

Public Board Meeting Minutes

Thursday 28 August 2025

Present

Melanie Barnes (Interim Director of Finance), Kirsty Cole (Chair, Area Clinical Forum), Issy Grieve (Non-Executive Director), Joanna Kenny (Non-Executive Director), Dr Anna Lamont (Medical Director), Laura Skaife-Knight (Chief Executive Officer), Jean Stevenson (Non-Executive Director), Jason Taylor (Non-Executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Davie Campbell (Interim Board Chair), Fiona MacKay (Non-Executive Board Member),

In attendance

Debs Crohn (Interim Head of Corporate Governance), Stephen Brown (Chief Officer – Integration Joint Board), Tammy Sharp (Director of Performance, Transformation), Shona Lawrence (NHS Orkney Corporate Communications Officer), Ian Grant (The Orcadian), (BBC Radio Orkney), Andrew Stewart, Kendall Pyke (Organisational Development Lead).

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 as a whole.

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. Patient Story

Ken Amer attended the Board to share his personal reflection of the care from NHS Orkney following his diagnosis and treatment for Prostate Cancer. Key points to note:

Patient experience of services in Orkney

- Care was fantastic.
- Staff were very understanding of Ken being self-employed.
- Extended family were very well supported.
- 12 weeks after referral Ken got a call to say a theatre slot was available.

What mattered most to the patient:

- Staff have your health at heart and want to do the best they can for you.
- Medical staff were clear on what was going to happen and when.

Areas for improvement

- Patient wrote to NHS Grampian to ask if they could be moved up the list.
- Patient first presented to ED rather than GP (however circumstances were unclear on the specifics)

I Grieve acknowledged the work Ken has led around men's health, Ken is a real ambassador for men's wellbeing on the mainland and the outer isles.

The Executive Director of Nursing, Midwifery and Allied Health Professionals, and Chief Officer Acute Services (EDoNMAHP) thanked Ken for the presentation on behalf of the Board.

Decision/conclusion

Members welcomed the patient story.

3. Welcome and Apologies (Presenter: Chair)

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

The Interim Board Chair welcomed Fiona MacKay (Non-executive Board Member) to their first Board.

The Interim Board Chair acknowledged that today was the last meeting for the Director of People and Culture and the Chief Executive Officer (CEO) and thanked them both for their contributions to the Board and their part in our improvement journey. The Interim Board Chair wished them well for the future.

Apologies received from Rona Gold (Non-executive Board Member).

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

4. Declarations of Interest (Presenter: Chair)

Fiona MacKay declared an interest in item 14.1 Clinical Services Review as they had been part of the reviewing team.

5. Minutes of Previous Meeting 26 June 2025 (Presenter: Chair)

Minutes of the meeting held on 26 June 2025 were accepted and approved as an accurate record of the meeting.

6. Matters Arising (Presenter: Chair)

Item 8.2 - I Grieve asked for an update on Hamnavoe House at the July IJB, and asked when an update would be received by the Board. The Chief Officer IJB advised that a meeting of the strategic planning group is scheduled for Tuesday 2 September 2025, to discuss how the fourth wing of Hamnavoe House could be used. Within 4 – 6 weeks recommendations will be presented to the IJB. Delayed Transfers Of Care (DToC) remain a challenge across the system in relation to care home closures and recruitment. As part of the development of the Older People's Strategy this will include longer term solutions for DTOC's. A paper will be brought to the IJB in December 2025.

Item 8.5 – Dr K Cole asked if office bearers are now invited to the Senior Leadership Team. The CEO advised that confirmation will be provided to the ACF Chair by the Interim Head of Corporate Governance.

In the absence of a Chair's Assurance Report for the Staff Governance Committee, J Kenny asked the Director of People and Culture for an update on work underway in relation to statutory/mandatory training, appraisals managing sickness attendance.

The Director of People and Culture advised that a focused session took place with the Extended Senior Leadership Team (ESLT) in July 2025 focusing on statutory/mandatory training. All members of ESLT were asked to provide an improvement plan for discussion with the CEO and Director of Performance and Transformation (Deputy CEO) to ensure mandatory training was brought up to date by December 2025.

The CEO advised that meetings with managers have now taken place, assurance has been received in relation to shifting the dial and improving statutory/mandatory training compliance.. The Deputy CEO confirmed they are confident that plans are in place to bring the Board back on track.

The Employee Director confirmed that there is a significant increase in attendance for violence and aggression training, recognising its good to see the improvements and asked that protective learning time is built in to all staff rotas.

7. Action Log (Presenter: Chair)

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

8. Board Chair and Chief Executive Report to the Board – August 2025 (Presenters: Chair, Chief Executive)

The Chief Executive presented the Board Chair and Chief Executive Report to the Board providing an update on key events and activities in July and August 2025. Highlights included:

An update from the Board Chief Executives meeting with the First Minister. Areas discussed included.

- 52 Week waits
- Unscheduled care
- System Flow
- Reducing Delayed Transfers of Care
- 62-day Cancer performance

We are pleased to have hosted 2 Cabinet Secretary visits over the summer to showcase the innovations we continue to deliver here in Orkney. The latest visit was to showcase innovations with Ms Robison in relation to The Balfour being the first Hospital in the country to achieve net zero status.

The CEO thanked everyone at NHS Orkney and wider system partners for the efforts that went into the planning for the Island Games, which made sure the Games ran smoothly. People's dedication, professionalism and teamwork were the backbone of this record-breaking success. The CEO thanked EDoNMAHP for their support in leading the Board's response to the Island Games.

J Taylor asked for confirmation that text message reminders were included in the update. The Interim Head of Corporate Governance advised that as part of the roll out of the Digital Front Door (DFD), which is a national Programme for Government commitment, text messages and electronic letters will be made available to all Health Boards.

9. CHAIR'S ASSURANCE REPORTS

9.1. Joint Clinical and Care Governance Committee (JCCGC) Chair's Assurance Report 3 July and 20 August 2025 (Presenter: Rona Gold - Chair of Joint Clinical and Care Governance Committee)

The Vice-Chair presented the Joint Clinical and Care Governance Committee Chair's Assurance Report 3 July and 20 August 2025.

Key points 3 July 2025 Meeting

Matters of concern in relation to joint strategies e.g. weight loss and physical health. The population health framework will provide an opportunity to bring this together.

Limited assurance provided on the Public Protection Framework – update to be brought to JCCGC December 2025.

Work underway

Primary Care Improvement Plan will be presented to GP Sub Committee September 2025.

Extraordinary Meeting 20 August 2025

Committee considered financial risks in relation to the Clinical Services Review (CSR). The Board was asked to note that some recommendations will require additional investment.

Decision / Conclusion

The Board noted the update.

9.2. Finance and Performance Committee Chair's Assurance Report 31 July 2025 - (Presenter: Davie Campbell - Vice Chair Finance & Performance Committee)

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Report from 31 July 2025 meeting.

Points to note

- Adverse financial position at Month 3
- Unscheduled care funding – The paper was not brought to Board in August 2025. Conversations continue with Scottish Government with assurance being brought to Board in October 2025 so traction can be made ahead of winter.
- The CEO updated that a few obstacles have been encountered in relation to deployment of the MORSE community Electronic Patient Record. Further work required around ownership, leadership and governance. This will be taken through our internal governance and brought back to the Finance and Performance Committee.
- Successful delivery of our Island Games Preparedness plan -, whilst Emergency Department attendances increased during the Island Games, our performance remained at 95%.

Decision / Conclusion

The Board noted the update.

9.2.1 Financial Escalation Board Chair's Assurance Report 25 June 2025 (Presenter: Davie Campbell - Vice Chair Finance & Performance Committee)

The Interim Board Chair presented the Financial Escalation Board Chair's Assurance Report 25 June 2025. Points to note

Medical Staffing recruitment remains high risk, deep dive on 27 August 2025. J Taylor advised that the deep dive took place 27 August 2025, a review of our financial position will be undertaken at 6 months, this will be presented back to Board in October 2025.

The Medical Director advised that there are 2 main staffing issues; recruitment of vacant posts – agreed to progress at pace with recruitment. Future staffing model and relationships outlined in the Clinical Services Review. The Medical Director advised that there is a need to recruit permanent substantive medical staff if we are to improve our financial position and savings achieved.

The Director of Performance and Transformation advised that an initial conversation has taken place with Orkney Island Council (OIC) in relation to sharing project management support, we are awaiting confirmation from OIC on whether this will be feasible.

Decision / Conclusion

The Board noted the update.

9.3. Senior Leadership Team Chair's Assurance Reports – July and August 2025 (Presenter: Chief Executive - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the report highlighting the following items which had been discussed at their meetings in July and August 2025 highlighting the following areas of escalation. There have been 6 meetings since the last Board.

The CEO summarised the main points as follows

- Financial position – recovery plans in place to improve performance.
- Concerns were escalated due to an increase in sickness absence in April and May due to stress and anxiety – deep dive has taken place, remains under review.
- Assurance provided that the staff Health and Wellbeing programme will not be affected by changes in staffing.
- Health and Care Staffing Act – this is being monitored by the People's Operational Group. Chair's Assurance Reports are provided from the People's Operational Group.
- Education Improvement Centre – this has been paused due to capacity not being available to take this forward.
- Endoscopy Peer Review – to be covered at In Committee.

J Taylor asked for an update on individuals who require accommodation in late stages of pregnancy. The Medical Director provided an update on the current situation. Conversations are taking place with the Central Legal Office in relation to options moving forward.

Decision / Conclusion

The Board noted the update provided.

9.4. Area Clinical Forum 1 August 2025 (Presenter: Dr 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 1 August 2025, highlighting the following

- Discussions took place with Balfour based colleagues in relation to record keeping not being electronic – the Clinical Services Review (CSR) will address some of these concerns.
- Private medical intervention, i.e. weight loss medication, is proving challenging for the system. This is being reviewed by the Area Drugs Therapeutics Committee.
- Workshops are planned for colleagues from primary and secondary care to look at interface working across the whole system. Non-clinical colleagues are welcome to attend the workshops.

Decision / Conclusion

The Board noted the update provided.

9.5. Staff Governance Committee - 15 May 2025 (Presenter: Joanna Kenny - Chair of Staff Governance Committee)

No meetings have taken place since the last Board meeting. The next meeting will take place on 18 September 2025.

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

The Medical Director presented the Corporate Risk and Assurance report providing 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. Since the last Board meeting, the Risk Management Group are validating operational risk registers moving from a test of change into Business As usual. Good attendance and evidence from clinical colleagues at the Clinical Governance Group and Risk Management Group.

J Taylor asked for an update on risk 1225 (social care capacity) in relation to Delayed Transfers of Care (DToC) as the risk is scored as a medium risk. Confirmation was sought on whether as a Board, there is anything more that could be undertaken to mitigate the risk. The EDoNMAHP advised that when the risk was

last updated it was scored at medium, work is underway with clinical teams to set the planned discharge date at admissions using the first home principal. Paperwork is being reviewed to include a whole system approach to discharge planning. Funding available through Public Sector Reform (PSR) will support the move to prevention.

J Taylor acknowledged that the use of Hamnavoe House in 2020 did make a significant difference.

J Taylor asked for assurance on risk 2025-04 (capacity to under Serious Adverse Event Reviews – SAER's) that the mitigations in place are sufficient to manage the risk. The Medical Director advised that staffing levels are in place to deal with the current staffing establishment recognising the number of SAER's has now reduced.

Lack of senior leadership capacity and capability – R McLaughlin welcomed the work underway on the leadership and management development programme and asked for mitigating actions to be included in the risk register narrative going forward. The CEO advised that Quality Improvement (QI) training is now underway, the leadership and development programme will return to the Senior Leadership Team (SLT) in September 2025 for approval.

J Stevenson asked when the expected outcomes and results of the manager/leadership programme will be seen. The Director of People and Culture advised that this will be next financial year. Quality Improvement training has commenced; the manager training programme will focus on people management skills, finance and sickness absence which will start in Quarter 4. The Leadership programme is likely to see outcomes by the end of 2026.

R McLaughlin asked for an update on the risk in relation to managing sickness absence and mitigating actions in place. The Director of People and Culture advised that the way sickness is managed has improved but further work is required to manage people back to work. R McLaughlin asked if a risk is required in relation to staff sickness due to stress and anxiety. The Director of People and Culture advised that stress absence is also related to causes of stress outside the workplace but recognised that some of the workplace stressors are occurring in relation to capacity and change.

The Medical Director asked the Board to note the changes presented to the Board and asked for the Board to support the changes presented now we have moved to Business as Usual.

Decision / Conclusion

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

11. Integrated Performance Report (IPR) (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the Integrated Performance Report (IPR).

The Board was reminded that the IPR is under review, the first 3 sections have been updated and circulated for comments. A refreshed IPR will be presented to the Board October 2025.

The Board remains in the top 3 boards nationally for performance against the 4-hour Emergency Department target.

The Board continues to see a reduction in the number of long-term waits (52 week waits). The Board is on track to achieve the trajectory of no patients waiting longer than 52 weeks by March 2026.

The EDoNMAHP advised that maternity data is being carried out with the team, this will be included in the October 2025 update.

Chief Officer IJB updated that the data presented is from March 2025 noting this is due to national reporting. The introduction of the Phio app has made some significant improvements in reducing waiting times in the podiatry service.

Finance

The Interim Director of Finance advised that additional SLT meetings have taken place, and the Board is off-track at the end of Quarter 1.

I Grieve thanked the team for the changes in the IPR and asked for an update on dental waiting lists. The Chief Officer IJB advised that successful recruitment has taken place in the dental service, we continue to work with the dental community with the aim that by the summer of 2026 all those waiting for a dentist will have received an appointment.

F MacKay asked for a dashboard to be included at the front of the IPR and consideration to be given to introducing the Amber status for tracking performance. The Director of Performance and Transformation advised that the amber status will be included in the refreshed version available from October 2025.

The CEO apologised to the Board that 2 chapters of the IPR are not included in the paper (Population Health and Patient Safety, Quality and Experience) and this will be shared with the Board for good governance.

The Medical Director reminded the Board that small numbers being reported in relation to 62-day waits for cancer need to be viewed with caution.

R McLaughlin asked for an update on statistical outliers in relation to workforce data. The Director of People and Culture advised that targeted work is being undertaken with managers around best practice and quality appraisals and how these can be scheduled throughout the year.

The EDoNMAHP advised that some of the teams are 100% noting that areas with high demands are being supported to schedule appraisals, no additional training will be authorised if statutory/mandatory training is not up to date.

The Interim Director of Finance advised that the team are at 90% compliance with statutory/mandatory training and are on track for all appraisals to be completed.

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. Limited assurance provided at the Workforce and Patient Safety, Quality and Experience sections were not included in the report.

12. STRATEGIC OBJECTIVE - PLACE

12.1. Integration Joint Board (IJB) Strategic Plan 2025-2028 - what this means for NHS Orkney (Presenter: Chief Officer - Integration Joint Board)

No papers received. The Chief Officer IJB provided assurance that papers will be provided going forward.

12.2. Integration Joint Board (IJB) Key Messages from Meeting 30 April 2025 (Presenter: Chief Officer - Integration Joint Board)

No papers received. The Chief Officer IJB provided assurance that papers will be provided going forward.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review - culture governance and senior leadership - August 2025 progress update (Chief Executive)

The Chief Executive provided an update following a commitment to Board to bring progress

Completed actions:

- Cultural development and Values and Behaviours Framework
- Non-Executive Development

Actions now mostly complete/progress are being made:

- Respect for our governance
- CEO portfolio redistributed, and role review underway
- Appraisal and statutory training – strengthened actions in place,

- Leadership Development programme

Overdue

- Clinical engagement – including the refresh and relaunch of Clinical Advisory Groups and what clinical engagement looks like at NHS Orkney.
- Staff engagement - Introducing quarterly pulse surveys for staff.
- Restate role of Chair and Vice Chair responsibilities via clear communication to all Board members.

Decision / Conclusion

The Board noted the update provided received assurance.

13.2. Behavioural Standards Framework - Defining the culture we want (Presenter: Director of People and Culture)

Kendall Pyke – Organisational Development Advisor joined the meeting at 10.55.

The Director of People and Culture provided an overview of the engagement work undertaken in the development of the Behavioural Standards Framework which offers people a common language and to respectfully challenge behaviours where required. The standards have been developed with and by staff and the Board.

The Organisational Development Advisor advised that further sessions are still planned but feedback from staff has been positive and consistent. The framework includes a section on how leaders should model behaviours.

An implementation plan pending approval by the Board will be included in values based recruitment, appraisals and staff induction, work will continue with teams to embed the standards. The Board were asked for their commitment sign up to and agree to role model the behavioural standards.

The Director of People and Culture confirmed that the behaviours will be shared with our Community as part of our approach to patient and staff experience.

R McLaughlin welcomed the behavioural standards framework and asked for clarity on how it will be measured. The Director of People and Culture advised that a piece of work needs to be undertaken to map standards to staff and patient feedback so data can be shared to show how we are living the standards. Measuring success of the behavioural framework needs to be tracked against the staff governance standards to reduce duplication.

The EDoNMAHP thanked the People and Culture team for their work and acknowledged clinical engagement in the process.

Decision/conclusion

The Board approved the Behavioural Standards Framework.

K Pyke left the meeting at 11.04.

13.3. Executive Team portfolios - September 2025 (Presenter: Chief Executive)

The CEO presented an update to the Board on changes to the Executive Team portfolios from 1 September 2025.

Decsion/conclusion

The Board noted the Executive Team portfolio updates.

13.4 12 month review of themes from Board walkarounds and next steps

The CEO presented the 12 month review of the themes for Board walkarounds. 19 walkarounds have now taken place, there is a need for the feedback to be locked into our staff experience team.

There have been 6 walkarounds in July and August 2025, members noted the themes.

J Taylor asked for an update to address concerns in relation to clincial space. The CEO advised that asks for clinical space should be made through the Capital and Strategic Estates Group. The Interim Director of Finance advised that communications will be issued to staff, however no requests have been received to date.

I Grieve welcomed the link being made with the staff experience programme and asked that Non-executive Directors and Directors continue to meet with staff. The CEO confirmed that there will be no changes to the current process.

F MacKay noted that one of the areas of improvement was in relation to resilience of small teams and educaiton, this could be linked with the CSR recommendations, improvement journey and Corporate Strategy. This is a great opportunity to use the 'you said, we did' method to provide updates to staff. The CEO confirmed that the themes from the paper will be shared with staff starting this week.

R McLaughlin if walkaround could be targetted in areas that did not score high for lack of visiblity in iMatter survey as well as walkarounds on the outer isles.

Decsion/conclusion

Board noted the update.

14. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

14.1. Clincial Services Review Implementation Plan (Presenter: Medical Director)

The Medical Director advised that the CSR recommendations and implementation plan has been shared with staff and clinical advisory groups. Whilst there is a focus

on the implementation review, we have complex services delivered nationally, NHS Grampian and NHS Highland, this requires engagement with our clinical colleagues.

Feedback has been received from staff that not all services have been provided, recognising that the scope of the review was made clear at the outset.

The recommendations presented include engagement, consultation, listening to those working and being involved in the systems. The CSR is a cross-executive delivery programme providing a real opportunity for transformation, recognising resources (financial and people) are required to embed the change required.

A prioritisation exercise has been undertaken on the recommendations, whilst there are significant savings to be made, most of the recommendations are cost neutral or will come at a cost.

I Grieve recognised that there is substantial information to digest and welcomed the 6 workstreams identified. In relation to the implementation plan what is the process around the challenges outlined in the paper, and how will the multiple themes be prioritised and timescales identified, SMART targets and ownership by delivery leads.

The Medical Director acknowledged the questions raised by I Grieve, SMART targets and timescales will follow once agreement has been reached.

DOPT agreed that there are 6 workstreams and executive leads identified. Workshops are taking place with those involved, this will take a couple of months to complete. Project Initiation Documents and SMART targets.

Clinical and community engagement still needs to be worked through recognising that the corporate strategy and improvement programme need to dovetail together.

F MacKay reminded colleagues that she has an interest in this piece of work and asked that consideration be given to not viewing the workstreams in isolation, there should be a clear read across to all recommendations. Whilst clinical engagement is important, this extends to the whole workforce. In section 9.4 there are areas of significant savings which can be realised to support financial recovery.

J Taylor asked for confirmation that staff were bought into the changes recognising that there are considerable savings to be made.

The Director of Performance and Transformation advised that digital will be a cross-cutting theme, the Improving Together Programme Board will be refreshed to oversee the CSR recommendations.

Dr K Cole asked for sight of the mapping exercises undertaken which underpinned the CSR. The Medical Director advised that this will be shared with Board Members in-committee.

The Medical Director stressed that the CSR was and continues to be clinically focused and not financially led.

Decision / Conclusion

The Board took assurance on the Clinical Services Review Implementation Plan.

14.2. Healthcare Associated Infection Reporting Template (HIART) Report(Presenter: Director of People and Culture)

The EDoNMAHP acknowledged changes to the report, feedback welcomed on the report.

Hand hygiene remains a challenge, Board noted that all other standards are being met. The Infection Prevention Control Team continue to work with staff to raise awareness of hand hygiene, further work is required but this remains a key focus for the Board.

The EDoNMAHP thanked the Infection Prevention and Control Team and our facilities team for keeping our patient safe.

Decision/conclusion

The Board discussed and took assurance on the Healthcare Associated Infection Reporting Template report.

14.3. Safe Delivery of Care (SDoC) inspection programme 2025/2026 - what this means for NHS Orkney (Presenters: EDoNMAHP)

The Interim Board Chair asked what risk SDoC poses to the Board. The Interim Director of Finance advised that this will result in additional cost pressures to the Board if actions are required, this may require dis-investment in other areas.

The EDoNMAHP advised that regular walkabouts should mitigate the risk of additional cost pressures.

Decision/conclusion

The Board received and noted the update.

14.4. Patient Experience Framework 2025/26 (Presenter: Director of People and Culture)

The Director of People and Culture advised that the patient experience framework is the principles we will work to in terms of how we engage with our patients. The framework has been developed based on the realistic medicine principles.

It was proposed that patient journeys for planned and unscheduled care be developed as part of the implementation of the Patient Experience Framework.

Decision/conclusion

The Board approved the Patient Experience Framework 2025/26

14.5. Duty of Candour and Significant Adverse Events Annual Report 2024/25

The Medical Director presented the Duty of Candour and Significant Adverse Events Annual Report 2024/25 which is a requirement for all Health Boards in Scotland.

The Board noted that there has been more SAER's closed than opened this financial year.

J Taylor asked for evidence of how learning has been embedded when staff changes occur. The Medical Director advised that all SAER's are now presented to the Clinical Governance Group. Recommendations are scrutinised and embedded in processes with named contacts identified to ensure communications are in place.

J Taylor asked if there is a role for Clinical Audits to be undertaken to ensure learning from SAER's is embedded. The Medical Director agreed to consider the role of Clinical Audits as part of learning from Duty of Candour SAER's.

J Kenny asked for clarity on how people who have been involved in compassionate conversation training has been embedded in SAER's as a success story. Medical Director acknowledged the need share success stories.

Decision/conclusion

The Board received and approved the Duty of Candour and Significant Adverse Events Annual Report 2024/25

14.6. NHS Orkney Patient Feedback (Complaints) Annual Report - 2024/25

The Medical Director presented the NHS Orkney Patient Feedback (Complaints) Annual Report 2024/25 recognising the number of complaints received is decreasing and that the report covers both primary and secondary care. The roll out of Care Opinion has commenced for secondary care but not primary care.

The Board welcomed the compliments section of the report.

J Stevenson provided positive feedback from a patient receiving support in our Intermediate Care Team.

J Taylor asked for an update on incident management and assurance that the Board has sufficient staff trained to undertake SAER's. The Medical Director advised that investigating incidents is different to managing SAER's and that there is sufficient staff to undertake reviews.

Decision/conclusion

The Board received and approved the Orkney Patient Feedback (Complaints) Annual Report - 2024/25

14.7 Infection Prevention Annual Report 2024/25

The EDoNMAHP presented the Infection Prevention Annual Report 2024/25 for approval by the Board.

I Grieve congratulated the team for being proactive in promoting good hygiene across the community and secondary care noting all premises were visited on the outer isles.

Decision/conclusion

The Board received and approved the Infection Prevention Annual Report 2024/25

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. Corporate Strategy 2025/26 Delivery Plan and Quarter 1 update (Presenter: CEO)

The CEO presented the Quarter 1 2025/26 Corporate Strategy update. There are 15 deliverables in our Year 2 Corporate Strategy Delivery Plan 2025/26. 4 of the deliverables are RAG rated Red, 1 rated Amber, 9 Green and 1 deferred to 2026/27.

The 4 deliverables off track – statutory/mandatory training, appraisals, Delayed Transfers of Care and pausing of the Education and improvement Hub were discussed earlier in the agenda.

The CEO advised that the Board level lead for the potential strategic objective will transfer to the Interim Director of Finance from 1 September 2025.

Decision/conclusion

The Board noted the update.

15.2. Operational Improvement Plan (Presenter: Director of Performance & Transformation)

The Director of Performance and Transformation provided an overview of the NHS Scotland Operational Improvement Plan. The Board has undertaken a self-assessment against the plan, and this was shared with the Board. The Board's self-assessment is on track and rated green overall, progress will be monitored through our Annual Delivery Plan. The amber action in relation to implementing a frailty model as the front door will be taken forward as part of the CSR recommendations.

The CEO thanked the Director of Performance and Transformation for the self-assessment and asked that an additional column be added so a narrative could be included for actions which are off-track.

Decision/conclusion

The Board noted the update.

15.3. Planned Care - 52-week waits update (Presenter: Director of Performance & Transformation)

The Director of Performance and Transformation confirmed that the planned care 52 week wait trajectory remains on track to meet the target of having no patients waiting longer than 52 week waits by 31 March 2026.

J Taylor asked for reassurance that those patients requiring urgent appointments are not impacted by focusing on patients waiting 52-week waits. Performance is being managed at the weekly meetings, all Boards have been asked how they can support other Boards with reducing waiting times.

Decision/conclusion

The Board noted the update.

15.4. Financial Performance Report August 2025/26 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented Month 4 financial performance. £245k savings have been achieved, however the plan remains £46k off track due to staffing costs. Unquantified cost pressures include Service Level Agreement increase of 6% resulting in an additional £400k cost pressure.

Band 5 reviews continue but are unquantifiable at this stage.

IT costs pressures have been identified which will need to be included in Month 5 position.

The Board is predicting a £3.4 million deficit at year-end, which is out with our tolerance levels set out in the transitional funding terms and conditions. The Interim Director of Finance advised that this would result in the Board being issued a section 22 notice as the tolerance level is 1% of our RLL which equates to £1 million.

The Board has a £3.8 million savings plan for this financial year, 7% has been achieved to date. The Board noted that savings are planned to be realised towards the end of this financial year.

Additional schemes are being identified by the improvement team, recovery actions were identified by SLT, and benefits are planned to be realized in Month 6. A full review of the financial position will be undertaken at the end of Quarter 2.

I Grieve was heartened by the position on Month 4 in comparison to Month 3. The Interim Director of Finance advised that the position will be clearer at Month 6, and this will provide a good indication for our year-end position.

Dr K Cole asked for clarity on cost pressures for dental and medical staffing and asked what was being done differently to encourage applicants to move to Orkney.

The Medical Director advised that the approach to recruiting substantive medical staff has been changed, one of the challenges has been people withdrawing from posts when they have been shortlisted and several Board recruiting at the same

time. BMJ, Facebook and LinkedIn have not proved to be successful, golden hellos and other mechanisms for advertising posts are being looked at following feedback from clinicians. The Medical Director advised that transport links are a selling point for applicants. Vacancies will be advertised as they occur being cognisant of the time of year. International recruitment and Physician Associates have been considered, assurance provided that we are taking a different approach to recruitment. Members were asked to forward ideas to the Medical Director.

Decision/conclusion

The Board discussed and noted Month 4 (August 2025) Financial Performance.

15.5. Improving Together (efficiency) Programme Update - August 2025 (Presenter: Director of Performance & Transformation)

The Director of Performance and Transformation presented the Improving Together (efficiency) Programme update. A key piece of work is underway to validate the cost schemes and asked the Board if the financial update and Improving Together Programme Update being combined.

Decision/conclusion

The Board noted the update and agreed that the Improving Together (efficiency) programme and financial performance report be combined.

15.6. Proposal for King Street and the Old Balfour site (Presenter: Chair)

The Interim Director of Finance provided an update on work underway on the Old Balfour Site. Tenders will go out in the next couple of weeks for the survey work required, for demolition in 2027.

The Interim Director of Finance provided an overview of the options available for the disposal of King Street.

J Taylor acknowledged that the paper sets out long term accommodation needs, and asked for clarity around short term accommodation at St Rognvalds House. The Interim Director of Finance advised that work is underway to scope options, this work is being led by OIC. J Stevenson advised that there are no plans for St Rognvalds House, options are being considered by officers.

J Taylor stated that he was not opposed to the sale of King Street and this had originally been earmarked for short term accommodation needs. There is a concern that selling the property will not address the issues of accommodation for staff. The Interim Director of Finance advised that investment in King Street may not be a viable option for the Board and the Board should avoid influencing market forces. Our responsibility as a Board is that anyone on the open market can purchase the property.

The Interim Director of Finance advised that the sale will be handled by the Central Legal Office on behalf of the Board.

The Medical Director advised that a wider piece of work is underway to look at staff accommodation.

I Grieve fully supported the sale of King Street on the open market, acknowledging that opportunities will arise to address the challenges being faced in terms of staff accommodation.

Decision/conclusion

The Board noted the Old Balfour Site update and approved the disposal of King Street.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business was raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

19. Joint Clinical Care Governance Committee - 2 April 2025

Members noted the minutes of the Audit and Risk Committee 6 May 2025.

20. Finance and Performance Committee 22 May 2025

Members noted the minutes of the Audit and Risk Committee 6 May 2025.

21. ITEMS FOR INFORMATION – none presented

21.1. ITEMS FOR AWARENESS

21.2. Board Meeting Schedule 2025/26 (Presenter: Chair)

Members noted the meeting schedule 2025/26.

21.3. Record of Attendance 2025/26 (Presenter: Chair)

Members noted the meeting schedule 2025/26.

21.4. Questions from the public

No questions were raised by the public.

The meeting closed at 12.22