.

J Taylor advised he was aware the Morse electronic record system had been rolled-out within the community and queried whether there was an impact of the text reminders.

The Board Chair informed members that Dentistry sent text reminders and had the highest rate of did not attend.

Population Health

The Director of Public Health advised that the immunisation uptake rate for MMR2 by 6 years if age was for the first time slightly below target.

People

The Director of People and Culture advised that there had been an increase of sickness absence during June and July 2024 and in response to staff feedback reviews of job evaluation and recruitment processes had commenced.

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).

12. STRATEGIC OBJECTIVE 4 - POTENTIAL

12.1. Digital Delivery Plan - Quarter 2 Report (Presenter: Head of Improvement)

The Head of Improvement presented the report providing Quarter 2 progress update and work underway within the digital services and IT Infrastructure team to accelerate digital transformation.

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 re-provisioning, 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.

J Taylor queried the IT Service desk and concerns around capacity and backlog and had there been a business case developed for additional demands. The Head of Improvement advised a review of Digital Services would be carried out and a proposal was due to be submitted to the

Senior Leadership Team in November 2024 and come onward to Board in December 2024.

Decision / Conclusion

The Board took assurance from the report and noted the Quarter 2 progress update and work underway within the digital services and IT Infrastructure team to accelerate digital transformation.

13. STRATEGIC OBJECTIVE 5 - PLACE

13.1. Anchor Plan - 6 month report (Presenter: Director of Public Health)

The Director of Public Health presented the 6-month progress report highlighting achievements from the implementation of the plan and areas that had not progressed from April to September 2024.

Feedback from Senior Leadership Team meeting held on the 14 October 2024 was as follows:

1. Given the present challenges and capacity restraints, it was agreed that NHS Orkney would write to Scottish Government to suggest that to reduce duplication that we consider incorporating the high-level metrics from the Anchor Plan into the Place strategic objective of the Corporate Strategy and Community Planning Partnership workplan/priorities to fulfil the requirement and make best use of the resources available.
2. The metrics should be SMART and measurable wherever possible
3. That there was focus on 1-3 priority areas, to enable demonstrable progress in fewer priority areas when planning for 2025/26

Under the recruitment section, I Grieve queried why NHS Orkney limited itself to so few options for working with strategic questions. A post meeting note would be provided. J Kenny challenged the KPIs and whether these could be more specific to enable progress to be carefully monitored.

Decision / Conclusion

The Board discussed the report and noted the feedback from the Senior Leadership Team.

13.2. Community Planning Partnership - key messages (Presenter: Director of Public Health)

The Director of Public Health drew Board members' attention to the report which includes an update of key issues considered by the Orkney Partnership at its last meeting on the 25 September 2024.

Decision / Conclusion

Members noted the key updates from the report.

13.3. IJB - key items to note (Presenters: Director of Public Health)

The Director of Public Health presented the report advising Board members of the key points from the June and September 2024 Integrated Joint Board meetings.

Decision / Conclusion

Members noted the key updates from the IJB meeting.

14. ANY OTHER COMPETENT BUSINESS**15. ITEMS FOR INFORMATION**

15.1. **Board Timetable**

Members noted the timetable.