Minute Public Board Meeting
Thursday 30 April 2026

Present

Davie Campbell (Interim Board Chair), Dr Kirsty Cole (Chair, Area Clinical Forum), Issy Grieve (Non-Executive Board Member), Joanna Kenny (Non-Executive Board Member), Dr Anna Lamont (Medical Director), James Goodyear (Interim Chief Executive Officer (CEO), Jean Stevenson (Non-Executive Board Member), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services EDoNMAHP), Fiona MacKay (Non-Executive Board Member), Ryan McLaughlin (Employee Director – Non-Executive Board Member), Rona Gold (Non-Executive Board Member), Jason Taylor (Non-Executive Board Member), Dr Louise Wilson (Director of Public Health).

In attendance

Debs Crohn (Head of Corporate Governance - Minutes), Tammy Sharp (Director of Performance and transformation), Shona Dart (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture), Dave Harris (Director of People and Culture), Stephen Brown (Chief Officer - Integration Joint Board).

Observers

Hayley Green, Jenipher Devlin, Ricky Gutcher, Sarah Gilmour (The Orcadian) Harmony Bourn (NHS Orkney), Lynn Adams (NHS Orkney) Adam Harcus and Andrew Stewart.

1. Cover page

Purpose of Orkney NHS Board

The overall purpose of Orkney NHS Board is to ensure the efficient, effective and accountable governance of the NHS Orkney system, and to provide strategic leadership and direction for the system.

Our **Values**, aligned to those of NHS Scotland, are:

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

- **Place** Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community
- **Patient safety, quality and experience** Consistently deliver safe and high-quality care to our community.
- **People** Ensure NHS Orkney is a great place to work.
- **Performance** Within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively.

- **Potential** Ensure innovation, transformation, education and learning are at the forefront of our continuous improvement.

Quorum: Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Interim Board Chair opened the meeting at 09.30 am and welcomed observers to the meeting.

No apologies were noted.

The meeting was quorate in accordance with the Board's Code of Corporate Governance.

3. Declarations of Interest (Presenter: Chair)

No declaration of Interest to be recorded.

4. Minutes of Previous Meeting 26 February 2026 (Presenter: Chair)

Minutes of the meeting held on 26 February 2026 were accepted and approved as an accurate record of the meeting.

Dr Louise Wilson to be added to the minutes of the meeting 26 February 2026.

5. Matters Arising (Presenter: Chair)

No matters arising were raised.

6. Action Log (Presenter: Chair)

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

7. Board Chair and Chief Executive Report to the Board – April 2026 (Presenters: Interim Board Chair, Interim CEO)

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities in January and February 2026.

The Interim CEO updated on the unannounced HIS inspection 23 and 24 March 2025, informal feedback stressed compassionate care which was evident throughout the visit. Written evidence ahs been submitted to Healthcare Improvement Scotland (HIS), formal report is expected in June 2026.

Since the last Board meeting, the 2025/26 financial year has now closed, we have seen a significant reduction in the number of patients waiting for planned care from 142 to 5 patients recognising that more needs to be done.

We have also seen a significant reduction in the number of delayed transfers of care, since the last Board meeting.

A draft east of Scotland sub national plan has been submitted to Scottish Government,

Conversations continue across all our organisations in Orkney for public sector reform with an event taking place in June 2026.

National work continues will all Board Chairs and Chief Executives.

The Interim Board Chair advised that there has been successful recruitment campaign for new non-executive directors, announcement on successful candidates will be in June 2026 following pre-election period

Confirmation that the closing date for our substantive CEO was Wednesday 29 April 2026

I Grieve thanked the Interim Chair and CEO for data in relation to performance that is not covered in the IPR.

Decision / Conclusion

The Board noted the update provided.

8. Corporate Risk and Assurance Report (Presenter: Medical Director)

The Medical Director presented the Corporate Risk and Assurance report, providing the Board with an update on the highest corporate risks, which include financial sustainability, insufficient senior leadership capacity and capability, and clinical engagement.

There has been one change: the risk associated with lack of project management support has been downgraded from high to moderate.

No new risks were proposed for either opening or closure. The Board received assurance regarding the management of all current risks. Risk management responsibilities have been delegated to the Board Assurance Committees, acknowledging that ongoing improvement in this area remains a priority.

J Stevenson requested an update on mandated national digital risks. The Head of Corporate Governance informed the Board that, due to timing constraints, these risks will be addressed in the next report.

The Interim Director of Finance reminded members of the importance of re-evaluating risks as the organisation enters a new financial year. The Medical Director advised that all risks are reviewed within a three-month period, and that a revised approach to presenting risks to the Board and assurance committees is forthcoming. Feedback from the Board is encouraged.

Dr K Cole sought an update on capacity within mental health services and asked if further discussion would occur with the clinical community. The Chief Officer IJB confirmed that such conversations have already taken place and that the Head of Health and Community Care will engage with the Chair of the Area Clinical Forum.

Additionally, Dr K Cole requested details on the newly updated major incident plan. The EDoNMAHP reported that the plan was refreshed for 2024/25, with tabletop exercises underway. The Director of Public Health noted that learnings are incorporated into the plan, emphasising that this is not considered a major revision.

Decision / Conclusion
The Board noted the progress made to update and the current mitigation of risks highlighted.

9. Integrated Performance Report (IPR) March 2026 (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation reminded members of the areas covered within the Integrated Performance Report (IPR) up till the end of March 2026.

Performance improvement is evident in targeted areas, including cancer pathways, diagnostic cardiology, and aspects of diagnostics; however, overall system resilience remains constrained, and several improvements are fragile and capacity-dependent.

A number of national standards continue to be met or are close to target, including Cancer Waiting Times (31-day and 62-day), Scottish Ambulance Service turnaround times, and pre-noon discharge performance.

Performance in several areas, particularly A&E 4-hour compliance, new outpatient appointments and diagnostics are sensitive to relatively small fluctuations in demand, acuity, workforce, and flow.

Progress towards eliminating over 52 weeks continues, with the overall number of patients waiting beyond this threshold reducing significantly.

Key risks remain in relation to ophthalmology, community child health, and orthopedics.

Financial performance continues to be an area of risk driven by medical spending and under achievement of 2026/27 efficiency programme.

I Grieve thanked the Director of Performance and Transformation for the report and the inclusion of the arrows which provides additional assurance to Board on Performance.

Patient Safety, Quality and Experience.

The EDoNMAHP advised a sustained improvement in Paediatric Early Warning scores (PEWs) and Maternal Early Warning Scores (MEWs).

EDoNMAHP provided assurance that there has been an improvement in falls rates since the previous Board meeting. All falls-related data for the last 3 months has been thoroughly reviewed, and there was one reported fall with harm during the last quarter.

J Stevenson asked the EDoNMAHP for clarity on how falls data will be provided to Board. EDoNMAHP advised that this will be provided to Board in the Integrated Performance Report.

The Medical Director asked the Board to note the ongoing risk from delayed Serious Adverse Event Reviews, which are pending due to involvement from multiple organisations. An improvement plan is in place to close all outstanding SAERs.

J Taylor requested confirmation regarding the validation of patient waiting lists. The Medical Director explained that the Board collaborates with colleagues to validate these lists, following a national process where patients are contacted to determine whether they wish to stay on the waiting list. Clinical validation is also performed, particularly in our endoscopy service. We continue to work with the Centre for Sustainable Delivery (CfSD) to ensure the accuracy of our waiting lists.

R McLaughlin requested clarification on review compliance for incident reporting. The Medical Director noted a backlog in incident reviews and a discrepancy in the presented data; confirmation will be provided to the Board.

Operational Standards

The EDoNMAHP updated that compliance against the Scottish Ambulance Service (SAS) turnaround time, the 4-hour compliance target in the report is from January 2026, current performance is 98%.

Efforts to reduce Delayed Transfers of Care (DTOCs) have been successful, with numbers dropping due to short-term funding for Frailty at the Front Door initiatives and more agency staff supporting hospital discharges. These improvements will be detailed in the next IPR to the Board.

The Medical Director informed the Board that reducing waiting lists affects outpatient appointments. Staffing remains challenging, but outpatient waiting lists are expected to decrease over the next year, with a focus on patients waiting more than 52 weeks.

Work continues with our service delivery partners on reducing ophthalmology waits, there has been a real step change in the number of patients waiting for endoscopy services,

There have been some challenges within our imaging services (ultrasound service), additional resources have been secured to address the challenges.

There are currently no concerns in relation to cancer care and Orkney has been commended for our support for patients.

F Mackay reported that the target for pre-noon discharges had been met for the first time and noted a considerable reduction in delayed transfers of care (DTOC). He inquired about the potential benefits of reviewing lessons learned from short-term funding initiatives. The Chief Officer of the IJB affirmed that focusing on the discharge process and its integration with wider health and care services had provided valuable insights. It was agreed that undertaking a formal evaluation would be advantageous.

J Stevenson commented on the progress made in the endoscopy service and requested reassurance from the Medical Director regarding ultrasound provision. The Medical Director explained that alternative investigations had been arranged for patients needing ultrasounds, working collaboratively with colleagues at NHS Grampian, and expressed gratitude to Primary Care staff for their assistance. Extra capacity for ultrasounds has now been secured, though this remains a challenge across all Scottish Health Boards. Recognition was given to the Radiology Manager for their efforts in finding solutions.

Community

The Chief Officer IJB informed the Board about efforts to decrease the number of patients waiting over 12 and 52 weeks in our MSK podiatry services. For the first time in five years, the team successfully achieved the target due to their dedicated work.

The Employee Director asked if the trajectory continues, will the Board continue to meet the target. The Chief Officer IJB advised that subject to staffing this will continue with assurance provided.

Recognition was also provided on the work undertaken within the Children's Adolescent Mental Health Service (CAMHs) noting that the 18-week target is being consistently met.

Population Health

The Director of Public Health advised that our immunisation performance continues to be on trajectory noting variability and a rolling average.

J Stevenson observed a decline in MMR vaccine uptake and inquired about potential measures should this trend persist. The Director of Public Health informed the Board that the data is from December 2025 and reiterated that efforts remain ongoing to encourage patient participation in vaccination through our social media channels.

J Kenny requested clarification about difficulties with recording blood spot screening. The Director of Public Health explained that issues exist with data management in the Badgernet system. The EDoNMAHP added that data becomes challenging when patients are transferred to other Health Boards.

The smoking cessation team contacts smokers at 4 weeks and again at 12 months to confirm continued abstinence.

The Interim Board Chair requested an update on local school engagement. The Director of Public Health responded that the School Nursing team collaborates with Public Health and other health professionals for this work.

The Director of Public Health advised that the blood spot target is variable due to the complexity of cases.

Workforce

The Director of People and Culture advised that challenges in relation to sickness absence is impacted by data quality issues.

The Interim Board Chair asked if anything different had taken place for the drop in sickness absence.

The Employee Director agreed to limited assurance on sickness absence and requested performance review at the Staff Governance Committee.

Appraisal rates remain static; all Executives now have a personal objective in relation to appraisal within their directorates. All people managers will also have an objective for staff

appraisals this will be covered at Performance Review Meetings. The next round of PRM's in May 2026 will be used to benchmark performance.

The Operational People's group are also reviewing how appraisals are recorded and making it easier for managers.

J Kenny requested information about the rise in staff overtime hours. The EDoNMAHP noted that the data shown covers January and February 2026, a period that was especially difficult for staff.

Finance

The Director of Public Health commented on the accounts payable target in the IPR, highlighting both current performance and the need for improvement due to our status as an Anchor Organisation. The Interim Director of Finance recognised the 10-day response goal and explained that challenges stem from a complicated internal system. Over the next 12 months, implementing a unified financial system for Scotland should streamline processes and help resolve these issues.

Decision/conclusion
The Board received the Integrated Performance Report (IPR) update, noting where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

10. DRAFT BOARD DEVELOPMENT PLAN 2026/27 (Presenter: Chair)

The Chair presented the draft Board Development Plan 2026/27 for discussion and approval which was discussed and shaped by the Board at the Board Development Plan in March 2026.

J Stevenson asked that the session on the 23 July 2026 in relation to Public Health and Public Sector Reform. The Head of Corporate Governance advised that once approved they will work with Executive Directors to firm up the objectives.

J Kenny expressed her thanks for the Board Development Session in March 2026 and welcomed the approached.

Decision/conclusion
The Board approved the draft Board Development Plan 2026/27.

11. CHAIR'S ASSURANCE REPORTS

11.1. Audit and Risk Committee Chair's Assurance Report 3 March 2026 - (Presenter: Jason Taylor – Chair Audit and Risk Committee)

The Audit and Risk Committee Chair presented the Assurance Report from the 3 March 2026 meeting. The next meeting is scheduled for 26 May 2026 to review the draft Annual Accounts and Report for 2025/26. Internal audit progress is on track to close outstanding recommendations.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.2. Area Partnership Forum 18 March 2026 (Presenter: R McLaughlin, Employee Director)

The Chair of the Area Partnership Forum (APF) shared the Assurance Report from the meeting on 18 March 2026. The APF reviewed potential cost of living effects related to the Iran conflict and established a short-term working group to support colleagues, including measures to reduce car fleet fuel costs.

The financial plan and agenda for change reform were reviewed in March 2026. The Royal College of Nursing representative gave positive feedback on the band 5 to 6 review.

APF acknowledged the significant contribution from Lawrence Green (Health and Safety Advisor) to the Board.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.3. Finance and Performance Committee Chair's Assurance Reports 25 February and 25 March 2026 (Presenter: Fiona Mackay - Chair of Finance and Performance Committee)

The Chair of the Finance and Performance Committee shared Assurance Reports from the meetings on 25 February and 25 March 2026. The committee meets monthly, focusing on financial sustainability, DTOC, and the Robertssons contract. All areas are showing improvement, with ongoing attention to Near Me adoption, social care capacity, GLP1 usage, and advancing transformation initiatives.

The Medical Director confirmed that, per capita, NHS Orkney has the highest usage rate of Near Me.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.4. Joint Clinical Care Governance Committee Chair’s Assurance Report 8 April 2026 (Presenter: R Gold, Chair Joint Clinical Care Governance Committee)

The Chair of the Joint Clinical Care Governance Committee (JCCGC) presented the Chair’s Assurance Report from the meeting held on 8 April 2026. The matter of concern regarding the ultrasound update had been addressed earlier in the agenda. The report provided substantial positive assurance and highlighted the high quality of submitted papers. The Chair also emphasised the importance of allocating sufficient time to report authors, noting that a meeting to discuss this will be held on 30 April 2026.

F Mackay offered a reflection on cross committee assurance particularly with Finance and Performance Committee with good governance.

The Interim Board Chair thanked all Committee Chairs for cross committee assurance and collaborative work.

Dr K Cole supported the Chair in looking at how we accommodate the volume of business that comes through the JCCGC.

Decision / Conclusion
The Board noted the update and took assurance on the report.

11.5. Senior Leadership Team Chair's Assurance Report 13 March and 1 April 2026 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) shared the Assurance Report from meetings held on 13 March and 1 April 2026. In April, SLT reviewed achievements, quality audits, and discussed subnational planning objectives.

SLT approved the roll out of Optima to support staff rostering.

SLT will have a slight focus on key areas of improvement, the next SLT will focus on Equality and Inclusion supported by Public Delivery Scotland. The Session in June 2026 will focus on Health and Care Staffing Act.

The Interim Board Chair welcomed the shift in focus for SLT.

Decision / Conclusion
The Board noted the update and took assurance on the report.

11.6. Staff Governance Committee Chair’s Assurance Report 12 February 2026 (Presenter: J Kenny, Chair Staff Governance Committee)

The Chair of the Staff Governance Committee delivered the Chair’s Assurance Report from the meeting held on 12 February 2026, highlighting that certain issues have progressed. The ongoing risk concerning capacity and capability persists; however, an Interim Director of Finance is now in place, and the recruitment process for a permanent CEO will soon be finalised.

Statutory/mandatory training remains an area of concern, the EDoNMAHP is working with Infection Prevention Control to improve face fit testing compliance.

Committee welcomed information on how Primary Care is recording veterans as part of the Veterans Covenant.

Assurance provided from the Operational Peoples Group which is welcomed.

Positive assurance provided on Health and Safety improvements noted in the quality of reprots being received.

The Chair thanked the People and Culture team for the work on Reduction in Working Week.

The Director of People and Culture stated that consideration is being given to implementing a three-month appraisal cycle. The Director also expressed appreciation to the Employee Director for their support with the Occupational Health and Wellbeing Committee.

Decision / Conclusion
The Board noted the update and took assurance on the report.

12. STRATEGIC OBJECTIVE - PLACE

12.1. Integration Joint Board (IJB) key items, decisions and finacial update (Presenter: Chief Officer - IJB)

The Chief Officer IJB presented the Integration Joint Board (IJB) key items, decisions and financial update following the IJB meetings in February and March 2026.

In February 2026 the IJB approved continuation of the Brief Interventions service. The budget and strategic plan 206/27 were approved.

The Chief Officer IJB mentioned that we are expecting to receive the keys for the new care homes soon. Once the keys have been handed over, there will be an orientation period for patients, staff, and relatives.

J Kenny thanked Chief Officer IJB for the report.

Decision/Conclusion
The Board noted the Integration Joint Board (IJB) key items, decisions and financial update.

12.2. Community Planning Partnership Update (Presenter: Chief Officer - IJB)

The Chief Officer of the IJB provided updates from the Community Planning Partnership meetings held in the previous quarter. The Board was informed that Workforce North has conducted a study regarding the demographic challenges affecting staffing in Orkney. Findings indicate that an additional 2,500 working adults will be required in Orkney over the next nine years.

The Interim Board Chair was interested in how the work of the Community Planning Partnership will change as start to look at Public Service Reform.

R Gold reminded colleagues that the national community planning forum is a good forum to ask other CPP's how they have approached sustainable workforce with one example being Argyll and Bute.

Decision/Conclusion
The Board noted the Community Planning Partnership Update.

13. STRATEGIC OBJECTIVE – PEOPLE

13.1. Update on Equality Outcomes for 2026-2029 (Presenter: Director of People and Culture)

The Director of People and Culture presented an update on the previous paper presented to Board on the Equality Outcomes for 2026-2029. These have now been shared, what is presented is very much the what, the how set out in section 3.3 will be undertaken by a short life working group moving into the action and implementation phase.

Dr K Cole asked how our EDI principles are being applied in our recruitment campaigns. The Director of People and Culture advised that they will commit to undertaking a review of our recruitment campaign and a refresh of our Communications Strategy.

R Gold welcomed the report and asked for confirmation on how long the short-life working group will be for. The Director of People and Culture advised that this work will be mainstreamed into our existing governance structures.

The Medical Director acknowledged what the report signifies in terms of a step forward in producing specific equality outcomes for the Board and our Community.

The Employee Director welcomed the approach noting that everyone has a responsibility for Equality and Diversity and connections are built with our local community groups going forward, this was supported by the Director of People and Culture.

Decision/Conclusion
The Board noted the actions from February 2025, approved the Equality Outcomes for 2026-2029 and the establishment of a Short Life Working Group

13.2. Agenda for change Reform - Reduced Working Week Implementation Plan (Presenter: Director of People and Culture)

The Director of People and Culture shared the Reduced Working Week (RWW) Implementation Plan. RWW has been applied, mainly with backfill for clinical roles. Its impact is unclear; a 6-month review will assess effects on services and staff wellbeing. The working group continues to monitor results.

The Director of People and Culture and Interim Board Chair recognised the work undertaken and thanked those involved. Thanks, also provided from the Employee Director and Chair of Staff Governance Committee (J Kenny).

Decision/Conclusion
The Board took assurance on the Reduced Working Week Implementation Plan.

13.3. NHS Orkney Annual (Health and Care Staffing Act) Report 2025/26) (Presenter: Director of People and Culture)

The Director of People and Culture presented NHS Orkney Annual (Health and Care Staffing Act) Report 2025/26).

The report reflects the progress made to date; work is underway to change the narrative and language to the Health and Care Staffing act being more about doing the right which impacts on staff and patient care.

A focused session with the SLT will take place in June 2026 to ensure collective ownership from our senior leaders.

EDoNMAHP advised that the Board has moved to limited assurance, more work is needed to embed within Business as Usual.

The Medical Director advised that the Board have taken a critical approach to how we have scored our assesment, but being honest and transparent is important.

The Employee Director stated that we are now in the third year of the act, our common staffing tool assurance is 17%, there is a need for action particularly in relation to pausing recruitment, commitment to embedding the act offered by staff side representatives.

J Kenny acknowledged that insufficient pace on the current trajectory is unlikely to move us to being compliant reflecting that the quality of this year's report is more superior than in previous years but there is a need to capture the data required to demonstrate out compliance.

The EDoNMAHP advised that having smaller teams means there are other ways that assurance is provided, the re-launch will ensure evidence is captured going forward.

The Interim CEO addressed Board Members' feedback, emphasising team buy-in, streamlining data capture with Optima, and ensuring assurance through the Staff Governance Committee.

The Director of People and Culture advised that the roll out of Optima will help identify areas where staff are not engaging, feedback from HIS following recent inspection will be useful

Decision/Conclusion
The Board approved the NHS Orkney Annual (Health and Care Staffing Act) Report 2025/26) for onward submission to Scottish Government with the caveats discussed by members.

13.4. Themes from Board Walkarounds (Presenter: Chair)

The Chair presented the themes from Board Walkarounds which have taken place from November 2025 – March 2026.

The Interim Board Chair re-iterated staff pride in the organisaiton and relationships noting the comments made in relation communication challenges.

The Board Walkaround schedule was offered for discussion and approved.

The Interim CEO welcomed the opportunities the Board Walkarounds provide for Board engagement with staff, this alongside iMatter are important ways for feedback to be received.

Decision/Conclusion
The Board discussed and noted the update.

14. PATIENT SAFETY, QUALITY AND EXPERIENCE

14.1 Healthcare Associated Infection Reporting Template (HIART) Report (Presenter:EDoNMAHP)

The EDoNMAHP presented the Healthcare Associated Infection Reporting Template Report (HIART) advising that local delivery standard targets are currently within projected levels and one outwith, however this target was also set at zero.

Targets continue to be met, and our estates and infection prevention control team have helped maintain compliance above the national average.

J Taylor asked for examples of areas where infections could be prevented where there has been cross contamination.

J Stevenson thanked EDoNMAHP for the report and requested an update on removing hand basins from patient rooms. EDoNMAHP stated that hand wash basins in patient areas will be removed as per National Infection Prevention and Control Manual (NIPCM) to reduce splash zone risks.

Decision/Conclusion
The Board took assurance from the report.

14.2 Code of Corporate Governance 2026/27 (Presenter: Head of Corporate Governance)

The Head of Corporate Governance presented the updated Code of Corporate Governance 2026/27 for approval. Following a review, the Corporate Code of Governance has been updated for 2026/27 (Version 20), Standing Financial Instructions remain unchanged from Version 19 (2025/26). Track changes highlight all revisions.

The Head of Corporate Governance advised that a new digital process has been introduced for budget holders to confirm receipt of and adherence to the Code.

R Gold welcomed the tracked changes in the paper and the improved way the Code will be received and confirmed.

Dr K Cole advised that the wording in relation to make up of the Board be made clearer.

The Executive Management Team, Finance and Performance and Audit and Risk Committees have reviewed the updated Code and recommend its approval by the NHS Orkney Board.

Decision/Conclusion
The Board approved the Code of Corporate Governance

14.3 Whistleblowing Standards Annual Report 2025/26 (Presenter: Medical Director)

The Whistleblowing Executive Lead (Medical Director) presented the Annual Report on Whistleblowing Standards for 2025/26 for approval. No whistleblowing concerns have been received during the 2025/26 period. Confidential contact remains available, reflecting a commitment to continuous improvement in raising concerns.

Recognition was given to the small team who manage Whistleblowing, assurance was provided that no further whistleblowing concerns have been submitted.

The Interim Board Chair requested confirmation regarding the distribution of confidential contacts across clinical and non-clinical areas. The Medical Director responded that current contacts are limited to non-clinical settings; however, efforts are underway to identify further confidential contacts and to engage neighbouring partners to enhance opportunities for speaking up.

J Taylor advised that conversations have taken place previsouly with NHS Shetland and confidential contacts.

Decision/Conclusion
The Board welcomed and approved the Whistleblowing Standards Annual Report 2025/26.

14.4 Whistleblowing Champions Assurance Report (Presenter: Whistleblowing Champion – J Taylor)

The Whistleblowing Champion (J Taylor) presented the Whistleblowing Champions Assurance Report noting no formal whistleblowing cases have been raised to test the process noting lessons learned will be considered particularly in relation to Serious Adverse Event Reviews (SAERs).

The Whistleblowing Champion provided assurance that processes are in place for the management of whisteblowing concerns within the Organisation.

The Medical Director confirmed that the Board has exemplary relationships in place with the INWO, with a step change in the process for whistleblowing.

Decision/Conclusion
The Board welcomed and approved the Whistleblowing Champions Assurance Report.

14.5 Clinical Services Review Older Persons and Frailty Workstream Deep Dive (Presenter: EDoNMAHP, Chief Officer IJB)

Chief Officer IJB delivered an in-depth presentation on the Clinical Services Review for the Older Persons and Frailty Workstream. This ongoing initiative aims to identify improvements, and the report offers a summary of both the Frailty and Dementia pathways.

Initial conversations with individuals and professionals have been positive. The workstream focuses on improving services for older people in Orkney, rather than seeking major savings.

F Mackay observed that this workstream is driven by factors other than finances and will affect the broader system. The deep dive identified an opportunity to broaden the single point of contact and highlighted Key Performance Indicators such as targets for reduced staff duration and ways telehealth can support the workstream. EDoNMAHP confirmed that KPIs will be integrated into the IPR in the future, acknowledging the existence of national KPI targets. Regarding Hospital at Home, respiratory monitoring and antibiotic therapy are currently available.

The Interim Board Chair asked for clarity on the number of projects outlined in the report and asked that this remain on our Board agenda for the next 6 months.

The Interim CEO thanked the Chief Officer IJB and EDoNMAHP for highlighting technology opportunities in the report. The Chief Officer noted strong telehealth uptake, ongoing research on technology use, and positive examples, particularly in diabetes monitoring.

Clarity on where the gaps are will be a key part of the workstream between now and March 2027.

Decision/Conclusion
The Board welcomed and noted the update.

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. Month 11 Finance & Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 11 finance and Improving Together (efficiency) Programme progress report.

At Month 11, we achieved a break-even position through transitional funding, additional income, decisions on IJB reserves, and lower agency spending. The Board was informed of ongoing increases in medical staffing costs.

I Grieve asked for clarity on grip and control on medical staffing. The Interim CEO advised that this is one of our transformational workstreams, work is underway to address medical staffing spend.

I Grieve asked for clarity on the transfer of capital to revenue and how sustainable this is going forward. The Interim CEO advised that we do not envisage this taking place in 2026/27.

The Interim Board Chair stated that relations with the Scottish Government are positive and on track as anticipated.

Decision/conclusion
The Board discussed and noted Month 11 financial performance.

15.2. Planned Care: Key Learning from Reducing 52 Week Waits (Presenter: Director Performance and Transformation)

The Director of Performance and Transformation shared key takeaways from reducing 52-week waits and recent progress for 2025/26. Early risk identification and proactive intervention, including horizon scanning for patients at risk, improved outcomes. Consistent operational oversight with regular reviews, clear tracking, and escalation protocols ensured timely action.

Deploying extra capacity and funding worked best when waiting list resources were allocated to specific groups with clear delivery strategies. Careful tracking of activity and expenditure increased confidence in meeting objectives and helped guarantee value for money.

Effective regional collaboration, including early and consistent engagement with Service Level Agreement providers such as the Golden Jubilee, was vital in handling the longest-waiting patients.

A shared understanding of patient availability, travel arrangements, and scheduling has reduced unnecessary disruptions.Placing greater emphasis on data and reporting discipline including NECU validation and reconciliation processes conducted twice a year for each specialtyincreased trust in reported outcomes. Reviewing clinic appointment times to coordinate with other Health Boards helped expand capacity.

Key risks is in mainting our current position with a senior level of oversight. Targetting intervention will continue throughout 2026/27 focusing on bringing patient waits down from 40 to 26 weeks.

The key risks are in relation to fragility of small services, weather related issues and patient choice.

R Gold thanked the Director of Performance and Transformation for the report and asked what needs to remain for peformance to be sustained and if there is a dependancy on the Director of Performance and Transformation role going forward. The Director of Performance and Transformation advised that robust processes are now in place to continue the focus goiknng forward. The Interim CEO advised that the key lesson learned is about having standard management processes in place. In terms of the Director of Performance and Transformation role going forward, this is being reviewed.

The Interim Board Chair thanked the Director of Performance and Transformation for their input and support, noting it is their final meeting.

The Interim Board Chair noted and welcomed the achievements

Decision/conclusion
The Board discussed and welcomed the update.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

18.1. Area Partnership Forum – 17 February 2026

Members noted the minutes of the Area Partnership Forum 17 February 2026

18.2. Audit and Risk Committee – 2 December 2026

Members noted the minutes of the Audit and Risk Governance Committee 2 December 2025

18.3. Finance and Performance Committee – 25 Febrary 2026

Members noted the minutes of the Finance and Performance Committee 25 February 2026.

18.4. Joint Clinical Care Governance Comittee – 4 February 2026

Members noted the minutes of the Joint Clinical Care Governance Committee 4 October 2026.

19. ITEMS FOR INFORMATION

19.1. Board Meeting Schedule 2026/27(Presenter: Chair)

Members noted the meeting schedule 2025/26.

Questions from the media

S Gilmour (the Orcadian) requested confirmation from the Chief Officer IJB regarding extra social care funding for DTOC. £100K in unscheduled care funding has been allocated to increase social care capacity, but this is temporary.

S. Gilmour requested an update regarding locum usage within the Radiology service. The Medical Director reported that staffing difficulties stem from current vacancies and staff illness. Active recruitment is underway, and NHS Grampian has provided assistance for coverage on the weekend of 1 May 2026. Regular updates have been communicated to clinical colleagues.

S Gilmour requested an update regarding the RWW and its effect on 24/7 operations. The EDoNMAHP explained that all shift patterns have been reviewed, and some part-time employees have kept their reduced hours. With these changes, in addition to backfilling positions, service delivery will not be affected by the RWW.

S Gilmour asked about the logging and publication of internal staff concerns, noting no whistleblowing cases have been reported. The Medical Director explained that staff can raise anonymous concerns through several channels, with a quarterly report reviewed by JCCGC and published themes. J Taylor pointed out it’s unclear whether the lack of formal whistleblowing is due to reluctance or simply no need to raise concerns.

The Interim Board Chair closed the meeting at 12.41