

Attendance

Present:

Members: Mel Barnes, Stephen Brown, Kirsty Cole, Debs Crohn, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, shona lawrence, Meghan McEwen, Ryan McLaughlin, Jarrard O'Brien, Rachel Ratter, Laura Skaife-Knight, Jean Stevenson, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

Guests: Georgina Green and Guy Wilson - Staff Story

Absent:

Members: Davie Campbell

1. Cover page
2. Staff Story- Practice Education (Presenters: Director of People and Culture)

The Board welcomed a great staff story from the Practice Education Team, including Georgie Green and Guy Wilson who shared the excellent work they lead which led to a Board discussion about the importance of putting education, training, improvement and learning front and centre of the work we do and our Corporate Strategy.

Challenges were highlighted which included training facilities, small team and accommodation for students.

The Chief Executive and Board Chair expressed their appreciation and emphasised the importance of having an ambitious strategy around education and improvement recognising its centrality when it comes to recruitment and retention, investing in staff and continuous improvement as an organisation. The Chief Executive said that the upcoming discussion at Senior Leadership and Board regarding the Year 2 Corporate Strategy was an opportunity to evidence ambition in this space, with the integrated Education Strategy and new Education and Improvement Hub in the draft strategy for discussion, which was welcomed and necessary.

3. Welcome and Apologies (Presenters: Chair)

Apologies were received from D Campbell.

4. Declarations of Interest (Presenters: Chair)

There were no declarations of interest raised.

5. Minutes of Previous Meeting 12 December 2024 (Presenters: Chair)

The minute of the meeting held on 12 December 2024 was accepted as an accurate record of the meeting and was approved.

6. Matters Arising (Presenters: Chair)

Risk Development Session - Further discussions to be held with the Board Chair, Chair of the Audit and Risk Committee and Azets regarding the timely and pressing requirement for the Board to discuss risk appetite.

7. Action Log (Presenters: Chair)

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

8. Board Chair and Chief Executive Report to the Board OHB2425-112 (Presenters: Chair, Chief Executive)

The Chair and Chief Executive presented the report providing an update on key events and activities from December 2024 to February 2025.

Areas highlighted were that NHS Orkney's run rate remained largely on track and in line with the Financial Plan trajectory at month 10 and the savings delivery of £4m in-year was also on track. NHS Orkney recently welcomed the First Minister, John Swinney, to NHS Orkney, and shared the organisation's journey of improvement and how staff were looking after the community and providing excellent care to patients. Mr Swinney recognised the progress NHS Orkney is making and praised the hard work and dedication of staff.

Following confirmation from Scottish Government, NHS Orkney had secured over half a million pounds of funding that would enable Orkney to have a mobile MRI scanner on-site at The Balfour for 12-months with a longer-term solution still to be worked through and up.

In the Summer of 2024, the Chief Executive commissioned an external review of Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support the organisation's continuous improvement. Board members will be asked later on the agenda to discuss and agree 6 proposed highest priorities to respond to which would improve people's experience of working at NHS Orkney. The priority actions would feature into Year 2 of the Corporate Strategy.

Melanie Barnes stepped into the Interim Director of Finance post from the end of January 2025, replacing Brian Steven. The Chief Executive welcomed Melanie to NHS Orkney and to her Board-level role and explained that she was on secondment from Scottish Ambulance Service, where her substantive role is Associate Director of Finance.

Tammy Sharp, the new Director of Performance and Transformation (and Deputy Chief Executive) would start in post on 12 May 2025. This was an 18-month fixed term post, fully funded by Scottish Government, and formed part of a reduced package of national financial support which was a requirement for NHS Orkney at level 3 escalation of the NHS Scotland Support and Intervention Framework.

The second round of Performance Review Meetings took place and focused on finance as well as sickness absence, mandatory training and appraisals, and the first Executive to Executive Team meeting between NHS Orkney and NHS Grampian took place, where discussions were held around further strengthening relationships and opportunities to work more effectively together to further improve care and services for patients, including areas such as digital, waiting times and transformation and improvement.

The Board Chair chaired the first joint session with the Senior Leadership Team and the Board. This was the first session of its nature but the relationship between these two leadership groups was critical in order to achieve Corporate priorities and deliver the organisation's promise to the community.

Decision/Conclusion

Members noted the update.

9. CHAIRS ASSURANCE REPORTS

9.1. Joint Clinical and Care Governance Committee OHB2425-113 (Presenters: Rona Gold - Chair of 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 4 February 2025:

- Great work demonstrated across a range of reports
- Limited assurance was taken on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (UNRC) update. Director of Public Health, Chief Officer for the Integration Joint Board and Head of Children's Services & Criminal Justice to bring the implementation plan to Committee 2 April 2025 with clear deliverables for when actions will be complete, including an update on the governance structure, training for staff and engagement with Clinical Advisory Committees.

The Chief Officer for the Integration Joint Board advised the UNRC was now sitting under the Children's Services Strategic Partnership and enabled NHS Orkney to work with partners to maximise opportunities to ensure that children's rights were recognised.

Decision / Conclusion

The Board noted and accepted the update provided.

9.2. Finance and Performance Committee OHB2425-114 (Presenters: Davie Campbell - Vice Chair Finance & Performance Committee)

The Board Chair presented the report highlighting the following items which had been discussed at their meeting on the 30 January 2025 highlighting:

- The Committee was unable to provide the Board with assurance about performance and improvement plans due to the Integrated Performance Report not being available at the meeting
- There was the need for collaboration and multi-disciplinary team working to ensure that the correct representation was present at future meetings
- The Committee was unable to provide the Board with assurance around the Planned Care submission. The draft that was submitted for approval did not have the necessary level of detail or engagement to enable a rounded and informed discussion
- The Committee commended the effective leadership shown in producing the Annual Delivery Plan P and 3-Year Financial Plan. This was evidenced in the clear links with the Corporate Strategy, and the path to financial recovery.

Decision / Conclusion

The Board noted the update provided.

9.3. Audit and Risk Committee OHB2425-115 (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 12 December 2024:

- Members received the Job Evaluation Internal Audit report (positive) and raised the difference in correlation within the report and feedback from staff in relation to the process and experiences. It was agreed a discussion would take place at SLT with a view to developing the scope of audits beyond narrowly defined remits as part of future audit planning. A conversation had taken place and a new Internal Audit plan was being developed.
- Members welcomed the triangulation provided from SLT and the Risk Management Group in terms of the Corporate Risk Register which detailed discussions around risk management.

Decision / Conclusion

The Board noted the update provided.

9.4. Senior Leadership Team - December 2024, January and February 2025 OHB2425-116 (Presenters: Chief Executive - Chair of 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 16 December 2024, 8 January, 5 and 14 February 2025 and provided an overview of changes to the SLT from January:

- Meetings were now being held twice a month, divided between Performance, Patient Safety and Place and People and Potential strategic objectives
- Digital priorities had been agreed for 2025/26, and this would be presented to the next Finance and Performance Committee and locked into the Year 2 Corporate Strategy
- NHS Orkney were behind track on the Quarter 3 performance in a number of areas (this is on the agenda)
- An end-to-end review had been commissioned in terms of the Integrated Performance Report to prevent a recurrence of not having the IPR by chapter by Board Committees, which cannot be repeated
- Work around overdue policies and procedures was behind plan, however a short life working group was in place, led by the Director of Public Health, who will advise when an update is ready to come to SLT and to Board
- Performance Review Meetings continued and the second round of meetings took place and went well with strong engagement
- Discussions around the cause of the deficit continued at SLT and Extended SLT regarding a shared understanding and to be clear about the collective ownership needed to improve the organisation's financial position

Decision / Conclusion

The Board noted the update provided.

9.5. Area Clinical Forum - December 2024 and February 2025 OHB2425-117 (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 6 December 2024 and 6 February 2025:

- The Chair shared correspondence from the Interim Chair of the Area Dental Committee highlighting ongoing challenges in re-establishing the Committee. The Medical Director agreed to explore the issues and try to support progress.
- The Respiratory Pathways was recommended for approval and had equipment requirements to progress. There were therefore additional dependencies to be overcome.

Decision / Conclusion

The Board noted the update provided.

9.6. Staff Governance Committee - November 2024 and February 2025 OHB2425-118 (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 14 November 2024 and 12 February 2025:

- There was a specific issue around staff not being released for time to lead which had long-term effects on operational governance meetings and poor figures for mandatory and statutory training
- Extended SLT (with an invite to every line manager) to be arranged to set expectations around mandatory management activity, including scheduling mandatory training,

sickness absence management, appraisals and eRoster entry. Session to be led by the Chief Executive, Director of People and Culture, Employee Director and Director of Nursing, Midwifery and Allied Health and Chief Officer for Acute. This had since taken place, with strong engagement and attendance.

- Clear and immediate plan of action required to address mandatory training, sickness management and appraisals, supported by Corporate teams as necessary. People and Culture to provide lists of the 5 areas/departments to prioritise for improvement.

Members agreed the vital importance of staff completing statutory and mandatory training and the need for further communication to staff providing an understanding of what was required. The Director of People and Culture advised that an integrated group had met and had developed a training requirement matrix which would be circulated organisation-wide.

Decision / Conclusion

The Board noted the update provided.

10. Corporate Risk Register OHB2425-119 (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 the top three highest scored risks for the organisation were lack of senior leadership capacity and capability, lack of organisational digital maturity and corporate financial sustainability.

Five risks were added to the Corporate Risk Register in December 2024 and one risk had been closed in January 2025 as all mitigating actions were complete and the target score was achieved. Two risks scores had been reduced in January, these were risks C-2024-04 (urgent cancer referral pathways) and C-2024-05 (cessation of MRI services).

J Taylor observed that the information available on the cover sheet was limited in terms of updated alignments available.

Decision / Conclusion

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

11. STRATEGIC OBJECTIVE - PLACE

11.1. Integration Joint Board (IJB) key items and decisions OHB2425-120 (Presenters: Director of Public Health, Guests: Stephen Brown - Chief Officer IJB)

The Director of Public Health presented the report summarising key points from the Integration Joint Board meeting held in November 2024 highlighting the new finance report was welcomed and areas of spend reviewed. The recovery plan was attempting to not create issues in other parts of the system but address the financial concerns. Agency staffing costs for vacancies were a major part of the overspend.

Decision / Conclusion

The Board sought assurance from the report.

11.2. Community Planning Partnership (CPP) Update OHB2425-121 (Presenters: Director of Public Health)

The Director of Public Health presented the report advising the Guidance for Fair Funding for the voluntary sector was shared and it was felt that this had many good elements within it and the general principles were endorsed by the Community Planning Partnership (CPP) and also the Joint Resource Centre of the Community Planning Partnership was agreed.

It was agreed that the Director of Public Health would bring an update to the next Board meeting on the Fair Funding Agreement, including the general principles.

Following a discussion around the challenges of accommodation, it was agreed that the Practice Education Team and Director of Improvement would support the Director of Public Health to take a paper to the CPP on the issue of accommodation.

Decision / Conclusion

The Board discussed the report.

12. STRATEGIC OBJECTIVE - PEOPLE

12.1. Cultural Development, Governance and Senior Leadership external review action plan and next steps OHB2425-122 (Presenters: Chief Executive)

The Chief Executive presented the report summarising the external review that was commissioned by her in mid-2024 into Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement.

The approach to the review included ascertaining individual views and insights through 1:1s, in-person and virtual discussions, with the Chair, Chief Executive, Executive Directors, Vice-Chair, a number of Non-Executives and a number of Senior Leadership Team members; attendance at Board and a number of Committee meetings; attendance at Corporate Leadership Team (Executive Team) and Senior Leadership Team meetings; discussion with the Organisational Development Consultant who has been leading a programme of development for the Executive Team, Non-Executive Member and Board Development; and a desk-top review of key documentation.

There were 6 proposed highest priorities based on those that were most pressing and would have the biggest impact for the Board to consider and agree.

It was proposed that these highest priorities were locked into the Year 2 Corporate Strategy Key Performance Indicators. The remaining actions would feature in a standalone Action Plan and it was proposed that the Board oversee progress against this Action Plan at every meeting to ensure progress and ownership.

Members welcomed the report, acknowledging opportunities to reflect upon actions and the improvement plan. It was agreed this would be re-visited at every Board meeting. It was also agreed that communication from the Board to staff was required in relation to feedback regarding staffing levels and staff feeling exhausted.

Decision / Conclusion

Members accepted the report and approved the Action Plan which would feature at each Board meeting.

12.2. Staff Experience Programme OHB2425-123 - Paper not received (Presenters: Director of People and Culture)

Paper not received.

12.3. Themes from Board Walkabouts and approach in Year 2 OHB2425-124 (Presenters: Chief Executive / Chair)

Members discussed the key themes and improvement actions from latest Board Walkabouts and the proposed refreshed approach for 2025/26 which would be pivotal in relation to the Staff Experience Programme.

Members agreed that further virtual walkarounds would be available.

Decision / Conclusion

Members accepted and approved the approved approach.

12.4. Governance Committee Membership OHB2425-132 (Presenters: Board Chair)

Board members noted the nomination of Joanna Kenny as the Chair of the IJB to start from May 2025 and reviewed the updated Governance Committee Membership as detailed. The Board Chair noted there were a few anomalies that were to be corrected. J Stevenson was the Vice Chair of the Joint Clinical Care and Governance Committee.

Decision / Conclusion

Members approved the IJB membership and acknowledged further was required around Non-Executive Members.

13. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1. Healthcare Associated Infection Reporting Template (HIART) Report OHB2425-125 (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute)

The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer for 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:

- From January to December 2024, NHS Orkney had met both *Staphylococcus aureus* bacteraemia and *Clostridioides difficile* standards and evidenced a reduction in *Escherichia coli* bacteraemia
- Continued to demonstrate both the infection prevention team and domestic teams were working to the national average and the score was a testament to the teams
- Patients on the wards surveys evidenced that patients would speak up if they felt clinical areas were not clean
- Further work was required in relation to hand hygiene before mealtimes
- MRSA screening and compliance was not included within the report however compliance had increased to 98%

The Board Chair requested that an accurate and populated report was to be circulated to all Board Members recognising there were some formatting issues and gaps in the paper presented. It was also requested that the four actions aimed at territorial Boards in relation to DL (2024) 29 was included on the agenda under Patient Safety at the Joint Clinical and Care Governance Committee.

K Cole requested clarity around the provision of hand wipes or hand washing and whether that was for individuals that could not be reasonably expected to access a sink and wash their hands with soap and water and whether the impact of the use of single use products had been considered. The Director of Nursing, Midwifery, AHP and Chief Officer for Acute advised an update would be provided within the next iteration of the report.

Decision / Conclusion

The Board noted the update provided received assurance.

14. STRATEGIC OBJECTIVE - PERFORMANCE

14.1. Month 9 and 10 Finance Report OHB2425-126 (Presenters: Interim Director of Finance)

The Interim Director of Finance presented the report providing a summary of the month 9 and 10 financial performance. The reported financial position at the end of month 10 was in line with the plan and the Board still expected to deliver the £5.778m, and this continued to be dependent on the run rate reducing over the remainder of the year in line with the expected profile of the Board's efficiency programme.

Following the update last month on the potential risk of an adverse movement due to the potential VAT liability on energy costs related to the NPD contract, it was now anticipated that

this would be funded in full, and the Board was therefore anticipating additional funding of £665k in 2024/25.

A limited number of colleagues had submitted claims for the band 5 to 6 review to date. However, a number of claims were progressing and it was anticipated these would be submitted by 31 March 2025. This was currently under review along with the year end accounting treatment of any unpaid claims. The forecast position continued to assume the Agenda for Change reform funding in year would be fully utilised in 2024/25, and once there was a clearer picture on this the assumptions would be updated.

R Gold requested that future reporting included the likelihood of the worst case scenarios based on the level of risk assessment.

I Grieve noted the inpatient spend versus occupied bed days and the graph did not indicate the number of beds available which made it difficult to analyse activity levels.

J Taylor requested further narrative around the declining Theatre Utilisation trajectory.

Members were advised further information would be provided at the next Board meeting.

Following discussion, the Board Chair requested a Board seminar around what it would mean to receive brokerage and the obligations on how it would be met.

Decision / Conclusion

The Board sought assurance from the report.

14.2. Improving Together Programme Update Report OHB2425-127 (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. At Month 10, NHS Orkney was reporting an on-plan financial position.

There continued to be strong confidence that schemes already in implementation would continue to deliver to expected trajectories. Enhanced grip and control measures that went into effect in October 2024 had yielded additional benefits, supported by clinical review to ensure patient safety and experience are maintained.

Next year's efficiency programme launched its 'development phase' in November 2024 with the intention to present a final plan for review in April 2025.

The Board Chair acknowledged the alignment of plans and delivery was a signal of positive change that should be celebrated and extended thanks to the tremendous amount of success generated within the year.

Members were advised that focus was required on what the financially sustainable workforce clinical model is for NHS Orkney to maintain and improve clinical outcomes and standards.

R Gold queried who would be leading on Contract Management and Procurement. Members were advised the Interim Director of Finance was responsible and it was featured on the Finance Team Improvement Plan which would be presented at the Finance and Performance Committee in March 2025.

Decision / Conclusion

The Board sought assurance from the report that there was a credible route to delivery of £4.0m in-year savings and all efforts to curb influenceable expenditure for pay and non-pay continued through Quarter 4 and satisfactory progress was being made in developing the £3.5m efficiency plan for 2025/26.

14.3. Integrated Performance Report OHB2425-128 (Presenters: Chief Executive)

The Integrated Performance Report (IPR) 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 apologised to the Board that there had not been IPR reports by chapters presented to the last round Board Committees and recognised this had been unacceptable. She said this would not be repeated and described that she had commissioned an end to end

review of the IPR to plan for the year ahead so that the latest and most timely data would go to the Board Committees routinely.

Members were advised that areas that were performing well included the 18-Week Referral to Treatment Standard, 31-and 62-day cancer standard and the Board's run rate remained largely on track and in line with the Financial Plan trajectory and savings plan at month 10.

Further focus was required around sickness absence whereby data indicated a trend of increasing absences across the organisation, appraisal rates had declined for the second consecutive month and there remained a continued focus on improving wait times in Ophthalmology, Orthopaedics, Ear, Nose and Throat and the Pain Clinic with oversight from the Planned Care Programme Board and Performance Review Meetings.

Patient safety, Quality and Experience

The Board Chair welcomed the improved data and made reference to the 0% compliance in relation to Significant Adverse Event Review (SAER) and requested assurance that there was shared learning with teams who were potentially involved. The Medical Director advised that the SAERs due included multiple bodies and NHS Orkney could not complete until information was received from other bodies. Two related to instances which had external processes, however, there had been conversations with the Scottish Government around the future classifications of SAERs.

Members were advised that due to an increase in falls, additional staffing had been assigned to Inpatient 1 Ward with a cohort of patients being placed together for enhanced monitoring. The Board Chair highlighted the target for total complaints was zero and raised concern around the message this sent to patients. The Medical Director advised the target was set at zero for a technical reason to ensure it was highlighted due to the report by exception, the risk was if a target was set and achieved it would not be reported in terms of the charts.

J Stevenson queried whether KPIs compliance in relation to patient safety and experience was measured with NEWS as well as PEWS and MEWS. The Director of Nursing, Midwifery, AHP and Chief Officer for Acute advised that compliance was measured with NEWS and was captured through the care dashboard and through Excellence in Care. The Board Chair, JCCGC Executive Lead and Committee Chair and Vice Chair would have a discussion around gaining a deeper understanding of the care dashboard and Excellence in Care programme.

Operational Standards

I Grieve queried whether it was possible to break down waiting list data across the Balfour and SLA areas. The Medical Director advised this would be challenging as some patients may be waiting for appointments across both the Balfour and other centres.

Members were advised there may be an anomaly with regards to the decline in Accident and Emergency data re: attends presented as there had not been a decrease.

Community

The Board Chair requested further information in relation to services collectively preventing admission and re-admissions whilst increasing packages of care to those who were most vulnerable.

K Cole referred to the previous Board meeting where it had been agreed that clarity would be provided with regards to the difference between MSK Physiotherapy and MSK Allied Health Professional metrics. The Chief Officer, IJB apologised that the information had not been provided and advised there was specific MSK Physiotherapy waiting lists as well as more standard Physiotherapy waiting list and the report featured on the MSK elements. The Board Chair said that the Year 2 Corporate Strategy included feedback from the community around physiotherapy and the need to improve access.

The Board Chair queried whether the roll-out of the PHIO app had been carried out by the deadline of 31 January 2025 and if the action in relation to repurposing clinical space had been completed. The Chief Officer for the IJB advised the clinical space had been completed however the implementation of the app had been moved to March 2025.

Population Health

The Board Chair requested work around obesity would be included in a future iteration of the report.

Workforce

There had been wider discussions throughout the meeting referencing workforce and finance elements.

Decision / Conclusion

Members noted where Key Performance Indicators were off track and the improvement actions in place to bring deliverables back on track. The Chief Executive advised that the Executive Team would discuss the outputs of the end-to-end review of the IPR later that day and agree a way forward. A paper would be presented to SLT for agreement at March's SLT re: IPR and be presented to the April 2025 Board meeting.

14.4. Year 1 Corporate Strategy - Quarter 3 Report OHB2425-129 (Presenters: Chief Executive)

The Chief Executive presented the Corporate Strategy 2024/25 Quarter 3 progress update. The Quarter 3 focus had remained on delivery and performance across all National and Local Key Performance Indicators (KPIs), including the Corporate Strategy KPIs/objectives. There were 75 deliverables in the Corporate Strategy Delivery Plan 2024/25. 20 were RAG rated Red, 17 rated Amber, 33 Green with 5 actions deferred to 2025/26 following a prioritisation exercise by the Digital Information Operations Group. Deliverables that were RAG rated red and amber were presented along with improvement actions to bring the deliverable back on track in Quarter 4 of 2024/25.

Place

The Board sought assurance around mitigating actions in place.

People

J Kenny queried whether alternative wording could be used with reference to 'no action required' against appraisal and sickness rates.

Patient Safety, Quality and Experience

The Board Chair raised a challenge around Compassionate Conversations whereby the training was available via Turas and had been highlighted to Senior Charge nurses as this had not yielded results in the past and queried what could be done further. The Medical Director advised the the training was not available in Scotland and equivalent training had been identified and the challenge remained around the time to learn element.

Performance

The Board sought assurance around mitigating actions in place.

Potential

The Board Chair acknowledged the limitations within the Practice Education Team and queried whether the Education Strategy was achievable. The Chief Executive assured members that a draft Integrated Education Strategy had been produced and would be presented to SLT in the coming month and therefore this was very much on track for Quarter 4 of 2024/25.

Members agreed that the next iteration of the report would include SMART actions to ensure assurance could be sought.

Decision/Conclusion

Members received and noted the paper and sought limited assurance, noting the considerable number of deliverables which were off track, recognising the actions required to bring the plan back on track in Quarter 4 and that some priorities would roll-over into 2025/26.

14.5. Year 2 Corporate Strategy - Engagement Approach and Development of Priorities OHB2425-130 (Presenters: Chief Executive)

The Chief Executive presented the Board with a draft high-level Year 2 (2025/26) Corporate Strategy priorities for review and endorsement and the approach taken to engage with patients, community, partners, and staff.

A clear communication and engagement plan was in place setting out the approach to engagement and feedback, and progress against the Year 2 (2025/26) Corporate Strategy priorities would continue to be overseen, monitored and embedded and the final draft Corporate Strategy 2025/26 and Delivery Plan would be brought to the In Committee Board on 13 March 2025 for final approval ahead of publication in April 2025 after discussion and approval at SLT on 7 March 2025.

Following discussion members were advised as a starting point, age and geography were elements being asked as part of the online and paper survey.

The Board Chair suggested a Board seminar around responsibility in relation to Equality and Diversity was held within the next 12- months.

Decision/Conclusion

The Board noted and welcomed the approach to engagement of the Year 2 Corporate Strategy.

15. STRATEGIC OBJECTIVE – POTENTIAL

15.1. Digital Delivery Plan - Quarter 3 Report OHB2425-131 (Presenters: Chief Executive, Guests: Debs Crohn - Head of Improvement)

Members noted the Digital Delivery Plan.

16. ANY OTHER COMPETENT BUSINESS

17. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

17.1. Staff Governance Committee

Members noted the minutes.

17.2. Audit and Risk Committee

The minutes from the December 2024 meeting would be approved at the Audit and Risk Committee on 4 March 2025.

17.3. Area Clinical Forum

Members noted the minutes.

17.4. Finance and Performance

The minutes from the January 2025 meeting would be approved at the Finance and Performance Committee in March 2025

17.5. Joint Clinical Care Governance Committee

The minutes from the January 2025 meeting will be approved at the Finance and Performance Committee in March 2025

18. ITEMS FOR INFORMATION (Presenters: Chair)

18.1. Board Meeting Schedule 2025/26

Members noted the schedule.

18.2. Attendance Record

Members noted the attendance record.