Public Board Meeting- 29 October 2026

NHS Orkney
2026-10-29 09:30 - 12:30 GMT

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NHS Orkney Board
29 October 2026

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

Item 4

Minute Public Board Meeting
Thursday 27 August 2026

Present

David Campbell (Board Chair), Dr Kirsty Cole (Chair, Area Clinical Forum), James Goodyear (Interim Chief Executive Officer (CEO), Hayley Green (Non-Executive Board Member), Joanna Kenny (Non-Executive Board Member), Dr Anna Lamont - Online (Medical Director), Fiona MacKay - Online (Non-Executive Board Member), Ryan McLaughlin - Online (Employee Director – Non-Executive Board Member), Michael Morrison (Non-Executive Board Member), Damian Reid (Interim Director of Finance), Lynne Spence (Non-Executive Board Member), Jean Stevenson (Non-Executive Board Member), Jason Taylor (Non-Executive Board Member), Lesley Thomson (Executive Nurse Director Interim), and Dr Louise Wilson (Director of Public Health)

In attendance

Debs Crohn (Associate Director Corporate Governance - Minutes), Shona Dart (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture), Stephen Brown (Chief Officer IJB) and John Daniels (Head of Primary Care Services/Chief Officer Operating Acute Services (Interim)

Observers

Iain Grant, Alice Tait, Adam Harcus

1. Cover page

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- **Place** Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community
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- **People** Ensure NHS Orkney is a great place to work.

DRAFT

- **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 Board Vice Chair opened the meeting at 09:30am and welcomed everyone to the meeting.

Apologies were received from R Gold (Non-Executive Board Member).

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

3. Declarations of Interest (Presenter: Chair)

No declarations of interest were recorded.

4. Minutes of Previous Meeting 30 April 2026 (Presenter: Chair)

Minutes of the meeting held on 30 April 2026 were accepted and approved as an accurate record of the meeting with the amendments discussed at the meeting.

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 (Presenters: Interim CEO)

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities during July and August 2026.

NHS Orkney welcomed Ms. Angela Constance, Cabinet Secretary for Health and Social Care to The Balfour on 12 August 2026. The visit was a valuable opportunity to showcase the commitment, professionalism and dedication of staff and partners. Ms Constance was very pleased to meet colleagues from across services and was impressed by the warmth of the welcome she received. Ms Constance gained useful insights into delivering healthcare in an island context and appreciated the quality of the discussions and the passion shown for delivering the best possible care and support for the communities.

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The Chief Executive advised confirmation had been received regarding continued funding from Scottish Government for the NHS Orkney MRI service. This would enable most patients to be scanned locally, avoiding unnecessary travel to Aberdeen and speeding up diagnosis.

The Chair advised that the Board would seek opportunities to hold meetings within community venues. The next Board meeting on 29 October 2026 would take place at the Milestone Church, Dounby as part of efforts to enhance community engagement and participation.

K Cole congratulated the school nursing team and colleagues on their successful work in securing support for a programme focused on suicide prevention among young people. The importance of this area of work was recognised and the Board welcomed the initiative.

Decision / Conclusion

The Board noted the update provided.

8. Corporate Risk and Assurance Report

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on the highest corporate risks, these being financial sustainability, lack of senior leadership capacity and capability and clinical engagement.

One risk had a change of score from very high to high, two risks had updated wording and there were no new risks added.

K Cole advised that the Area Pharmaceutical Committee had been meeting regularly and requested that the position described within the report under Strategic Clinical Leadership be reviewed and amended accordingly.

Members sought assurance regarding the reduction in the Financial Sustainability risk score, noting the continued financial challenges facing the organisation and the reliance on delivery of efficiency schemes later in the financial year. Further discussion was requested through the Audit and Risk Committee.

Decision / Conclusion

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

9. Integrated Performance Report

The Interim CEO reminded members of the areas covered within the Integrated Performance Report (IPR) up to the end of August 2026.

Patient Safety, Quality and Experience.

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The Interim Nurse Director presented the Patient Safety, Quality and Experience Report and noted that some indicators reported as red, including pressure ulcer compliance, related to isolated incidents rather than significant trends or systemic concerns.

The Interim Chief Operating Officer/Head of Primary Care Services highlighted areas of noticeable progress and areas that required further progress such as Treating Times Waiting Time Guarantees and Community Waiting Times which were driven by a combination of how standards were applied and workforce constraints.

The Medical Director advised that one Significant Adverse Event Review (SAER) had been closed. The remaining open SAERs were noted to be dependent on external input and continued to be actively progressed.

It was noted that revised national definitions for falls had been introduced and would require changes to the collection and reporting of falls data within the Integrated Performance Report.

The Director of Public Health sought assurance that learning arising from Significant Adverse Event Reviews (SAERs) was being implemented as reviews progressed. The Medical Director advised that learning and improvement actions were identified and shared through established governance processes, including mortality and morbidity meetings, enabling action to be taken prior to completion of the final SAER reports.

Assurance was sought regarding the continued focus on Maternity Early Warning Scores and Paediatric Early Warning Scores, noting that these areas had been the subject of previous deep-dive reviews and ongoing discussion. Members queried what additional measures were being implemented to ensure that learning was embedded and sustained improvements achieved.

Jason Taylor queried whether additional support could be provided through sub-national arrangements to assist with progressing elements of SAERs that were reliant on external input and therefore outside NHS Orkney's direct control.

H Green noted that performance against the cancer referral target was partly influenced by capacity and treatment arrangements within other NHS Boards. It was suggested that future KPI reporting should identify measures where outcomes are not wholly within NHS Orkney's control.

The Medical Director advised that the relevant KPIs were nationally defined and therefore included aspects of the patient pathway that were outside NHS Orkney's direct control. It was noted that performance could be affected by delays within receiving Boards, however, individual patients were actively monitored throughout their pathway and any delays were escalated as appropriate by the cancer team.

Clarification was sought regarding theatre utilisation, including the absence of a defined target and the level of performance that would be considered acceptable. Concern was also expressed regarding the reduction in utilisation compared with previous reporting periods.

J Taylor sought assurance regarding the actions being taken to address ophthalmology waiting times and the increasing number of patients approaching the 52-week wait standard. Members requested an update on recovery actions and any innovative approaches being implemented to improve performance.

The Interim Chief Operating Officer/Head of Primary Care Services advised that a targeted recovery approach was being taken in relation to ophthalmology, including securing additional capacity and exploring alternative delivery options to reduce long waits.

Members noted the mitigations identified in relation to 52-week waits and requested greater visibility of planned short-term actions and progress milestones, rather than solely end-of-year targets. Assurance was provided that a further robust analysis around the waiting times and action plans.

Concern was expressed regarding delayed transfers of care and the impact on bed capacity, particularly in advance of winter pressures. Members sought assurance on the actions being taken to improve discharge processes and reduce delays.

K Cole highlighted previous requests from the Area Clinical Forum for a multidisciplinary discharge planning group to be re-established and sought an update on progress. It was noted that such a forum could provide additional oversight of discharge planning and support timely transfers of care.

It was acknowledged the potential value of a discharge planning group and advised that the proposal would be considered further. It was agreed that the matter would be progressed and brought forward through the appropriate governance arrangements.

Community

Clarification was sought regarding orthoptics performance and the potential for further investment in the service. Members were advised that, while performance against the four-week target remained below the expected standard, most patients were being seen within four to six weeks due to the small patient cohort and visiting service model. It was noted that additional contextual information could be included in future reporting to support interpretation of performance.

Population Health

The Director of Public Health summarised the Population Health chapter of the report highlighting areas that were going well and areas of concern.

Maternity and Pregnancy screening metrics showed 100% compliance. The Pregnancy and Newborn Screening Oversight Group reviewed the variance in the bloodspot KPI and agreed to implement actions in relation to children born in NHS Grampian sites.

Members were advised that the introduction of a new Child Health System had resulted in some issues relating to vaccination scheduling and invitations. Assurance was provided that local manual workarounds had been implemented to ensure that children eligible for vaccination continued to receive appropriate invitations and appointments.

The Board noted ongoing national and local planning to support delivery of new winter vaccination programmes. Work was underway to ensure appropriate scheduling and delivery arrangements were in place.

Workforce

The Director of People and Culture advised that sickness absence levels should be interpreted in the context of longer-term trends rather than month-to-month variation. It was reported that, despite recent fluctuations, sickness absences had been reduced since April. Long-term absence continued to be driven primarily by anxiety, stress and depression and long-term absence relating to musculoskeletal conditions had been influenced by planned operations.

The Board noted the Scottish Government Finance Delivery Unit was supporting a detailed analysis of bank, agency and overtime expenditure alongside workforce, absence and rostering data. The work was intended to provide a clearer understanding of workforce demand, deployment and establishment requirements and would inform workforce planning and financial management.

BREAK

Finance – included within the Month 4 Finance report (item 15.1)

10. Committee Membership from 1 September 2026 (Presenter: Chair)

The Board Chair presented the proposed Board Committee membership from 1 September 2026, following the recruitment of three new Non-Executive Board Members.

The changes were intended to balance Non-Executive Member commitments, make best use of skills and experience, address financial escalation risks and support succession planning for key roles, including the Board Chair and Integration Joint Board responsibilities.

Decision/conclusion

The Board approved the proposed Board Committee Membership from 1 September 2026.

11. CHAIR'S ASSURANCE REPORTS

11.1 Finance and Performance Committee Chair's Assurance Reports 24 June and 28 July 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 24 June and 28 July 2026.

Positive assurance was provided on management of the Robertsons contract in relation to Planned Maintenance at The Balfour. Key Performance Indicators (KPI's) would be presented to Committee in August 2026 to ensure performance was more effectively managed.

The Committee noted that Month 3 performance remained challenging but was in line with the plan due to continued focus on run rate controls. Concern was expressed regarding the delivery of efficiency schemes scheduled for implementation later in the financial year.

There was also concern raised regarding the pace of change in relation to the Isles Model of Care, Medical Staffing and Out of Hours noting substantial savings and improvements to patient care were associated with the workstreams.

Decision / Conclusion

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

11.2 Senior Leadership Team Chair's Assurance Report 9 July and 5 August 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 9 July and 5 August 2026.

Members were advised iMatter results had been discussed, work had taken place and agreed on several follow-up actions.

Actions had been agreed in relation to supporting the understanding of the budget-setting process and strengthening delivery measures.

Members discussed the progress and evolution of the group over the past two years and agreed it remained important to continue the key forum to address issues across the organisation.

Decision / Conclusion

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

11.3 Area Clinical Forum 7 August 2026 (Presenter: Dr Kirsty Cole – Chair, Area Clinical Forum)

The Area Clinical Forum Chair presented the Assurance Report from the 7 August 2026 meeting.

Concern was raised regarding the lack of Area Dental Committee representation and the impact on clinical assurance. Clarification was sought regarding the Corporate Risk Register entry indicating that no further remediation was planned and on arrangements for communicating this position to the Area Clinical Forum.

The Medical Director clarified that no decision had been taken to discontinue the Area Dental Committee. Rather, the current position reflected the fact that the Committee had not been meeting due to limited staffing capacity and a lack of appetite to support its operation at present. It was noted that the Committee was a voluntary membership group and could be re-established in future should there be sufficient interest, including identifying an individual willing to undertake the Chair role.

Ongoing difficulties remained regarding engaging with eHealth colleagues and securing appropriate representation at governance committees. The Chair queried the potential for support through sub-national digital workstreams, noting wider concerns regarding digital maturity and IT challenges across the organisation.

The Interim Director of Finance emphasised the scale of work both at digital subnational and at Scottish Government level, and the need to focus on core projects.

It was noted that the Digital Group Chair's Assurance Report was routinely reported to the Finance and Performance Committee, a more detailed review of digital activity and progress was planned at a future Committee meeting.

The Chief Executive emphasised the importance of the requirement for strong engagement between the eHealth team, Digital and Information Operations Group and the Area Clinical Forum.

Decision / Conclusion

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

11.4 Area Partnership Forum 21 July 2026 (Presenter: Interim CEO)

The Chair of the Area Partnership Forum (APF) shared the Assurance Report from the meeting on 21 July 2026.

Positive assurance was provided in relation to the strong level of staff participation in the iMatter survey. In addition, assurance was provided regarding the high quality of care delivered across services and the patient and family-centred culture recognised through the Healthcare Improvement Scotland inspections of Acute and Maternity Services.

Positive assurance was provided in relation to continued progress with Job Evaluation activity and the Band 5 Nursing Review. The Committee recognised the significant commitment of the small number of staff supporting the operational delivery of this work despite ongoing pressures.

Areas of concern included the reduced number of trained Staff Side Job Evaluation practitioners, which contributed to delays in progressing Job Evaluation activity and placied additional pressure on individual representatives and their substantive services.

APF had not yet been able to review the outputs of the common staffing method tool runs which were used to calculate the required staffing levels for clinical areas.

The Chair thanked the Chief Executive, Co-Chair of APF for his contribution during his time on the committee.

Decision / Conclusion

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

11.5 Joint Clinical and Care Governance Committee 2 July 2026 (Presenter: J Stevenson, Vice Chair Staff JCCGC)

The Vice Chair of the Joint Clinical Care and Governance Committee delivered the Chair's Assurance Report from the meeting held on 2 July 2026.

Major actions commission work underway included work around stage 2 complaints and many of them related to communication.

The Medical Director would provide the committee with a report in October with regards to Serious Adverse Events Reviews.

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 financial update

The Chief Officer, IJB advised that no update was available from the Integration Joint Board due to the summer recess, with a full report to be presented at the next meeting.

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

An update was provided on the Community Planning Partnership (CPP). Members were advised that, whilst a full CPP meeting had not taken place over the summer period, a development session had been held with statutory partners. It was noted that work was underway to review the role and structure of the CPP to ensure continued focus on key system-wide challenges, including workforce sustainability and population need. It was further noted that this work would inform future recommendations on the operation of the Partnership

Decision / Conclusion

The Board noted the update and took assurance

12.3 Public Sector Reform Update (Presenter: Chief Officer, IJB)

The Chief Officer, IJB presented the report providing members with an update on the work being done locally on the Public Sector Reform.

Following the Public Sector Reform Event held at the St Magnus Centre on 8 June 2026, an action plan had been reviewed with clear SMART target dates identified.

Recruited had commenced for Project Manager and Project Officer posts to support the work.

Productive discussions had taken place at the joint development session involving representatives of the NHS Board, Integration Joint Board and Orkney Islands Council, and an action plan had subsequently been developed.

Decision / Conclusion

The Board noted the update and took assurance

12.4 Population Health Organisation (Presenter: Louise Wilson, Director of Public Health)

The Director of Public Health provided an overview of NHS Scotland's ambition for Boards to develop as Population Health Organisations. Members were advised that a Population Health Organisation Maturity Matrix, developed with input from the King's Fund and agreed nationally, had been introduced to support assessment across a number of key development areas. It was emphasised that the framework was intended as an improvement tool rather than a performance management measure.

Work was underway to develop NHS Orkney's improvement plan and self-assessment for submission to Public Health Scotland on 11 December 2026.

Assurance was provided that support was available from Public Health Scotland through national peer learning and operational engagement arrangements. The Population Health Organisation approach would be developed in partnership with the Community Planning Partnership and other stakeholders through existing and emerging governance structures.

Decision / Conclusion

The Board noted the update and took assurance

13 PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1 NHS Orkney iMatter 2026 results (Presenter: Dave Harris, Director of People and Culture)

The Director of People and Culture thanked Stephen Phillips for his contribution to the iMatter programme and highlighted the positive overall position reflected within the results.

Areas for further development included organisational leadership, decision-making, performance management and strengthening confidence in organisational processes.

Members also emphasised the importance of ensuring that staff received feedback on issues raised, ideas shared and concerns highlighted, in order to demonstrate that action had been taken and that engagement is meaningful.

The Chief Executive welcomed the positive iMatter results, particularly the significant increase in response rates. It was noted that the level of participation demonstrated that staff wished to be heard and had confidence in the process, reinforcing the importance of reviewing and acting upon the feedback received.

The Director of People and Culture agreed that further work was required to ensure staff felt heard and listened to. Members were advised that discussions were underway with Public Delivery Scotland to develop a bespoke leadership development programme focused on building confidence, communication skills and the ability to have constructive conversations.

Decision / Conclusion

The Board noted the update and took assurance

13.2 Board Walkarounds (Presenter: Interim CEO)

The interim CEO presented the Board Walkarounds which took place in July and August 2026.

Decision / Conclusion

The Board discussed the themes arising from the Board Walkarounds in May and June 2026.

14 STRATEGIC OBJECTIVE – PEOPLE

14.1 Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Interim Director of Nursing)

The Interim Nurse Director advised that a number of updates to the national Infection Prevention and Control requirements had been issued through Director's Letters, including changes to terminology, personal protective equipment requirements and staff training. The compliance deadline had been extended from October 2026 to March 2027, providing additional time to implement the required changes.

A new 10-year Infection Prevention and Control Strategy had been published and work was underway nationally to establish priority workstreams and supporting groups. It was suggested that a future Board development session or report could provide a more detailed overview of the Strategy and its implications for NHS Orkney.

The Director of Public Health sought assurance regarding progress towards compliance with requirements relating to High Consequence Infectious Diseases (HCID), particularly in relation to PPE competency sign-off.

The Interim Nurse Director advised that HCID compliance required completion of both national online training and local competency sign-off processes. Whilst face-to-face training was not mandatory, additional local support and training opportunities would be made available to staff. Staff who had completed the training modules were encouraged to complete the self-assessment and competency sign-off process.

Decision / Conclusion
The Board took assurance from the report.

14.2 Healthcare Improvement Scotland (HIS) Unannounced inspection improvement action plan – Maternity and Acute Services (Presenter: Interim Executive Nurse Director)

The Interim Nurse Director presented the report summarising the findings from the Healthcare Improvement Scotland (HIS) two unannounced inspections, one for Acute services and the second for Maternity Services at The Balfour Hospital in March 2026.

The report highlighted that NHS Orkney had performed well in comparison with findings reported elsewhere, with particular strengths identified in relation to team working, organisational culture, compassionate staff and patient-centred care. Positive feedback from patients was highlighted as an important reflection of the quality of care being delivered.

Whilst the inspections contained a number of recommendations for improvement, many of these related to common themes across both services, including safe staffing, governance and adverse event management. It was reported that progress against the recommendations would be monitored and reported back to the Board, with assurance required by November 2026.

Decision / Conclusion

The Board took assurance from the report

14.3 NHS Orkney Patient Feedback Annual Report (Presenter: Medical Director)

The Medical Director presented the NHS Orkney Patient Feedback Annual Report 2025/26 and advised that Stage 1 complaints had reduced over the course of the year, however, there had been an increase in the number of more complex Stage 2 complaints.

Yearly comparisons over the last five years showed a reduction in complaint numbers overall.

Members welcomed the positive feedback highlighted within the report and noted the importance of promoting positive patient experiences alongside complaints and concerns. It was recognised that sharing positive feedback provided valuable recognition of staff contributions and encouraged patients and service users to participate in providing meaningful feedback on the services they receive.

Thanks were extended to primary care colleagues and General Practices for sharing patient feedback, which had contributed to the annual report. Members noted the value of this

contribution in providing a more comprehensive picture of patient experience across NHS Orkney services.

Decision/conclusion
The Board received and approved the Orkney Patient Feedback Annual Report - 2025/26

15 STRATEGIC OBJECTIVE – PERFORMANCE

15.1 Month 4 Finance & Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the report advising a deficit of £1.3 million at month 4 and that further action would be required to improve run rates and deliver the planned financial position.

The Board was advised that a review would be undertaken with directorates during September to assess the achievability of current efficiency targets, identify opportunities to accelerate savings delivery and consider measures to control additional expenditure, including planned investments and recruitment

In relation to month 4 performance, the financial position was reported to be broadly consistent with previous months. Members noted that primary care locum expenditure had increased slightly during the period and that a one-off financial benefit had been realised following confirmation of recurring funding for the MRI service.

J Taylor sought assurance regarding mitigating actions available should delivery of some of the larger efficiency schemes be delayed. Clarification was sought on whether alternative savings opportunities had been identified that could be accelerated to offset any shortfall in the planned financial position.

The Interim Director of Finance advised that there remained a gap between the value of efficiencies currently identified and the level of savings required. Members were advised that a detailed review would be undertaken with individual Directorates to identify additional opportunities, recognising that the mitigating actions identified to date would not fully offset the anticipated shortfall. Consideration would need to be given to delaying or not progressing some planned investments where these could not be supported within the available financial resources.

The Director of People of Culture advised that the priority over the coming weeks would be to establish the extent of any financial gap arising from both recently issued budgets and the delivery of planned efficiency schemes. It was noted that the work would be considered through the Senior Leadership Team, with a focus on identifying additional opportunities to address any shortfall and reviewing previously identified proposals.

Decision / Conclusion

The Board discussed and noted Month 4 financial performance.

15.2 Sub national East of Scotland Planning Update - Verbal (Presenter: Interim CEO)

The Chief Executive provided an update on national planned care work and advised that reducing long waits remained a significant focus across NHS Scotland. Members noted that National Treatment Centre capacity was increasingly being prioritised towards patients with the longest waits across the country, particularly within orthopaedics. It was reported that NHS Orkney had already utilised its allocated National Treatment Centre capacity for the current year and was therefore not expected to be adversely affected in the short term.

Phase 2 of the Rural and Islands Programme had commenced, supported by a short-life working group. Members were advised that the work would review and articulate core service delivery models for remote and rural communities and consider how key national programmes, including planned care and urgent care developments, could be adapted to meet the needs of rural and island populations.

Decision / Conclusion
The Board

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 Audit and Risk Committee – 26 May 2026
Members noted the minutes of the Audit and Risk Committee held on 26 May 2026.

18.2 Area Clinical Forum – 1 June 2026
Members noted the minutes of the Area Clinical Forum held on 1 June 2026.

18.3 Area Partnership Forum – 19 May 2026
Members noted the minutes of the Area Partnership Forum held on 19 May 2026.

18.4 Finance and Performance Committee – 25 May and 24 June 2026
Members noted the minutes of the Finance and Performance Committee held on 25 May and 24 June 2026.

18.5 Joint Clinical Governance Committee 8 April 2026

19 ITEMS FOR INFORMATION

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

Members noted the meeting schedule 2026/27.

19.2 Record of attendance 2026/27 (Presenter: Chair)

Members noted the record of attendance 2026/27.

The Chair closed the meeting at 13:45

DRAFT

Board Chair and Chief Executive Report to the Board October 2026

Meeting	NHS Orkney Board
Meeting date	Thursday, 29 October 2026
Responsible Executive/Non-Executive	• Dave Harris, Chief Executive Officer (CEO) • Davie Campbell, Board Chair
Report Author(s)	• Dave Harris, CEO • Davie Campbell, Board Chair
Purpose of report	• Assurance
Contribution to Strategic ambition	• Corporate Strategy 2024-2028 – Place, Patient Safety, Quality and Experience, People, Performance and Potential strategic objectives • Operational Improvement Plan • Integrated Joint Board Strategic Plan • Financial Sustainability • Programme for Government
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred • Sustainability
Key points for consideration	• This report has been provided to update the Board on our performance, operational standards, key external/internal events and activities from September to October 2026, including meetings with external stakeholders and partners.
Route to meeting	• Prepared for NHS Orkney Board – 29 October 2026
Recommendation(s)	• **Assurance - For members assurance only**

Board Chair and Chief Executive Report to the Board

Dave Harris, Chief Executive Officer
Davie Campbell, Board Chair
07/08/2026

1. Situation

1.1 This report provides an update to the Board on our performance, operational standards, key external and internal events, and activities from September to October 2026, including meetings with external stakeholders and partners.

2. Assessment

2.1 A summary of our overall performance

2.1.1 Children, Adolescent Mental Health Service (CAMHS) & Psychological Therapies

Our CAMHS and Psychological Therapies Services continue to exceed national targets for timely access.

2.1.2 Diagnostics

At the end of August, diagnostic performance varied across modalities. Endoscopy six-week compliance reduced to 71.59%, compared with the previous position of 74.67%. Diagnostic imaging six-week performance reduced slighted to 85.28%, compared with 86.29%.

2.1.3 Emergency Department (ED)

Compliance with the A&E four-hour standard increased to 95.18% in August; this was recorded at 91.87% in July 2026.

Adherence to the 12-hour standard remains robust and for August performance was reported as 100% again, providing assurance that extended waiting times continue to be effectively minimised.

2.1.4 Cancer Standards

Cancer performance in relation to the 31-day standard remains strong, with 100% compliance. In relation to the 62-day standard, performance for the latest reporting period was 0%, with 1 of 1 patient treated outside the standard. Breach analysis has been completed for the patient treated outside the standard to identify the causes of delay and support shared learning and service improvement.

2.1.5 People & Culture

Sickness absence reduced slightly to 6.66% in July, compared with 7.25% in May 2026.

Appraisal compliance saw a slight increase from 37.17% to 40.46% in the previous reported period; the risk is being actively addressed as a corporate risk.

2.1.6 Finance

NHS Orkney's financial situation continues to be challenging, at month 5 the financial position is £301,000 better than plan. At the end of August 2026, the board is reporting £1,512,000 against a budget of £1,813,000.

2.1.7 Patient Safety, Quality & Experience

No inpatient-acquired pressure ulcers were reported in August 2026. 85.71% of stage 1 complaints were responded to within the 5 working day standard, whilst 50% of stage 2 complaints were responded to within the standard. The number of reported inpatient falls, which reduced to 17 compared with 19 in July.

Incident reporting and seven-day review compliance remain at 100%, reflecting continued strong performance in these areas.

2.1.8 New Outpatients

Compliance with the New Outpatients (NOP) 12-week standard remains below target at 45.73%, against a target of 95%. This reflects downstream constraints, including theatre capacity, diagnostic availability and workforce pressures.

2.1.9 Treatment Time Guarantee

Compliance with the Treatment Time Guarantee remains below target at 36.95%, a deterioration compared with 48.99% in July 2026.

2.1.10 Delayed Transfers of Care

Delayed Transfers of Care (DTOC) continue to affect hospital flow and capacity. As of August 2026:

- 45% of patients were discharged within two weeks compared to 40.91% at the previous reported period (target: 100%)
- 16 patients experienced delays at the census point compared to 7 at the end of July (target: 4)
- 368 bed days were lost to delayed discharge during the month, compared to 299 for the previous reporting period.

2.2 CEO and Board Chair updates from local, regional and national stakeholder engagement

2.2.1 Board Chair - Davie Campbell

I have continued to work with Board Chairs across the East of Scotland to progress sub-national planning, with a focus on strengthening collaboration between Boards, identifying shared opportunities and ensuring that island and rural considerations are reflected in regional discussions. This work has included engagement on how Boards can work together more effectively to support sustainable services, improve resilience and align local priorities with national direction, while ensuring that the specific needs of NHS Orkney and the communities we serve remain visible within wider planning arrangements.

The Board is asked to note that Dave Harris commenced as substantive Chief Executive on 14 September 2026, with Steven Phillips moving into the Interim Director of People and Culture role for a period of 6 months. We warmly welcome Dave and Steven into their roles and wish them every success.

Programme for Government

I consider the Programme for Government to be a significant development for NHS Orkney and for the wider future of public services across Orkney.

The national direction towards stronger sub-national planning, greater collaboration and the potential for new strategic Health Board arrangements creates both risk and opportunity for island communities.

For the Board, our role is to ensure that Orkney's voice is clear, constructive and influential as this work develops. We must be proactive in shaping future arrangements, rather than responding to decisions once they are made.

Any model must protect visible local accountability, clinical leadership, NHS identity and safe, sustainable access to services that reflect Orkney's geography, transport challenges, workforce pressures and community needs.

The Board and Senior Leadership Team development session provided a useful opportunity to explore these issues and to consider what should continue to be delivered locally, where collaboration with East of Scotland partners or other island areas could strengthen resilience, and where national arrangements may add value. This will be taken forward alongside Orkney's Routemap to Reform, with the clear principle that form should follow function and that any future changes must be designed around better outcomes for the people and communities of Orkney.

Conversations that count

Over the coming months, Dave Harris and I will continue to hold important conversations with staff, partners and communities about the future of health and care services in Orkney. This responds directly to feedback from the staff iMatter survey and supports our commitment to increase Board visibility, listen carefully and strengthen partnership working across our island community.

These conversations are not only about organisational structures. They are about how we work together to build safe, sustainable and person-centred services that can continue to meet the needs of people in Orkney now and for future generations.

2.2.2 Chief Executive – Dave Harris

National Priorities

During my first month I have continued the work with Chief Executives across the East of Scotland health boards to advance implementation of the requirements set out in DL(2025)25 relating to sub-national planning, collaboration and direction. Discussions have focused on the agreed regional priorities and the opportunities for Boards to strengthen collaborative working arrangements in support of service sustainability, organisational resilience and the reduction of unwarranted variation.

Alongside delivery of existing regional priorities, discussions have also considered the future governance and operating arrangements required to support effective collaboration across the East Region. This work is intended to strengthen regional planning, improve alignment between national and local priorities and support Boards to collectively address common challenges while maintaining individual Board accountability.

Throughout these discussions, particular emphasis has been placed on ensuring that the unique challenges, opportunities and service considerations associated with NHS Orkney's rural and island context are appropriately reflected within both regional planning arrangements and wider national strategic developments. As the Senior Responsible Owner for the Rural and Islands workstream I am seeking clarity on its position within the East and West governance and the wider Programme for Government.

NHS Orkney's Theatre Department has become the first Island Board in Scotland to fully implement all specialties within the national Scan for Safety Point of Care programme. The programme aims to improve patient safety through the introduction of point of care scanning and digital data capture for high-risk implantable medical devices, enabling products to be traced throughout the supply chain from supplier to patient. The programme delivers a range of benefits, including enhanced patient safety, improved clinical productivity, better stock management, reduced administrative burden and increased operational efficiency. By capturing information electronically at the point of care, staff spend less time on manual processes and more time focused on patient care.
This milestone represents a tremendous collaborative effort between the Theatre Team, Procurement Team and the national Scan for Safety Programme Team. Through their commitment and hard work, the implementation was delivered successfully and on schedule, placing NHS Orkney at the forefront of this important national patient safety initiative.

Public Sector Reform and Programme for Government

Orkney's Routemap to Reform is now moving from discussion and engagement into a more structured phase of delivery. Working jointly with Orkney Islands Council and the IJB, the Public Service Reform Steering Group is developing an implementation plan intended to translate the Routemap into clear actions, ownership, timescales and measurable outcomes. Initial areas of practical joint working include fleet, estates and property maintenance, healthcare workforce and internal audit, providing early opportunities to test where greater collaboration can reduce duplication, strengthen resilience and improve

outcomes. Our focus is increasingly on demonstrating not simply what we are planning, but what reform can deliver for our communities.

This local work is developing alongside significant national change through the Programme for Government and NHS Simplification. Recent national discussions with Ministers, NHS Chairs and Chief Executives have reinforced that reform is intended to improve outcomes and equity through prevention, early intervention, Community First, reduced duplication and better use of the collective resources of NHS Scotland. The emerging principle is to secure the best of local delivery alongside the benefits of regional and national scale, with structure acting as an enabler rather than the starting point. Important elements of the final operating model, including local and regional governance, decision-making arrangements and the relationship with wider local government and social care reform, remain to be determined. There is no timescale set for any of this work but there is a risk that the NHS simplification timeline will run significantly ahead of the timeline for Local Government, Social Care and IJBs leading to a potential misalignment.

For Orkney, our approach is therefore not simply about protecting existing structures. We want to actively shape reform and identify the opportunities it creates to improve services, whilst ensuring that changes strengthen rather than dilute local influence, clinical leadership, NHS identity and sustainable access to care in an island setting. Our working principle remains that form should follow function. This means being clearer about what should be planned and delivered locally in Orkney, where regional collaboration provides greater resilience or specialist capability, and what can most effectively be undertaken once for Scotland. In parallel, our work with Orkney Islands Council and the IJB provides an opportunity to explore a more integrated, place-based approach to prevention, population health and the wider determinants of health. The emphasis is on a bespoke islands solution that works for the communities of Orkney.

A fuller formal report will be brought to the next Board setting out the latest position on Public Sector Reform, including the emerging joint implementation plan and timeline with Orkney Islands Council and the IJB, together with the developing bespoke island solution that could form the basis of a proposition to Scottish Government. This will allow the Board to consider the practical programme of reform alongside the governance, service-delivery and local, regional and national arrangements that we believe will be required to secure the best outcomes for Orkney.

Operational Performance, Quality and Service Resilience

Alongside strategic developments, considerable attention has been given to operational performance, quality and service resilience.

Nationally, there remains significant focus on planned care recovery, cancer waiting times, unscheduled care performance, delayed discharge and winter preparedness. NHS Orkney continues to engage actively in these discussions whilst ensuring that improvement activity reflects our local circumstances and service model.

Alongside these pressures, there are positive examples of local service redesign improving both patient experience and the use of clinical capacity. In August, NHS Orkney introduced its first One Stop Cataract Assessment clinics, supported through regional collaboration, visiting specialist capacity and pathway redesign. Patients can now undergo their full cataract assessment in a single visit to the Balfour, reducing pre-operative appointments

and travel requirements whilst streamlining the pathway to surgery. The revised model has also released consultant capacity to support patients with more complex needs.

The Board continues to experience pressures associated with hospital capacity, patient flow and supporting patients to return home safely and at the earliest appropriate opportunity. I would like to acknowledge the professionalism and commitment of colleagues across health and social care who continue to work collaboratively to manage these pressures and maintain safe and effective services. This will be a focus over the coming months,

On 1 October 2026, a major incident was declared within NHS Orkney when a vessel ran aground off Hoy. Although the incident itself was short-lived, it demonstrated the willingness of colleagues across the organisation to respond rapidly and effectively when required. The incident also identified opportunities to strengthen aspects of incident management, command arrangements and executive on-call processes. A short-life working group has therefore been established to review existing arrangements and identify areas for improvement. The learning and resulting actions from this review will be reported through the appropriate governance arrangements to provide assurance that identified improvements have been implemented.

I also attended the Joint Clinical Care Governance Committee for the first time. The Committee considered wider system issues including delayed discharge and patient flow, recognising the importance of continued partnership working to address these challenges. The meeting reinforced the importance of strong clinical governance arrangements and the need to maintain quality, safety and patient experience at the centre of decision-making.

Population Health and Partnership Working

Partnership working remains central to improving outcomes for the people of Orkney. At the recent Community Planning Partnership meeting, partners considered a range of strategic issues including workforce challenges, population health, digital connectivity, the Good Food Nation agenda and local governance reform. There was a strong emphasis on collaborative approaches to prevention, reducing inequalities and strengthening shared delivery across the public sector. Discussions also considered the Workforce North initiative and the challenges associated with workforce attraction and retention across rural and island communities. Housing, childcare, transport, skills development and employability continue to be recognised as important contributors to workforce sustainability. These discussions reinforce the increasingly important role that public sector partners play in addressing the wider determinants of health and supporting healthier communities. They also align closely with emerging national policy direction around prevention, population health and community-based approaches to service delivery.

The next step must increasingly be to translate this shared understanding into practical action. Through our work with Community Planning partners and the wider Public Service Reform programme, we will therefore explore opportunities for tangible joint initiatives around prevention, early intervention and community wellbeing, recognising that many of the factors which determine health outcomes sit beyond traditional NHS services.

Local Engagement

Over my first month, I have spent time listening to colleagues and reflecting on what I have heard. This has included valuable discussions with Senior Charge Nurses, colleagues who have completed the Clinical Leadership Programme and the Digital Services and Cyber

Security Team. Whilst the challenges facing NHS Orkney are significant, I have been struck by the commitment, professionalism and care shown by colleagues across the organisation every day. The consistent message from these conversations is that colleagues want to be heard, involved and supported to shape the future of services. Staff have spoken openly about operational pressures, the need for clear communication, the importance of visible leadership and the value of being able to influence improvement at a local level.

These discussions have also highlighted the strength of clinical and professional leadership across NHS Orkney and the opportunities we have to build on this as we take forward our operational priorities, digital development and wider reform agenda. These discussions will be further enhanced by the full programme of visits planned as part of the "Conversations that Count" initiative highlighted in the Chair's update section of this report.

Board and Senior Leadership Team Development

Sincere thanks to all those who so enthusiastically and constructively engaged in the Board and Senior Leadership Team development session on 24 September. The outputs have been shared with participants and other partners. Planned next steps are to produce a draft refreshed strategy for further comment and detailed delivery planning, as well as considering how similar events may be run in the future and on what topics.

Corporate Risk and Assurance Report

Meeting	• NHS Orkney Board (Public)
Meeting date	• Thursday, 29 October 2026
Responsible Executive/Non-Executive	• Dr Anna Lamont, Medical Director
Report Author(s)	• Diane Smith, Clinical Governance and Risk Facilitator
Purpose of report	• Discussion
Contribution to Strategic ambition	• Annual Operational Plan • Emerging Issue • Local policy
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective
Key points for consideration	• **Risk Management Group was stood down on 21 October 2026 due to a failure of the internet meaning the** • Risk C-2024-01 – Leadership Capability, Capacity, Competence and Confidence and Succession Planning: Risk description updated to reflect external review findings; mitigating actions strengthened, including leadership development commencing in November 2026. • Risk C-2024-13 – Workforce Sustainability, Resilience and Wellbeing: Recruitment mitigations strengthened through targeted advertising and workforce planning; potential patient harm clarified as indirect. • Risk 510 – Corporate Financial Sustainability: Risk and impact descriptions fully revised, with clearer SMART mitigating actions approved by the Risk Management Group.
Route to meeting	• This is presented to this meeting only
Recommendation(s)	• **Discussion - Consider the implications of a matter**

Corporate Risk and Assurance Report

Diane Smith
15/10/2026

1. Situation

1.1 The Corporate Risk Register Report is presented to the Board to provide clarity, oversight, and strengthen organisational scrutiny. This report offers a concise view of changes over the past two months and illustrates how risks are distributed across governance committees.

2. Background

2.1 This report provides an at a glance view of what has changed over two months, and how the risks are shared across committees

3. Assessment

3.1 Analysis

3.2 The Corporate Risk Register with overview is attached as appendix one. The first sheet summarises changes over two months, with an extract summary as below.

3.3 A strengthened process is now in place to support risk owners to review their risks within the expected timeframes. In line with the previous agreement, each risk due for review is discussed at the Risk Management Group. This process is now working successfully, with more robust scrutiny applied and clearer alignment between risk updates and the mitigating actions.

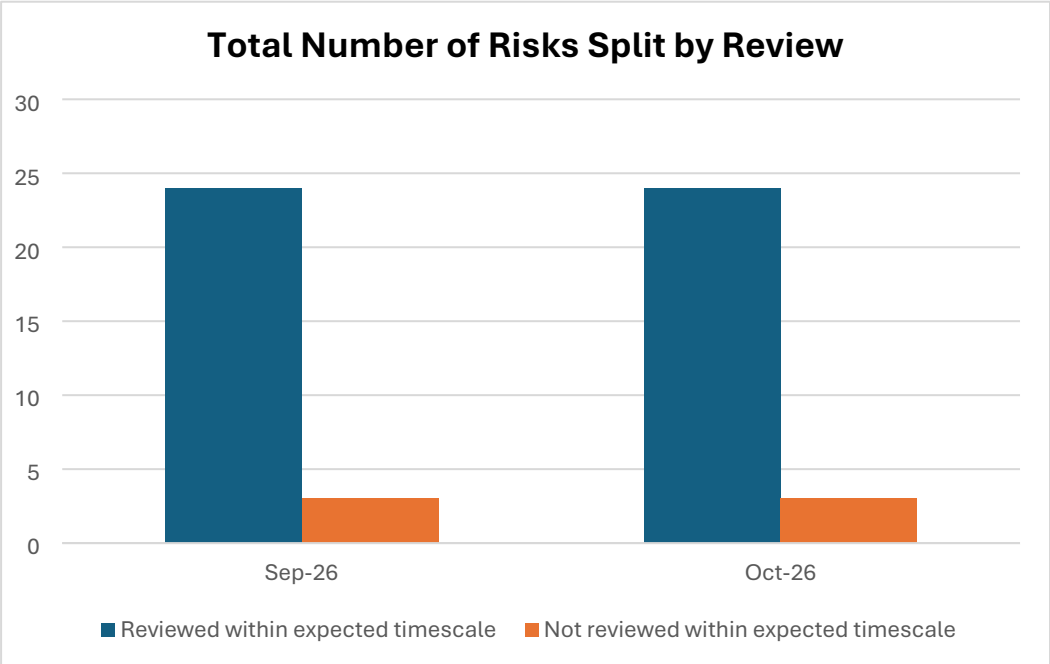
3.3.1. The Risk Management Group meeting scheduled for 21 October 2026 was stood down due to an internet connection failure across the whole organisation, preventing the planned review of updates to a number of risks. The risks and proposed updates had been submitted to group members before the meeting as part of the meeting papers. Following the cancellation, a survey was circulated to seek virtual sign-off of those updates. Only four members responded, which was insufficient to approve the updates. The attached Corporate Risk Register therefore shows the proposed updates awaiting approval in red text, with strikethrough indicating existing information proposed for replacement or removal. The meeting is rescheduled for the 28 October 2026.

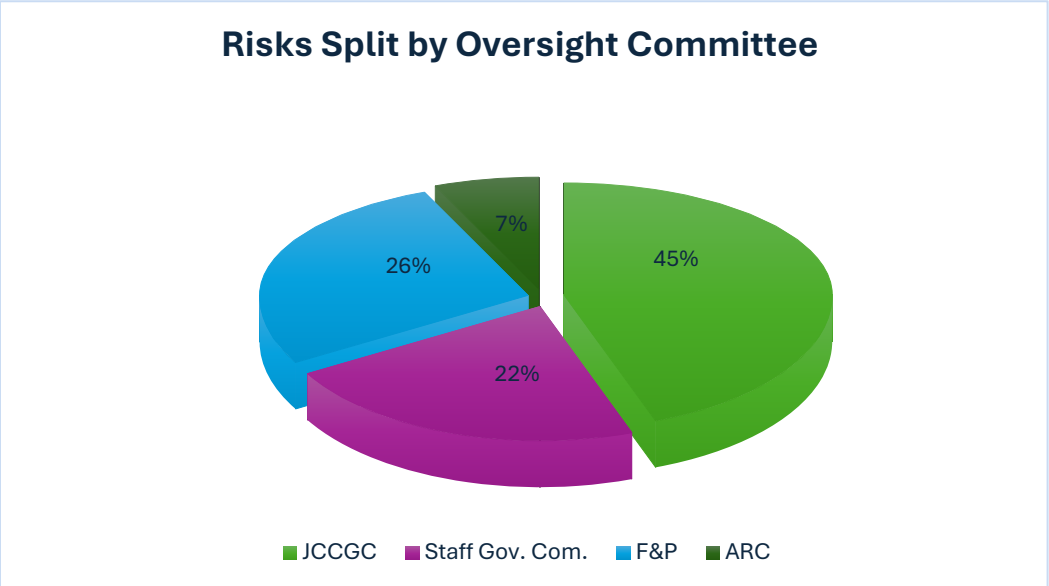
3.4 Risk 510 – Corporate Financial Sustainability has been reviewed in full. The risk description and impact description have been revised and approved by the Risk Management Group. The mitigating actions have also been revised

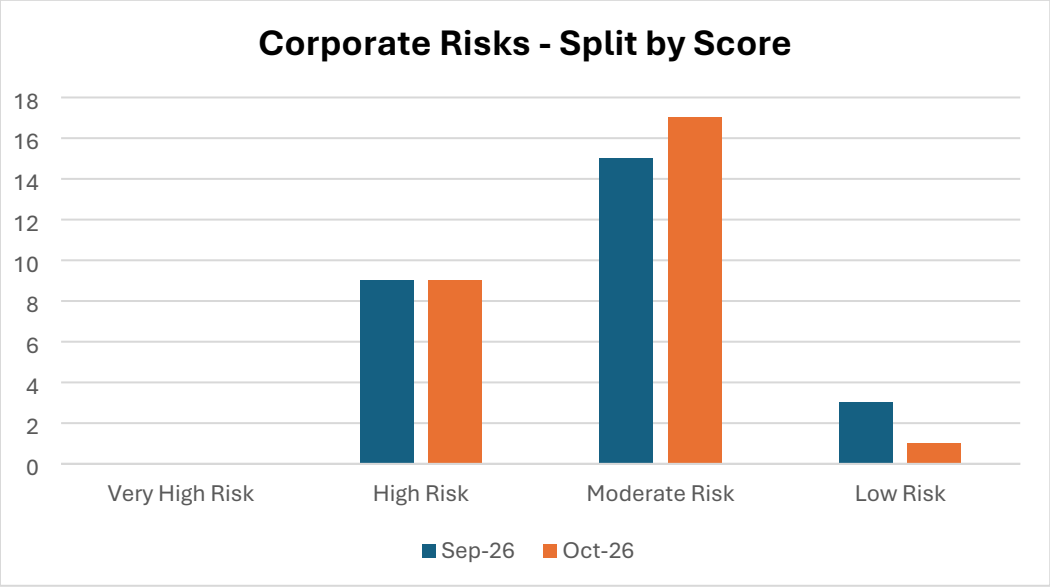
to provide greater clarity and to align with SMART principles, in line with the current expectations for mitigating actions.

3.5 Risk C-2024-01 – Leadership Capability, Capacity, Competence and Confidence and Succession Planning was updated following the previous Risk Management Group review. The risk description now explicitly references evidence from externally commissioned reviews. The mitigating actions were also strengthened to confirm that the first management and leadership development session will take place in November 2026.

3.6 Risk C-2024-13 – Workforce Sustainability, Resilience and Wellbeing was updated to strengthen the recruitment-related mitigating actions. These now include targeted recruitment advertising and proactive work with services to address resourcing requirements. The impact narrative was also clarified to describe the potential patient harm as indirect.







3.7 Current Position

The top three corporate risks are displayed in the below table.

Top Three Corporate Risks							
ID	Risk Title	Current Impact	Current likelihood	Current Risk Level	Target Risk Level	Mitigating Actions	Actions
C-2024-01	Lack of Leadership Capability (Capacity, Competence and Confidence) and Succession Planning	4	**4**	16	4	1. Substantive recruitment to Board roles supplemented by interim recruitment as required 2. Management and leadership development programme to build consistent leadership capability across operational, clinical and corporate areas. To be delivered in collaboration with PDS, with the first session being delivered in November 2026. 3. Executive and senior leadership succession planning, including critical role mapping, deputy arrangements and development plans for potential successors. 4. Distributed leadership approach to reduce over-reliance on a small number of Executive and senior leaders. 5. Structured induction and support for new senior leaders, including clarity on objectives, governance expectations and key risks.	**Update 08/10/2026** - Revised wording to provide evidence of where risk identified and strengthened mitigation. **19/08/2026** - Reviewed and approved by Risk Management Group. Request to add further information around work so far and evidence for this. **Update 20/7/26** - Risk, title, description and impact revised to reflect current risk. Mitigating actions reviewed and added to. If amendments accepted then additional actions will be identified.
C-2026-01	Delivery of mandated digital projects	4	**4**	16	8	Executive management Team (EMT)to consider further investment in digital capabilities, either by allocating additional budget, exploring opportunities for temporary project support, shared services or pausing local digital priorities. This proactive approach will help ensure delivery timelines are met and organisational priorities are achieved.	**Update 11/05/2026** - Risk Description revised to provide clarity of the risk and impact also revised to provide the same. **Update 13/04/2026 -** Executive Lead and Head of Corporate Governance presented a paper to Board members 30 April 2026 setting out capacity and capability with the digital services, risks and opportunities.

						EMT to highlight NHS Orkney's digital debt at the sub-national groups as the opportunity arises. Head of Corporate Governance to request mutual aid/support from East sub regional planning group to support with delivery of local and national 'Must Do' Projects Must, Should, Could, Wont (MuSCOW) prioritisation exercise completed to ensure business critical projects are prioritised in 2026/27	The Head of Corporate Governance continues to explore opportunities for temporary project support and shared services with the east of Scotland digital leads. NHS Orkney's digital debt has also been raised at sub-national groups as the opportunity arises. Head of Corporate Governance has asked for mutual aid/support from East sub regional planning group to support with delivery of local and national 'Must Do' Projects.
C-2025-06	Strategic Clinical Leadership and Engagement Capacity	4	**4**	16	8	1. Clinical Advisory Group Improvement Plan By 30 September 2025, complete and implement the improvement plan for clinical advisory groups, aligned with the review of operational governance. This will include: • Defined administrative support and resource commitments to support clinical advisory groups, noting that Copilot is now available to help minimise admin burden for notetaking at least. • Monthly Executive attendance rota established and monitored. • Formalised escalation process for advisory groups via Chair's Assurance Reports, with documented feedback loops to confirm action and closure. 2. By 31 December 2025 - implement the CSR Recommendations relevant to the risk: • Ensure project management support via the Improvement Team is in place to support clinical and operational redesign work. This will be complemented by the quality improvement training commencing with cohort 1 in September 2025.	**Update 9 September 2026** 1. Clinical advisory groups: CLOSED, with residual monitoring The improvement plan remains complete. Active clinical governance groups have administrative support and established reporting and escalation routes. This action should remain closed rather than be carried forward as an open mitigation. Hospital subcommittee chair agreed. 2. CSR implementation and clinical engagement: ONGOING Clinical and operational redesign continues through established programme arrangements. However, available project and improvement capacity remains fragile and does not match the scale of organisational transformation required. This limits the pace at which CSR (improving together) workstreams can be progressed and means that delivery must continue to be prioritised. Consultant participation in clinical governance, recruitment, service redesign and national or regional work continues to improve - evidenced in engagement sessions, and anaesthetic redesign and recruitment. The 2026/27 Medical Director objectives include restoring reliable NHS Orkney representation at national and sub-

						• Clinical lead workstream team meetings to be scheduled from Q3, using CSR templates for service redesign. Outcomes to be reported to the Improving together Programme board. • Substantive consultants engaged in national planning meetings, for example, pharmacogenetics project, thrombectomy for stroke management, and senior mental health representation. 3. By 30 September 2025 review Workforce Models and Experience • Commence the exploration of innovative workforce models and regional collaboration to attract and retain senior clinicians in key service leadership positions, recognising the challenges of remote and rural recruitment. • Explore opportunities to improve experience across the employee journey, particularly recruitment, experience for existing clinical staff, and succession planning. Including ensuring all clinical vacancies are advertised promptly, training and development of existing staff, and a named support contact for new senior staff. • Use the iMatter action planning process to co-design improvements in experience for consultants.	national medical leadership forums, and completing the orthopaedic service-model review with regional alignment. 3. Workforce: AMD Recruitment approved by VCP following business case 31/8/26. DME recruited to and in post. RM lead appointment in process. Lead for anaesthetics recruited to. Paediatric services review 3/4 meetings complete. Surgical and Medical workforce review to start before end of calendar year.

3.8 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	The robust management of risk provides a safe environment and improves patient safety, quality of care and experience
People	Workforce	No	
Performance	Finance	No	
Potential	Risk Management	Yes	Effective risk management processes are required to underpin the Board's corporate objectives. Risk identification, assessment and management is supported through the presentation and review of the corporate risk register
	Digital	No	
Place	Equality and Diversity including health inequalities	No	
	Climate Change Sustainability	No	

4. Recommendations

4.1 It is asked that the Board discuss the current risks, scores and mitigations of the Corporate Risk Register. report.

4.2 Discussion - Consider the Implications of a matter

5. List of Appendices

5.1 The following appendices are included with this report

i. **Appendix 1,** Corporate Risk Register

Integrated Performance Report (IPR) October 2026

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 29 October 2026
Responsible Executive/Non-Executive	• John Daniels, Interim COO/Head of Primary Care Services
Report Author(s)	• Carrie Somerville, Head of Planning, Performance and Information
Purpose of report	• Assurance
Contribution to Strategic ambition	• Corporate Strategy 2024/28 • Annual Operational Plan • Emerging Issue • Government policy/directive • Legal requirement • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred • Sustainability
Key points for consideration	• Performance remains mixed, with sustained or improving performance across Unscheduled Care, elements of Diagnostics, Psychological Therapies and Finance, while material challenges remain across Planned Care, Delayed Transfers of Care, AHP waiting times and several People and Culture and Quality measures • Planned Care recovery remains a key organisational priority. Long waits remain above trajectory; however, additional Ophthalmology capacity is demonstrating impact, reducing over 52-week waits from 82 to 55 following September activity, with further patients booked and additional activity planned. • Areas of sustained underperformance continue to require close oversight, particularly Delayed Transfers of Care, AHP MSK waiting times, workforce indicators and selected patient safety and quality measures. Improvement and recovery actions remain subject to ongoing monitoring through established governance arrangements. • Continued development of the IPR to strengthen Board assurance and oversight. The revised approach considered by the Finance and Performance Committee is presented as Appendix 2 for Board feedback on the proposed future reporting format; it is illustrative and does not represent the latest performance position.
Route to meeting	• The full Integrated Performance Report has been approved by the Executive Team on 20 October 2026. • The Finance, Community and Operational chapters was presented to Finance and Performance Committee on 27 October 2026.

Recommendation(s)	• **Assurance - For members assurance only**

Integrated Performance Report (IPR) October 2026

Report Author – Carrie Somerville,
20/10/2026

1. Situation

1.1 The Integrated Performance Report (IPR) – October 2026 (Appendix 1) summarises NHS Orkney's performance based on national and local reporting requirements as well as those indicators which matter to our patients and community. The IPR aligns to our Corporate Strategy 2024-28, Realistic Medicine Plan, Annual Delivery Plan 2025/26, Financial Recovery Plan and our Improving Together (efficiency) Programme.

Members are asked to receive the Integrated Performance Report (IPR) – October 2026. Noting where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

2. Background

2.1 The IPR is the mechanism by which Executive Leads provide assurance to Board Committees and the Board on how we are performing on national reportable metrics required by Scottish Government (SG).

3. Assessment

3.1 Analysis

The report provides an overview of organisational performance across Patient Safety, Operational Standards, People and Culture, Community Services, and Finance. The period covered by the performance data is generally up to the end of August 2026. However, there are some measures with a data time lag either due to their nature or when the information is published by Public Health Scotland.

3.2 Current Position

The Integrated Performance Report October 2026 presents a mixed performance position across the organisation, with several areas demonstrating sustained or improving performance alongside continued

challenges in Planned Care, Delayed transfers of care, Community waiting times, People and Culture and aspects of patient safety and quality.

Within acute services, unscheduled care performance remains positive, with the 95% four-hour A&E standard achieved in August at 95.18%, alongside 100% compliance with the 12-hour standard. Scottish Ambulance Service turnaround performance also remains within standard. Diagnostic performance is showing improvement in several areas, particularly Cardiology, while Imaging performance remains comparatively strong, although neither currently achieves the 100% six-week standard. Endoscopy remains below standard, with a modest improvement reported for September.

Planned Care remains a significant area of focus. At the end of August, 107 patients were waiting over 52 weeks across New Outpatient and Treatment Time Guarantee pathways. Ophthalmology accounted for most of the Inpatient long waits; however, additional September activity reduced Ophthalmology over 52-week waits from 82 to 55, with 40 of the remaining patients booked for October and further additional sessions planned in November and December. The report also identifies continued work to increase recurring capacity and develop more sustainable pathways to support longer-term recovery.

Delayed transfers of care remain challenging. August recorded 16 delays at the monthly census point, against a target of four, with 368 occupied bed days associated with delayed discharges. Performance for Discharge within two weeks improved from 40.91% in July to 45% in August, although this remains significantly below the 100% standard.

Community performance remains mixed. CAMHS and Psychological Therapies are reported as meeting the national 18-week standard, while AHP MSK performance remains below the four-week standard, reflecting ongoing workforce and capacity pressures across some services.

Within patient safety, quality and experience, positive performance includes zero inpatient-acquired pressure ulcers, 100% incident seven-day review compliance and 100% compliance with maternal early warning score escalation. However, SAER completion, complaints response times and elements of maternal and paediatric early warning score compliance remain below target. The report highlights the impact of small numbers on several of these measures and identifies ongoing improvement and monitoring arrangements.

Workforce performance continues to require attention. Monthly sickness absence was 6.66% in July, compared with the NHS Scotland position of 6.48%, while appraisal compliance was 40.46% and statutory/mandatory eLearning compliance 82.52%, both below their respective organisational targets.

The financial position remains broadly positive against the approved trajectory. At Month 5, the financial position was £301,000 better than plan, and the Board is forecasting delivery of its financial plan. The efficiency programme, however, remains adverse to trajectory, while September accounts payable performance

improved to 76.51% within 10 days and 92.98% within 30 days, with both measures achieving their local targets.

Overall, the report demonstrates areas of improvement and sustained performance, particularly across Unscheduled Care, elements of Diagnostics, Psychological Therapies and Financial performance. Significant challenges remain in Planned Care, Delayed transfers of care, AHP waiting times and a number of People and Culture and Quality measures. Improvement actions and recovery arrangements remain in place across areas of underperformance, with continued monitoring through established governance arrangements.

As part of our commitment to continuous improvement in performance reporting, and to further strengthen the level of assurance provided to Board member through the existing IPR format, the Finance and Performance Committee considered a revised approach to the Integrated Performance Report (IPR) at the September meeting.

A sample of the revised approach is included at Appendix 2 for Board consideration and feedback, with a view to informing the format of future IPRs for both Committee and Board assurance. The appendix is provided specifically to demonstrate the proposed format and approach to reporting and should not be interpreted as presenting the most up-to-date performance position.

3.3 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Performance data relating to Patient Safety, Quality and Experience are reported through the Joint Clinical Care and Governance Committee. Whilst the process for the collection of the patient safety, quality and experience metrics is established and provided consistently, work to expand this dataset to provide the necessary assurance to the Board as some KPI's do not have targets set against them either locally or nationally.
People	Workforce	Yes	The Workforce improvement workstream within the Improving Together Programme is well developed with 8 areas of focus. These include sickness management, mandatory training and appraisals. Corporate Leads have been identified for each area to drive delivery.
Performance	Finance	Yes	The Board remains at level 3 of the Scottish Government's NHS Finance and Escalation Framework. Workforce transformation accounts for around one third of projected savings for this Financial Year.
Potential	Risk Management	Yes	There are risks on the Corporate Risk Register that relate to Finance, Operational Standards or

			Community these include, Corporate Financial sustainability, Waiting Times data and Lack of organisational digital maturity.
	Digital	Yes	There is a significant risk that the lack of digital maturity, leadership, governance, and a digital strategy which is understood across the organisation will impact on the delivery of our corporate strategy, the delivery of safe patient care and the implementation of our improvement programme across health and social care.
Place	Equality and Diversity including health inequalities	Yes	Reducing health inequalities is a key priority as part of the Place strategic objective. Our Corporate Strategy takes into consideration local, regional, and national policy.
	Climate Change Sustainability	Yes	Specific metrics and objectives in relation to climate change and achieving our net zero targets are included in our corporate strategy under the Place strategic objective.

4. Recommendations

4.1 **Receive** Integrated Performance Report (IPR) October 2026 and **note** where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

4.2 **Receive** Finance and Performance – Operational Standards Deep Dive September 2026 and **discuss** the proposed additions to Performance Reporting.

4.3 Assurance - For members assurance only

5. List of Appendices

5.1 The following appendices are included with this report

i. **Appendix 1,** Integrated Performance Report (IPR) October 2026

ii. **Appendix 2,** Finance and Performance – Operational Standards Deep Dive September 2026

NHS Orkney

9.1.1

Integrated Performance Report

Chief Executive:
Dave Harris

October 2026



HEALTH Intelligence

ORK.healthintelligence@nhs

Introduction

The Integrated Performance Report (IPR) has been created to monitor overall performance at NHS Orkney across all domains. These are currently Operational Standards (Acute and Community), Population Health, Workforce, Patient Safety, Quality, and Experience, and Finance.

The IPR aims to measure key performance indicators (KPI) from each of these areas, and will identify if they are meeting their respective targets. Each KPI will be assigned a red, green or amber classification dependent on whether they are meeting their target or not. An example of how this will be displayed throughout this report is shown below.

Further to this, each metric will also be measured on its own performance, showing if the position has improved, deteriorated, or stayed the same when compared to the previous reporting period. An example of the icons used to demonstrate the change in month-by-month performance is shown below on the right.

RAG Status Values	
RED	Key performance indicator not achieved, and performance below average.
AMBER	Key performance indicator not achieved, but performance above average.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red status will be accompanied with improvement actions, and a timeline for recovery of the position.

Icon	What it shows.
↑	Value has increased, indicates improvement.
↓	Value has decreased, indicates improvement.
↓	Value has decreased, indicates deterioration.
↑	Value has increased, indicates deterioration.
↔	Performance has remained the same.
*	Insufficient data available to allow comparison.

Statistical Process Control

The Integrated Performance Report forms the summary view of performance against the organisation's six key domains; Operational Standards (Acute and Community), Population Health, Workforce, Patient Safety, Quality, and Experience, and Finance. Whilst the previous section details how we monitor compliance with national or local standards, we also need to ensure that any significant variance in any given area is monitored, and if necessary, appropriate actions generated. To do this we use Statistical Process Control to assess performance.

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action. Our Integrated Performance Report incorporates the use of SPC Charts to identify common cause and special cause variations and uses NHS Improvement SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor. The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 25 data points are needed for a statistical process control chart to have meaningful insight. Data is monitored using the empirical rule which states that 95% of data should fall within 2 standard deviations from the mean, and 99.7% should fall within 3 standard deviations. Values extending beyond these ranges would be considered outliers, identifying them as areas for further review. Trends would be considered under two types of variation: Special Cause (Concerns or Improvement) and Common Cause (i.e. no significant change. Examples of the symbols that will be used throughout this report have been shown to the right of this page.

Statistical Process Controls may not be applicable to all KPIs featured in the Integrated Performance Report. Where this is the case, these KPIs will use the previously established format.

Variance

Icon	Description
	Common Cause Variation which indicates that there is no significant change in the process
	Special cause variation of concerning nature due to (H)igher values.
	Special cause variation of concerning nature due to (L)ower values.
	Special cause variation of improving nature due to (H)igher values.
	Special cause variation of improving nature due to (L)ower values

Variation Icons: Orange indicates concerning special cause variation requiring action; blue indicates where improvement appears to lie, and grey indicates no significant change (common cause variation).

Assurance

Icon	Description
	Variation indicates consistently (F)alling short of the target.
	Variation indicates inconsistently hitting, passing and falling short of the target. This means that the target may sometimes be met and sometimes missed due to random variation.
	Variation indicates consistently (P)assing the target.

Assurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation.

NHS Orkney Performance Scorecard

Key Performance Indicators

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	↑ ↓	Data Up To
1	Patient Safety, Quality, and Experience	Excellence in Care	Number of inpatient acquired pressure ulcers this month	Executive Nurse Director (Interim)	0	0	Green	↓	31/08/2026
2	Patient Safety, Quality, and Experience	Excellence in Care	Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	Executive Nurse Director (Interim)	0	17	Amber	↓	31/08/2026
5	Patient Safety, Quality, and Experience	Complaints	Number of complaints received.	Medical Director	0	10	Grey	↔	31/08/2026
6	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 1 5 Working Day Response Compliance	Medical Director	100%	85.71%	Amber	↑	31/08/2026
7	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 2 20 Working Day Response Compliance	Medical Director	100%	0.00%	Red	↓	31/07/2026
8	Patient Safety, Quality, and Experience	Complaints	Complaints upheld and partially upheld by SPSO	Medical Director	0	0	Green	↔	31/08/2026
9	Patient Safety, Quality, and Experience	Incident Reporting	Incident Reporting and 7 Working Day Review Compliance	Medical Director	100%	100.00%	Green	↔	31/08/2026
10	Patient Safety, Quality, and Experience	Significant Adverse Event Reviews	Significant Adverse Event Review Compliance (closed within target date)	Medical Director	100%	33.34%	Red	↑	31/08/2026
12	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Observations	Executive Nurse Director (Interim)	95%	80.00%	Red	↓	31/08/2026
13	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Escalation	Executive Nurse Director (Interim)	95%	100.00%	Green	↔	31/08/2026
14	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	Executive Nurse Director (Interim)	95%	75.00%	Red	↓	31/08/2026
15	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % 'at-risk' observations identified and acted upon	Executive Nurse Director (Interim)	95%	0.00%	Red	↔	31/08/2026
16	Operational Standards	Planned Care	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	Medical Director	95%	36.95%	Red	↑	31/08/2026
17	Operational Standards	Planned Care	10% reduction in waiting times for Treatment Time Guarantee patients	Medical Director	-10%	19.39%	Red	↓	31/08/2026
18	Operational Standards	Planned Care	10% reduction in waiting times for New Outpatients	Medical Director	-10%	15.14%	Red	↑	31/08/2026
19	Operational Standards	Planned Care	95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	Medical Director	95%	45.73%	Red	↓	31/08/2026
21	Operational Standards	Planned Care	100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	71.59%	Red	↓	31/08/2026
22	Operational Standards	Planned Care	100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	85.28%	Red	↓	31/08/2026
23	Operational Standards	Planned Care	100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	88.89%	Red	↓	31/08/2026
24	Operational Standards	Planned Care	0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	36	107	Red	↑	31/08/2026
25	Operational Standards	Cancer	90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	Medical Director	95%	0.00%	Red	↓	31/07/2026
26	Operational Standards	Cancer	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	Medical Director	95%	85.70%	Red	↓	31/07/2026
27	Operational Standards	Theatre	Theatre Utilisation	Medical Director	N/A	82.00%	Grey	↑	31/08/2026
29	Operational Standards	Inpatients	Pre-noon discharges	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	25.0%	22.82%	Amber	↑	31/08/2026
30	Operational Standards	Unscheduled Care	95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	95.18%	Green	↑	31/08/2026
31	Operational Standards	Unscheduled Care	Patients wait less than 12 hours to admission, discharge, or transfer from A&E	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	99.5%	100.00%	Green	↑	31/08/2026
32	Operational Standards	Unscheduled Care	Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	60:00	00:34:56	Green	↑	31/08/2026
33	Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	45.00%	Red	↑	31/08/2026
34	Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	4	16	Red	↑	31/08/2026
35	Operational Standards	Delayed Transfer of Care	Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	56	368	Red	↑	31/08/2026
36	Operational Standards	Women and Children	90% of eligible patients to commence IVF treatment within 12 months of referral	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	90%	100.00%	Green	*	30/06/2026
37	Operational Standards	Women and Children	100% of women booking in a Board allocated to a primary midwife	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	100.00%	Green	↔	31/08/2026
38	Operational Standards	Women and Children	50% of women receive care during the intrapartum period from the primary, buddy or member of the team who she has met.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	50%	55.56%	Green	↑	30/06/2026
40	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	45.05%	Red	↓	31/08/2026
41	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led podiatry musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	6.25%	Red	↓	31/08/2026
42	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led physiotherapy musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	59.49%	Red	↓	31/08/2026
43	Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led orthotics musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	12.50%	Red	↑	31/08/2026
45	Community	Child and Adolescent Mental Health Service (CAMHS)	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	Chief Officer (Integration Joint Board)	90%	100.00%	Green	↔	31/05/2026
46	Community	Psychological Therapies	18 Week Referral to Treatment for Psychological Therapies	Chief Officer (Integration Joint Board)	90%	100.00%	Green	↔	31/08/2026
47	Population Health	Promoting health and wellbeing outcomes	Increase smoking cessation active clients year-on-year	Director of Public Health	18	25	Green	↑	29/09/2026
48	Population Health	Promoting health and wellbeing outcomes	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)	Director of Public Health	8	4	Red	↓	30/06/2026
49	Population Health	Prevention of Disease	Immunisation uptake rate 6-in-1 primary Course by 12 months (rolling 3-month average)	Director of Public Health	95.0%	92.47%	Red	↑	30/06/2026
50	Population Health	Prevention of Disease	Immunisation uptake rate MMR2 by 6 years of age (rolling 3-month average)	Director of Public Health	95.0%	92.63%	Red	↓	30/06/2026
51	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	Director of Public Health	100.0%	100.00%	Green	↔	31/08/2026
52	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	Director of Public Health	100.0%	100.00%	Green	↔	31/08/2026
53	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	Director of Public Health	100.0%	100.00%	Green	↔	31/08/2026
54	Population Health	Promoting health and wellbeing outcomes	Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	Director of Public Health	100.0%	76.90%	Red	↓	31/08/2026
55	Workforce	Sickness Absence	Monthly sickness absence rates below national average	Director of People and Culture	6.48%	6.66%	Red	↑	31/07/2026
56	Workforce	Sickness Absence	Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	Director of People and Culture	6.62%	6.41%	Green	↓	31/07/2026
57	Workforce	Appraisals	Appraisal compliance rate over the previous 12 months	Director of People and Culture	60.00%	40.46%	Amber	↑	31/08/2026
58	Workforce	Statutory/Mandatory Training	Statutory/Mandatory eLearning Compliance	Director of People and Culture	85.00%	82.52%	Amber	↑	31/07/2026
59	Workforce	Hours Utilised	Agency hours used vs. average.	Director of People and Culture		2280	Grey	↓	31/08/2026
60	Workforce	Hours Utilised	Bank hours used vs. average.	Director of People and Culture		5848	Grey	↑	31/08/2026
61	Workforce	Hours Utilised	Overtime hours used vs. average.	Director of People and Culture		320	Grey	↓	31/08/2026
62	Workforce	Hours Utilised	Excess hours used vs. average.	Director of People and Culture		742	Grey	↓	31/08/2026
63	Finance	Finance	Financial performance against plan - YTD.	Director of Finance	£1,813,000	£1,512,000	Green	*	31/08/2026
64	Finance	Finance	Financial performance against plan - Forecast.	Director of Finance	£2,400,000	£2,400,000	Green	*	31/08/2026
65	Finance	Finance	Efficiency performance against plan - YTD.	Director of Finance	£984,000	£817,000	Red	*	31/08/2026
66	Finance	Finance	Efficiency performance against plan - Forecast.	Director of Finance	£3,865,000	£2,650,000	Red	*	31/08/2026
67	Finance	Finance	Efficiency programme recurrent savings against plan.	Director of Finance	£1,190,000	£1,654,000	Green	↑	31/08/2026
68	Finance	Finance	Capital performance against plan - YTD.	Director of Finance	£449,000	£217,000	Red	*	31/08/2026
69	Finance	Finance	Capital performance against plan - Forecast.	Director of Finance	£1,078,000	£1,078,000	Green	*	31/08/2026
70	Finance	Finance	75% of invoices to be paid within 10 days of receipt - local target	Director of Finance	75.00%	76.51%	Green	↑	30/09/2026
71	Finance	Finance	90% of invoices to be paid within 30 days of receipt - local target	Director of Finance	90.00%	92.98%	Green	↑	30/09/2026

Key Performance Indicators In-Progress

A number of Key Performance Indicators (KPIs) have been included in this section but are not yet fully represented in this report. The reasons behind current non-inclusion vary and can be due to current data and/or definition availability, NHS Orkney awaiting national targets to be set, or work still being required to ensure that any data being shared is compliant with the Code of Practice for Statistics. A QR code linking to the UK Statistics Authority has been added below.

Whilst they have not been featured in this edition of the Integrated Performance Report (IPR), NHS Orkney will continue to develop these KPIs and endeavour to deliver these in the next edition of the IPR scheduled for release in December 2026.

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	↑ ↓
28	Operational Standards	Inpatients	Ensure that acute receiving occupancy is 95% or less.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%			*
39	Community	Drug and Alcohol Treatment	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	Chief Officer (Integration Joint Board)	90%			*
44	Community	Dementia Post-Diagnostic Support	People newly diagnosed with dementia will have a minimum of one years post-diagnostic support	Chief Officer (Integration Joint Board)	100%			*

Patient Safety, Quality, and Experience

Section Lead(s):
Medical Director
Executive Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute

What's Going Well?

The target for the number of complaints is set at zero to ensure this is consistently reported on. The number of stage one complaints continues to reduce, and is recognised as staff undertaking to resolve more issues as a concern raised at a ward level.

Broad and consistent representation at clinical governance groups and risk management groups is now well established, and recently welcomed increased medical representation. These groups are robustly challenging reports and risks to ensure actions arising are consistent with the learning identified.

The updated Significant Adverse Event Review (SAER) process had been ensuring compliance within target time frames however this has fallen below target. All outstanding SAERs are expected to be closed within the next quarter.

RAG Status Values	
RED	Key performance indicator not achieved, and performance below average.
AMBER	Key performance indicator not achieved, but performance above average.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

The small numbers that can be reported on monthly continue to limit the utility of reporting Key Performance Indicators (KPIs) to identify trends. The updated control chart methodology now better shows where changes over time are significant.

The number of reviewers available for SAERs is a limiting factor for completion to target time frame.

Inpatient falls (without harm) has shown a sustained decrease in the past few months, this is in part due to the work being undertaken through patient safety initiatives.

Patient Safety, Quality, and Experience
Complaints Received

Data Source
Patient Experience Officer

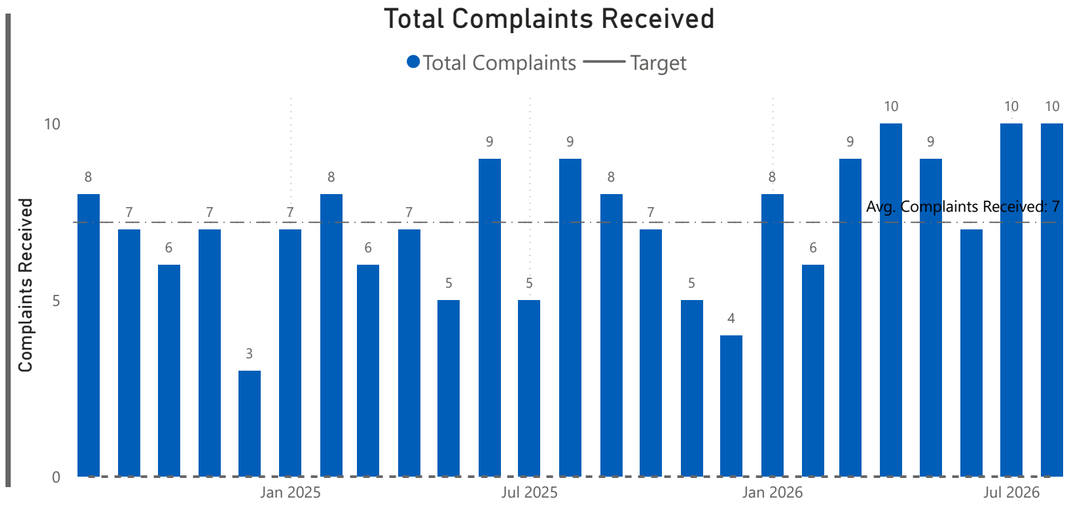
Latest Data
August 2026

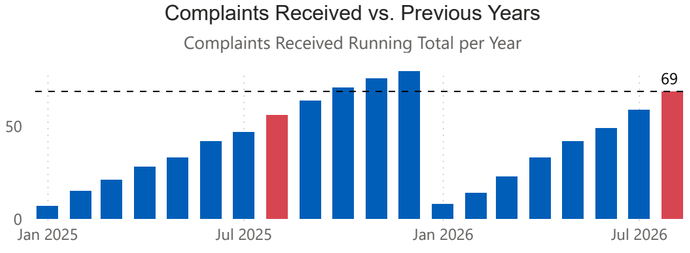
Compliance

KPI	Target	Actual	RAG Value
Number of complaints received.	0	10	Grey

Action	Target Date	Owner	Status

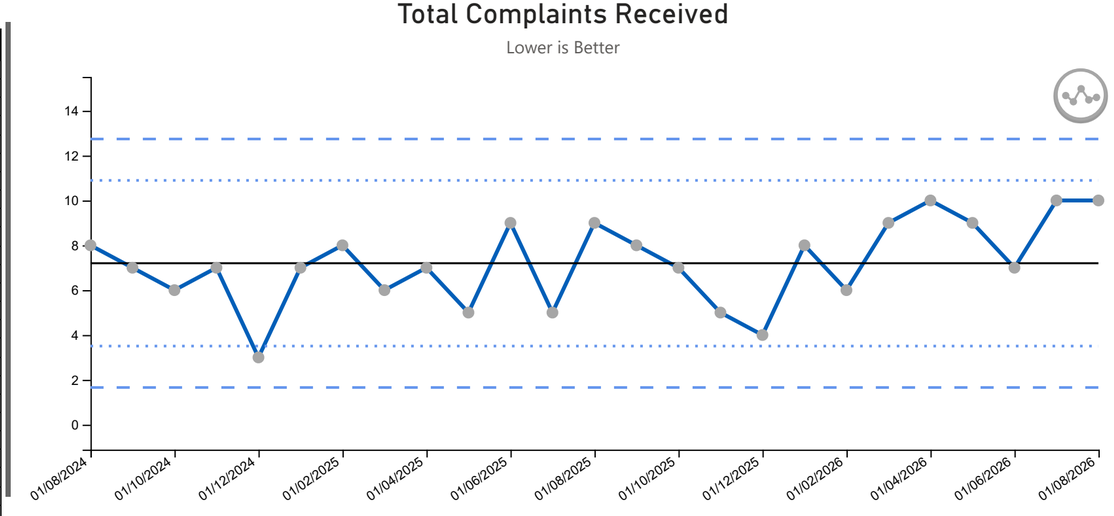
No target set, actions and target to be updated.





Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	8	7	2	13	4	11	None
01/09/2024	7	7	2	13	4	11	None
01/10/2024	6	7	2	13	4	11	None
01/11/2024	7	7	2	13	4	11	None
01/12/2024	3	7	2	13	4	11	None
01/01/2025	7	7	2	13	4	11	None
01/02/2025	8	7	2	13	4	11	None
01/03/2025	6	7	2	13	4	11	None
01/04/2025	7	7	2	13	4	11	None
01/05/2025	5	7	2	13	4	11	None
01/06/2025	9	7	2	13	4	11	None
01/07/2025	5	7	2	13	4	11	None
01/08/2025	9	7	2	13	4	11	None
01/09/2025	8	7	2	13	4	11	None
01/10/2025	7	7	2	13	4	11	None
01/11/2025	5	7	2	13	4	11	None
01/12/2025	4	7	2	13	4	11	None
01/01/2026	8	7	2	13	4	11	None
01/02/2026	6	7	2	13	4	11	None
01/03/2026	9	7	2	13	4	11	None
01/04/2026	10	7	2	13	4	11	None
01/05/2026	9	7	2	13	4	11	None
01/06/2026	7	7	2	13	4	11	None
01/07/2026	10	7	2	13	4	11	None
01/08/2026	10	7	2	13	4	11	None



Comments From Executive Lead

While there is no formal target or KPI for complaints, recent reporting periods have seen an increase in volumes. The year-to-date position remains broadly comparable with the equivalent period last year.

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Stage One Complaints

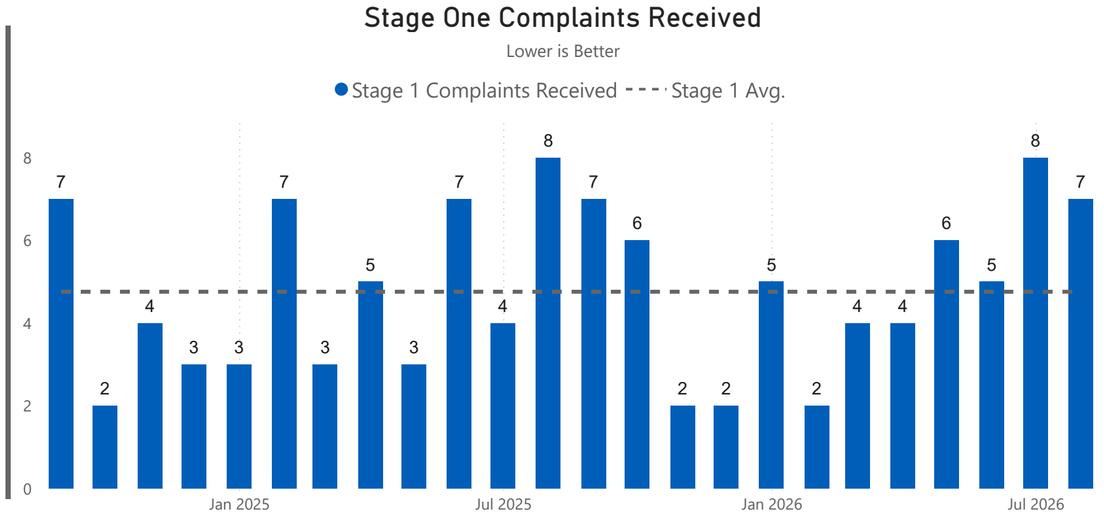
Data Source
Patient Experience Officer

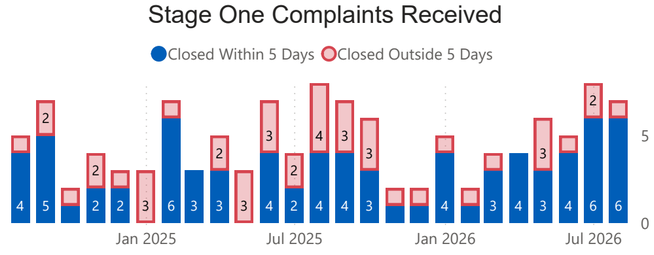
Latest Data
August 2026

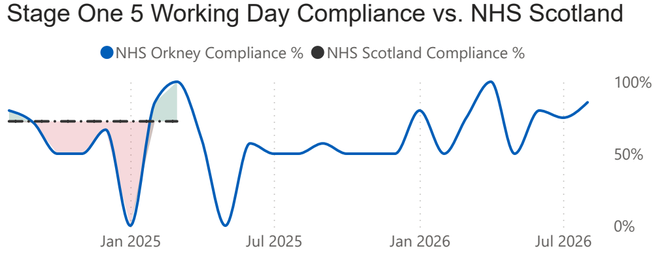
Compliance

KPI	Target	Actual	RAG Value
Complaints Received - Stage 1 5 Working Day Response Compliance	100%	85.71%	Amber

Action	Target Date	Owner	Status
Targeted workshops on complaints management to be held	31/12/2026	A Lamont	In Progress

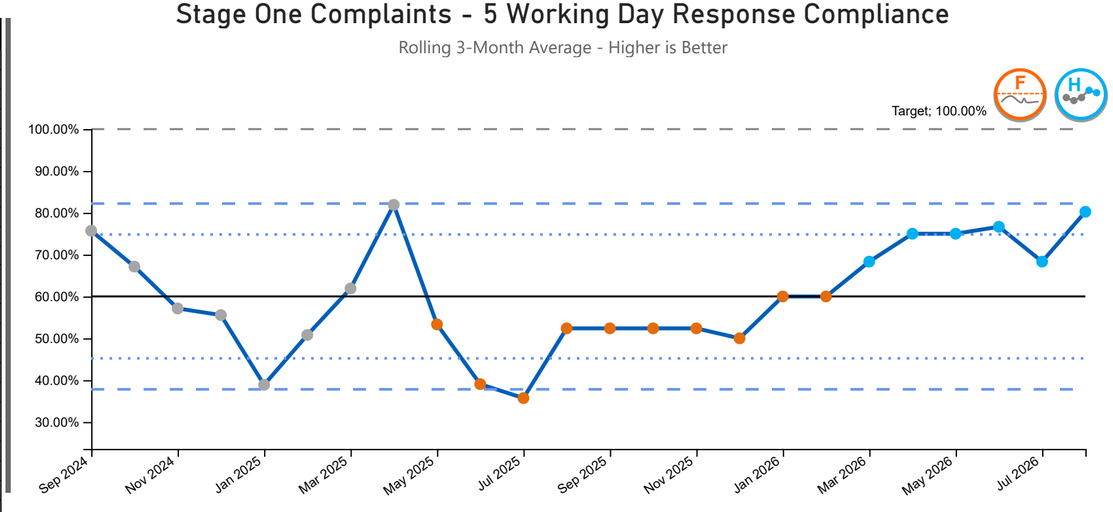






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/09/2024	75.71	60.01	37.81	82.21	45.21	74.81	None
01/10/2024	67.14	60.01	37.81	82.21	45.21	74.81	None
01/11/2024	57.14	60.01	37.81	82.21	45.21	74.81	None
01/12/2024	55.56	60.01	37.81	82.21	45.21	74.81	None
01/01/2025	38.89	60.01	37.81	82.21	45.21	74.81	None
01/02/2025	50.79	60.01	37.81	82.21	45.21	74.81	None
01/03/2025	61.90	60.01	37.81	82.21	45.21	74.81	None
01/04/2025	81.90	60.01	37.81	82.21	45.21	74.81	None
01/05/2025	53.33	60.01	37.81	82.21	45.21	74.81	Deterioration
01/06/2025	39.05	60.01	37.81	82.21	45.21	74.81	Deterioration
01/07/2025	35.71	60.01	37.81	82.21	45.21	74.81	Deterioration
01/08/2025	52.38	60.01	37.81	82.21	45.21	74.81	Deterioration
01/09/2025	52.38	60.01	37.81	82.21	45.21	74.81	Deterioration
01/10/2025	52.38	60.01	37.81	82.21	45.21	74.81	Deterioration
01/11/2025	52.38	60.01	37.81	82.21	45.21	74.81	Deterioration
01/12/2025	50.00	60.01	37.81	82.21	45.21	74.81	Deterioration
01/01/2026	60.00	60.01	37.81	82.21	45.21	74.81	Deterioration
01/02/2026	60.00	60.01	37.81	82.21	45.21	74.81	Deterioration
01/03/2026	68.33	60.01	37.81	82.21	45.21	74.81	Improvement
01/04/2026	75.00	60.01	37.81	82.21	45.21	74.81	Improvement
01/05/2026	75.00	60.01	37.81	82.21	45.21	74.81	Improvement
01/06/2026	76.67	60.01	37.81	82.21	45.21	74.81	Improvement
01/07/2026	68.33	60.01	37.81	82.21	45.21	74.81	Improvement
01/08/2026	80.24	60.01	37.81	82.21	45.21	74.81	Improvement



Comments From Executive Lead

There has been a recent increase in the number of stage one complaints received though still a similar increase was seen in 2025, and the proportion of stage one complaints closed has increased, so maintaining response compliance at a similar level. Response compliance to stage one complaints remains a function of small teams, and 100% remains an aspirational target. NHSO remains above NHS Scotland compliance % as last reported.

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Stage Two Complaints

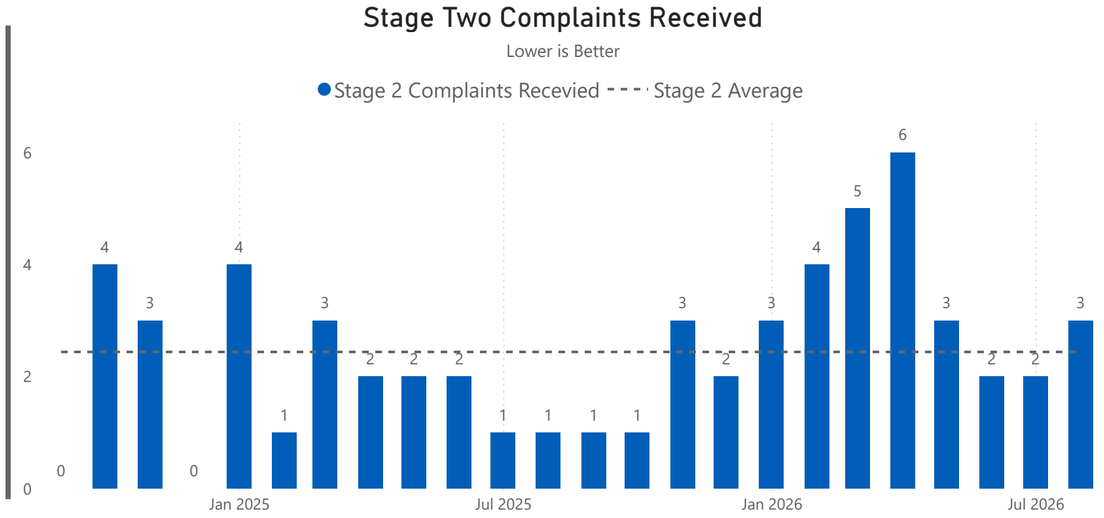
Data Source
Patient Experience Officer

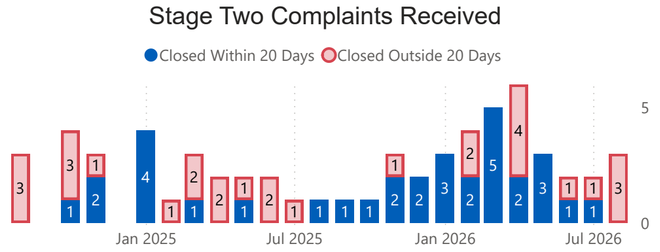
Latest Data
August 2026

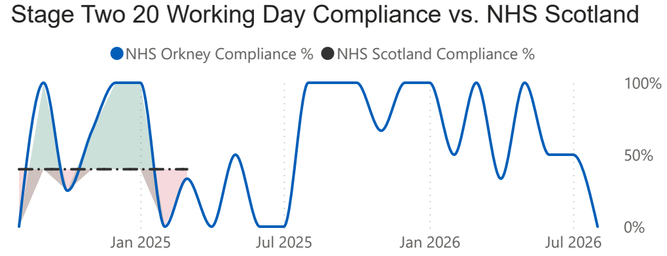
Compliance

KPI	Target	Actual	RAG Value
Complaints Received - Stage 2 20 Working Day Response Compliance	100%	0.00%	Red

Action	Target Date	Owner	Status
Targeted workshops on complaints management to be held		A Lamont	Completed
Training workshops completed last year, and additional support to complaint responses from within the SQE team.		A Lamont	In Progress

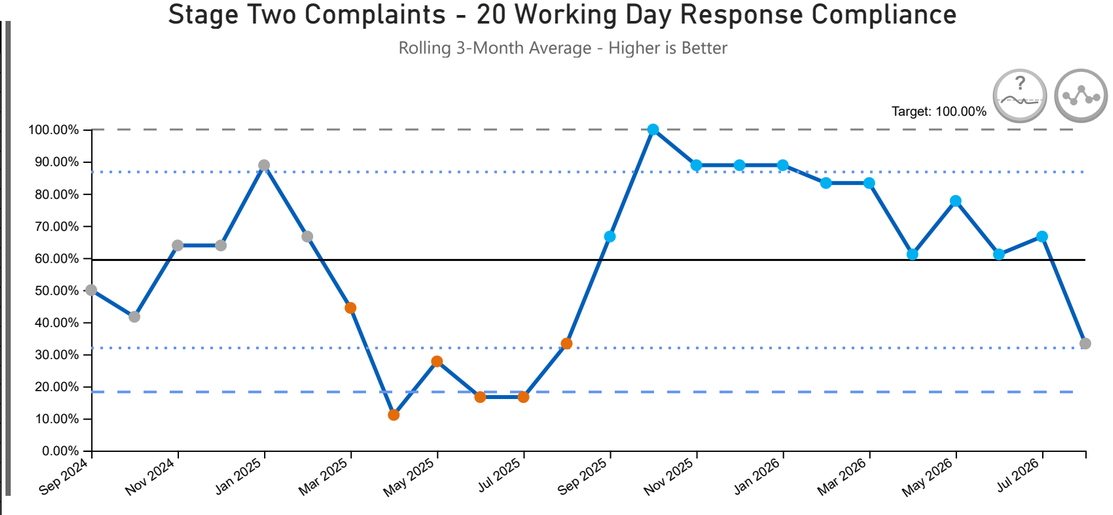






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/09/2024	50.00	59.38	18.26	100.49	31.97	86.78	None
01/10/2024	41.67	59.38	18.26	100.49	31.97	86.78	None
01/11/2024	63.89	59.38	18.26	100.49	31.97	86.78	None
01/12/2024	63.89	59.38	18.26	100.49	31.97	86.78	None
01/01/2025	88.89	59.38	18.26	100.49	31.97	86.78	None
01/02/2025	66.67	59.38	18.26	100.49	31.97	86.78	None
01/03/2025	44.44	59.38	18.26	100.49	31.97	86.78	Deterioration
01/04/2025	11.11	59.38	18.26	100.49	31.97	86.78	Deterioration
01/05/2025	27.78	59.38	18.26	100.49	31.97	86.78	Deterioration
01/06/2025	16.67	59.38	18.26	100.49	31.97	86.78	Deterioration
01/07/2025	16.67	59.38	18.26	100.49	31.97	86.78	Deterioration
01/08/2025	33.33	59.38	18.26	100.49	31.97	86.78	Deterioration
01/09/2025	66.67	59.38	18.26	100.49	31.97	86.78	Improvement
01/10/2025	100.00	59.38	18.26	100.49	31.97	86.78	Improvement
01/11/2025	88.89	59.38	18.26	100.49	31.97	86.78	Improvement
01/12/2025	88.89	59.38	18.26	100.49	31.97	86.78	Improvement
01/01/2026	88.89	59.38	18.26	100.49	31.97	86.78	Improvement
01/02/2026	83.33	59.38	18.26	100.49	31.97	86.78	Improvement
01/03/2026	83.33	59.38	18.26	100.49	31.97	86.78	Improvement
01/04/2026	61.11	59.38	18.26	100.49	31.97	86.78	Improvement
01/05/2026	77.78	59.38	18.26	100.49	31.97	86.78	Improvement
01/06/2026	61.11	59.38	18.26	100.49	31.97	86.78	Improvement
01/07/2026	66.67	59.38	18.26	100.49	31.97	86.78	Improvement
01/08/2026	33.33	59.38	18.26	100.49	31.97	86.78	None



Comments From Executive Lead

Despite the low numbers, stage two complaint compliance remains challenged by our need as a small organisation to seek outside expert review and input. Compliance has fallen from the great improvement last year, and is expected to improve again now senior nursing roles have been filled. This remains a very challenging KPI for a small team.

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Complaints Upheld by Scottish Public Services Ombudsman (SPSO)

Data Source
Patient Experience Officer

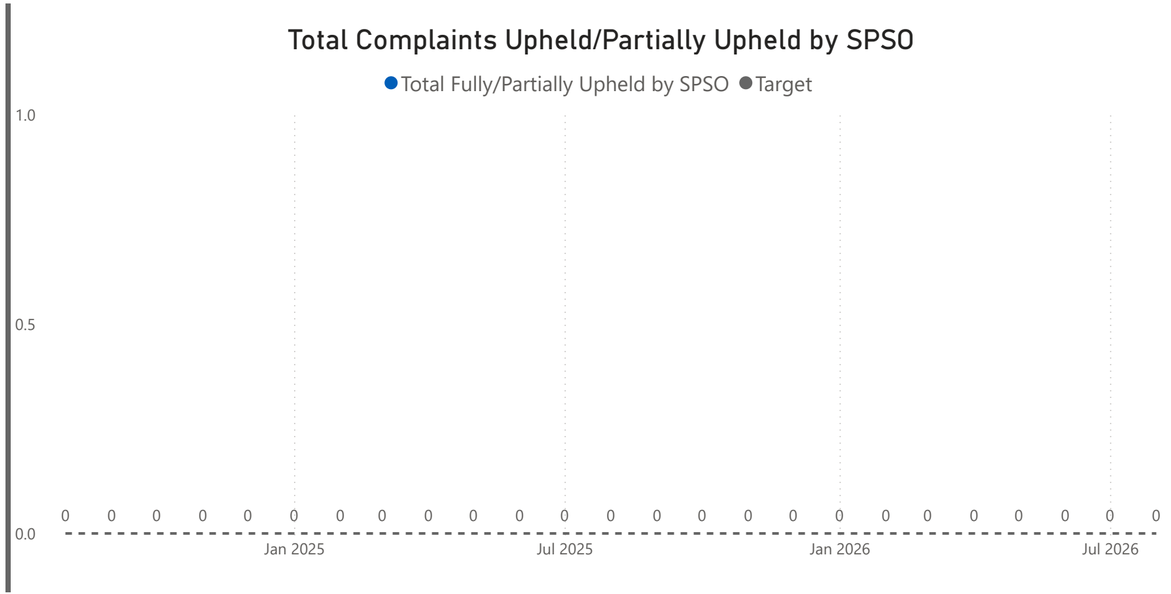
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Complaints upheld and partially upheld by SPSO	0	0	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Inpatient Falls (Without Harm)

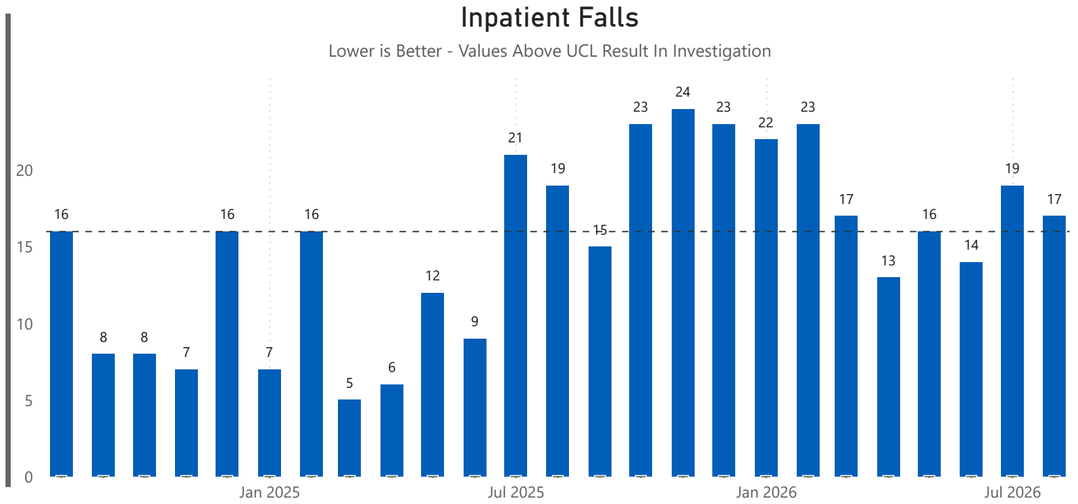
Data Source
Datix, Ward Documentation

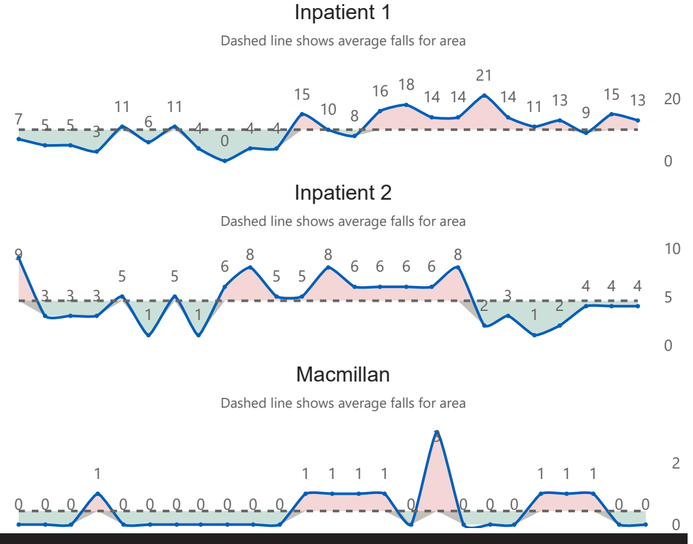
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	0	17	Amber

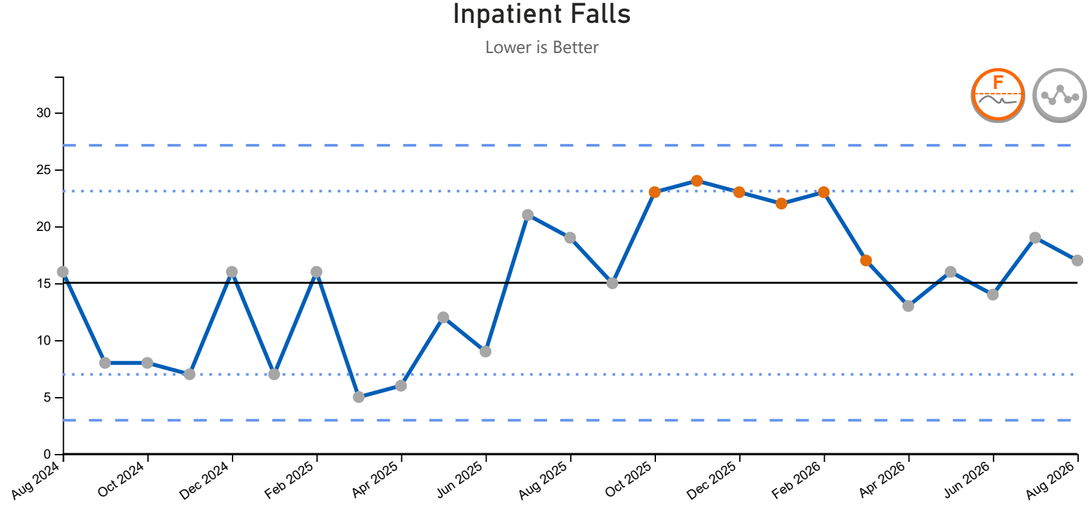
Action	Target Date	Owner	Status
Improvement work continues with close links with the Scottish Patient Safety Programme (SPSP) falls initiative.	31/12/2026	S Thomas	In Progress





Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	16.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/09/2024	8.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/10/2024	8.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/11/2024	7.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/12/2024	16.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/01/2025	7.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/02/2025	16.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/03/2025	5.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/04/2025	6.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/05/2025	12.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/06/2025	9.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/07/2025	21.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/08/2025	19.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/09/2025	15.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/10/2025	23.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/11/2025	24.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/12/2025	23.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/01/2026	22.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/02/2026	23.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/03/2026	17.00	15.04	0.00	2.96	27.12	6.99	23.09	Deterioration
01/04/2026	13.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/05/2026	16.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/06/2026	14.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/07/2026	19.00	15.04	0.00	2.96	27.12	6.99	23.09	None
01/08/2026	17.00	15.04	0.00	2.96	27.12	6.99	23.09	None



Comments From Executive Lead

While there is no formal target or KPI for inpatient falls, recent reporting indicates a reduction in falls across two inpatient areas compared with average levels. Ongoing improvement work is being led by the Excellence in Care Lead and Senior Charge Nurses, with each fall subject to multidisciplinary review and appropriate support measures put in place where required.

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Falls with Harm

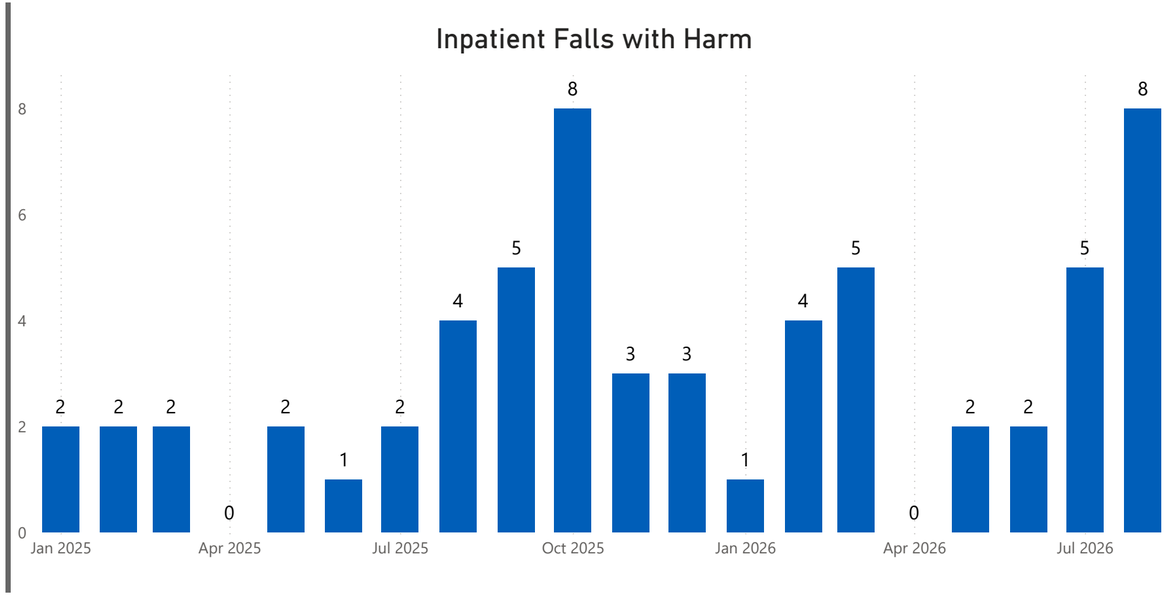
Data Source
Scottish Patient Safety Programme Return

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Falls With Harm	0	8	Red

Action	Target Date	Owner	Status
Improvement work continues with close links with the Scottish Patient Safety Programme (SPSP) falls initiative.	31/12/2026	S Thomas	In Progress



Comments From Executive Lead

NHS Orkney has adopted the SPSP Falls Programme definition for falls with harm. This provides a clearer and more consistent basis for categorising harm severity, supporting internal assurance and comparison with national reporting requirements. Previously, harm classification relied on reporter judgement, which could lead to variation in how events were recorded. The revised approach enables falls to be assessed against a defined harm matrix, from negligible to extreme harm. For national reporting, NHS Orkney will report falls categorised as major or extreme.
From 2 October, the definitions within the adverse event reporting system have been revised to support staff to classify the level of harm sustained when reporting falls. August data was recorded under the previous reporting approach. September falls data will therefore be manually reviewed and aligned to the revised definitions, with automated extraction expected from October data onwards. From the manual review at least 5 of the 8 falls shown would not be classed as falls with harm under the new definition.

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Pressure Ulcers

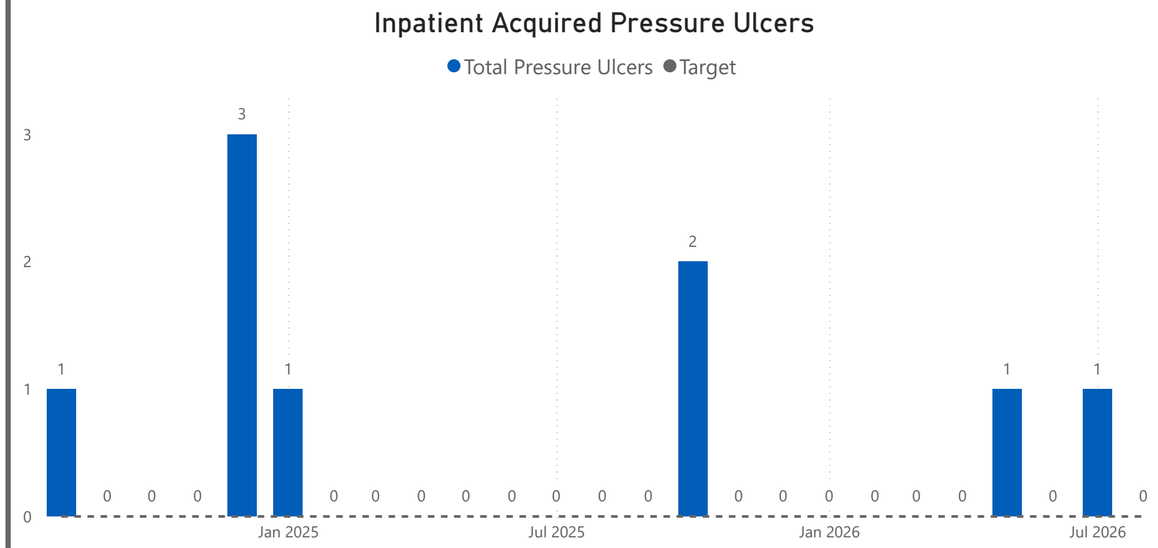
Data Source
Datix, Ward Documentation

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Number of inpatient acquired pressure ulcers this month	0	0	Green

Action	Target Date	Owner	Status
KPI on target, no actions required at this time.			



Comments From Executive Lead

Meeting target. Pressure ulcers have decreased from 1 in the last reporting period.

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Incident Reporting and Review

Data Source: Datix

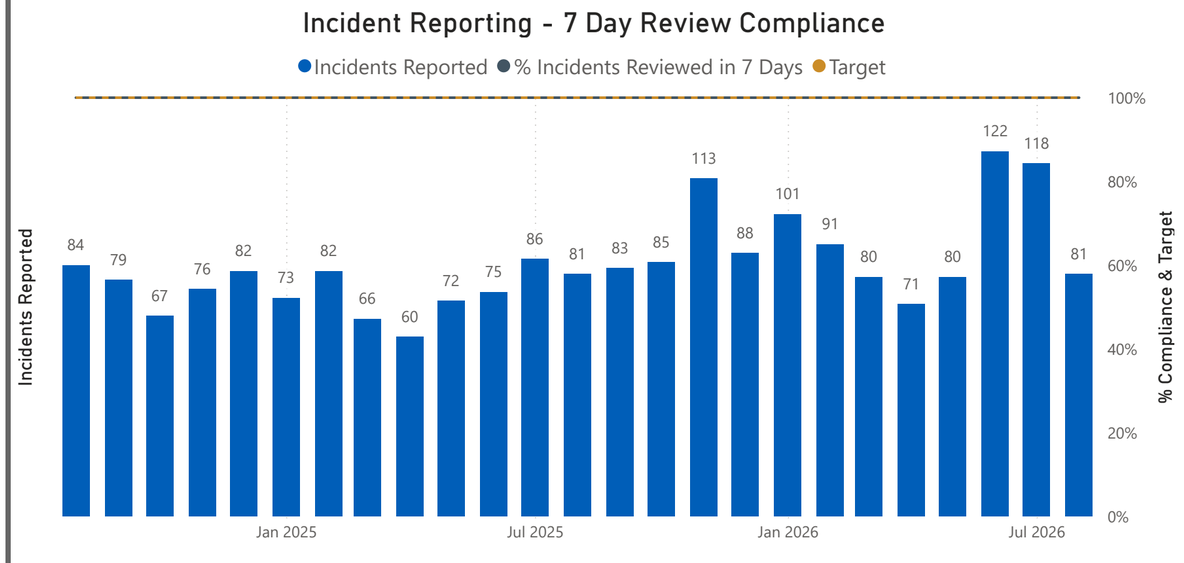
Latest Month: August 2026

Compliance

KPI	Target	Actual	RAG Value
Incident Reporting and 7 Working Day Review Compliance	100%	100.00%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Significant Adverse Event Reviews (SAERs)

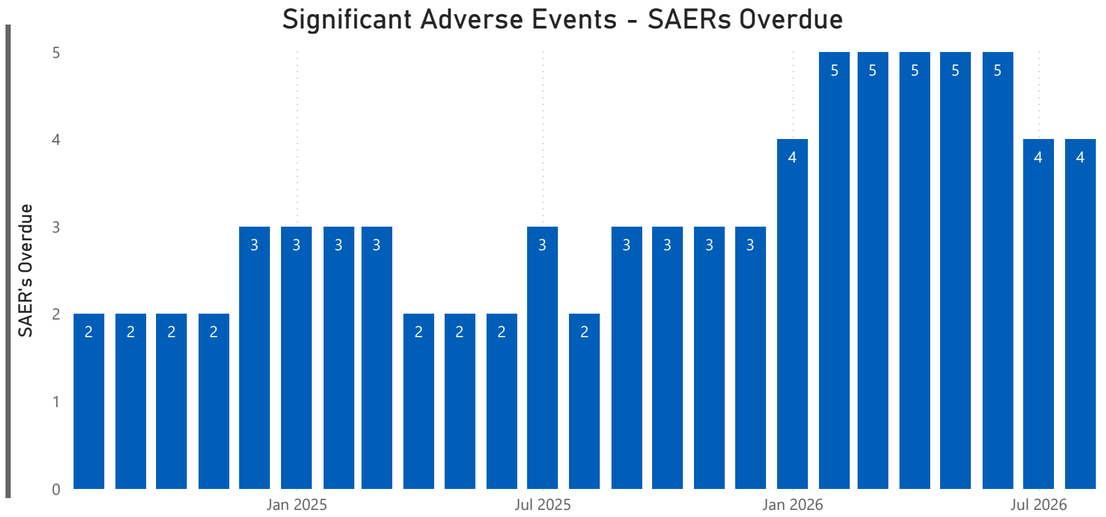
Data Source: Datix

Latest Data: August 2026

Compliance

KPI	Target	Actual	RAG Value
Significant Adverse Event Review Compliance (closed within target date)	100%	33.34%	Red

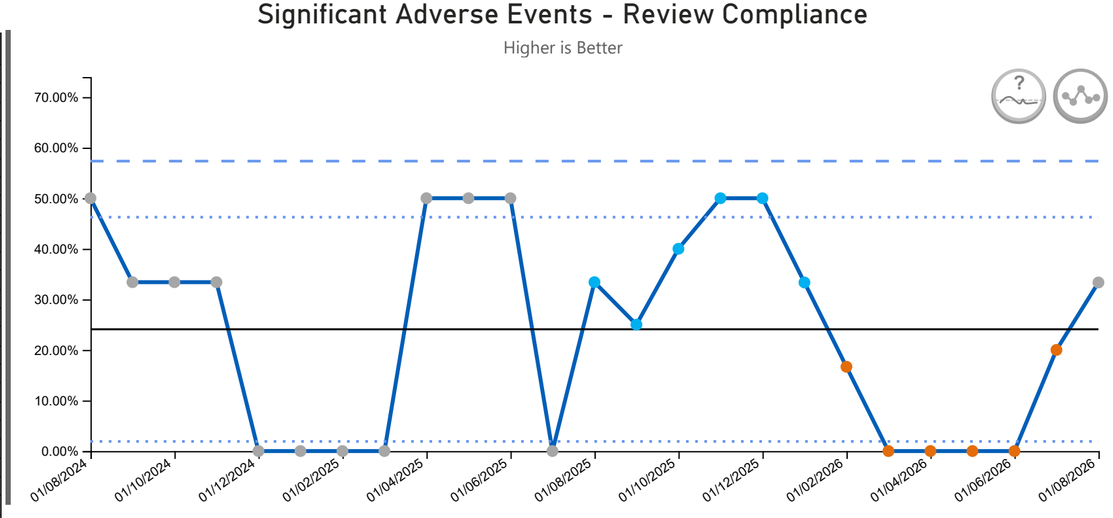
Action	Target Date	Owner	Status
Monitor and support the timely closure of currently open SAERs via the Clinical Governance Group	31/12/2026	A Lamont	In Progress



Month	SAER's commissioned	SAER's overdue	% SAER Compliance	Target
May 2025	0	2	50.00%	100.00%
June 2025	0	2	50.00%	100.00%
July 2025	0	3	0.00%	100.00%
August 2025	0	2	33.40%	100.00%
September 2025	1	3	25.00%	100.00%
October 2025	1	3	40.00%	100.00%
November 2025	1	3	50.00%	100.00%
December 2025	0	3	50.00%	100.00%
January 2026	0	4	33.34%	100.00%
February 2026	0	5	16.67%	100.00%
March 2026	0	5	0.00%	100.00%
April 2026	0	5	0.00%	100.00%
May 2026	0	5	0.00%	100.00%
June 2026	0	5	0.00%	100.00%
July 2026	1	4	20.00%	100.00%
August 2026	1	4	33.34%	100.00%

Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	50.00	24.08	0.00	57.34	1.90	46.25	None
01/09/2024	33.40	24.08	0.00	57.34	1.90	46.25	None
01/10/2024	33.40	24.08	0.00	57.34	1.90	46.25	None
01/11/2024	33.40	24.08	0.00	57.34	1.90	46.25	None
01/12/2024	0.00	24.08	0.00	57.34	1.90	46.25	None
01/01/2025	0.00	24.08	0.00	57.34	1.90	46.25	None
01/02/2025	0.00	24.08	0.00	57.34	1.90	46.25	None
01/03/2025	0.00	24.08	0.00	57.34	1.90	46.25	None
01/04/2025	50.00	24.08	0.00	57.34	1.90	46.25	None
01/05/2025	50.00	24.08	0.00	57.34	1.90	46.25	None
01/06/2025	50.00	24.08	0.00	57.34	1.90	46.25	None
01/07/2025	0.00	24.08	0.00	57.34	1.90	46.25	None
01/08/2025	33.40	24.08	0.00	57.34	1.90	46.25	Improvement
01/09/2025	25.00	24.08	0.00	57.34	1.90	46.25	Improvement
01/10/2025	40.00	24.08	0.00	57.34	1.90	46.25	Improvement
01/11/2025	50.00	24.08	0.00	57.34	1.90	46.25	Improvement
01/12/2025	50.00	24.08	0.00	57.34	1.90	46.25	Improvement
01/01/2026	33.34	24.08	0.00	57.34	1.90	46.25	Improvement
01/02/2026	16.67	24.08	0.00	57.34	1.90	46.25	Deterioration
01/03/2026	0.00	24.08	0.00	57.34	1.90	46.25	Deterioration
01/04/2026	0.00	24.08	0.00	57.34	1.90	46.25	Deterioration
01/05/2026	0.00	24.08	0.00	57.34	1.90	46.25	Deterioration
01/06/2026	0.00	24.08	0.00	57.34	1.90	46.25	Deterioration
01/07/2026	20.00	24.08	0.00	57.34	1.90	46.25	Deterioration
01/08/2026	33.34	24.08	0.00	57.34	1.90	46.25	None



Comments From Executive Lead

It has been acknowledged that current capacity constraints are impacting the ability to conduct timely reviews. SAERs are reviewed at the Clinical Governance Group and while recent reviews have led to new questions requiring further investigation. While this demonstrates robust scrutiny, it is acknowledged this requires further time for the reports to be closed. This is anticipated to improve over the next quarter as the SAERs currently open are expected to be closed.

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience
Maternal Early Warning Score Escalation

Data Source
Clinical Records

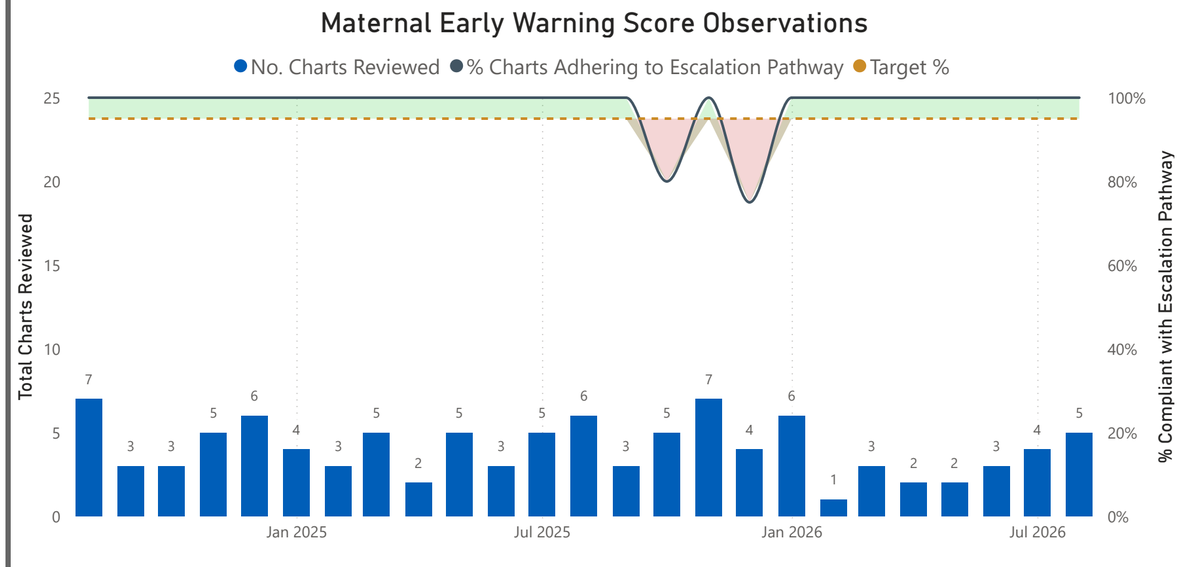
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Maternal Early Warning Score Escalation	95%	100.00%	Green

Action	Target Date	Owner	Status

All current actions completed/closed.



Comments From Executive Lead

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Maternal Early Warning Score Observations

Data Source
Clinical Records

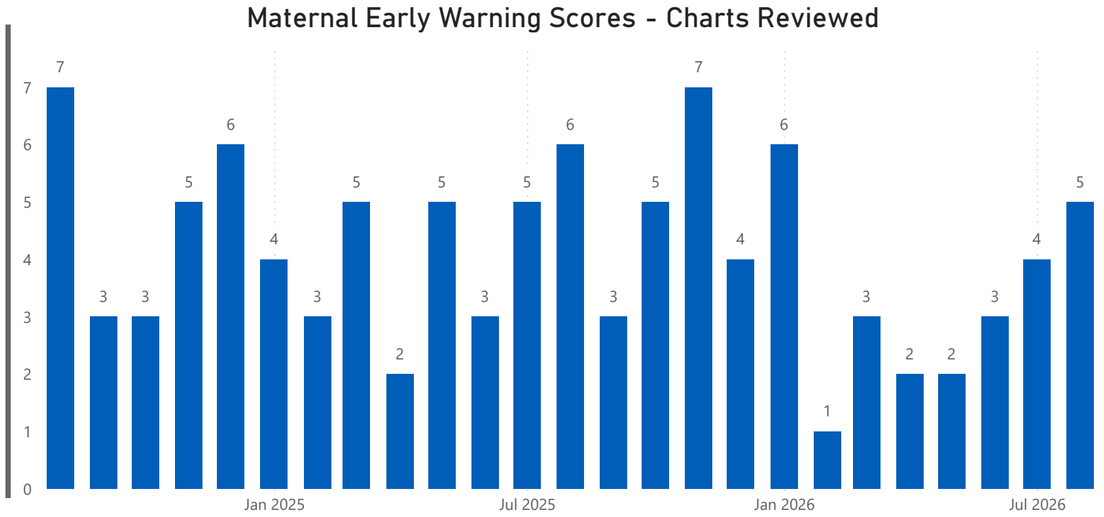
Latest Data
August 2026

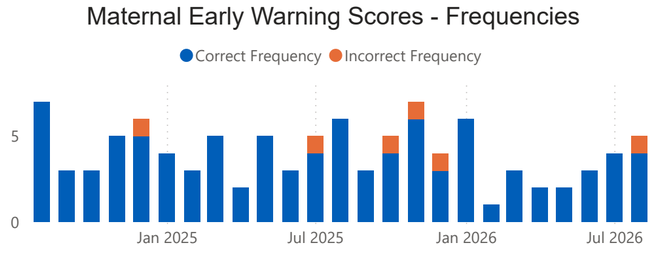
Compliance

KPI	Target	Actual	RAG Value
Maternal Early Warning Score Observations	95%	80.00%	Red

Action	Target Date	Owner	Status

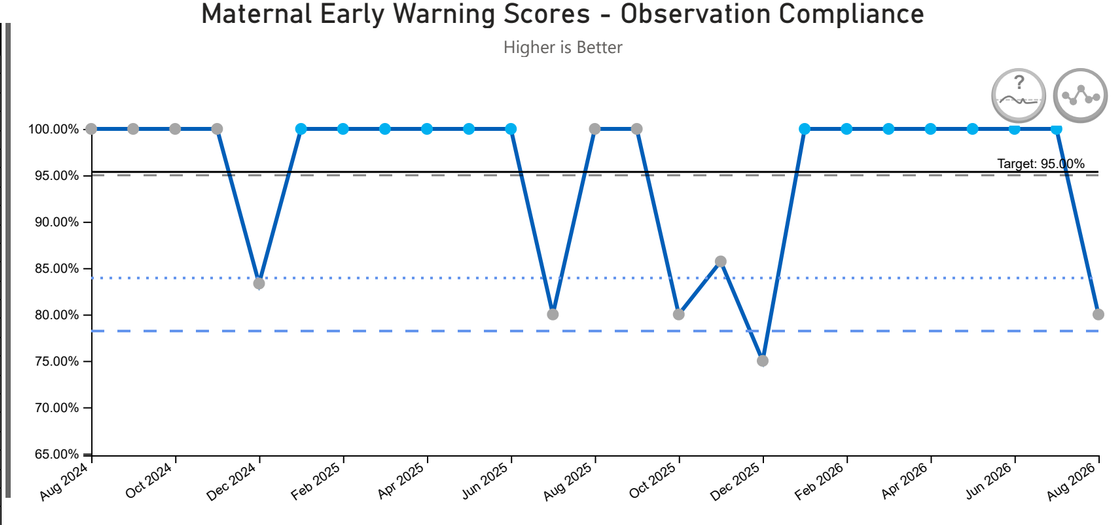
All current actions completed/closed.





Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/09/2024	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/10/2024	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/11/2024	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/12/2024	83.33	95.36	95.00	80.36	100.00	85.36	100.00	None
01/01/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/02/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/03/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/04/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/05/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/06/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/07/2025	80.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/08/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/09/2025	100.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/10/2025	80.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/11/2025	85.71	95.36	95.00	80.36	100.00	85.36	100.00	None
01/12/2025	75.00	95.36	95.00	80.36	100.00	85.36	100.00	None
01/01/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/02/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/03/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/04/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/05/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/06/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/07/2026	100.00	95.36	95.00	80.36	100.00	85.36	100.00	Improvement
01/08/2026	80.00	95.36	95.00	80.36	100.00	85.36	100.00	None



Comments From Executive Lead

MEWS observation compliance has reduced to 80%, reflecting one non-compliant chart in a small sample. Observations were completed; however, they were not undertaken at the required frequency.Given the small numbers reviewed, a single instance of non-compliance can result in a marked percentage fluctuation; the last observation-frequency non-compliance was in December 2025.

In this context, the current red RAG status for may not accurately reflect the underlying performance and should be reviewed alongside the small denominator and trend over time. Performance will continue to be monitored, with an ongoing focus on the SPSP MEWS measures.

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Paediatric Early Warning Score (PEWS) Bundle Compliance

Data Source
Clinical Records

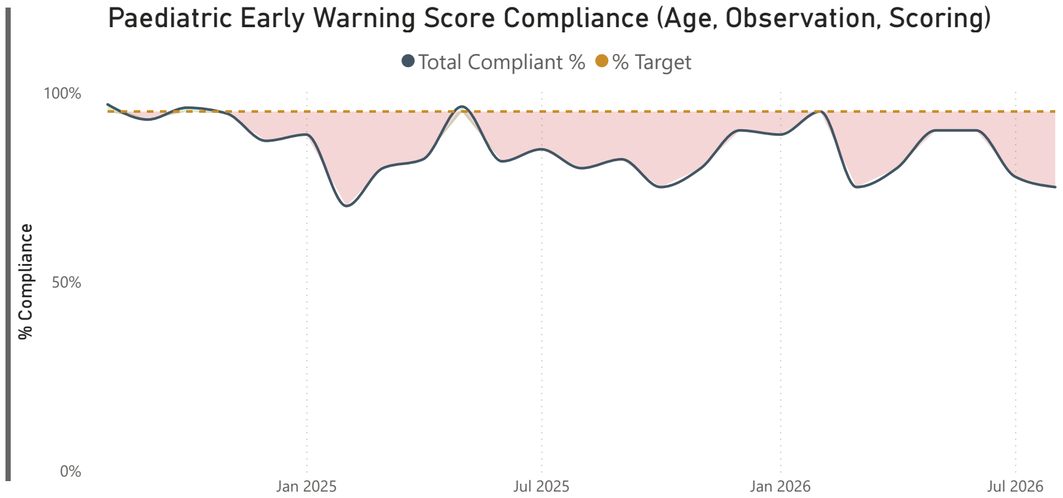
Latest Data
August 2026

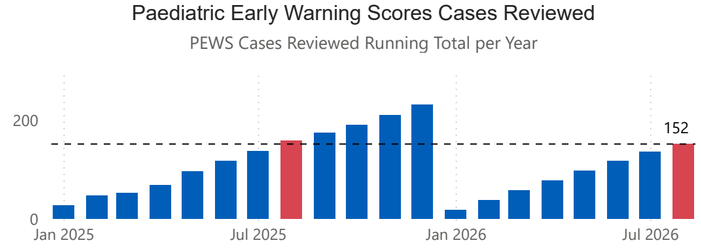
Compliance

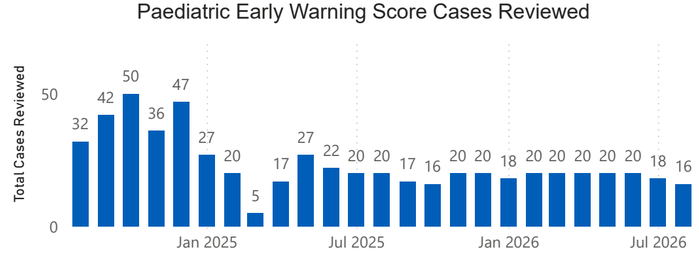
KPI	Target	Actual	RAG Value
Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	95%	75.00%	Red

Action	Target Date	Owner	Status

All current actions completed/closed.

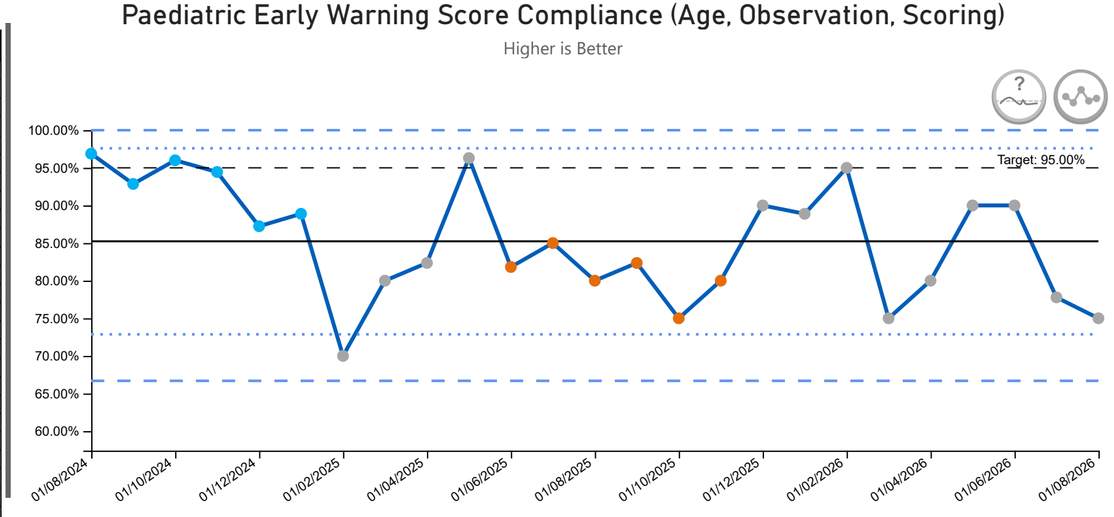






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	96.88	85.23	66.69	100.00	72.87	97.60	Improvement
01/09/2024	92.86	85.23	66.69	100.00	72.87	97.60	Improvement
01/10/2024	96.00	85.23	66.69	100.00	72.87	97.60	Improvement
01/11/2024	94.44	85.23	66.69	100.00	72.87	97.60	Improvement
01/12/2024	87.23	85.23	66.69	100.00	72.87	97.60	Improvement
01/01/2025	88.89	85.23	66.69	100.00	72.87	97.60	Improvement
01/02/2025	70.00	85.23	66.69	100.00	72.87	97.60	None
01/03/2025	80.00	85.23	66.69	100.00	72.87	97.60	None
01/04/2025	82.35	85.23	66.69	100.00	72.87	97.60	None
01/05/2025	96.30	85.23	66.69	100.00	72.87	97.60	None
01/06/2025	81.82	85.23	66.69	100.00	72.87	97.60	Deterioration
01/07/2025	85.00	85.23	66.69	100.00	72.87	97.60	Deterioration
01/08/2025	80.00	85.23	66.69	100.00	72.87	97.60	Deterioration
01/09/2025	82.35	85.23	66.69	100.00	72.87	97.60	Deterioration
01/10/2025	75.00	85.23	66.69	100.00	72.87	97.60	Deterioration
01/11/2025	80.00	85.23	66.69	100.00	72.87	97.60	Deterioration
01/12/2025	90.00	85.23	66.69	100.00	72.87	97.60	None
01/01/2026	88.89	85.23	66.69	100.00	72.87	97.60	None
01/02/2026	95.00	85.23	66.69	100.00	72.87	97.60	None
01/03/2026	75.00	85.23	66.69	100.00	72.87	97.60	None
01/04/2026	80.00	85.23	66.69	100.00	72.87	97.60	None
01/05/2026	90.00	85.23	66.69	100.00	72.87	97.60	None
01/06/2026	90.00	85.23	66.69	100.00	72.87	97.60	None
01/07/2026	77.78	85.23	66.69	100.00	72.87	97.60	None
01/08/2026	75.00	85.23	66.69	100.00	72.87	97.60	None



Comments From Executive Lead

Clinical Nurse Manager is exploring TRAK flags that could be utilised to support documentation of assessment and escalation.

Lesley Thomson, Executive Nurse Director (Interim)



Patient Safety, Quality, and Experience
Paediatric Early Warning Score (PEWS) 'At-Risk' Compliance

Data Source
Clinical Records

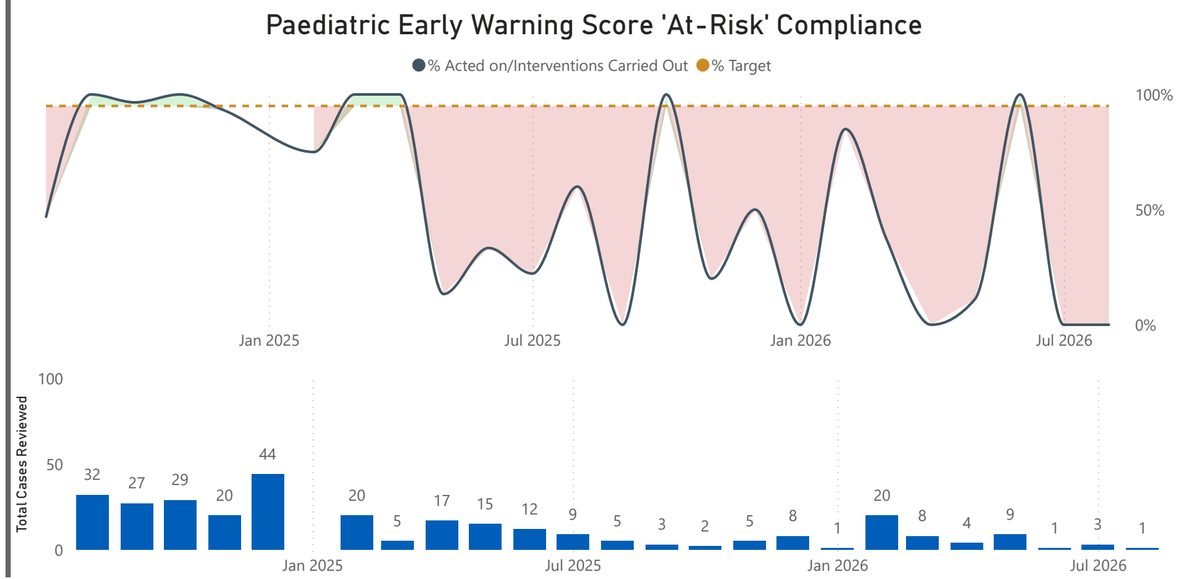
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Paediatric Early Warning Score (PEWs) - % 'at-risk' observations identified and acted upon	95%	0.00%	Red

Action	Target Date	Owner	Status

All current actions completed/closed.



Comments From Executive Lead

For the reporting period this relates to 1 child. Risk escalation does occur within the ED depart however documentation has not captured this. Given the small numbers there is a large variation in performance month on month.

Lesley Thomson, Executive Nurse Director (Interim)



Operational Standards Acute

Section Lead(s):
Medical Director
Executive Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute

What's Going Well?

Overall, there are a number of areas of positive and stable Operational performance. Urgent and Emergency care continues to perform well, with the A&E four-hour standard achieved in August at 95.18%, alongside 100% compliance with the 12-hour standard. Scottish Ambulance Service turnaround performance also remains comfortably within standard.

There are also encouraging improvements across diagnostics. CT performance remains strong, Ultrasound has recovered significantly following earlier staffing pressures, and diagnostic Cardiology performance has improved substantially compared with the position in early 2025. Endoscopy remains below standard but is showing some improvement, supported by planned visiting specialist capacity. Planned care recovery activity is also beginning to demonstrate impact in targeted areas, particularly Ophthalmology, where additional activity has reduced the number of patients experiencing the longest waits and further sessions are planned.

The Finance and Performance Committee received a Deep Dive report at its September meeting, benchmarking NHS Orkney's performance against other Health Boards. While the report identified areas where further improvement is required, the Committee noted that performance was largely in line with, or better than, comparator Boards.

RAG Status Values

RED	Key performance indicator not achieved, and performance below lower threshold.
AMBER	Key performance indicator not achieved, but performance above lower threshold.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

The main performance challenge continues to be planned care, with both New Outpatient and Treatment Time Guarantee 12-week compliance remaining significantly below standard and the number of patients waiting more than 52 weeks above the planned trajectory at the end of August. However, additional activity is beginning to reduce long waits in Ophthalmology. The local teams are working alongside regional and SLA partners to ensure that sustained recovery remains in place with focus on securing sufficient recurring Outpatient and Theatre capacity, maximising utilisation and progressing arrangements on a recurring basis.

Cancer waiting times and delayed transfers of care also remain areas requiring close focus. Both Cancer standards are below target in the latest reported period, with breach review activity underway. Delayed transfers continue to create wider system pressure, with 16 delays recorded at the August census against a target of four and 368 occupied bed days associated with delayed discharge. Continued focus on discharge planning, pathway management and delivery of Planned Care recovery actions will therefore remain important over the coming period.

Operational Standards
Accident & Emergency 4-Hour Compliance

Data Source
PHS A&E Publication, TrakCare

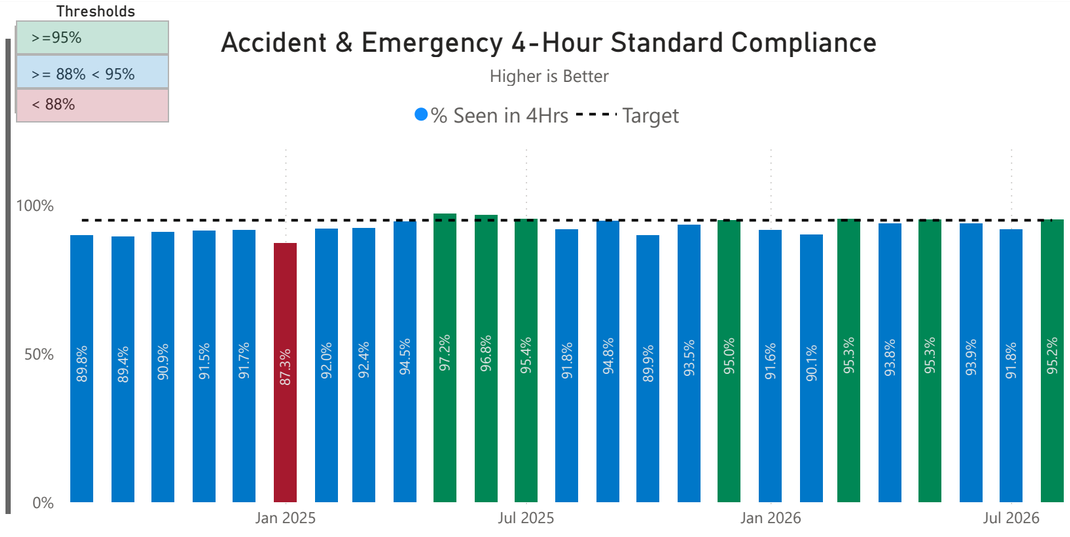
Latest Data
August 2026

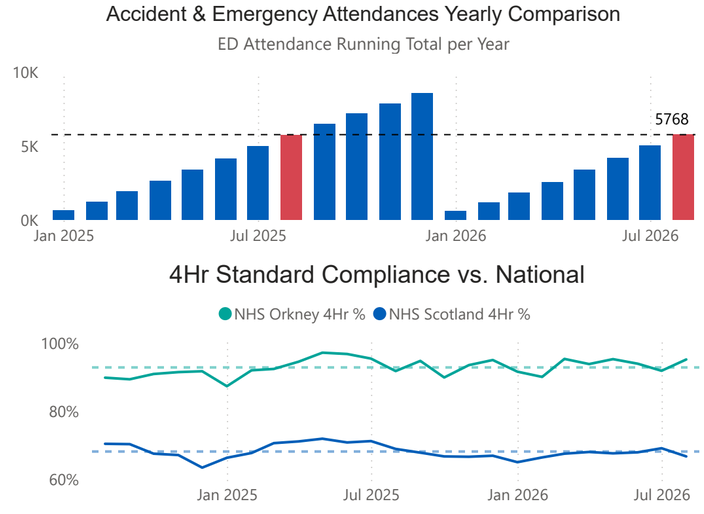
Compliance

KPI	Target	Actual	RAG Value
95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	95%	95.18%	Green

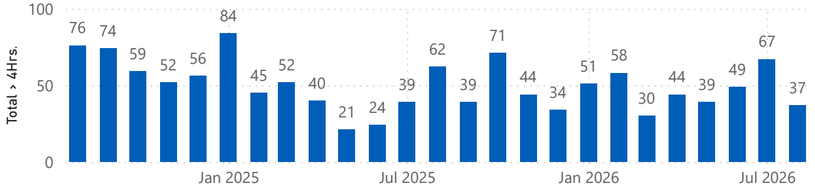
Action	Target Date	Owner	Status

All current actions completed/closed.

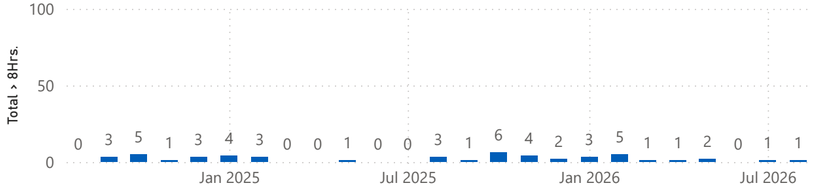




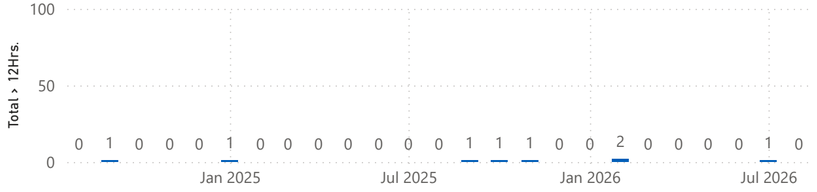
No. of Attendances > 4 Hours



No. of Attendances > 8 Hours

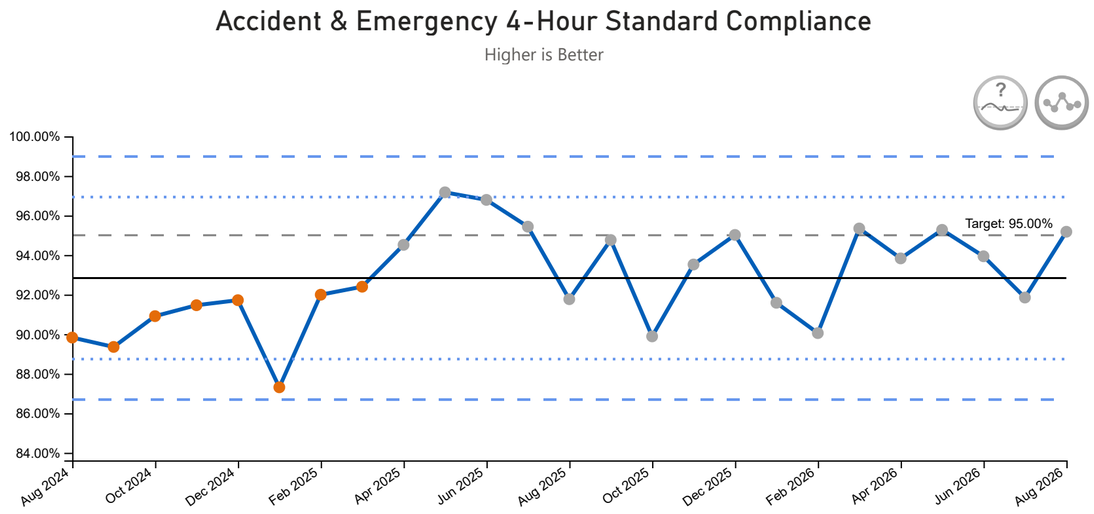


No. of Attendances > 12 Hours



Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	89.83	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/09/2024	89.35	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/10/2024	90.91	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/11/2024	91.46	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/12/2024	91.72	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/01/2025	87.31	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/02/2025	91.99	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/03/2025	92.40	92.83	95.00	86.69	98.98	88.74	96.93	Deterioration
01/04/2025	94.51	92.83	95.00	86.69	98.98	88.74	96.93	None
01/05/2025	97.17	92.83	95.00	86.69	98.98	88.74	96.93	None
01/06/2025	96.79	92.83	95.00	86.69	98.98	88.74	96.93	None
01/07/2025	95.43	92.83	95.00	86.69	98.98	88.74	96.93	None
01/08/2025	91.77	92.83	95.00	86.69	98.98	88.74	96.93	None
01/09/2025	94.76	92.83	95.00	86.69	98.98	88.74	96.93	None
01/10/2025	89.89	92.83	95.00	86.69	98.98	88.74	96.93	None
01/11/2025	93.52	92.83	95.00	86.69	98.98	88.74	96.93	None
01/12/2025	95.01	92.83	95.00	86.69	98.98	88.74	96.93	None
01/01/2026	91.58	92.83	95.00	86.69	98.98	88.74	96.93	None
01/02/2026	90.05	92.83	95.00	86.69	98.98	88.74	96.93	None
01/03/2026	95.34	92.83	95.00	86.69	98.98	88.74	96.93	None
01/04/2026	93.83	92.83	95.00	86.69	98.98	88.74	96.93	None
01/05/2026	95.27	92.83	95.00	86.69	98.98	88.74	96.93	None
01/06/2026	93.94	92.83	95.00	86.69	98.98	88.74	96.93	None
01/07/2026	91.85	92.83	95.00	86.69	98.98	88.74	96.93	None
01/08/2026	95.18	92.83	95.00	86.69	98.98	88.74	96.93	None



Comments From Executive Lead

For the reporting period, performance against the national standard was achieved. August position shows an improvement on June and July for 4-hour waits, with a reduction from 67 in July to 37 in August.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Operational Standards
Accident & Emergency 12-Hour Compliance

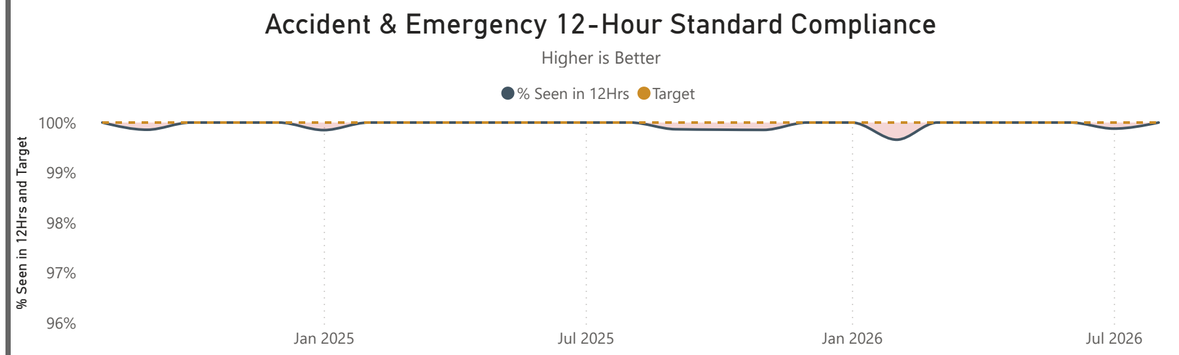
Data Source
PHS A&E Publication, TrakCare

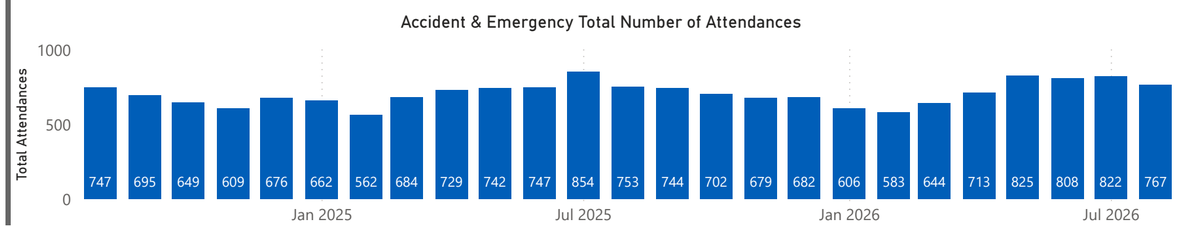
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Patients wait less than 12 hours to admission, discharge, or transfer from A&E	99.5%	100.00%	Green

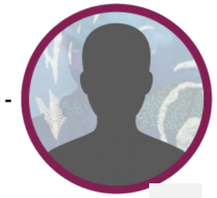
Action	Target Date	Owner	Status
All current actions completed/closed.			





Comments From Executive Lead

There were no 12-hour breaches in August 2026.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Operational Standards
Scottish Ambulance Service Turnaround Times

Data Source
SAS Weekly Operational Statistics

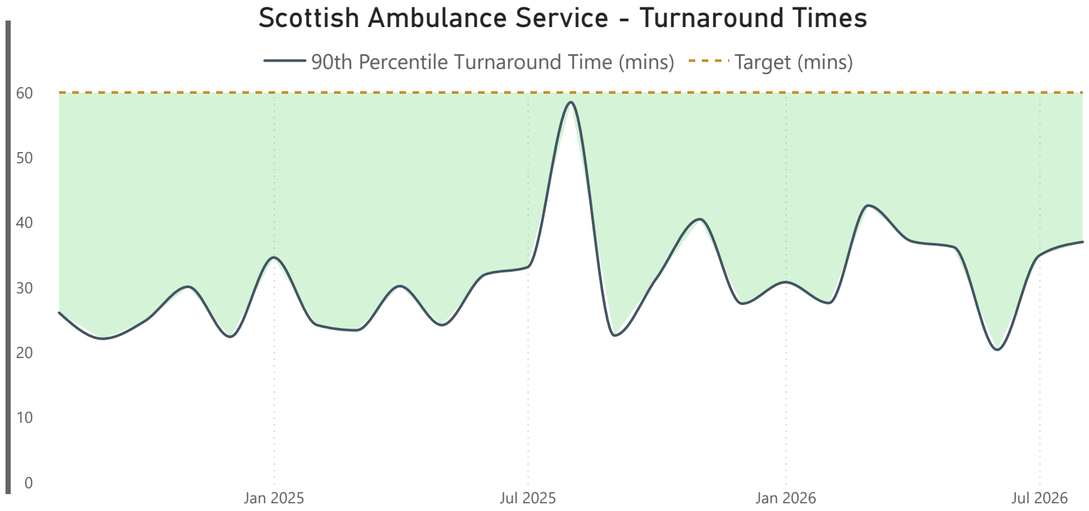
Latest Data
August 2026

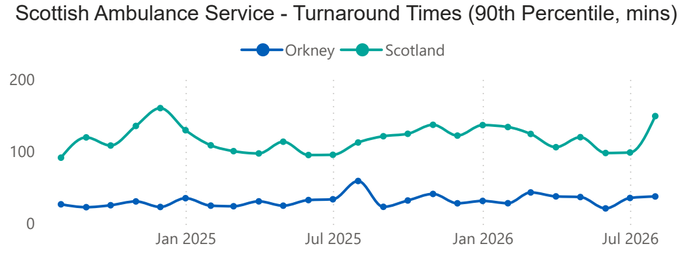
Compliance

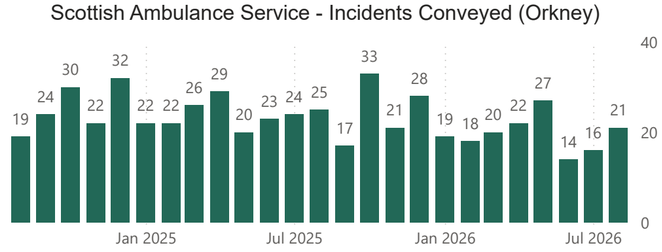
KPI	Target	Actual	RAG Value
Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	60:00	00:34:56	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.

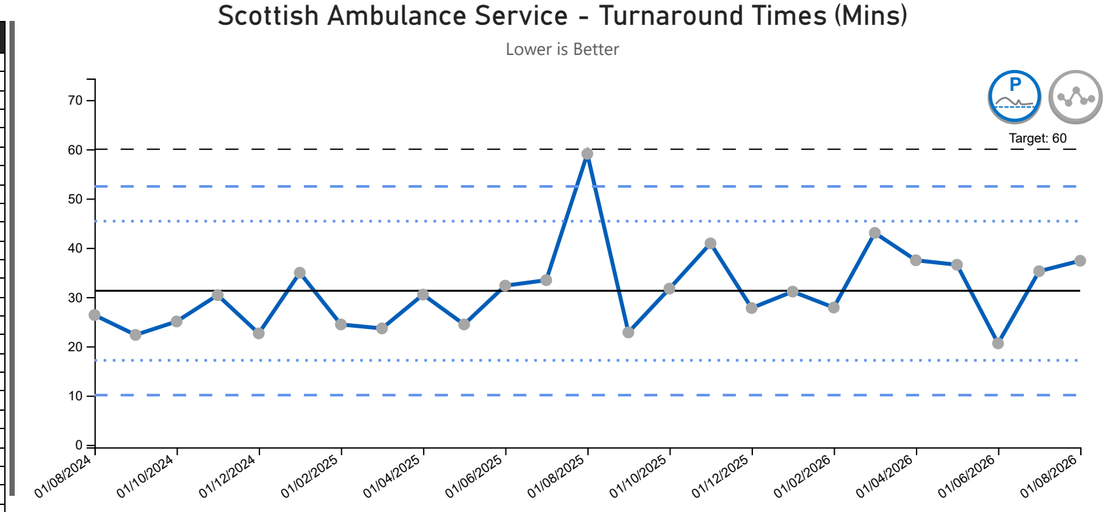






Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	26	31	60	10	52	17	45	None
01/09/2024	22	31	60	10	52	17	45	None
01/10/2024	25	31	60	10	52	17	45	None
01/11/2024	30	31	60	10	52	17	45	None
01/12/2024	22	31	60	10	52	17	45	None
01/01/2025	35	31	60	10	52	17	45	None
01/02/2025	24	31	60	10	52	17	45	None
01/03/2025	23	31	60	10	52	17	45	None
01/04/2025	30	31	60	10	52	17	45	None
01/05/2025	24	31	60	10	52	17	45	None
01/06/2025	32	31	60	10	52	17	45	None
01/07/2025	33	31	60	10	52	17	45	None
01/08/2025	59	31	60	10	52	17	45	None
01/09/2025	23	31	60	10	52	17	45	None
01/10/2025	31	31	60	10	52	17	45	None
01/11/2025	41	31	60	10	52	17	45	None
01/12/2025	28	31	60	10	52	17	45	None
01/01/2026	31	31	60	10	52	17	45	None
01/02/2026	28	31	60	10	52	17	45	None
01/03/2026	43	31	60	10	52	17	45	None
01/04/2026	37	31	60	10	52	17	45	None
01/05/2026	36	31	60	10	52	17	45	None
01/06/2026	20	31	60	10	52	17	45	None
01/07/2026	35	31	60	10	52	17	45	None
01/08/2026	37	31	60	10	52	17	45	None



Comments From Executive Lead

Performance against the required turnaround time remains within target.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Operational Standards
52-Week Waits Summary (NOP & TTG)

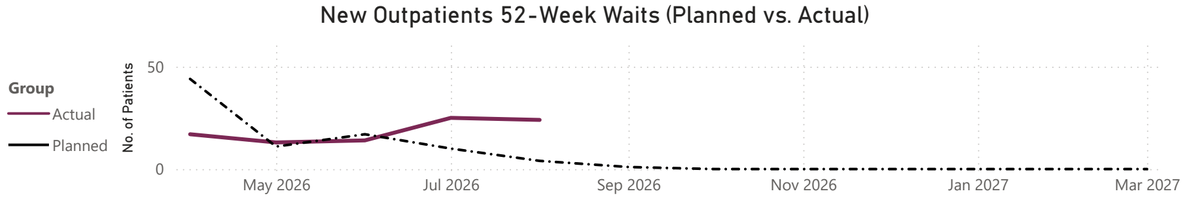
Data Source
OP Recovery Weekly Return, TrakCare

Latest Data
August 2026

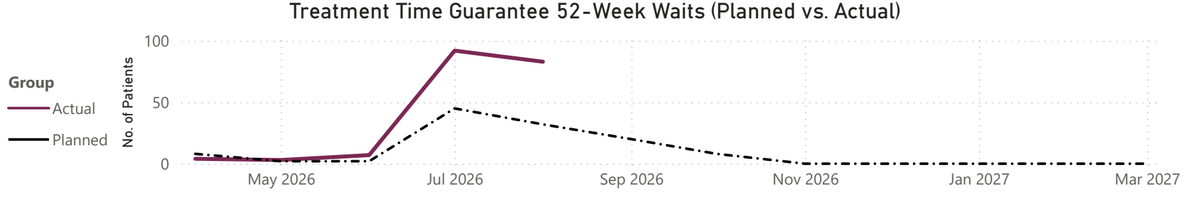
Compliance

KPI	Target	Actual	RAG Value
0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	36	107	Red

Action	Target Date	Owner	Status
External Capacity Review – Service Level Agreements being reviewed to ensure they meet demand and reduce delays	31/03/2027	C Somerville	In Progress
Finalise plan to address identified gaps for 2026/27, covering next 12 months –to be reviewed via through Weekly Waiting Times meeting	31/03/2027	C Somerville	In Progress
Internal Capacity Review – Theatre and Outpatient capacity reviews to ensure clinic/theatre utilisation maximised – consider additional or change to schedules	31/03/2027	C Somerville	In Progress
NECU Validation – results from validation to be clinical reviewed and acted on	31/03/2027	C Somerville	In Progress
Waiting Times meeting - review long waits, escalate and track progress	30/05/2027	C Somerville	In Progress



Area	Group	Apr-2026	May-2026	Jun-2026	Jul-2026	Aug-2026	Sep-2026	Oct-2026	Nov-2026	Dec-2026	Jan-2027	Feb-2027	Mar-2027
New Outpatients	Planned	44	11	17	10	4	1	0	0	0	0	0	0
	Actual	17	13	14	25	24							
	+/-	-27	2	-3	15	20							



Area	Group	Apr-2026	May-2026	Jun-2026	Jul-2026	Aug-2026	Sep-2026	Oct-2026	Nov-2026	Dec-2026	Jan-2027	Feb-2027	Mar-2027
Treatment Time Guarantee	Planned	8	2	2	45	32	20	8	0	0	0	0	0
	Actual	4	3	7	92	83							
	+/-	-4	1	5	47	51							

Comments From Executive Lead

At the end of August, 107 patients were waiting over 52 weeks for treatment across New Outpatient and Treatment Time Guarantee services. Patients waiting for inpatient treatment under Ophthalmology accounted for 82 of these waits but additional activity in September has reduced this number to 55. Of those 55, 40 are booked to be seen in October with plans for additional sessions to take place in November. Additional theatre sessions are also planned for the Ear, Nose, and Throat specialty in December.

Work continues to reduce the number of long waits within New Outpatient services, with all patients waiting more than 52 weeks within Ophthalmology currently booked. All patients waiting more than 40 weeks within Dermatology and Oral Surgery are also booked to be seen. Work continues to increase recurring capacity within services to support sustained management of demand and reduce future long waits.

John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services



Operational Standards
New Outpatients (NOP) 12 Week Compliance

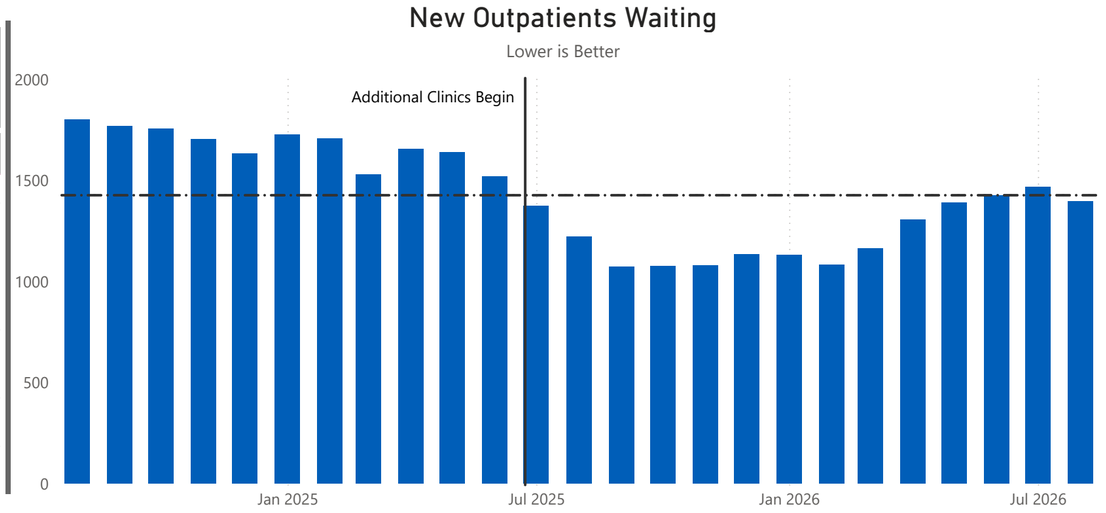
Data Source: OP Recovery Weekly Return

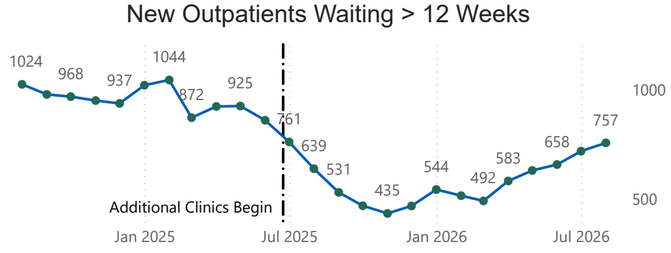
Latest Data: August 2026

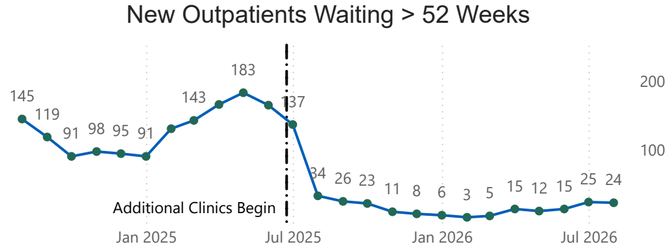
Compliance

KPI	Target	Actual	RAG Value
95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	95%	45.73%	Red

Action	Target Date	Owner	Status
Finalise additional capacity requirements for Q2 and Q3	31/10/2026	C Somerville	In Progress
Finalise operational delivery plans for additional outpatient activity and secure capacity to maximise delivery. Maintain weekly performance reviews with the CEO to monitor activity levels, waiting list trajectories, and implementation of recovery actions to support achievement of the trajectory	31/10/2026	C Somerville	In Progress
SLA discussions and capacity planning across Community Child Health, Orthopaedics, Ophthalmology, Rheumatology, Dermatology and ENT	31/10/2026	C Somerville, K Francis	In Progress
Start a one stop cataract assessment clinic to free consultant capacity for specialist activity	31/10/2026	C Somerville	Completed
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	31/10/2026	C Somerville	In Progress

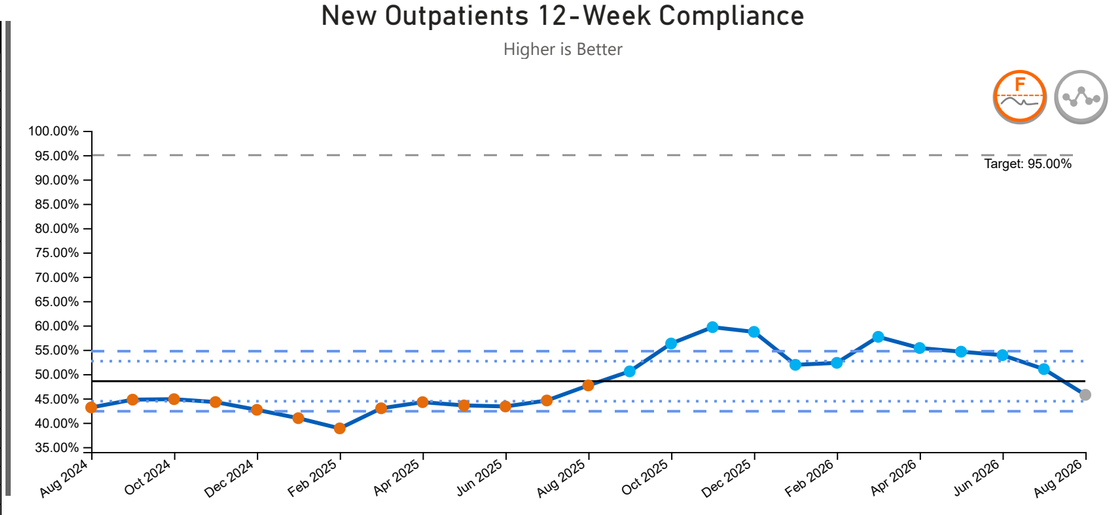






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	43	49	42	55	44	53	Deterioration
01/09/2024	45	49	42	55	44	53	Deterioration
01/10/2024	45	49	42	55	44	53	Deterioration
01/11/2024	44	49	42	55	44	53	Deterioration
01/12/2024	43	49	42	55	44	53	Deterioration
01/01/2025	41	49	42	55	44	53	Deterioration
01/02/2025	39	49	42	55	44	53	Deterioration
01/03/2025	43	49	42	55	44	53	Deterioration
01/04/2025	44	49	42	55	44	53	Deterioration
01/05/2025	44	49	42	55	44	53	Deterioration
01/06/2025	43	49	42	55	44	53	Deterioration
01/07/2025	45	49	42	55	44	53	Deterioration
01/08/2025	48	49	42	55	44	53	Deterioration
01/09/2025	51	49	42	55	44	53	Improvement
01/10/2025	56	49	42	55	44	53	Improvement
01/11/2025	60	49	42	55	44	53	Improvement
01/12/2025	59	49	42	55	44	53	Improvement
01/01/2026	52	49	42	55	44	53	Improvement
01/02/2026	52	49	42	55	44	53	Improvement
01/03/2026	58	49	42	55	44	53	Improvement
01/04/2026	55	49	42	55	44	53	Improvement
01/05/2026	55	49	42	55	44	53	Improvement
01/06/2026	54	49	42	55	44	53	Improvement
01/07/2026	51	49	42	55	44	53	Improvement
01/08/2026	46	49	42	55	44	53	None



Comments From Executive Lead

At the end of August, 1,330 patients were waiting for a new outpatient appointment, 145 less than forecast. Activity was slightly below plan, with 363 patients seen against a planned value of 388.

At the end of August, 24 patients were waiting over 52 weeks. Actions to address these longer waits are progressing, supported by collaboration with local and regional colleagues to increase access to appointments

Dr Anna Lamont, Medical Director



Operational Standards
New Outpatients (NOP) Local Improvement Target

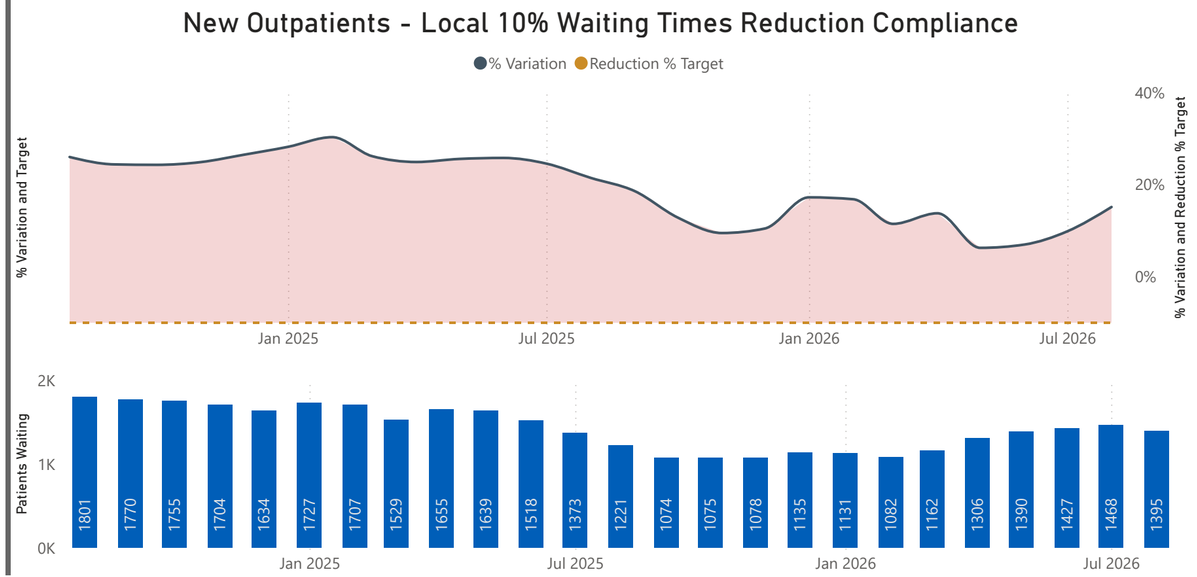
Data Source
OP Recovery Weekly Return

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for New Outpatients	-10%	15.14%	Red

Action	Target Date	Owner	Status
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	31/10/2026	C Somerville	In Progress



Comments From Executive Lead

Month-on-month improvements in the number of people waiting from earlier in the year, however waiting times for new outpatients are limited by capacity. Approaches nationally to reduce demand including advice on procedures of low clinical value, and redirection at referral triage, are yet to make much of an impact.

Dr Anna Lamont, Medical Director



Operational Standards
Treatment Time Guarantee (TTG) 12 Week Compliance

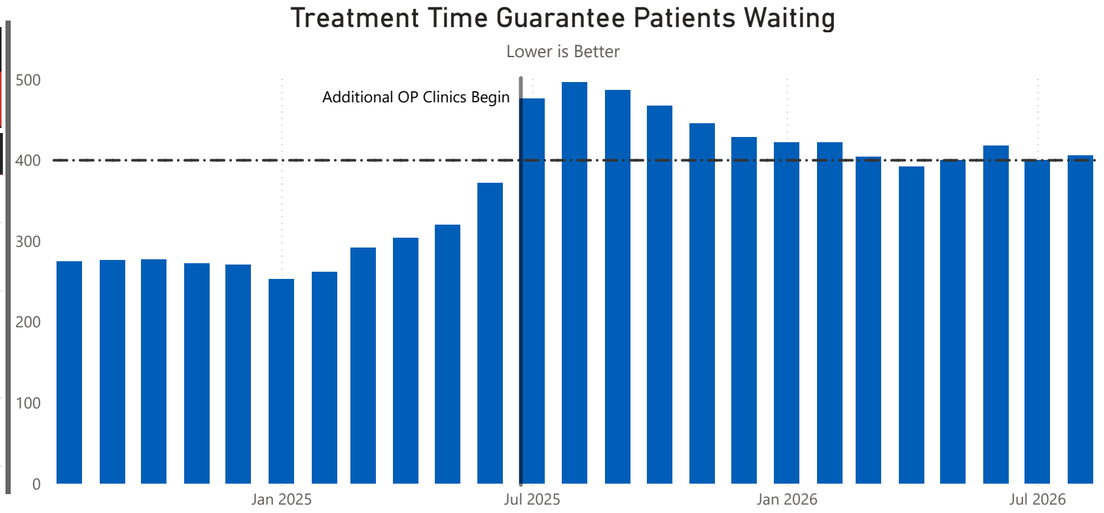
Data Source: TTG Weekly Return

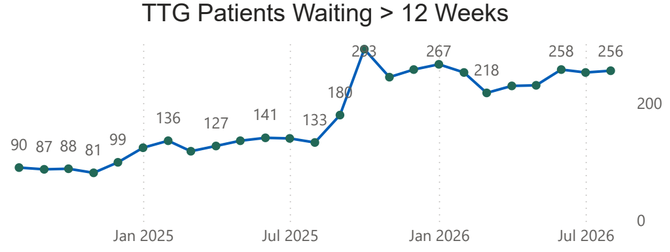
Latest Data: August 2026

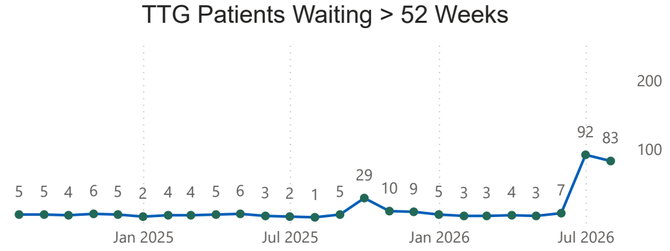
Compliance

KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	95%	36.95%	Red

Action	Target Date	Owner	Status
Agree additional capacity requirements for Q2 and Q3, relating to Ophthalmology and Community Child Health and ENT	31/10/2026	C Somerville	In Progress
Continue to review the process for checking pre admission requirements, including pre operative assessment and biometry, to ensure patients are admission ready and allocated without delay.	31/10/2026	C Somerville	In Progress
Finalise operational delivery plans for additional funded activity and secure the required workforce and partner-board capacity to support delivery. Continue weekly review meetings with the CEO to monitor planned versus actual activity, identify risks to delivery, and implement corrective actions where required.	31/10/2026	C Somerville	In Progress
SLA discussions and capacity planning across Community Child Health, Orthopaedics, Ophthalmology, Rheumatology, Dermatology and ENT	31/10/2026	C Somerville, K Francis	In Progress
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	31/10/2026	C Somerville	In Progress

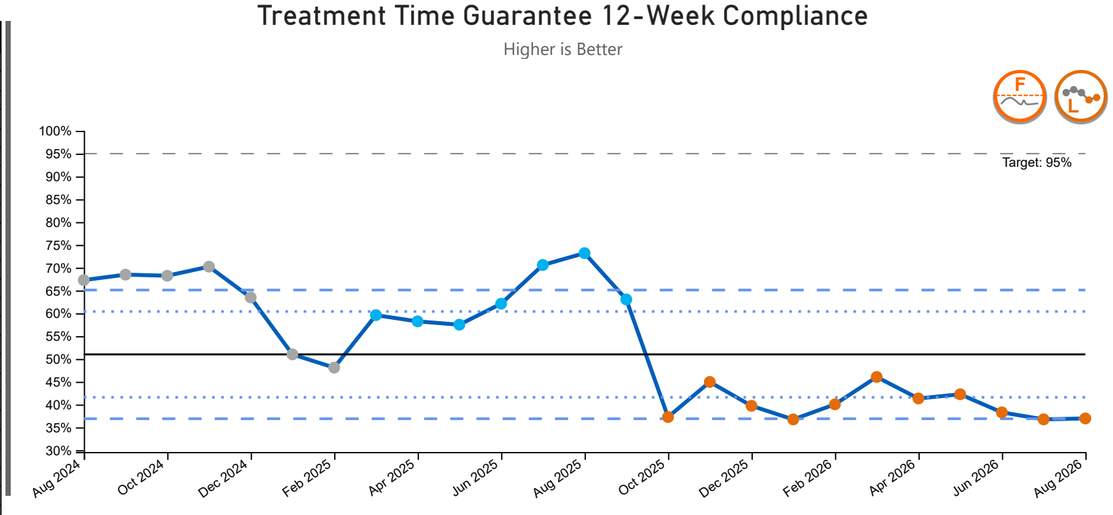






Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	67	51	95	37	65	42	60	None
01/09/2024	68	51	95	37	65	42	60	None
01/10/2024	68	51	95	37	65	42	60	None
01/11/2024	70	51	95	37	65	42	60	None
01/12/2024	63	51	95	37	65	42	60	None
01/01/2025	51	51	95	37	65	42	60	None
01/02/2025	48	51	95	37	65	42	60	None
01/03/2025	60	51	95	37	65	42	60	Improvement
01/04/2025	58	51	95	37	65	42	60	Improvement
01/05/2025	57	51	95	37	65	42	60	Improvement
01/06/2025	62	51	95	37	65	42	60	Improvement
01/07/2025	71	51	95	37	65	42	60	Improvement
01/08/2025	73	51	95	37	65	42	60	Improvement
01/09/2025	63	51	95	37	65	42	60	Improvement
01/10/2025	37	51	95	37	65	42	60	Deterioration
01/11/2025	45	51	95	37	65	42	60	Deterioration
01/12/2025	40	51	95	37	65	42	60	Deterioration
01/01/2026	37	51	95	37	65	42	60	Deterioration
01/02/2026	40	51	95	37	65	42	60	Deterioration
01/03/2026	46	51	95	37	65	42	60	Deterioration
01/04/2026	41	51	95	37	65	42	60	Deterioration
01/05/2026	42	51	95	37	65	42	60	Deterioration
01/06/2026	38	51	95	37	65	42	60	Deterioration
01/07/2026	37	51	95	37	65	42	60	Deterioration
01/08/2026	37	51	95	37	65	42	60	Deterioration



Comments From Executive Lead

At the end of August, 406 patients were waiting for inpatient or day case procedures, compared with a forecast position of 383, indicating that overall waiting list levels remain broadly in line with plan. A total of 111 patients were forecast to receive treatment during August; however, 72 patients were treated. Whilst this represents an adverse position against plan, core planned activity levels were achieved, with the variance largely attributable to lower than anticipated levels of additional activity.

Of those waiting at end of August, 84 patients had been waiting longer than 52 weeks for treatment. A significant proportion of these patients moved into a 52-week breach position in July, reflecting the increase in outpatient capacity delivered during 2025 and the subsequent identification of patients requiring treatment. Additional Ophthalmology treatment capacity was delivered in September, with further additional sessions planned in October and November. Further treatment dates are also being actively explored, providing confidence that capacity can be increased further to support ongoing recovery. Alongside efforts to secure additional treatment capacity, we continue to work with our Service Level Agreement providers to develop more sustainable pathways that address longer-term demand and capacity challenges.



Dr Anna Lamont, Medical Director

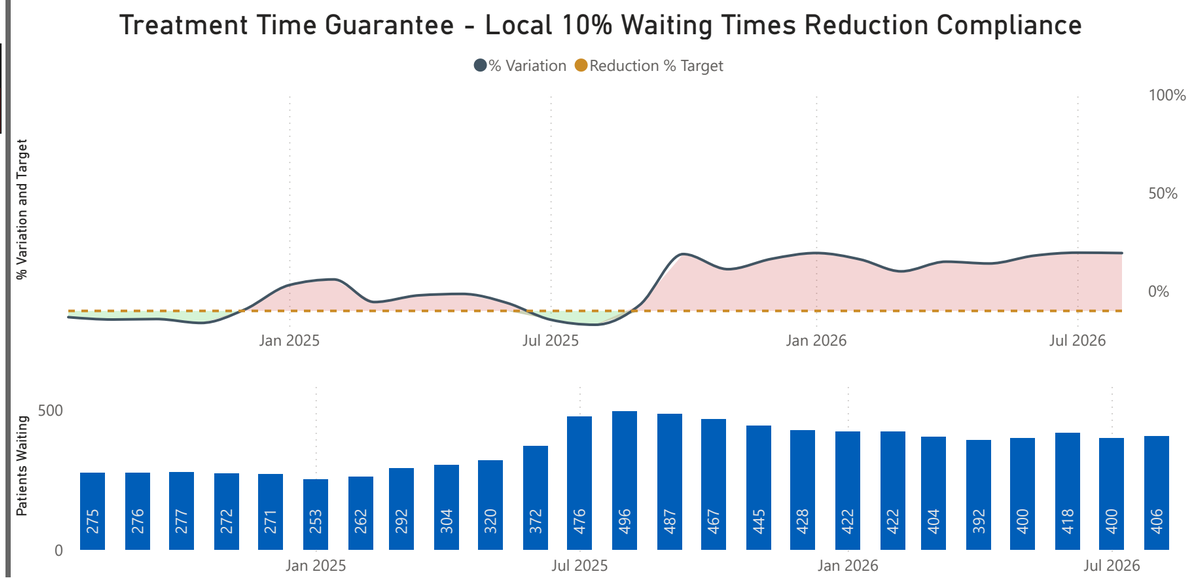
Operational Standards
Treatment Time Guarantee (TTG) Local Improvement Target

Data Source	Latest Data
TTG Weekly Return	28/08/2026

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for Treatment Time Guarantee patients	-10%	19.39%	Red

Action	Target Date	Owner	Status
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	31/10/2026	C Somerville	In Progress
Weekly Waiting Times to review ongoing inpatient demand following additional outpatient clinics, to address gaps in capacity	30/05/2026	C Somerville	Completed



Comments From Executive Lead

After reductions in the number of people waiting earlier in the year, Funding to address long waits for new outpatient activity for ENT, Ophthalmology and some T&O activity is demonstrated as achieving impact through this KPI.

Dr Anna Lamont, Medical Director



Operational Standards
Diagnostic Endoscopy 6 Week Compliance

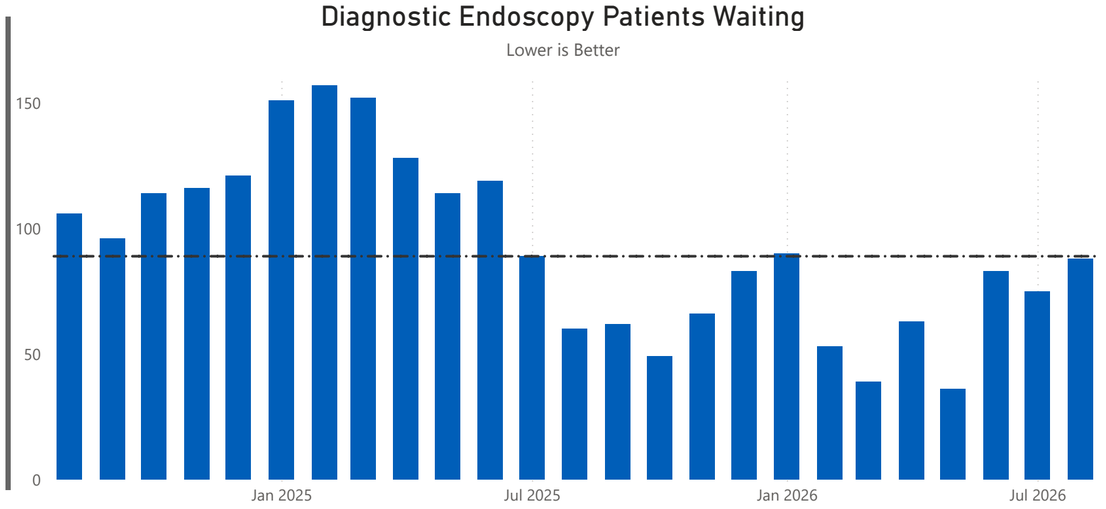
Data Source: DMMI Monthly Return

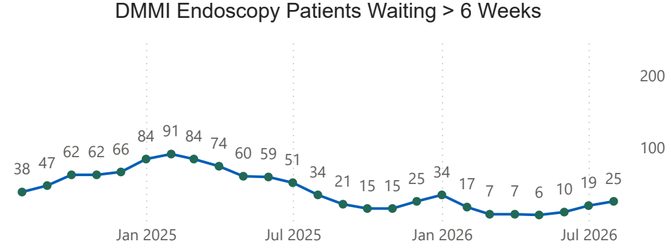
Latest Data: August 2026

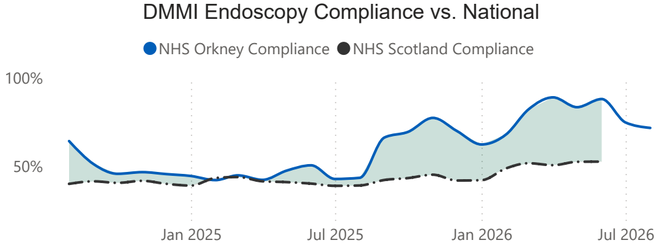
Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	71.59%	Red

Action	Target Date	Owner	Status
Endoscopy capacity secured through planned visiting specialists. Weekly monitoring of waiting times and utilisation to ensure available capacity is maximised and emerging delays are addressed promptly.	31/10/2026	C Somerville	In Progress

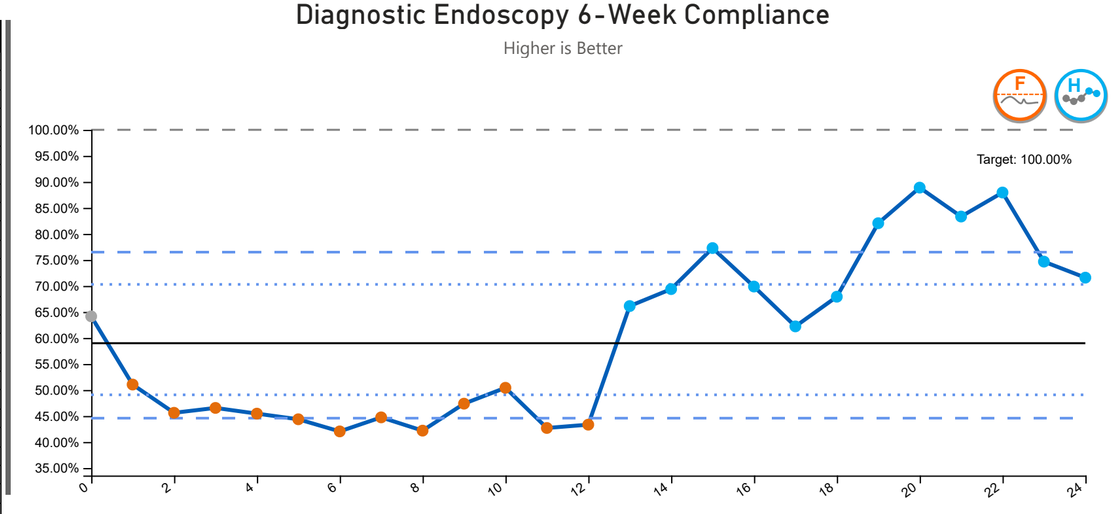






Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
0	64.15	58.99	100.00	44.58	76.49	49.07	70.29	None
1	51.04	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
2	45.61	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
3	46.55	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
4	45.45	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
5	44.37	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
6	42.04	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
7	44.74	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
8	42.19	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
9	47.37	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
10	50.42	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
11	42.70	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
12	43.33	58.99	100.00	44.58	76.49	49.07	70.29	Deterioration
13	66.13	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
14	69.39	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
15	77.27	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
16	69.88	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
17	62.22	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
18	67.92	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
19	82.05	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
20	88.89	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
21	83.33	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
22	87.95	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
23	74.67	58.99	100.00	44.58	76.49	49.07	70.29	Improvement
24	71.59	58.99	100.00	44.58	76.49	49.07	70.29	Improvement



Comments From Executive Lead

At the end of August, 88 patients were awaiting key endoscopy diagnostic tests. 25 patients had waited longer than six weeks resulting in a compliance of 71.59%. Whilst not yet reported via the Integrated Performance Report, the September position shows improvement from August, with compliance increasing slightly, up to 73.8%.

Dr Anna Lamont, Medical Director



Operational Standards
Diagnostic Imaging 6 Week Compliance

Data Source
DMMI Monthly Return

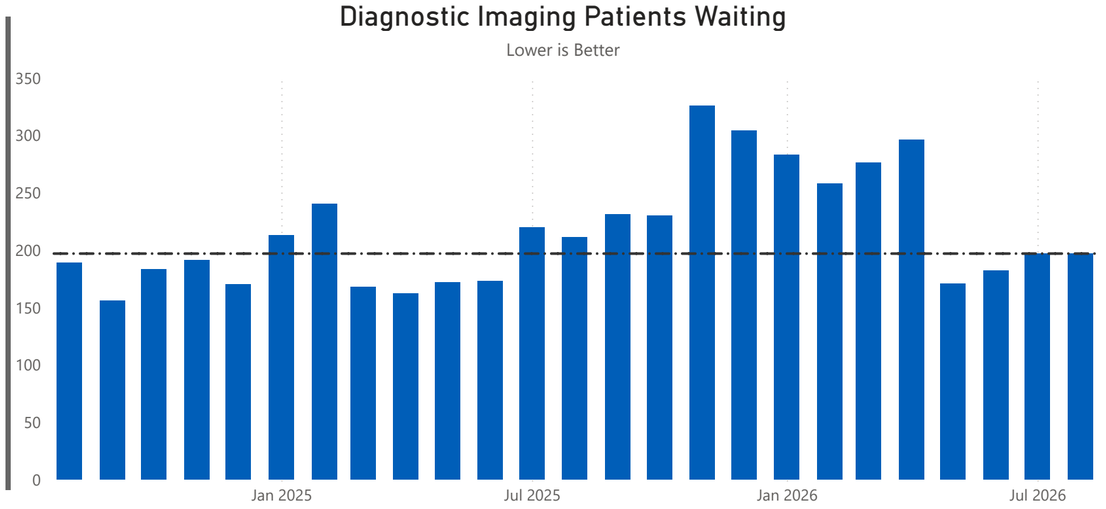
Latest Data
August 2026

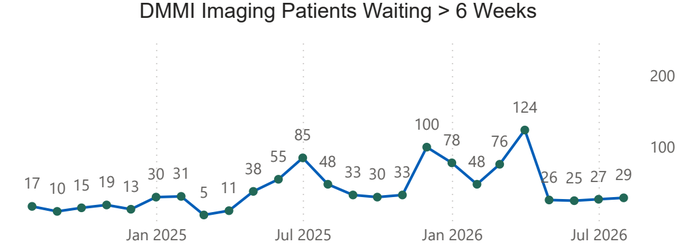
Compliance

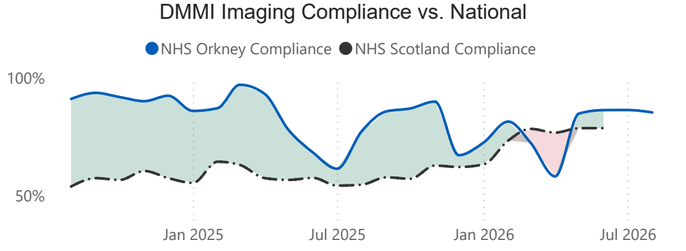
KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	85.28%	Red

Action	Target Date	Owner	Status

All current actions completed/closed.

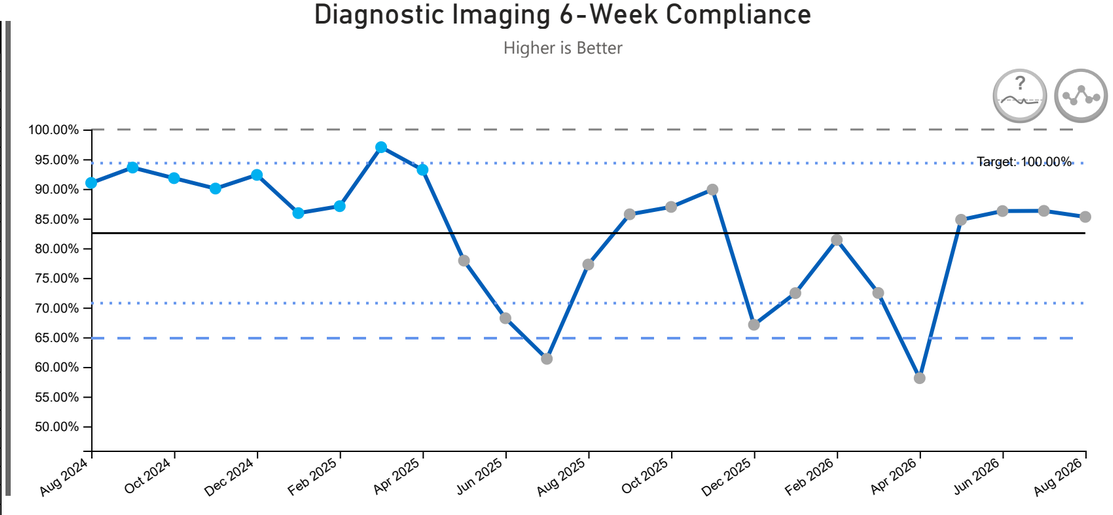






Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	91.01	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/09/2024	93.59	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/10/2024	91.80	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/11/2024	90.05	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/12/2024	92.35	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/01/2025	85.92	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/02/2025	87.08	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/03/2025	97.02	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/04/2025	93.21	82.54	100.00	64.85	100.23	70.74	94.33	Improvement
01/05/2025	77.91	82.54	100.00	64.85	100.23	70.74	94.33	None
01/06/2025	68.21	82.54	100.00	64.85	100.23	70.74	94.33	None
01/07/2025	61.36	82.54	100.00	64.85	100.23	70.74	94.33	None
01/08/2025	77.25	82.54	100.00	64.85	100.23	70.74	94.33	None
01/09/2025	85.71	82.54	100.00	64.85	100.23	70.74	94.33	None
01/10/2025	86.96	82.54	100.00	64.85	100.23	70.74	94.33	None
01/11/2025	89.88	82.54	100.00	64.85	100.23	70.74	94.33	None
01/12/2025	67.11	82.54	100.00	64.85	100.23	70.74	94.33	None
01/01/2026	72.44	82.54	100.00	64.85	100.23	70.74	94.33	None
01/02/2026	81.40	82.54	100.00	64.85	100.23	70.74	94.33	None
01/03/2026	72.46	82.54	100.00	64.85	100.23	70.74	94.33	None
01/04/2026	58.11	82.54	100.00	64.85	100.23	70.74	94.33	None
01/05/2026	84.80	82.54	100.00	64.85	100.23	70.74	94.33	None
01/06/2026	86.26	82.54	100.00	64.85	100.23	70.74	94.33	None
01/07/2026	86.29	82.54	100.00	64.85	100.23	70.74	94.33	None
01/08/2026	85.28	82.54	100.00	64.85	100.23	70.74	94.33	None



Comments From Executive Lead

Computer Tomography continues to show strong performance against the national 6-week standard, with 97.37% compliance at the end of August 2026.

Magnetic Resonance Imaging has seen a slight decrease over the July position, with compliance now at 74%.

Ultrasound shows continued improvement following staffing challenges earlier in the year. Overall waits have dropped from 175 in April to 55 at the end of August, with a current compliance rate of 98.18% against the 6-week standard.

Dr Anna Lamont, Medical Director



Operational Standards
Diagnostic Cardiology 6 Week Compliance

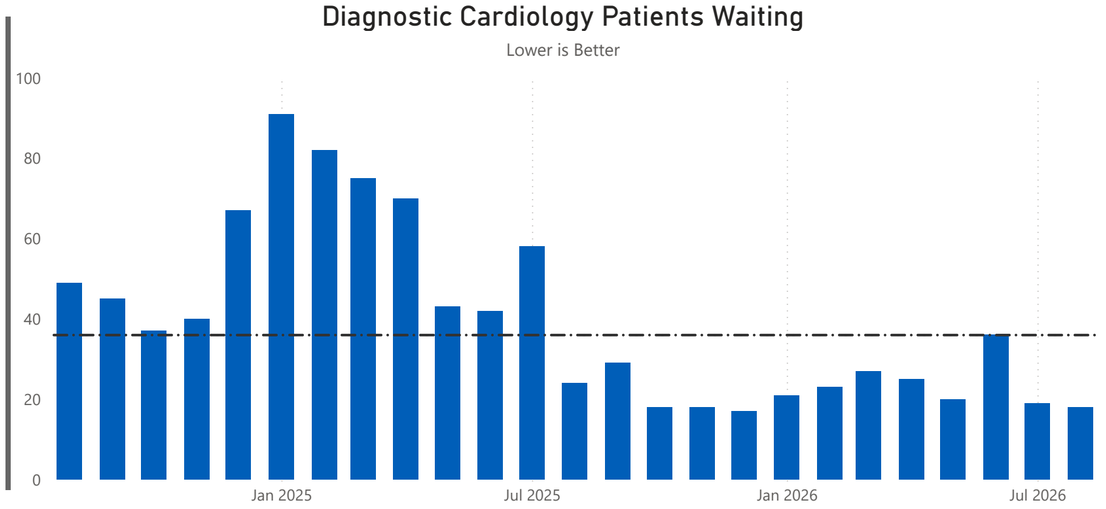
Data Source
DMMI Monthly Return

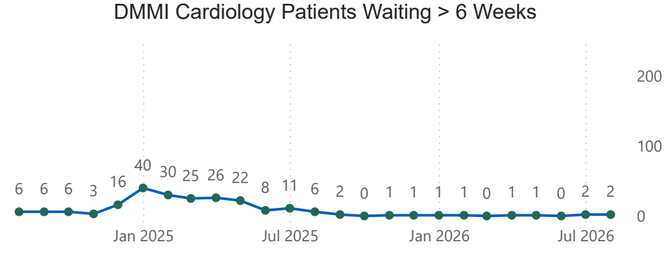
Latest Data
August 2026

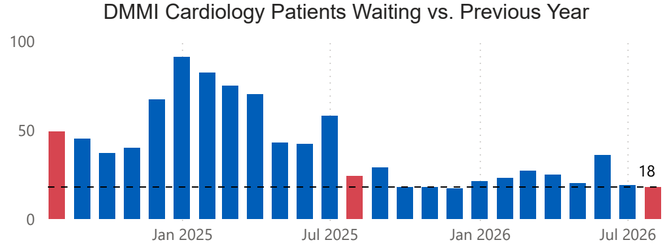
Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	88.89%	Red

Action	Target Date	Owner	Status
Continue proactive monitoring of waiting lists and rapid adjustment of locum support to avoid future backlog.	31/03/2027	A Lamont	In Progress
Maintain close liaison between operational managers and clinical leads to anticipate and respond to any capacity constraints	31/03/2027	A Lamont	In Progress

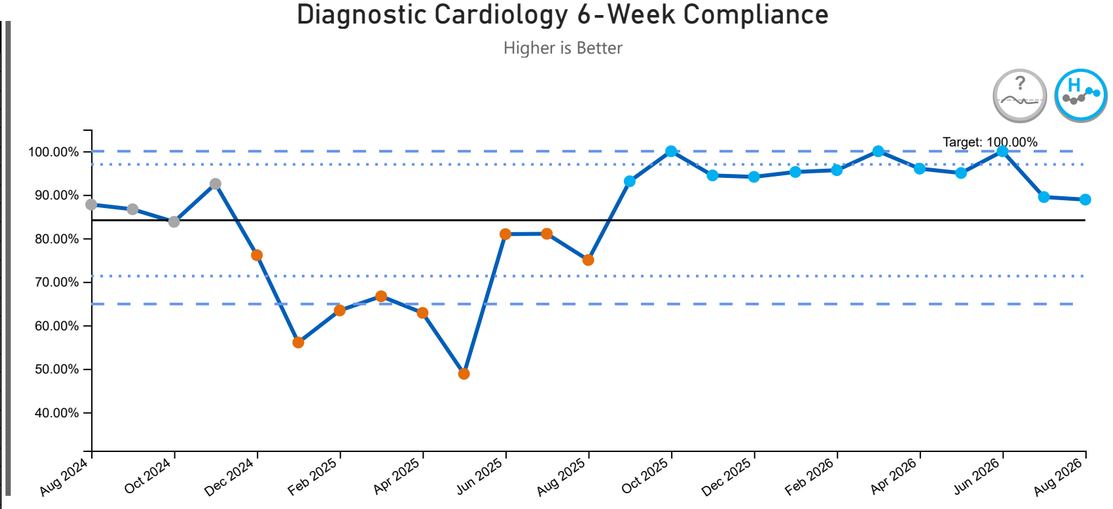






Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	87.76	84.14	100.00	64.89	103.39	71.31	96.97	None
01/09/2024	86.67	84.14	100.00	64.89	103.39	71.31	96.97	None
01/10/2024	83.78	84.14	100.00	64.89	103.39	71.31	96.97	None
01/11/2024	92.50	84.14	100.00	64.89	103.39	71.31	96.97	None
01/12/2024	76.12	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/01/2025	56.04	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/02/2025	63.41	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/03/2025	66.67	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/04/2025	62.86	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/05/2025	48.84	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/06/2025	80.95	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/07/2025	81.03	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/08/2025	75.00	84.14	100.00	64.89	103.39	71.31	96.97	Deterioration
01/09/2025	93.10	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/10/2025	100.00	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/11/2025	94.44	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/12/2025	94.12	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/01/2026	95.24	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/02/2026	95.65	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/03/2026	100.00	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/04/2026	96.00	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/05/2026	95.00	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/06/2026	100.00	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/07/2026	89.47	84.14	100.00	64.89	103.39	71.31	96.97	Improvement
01/08/2026	88.89	84.14	100.00	64.89	103.39	71.31	96.97	Improvement



Comments From Executive Lead

Compliance with the six-week diagnostic cardiology standard has improved significantly, and remains close to the 100% target.

Substantive staffing appointments have helped to deliver greater resilience locally and reduce dependence on locum support and patients travelling to Grampian.

Dr Anna Lamont, Medical Director



Operational Standards
Cancer Waiting Times 31-Day Standard

Data Source: Discovery

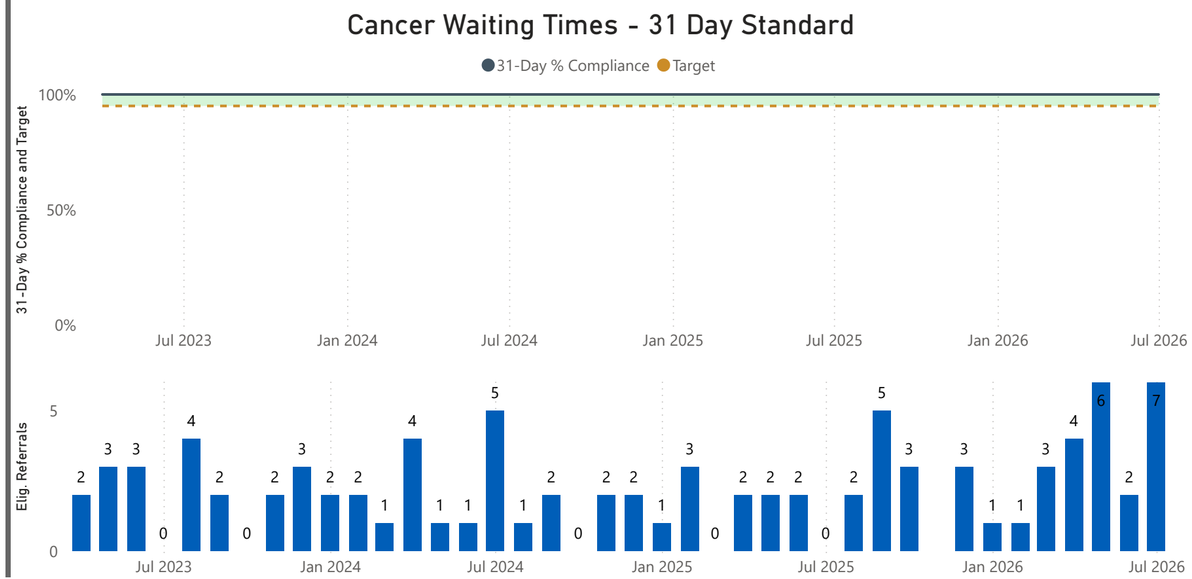
Latest Data: July 2026

Compliance

KPI	Target	Actual	RAG Value
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95%	85.70%	Red

Action	Target Date	Owner	Status

All current actions completed/closed.



Comments From Executive Lead

It is anticipated the 100% of patients will have been treated within standard at the end of July.

Dr Anna Lamont, Medical Director



Operational Standards
Cancer Waiting Times 62-Day Standard

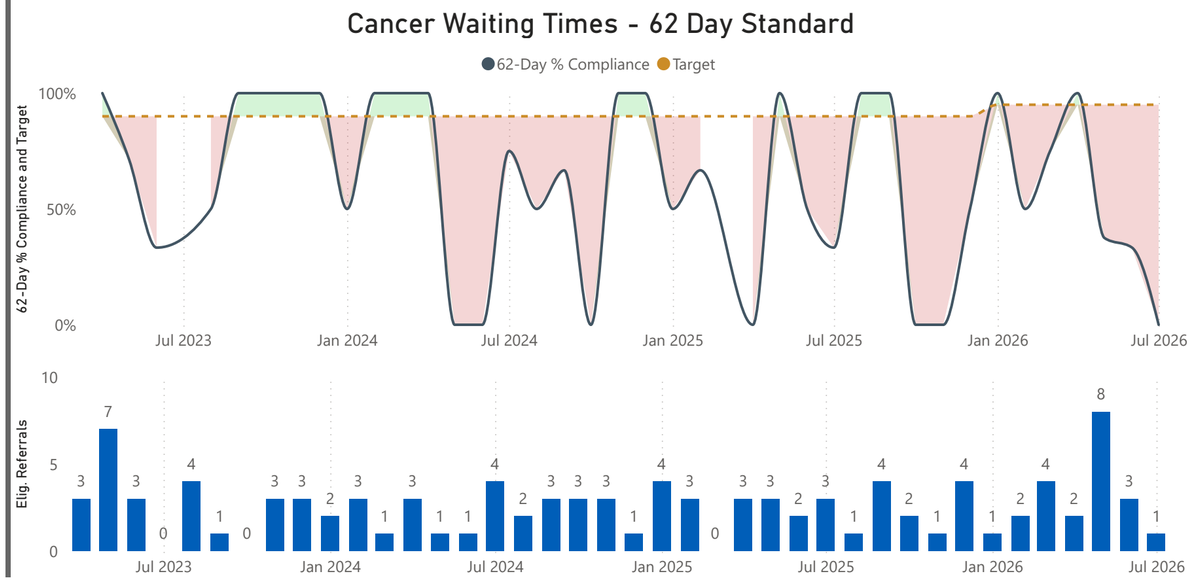
Data Source: Discovery

Latest Data: July 2026

Compliance

KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	95%	0.00%	Red

Action	Target Date	Owner	Status
Complete a breach review for the patient treated on day 98 to identify contributing factors, lessons learned, and any required pathway improvements. Findings to be shared with relevant leads and incorporated into ongoing cancer performance monitoring arrangements.	31/10/2026	C Somerville	Completed



Comments From Executive Lead

It is anticipated 3 patients were treated within July, of those treated 2 breached the 62-day standard. Both patients were treated in Grampian, and a review of the breach timeline has been carried out.

Dr Anna Lamont, Medical Director



Operational Standards
Inpatient Pre-Noon Discharges

Data Source: TrakCare

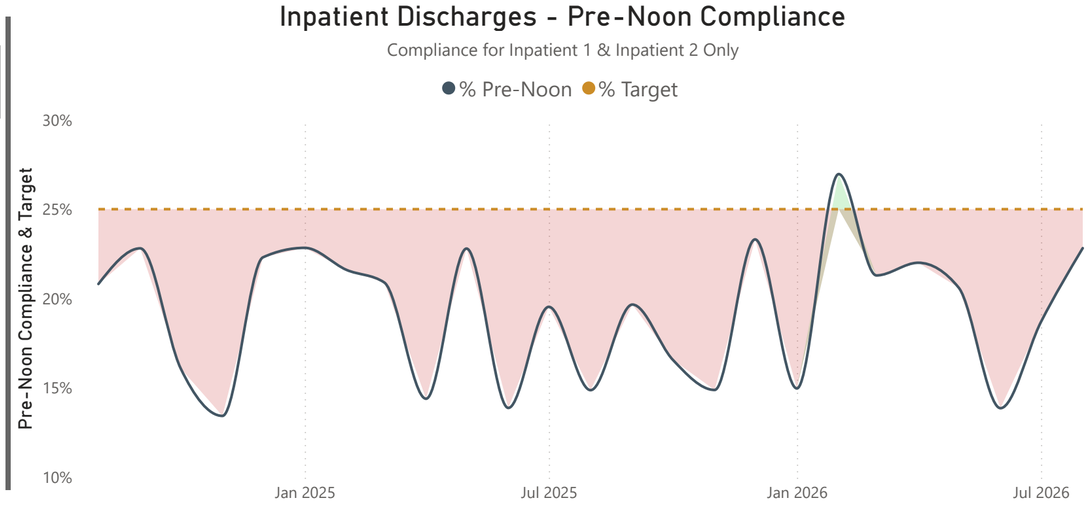
Latest Data: August 2026

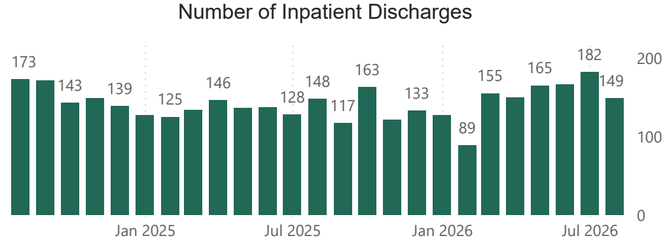
Compliance

KPI	Target	Actual	RAG Value
Pre-noon discharges	25.0%	22.82%	Amber

Action	Target Date	Owner	Status

All current actions completed/closed.



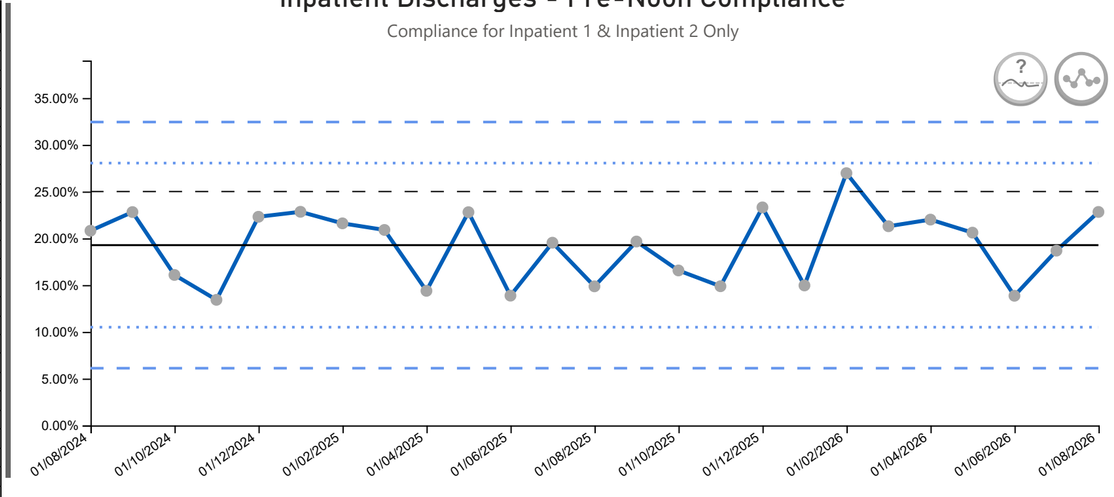


Pre-Noon Discharges - Last 6 Months

Month	Discharges	% Pre-Noon	RAG Value
March 2026	155	21.29%	Amber
April 2026	150	22.00%	Amber
May 2026	165	20.61%	Amber
June 2026	166	13.86%	Red
July 2026	182	18.68%	Amber
August 2026	149	22.82%	Amber

Statistical Process Control

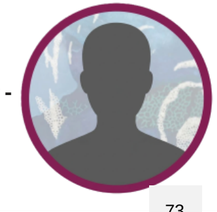
Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	20.81	19.27	25.00	6.11	32.43	10.50	28.05	None
01/09/2024	22.81	19.27	25.00	6.11	32.43	10.50	28.05	None
01/10/2024	16.08	19.27	25.00	6.11	32.43	10.50	28.05	None
01/11/2024	13.42	19.27	25.00	6.11	32.43	10.50	28.05	None
01/12/2024	22.30	19.27	25.00	6.11	32.43	10.50	28.05	None
01/01/2025	22.83	19.27	25.00	6.11	32.43	10.50	28.05	None
01/02/2025	21.60	19.27	25.00	6.11	32.43	10.50	28.05	None
01/03/2025	20.90	19.27	25.00	6.11	32.43	10.50	28.05	None
01/04/2025	14.38	19.27	25.00	6.11	32.43	10.50	28.05	None
01/05/2025	22.79	19.27	25.00	6.11	32.43	10.50	28.05	None
01/06/2025	13.87	19.27	25.00	6.11	32.43	10.50	28.05	None
01/07/2025	19.53	19.27	25.00	6.11	32.43	10.50	28.05	None
01/08/2025	14.86	19.27	25.00	6.11	32.43	10.50	28.05	None
01/09/2025	19.66	19.27	25.00	6.11	32.43	10.50	28.05	None
01/10/2025	16.56	19.27	25.00	6.11	32.43	10.50	28.05	None
01/11/2025	14.88	19.27	25.00	6.11	32.43	10.50	28.05	None
01/12/2025	23.31	19.27	25.00	6.11	32.43	10.50	28.05	None
01/01/2026	14.96	19.27	25.00	6.11	32.43	10.50	28.05	None
01/02/2026	26.97	19.27	25.00	6.11	32.43	10.50	28.05	None
01/03/2026	21.29	19.27	25.00	6.11	32.43	10.50	28.05	None
01/04/2026	22.00	19.27	25.00	6.11	32.43	10.50	28.05	None
01/05/2026	20.61	19.27	25.00	6.11	32.43	10.50	28.05	None
01/06/2026	13.86	19.27	25.00	6.11	32.43	10.50	28.05	None
01/07/2026	18.68	19.27	25.00	6.11	32.43	10.50	28.05	None
01/08/2026	22.82	19.27	25.00	6.11	32.43	10.50	28.05	None



Comments From Executive Lead

Month on month improvements are noted with the highest performance against target since February 2026. System wide discharge planning remains a key focus, with clinical teams working together to make sure best practice guidance is fully embedded.

John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services



Operational Standards
Delayed Transfers of Care Discharge Compliance

Data Source: Delayed Discharges Monthly Return

Latest Data: August 2026

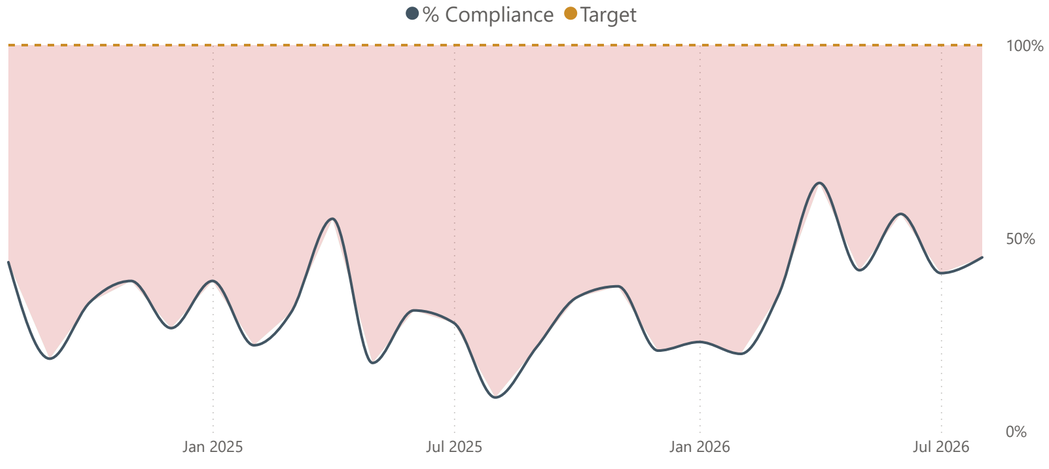
Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	45.00%	Red

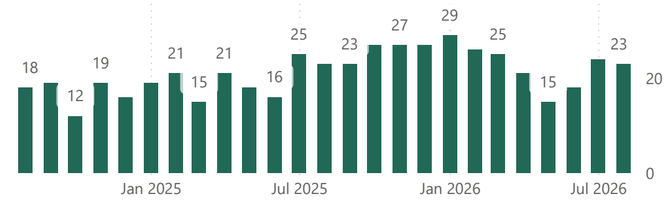
Action	Target Date	Owner	Status

All current actions completed/closed.

Delayed Transfers of Care - Discharge Within 14 Days Compliance (excl. Code 9)



Number of Delayed Transfers of Care



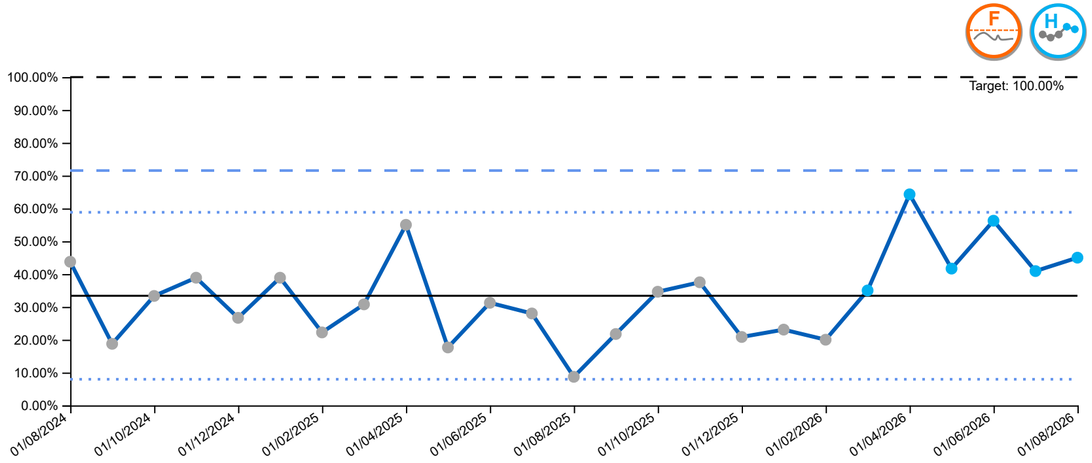
DToC 2 Week Discharge Compliance - Last 6 Months

Month	Total Delays	Delayed >2Wks.	% Compliance	RAG Value
March 2026	25	13	35.00%	Red
April 2026	21	5	64.29%	Red
May 2026	15	7	41.67%	Red
June 2026	18	7	56.25%	Red
July 2026	24	13	40.91%	Red
August 2026	23	11	45.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	43.75	33.39	100.00	0.00	71.54	7.96	58.82	None
01/09/2024	18.75	33.39	100.00	0.00	71.54	7.96	58.82	None
01/10/2024	33.33	33.39	100.00	0.00	71.54	7.96	58.82	None
01/11/2024	38.89	33.39	100.00	0.00	71.54	7.96	58.82	None
01/12/2024	26.67	33.39	100.00	0.00	71.54	7.96	58.82	None
01/01/2025	38.89	33.39	100.00	0.00	71.54	7.96	58.82	None
01/02/2025	22.22	33.39	100.00	0.00	71.54	7.96	58.82	None
01/03/2025	30.77	33.39	100.00	0.00	71.54	7.96	58.82	None
01/04/2025	55.00	33.39	100.00	0.00	71.54	7.96	58.82	None
01/05/2025	17.65	33.39	100.00	0.00	71.54	7.96	58.82	None
01/06/2025	31.25	33.39	100.00	0.00	71.54	7.96	58.82	None
01/07/2025	28.00	33.39	100.00	0.00	71.54	7.96	58.82	None
01/08/2025	8.70	33.39	100.00	0.00	71.54	7.96	58.82	None
01/09/2025	21.74	33.39	100.00	0.00	71.54	7.96	58.82	None
01/10/2025	34.62	33.39	100.00	0.00	71.54	7.96	58.82	None
01/11/2025	37.50	33.39	100.00	0.00	71.54	7.96	58.82	None
01/12/2025	20.83	33.39	100.00	0.00	71.54	7.96	58.82	None
01/01/2026	23.08	33.39	100.00	0.00	71.54	7.96	58.82	None
01/02/2026	20.00	33.39	100.00	0.00	71.54	7.96	58.82	None
01/03/2026	35.00	33.39	100.00	0.00	71.54	7.96	58.82	Improvement
01/04/2026	64.29	33.39	100.00	0.00	71.54	7.96	58.82	Improvement
01/05/2026	41.67	33.39	100.00	0.00	71.54	7.96	58.82	Improvement
01/06/2026	56.25	33.39	100.00	0.00	71.54	7.96	58.82	Improvement
01/07/2026	40.91	33.39	100.00	0.00	71.54	7.96	58.82	Improvement
01/08/2026	45.00	33.39	100.00	0.00	71.54	7.96	58.82	Improvement

Delayed Transfers of Care - Discharge Within 14 Days Compliance (excl. Code 9)



Comments From Executive Lead

Whilst performance remains below target, August shows an improvement compared with July. Delays over two weeks reduced from 13 to 11, while total delays reduced from 24 to 23. A whole-system approach remains in place to support timely discharge and help reduce delays.

John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services



Operational Standards
Delayed Transfers of Care at Census Date

Data Source
Delayed Discharges Monthly Return

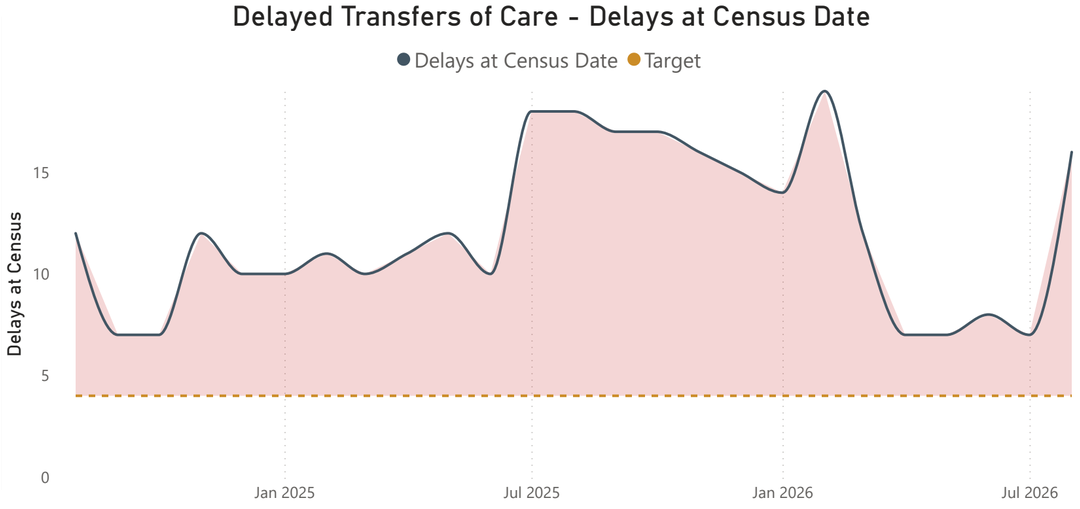
Latest Data
August 2026

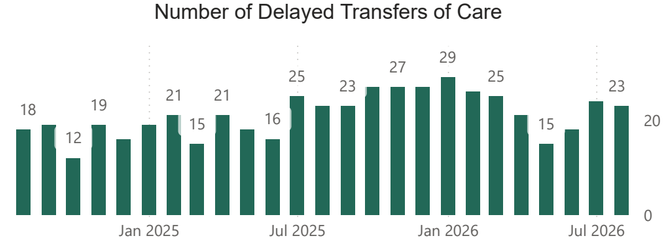
Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	4	16	Red

Action	Target Date	Owner	Status

All current actions completed/closed.



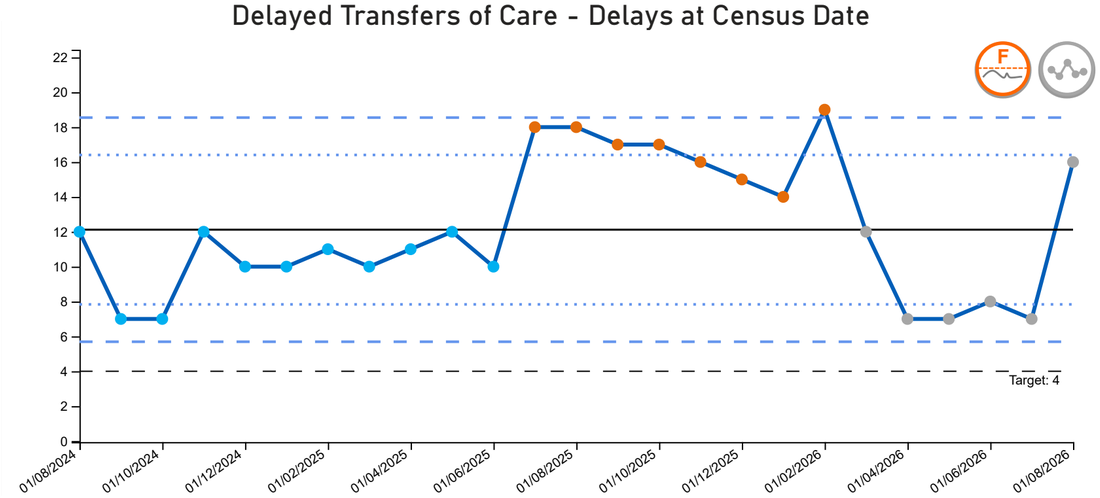


DToC 2 Week Discharge Compliance - Last 6 Months

Month	Total Delays	Census Delays	Target	RAG Value
March 2026	25	12	4	Red
April 2026	21	7	4	Red
May 2026	15	7	4	Red
June 2026	18	8	4	Red
July 2026	24	7	4	Red
August 2026	23	16	4	Red

Statistical Process Control

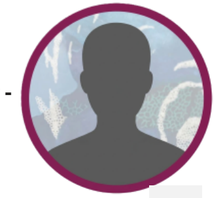
Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	12	12	6	19	8	16	Improvement
01/09/2024	7	12	6	19	8	16	Improvement
01/10/2024	7	12	6	19	8	16	Improvement
01/11/2024	12	12	6	19	8	16	Improvement
01/12/2024	10	12	6	19	8	16	Improvement
01/01/2025	10	12	6	19	8	16	Improvement
01/02/2025	11	12	6	19	8	16	Improvement
01/03/2025	10	12	6	19	8	16	Improvement
01/04/2025	11	12	6	19	8	16	Improvement
01/05/2025	12	12	6	19	8	16	Improvement
01/06/2025	10	12	6	19	8	16	Improvement
01/07/2025	18	12	6	19	8	16	Deterioration
01/08/2025	18	12	6	19	8	16	Deterioration
01/09/2025	17	12	6	19	8	16	Deterioration
01/10/2025	17	12	6	19	8	16	Deterioration
01/11/2025	16	12	6	19	8	16	Deterioration
01/12/2025	15	12	6	19	8	16	Deterioration
01/01/2026	14	12	6	19	8	16	Deterioration
01/02/2026	19	12	6	19	8	16	Deterioration
01/03/2026	12	12	6	19	8	16	None
01/04/2026	7	12	6	19	8	16	None
01/05/2026	7	12	6	19	8	16	None
01/06/2026	8	12	6	19	8	16	None
01/07/2026	7	12	6	19	8	16	None
01/08/2026	16	12	6	19	8	16	None



Comments From Executive Lead

While overall performance improved at the August month-end position, the monthly census showed a less favourable position compared with the previous month.

John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services



Operational Standards
Delayed Transfers of Care Bed Days Occupied

Data Source
Delayed Discharges Monthly Return

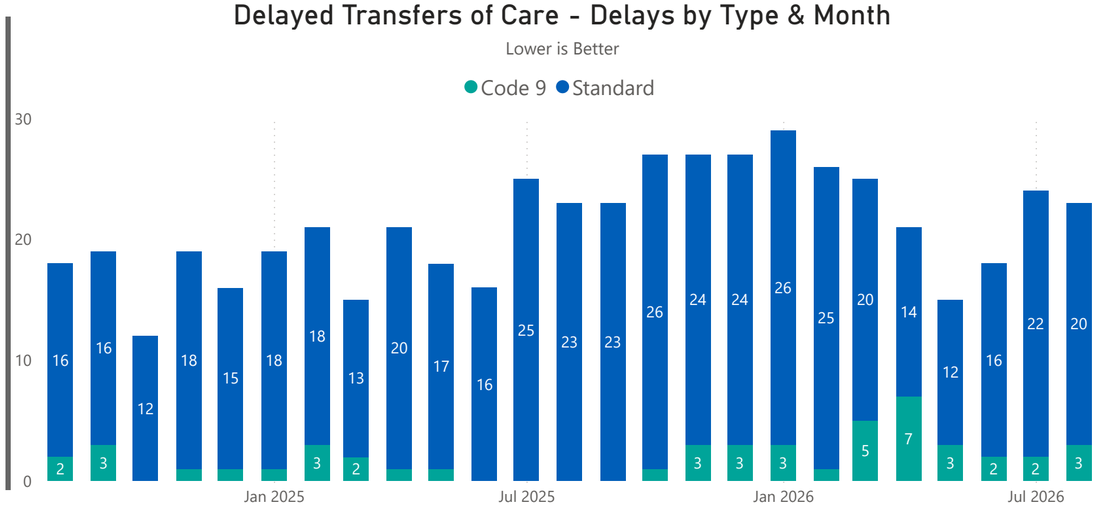
Latest Data
August 2026

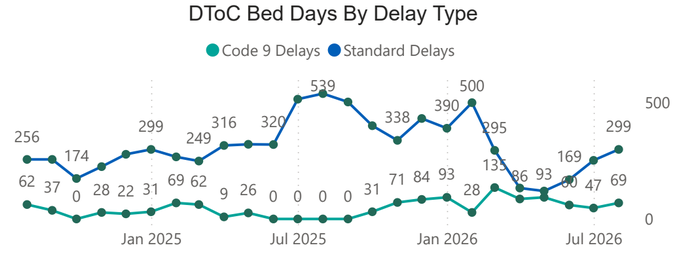
Compliance

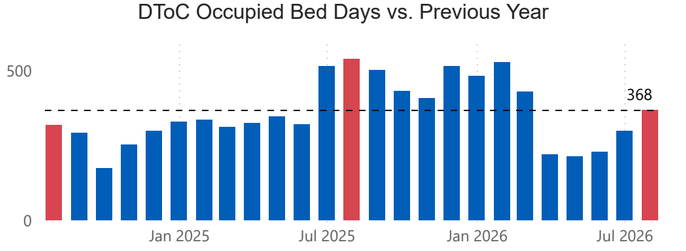
KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	56	368	Red

Action	Target Date	Owner	Status

All current actions completed/closed.

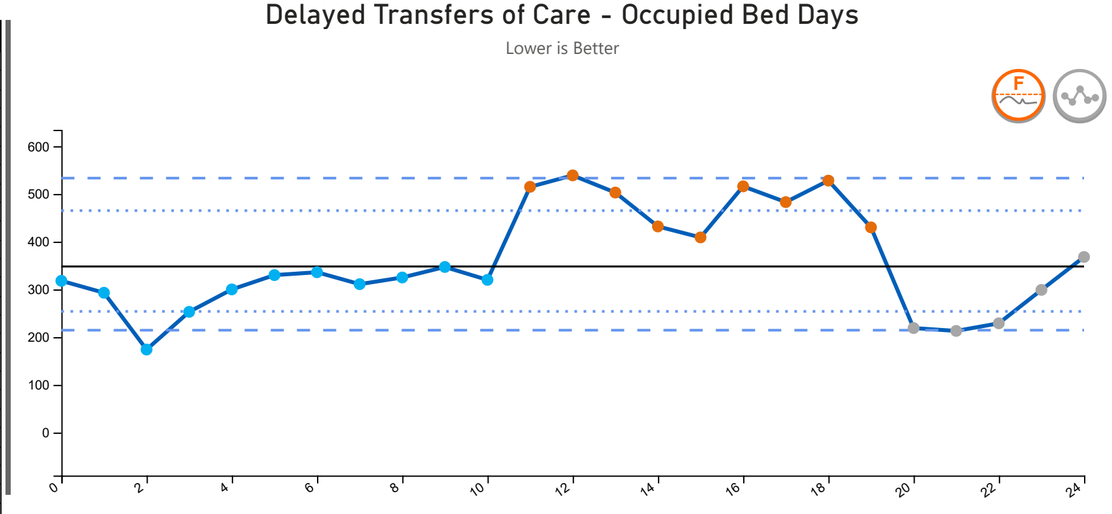






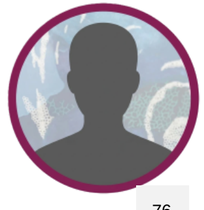
Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
0	318	348	56	228	507	264	449	Improvement
1	293	348	56	228	507	264	449	Improvement
2	174	348	56	228	507	264	449	Improvement
3	253	348	56	228	507	264	449	Improvement
4	300	348	56	228	507	264	449	Improvement
5	330	348	56	228	507	264	449	Improvement
6	336	348	56	228	507	264	449	Improvement
7	311	348	56	228	507	264	449	Improvement
8	325	348	56	228	507	264	449	Improvement
9	347	348	56	228	507	264	449	Improvement
10	320	348	56	228	507	264	449	Improvement
11	515	348	56	228	507	264	449	Deterioration
12	539	348	56	228	507	264	449	Deterioration
13	503	348	56	228	507	264	449	Deterioration
14	432	348	56	228	507	264	449	Deterioration
15	409	348	56	228	507	264	449	Deterioration
16	516	348	56	228	507	264	449	Deterioration
17	483	348	56	228	507	264	449	Deterioration
18	528	348	56	228	507	264	449	Deterioration
19	430	348	56	228	507	264	449	Deterioration
20	219	348	56	228	507	264	449	None
21	213	348	56	228	507	264	449	None
22	229	348	56	228	507	264	449	None
23	299	348	56	228	507	264	449	None
24	368	348	56	228	507	264	449	None



Comments From Executive Lead

This number will continue to rise as Delayed Transfers of Care remain in hospital, however the number of hospital bed days added will decrease reflecting discharges facilitated.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Operational Standards
In Vitro Fertilisation (IVF) 52 Week Screening Compliance

Data Source
IVF Waiting Times Publication

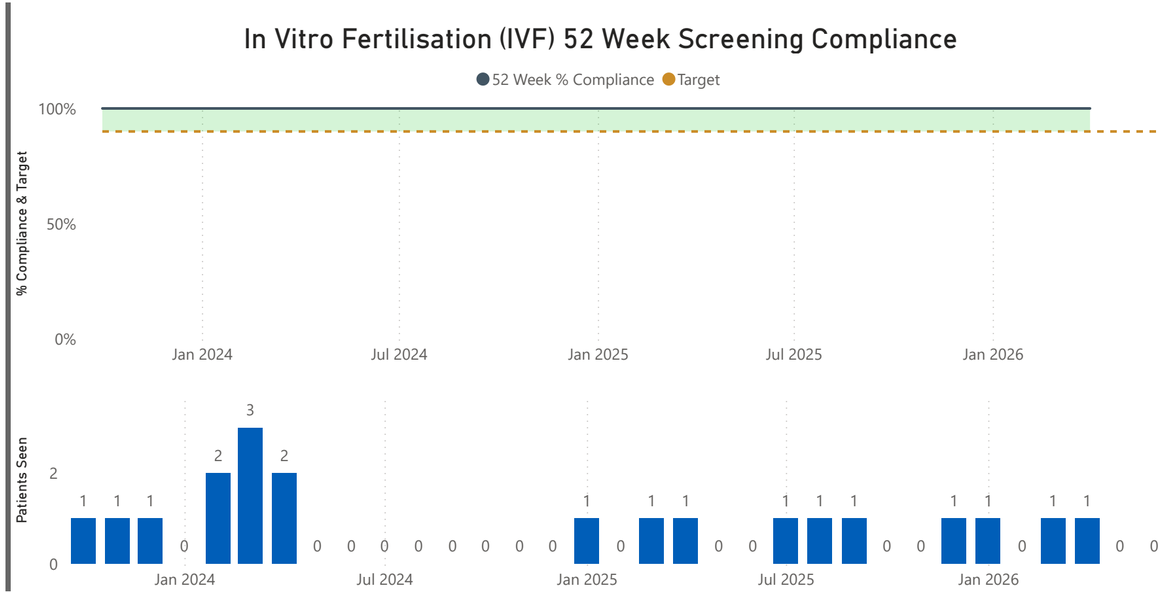
Latest Data
June 2026

Compliance

KPI	Target	Actual	RAG Value
90% of eligible patients to commence IVF treatment within 12 months of referral	90%	100.00%	Green

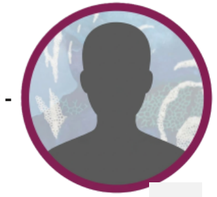
Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Next publication due January 2027.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Operational Standards
Women Booked to Named Midwife

Data Source
Maternity Staff

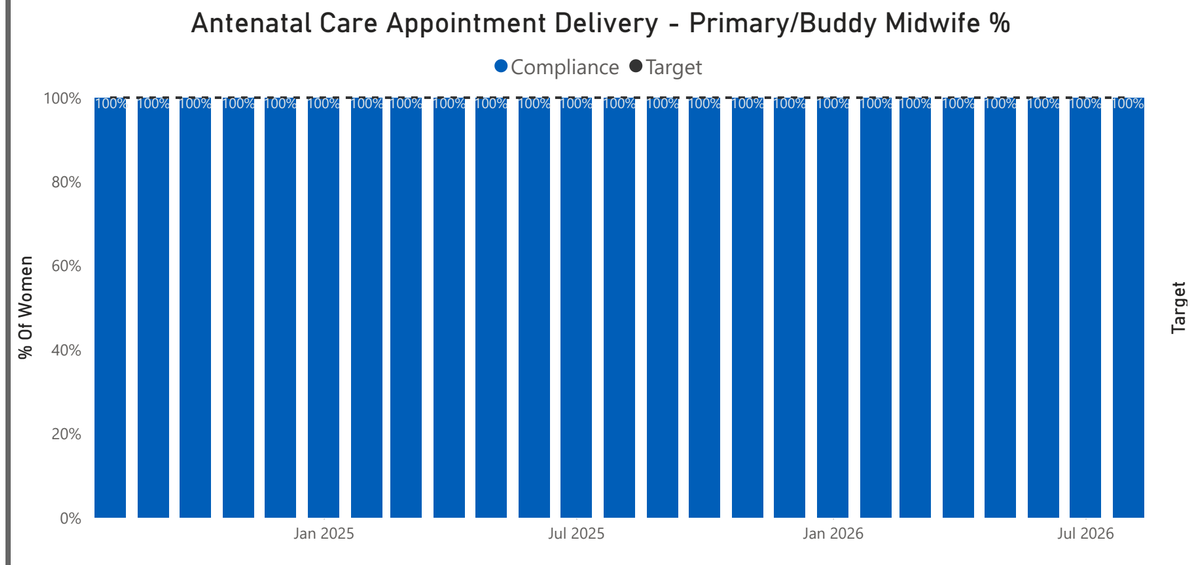
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
100% of women booking in a Board allocated to a primary midwife	100%	100.00%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

In line with 100% target, with all patients being allocated a Primary midwife.



John Daniels, Interim Chief Officer - Acute Services & Head of Primary Care Services

Community

Section Lead(s):
Chief Officer (Integration Joint Board)

What's Going Well?

An Older Adult Psychiatrist has been appointed, for a small number of hours per week, and will commence in post shortly.

CAMHS and Psychological Therapies continue to meet the national target.

The successful roll out of Morse to Mental Health Services and Children's Health Services as well as the progress underway for Community Nursing to use the system.

Both Scottish Government funded projects continue to progress, with 22 young people undergoing Healios autism assessments and seven diagnoses completed, while ESSENCE-D questionnaires have been issued to families on the neurodevelopmental waiting list to provide feedback and access to relevant resources.

RAG Status Values

RED	Key performance indicator not achieved, and performance below lower threshold.
AMBER	Key performance indicator not achieved, but performance above lower threshold.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

Despite the additional capacity in Care at Home, funded via unscheduled care money, which had seen an initial significant reduction. Delays are again are 15+.

Considerable challenges recruiting to the remaining posts in the All Age Nurse Led Psychiatric Liaison Team.

Significant vacancy/capacity issues within some services continue to prove challenging.

Community
Child & Adolescent Mental Health 18 Week Compliance

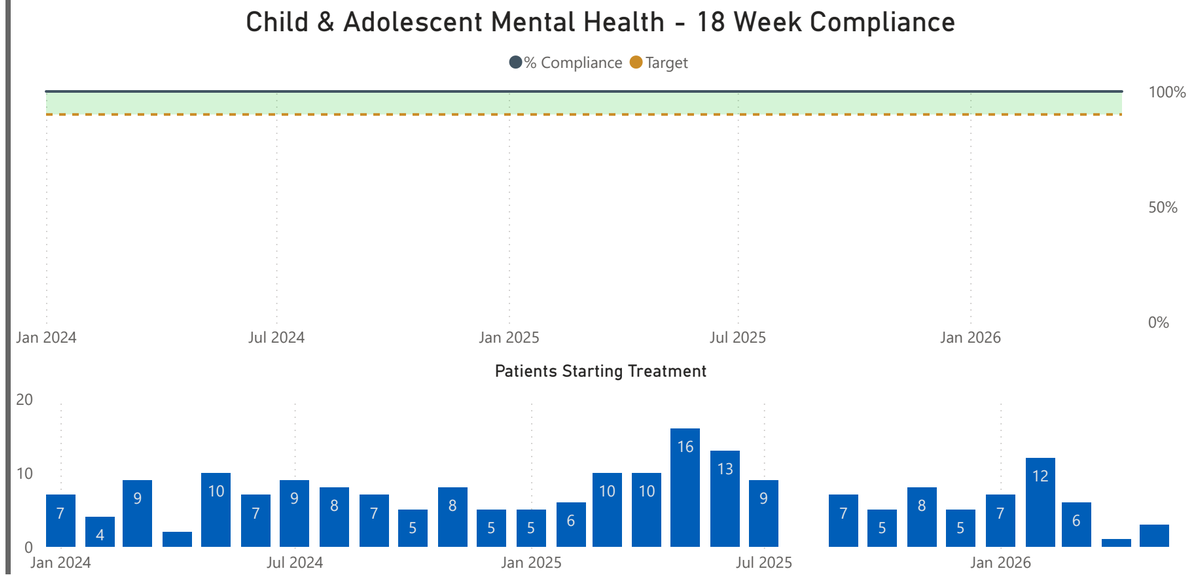
Data Source
CAMHS Monthly Return

Latest Data
May 2026

Compliance

KPI	Target	Actual	RAG Value
90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	90%	100.00%	Green

Action	Target Date	Owner	Status
KPI on target, no actions required at this time.			



Comments From Executive Lead

Although the service is confident the target continues to be met, at present Orkney is unable to report on data due to system challenges between Grampian and Orkney. It is hoped this will be resolved in the coming weeks.

Stephen Brown, Chief Officer of the Integration Joint Board



Community
Psychological Therapies 18 Week Compliance

Data Source
PT Monthly Return

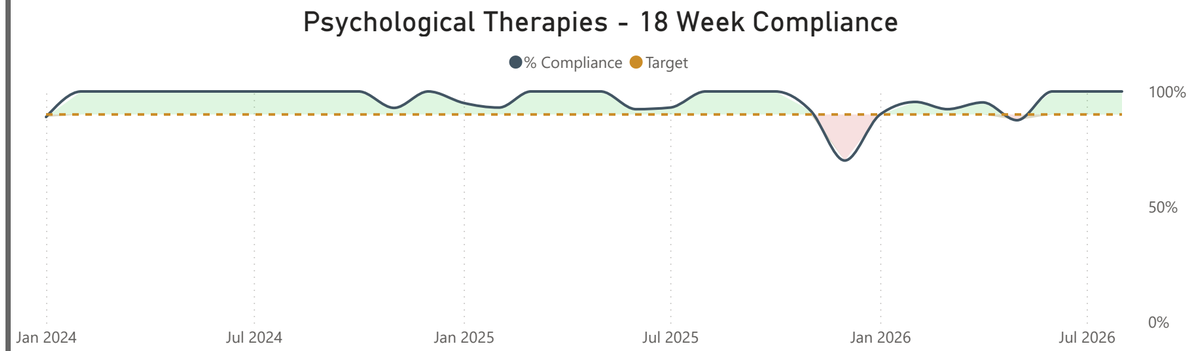
Latest Data
August 2026

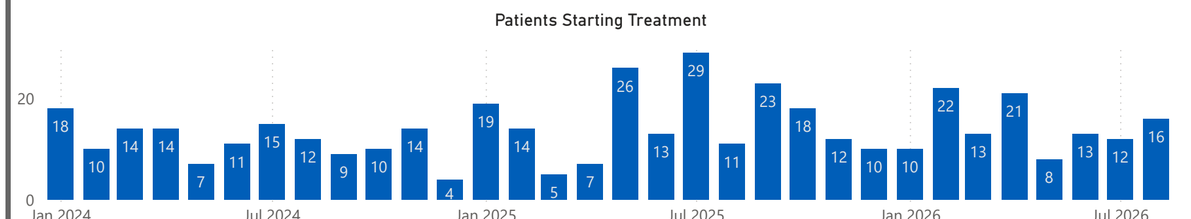
Compliance

KPI	Target	Actual	RAG Value
18 Week Referral to Treatment for Psychological Therapies	90%	100.00%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.





Comments From Executive Lead

Psychological Therapies continue to meet the target. The team continue to look at how to further reduce waiting times from the national target for patients. Currently, Orkney Psychological Therapies team is in a position to offer some mutual aid to both the Western Isles and Shetland with appropriate SLAs in place.

Stephen Brown, Chief Officer of the Integration Joint Board



Community
Allied Health Professions (AHPs) MSK 4 Week Compliance - All Specialties

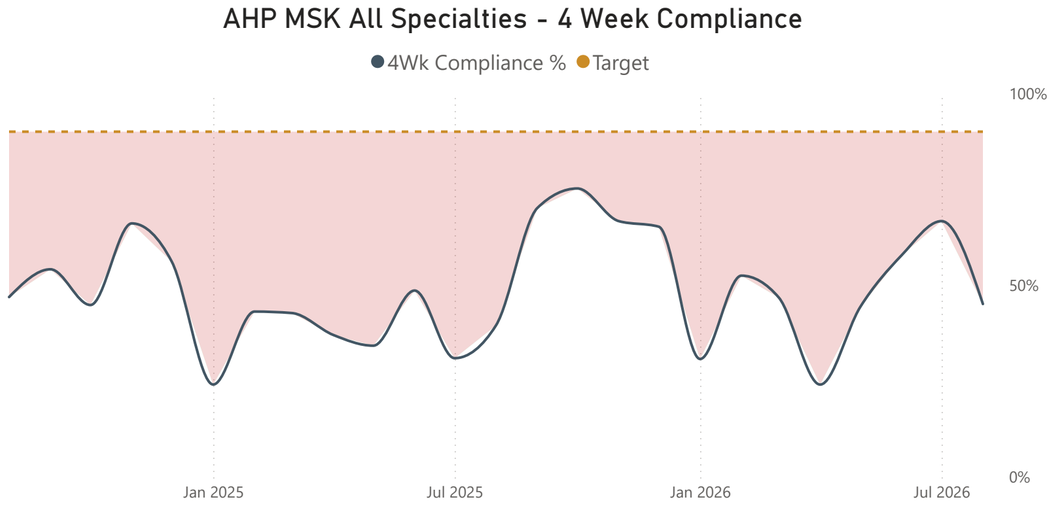
Data Source: TrakCare

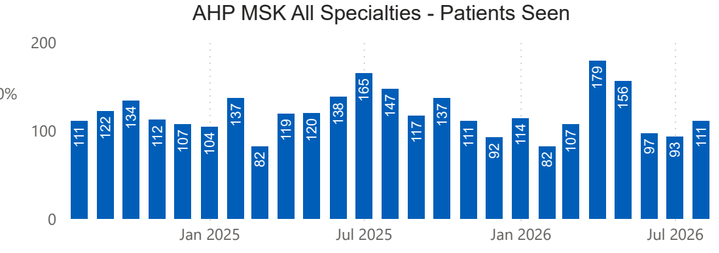
Latest Data: August 2026

Compliance

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led musculoskeletal services.	90%	45.05%	Red

Action	Target Date	Owner	Status
Specific actions applied to individual service areas in the proceding pages.			



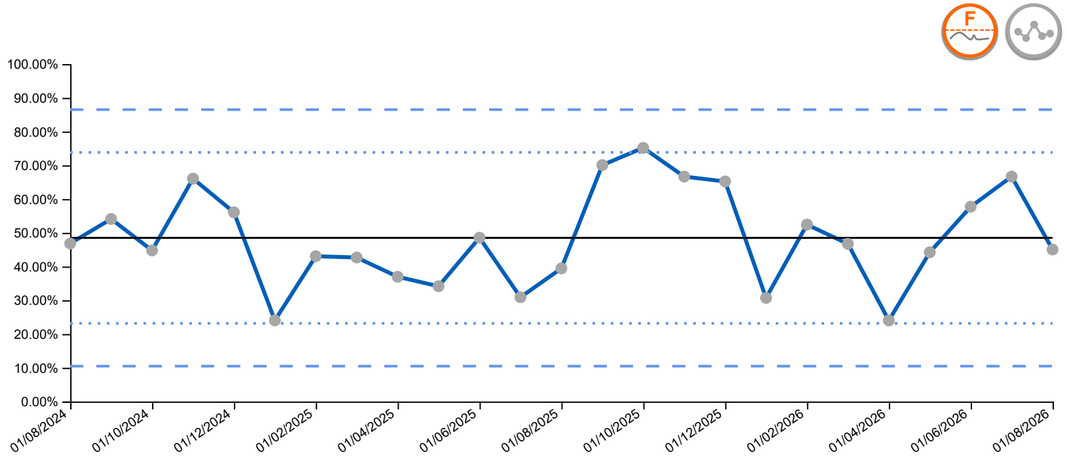


AHP MSK All Specialties - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
March 2026	107	46.73%	90.00%	Red
April 2026	179	24.02%	90.00%	Red
May 2026	156	44.23%	90.00%	Red
June 2026	97	57.73%	90.00%	Red
July 2026	93	66.67%	90.00%	Red
August 2026	111	45.05%	90.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	46.85	48.50	90.00	10.48	86.51	23.16	73.84	None
01/09/2024	54.10	48.50	90.00	10.48	86.51	23.16	73.84	None
01/10/2024	44.78	48.50	90.00	10.48	86.51	23.16	73.84	None
01/11/2024	66.07	48.50	90.00	10.48	86.51	23.16	73.84	None
01/12/2024	56.07	48.50	90.00	10.48	86.51	23.16	73.84	None
01/01/2025	24.04	48.50	90.00	10.48	86.51	23.16	73.84	None
01/02/2025	43.07	48.50	90.00	10.48	86.51	23.16	73.84	None
01/03/2025	42.68	48.50	90.00	10.48	86.51	23.16	73.84	None
01/04/2025	36.97	48.50	90.00	10.48	86.51	23.16	73.84	None
01/05/2025	34.17	48.50	90.00	10.48	86.51	23.16	73.84	None
01/06/2025	48.55	48.50	90.00	10.48	86.51	23.16	73.84	None
01/07/2025	30.91	48.50	90.00	10.48	86.51	23.16	73.84	None
01/08/2025	39.46	48.50	90.00	10.48	86.51	23.16	73.84	None
01/09/2025	70.09	48.50	90.00	10.48	86.51	23.16	73.84	None
01/10/2025	75.18	48.50	90.00	10.48	86.51	23.16	73.84	None
01/11/2025	66.67	48.50	90.00	10.48	86.51	23.16	73.84	None
01/12/2025	65.22	48.50	90.00	10.48	86.51	23.16	73.84	None
01/01/2026	30.70	48.50	90.00	10.48	86.51	23.16	73.84	None
01/02/2026	52.44	48.50	90.00	10.48	86.51	23.16	73.84	None
01/03/2026	46.73	48.50	90.00	10.48	86.51	23.16	73.84	None
01/04/2026	24.02	48.50	90.00	10.48	86.51	23.16	73.84	None
01/05/2026	44.23	48.50	90.00	10.48	86.51	23.16	73.84	None
01/06/2026	57.73	48.50	90.00	10.48	86.51	23.16	73.84	None
01/07/2026	66.67	48.50	90.00	10.48	86.51	23.16	73.84	None
01/08/2026	45.05	48.50	90.00	10.48	86.51	23.16	73.84	None



Comments From Executive Lead

This target is an amalgam of the following three indicators and the actions are detailed by specialty in the following sections.



Stephen Brown, Chief Officer of the Integration Joint Board

Community
Allied Health Professions (AHPs) MSK 4 Week Compliance - Orthotics

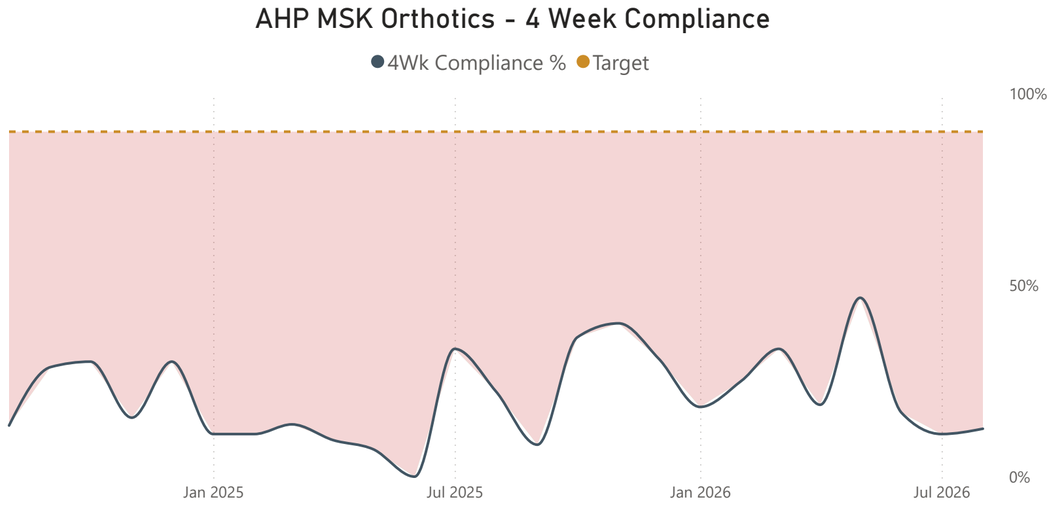
Data Source: TrakCare

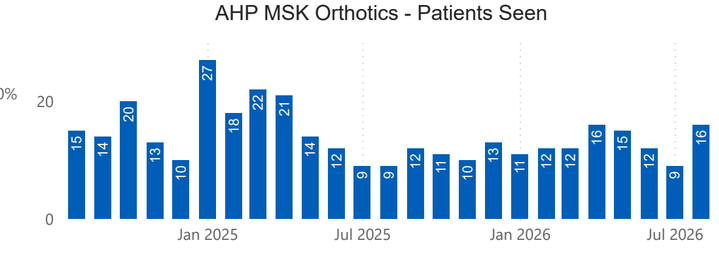
Latest Data: August 2026

Compliance

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led orthotics musculoskeletal services.	90%	12.50%	Red

Action	Target Date	Owner	Status
Monitor referral numbers and performance	31/12/2026		In Progress



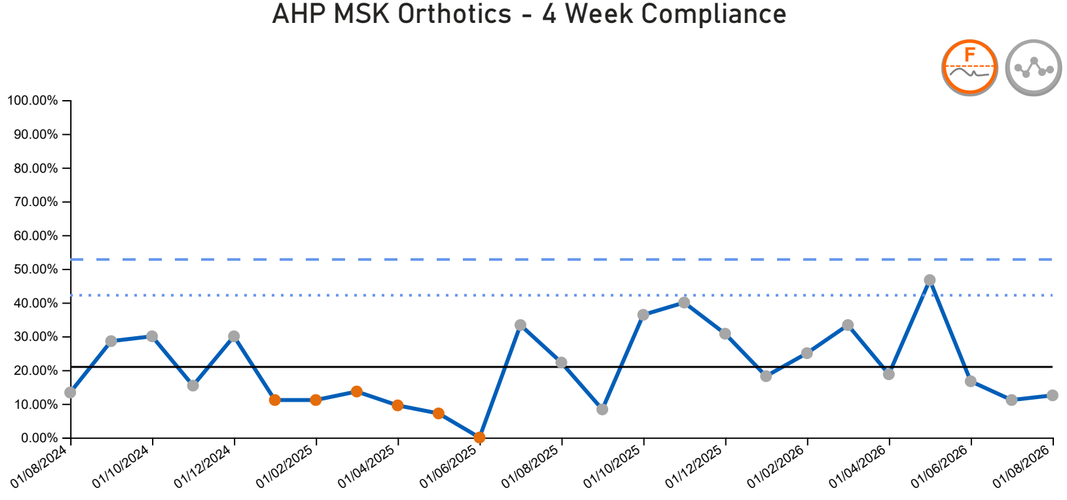


AHP MSK Orthotics - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
March 2026	12	33.33%	90.00%	Red
April 2026	16	18.75%	90.00%	Red
May 2026	15	46.67%	90.00%	Red
June 2026	12	16.67%	90.00%	Red
July 2026	9	11.11%	90.00%	Red
August 2026	16	12.50%	90.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	13.33	20.92	90.00	0.00	52.77	0.00	42.15	None
01/09/2024	28.57	20.92	90.00	0.00	52.77	0.00	42.15	None
01/10/2024	30.00	20.92	90.00	0.00	52.77	0.00	42.15	None
01/11/2024	15.38	20.92	90.00	0.00	52.77	0.00	42.15	None
01/12/2024	30.00	20.92	90.00	0.00	52.77	0.00	42.15	None
01/01/2025	11.11	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/02/2025	11.11	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/03/2025	13.64	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/04/2025	9.52	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/05/2025	7.14	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/06/2025	0.00	20.92	90.00	0.00	52.77	0.00	42.15	Deterioration
01/07/2025	33.33	20.92	90.00	0.00	52.77	0.00	42.15	None
01/08/2025	22.22	20.92	90.00	0.00	52.77	0.00	42.15	None
01/09/2025	8.33	20.92	90.00	0.00	52.77	0.00	42.15	None
01/10/2025	36.36	20.92	90.00	0.00	52.77	0.00	42.15	None
01/11/2025	40.00	20.92	90.00	0.00	52.77	0.00	42.15	None
01/12/2025	30.77	20.92	90.00	0.00	52.77	0.00	42.15	None
01/01/2026	18.18	20.92	90.00	0.00	52.77	0.00	42.15	None
01/02/2026	25.00	20.92	90.00	0.00	52.77	0.00	42.15	None
01/03/2026	33.33	20.92	90.00	0.00	52.77	0.00	42.15	None
01/04/2026	18.75	20.92	90.00	0.00	52.77	0.00	42.15	None
01/05/2026	46.67	20.92	90.00	0.00	52.77	0.00	42.15	None
01/06/2026	16.67	20.92	90.00	0.00	52.77	0.00	42.15	None
01/07/2026	11.11	20.92	90.00	0.00	52.77	0.00	42.15	None
01/08/2026	12.50	20.92	90.00	0.00	52.77	0.00	42.15	None



Comments From Executive Lead

Currently, new referrals are seen at the next immediate orthotic clinic therefore meet the target for paediatric clinic. The adult routine referrals are then appointed in date order, currently the routine adult Waiting List is approximately 16 weeks.
Some additional funding has allowed the clinic from 3 days to 4 days per month for a 12 month period. This should allow improvements to the routine and return waiting lists but as this has only recently been implemented, the effects are not visible as yet.

Stephen Brown, Chief Officer of the Integration Joint Board



Community
Allied Health Professions (AHPs) MSK 4 Week Compliance - Physiotherapy

Data Source: TrakCare

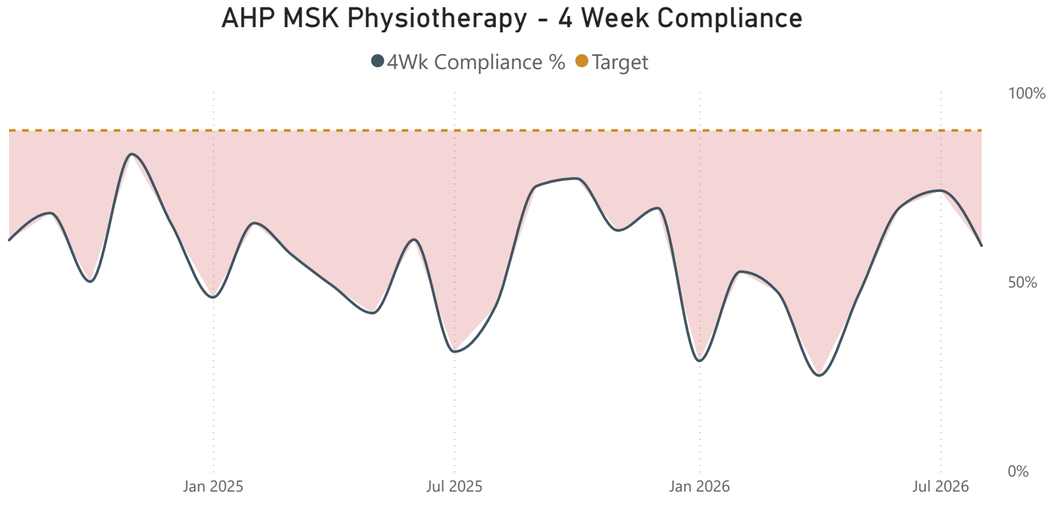
Latest Data: August 2026

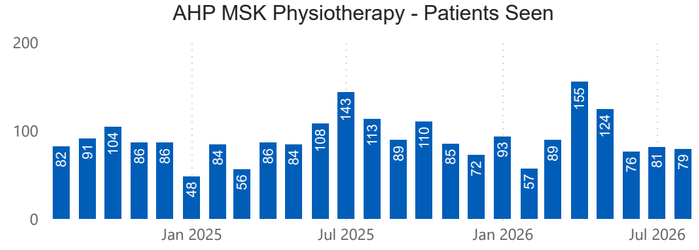
Compliance

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led physiotherapy musculoskeletal services.	90%	59.49%	Red

Action	Target Date	Owner	Status

All current actions completed/closed.



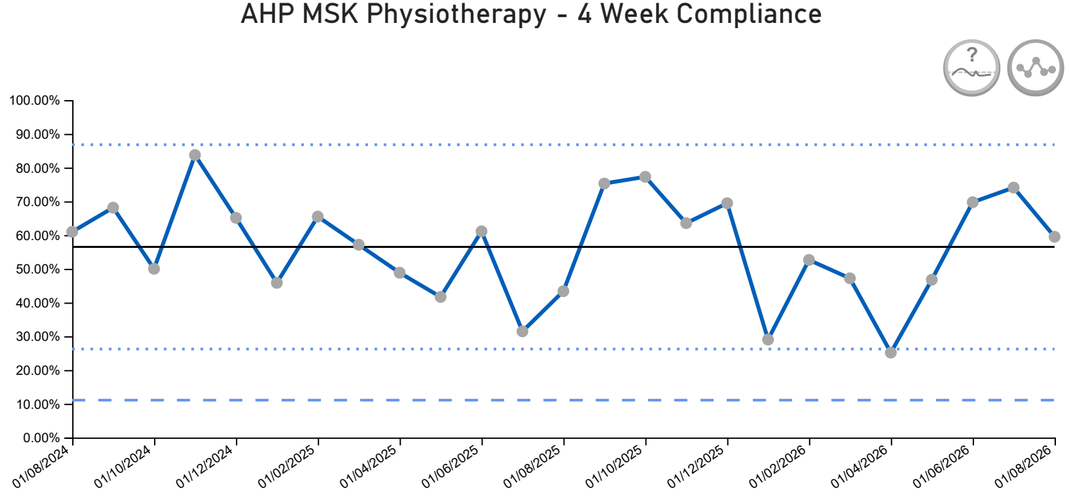


AHP MSK Physiotherapy - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
March 2026	89	47.19%	90.00%	Red
April 2026	155	25.16%	90.00%	Red
May 2026	124	46.77%	90.00%	Red
June 2026	76	69.74%	90.00%	Red
July 2026	81	74.07%	90.00%	Red
August 2026	79	59.49%	90.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	60.98	56.50	90.00	11.08	100.00	26.22	86.78	None
01/09/2024	68.13	56.50	90.00	11.08	100.00	26.22	86.78	None
01/10/2024	50.00	56.50	90.00	11.08	100.00	26.22	86.78	None
01/11/2024	83.72	56.50	90.00	11.08	100.00	26.22	86.78	None
01/12/2024	65.12	56.50	90.00	11.08	100.00	26.22	86.78	None
01/01/2025	45.83	56.50	90.00	11.08	100.00	26.22	86.78	None
01/02/2025	65.48	56.50	90.00	11.08	100.00	26.22	86.78	None
01/03/2025	57.14	56.50	90.00	11.08	100.00	26.22	86.78	None
01/04/2025	48.84	56.50	90.00	11.08	100.00	26.22	86.78	None
01/05/2025	41.67	56.50	90.00	11.08	100.00	26.22	86.78	None
01/06/2025	61.11	56.50	90.00	11.08	100.00	26.22	86.78	None
01/07/2025	31.47	56.50	90.00	11.08	100.00	26.22	86.78	None
01/08/2025	43.36	56.50	90.00	11.08	100.00	26.22	86.78	None
01/09/2025	75.28	56.50	90.00	11.08	100.00	26.22	86.78	None
01/10/2025	77.27	56.50	90.00	11.08	100.00	26.22	86.78	None
01/11/2025	63.53	56.50	90.00	11.08	100.00	26.22	86.78	None
01/12/2025	69.44	56.50	90.00	11.08	100.00	26.22	86.78	None
01/01/2026	29.03	56.50	90.00	11.08	100.00	26.22	86.78	None
01/02/2026	52.63	56.50	90.00	11.08	100.00	26.22	86.78	None
01/03/2026	47.19	56.50	90.00	11.08	100.00	26.22	86.78	None
01/04/2026	25.16	56.50	90.00	11.08	100.00	26.22	86.78	None
01/05/2026	46.77	56.50	90.00	11.08	100.00	26.22	86.78	None
01/06/2026	69.74	56.50	90.00	11.08	100.00	26.22	86.78	None
01/07/2026	74.07	56.50	90.00	11.08	100.00	26.22	86.78	None
01/08/2026	59.49	56.50	90.00	11.08	100.00	26.22	86.78	None



Comments From Executive Lead

Following improvements against the standard in June and July, performance reduced in August, with a lower percentage of patients seen within four weeks of referral. Activity levels have remained stable over the last three months.

Stephen Brown, Chief Officer of the Integration Joint Board



Community
Allied Health Professions (AHPs) MSK 4 Week Compliance - Podiatry

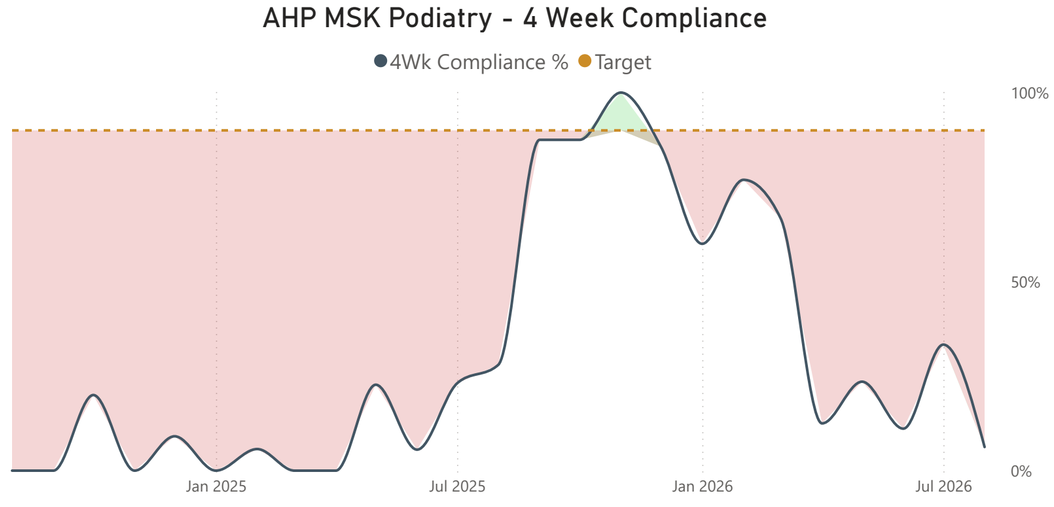
Data Source: TrakCare

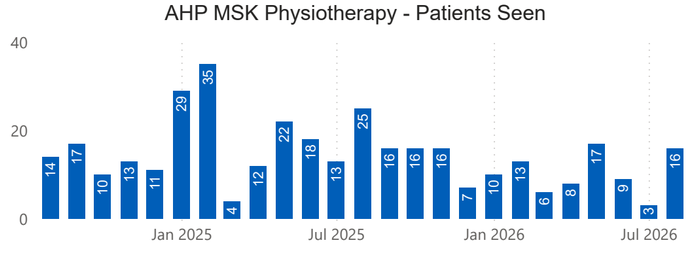
Latest Data: August 2026

Compliance

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led podiatry musculoskeletal services.	90%	6.25%	Red

Action	Target Date	Owner	Status
Work to identify space to deliver 1 additional MSK clinic weekly.	30/09/2026		Completed
Recruitment to a Podiatry bank post, utilising the spare hours, and explore other opportunities.	31/12/2027		In Progress



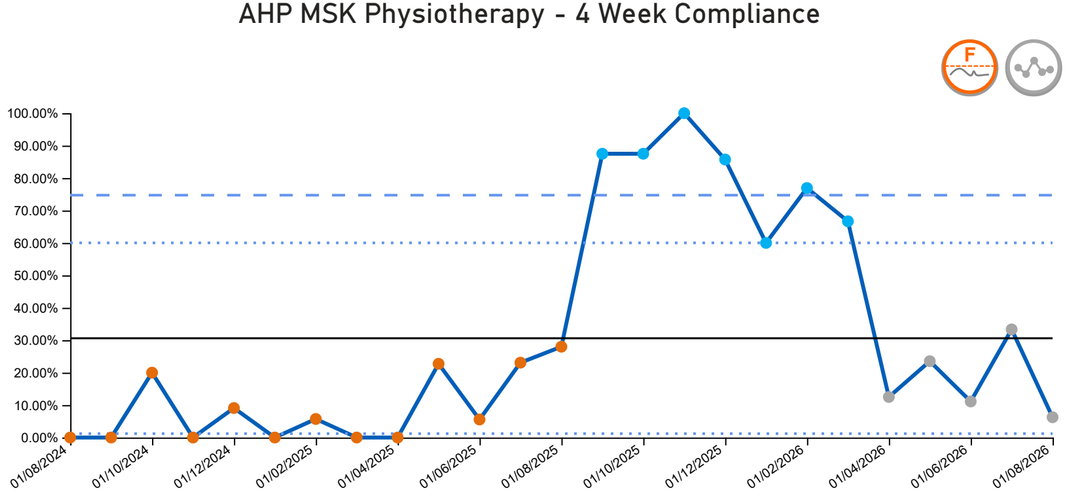


AHP MSK Physiotherapy - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
March 2026	6	66.67%	90.00%	Red
April 2026	8	12.50%	90.00%	Red
May 2026	17	23.53%	90.00%	Red
June 2026	9	11.11%	90.00%	Red
July 2026	3	33.33%	90.00%	Red
August 2026	16	6.25%	90.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/09/2024	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/10/2024	20.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/11/2024	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/12/2024	9.09	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/01/2025	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/02/2025	5.71	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/03/2025	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/04/2025	0.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/05/2025	22.73	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/06/2025	5.56	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/07/2025	23.08	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/08/2025	28.00	30.61	90.00	0.00	69.76	4.51	56.71	Deterioration
01/09/2025	87.50	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/10/2025	87.50	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/11/2025	100.00	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/12/2025	85.71	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/01/2026	60.00	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/02/2026	76.92	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/03/2026	66.67	30.61	90.00	0.00	69.76	4.51	56.71	Improvement
01/04/2026	12.50	30.61	90.00	0.00	69.76	4.51	56.71	None
01/05/2026	23.53	30.61	90.00	0.00	69.76	4.51	56.71	None
01/06/2026	11.11	30.61	90.00	0.00	69.76	4.51	56.71	None
01/07/2026	33.33	30.61	90.00	0.00	69.76	4.51	56.71	None
01/08/2026	6.25	30.61	90.00	0.00	69.76	4.51	56.71	None



Comments From Executive Lead

Despite an increase in the number of patients seen in month with 16 compared to 3 in July, only 6.25% of those patients were seen within 4 weeks from referral. Work is ongoing to appoint a colleague to support the additional capacity approved.

Stephen Brown, Chief Officer of the Integration Joint Board



Population Health

Section Lead:
Director of Public Health

What's Going Well?

Referral number to smoking cessation remain high and have increased with 9 in July, 11 in August and 12 in September. Engagement sessions with professionals who work with priority groups for smoking cessation continue.

Childhood immunisation uptake of 6-in-1 and MMR2 remain above Scottish average.

Maternity screening metrics show 100% compliance.

Profile of services continues to be raised through community roadshows. Presentation of health improvement work at the international EURIPA conference, with award of best oral presentation for work on improving the cancer journey.

RAG Status Values	
RED	Key performance indicator not achieved, and performance below average.
AMBER	Key performance indicator not achieved, but performance above average.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

The Smoking Cessation team has experienced high level of staff absence across the end of July, August, September and this continues into October. This has impacted on delivery of the service with increased waiting time for an initial appointment. Additional personnel resource for service delivery is being provided by the team lead, where necessary, which reduces capacity for strategic activities for developing the service and sustaining referrals.

Childhood immunisation rates in Orkney fluctuate due to small population numbers. There is a light downward trend, mirroring the national picture but with less pronounced decline. Ongoing monitoring is in place through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments. New nationally procured child health system has issues in scheduling of vaccinations requiring local workarounds – national incident management meetings continue.

The Pregnancy & Newborn Screening Oversight Group reviewed variance in the bloodspot KPI and are following up approaches in relation to children born in NHS Grampian sites. Uptake rates in Orkney fluctuate due to small population numbers.

Expanded vaccination schedules for autumn/winter is challenging for boards.

Population Health
Smoking Cessation Active Clients

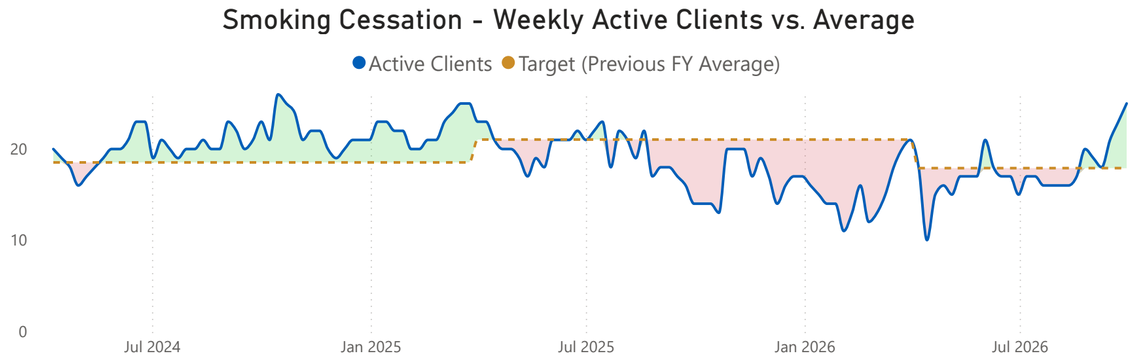
Data Source
Public Health Team

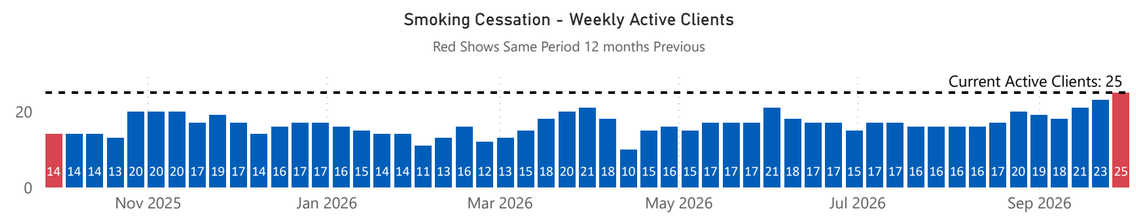
Latest Data
29/09/2026

Compliance

KPI	Target	Actual	RAG Value
Increase smoking cessation active clients year-on-year	18	25	Green

Action	Target Date	Owner	Status
Continue key group engagement, in August this will be to engage the new resident doctors.	01/12/2026	J Strawson	In Progress
Develop easy-to-use process for capturing case studies of service user stories for their use in future promotional work.	01/12/2026	J Strawson	In Progress
Lead review of smoke free site policy and seek approval for any proposed changes.	01/12/2026	J Strawson	In Progress
In 2026/27, we will ensure the focus of the smoking cessation service delivery is on priority groups (pregnancy and early years, mental health, hospitalised patients and deprived populations). We will achieve this though engagement work with partners who work primarily with these priority groups.	31/03/2027	J Strawson	In Progress





Comments From Executive Lead

As the smoking prevalence is reducing year on year, this target should be re-considered. A target to maintain the level of active clients may be more realistic.
Referrals have increased, but the level of staff absence in July and August will impact the level of current active clients.
However resources are being prioritised to focus on this target.

Dr. Louise Wilson, Director of Public Health



Population Health
Smoking Cessation 12-Week Quits

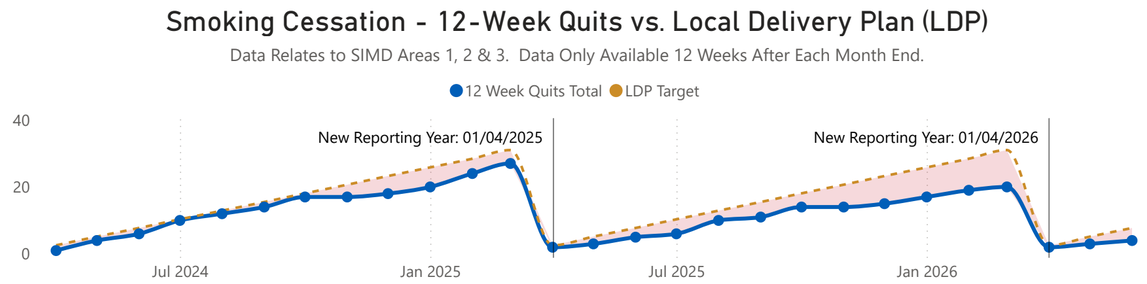
Data Source
Public Health Team

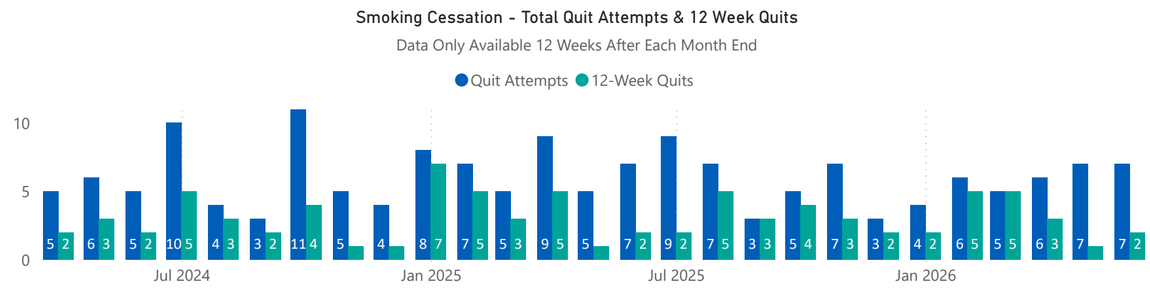
Latest Data
June 2026

Compliance

KPI	Target	Actual	RAG Value
NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)	8	4	Red

Action	Target Date	Owner	Status
Continued delivery of a sustainable model for specialist stop smoking service (Quit Your Way Orkney)	01/12/2026	J Strawson	In Progress
Develop audit process which meets the needs of QYWO and has a sustainable delivery model.	01/12/2026	J Strawson	In Progress
We will ensure public and professional awareness of stop smoking support locally and how to access this through development of communications plan which includes client and advisor voices to personalise the service.	31/03/2027	J Strawson	In Progress





Comments From Executive Lead

This target remains challenging. Both the Quit Your Way Orkney team and Community Pharmacies play a vital role in achieving this target. The Quit Your Way Orkney Team have been working to promote referrals to the service, including delivery of a session to medical staff (including Resident Doctors) and meetings with local charities Blide Trust and THAW who work with priority population groups for smoking cessation.

Dr. Louise Wilson, Director of Public Health



Population Health
6-in-1 Immunisation Uptake

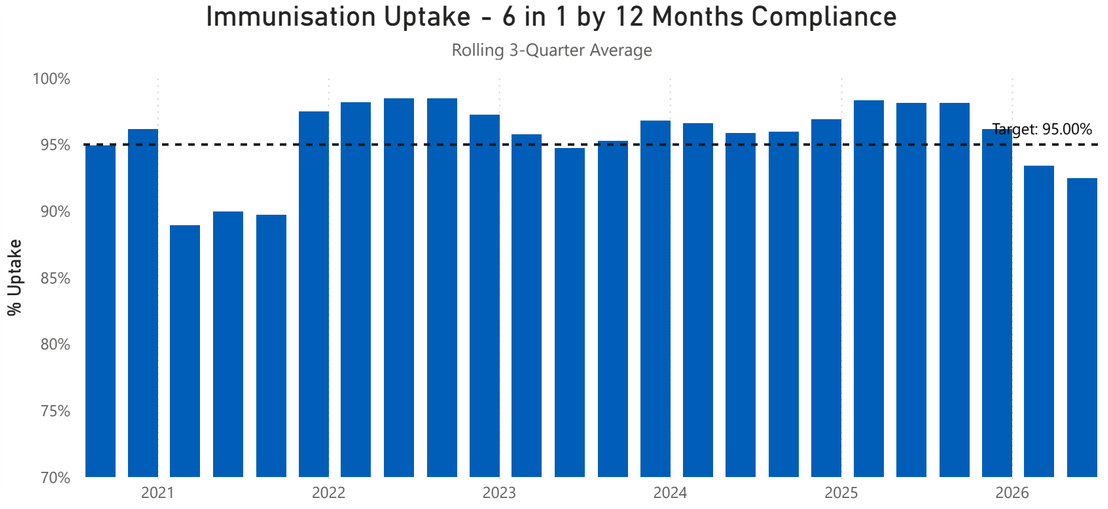
Data Source
PHS Childhood Immunisation Publication

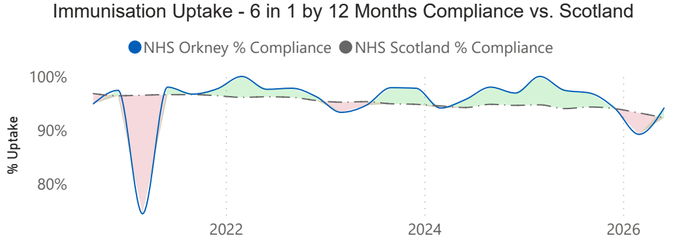
Latest Data
June 2026

Compliance

KPI	Target	Actual	RAG Value
Immunisation uptake rate 6-in-1 primary Course by 12 months (rolling 3-month average)	95.0%	92.47%	Red

Action	Target Date	Owner	Status
Continue ongoing immunisation uptake monitoring through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments.	31/10/2026	E Garcia	In Progress



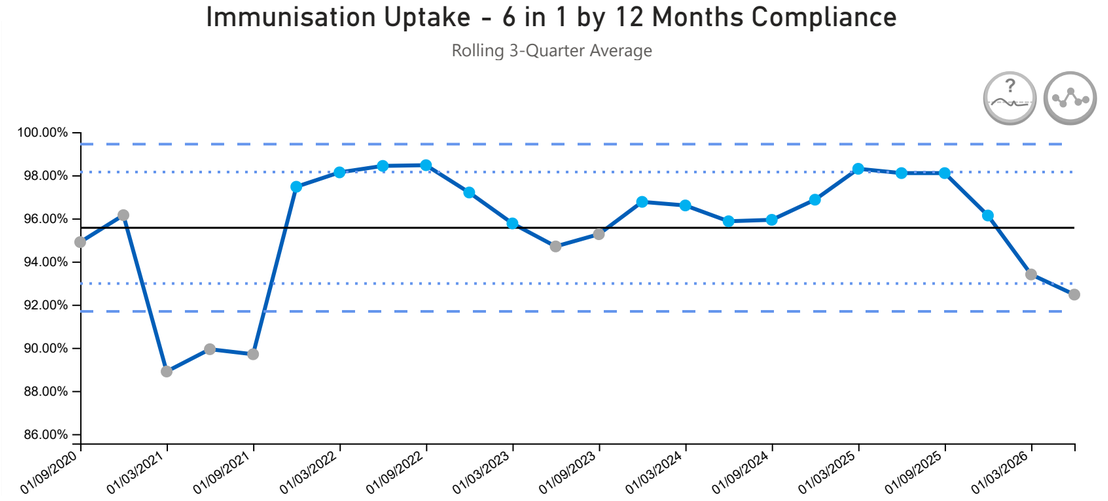


6-in-1 Immunisation Uptake - Last 6 Quarters

End Of Quarter	Orkney	3-Quarter Avg.	Target	RAG Value
March 2025	100.00%	98.30%	95.00%	Green
June 2025	97.40%	98.10%	95.00%	Green
September 2025	96.90%	98.10%	95.00%	Green
December 2025	94.10%	96.13%	95.00%	Green
March 2026	89.20%	93.40%	95.00%	Red
June 2026	94.10%	92.47%	95.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/09/2020	94.90	95.56	95.00	91.69	99.44	92.98	98.15	None
01/12/2020	96.15	95.56	95.00	91.69	99.44	92.98	98.15	None
01/03/2021	88.90	95.56	95.00	91.69	99.44	92.98	98.15	None
01/06/2021	89.93	95.56	95.00	91.69	99.44	92.98	98.15	None
01/09/2021	89.70	95.56	95.00	91.69	99.44	92.98	98.15	None
01/12/2021	97.47	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/03/2022	98.13	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/06/2022	98.43	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/09/2022	98.47	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/12/2022	97.20	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/03/2023	95.77	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/06/2023	94.70	95.56	95.00	91.69	99.44	92.98	98.15	None
01/09/2023	95.27	95.56	95.00	91.69	99.44	92.98	98.15	None
01/12/2023	96.77	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/03/2024	96.60	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/06/2024	95.87	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/09/2024	95.93	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/12/2024	96.87	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/03/2025	98.30	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/06/2025	98.10	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/09/2025	98.10	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/12/2025	96.13	95.56	95.00	91.69	99.44	92.98	98.15	Improvement
01/03/2026	93.40	95.56	95.00	91.69	99.44	92.98	98.15	None
01/06/2026	92.47	95.56	95.00	91.69	99.44	92.98	98.15	None



Comments From Executive Lead

Uptake remains above the Scottish average. Childhood immunisation rates in Orkney fluctuate due to small population numbers. Ongoing monitoring is in place through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments

Dr. Louise Wilson, Director of Public Health



Population Health
Immunisation Uptake Rate MMR by 6 Years of Age

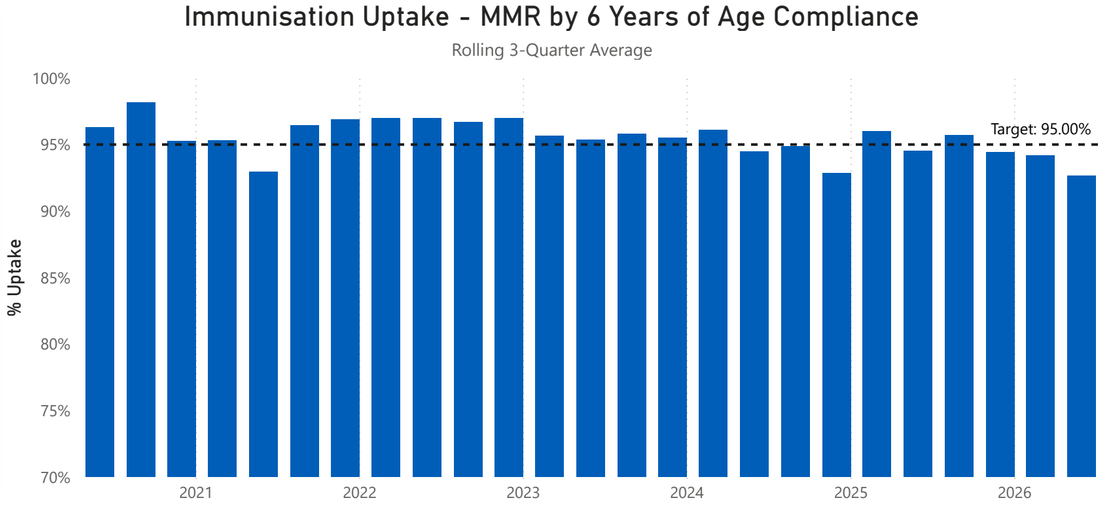
Data Source
PHS Childhood Immunisation Publication

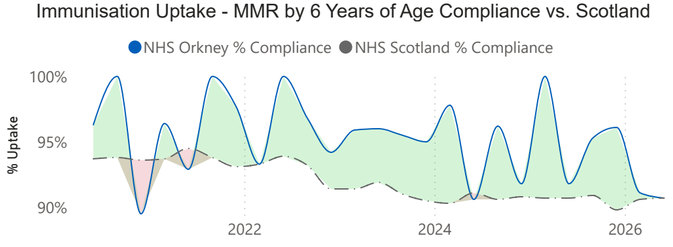
Latest Data
June 2026

Compliance

KPI	Target	Actual	RAG Value
Immunisation uptake rate MMR2 by 6 years of age (rolling 3-month average)	95.0%	92.63%	Red

Action	Target Date	Owner	Status
Continue ongoing immunisation uptake monitoring through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments.	31/10/2026	E Garcia	In Progress



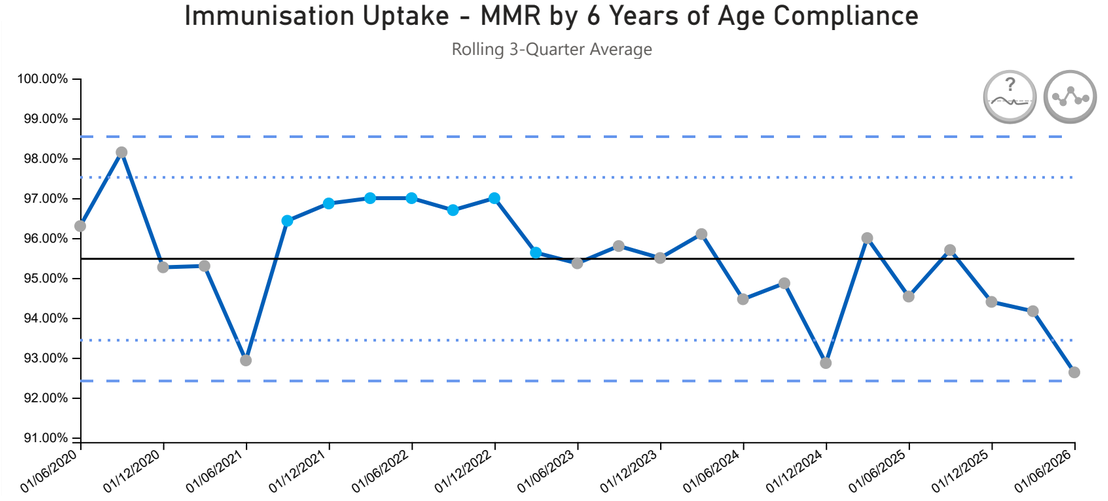


MMR Immunisation Uptake - Last 6 Quarters

End Of Quarter	Orkney	3-Quarter Avg.	Target	RAG Value
March 2025	100.00%	96.00%	95.00%	Green
June 2025	91.80%	94.53%	95.00%	Red
September 2025	95.30%	95.70%	95.00%	Green
December 2025	96.10%	94.40%	95.00%	Red
March 2026	91.10%	94.17%	95.00%	Red
June 2026	90.70%	92.63%	95.00%	Red

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/06/2020	96.30	95.48	95.00	92.42	98.54	93.44	97.52	None
01/09/2020	98.15	95.48	95.00	92.42	98.54	93.44	97.52	None
01/12/2020	95.27	95.48	95.00	92.42	98.54	93.44	97.52	None
01/03/2021	95.30	95.48	95.00	92.42	98.54	93.44	97.52	None
01/06/2021	92.93	95.48	95.00	92.42	98.54	93.44	97.52	None
01/09/2021	96.43	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/12/2021	96.87	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/03/2022	97.00	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/06/2022	97.00	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/09/2022	96.70	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/12/2022	97.00	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/03/2023	95.63	95.48	95.00	92.42	98.54	93.44	97.52	Improvement
01/06/2023	95.37	95.48	95.00	92.42	98.54	93.44	97.52	None
01/09/2023	95.80	95.48	95.00	92.42	98.54	93.44	97.52	None
01/12/2023	95.50	95.48	95.00	92.42	98.54	93.44	97.52	None
01/03/2024	96.10	95.48	95.00	92.42	98.54	93.44	97.52	None
01/06/2024	94.47	95.48	95.00	92.42	98.54	93.44	97.52	None
01/09/2024	94.87	95.48	95.00	92.42	98.54	93.44	97.52	None
01/12/2024	92.87	95.48	95.00	92.42	98.54	93.44	97.52	None
01/03/2025	96.00	95.48	95.00	92.42	98.54	93.44	97.52	None
01/06/2025	94.53	95.48	95.00	92.42	98.54	93.44	97.52	None
01/09/2025	95.70	95.48	95.00	92.42	98.54	93.44	97.52	None
01/12/2025	94.40	95.48	95.00	92.42	98.54	93.44	97.52	None
01/03/2026	94.17	95.48	95.00	92.42	98.54	93.44	97.52	None
01/06/2026	92.63	95.48	95.00	92.42	98.54	93.44	97.52	None



Comments From Executive Lead

Uptake remains above the Scottish average. Childhood immunisation rates in Orkney fluctuate due to small population numbers. Ongoing monitoring is in place through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments

Dr. Louise Wilson, Director of Public Health



Population Health
Pregnancy Screening - Trisomy

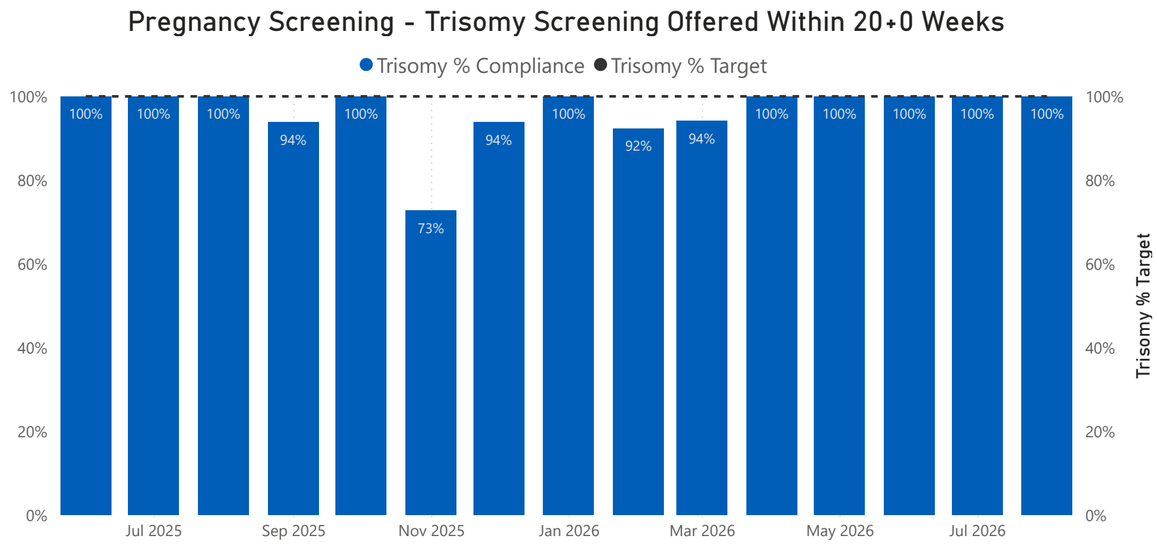
Data Source
Maternity Team

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	100.0%	100.00%	Green

Action	Target Date	Owner	Status
Pregnancy & Newborn Screening Oversight Group to review variance in this KPI and implement actions as appropriate.	30/04/2026	E Garcia	Completed



Comments From Executive Lead

Uptake rates in Orkney fluctuate due to small population numbers. Performance is monitored routinely via Pregnancy and Newborn Screening Oversight Group

Dr. Louise Wilson, Director of Public Health



Population Health
Pregnancy Screening - Haemoglobinopathies

Data Source
Maternity Team

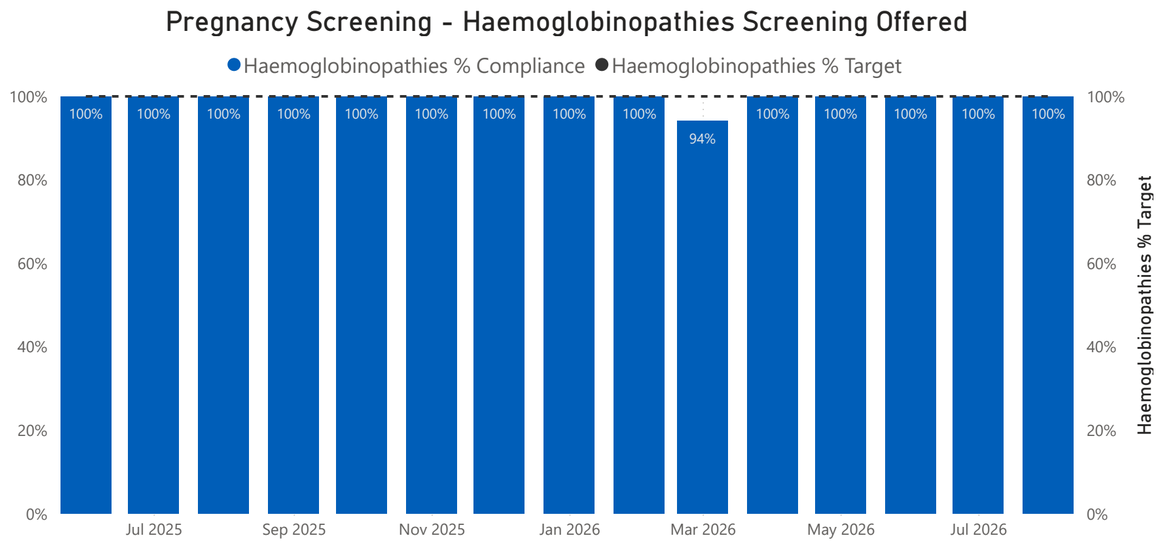
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	100.0%	100.00%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Uptake rates in Orkney fluctuate due to small population numbers. Performance is monitored routinely via Pregnancy and Newborn Screening Oversight Group

Dr. Louise Wilson, Director of Public Health



Population Health
Pregnancy Screening - Infectious Diseases

Data Source
Maternity Team

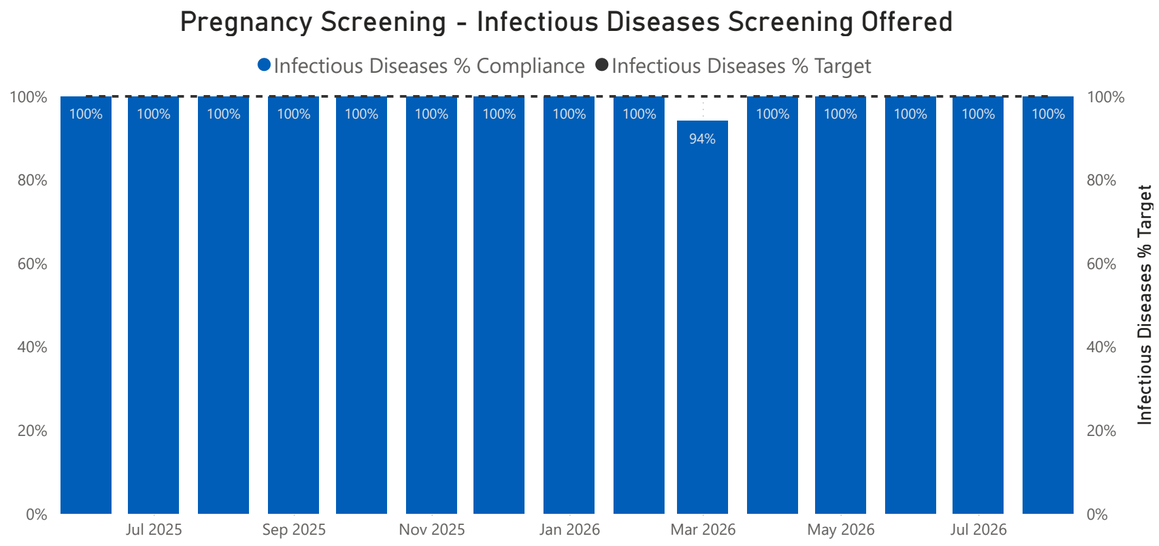
Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	100.0%	100.00%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Uptake rates in Orkney fluctuate due to small population numbers. Performance is monitored routinely via Pregnancy and Newborn Screening Oversight Group

Dr. Louise Wilson, Director of Public Health



Population Health
Blood Spot Screening Compliance

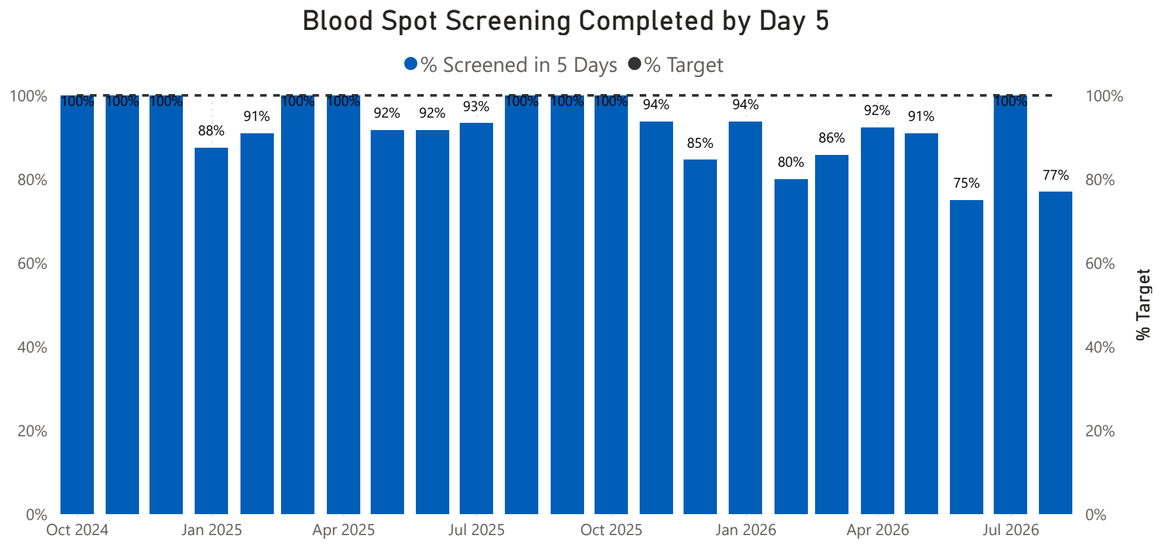
Data Source
Maternity Team

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	100.0%	76.90%	Red

Action	Target Date	Owner	Status
Pregnancy & Newborn Screening Oversight Group to review variance in this KPI and implement actions as appropriate.	30/04/2026	E Garcia	Completed



Comments From Executive Lead

Uptake rates in Orkney fluctuate due to small population numbers.

Bloodspot screening uptake rate was slightly under 100% because of parental choice and birth in another Board area. The Pregnancy & Newborn Screening Oversight Group reviewed variance in the bloodspot KPI and are following up approaches in relation to children born in NHS Grampian sites.

Dr. Louise Wilson, Director of Public Health



People & Culture

Section Lead(s):
Director of People and Culture

What's Going Well?

Business as usual: People's Services continues to provide support across the organisation. Support has increased to help departments review their service delivery, prompting some organisational change processes. The department is engaged in the national Business Systems Programme, where system reviews are underway and work is ongoing to understand the scope of future work and rollout. The re-engagement of the Eroster system across the organisation continues in line with the engagement plan. Teams are making progress, but further work is needed to ensure full implementation by the deadline. Additional Occupational Health continues to implement its new system, improving service delivery.

RAG Status Values

RED	Key performance indicator not achieved, and performance below average.
AMBER	Key performance indicator not achieved, but performance above average.
GREEN	Key performance indicator achieved.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

During the first two months of 26/27, absence increased significantly, with rates exceeding 7% in both April and May, and fell to a reduced level in July; however, it remains elevated. The team continues to support managers through training, helping colleagues return to work and ensuring they can access occupational health advice and support. Appraisal results across the organisation remain below the expected level. These discussions continue within the operational people group and at performance review meetings, where managers' plans to achieve the required level are reviewed.

People & Culture
NHS Orkney Sickness Absence

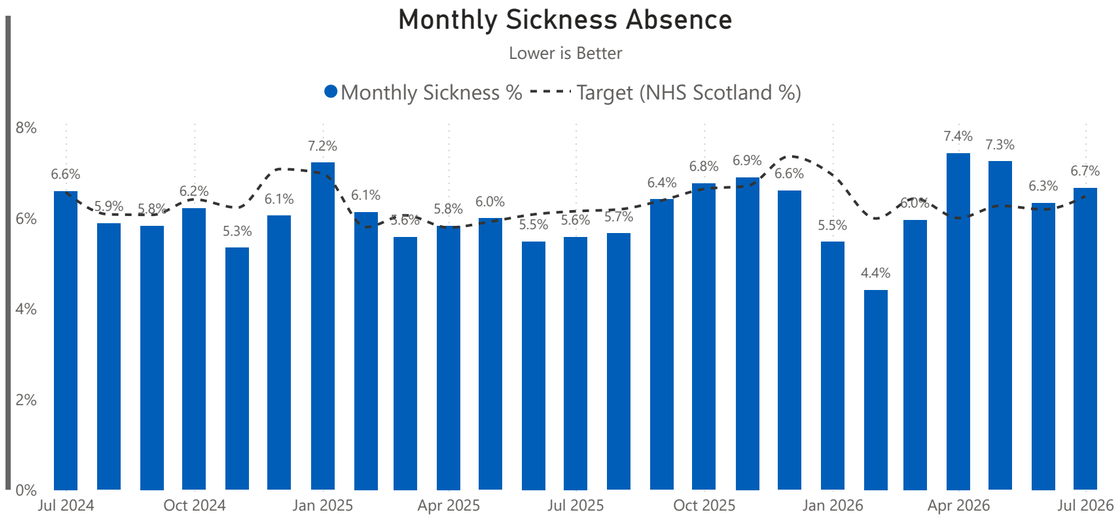
Data Source
SSTS/eESS National

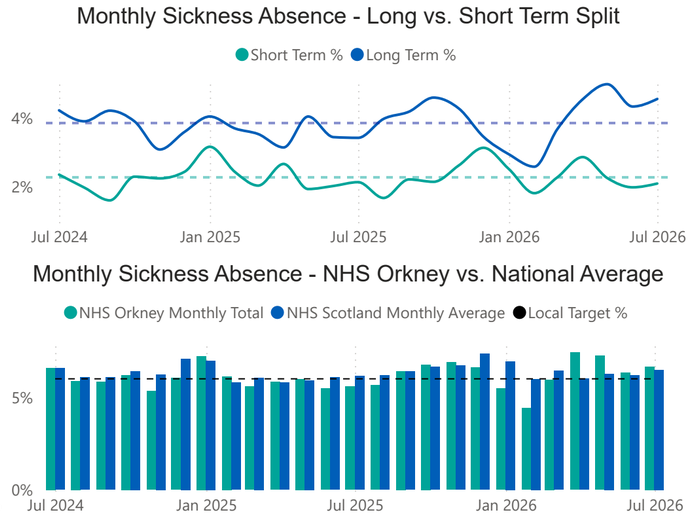
Latest Data
July 2026

Compliance

KPI	Target	Actual	RAG Value
Monthly sickness absence rates below national average	6.48%	6.66%	Red

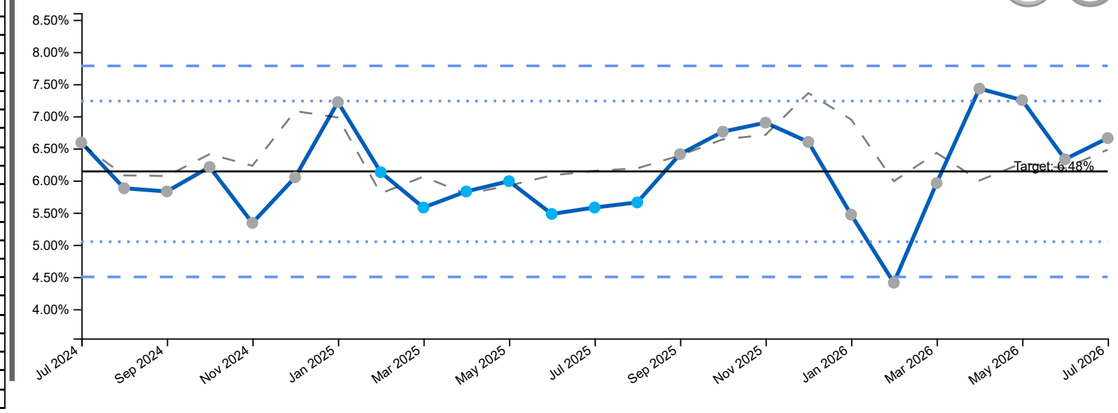
Action	Target Date	Owner	Status
Heads of Service will be held accountable for sickness rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	30/11/2026	Heads of Service	In Progress
Sickness absence is being scrutinised and discussed with Heads of Department at the People Operational People Group.	30/11/2026	Head of People and Culture	In Progress
The People and Culture team continue to support managers across the organisation in sickness management, in line with the Once for Scotland Workforce Policy. The Occupational Health Nurse Manager has been engaging with managers to assist them in helping individuals return to work	30/11/2026	Head of People and Culture, OH Manager	In Progress





Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/07/2024	6.59	6.14	6.57	4.50	7.78	5.05	7.24	None
01/08/2024	5.88	6.14	6.08	4.50	7.78	5.05	7.24	None
01/09/2024	5.83	6.14	6.07	4.50	7.78	5.05	7.24	None
01/10/2024	6.21	6.14	6.41	4.50	7.78	5.05	7.24	None
01/11/2024	5.34	6.14	6.23	4.50	7.78	5.05	7.24	None
01/12/2024	6.05	6.14	7.08	4.50	7.78	5.05	7.24	None
01/01/2025	7.22	6.14	6.98	4.50	7.78	5.05	7.24	None
01/02/2025	6.13	6.14	5.80	4.50	7.78	5.05	7.24	Improvement
01/03/2025	5.58	6.14	6.06	4.50	7.78	5.05	7.24	Improvement
01/04/2025	5.83	6.14	5.79	4.50	7.78	5.05	7.24	Improvement
01/05/2025	5.99	6.14	5.92	4.50	7.78	5.05	7.24	Improvement
01/06/2025	5.48	6.14	6.08	4.50	7.78	5.05	7.24	Improvement
01/07/2025	5.58	6.14	6.15	4.50	7.78	5.05	7.24	Improvement
01/08/2025	5.66	6.14	6.19	4.50	7.78	5.05	7.24	Improvement
01/09/2025	6.41	6.14	6.39	4.50	7.78	5.05	7.24	None
01/10/2025	6.76	6.14	6.64	4.50	7.78	5.05	7.24	None
01/11/2025	6.90	6.14	6.71	4.50	7.78	5.05	7.24	None
01/12/2025	6.60	6.14	7.36	4.50	7.78	5.05	7.24	None
01/01/2026	5.47	6.14	6.95	4.50	7.78	5.05	7.24	None
01/02/2026	4.41	6.14	5.99	4.50	7.78	5.05	7.24	None
01/03/2026	5.96	6.14	6.43	4.50	7.78	5.05	7.24	None
01/04/2026	7.43	6.14	6.00	4.50	7.78	5.05	7.24	None
01/05/2026	7.25	6.14	6.27	4.50	7.78	5.05	7.24	None
01/06/2026	6.33	6.14	6.19	4.50	7.78	5.05	7.24	None
01/07/2026	6.66	6.14	6.48	4.50	7.78	5.05	7.24	None



Comments From Executive Lead

Sickness absence has risen to over 7% in each of the first two months of 2026/27, the highest level recorded by the organisation in the previous 12 months.

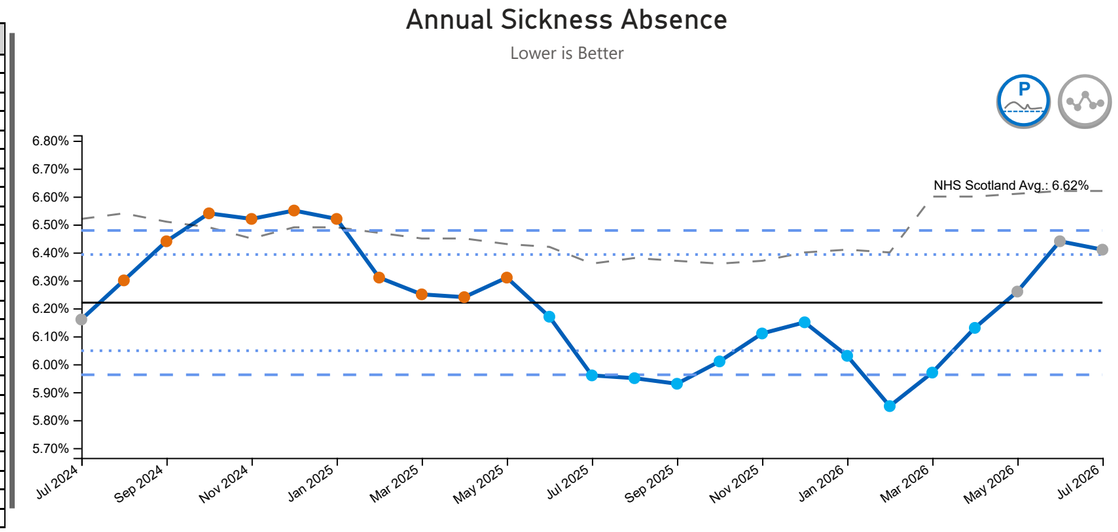
The People and Culture team continue to support managers across the organisation in managing sickness absence, in line with the Once for Scotland Workforce Policy. The Occupational Health team has been working with managers to help individuals return to work. The Operational People Group discusses sickness absence and the actions managers are taking to support colleagues, where alternative approaches are shared, and possible actions are reviewed collectively. Heads of Service will be held accountable for sickness rates at Performance Review Meetings and, where relevant, asked to provide details of improvement actions. Increase communication of available support via the Employee Assistance Programme to support colleagues early and reduce future absences.

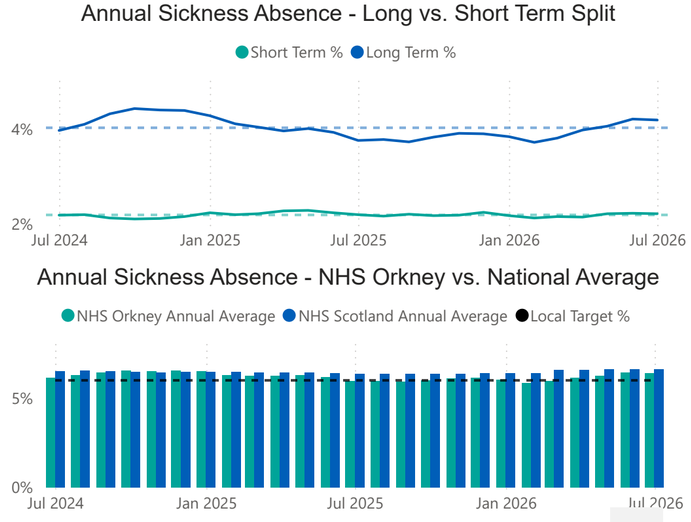


Steven Phillips, Director of People and Culture (Interim)

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/07/2024	6.16	6.22	6.52	5.96	6.48	6.05	6.39	None
01/08/2024	6.30	6.22	6.54	5.96	6.48	6.05	6.39	Deterioration
01/09/2024	6.44	6.22	6.51	5.96	6.48	6.05	6.39	Deterioration
01/10/2024	6.54	6.22	6.49	5.96	6.48	6.05	6.39	Deterioration
01/11/2024	6.52	6.22	6.45	5.96	6.48	6.05	6.39	Deterioration
01/12/2024	6.55	6.22	6.49	5.96	6.48	6.05	6.39	Deterioration
01/01/2025	6.52	6.22	6.49	5.96	6.48	6.05	6.39	Deterioration
01/02/2025	6.31	6.22	6.47	5.96	6.48	6.05	6.39	Deterioration
01/03/2025	6.25	6.22	6.45	5.96	6.48	6.05	6.39	Deterioration
01/04/2025	6.24	6.22	6.45	5.96	6.48	6.05	6.39	Deterioration
01/05/2025	6.31	6.22	6.43	5.96	6.48	6.05	6.39	Deterioration
01/06/2025	6.17	6.22	6.42	5.96	6.48	6.05	6.39	Improvement
01/07/2025	5.96	6.22	6.36	5.96	6.48	6.05	6.39	Improvement
01/08/2025	5.95	6.22	6.38	5.96	6.48	6.05	6.39	Improvement
01/09/2025	5.93	6.22	6.37	5.96	6.48	6.05	6.39	Improvement
01/10/2025	6.01	6.22	6.36	5.96	6.48	6.05	6.39	Improvement
01/11/2025	6.11	6.22	6.37	5.96	6.48	6.05	6.39	Improvement
01/12/2025	6.15	6.22	6.40	5.96	6.48	6.05	6.39	Improvement
01/01/2026	6.03	6.22	6.41	5.96	6.48	6.05	6.39	Improvement
01/02/2026	5.85	6.22	6.40	5.96	6.48	6.05	6.39	Improvement
01/03/2026	5.97	6.22	6.60	5.96	6.48	6.05	6.39	Improvement
01/04/2026	6.13	6.22	6.60	5.96	6.48	6.05	6.39	Improvement
01/05/2026	6.26	6.22	6.61	5.96	6.48	6.05	6.39	None
01/06/2026	6.44	6.22	6.62	5.96	6.48	6.05	6.39	None
01/07/2026	6.41	6.22	6.62	5.96	6.48	6.05	6.39	None





People & Culture
NHS Orkney Appraisal Rates

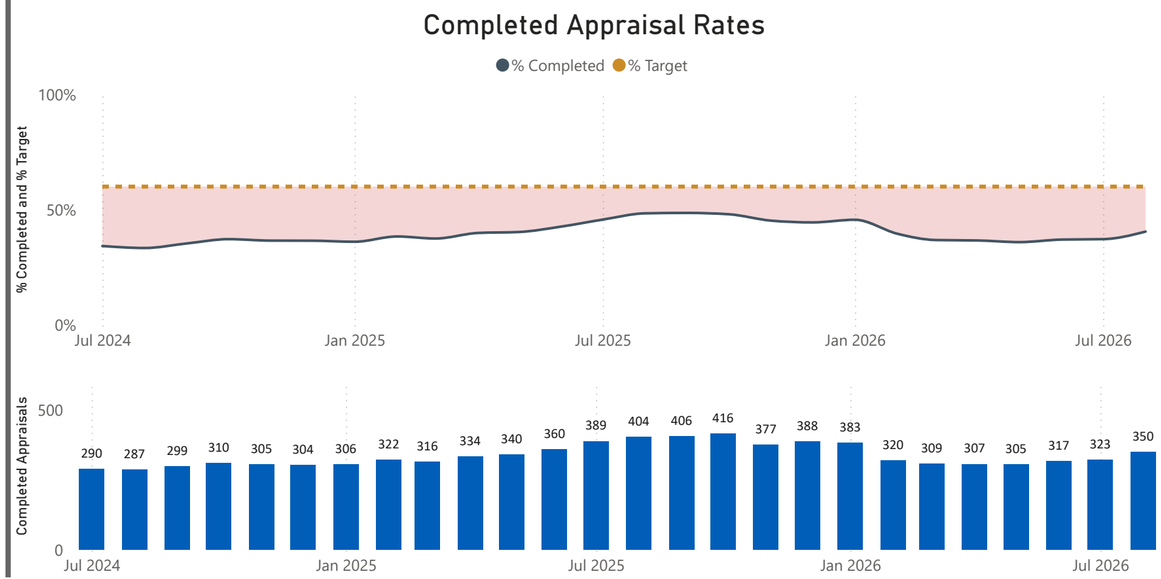
Data Source
Workforce Systems

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Appraisal compliance rate over the previous 12 months	60.00%	40.46%	Amber

Action	Target Date	Owner	Status
Executive Directors to be set appraisal objective which includes achieving improved performance for appraisals.	31/05/2026	Interim CEO	Completed
Heads of Service will be held accountable for appraisal rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	30/11/2026	Heads of Service	In Progress
The Operational People Group will finalise the PDPR process before sharing it across the organisation. Any further actions required will be discussed at the same forum	30/11/2026	Head of People and Culture	In Progress



Comments From Executive Lead

Performance is below the organisation's expectations, and discussions have taken place across the organisation about making a step change in the number of reviews undertaken. This has been discussed at the People Operations Group and in performance review meetings to seek assurance on progress. A PDPR process is in draft to support the appraisal approach for AfC colleagues.

Executive directors remain accountable for appraisal rates within their directorates, as part of their own appraisal objectives.

Steven Phillips, Director of People and Culture (Interim)



People & Culture
NHS Orkney Statutory/Mandatory eLearning Compliance

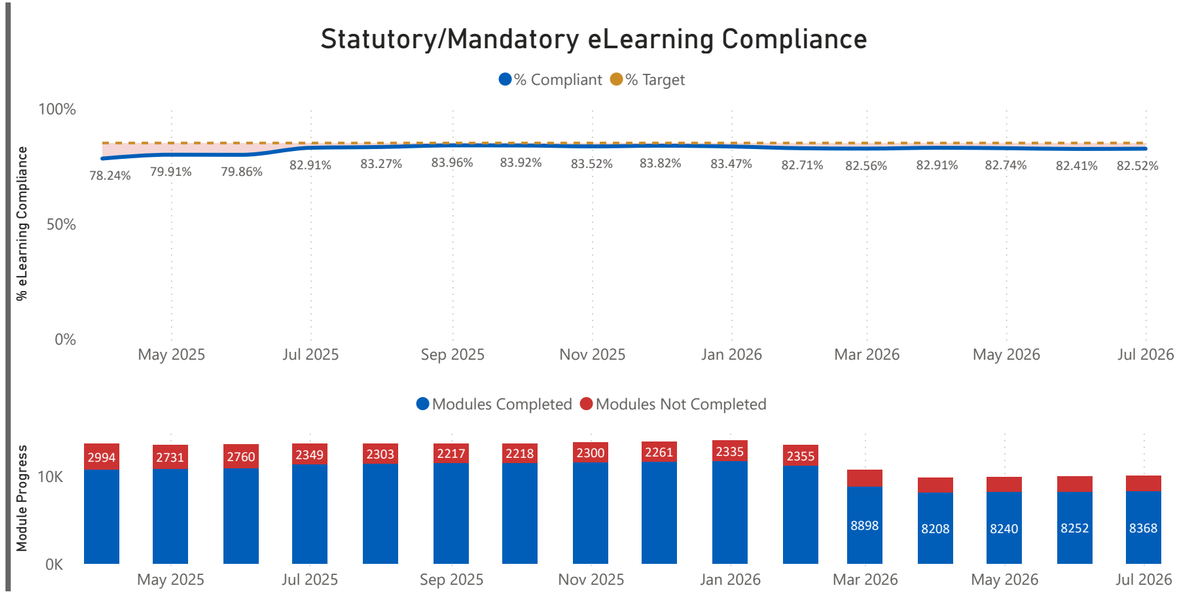
Data Source
Workforce Systems

Latest Data
July 2026

Compliance

KPI	Target	Actual	RAG Value
Statutory/Mandatory eLearning Compliance	85.00%	82.52%	Amber

Action	Target Date	Owner	Status
Heads of Service will be held accountable for eLearning compliance rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	30/11/2026	Heads of Service	In Progress



Comments From Executive Lead

The draft policy on statutory and mandatory learning is being led via the Operational People Group to improve learning compliance and awareness.

Steven Phillips, Director of People and Culture (Interim)



People & Culture
Agency Hours Utilised

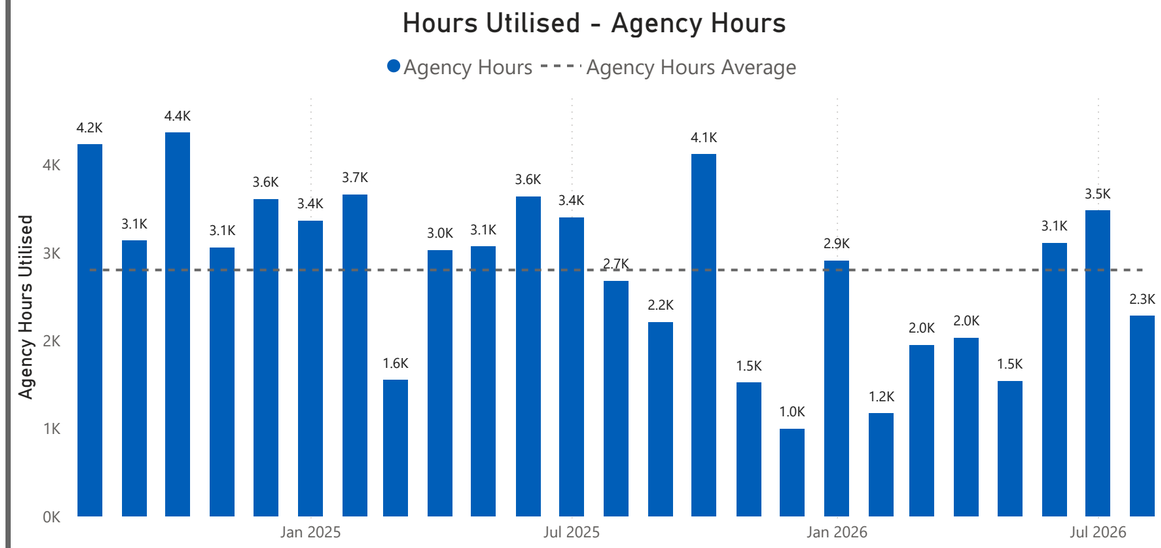
Data Source
Plus Us MI Report

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Agency hours used vs. average.		2280	Grey

Action	Target Date	Owner	Status
All current actions completed/closed.			



Comments From Executive Lead

The use of agency is being managed by the Executive Director of Nursing, Midwifery and Allied Health Professionals, and Chief Officer Acute Services with plans to further reduce utilisation. This includes moving agency consultants onto bank contracts where possible, this work is now complete. Medical recruitment remains a significant challenge with workshops held recently to revise recruitment strategies.

Steven Phillips, Director of People and Culture (Interim)



People & Culture
Bank Hours Utilised

Data Source
Workforce Systems

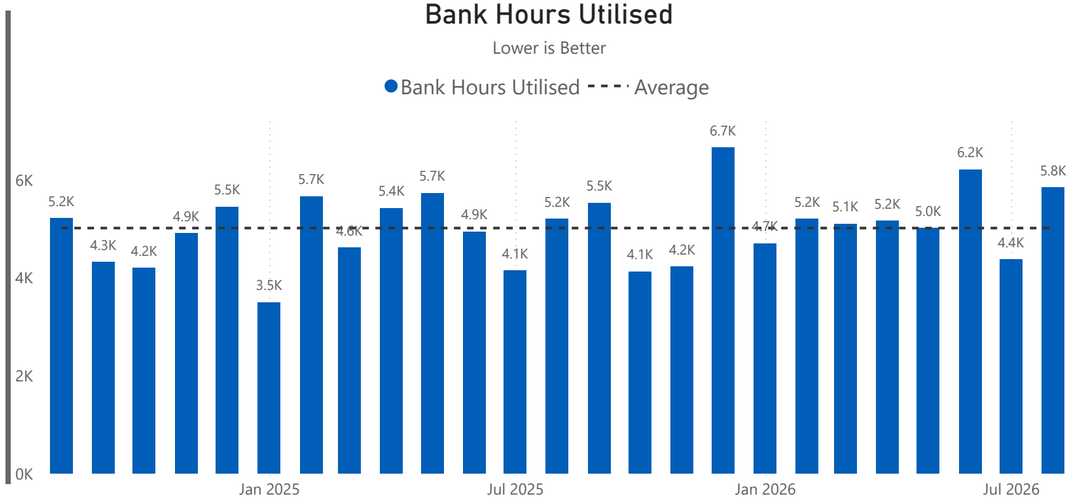
Latest Data
August 2026

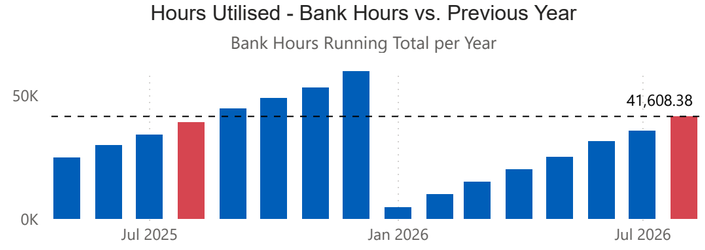
Compliance

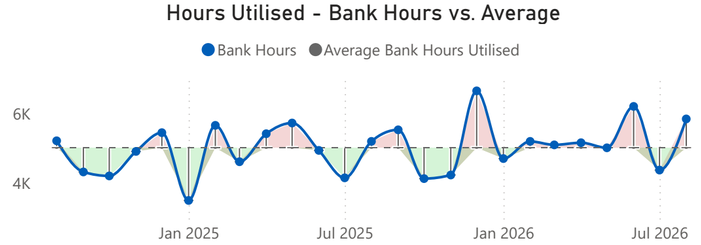
KPI	Target	Actual	RAG Value
Bank hours used vs. average.		5848	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.

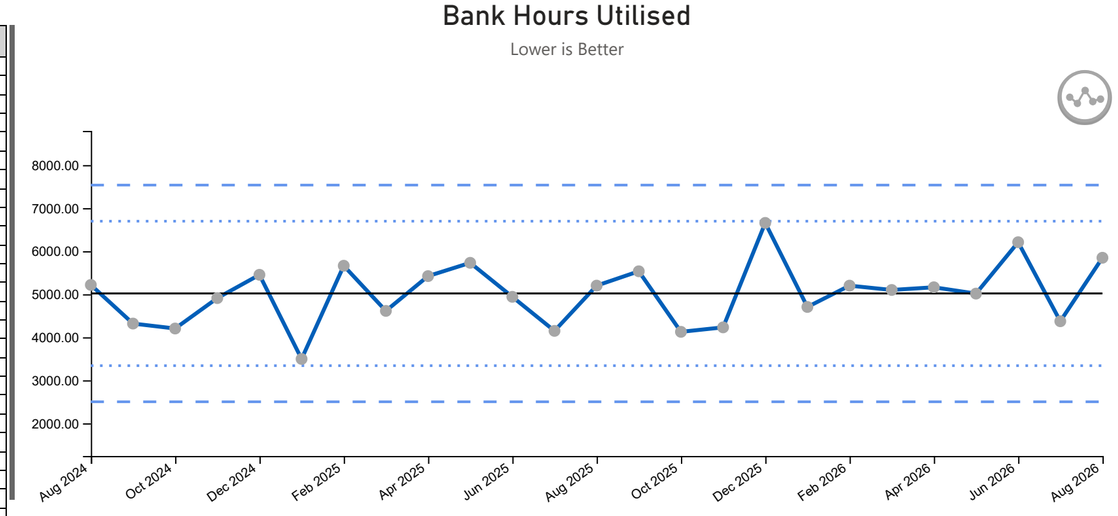






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	5217.01	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/09/2024	4318.52	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/10/2024	4203.55	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/11/2024	4910.18	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/12/2024	5451.71	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/01/2025	3496.18	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/02/2025	5662.32	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/03/2025	4612.93	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/04/2025	5421.05	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/05/2025	5729.95	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/06/2025	4939.92	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/07/2025	4148.52	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/08/2025	5200.02	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/09/2025	5533.22	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/10/2025	4126.30	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/11/2025	4230.32	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/12/2025	6657.52	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/01/2026	4704.16	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/02/2026	5199.89	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/03/2026	5099.20	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/04/2026	5161.74	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/05/2026	5014.66	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/06/2026	6208.83	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/07/2026	4372.31	5018.70	2501.05	7536.36	3340.27	6697.14	None
01/08/2026	5847.59	5018.70	2501.05	7536.36	3340.27	6697.14	None



Comments From Executive Lead

We do not have an organisational target for bank usage but the use of additional hours should not exceed hours vacant or lost to absence. Work is underway through the IPR to look at all additional hours in relation to hours lost to highlight areas for intervention. Approval and oversight of bank usage now forms part of the Vacancy Control Panel Terms of Reference. Work is underway to enhance usage of eRoster across all teams and ensure rota principles are understood and aligned.

Steven Phillips, Director of People and Culture (Interim)



People & Culture
Overtime Hours Utilised

Data Source
Workforce Systems

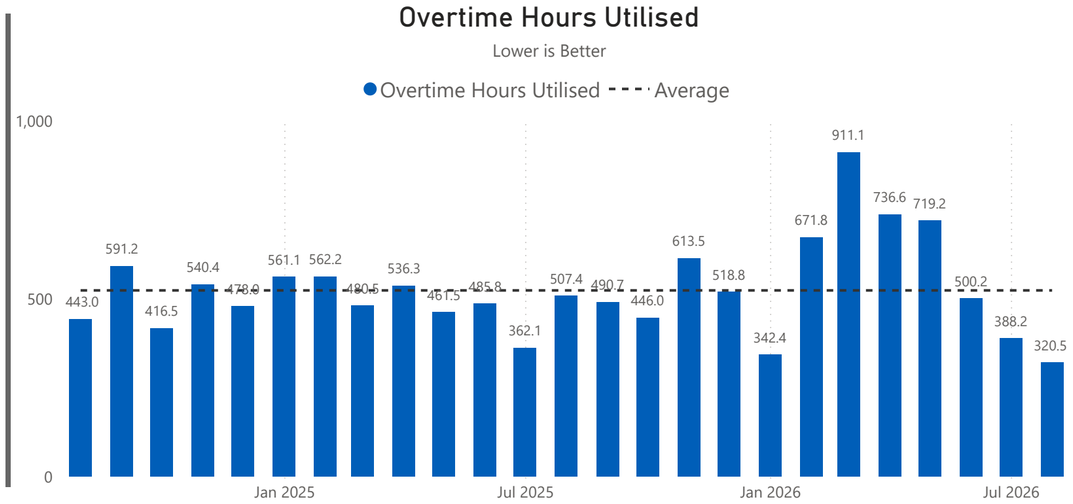
Latest Data
August 2026

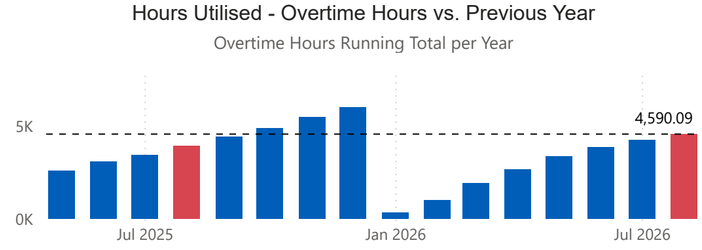
Compliance

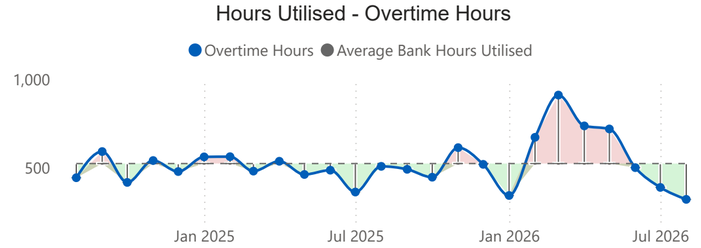
KPI	Target	Actual	RAG Value
Overtime hours used vs. average.		320	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.

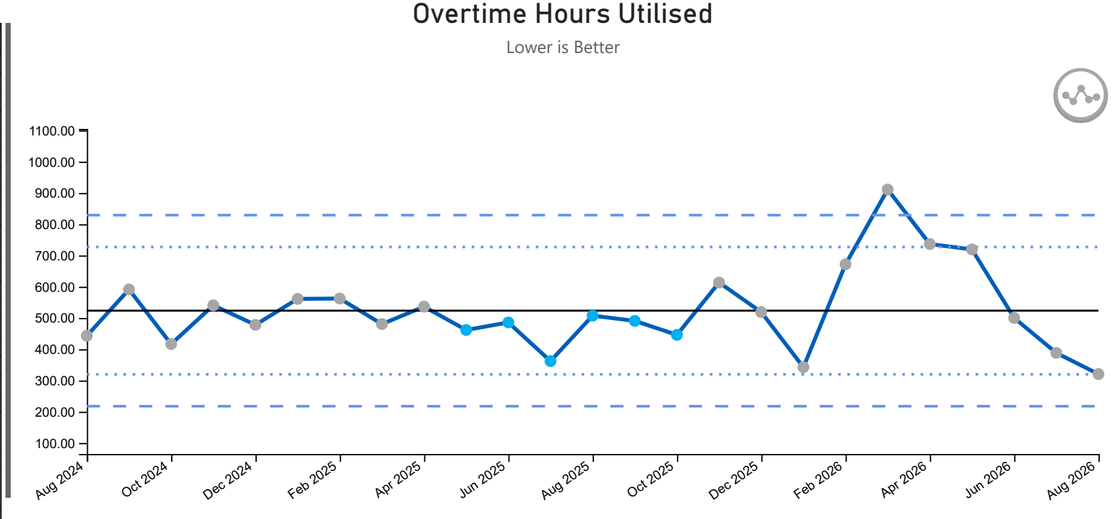






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	443.00	523.40	217.74	829.06	319.63	727.18	None
01/09/2024	591.23	523.40	217.74	829.06	319.63	727.18	None
01/10/2024	416.50	523.40	217.74	829.06	319.63	727.18	None
01/11/2024	540.44	523.40	217.74	829.06	319.63	727.18	None
01/12/2024	478.00	523.40	217.74	829.06	319.63	727.18	None
01/01/2025	561.09	523.40	217.74	829.06	319.63	727.18	None
01/02/2025	562.24	523.40	217.74	829.06	319.63	727.18	None
01/03/2025	480.50	523.40	217.74	829.06	319.63	727.18	None
01/04/2025	536.28	523.40	217.74	829.06	319.63	727.18	None
01/05/2025	461.51	523.40	217.74	829.06	319.63	727.18	Improvement
01/06/2025	485.75	523.40	217.74	829.06	319.63	727.18	Improvement
01/07/2025	362.08	523.40	217.74	829.06	319.63	727.18	Improvement
01/08/2025	507.42	523.40	217.74	829.06	319.63	727.18	Improvement
01/09/2025	490.67	523.40	217.74	829.06	319.63	727.18	Improvement
01/10/2025	446.00	523.40	217.74	829.06	319.63	727.18	Improvement
01/11/2025	613.46	523.40	217.74	829.06	319.63	727.18	None
01/12/2025	518.80	523.40	217.74	829.06	319.63	727.18	None
01/01/2026	342.44	523.40	217.74	829.06	319.63	727.18	None
01/02/2026	671.82	523.40	217.74	829.06	319.63	727.18	None
01/03/2026	911.09	523.40	217.74	829.06	319.63	727.18	None
01/04/2026	736.59	523.40	217.74	829.06	319.63	727.18	None
01/05/2026	719.20	523.40	217.74	829.06	319.63	727.18	None
01/06/2026	500.23	523.40	217.74	829.06	319.63	727.18	None
01/07/2026	388.23	523.40	217.74	829.06	319.63	727.18	None
01/08/2026	320.49	523.40	217.74	829.06	319.63	727.18	None



Comments From Executive Lead

Overtime has increased over the last quarter due to high occupancy rates, increased utilisation of surge capacity and weather related issues.

Steven Phillips, Director of People and Culture (Interim)



People & Culture
Excess Hours Utilised

Data Source
Workforce Systems

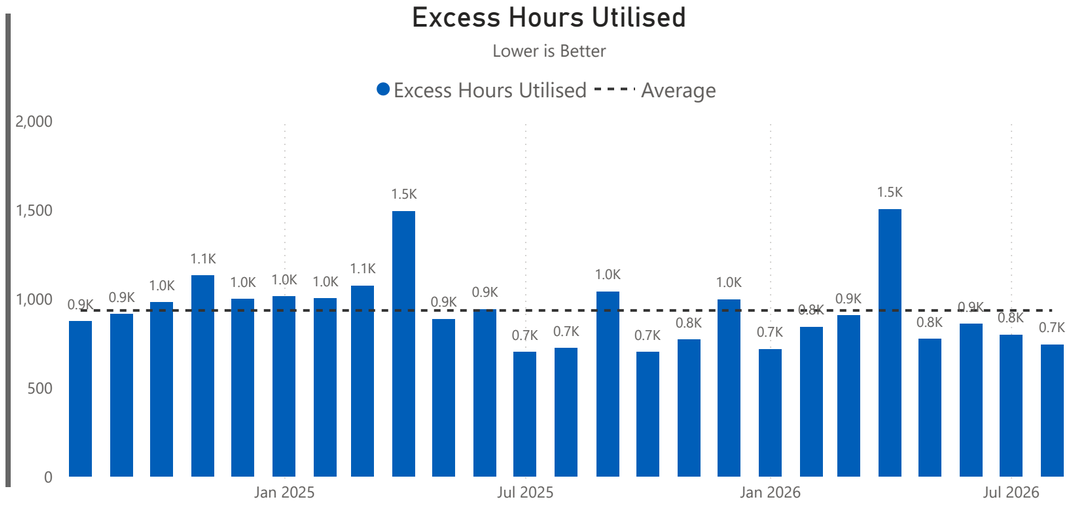
Latest Data
August 2026

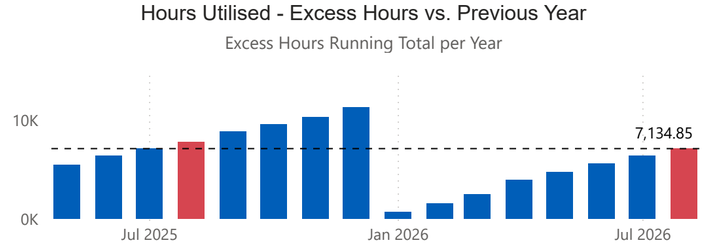
Compliance

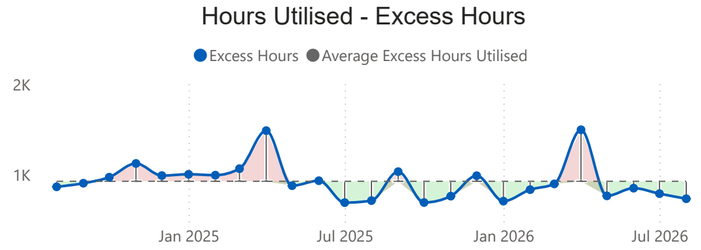
KPI	Target	Actual	RAG Value
Excess hours used vs. average.		742	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.

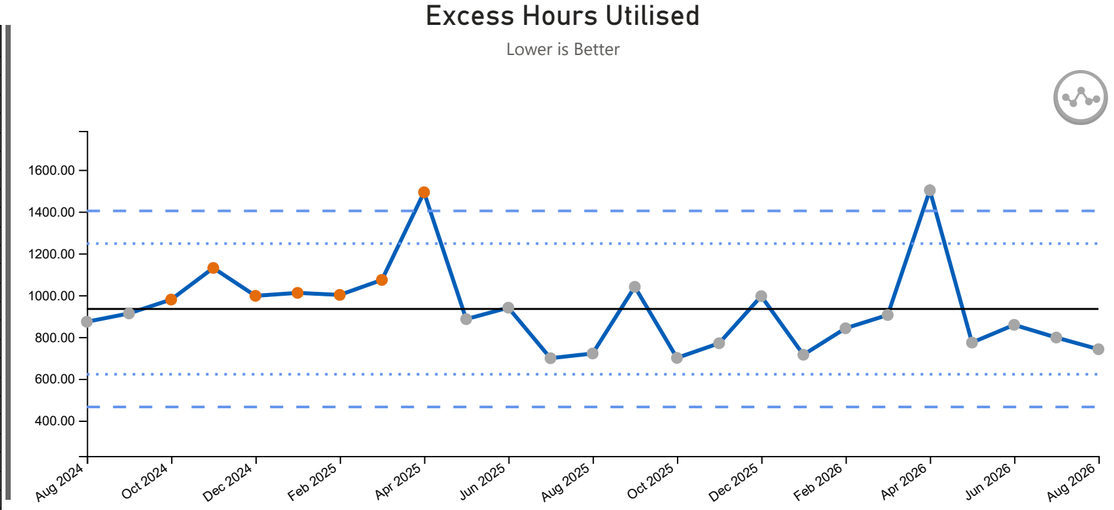






Statistical Process Control

Date	Value	Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/08/2024	873.00	934.27	465.33	1403.21	621.64	1246.90	None
01/09/2024	912.73	934.27	465.33	1403.21	621.64	1246.90	None
01/10/2024	979.15	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/11/2024	1130.39	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/12/2024	997.03	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/01/2025	1011.16	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/02/2025	1001.39	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/03/2025	1073.14	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/04/2025	1492.39	934.27	465.33	1403.21	621.64	1246.90	Deterioration
01/05/2025	885.48	934.27	465.33	1403.21	621.64	1246.90	None
01/06/2025	940.41	934.27	465.33	1403.21	621.64	1246.90	None
01/07/2025	698.58	934.27	465.33	1403.21	621.64	1246.90	None
01/08/2025	721.14	934.27	465.33	1403.21	621.64	1246.90	None
01/09/2025	1040.17	934.27	465.33	1403.21	621.64	1246.90	None
01/10/2025	700.06	934.27	465.33	1403.21	621.64	1246.90	None
01/11/2025	770.10	934.27	465.33	1403.21	621.64	1246.90	None
01/12/2025	995.52	934.27	465.33	1403.21	621.64	1246.90	None
01/01/2026	715.06	934.27	465.33	1403.21	621.64	1246.90	None
01/02/2026	841.75	934.27	465.33	1403.21	621.64	1246.90	None
01/03/2026	905.24	934.27	465.33	1403.21	621.64	1246.90	None
01/04/2026	1502.15	934.27	465.33	1403.21	621.64	1246.90	None
01/05/2026	773.36	934.27	465.33	1403.21	621.64	1246.90	None
01/06/2026	858.18	934.27	465.33	1403.21	621.64	1246.90	None
01/07/2026	797.50	934.27	465.33	1403.21	621.64	1246.90	None
01/08/2026	741.61	934.27	465.33	1403.21	621.64	1246.90	None



Comments From Executive Lead

We do not have an organisational target for excess hours usage but the use of additional hours should not exceed hours lost due to vacancies or absence. Work is underway through the IPR to look at all additional hours in relation to hours lost to highlight areas for intervention.

Steven Phillips, Director of People and Culture (Interim)



Finance

Section Lead(s):
Director of Finance

What's Going Well?

The Board approved the 2026/27 Financial Plan with a forecast deficit of £2.4m at 31 March 2026. The efficiency programme has an approved target of £3.8m to deliver in year with £2.8m of that as recurring savings.

The month 5 position is £0.3m better than trajectory. The savings programme is £0.241m adverse to trajectory.

NHS Orkney is forecasting delivery on plan.

RAG Status Values

RED	More than 10% variance from original target.
AMBER	Less than 10% variance from original target.
GREEN	0% variance from original target.

RAG status values are assigned to each metric based on their compliance with national and/or locally set targets. Metrics assigned a red or amber status will be accompanied with improvement actions, and a timeline for recovery of the position.

Areas of Concern

NHS Orkney continues to be placed on level three of th e NHS Scotland Support and Intervention Framework for Finance.

There are risks to the efficiency plan in the second half of the year and delivery of the budget may rely on challenging charges for costs and potentially use of reserves.

Finance
Financial Position Summary

Data Source
Finance Performance Report

Latest Data
August 2026

Group	Full Year Budget	Year To Date Budget	Year To Date Actual	Year To Date Variance	Current Month Budget	Current Month Actual	Current Month Variance
Income							
Health Board Income	-1,232	-495	-582	87	-105	-128	23
Other	-491	-204	-458	253	-41	-61	21
Primary Care Patient Charges	-431	-225	-202	-24	-39	-33	-6
Total Income	-2,153	-925	-1,241	317	-185	-222	38
Expenditure							
Pay							
Medical & Dental	9,862	4,109	5,146	-1,036	822	907	-85
Nursing & Midwifery	17,824	7,445	7,056	389	1,489	1,412	77
Other Staff Costs	27,470	11,446	10,522	923	2,289	2,092	197
Total Pay	55,156	23,000	22,724	276	4,600	4,411	189
Non Pay							
Drugs - Primary Care	5,341	2,225	2,044	181	445	421	24
Drugs - Secondary Care	4,009	1,670	1,319	352	334	311	23
General Dental Services	1,165	681	681	0	157	157	0
General Medical Services	5,157	2,149	2,179	-30	430	433	-3
General Ophthalmic Services	312	161	162	-1	30	31	0
Medical Supplies	1,658	691	905	-214	138	203	-65
Other Expenditure	12,557	5,195	7,357	-2,162	1,189	1,529	-340
Pharmaceutical Services	1,057	452	420	33	94	89	5
Resource Transfer	2,334	973	1,080	-107	195	216	-21
SLA's & UNPACs	10,871	4,530	4,682	-152	906	955	-49
Total Non-Pay	44,461	18,727	20,828	-2,101	3,918	4,345	-427
Total	97,464	40,802	42,311	-1,509	8,333	8,534	-201

Figures shown in the above table represent £000s

Finance
Financial Performance Against Plan

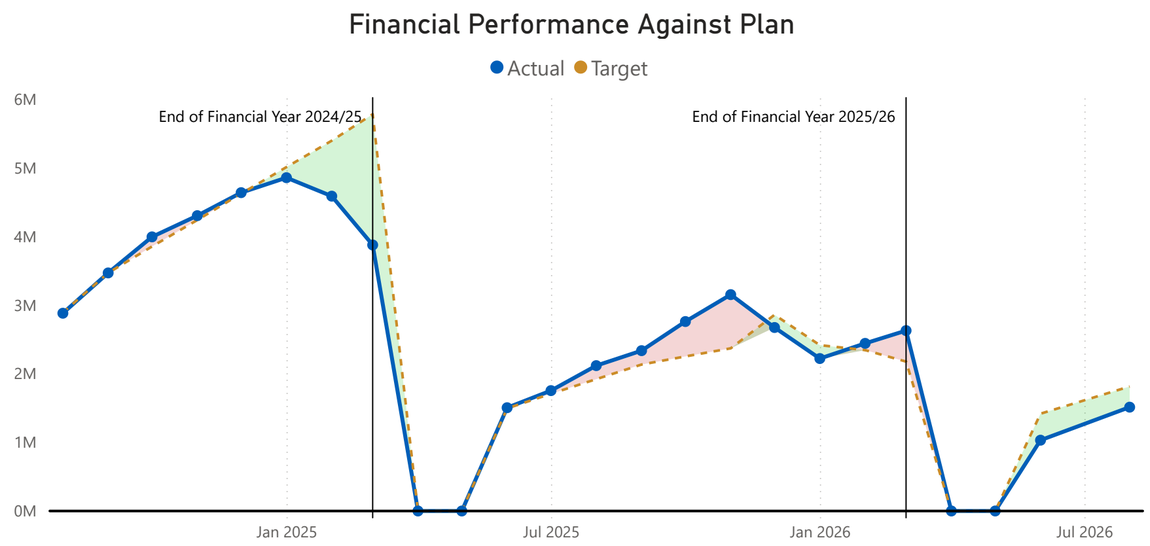
Data Source
Finance Performance Report

Latest Data
August 2026

Compliance

KPI	Target	Actual	RAG Value
Financial performance against plan - YTD.	£1,813,000	£1,512,000	Green

Action	Target Date	Owner	Status
A training pack has been developed and is being trialed. If successful, this will be rolled out beyond the nursing team.	31/03/2027	D Reid	In Progress
Ensure all outstanding budget holders undertake training in budget management	31/03/2027	D Reid	In Progress



Comments From Executive Lead

The Month 5 financial position is £301,000 better than plan

Damian Reid, Director of Finance



Finance
Accounts Payable 10-Day Performance

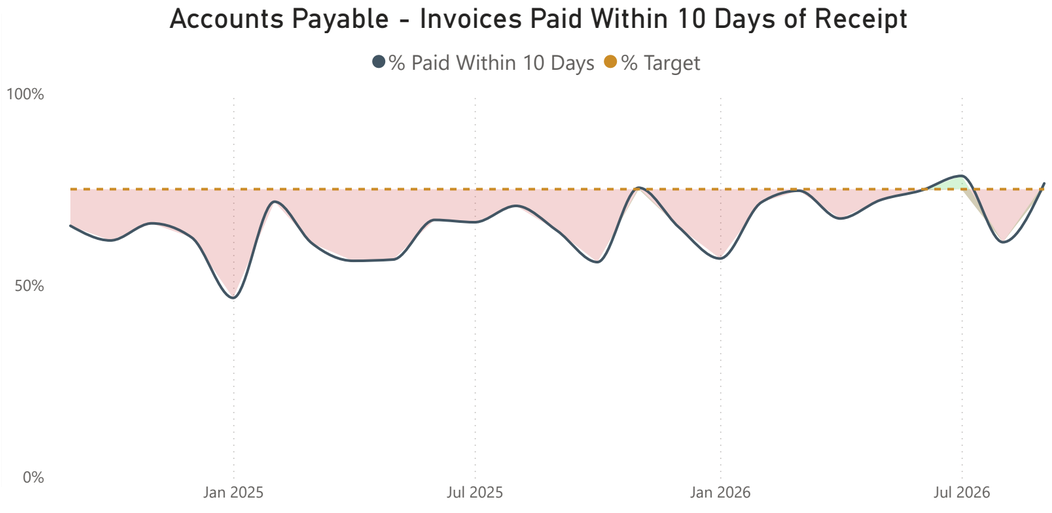
Data Source
AP Performance Report

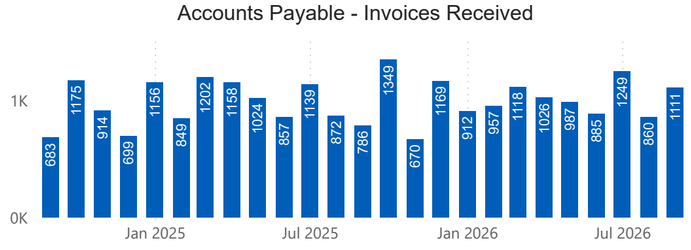
Latest Data
September 2026

Compliance

KPI	Target	Actual	RAG Value
75% of invoices to be paid within 10 days of receipt - local target	75.00%	76.51%	Green

Action	Target Date	Owner	Status
Continue to escalate issues with receipting of PO's and submission of invoices by departments to DoF	31/03/2027	S Gray	In Progress
Ensure all outstanding budget holders undertake training in budget management	31/03/2027	D Reid	In Progress



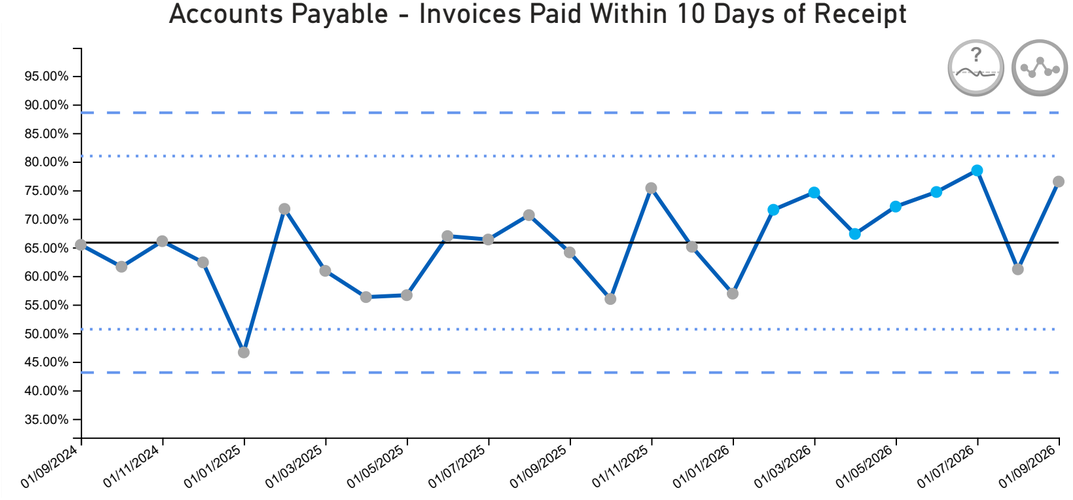


Accounts Payable 10-Day Target - Last 6 Months

Month	Received	Paid <=10 Days	% <=10 Days	Target	RAG Value
April 2026	1026	691	67.35%	75.00%	Red
May 2026	987	712	72.14%	75.00%	Red
June 2026	885	661	74.69%	75.00%	Red
July 2026	1249	980	78.46%	75.00%	Green
August 2026	860	526	61.16%	75.00%	Red
September 2026	1111	850	76.51%	75.00%	Green

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/09/2024	65.45	65.83	75.00	43.10	88.55	50.68	80.98	None
01/10/2024	61.62	65.83	75.00	43.10	88.55	50.68	80.98	None
01/11/2024	66.08	65.83	75.00	43.10	88.55	50.68	80.98	None
01/12/2024	62.37	65.83	75.00	43.10	88.55	50.68	80.98	None
01/01/2025	46.63	65.83	75.00	43.10	88.55	50.68	80.98	None
01/02/2025	71.73	65.83	75.00	43.10	88.55	50.68	80.98	None
01/03/2025	60.90	65.83	75.00	43.10	88.55	50.68	80.98	None
01/04/2025	56.30	65.83	75.00	43.10	88.55	50.68	80.98	None
01/05/2025	56.64	65.83	75.00	43.10	88.55	50.68	80.98	None
01/06/2025	66.98	65.83	75.00	43.10	88.55	50.68	80.98	None
01/07/2025	66.37	65.83	75.00	43.10	88.55	50.68	80.98	None
01/08/2025	70.64	65.83	75.00	43.10	88.55	50.68	80.98	None
01/09/2025	64.12	65.83	75.00	43.10	88.55	50.68	80.98	None
01/10/2025	55.97	65.83	75.00	43.10	88.55	50.68	80.98	None
01/11/2025	75.37	65.83	75.00	43.10	88.55	50.68	80.98	None
01/12/2025	65.10	65.83	75.00	43.10	88.55	50.68	80.98	None
01/01/2026	56.91	65.83	75.00	43.10	88.55	50.68	80.98	None
01/02/2026	71.58	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/03/2026	74.60	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/04/2026	67.35	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/05/2026	72.14	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/06/2026	74.69	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/07/2026	78.46	65.83	75.00	43.10	88.55	50.68	80.98	Improvement
01/08/2026	61.16	65.83	75.00	43.10	88.55	50.68	80.98	None
01/09/2026	76.51	65.83	75.00	43.10	88.55	50.68	80.98	None



Comments From Executive Lead

SG sets an aspirational target for Boards to pay invoices within 10 and 30 days. NHS Orkney continues to strive towards achieving these targets with the limited resources available. The achievement of the targets is dependent on the whole organisation submitting invoices and receipting PO's in a timely manner and the Finance Team continue to engage with the organisation to improve this area. This is demonstrated in the month on month improvement

Damian Reid, Director of Finance



Finance
Accounts Payable 30-Day Performance

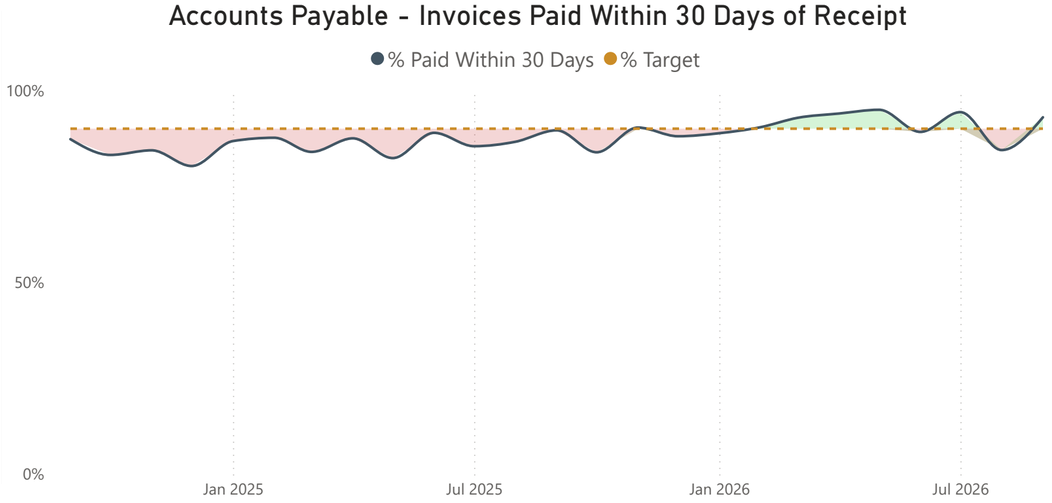
Data Source
AP Performance Report

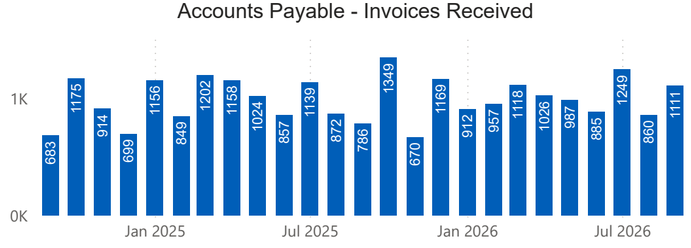
Latest Data
September 2026

Compliance

KPI	Target	Actual	RAG Value
90% of invoices to be paid within 30 days of receipt - local target	90.00%	92.98%	Green

Action	Target Date	Owner	Status
Continue to escalate issues with receipting of PO's and submission of invoices by departments to DoF	31/03/2027	S Gray	In Progress
Ensure all outstanding budget holders undertake training in budget management	31/03/2027	D Reid	In Progress



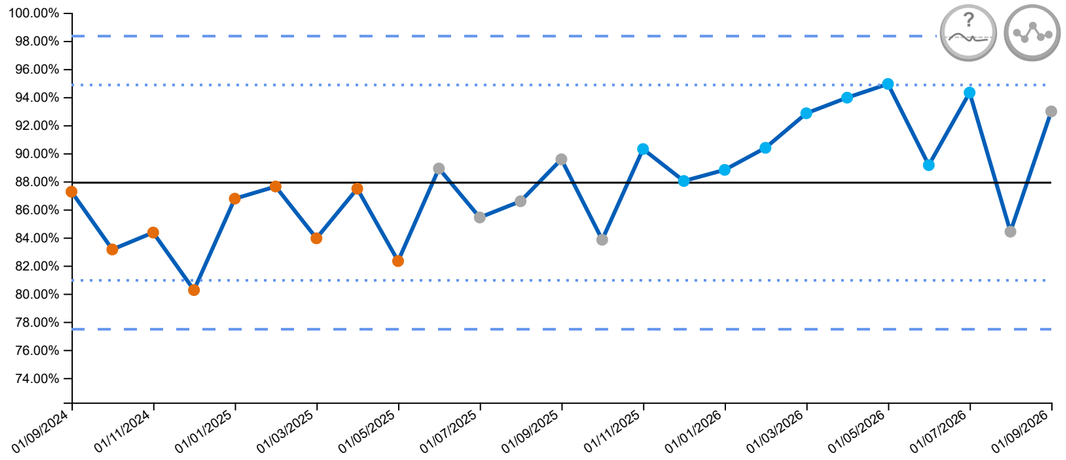


Accounts Payable 30-Day Target - Last 6 Months

Month	Received	Paid <=30 Days	% <=30 Days	Target	RAG Value
April 2026	1026	964	93.96%	90.00%	Green
May 2026	987	937	94.93%	90.00%	Green
June 2026	885	789	89.15%	90.00%	Red
July 2026	1249	1178	94.32%	90.00%	Green
August 2026	860	726	84.42%	90.00%	Red
September 2026	1111	1033	92.98%	90.00%	Green

Statistical Process Control

Date	Value	Target	Alt. Target	LL 99%	UL 99%	LL 95%	UL 95%	Shift
01/09/2024	87.26	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/10/2024	83.15	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/11/2024	84.35	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/12/2024	80.26	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/01/2025	86.76	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/02/2025	87.63	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/03/2025	83.94	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/04/2025	87.48	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/05/2025	82.32	87.90	90.00	77.47	98.34	80.95	94.86	Deterioration
01/06/2025	88.91	87.90	90.00	77.47	98.34	80.95	94.86	None
01/07/2025	85.43	87.90	90.00	77.47	98.34	80.95	94.86	None
01/08/2025	86.58	87.90	90.00	77.47	98.34	80.95	94.86	None
01/09/2025	89.57	87.90	90.00	77.47	98.34	80.95	94.86	None
01/10/2025	83.84	87.90	90.00	77.47	98.34	80.95	94.86	None
01/11/2025	90.30	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/12/2025	88.02	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/01/2026	88.82	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/02/2026	90.39	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/03/2026	92.84	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/04/2026	93.96	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/05/2026	94.93	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/06/2026	89.15	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/07/2026	94.32	87.90	90.00	77.47	98.34	80.95	94.86	Improvement
01/08/2026	84.42	87.90	90.00	77.47	98.34	80.95	94.86	None
01/09/2026	92.98	87.90	90.00	77.47	98.34	80.95	94.86	None



Comments From Executive Lead

SG sets an aspirational target for Boards to pay invoices within 10 and 30 days. NHS Orkney continues to strive towards achieving these targets with the limited resources available. The achievement of the targets is dependent on the whole organisation submitting invoices and receipting PO's in a timely manner and the Finance Team continue to engage with the organisation to improve this area. This is demonstrated in the month on month improvement

Damian Reid, Director of Finance



NHS Orkney

9.1.2

Finance & Performance

Operational Standards Deep Dive

Chief Executive:
Dave Harris

September 2026



HEALTH Intelligence

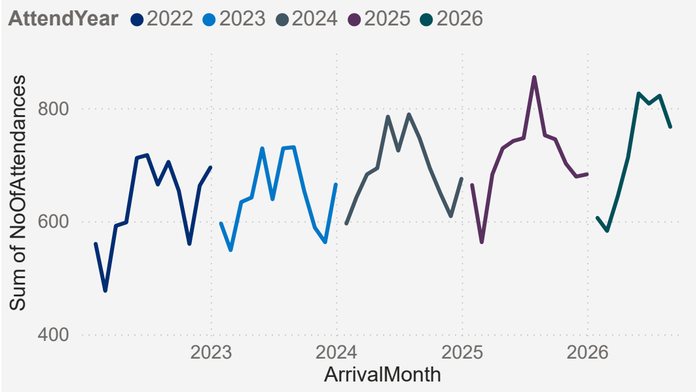
ORK.healthintelligence@nhs

Operational Standards
Accident & Emergency 4-Hour Compliance

KPI	Target	Actual	RAG Value
95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	95%	95.18%	Green

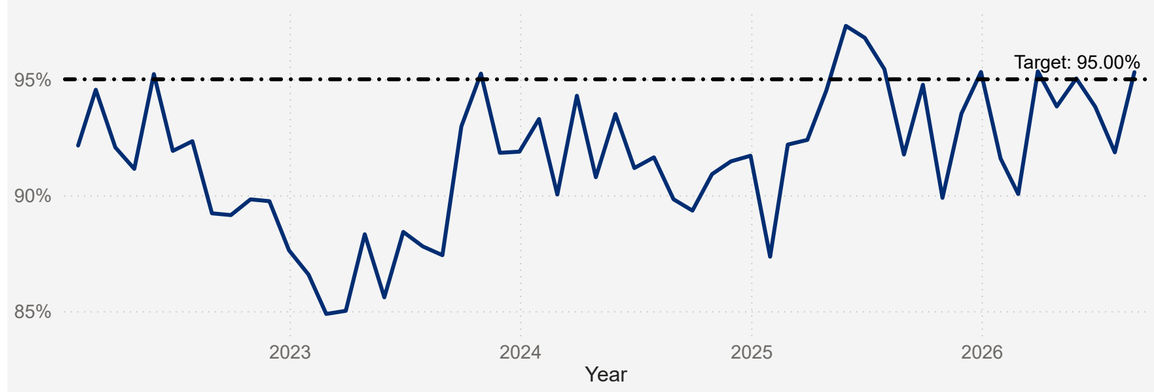
All Emergency Department data on this page relates to attendances that meet the Emergency Access Standard criteria. Only New Unplanned, New Planned, and Return Unplanned attendances are shown, Return Planned attendances are excluded.

NHS Orkney Total Attendances by Month & Year

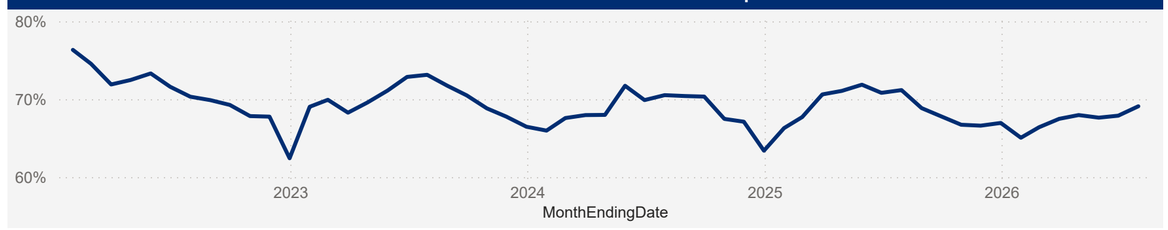


Year/Quarter	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
2022	1629	2027	2024	1918	**7598**
2023	1779	2010	2114	1817	**7720**
2024	1921	2204	2230	1933	**8288**
2025	1910	2218	2352	2064	**8544**
2026	1833	2347	1589		**5769**

NHS Orkney 4-Hour EAS Compliance



NHS Scotland 4-Hour EAS Compliance



Most Frequent Breach Reasons

Top 15 shown

Total Breaches	Breach Reason
701	Wait for treatment to end
371	Wait for diag test result Other
341	Wait for 1st assessment
337	Wait for specialist Other
320	Wait for bed Non Monitored
210	Other (please specify)
187	Wait for NHS transport
123	Wait for bed Monitored
114	Wait for specialist Surgery
113	Wait for diag test result Bloods
71	Wait for specialist Orthopaedics
66	Wait for treatment to start
59	Wait for specialist Psychiatry
58	Clinical exception
43	Wait for diag test start

NHS Orkney Attendances by Day of Month (Latest 12 months shown)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
2025-09	33	31	26	12	23	20	26	34	32	33	21	19	25	23	24	21	19	25	28	21	23	33	13	23	16	26	28	22	35	30		**745**
2025-10	20	25	22	17	23	24	18	28	23	30	25	19	21	25	33	21	28	21	24	22	14	21	20	23	20	20	15	22	28	23	27	**702**
2025-11	22	17	23	28	24	26	24	22	22	32	25	18	22	15	20	16	32	17	13	27	26	29	16	33	16	31	25	18	20	20		**679**
2025-12	32	22	24	22	24	16	25	21	19	15	22	11	24	25	30	26	21	23	22	23	19	19	23	19	19	18	21	23	33	16	26	**683**
2026-01	16	19	9	12	22	17	15	22	25	17	17	13	24	31	21	21	17	10	24	12	17	26	21	13	25	31	22	29	14	26	18	**606**
2026-02	19	18	26	16	22	9	16	18	20	22	19	18	17	17	18	23	26	31	28	25	23	25	25	28	20	17	19	18				**583**
2026-03	21	27	26	21	25	19	13	21	33	28	19	14	18	16	18	25	23	28	26	17	26	19	27	15	12	16	24	14	16	21	16	**644**
2026-04	22	22	20	29	18	22	21	19	20	22	13	15	32	24	26	22	20	19	21	29	23	21	29	36	23	20	33	28	28	36		**713**
2026-05	33	17	25	24	31	29	32	27	21	27	42	32	31	17	29	23	37	28	15	26	26	28	24	19	33	20	26	34	28	23	19	**826**
2026-06	19	22	24	12	31	23	19	35	26	26	29	18	26	20	33	36	25	23	23	30	31	44	31	22	29	34	23	29	35	30		**808**
2026-07	24	26	27	31	20	23	30	22	23	34	31	31	30	30	21	27	23	28	21	22	30	25	25	24	24	24	33	34	31	30	18	**822**
2026-08	29	24	31	25	23	23	33	19	28	29	33	26	27	23	21	23	26	20	28	21	23	18	23	26	22	30	18	22	25	21	27	**767**

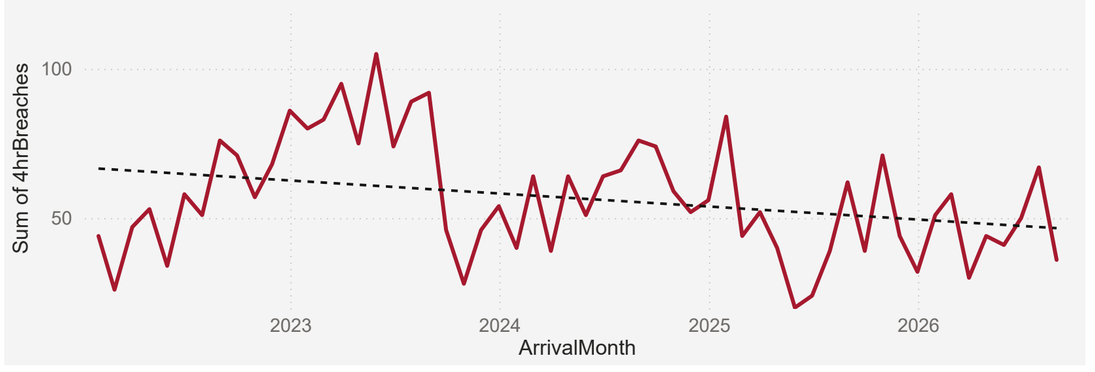
NHS Orkney Total ED Attendances per Month



NHS Orkney 4-Hour Breaches by Day of Month (Latest 12 months shown)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
2025-09	2	3	2	0	0	0	4	3	2	1	1	0	0	1	0	3	0	1	4	1	0	2	0	2	0	0	1	1	2	3		**39**
2025-10	2	4	1	3	2	1	2	2	0	5	1	3	1	0	10	3	10	3	3	1	0	2	2	2	1	0	0	1	2	3	1	**71**
2025-11	0	3	1	0	1	0	2	0	1	3	3	2	0	0	1	0	1	1	2	4	3	4	1	3	0	3	1	0	1	3		**44**
2025-12	6	2	1	0	0	1	0	0	0	2	0	0	3	2	2	3	1	0	2	0	1	0	0	0	0	0	0	1	0	3	1	1	**32**
2026-01	1	0	1	3	1	2	3	5	3	4	0	4	0	1	1	2	2	1	2	0	3	1	0	0	1	2	1	6	0	0	1	**51**
2026-02	1	4	1	2	1	2	0	1	0	1	3	1	2	1	2	0	4	5	4	1	4	2	4	8	3	0	0	1				**58**
2026-03	1	2	0	2	0	0	0	1	7	2	3	1	0	0	0	0	0	1	4	0	1	0	2	1	0	0	1	0	0	1	0	**30**
2026-04	0	1	3	8	4	1	1	1	2	1	1	1	3	2	1	2	0	1	2	1	1	0	0	0	0	1	3	0	2	1		**44**
2026-05	0	0	3	1	0	0	0	4	2	0	1	3	3	0	1	2	5	3	1	1	0	1	2	1	0	1	1	1	2	2	0	**41**
2026-06	0	1	2	1	6	1	2	0	6	1	1	0	1	2	3	1	1	1	0	1	4	3	2	0	4	0	0	2	1	3		**50**
2026-07	2	0	7	1	0	2	2	1	0	1	4	5	3	4	2	3	1	4	0	2	1	2	1	5	1	1	2	8	1	1	0	**67**
2026-08	2	2	1	2	0	1	2	1	0	1	0	1	3	0	0	0	0	1	4	3	2	1	1	1	0	3	0	1	0	1	2	**36**

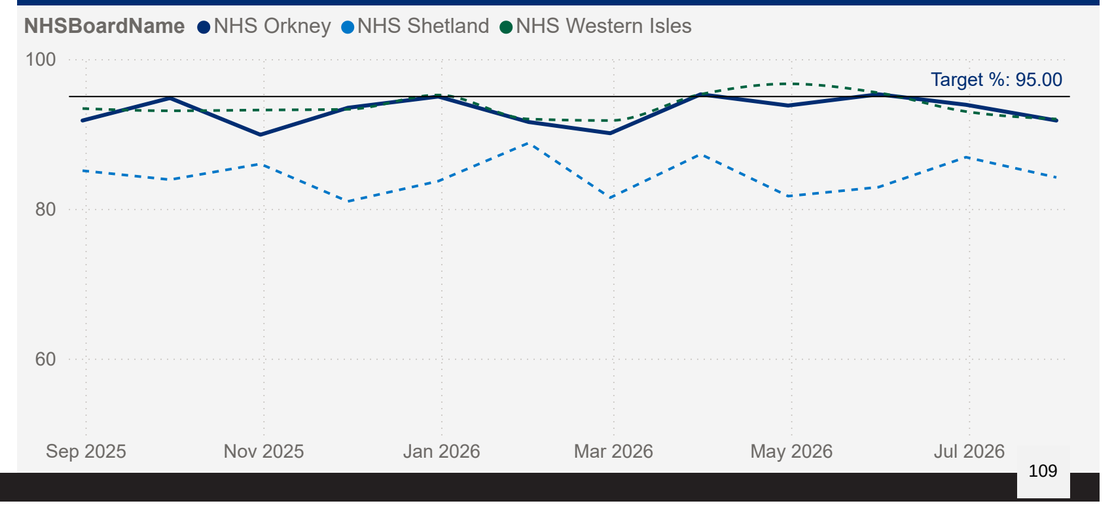
NHS Orkney Total 4-Hour Breaches per Month



Month Health Board	2026-03 %<4Hrs	Rank	2026-04 %<4Hrs	Rank	2026-05 %<4Hrs	Rank	2026-06 %<4Hrs	Rank	2026-07 %<4Hrs	Rank
NHS Western Isles	95.30	1	96.70	1	95.50	1	93.00	2	92.00	1
NHS Orkney	95.30	1	93.80	2	95.30	2	93.90	1	91.80	2
NHS Tayside	88.30	2	88.60	3	91.60	3	90.30	3	89.30	3
NHS Shetland	87.30	3	81.70	4	82.90	4	86.90	4	84.20	4
NHS Highland	80.50	4	77.50	6	80.10	5	80.50	5	81.80	5
NHS Dumfries & Galloway	74.40	5	77.70	5	74.50	7	73.50	7	73.50	6
NHS Fife	69.50	7	70.30	7	74.70	6	76.10	6	73.00	7
NHS Greater Glasgow & Clyde	68.40	8	68.20	8	68.10	9	68.70	9	71.10	8
NHS Borders	69.60	6	65.80	10	68.50	8	70.20	8	67.80	10
NHS Lothian	65.00	10	65.50	11	64.90	11	66.00	10	69.30	9
NHS Grampian	63.70	11	63.00	12	65.80	10	66.00	10	64.70	11
NHS Ayrshire & Arran	67.50	9	67.00	9	60.40	12	54.40	12	57.10	13
NHS Forth Valley	59.30	12	61.30	13	59.60	13	63.60	11	60.20	12
NHS Lanarkshire	51.90	13	55.90	14	51.90	14	51.80	13	54.00	14

4-Hour Compliance - Peer Comparison

Last 12 months shown, values in percentages

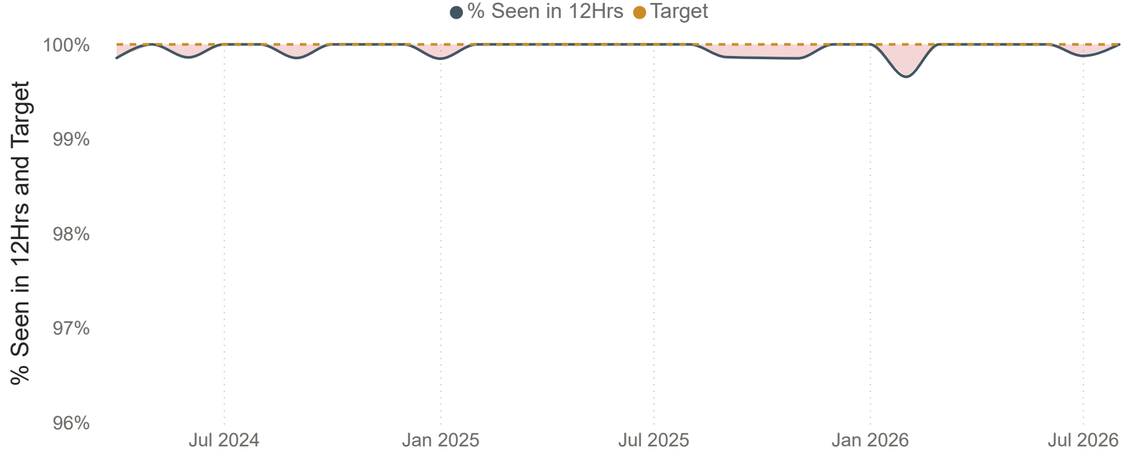


Operational Standards
Accident & Emergency 12-Hour Compliance

KPI	Target	Actual	RAG Value
Patients wait less than 12 hours to admission, discharge, or transfer from A&E	**99.5%**	**100.00%**	**Green**

All Emergency Department data on this page relates to attendances that meet the Emergency Access Standard criteria. Only New Unplanned, New Planned, and Return Unplanned attendances are shown, Return Planned attendances are excluded.

NHS Orkney Accident & Emergency 12-Hour Standard Compliance
Higher is Better



Month	2026-03		2026-04		2026-05		2026-06		2026-07	
Health Board	Rank	%<12Hrs	Rank	%<12Hrs	Rank	%<12Hrs	Rank	%<12Hrs	Rank	%<12Hrs
NHS Western Isles	1	100.00	1	100.00	1	100.00	1	100.00	1	100.00
NHS Orkney	1	100.00	1	100.00	1	100.00	1	100.00	2	99.90
NHS Tayside	1	100.00	2	99.90	1	100.00	1	100.00	2	99.90
NHS Shetland	2	99.70	1	100.00	2	99.90	2	99.90	1	100.00
NHS Fife	5	96.40	3	97.90	3	99.20	3	98.80	6	97.30
NHS Greater Glasgow & Clyde	4	96.80	4	97.30	4	97.50	4	97.00	3	98.90
NHS Dumfries & Galloway	3	97.50	5	97.20	6	96.50	6	96.10	7	96.30
NHS Highland	6	94.80	7	94.80	5	96.70	5	96.40	4	97.60
NHS Lothian	6	94.80	6	95.80	8	94.30	7	95.90	5	97.50
NHS Grampian	7	94.30	8	93.40	7	96.10	8	95.40	8	95.00
NHS Forth Valley	8	91.70	9	92.80	9	91.20	9	94.90	9	94.40
NHS Borders	9	90.40	11	89.90	10	90.80	10	93.40	11	91.30
NHS Lanarkshire	11	88.90	10	91.60	11	90.60	11	91.30	10	91.50
NHS Ayrshire & Arran	10	89.70	12	89.50	12	89.30	12	89.00	12	89.20

Operational Standards
Scottish Ambulance Service Turnaround Times

KPI	Target	Actual	RAG Value
Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	60:00	00:40:54	Green

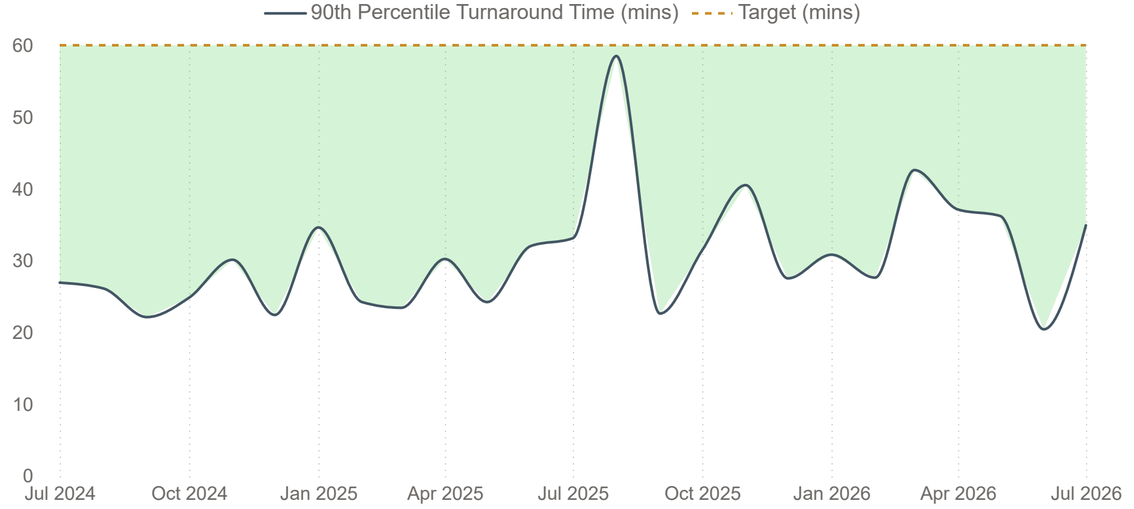
Data taken from SAS Weekly Operational Data where latest 3 weeks are considered provisional and not used here.

NHS Scotland Board Comparison

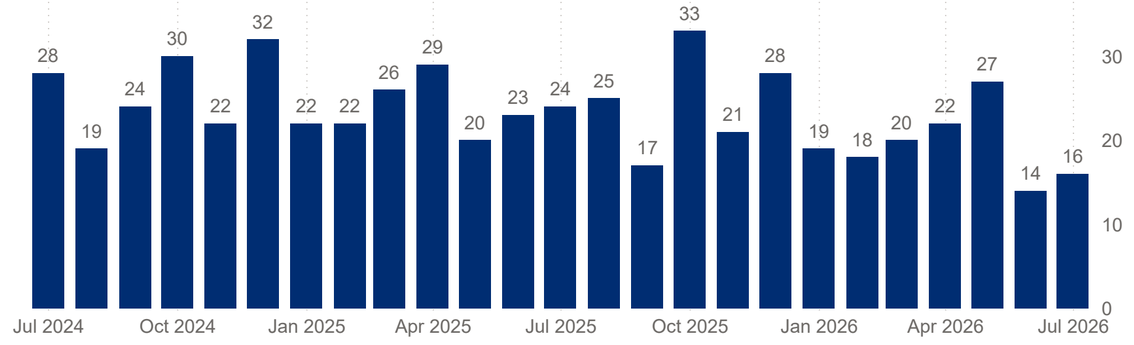
Time value in this table show 90th percentile turnaround time for each Board area.

Week Commencing	20/07/2026		27/07/2026		03/08/2026		10/08/2026		17/08/2026		24/08/2026	
Health Board	Rank	Time	Rank	Time	Rank	Time	Rank	Time	Rank	Time	Rank	Time
Orkney	2	00:44:11	1	00:34:56	1	00:29:46	1	00:31:47	2	00:30:50	1	00:40:54
Shetland	3	00:52:08	2	00:44:26	3	00:42:55	2	00:36:30	1	00:30:44	2	00:41:36
Western Isles	1	00:43:06	3	00:45:08	2	00:35:45	3	00:44:47	3	00:42:54	3	00:45:59
Borders	4	00:53:57	4	01:06:23	6	01:21:04	4	01:00:03	4	00:55:29	4	00:49:02
Tayside	5	01:01:36	5	01:10:55	4	01:11:20	5	01:06:45	5	01:05:27	5	01:10:31
Highland	11	01:56:53	6	01:13:54	12	02:08:06	12	02:24:44	9	01:54:17	10	02:04:01
Lothian	6	01:18:31	7	01:14:34	5	01:17:22	6	01:18:37	7	01:23:30	7	01:30:17
Dumfries & Galloway	7	01:30:27	8	01:18:30	7	01:22:46	8	01:31:33	6	01:15:17	9	01:40:58
Forth Valley	9	01:47:48	9	01:21:11	9	01:39:58	10	01:40:28	8	01:48:02	6	01:28:43
Fife	12	01:58:58	10	01:22:10	10	01:43:48	9	01:32:53	12	02:08:16	8	01:40:27
Greater Glasgow & Clyde	8	01:36:06	11	01:30:09	8	01:30:33	7	01:29:18	10	01:54:45	12	02:18:47
SCOTLAND	10	01:56:01	12	01:38:04	11	01:51:19	11	01:48:43	11	02:06:26	11	02:14:26
Lanarkshire	13	02:29:52	13	02:11:37	13	02:45:32	14	02:42:04	13	02:52:49	13	03:04:34
Ayrshire & Arran	15	04:32:42	14	03:33:09	14	03:09:01	13	02:25:28	14	03:26:03	15	04:08:41
Grampian	14	03:13:00	15	03:42:02	15	03:50:52	15	03:51:47	15	04:12:43	14	03:37:13

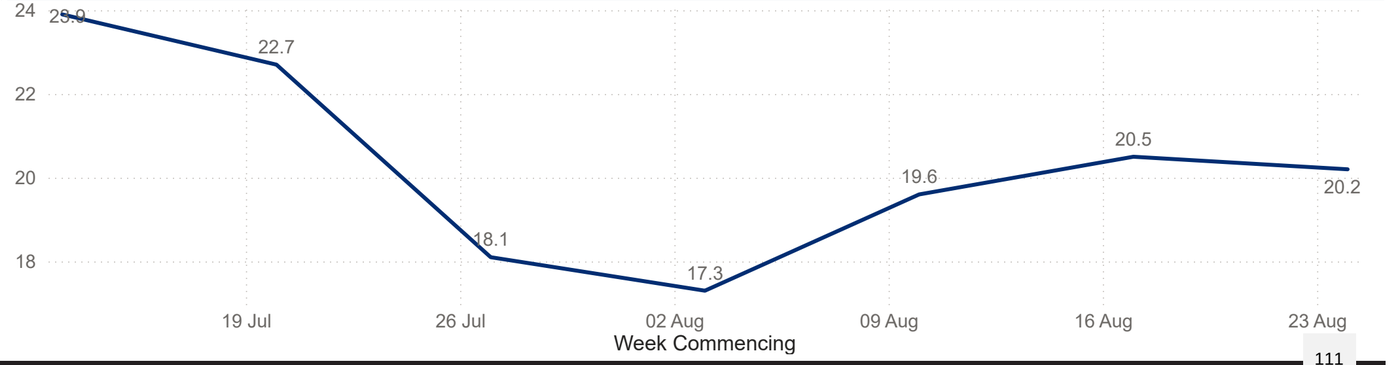
Scottish Ambulance Service - Turnaround Times - Orkney



Scottish Ambulance Service - Incidents Conveyed - Orkney



Scottish Ambulance Service Median Turnaround Times - Orkney

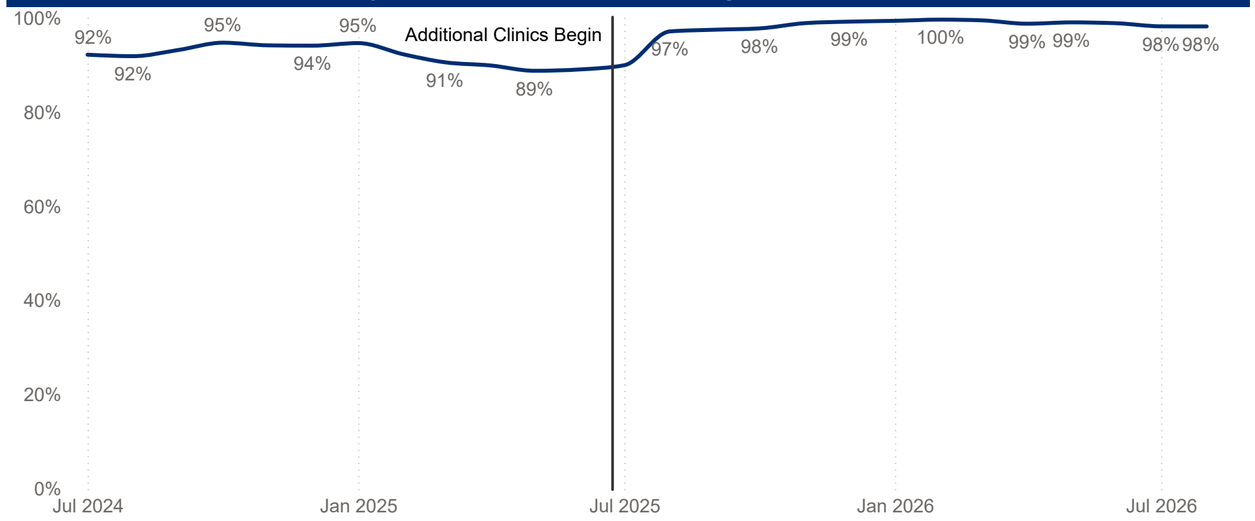


Operational Standards
New Outpatients (NOP) & Treatment Time Guarantee (TTG) Long Waits

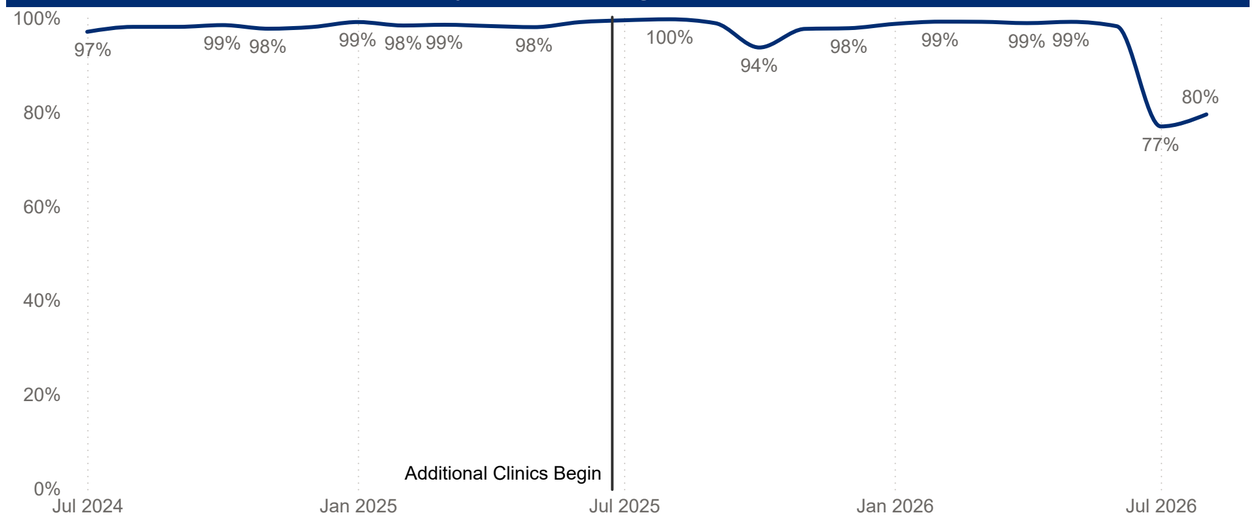
KPI	Target	Actual	RAG Value
0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	36	107	Red

All data on this page has been taken from local systems and includes positions up to the end of August 2026.

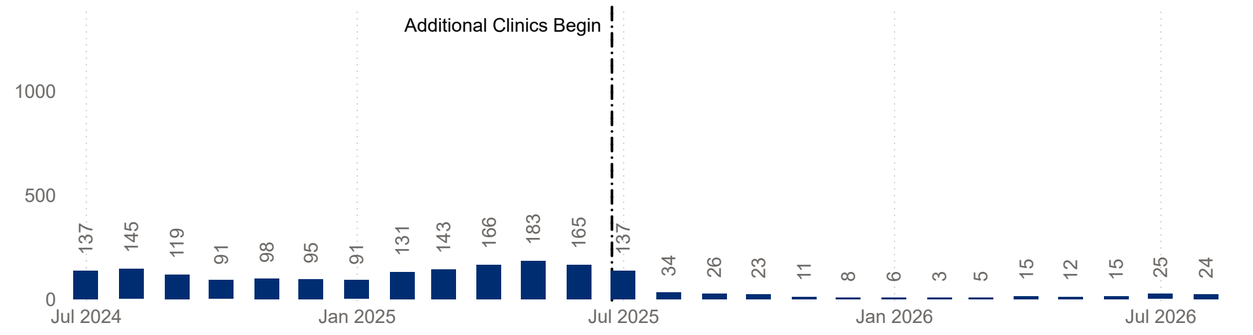
NHS Orkney New Outpatients Waiting 52-Week Compliance



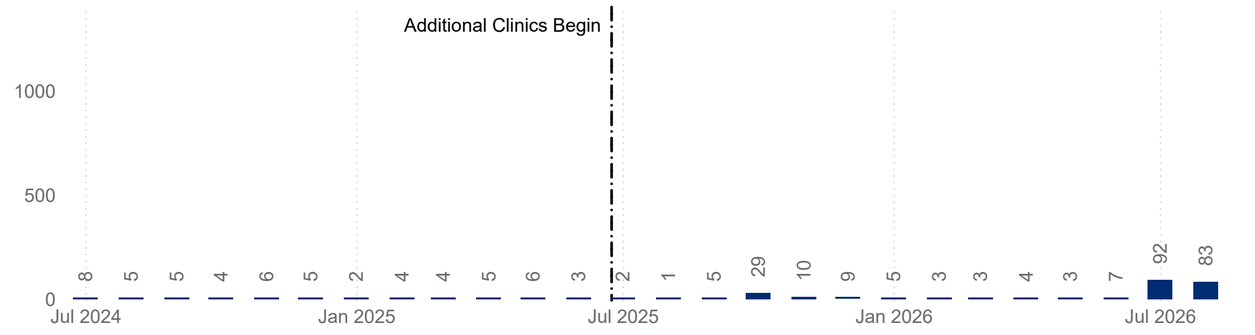
NHS Orkney TTG Waiting 52-Week Compliance



NHS Orkney New Outpatients Waiting > 52 Weeks

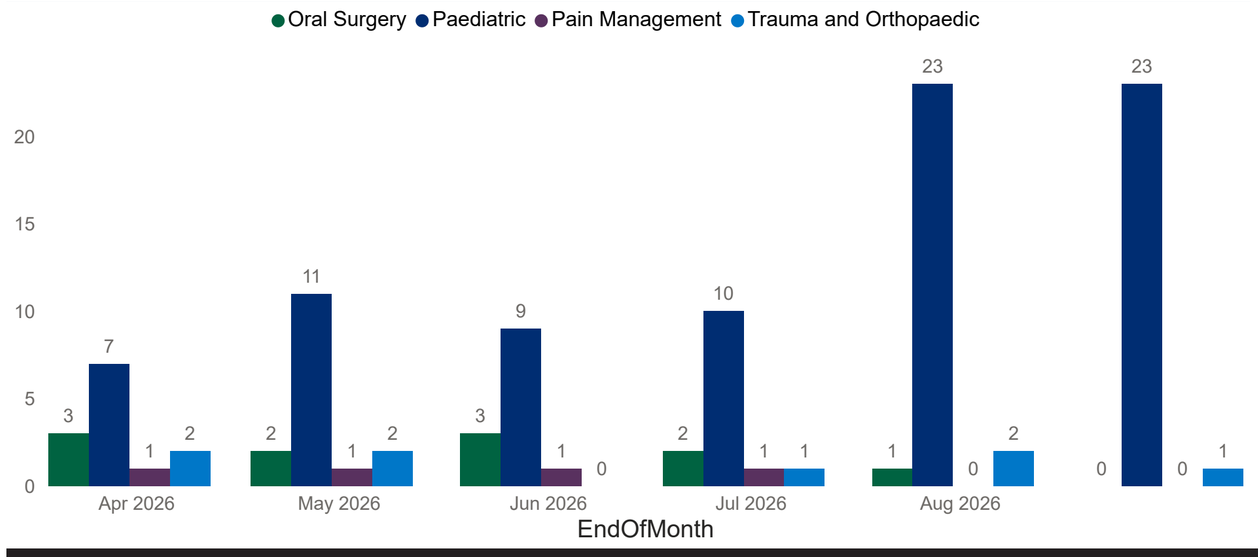


NHS Orkney TTG Waiting > 52 Weeks



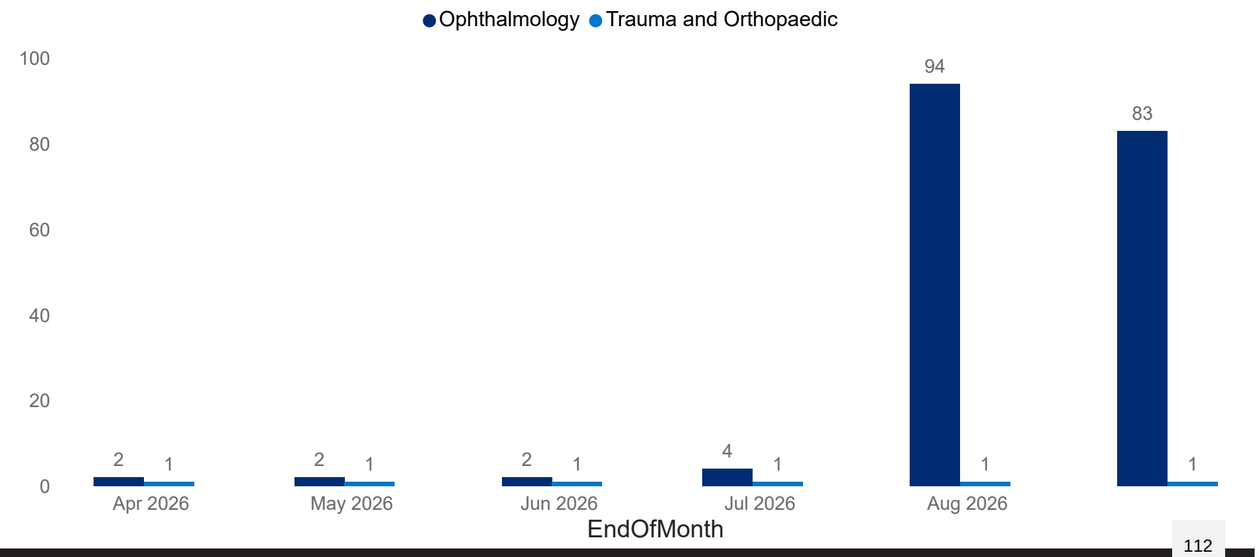
NHS Orkney Total New Outpatients Waiting >52Wks. by Specialty

Last 6 months shown



NHS Orkney Total TTG Waiting >52Wks. by Specialty

Last 6 months shown

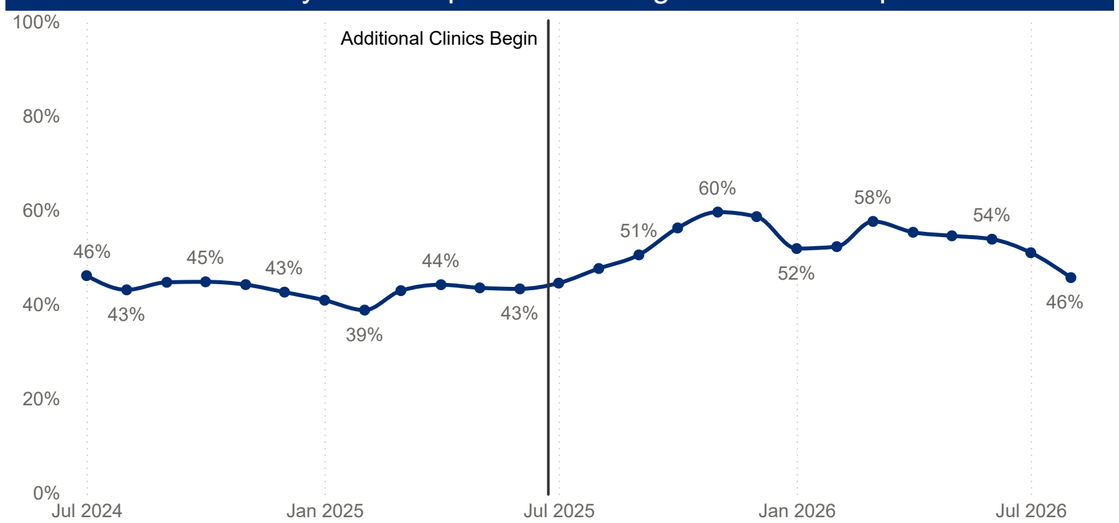


Operational Standards
New Outpatients (NOP) 12 Week Compliance

KPI	Target	Actual	RAG Value
95 per cent of patients wait no longer than 12 weeks from referral to first outpatient appointment.	95%	45.73%	Red

Local data has been taken from TrakCare and includes positions up to the end of August 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

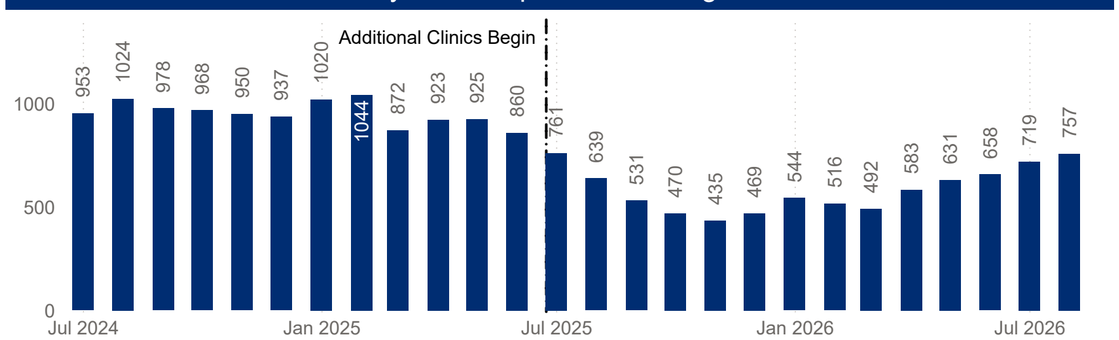
NHS Orkney New Outpatients Waiting 12-Week Compliance



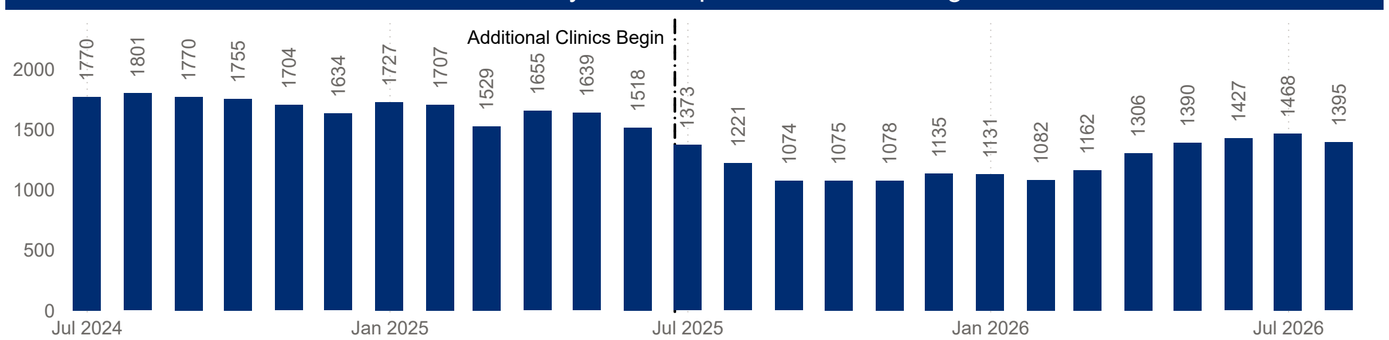
NHS Scotland Board Comparison

Month / Health Board	2025-12 %<12Wks.	Rank	2026-03 %<12Wks.	Rank	2026-04 %<12Wks.	Rank	2026-05 %<12Wks.	Rank	2026-06 %<12Wks.	Rank
NHS Western Isles	71.92%	1	76.01%	1	75.57%	1	77.32%	1	75.72%	1
NHS Forth Valley	61.85%	2	67.52%	2	65.89%	2	65.51%	2	65.47%	2
NHS Shetland	61.16%	3	60.68%	5	57.66%	5	58.65%	4	62.07%	3
NHS Orkney	58.18%	4	61.64%	4	60.02%	4	56.58%	5	56.72%	5
NHS Fife	52.10%	5	62.27%	3	60.12%	3	59.28%	3	57.67%	4
NHS Highland	47.94%	6	54.24%	6	53.21%	6	51.90%	6	50.68%	7
NHS Ayrshire & Arran	42.19%	10	53.84%	7	51.12%	7	49.65%	8	49.40%	8
NHS Tayside	42.80%	9	51.92%	8	50.23%	8	48.81%	9	49.30%	9
NHS Lothian	40.66%	13	48.91%	10	49.49%	9	50.49%	7	51.55%	6
NHS Lanarkshire	43.33%	8	51.34%	9	49.26%	10	47.27%	11	44.00%	14
NHS Grampian	41.60%	12	46.04%	14	47.04%	11	47.66%	10	48.06%	10
NHS Greater Glasgow and Clyde	42.14%	11	48.01%	12	46.41%	12	45.80%	13	47.96%	11
NHS Dumfries & Galloway	45.05%	7	48.61%	11	45.74%	13	45.19%	14	45.46%	13
NHS Borders	38.90%	14	47.56%	13	44.62%	14	45.87%	12	46.69%	12
NHS Golden Jubilee	27.26%	15	28.62%	15	16.80%	15	10.94%	15	14.88%	15

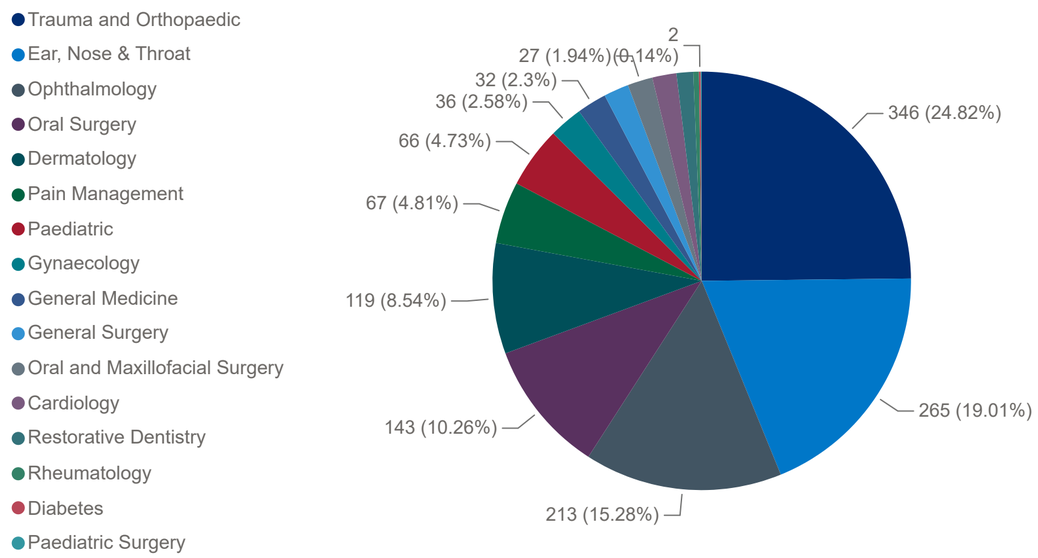
NHS Orkney New Outpatients Waiting > 12 Weeks



NHS Orkney New Outpatients Total Waiting



NHS Orkney Total New Outpatients Waiting by Specialty

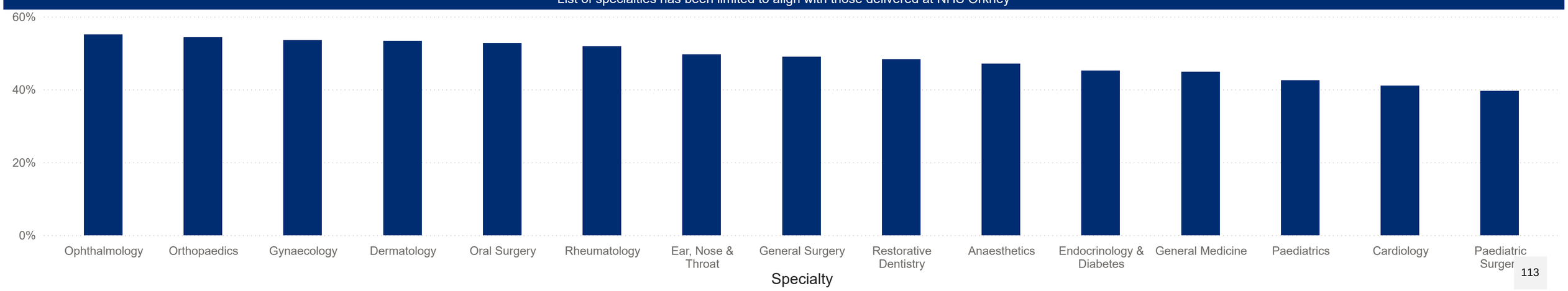


NHS Orkney 12-Week Compliance by Specialty

Month / Specialty	2026-04 %<12Wks.	Rank	2026-05 %<12Wks.	Rank	2026-06 %<12Wks.	Rank	2026-07 %<12Wks.	Rank	2026-08 %<12Wks.	Rank
Gynaecology	100.00%	1	97.06%	2	100.00%	1	100.00%	1	100.00%	1
General Surgery	100.00%	1	100.00%	1	98.08%	2	98.08%	2	92.59%	3
Cardiology	93.75%	3	100.00%	1	100.00%	1	96.55%	3	96.15%	2
Paediatric Surgery	100.00%	1	100.00%	1	100.00%	1	87.50%	4	100.00%	1
General Medicine	96.00%	2	89.39%	3	85.96%	4	78.72%	5	68.75%	5
Diabetes	50.00%	8	66.67%	6	100.00%	1	100.00%	1	100.00%	1
Rheumatology	68.75%	5	70.00%	5	86.67%	3	100.00%	1	83.33%	4
Ophthalmology	72.73%	4	62.59%	7	57.41%	6	50.78%	7	45.54%	9
Restorative Dentistry	23.81%	14	71.43%	4	70.00%	5	71.43%	6	66.67%	6
Dermatology	57.02%	7	55.63%	8	54.84%	7	45.45%	11	34.45%	13
Trauma and Orthopaedic	42.26%	11	48.64%	9	53.62%	8	50.38%	8	46.82%	8
Oral Surgery	47.65%	9	46.58%	10	49.39%	9	46.02%	10	37.76%	11
Ear, Nose & Throat	59.20%	6	39.23%	12	41.80%	10	41.06%	12	36.98%	12
Pain Management	37.78%	13	40.74%	11	39.06%	11	47.46%	9	44.78%	10
Oral and Maxillofacial Surgery	47.06%	10	16.67%	14	16.67%	13	28.57%	14	48.15%	7
Paediatric	38.64%	12	31.94%	13	36.23%	12	36.99%	13	25.76%	14

NHS Scotland % of New Outpatients Waiting > 12 Weeks by Specialty

List of specialties has been limited to align with those delivered at NHS Orkney



Operational Standards
Treatment Time Guarantee (TTG) 12 Week Compliance

KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	95%	34.33%	Red

Local data has been taken from TrakCare and includes positions up to the end of August 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

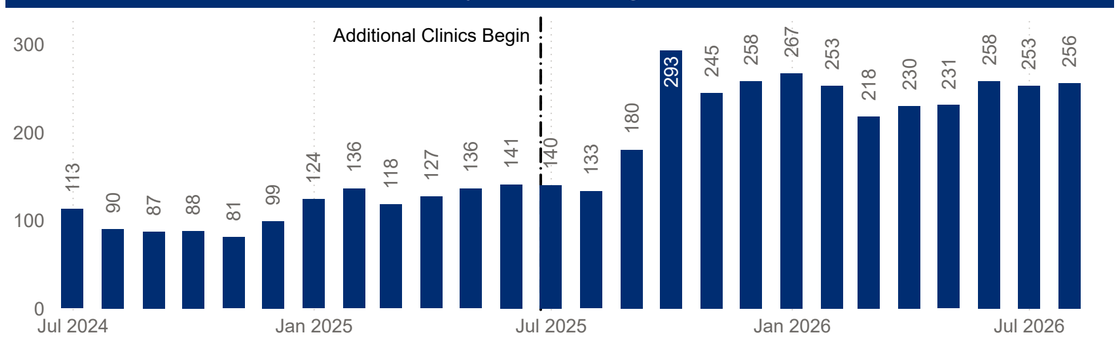
NHS Orkney TTG Waiting 12-Week Compliance



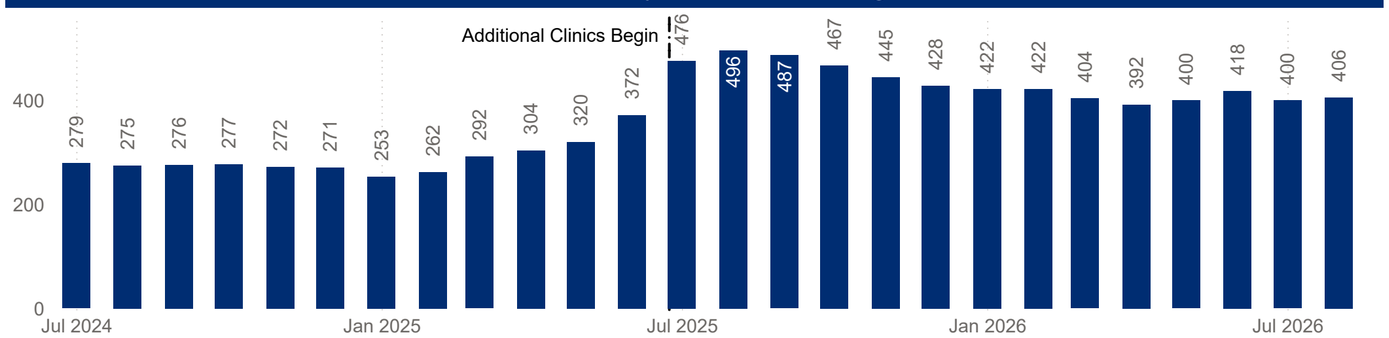
NHS Scotland Board Comparison

Month / Health Board	2025-12 %<12Wks	Rank	2026-03 %<12Wks	Rank	2026-04 %<12Wks	Rank	2026-05 %<12Wks	Rank	2026-06 %<12Wks	Rank
NHS Western Isles	68.64%	1	77.64%	1	74.34%	1	71.90%	1	70.90%	1
NHS Highland	51.65%	3	50.77%	4	50.51%	3	50.28%	2	49.62%	2
NHS Shetland	53.45%	2	57.24%	2	55.69%	2	44.47%	3	40.45%	7
NHS Borders	50.38%	4	55.83%	3	47.11%	4	41.92%	6	41.85%	5
NHS Golden Jubilee	49.17%	5	44.17%	7	41.82%	8	43.38%	5	46.80%	3
NHS Orkney	41.65%	7	47.10%	6	43.11%	6	44.25%	4	41.81%	6
NHS Ayrshire & Arran	42.35%	6	49.25%	5	44.95%	5	39.16%	8	37.41%	9
NHS Lothian	41.51%	8	43.22%	8	42.58%	7	41.68%	7	42.72%	4
NHS Fife	37.98%	10	40.78%	9	39.74%	9	38.00%	9	37.40%	10
NHS Dumfries & Galloway	37.86%	11	39.00%	11	38.07%	10	36.90%	10	38.17%	8
NHS Forth Valley	38.59%	9	37.31%	13	36.56%	12	36.56%	11	37.13%	11
NHS Lanarkshire	36.66%	12	39.87%	10	35.72%	14	32.77%	14	32.14%	14
NHS Grampian	33.87%	13	35.97%	14	36.70%	11	35.75%	12	34.50%	13
NHS Greater Glasgow and Clyde	32.41%	14	37.90%	12	35.86%	13	34.84%	13	35.64%	12
NHS Tayside	31.57%	15	35.92%	15	33.01%	15	30.84%	15	29.22%	15

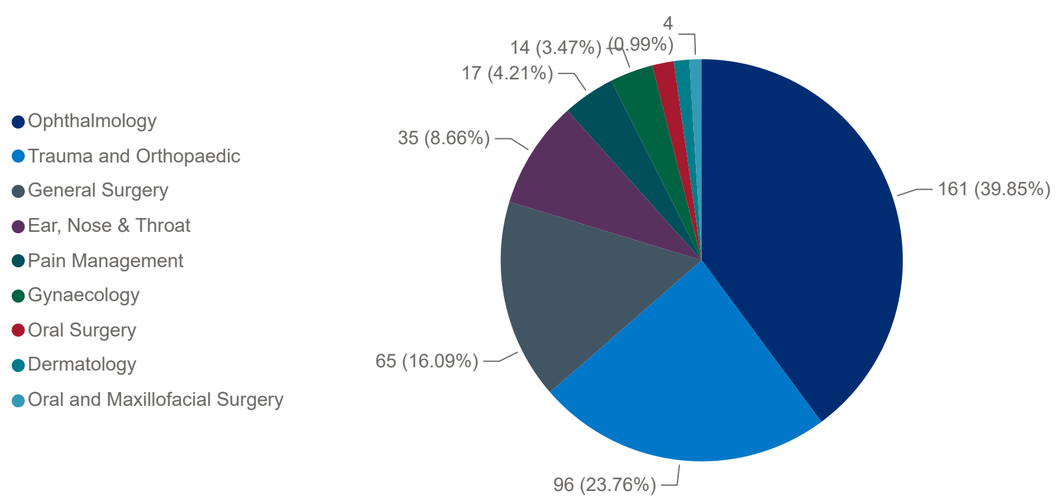
NHS Orkney TTG Waiting > 12 Weeks



NHS Orkney TTG Total Waiting



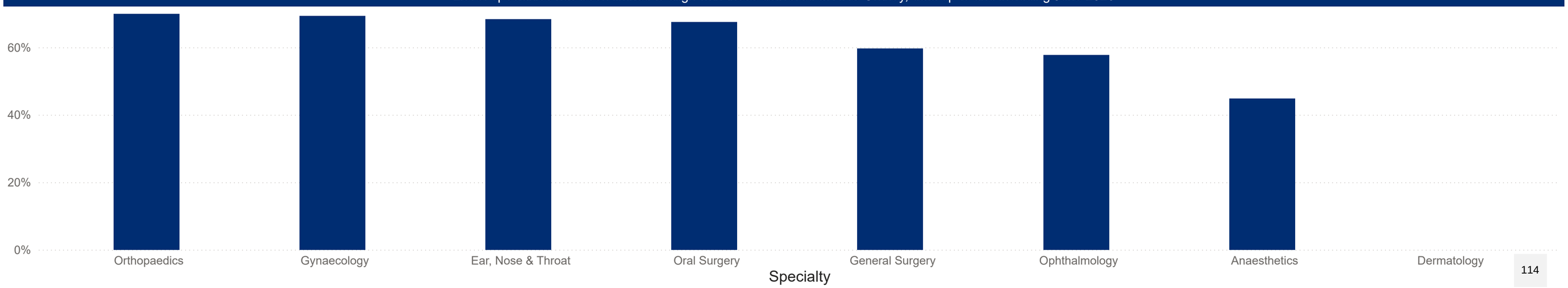
NHS Orkney Total TTG Waiting by Specialty
Data shows position at 31/08/2026



NHS Orkney TTG 12-Week Compliance by Specialty

Month / Specialty	2026-04 %<12Wks	Rank	2026-05 %<12Wks	Rank	2026-06 %<12Wks	Rank	2026-07 %<12Wks	Rank	2026-08 %<12Wks	Rank
Dermatology	100.00%	1	66.67%	6	100.00%	1	100.00%	1	100.00%	1
General Surgery	97.37%	2	94.29%	2	96.23%	2	90.74%	2	86.15%	2
Gynaecology	78.95%	6	92.31%	3	90.00%	3	87.50%	3	78.57%	3
Oral Surgery	91.67%	3	50.00%	7	81.82%	4	77.78%	4	71.43%	4
Oral and Maxillofacial Surgery	83.33%	5	100.00%	1	50.00%	6	50.00%	6	0.00%	9
Pain Management	90.00%	4	70.00%	4	31.58%	7	52.94%	5	52.94%	5
Trauma and Orthopaedic	69.05%	7	68.75%	5	63.92%	5	44.19%	7	36.46%	6
Ear, Nose & Throat	11.76%	8	30.30%	8	18.18%	8	22.86%	8	5.71%	8
Ophthalmology	9.19%	9	10.73%	9	9.34%	9	8.43%	9	9.32%	7

NHS Scotland % of TTG Waiting > 12 Weeks by Specialty
List of specialties has been limited to align with those delivered at NHS Orkney, data up to and including June 2026

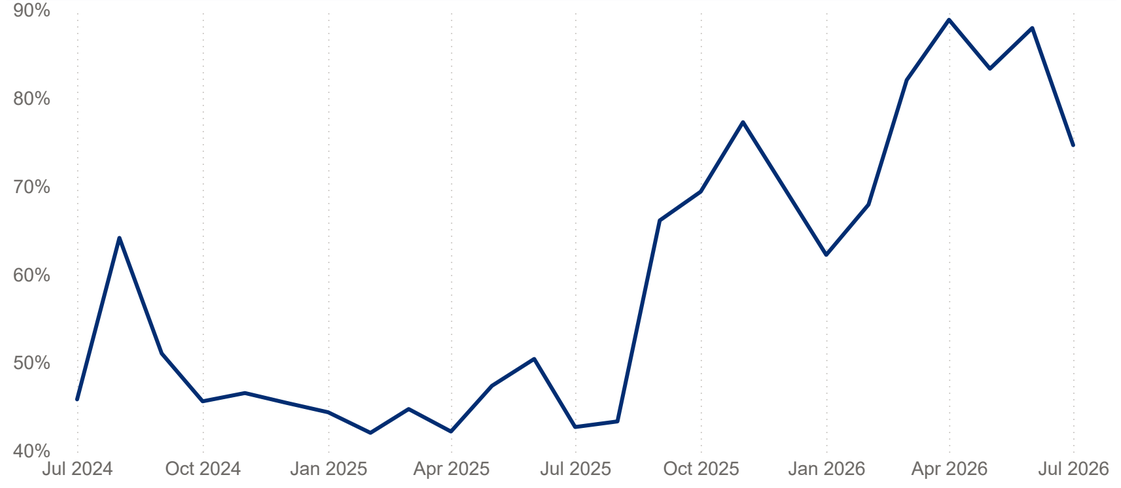


Operational Standards
Diagnostic Endoscopy 6 Week Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	74.67%	Red

Local data has been taken from the latest monthly DMMI return and includes positions up to the end of July 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

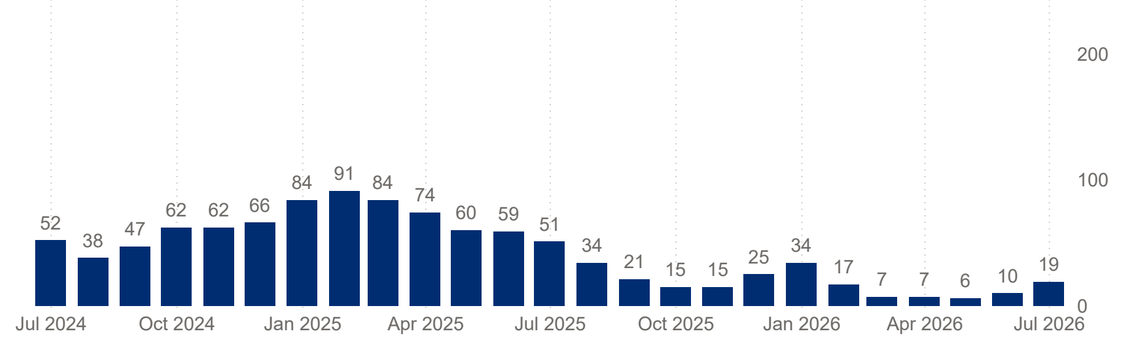
NHS Orkney Diagnostic Endoscopy Patients Waiting 6-Week Compliance
Higher is Better



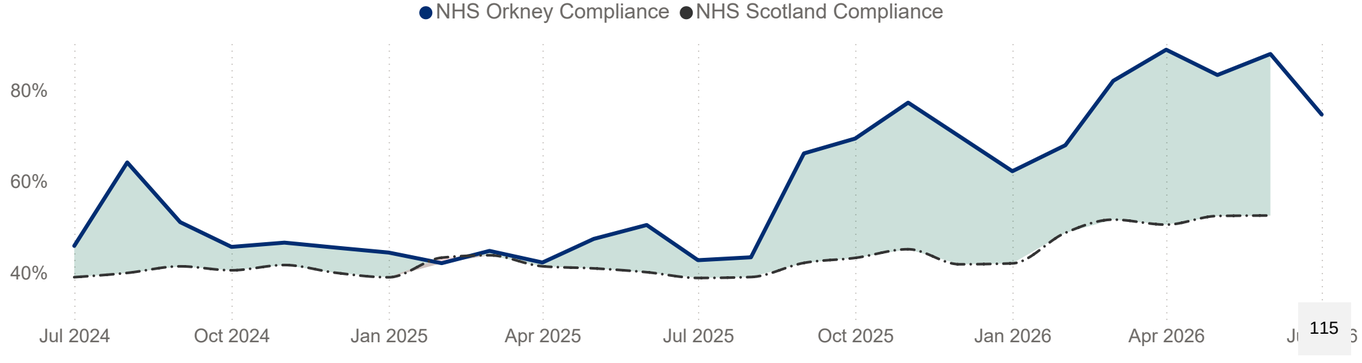
NHS Scotland Board Comparison

Month / Health Board	28 February 2026 %<6Wks	Rank	31 March 2026 %<6Wks	Rank	30 April 2026 %<6Wks	Rank	31 May 2026 %<6Wks	Rank	30 June 2026 %<6Wks	Rank
NHS Fife	82%	4	96%	1	91%	2	96%	1	97%	1
NHS Shetland	79%	5	88%	5	96%	1	93%	2	88%	2
NHS Forth Valley	93%	1	91%	2	89%	3	82%	5	88%	4
NHS Dumfries & Galloway	84%	3	88%	4	82%	7	85%	3	85%	5
NHS Highland	88%	2	88%	3	89%	4	80%	6	78%	6
NHS Orkney	68%	7	82%	7	89%	5	83%	4	88%	3
NHS Western Isles	70%	6	84%	6	82%	6	77%	7	67%	7
NHS Borders	60%	8	62%	8	67%	8	67%	8	63%	8
NHS Lanarkshire	55%	10	61%	9	60%	9	62%	9	58%	9
NHS Greater Glasgow and Clyde	57%	9	59%	10	53%	10	53%	10	54%	10
NHS Scotland	49%	11	52%	11	51%	11	52%	11	53%	11
NHS Ayrshire & Arran	44%	12	45%	12	41%	13	43%	13	44%	14
NHS Grampian	35%	14	38%	13	44%	12	48%	12	46%	13
NHS Lothian	33%	15	37%	14	37%	14	43%	14	47%	12
NHS Tayside	37%	13	36%	15	35%	15	36%	15	33%	15

NHS Orkney Diagnostic Endoscopy Patients Waiting > 6 Weeks



Diasgnostic Endoscopy Compliance vs. National

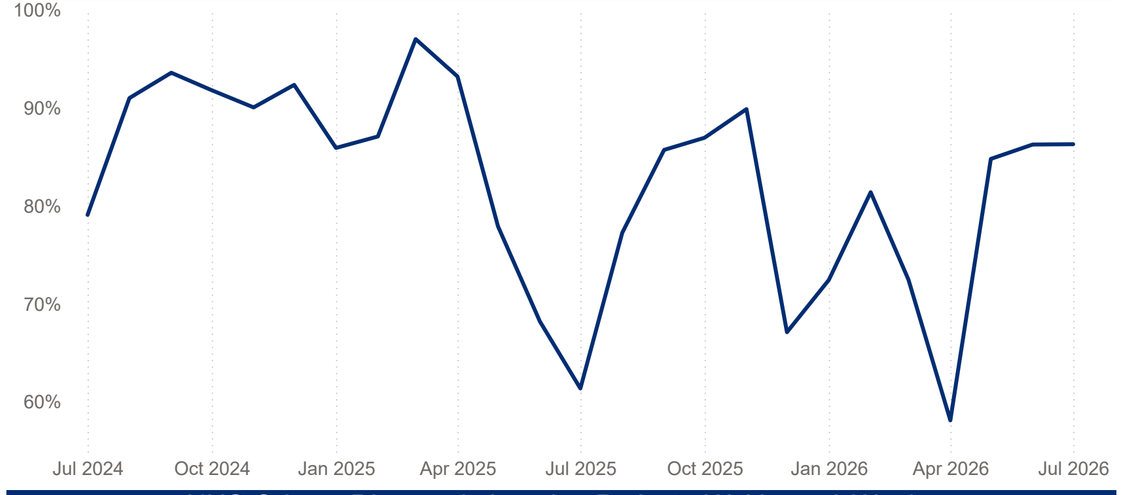


Operational Standards
Diagnostic Imaging 6 Week Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	86.29%	Red

Local data has been taken from the latest monthly DMMI return and includes positions up to the end of July 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

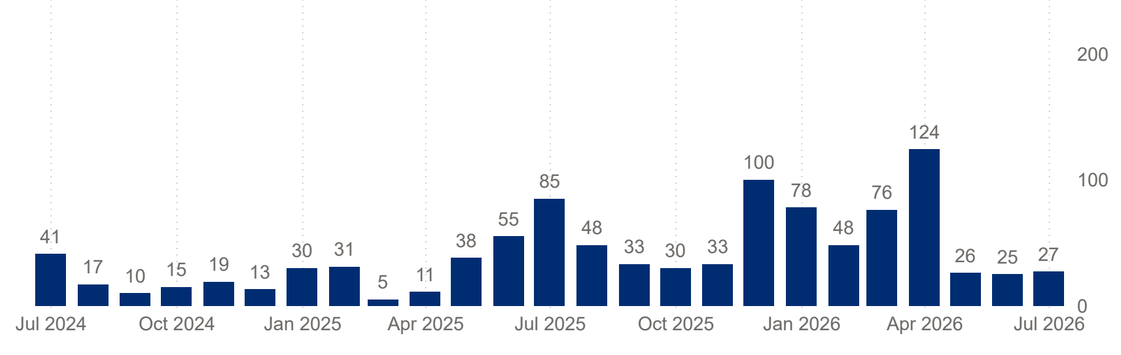
NHS Orkney Diagnostic Imaging Patients Waiting 6-Week Compliance
Higher is Better



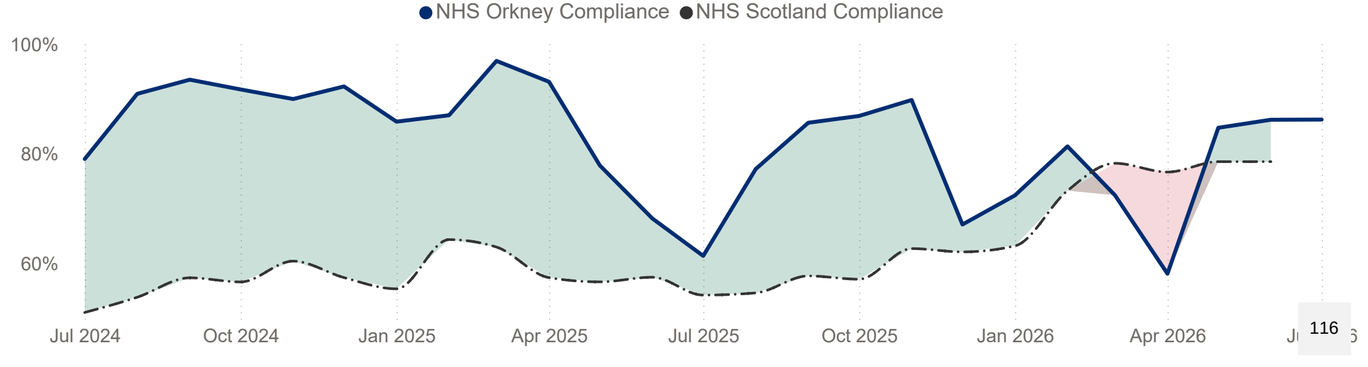
NHS Scotland Board Comparison

Month / Health Board	28 February 2026 %<6Wks	Rank	31 March 2026 %<6Wks	Rank	30 April 2026 %<6Wks	Rank	31 May 2026 %<6Wks	Rank	30 June 2026 %<6Wks	Rank
NHS Borders	95%	1	99%	1	95%	2	97%	1	97%	1
NHS Fife	92%	3	96%	2	97%	1	96%	2	97%	2
NHS Ayrshire & Arran	93%	2	92%	3	91%	3	93%	3	89%	3
NHS Dumfries & Galloway	90%	5	88%	4	84%	4	88%	4	89%	4
NHS Forth Valley	82%	6	84%	6	83%	5	87%	5	86%	5
NHS Western Isles	90%	4	87%	5	79%	8	77%	10	80%	9
NHS Scotland	73%	9	78%	9	77%	9	79%	9	79%	10
NHS Grampian	64%	12	72%	13	81%	6	85%	7	85%	8
NHS Greater Glasgow and Clyde	81%	8	81%	7	72%	10	73%	12	73%	12
NHS Lothian	64%	13	75%	10	79%	7	80%	8	85%	7
NHS Orkney	81%	7	72%	12	58%	15	85%	6	86%	6
NHS Highland	73%	10	74%	11	71%	13	76%	11	78%	11
NHS Shetland	61%	15	79%	8	71%	11	70%	15	70%	14
NHS Tayside	64%	11	71%	14	71%	12	70%	14	71%	13
NHS Lanarkshire	62%	14	66%	15	68%	14	72%	13	69%	15

NHS Orkney Diagnostic Imaging Patients Waiting > 6 Weeks



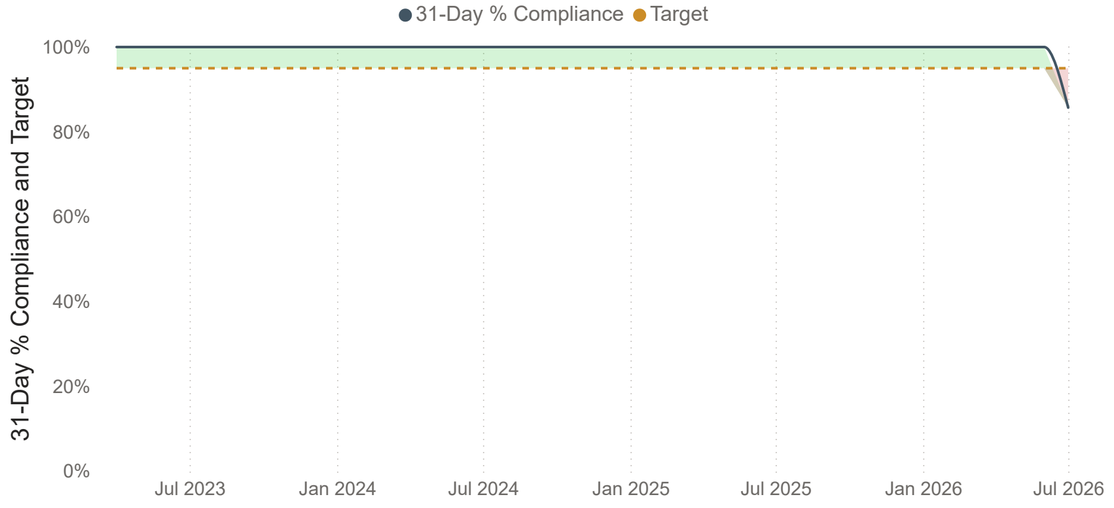
Diagnostic Imaging Compliance vs. National



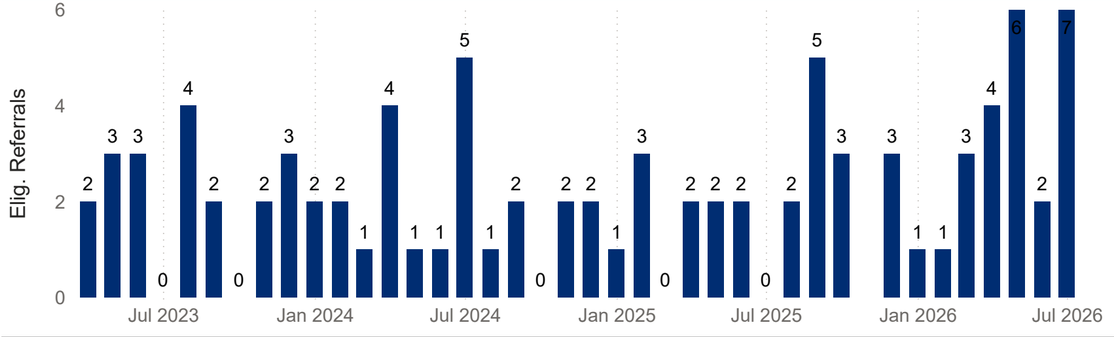
Operational Standards (Acute)
Cancer Waiting Times 31-Day Standard

KPI	Target	Actual	RAG Value
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95%	85.70%	Red

NHS Orkney Cancer Waiting Times - 31 Day Standard Compliance



NHS Orkney Cancer Waiting Times - 31 Day Standard Eligible Referrals



NHS Scotland Board Comparison

Month / Health Board	2025-03 %<31Days	Rank	2025-06 %<31Days	Rank	2025-09 %<31Days	Rank	2025-12 %<31Days	Rank	2026-03 %<31Days	Rank
NHS Orkney	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Shetland	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Western Isles	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Forth Valley	99.38%	2	99.26%	2	98.52%	3	100.00%	1	99.40%	3
Golden Jubilee National Hospital	99.05%	3	98.33%	4	100.00%	1	99.08%	4	99.17%	4
NHS Dumfries & Galloway	98.96%	4	98.59%	3	97.22%	6	99.53%	3	98.95%	5
NHS Ayrshire & Arran	97.04%	6	97.62%	6	98.55%	2	99.55%	2	99.57%	2
NHS Borders	100.00%	1	100.00%	1	96.92%	7	98.21%	5	96.26%	7
NHS Lanarkshire	98.25%	5	98.31%	5	98.33%	4	96.84%	6	96.37%	6
NHS Greater Glasgow & Clyde	95.11%	7	95.15%	8	95.61%	8	95.66%	8	95.68%	8
NHS Tayside	91.91%	9	95.75%	7	97.37%	5	96.62%	7	93.67%	10
NHS Fife	93.80%	8	93.62%	10	92.73%	11	93.50%	11	95.11%	9
NHS Lothian	90.67%	11	94.78%	9	93.13%	10	94.90%	9	91.52%	12
NHS Highland	91.07%	10	90.84%	12	93.19%	9	93.57%	10	91.97%	11
NHS Grampian	89.96%	12	91.62%	11	90.15%	12	91.24%	12	88.96%	13

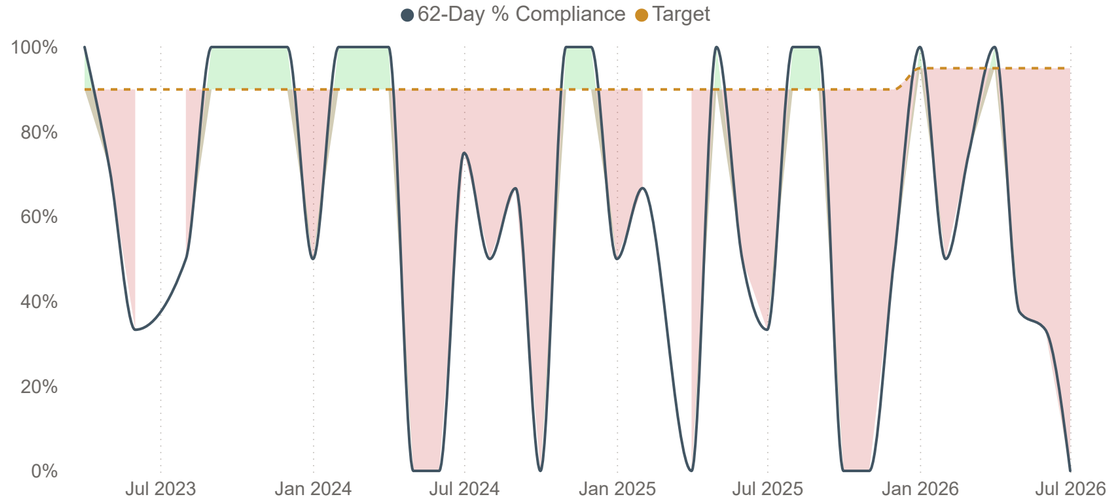
NHS Orkney 31-Day Compliance by Cancer Type

Cancer Type	31 March 2025	30 June 2025	30 September 2025	31 December 2025	31 March 2026
Colorectal				100.00%	100.00%
Colorectal (screened excluded)				100.00%	100.00%
Lung		100.00%	100.00%		100.00%
Lymphoma				100.00%	
Melanoma	100.00%	100.00%	100.00%	100.00%	100.00%
Ovarian	100.00%	100.00%			
Upper GI	100.00%	100.00%	100.00%		
Upper GI - Hepatopancreatobiliary	100.00%				
Upper GI - Oesophagogastric		100.00%	100.00%		
Urological	100.00%	100.00%		100.00%	100.00%
Urology - Prostate	100.00%	100.00%		100.00%	100.00%

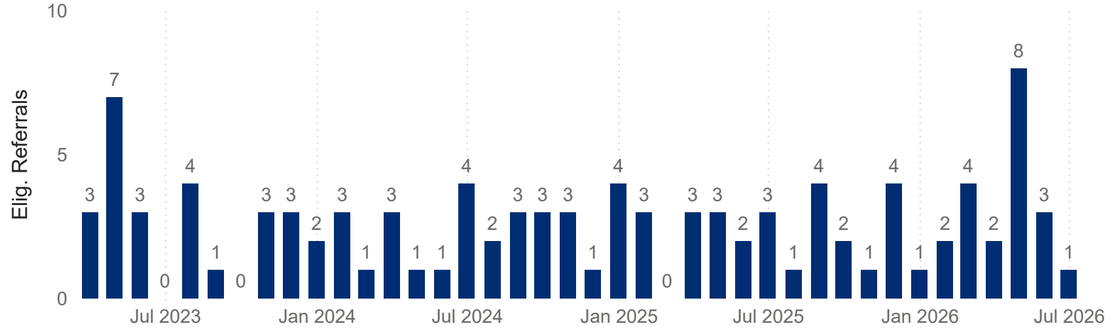
Operational Standards (Acute)
Cancer Waiting Times 62-Day Standard

KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	95%	0.00%	Red

NHS Orkney Cancer Waiting Times - 62 Day Standard Compliance



NHS Orkney Cancer Waiting Times - 62 Day Standard Eligible Referrals



NHS Scotland Board Comparison

Month / Health Board	2025-03 %<62Days	Rank	2025-06 %<62Days	Rank	2025-09 %<62Days	Rank	2025-12 %<62Days	Rank	2026-03 %<62Days	Rank
NHS Lanarkshire	95.76%	1	95.38%	1	92.04%	1	94.93%	1	91.98%	1
NHS Dumfries & Galloway	75.00%	2	75.93%	3	83.01%	3	88.16%	2	84.73%	3
NHS Forth Valley	71.73%	3	72.38%	5	85.97%	2	70.64%	8	78.21%	5
NHS Shetland	60.00%	10	82.14%	2	60.00%	14	66.67%	9	88.24%	2
NHS Fife	64.81%	7	67.43%	8	72.28%	7	74.53%	3	74.81%	6
NHS Highland	69.03%	6	69.76%	6	69.12%	8	74.47%	4	70.13%	10
NHS Greater Glasgow & Clyde	69.08%	5	67.87%	7	68.92%	9	73.79%	7	72.66%	8
NHS Lothian	71.02%	4	72.89%	4	67.04%	10	65.51%	10	64.16%	12
NHS Ayrshire & Arran	63.52%	8	56.71%	13	62.05%	11	73.95%	6	78.43%	4
NHS Western Isles	46.88%	13	64.00%	10	82.61%	4	66.67%	9	73.33%	7
NHS Borders	45.59%	14	64.60%	9	73.53%	6	74.03%	5	67.71%	11
NHS Tayside	63.04%	9	60.00%	12	61.62%	12	61.82%	12	61.18%	14
NHS Grampian	52.49%	12	61.23%	11	60.86%	13	62.85%	11	62.03%	13
NHS Orkney	57.14%	11	50.00%	14	75.00%	5	28.57%	13	71.43%	9

NHS Orkney 62-Day Compliance by Cancer Type

Cancer Type	31 March 2025	30 June 2025	30 September 2025	31 December 2025	31 March 2026
Cervical				100.00%	
Cervical (screened excluded)				100.00%	
Colorectal	0.00%		66.67%	0.00%	0.00%
Colorectal (screened excluded)	0.00%		50.00%		0.00%
Colorectal (screened only)			100.00%	0.00%	
Lung	100.00%		100.00%		100.00%
Melanoma	100.00%		100.00%	100.00%	100.00%
Ovarian	100.00%	100.00%	100.00%		
Upper GI	100.00%	0.00%	100.00%		100.00%
Upper GI - Hepatopancreatobiliary	100.00%				
Upper GI - Oesophagogastric		0.00%	100.00%		100.00%
Urological	0.00%	33.33%	0.00%	0.00%	50.00%
Urology - Bladder	0.00%	0.00%		0.00%	
Urology - Prostate		100.00%	0.00%	0.00%	50.00%

Operational Standards (Acute)
Delayed Transfers of Care Discharge Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	45.00%	Red

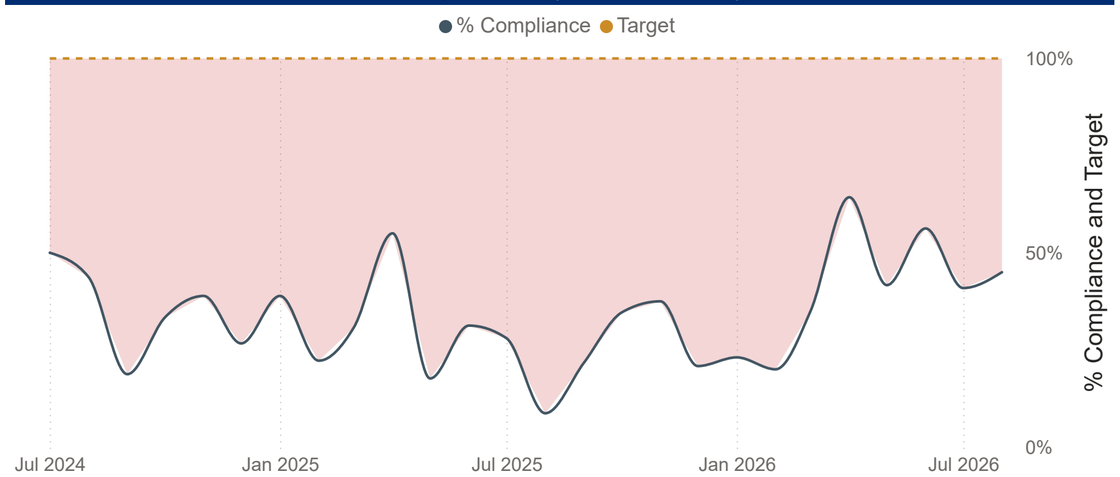
Local data has been taken from the latest Delayed Discharges return and includes positions up to the end of August 2026. National data has been taken from the latest PHS publication and shows information up to the end of July 2026.

NHS Scotland Board Comparison

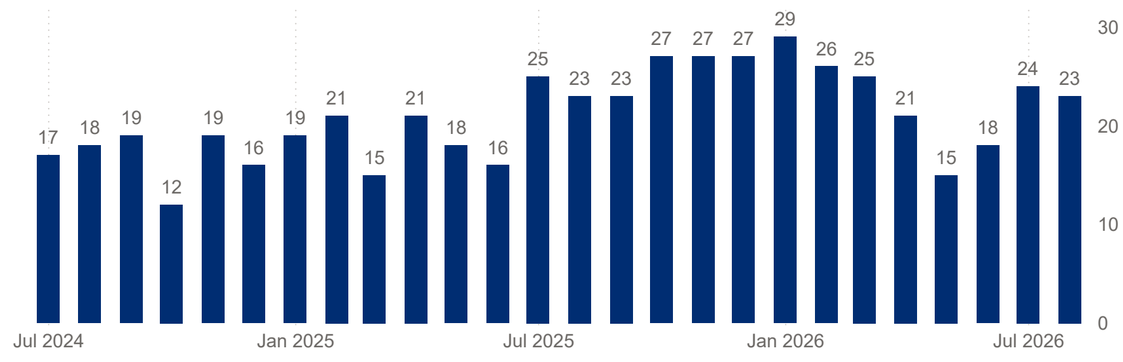
Shows rank based on average delayed bed days

Month / Health Board	2025-12 Avg.	2025-12 Rank	2026-01 Avg.	2026-01 Rank	2026-02 Avg.	2026-02 Rank	2026-03 Avg.	2026-03 Rank	2026-04 Avg.	2026-04 Rank	2026-05 Avg.	2026-05 Rank	2026-06 Avg.	2026-06 Rank	2026-07 Avg.	2026-07 Rank
NHS Shetland	12	1	11	1	7	1	8	1	11	2	7	1	9	2	9	1
NHS Orkney	17	2	16	2	19	2	14	2	7	1	7	1	8	1	10	2
NHS Western Isles	26	3	26	3	26	3	26	3	28	3	32	2	36	3	34	3
NHS Borders	42	4	48	4	49	4	55	4	51	4	42	3	44	4	50	4
NHS Tayside	96	5	101	6	100	6	94	5	84	5	90	4	91	5	85	5
NHS Dumfries & Galloway	100	6	87	5	92	5	104	6	103	8	97	5	94	7	93	7
NHS Fife	118	8	112	7	105	7	106	7	99	7	102	7	93	6	92	6
NHS Forth Valley	108	7	118	8	122	8	104	6	98	6	101	6	119	8	125	8
NHS Grampian	162	9	138	9	137	9	137	8	132	9	140	8	137	9	132	9
NHS Lanarkshire	169	10	168	10	174	10	154	9	146	10	141	9	152	10	173	10
NHS Lothian	232	12	247	13	239	11	216	10	234	11	231	10	239	12	242	11
NHS Highland	249	13	244	12	249	13	247	12	241	12	242	11	235	11	252	12
NHS Ayrshire & Arran	212	11	216	11	245	12	245	11	254	13	275	12	269	13	267	13
NHS Greater Glasgow & Clyde	425	14	440	14	419	14	414	13	414	14	412	13	422	14	436	14

NHS Orkney Delayed Transfers of Care - Discharge Within 14 Days Compliance (excl. Code 9)

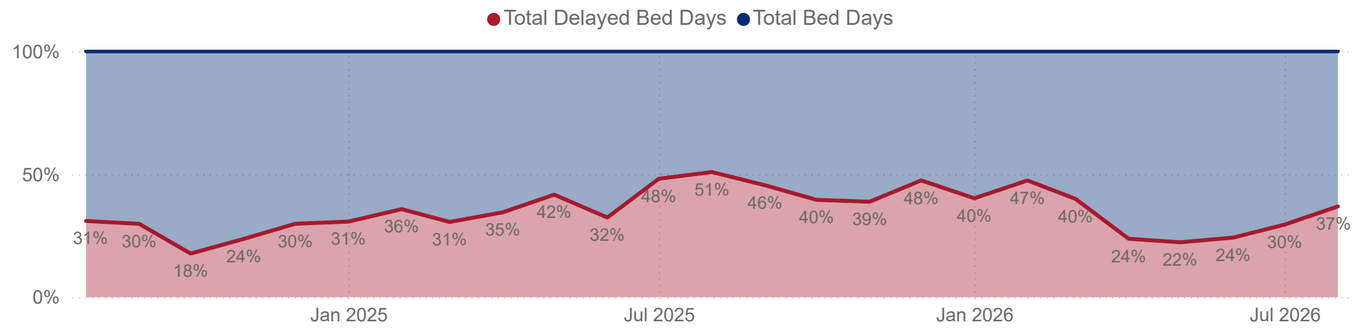


NHS Orkney Number of Delayed Transfers of Care

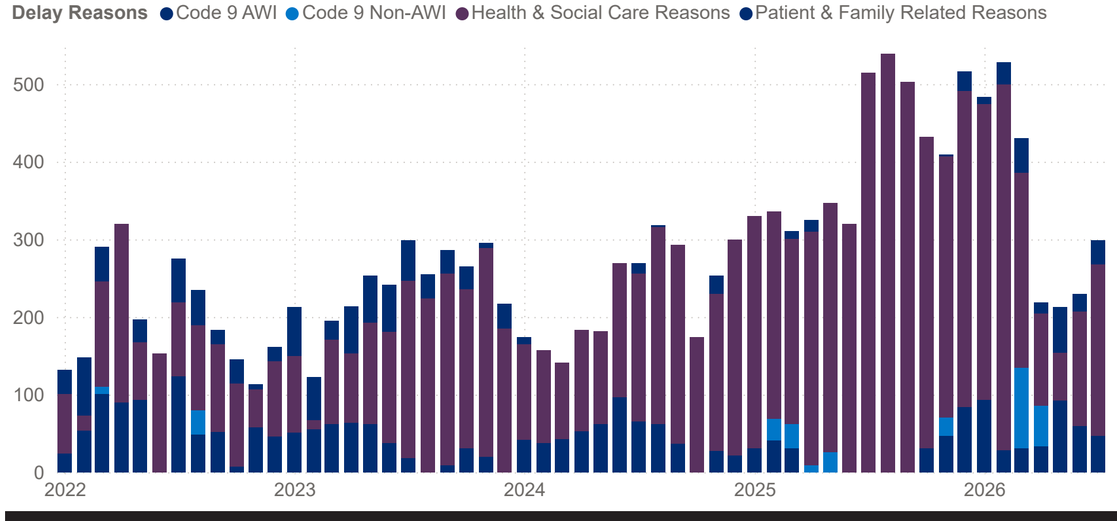


NHS Orkney Delayed Transfers of Care - Delayed Bed Days as % of Total Bed Days

Total Bed Days only shows values from the following inpatient areas areas: Eir, Hlin, HDU



NHS Orkney Delayed Bed Days by Delay Reason



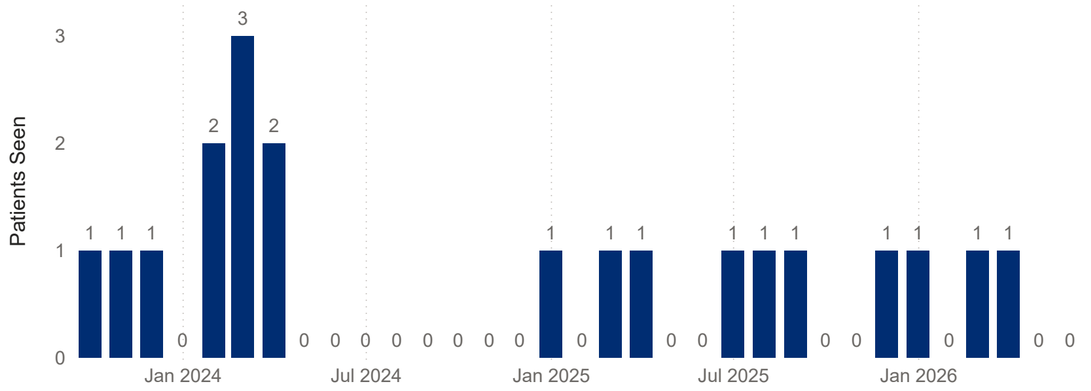
NHS Orkney Delayed Transfers of Care - Delayed Bed Days by Month



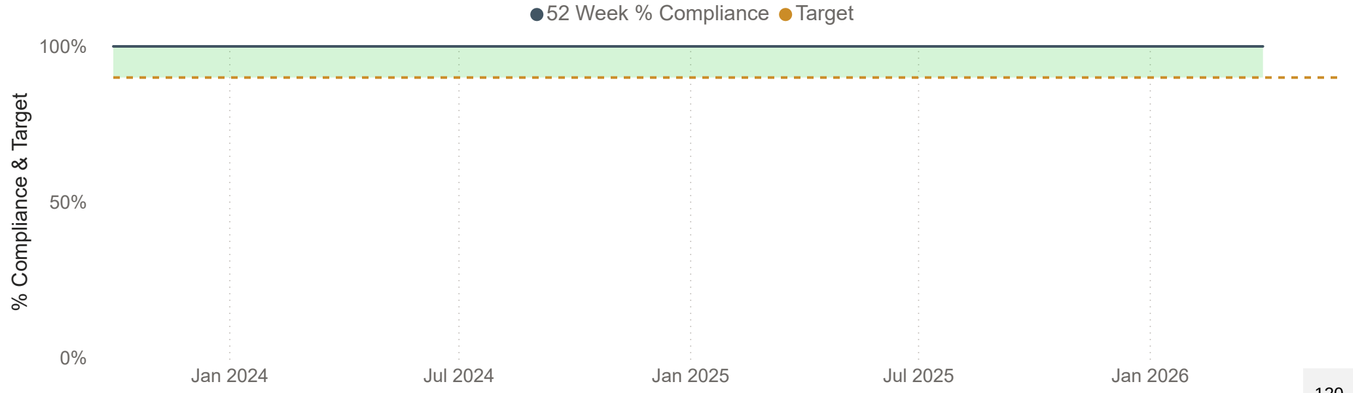
Operational Standards (Acute)
In Vitro Fertilisation (IVF) 52 Week Screening Compliance

KPI	Target	Actual	RAG Value
90% of eligible patients to commence IVF treatment within 12 months of referral	**90%**	**100.00%**	**Green**

NHS Orkney In Vitro Fertilisation (IVF) 52 Week Screening Numbers



NHS Orkney In Vitro Fertilisation (IVF) 52 Week Screening Compliance

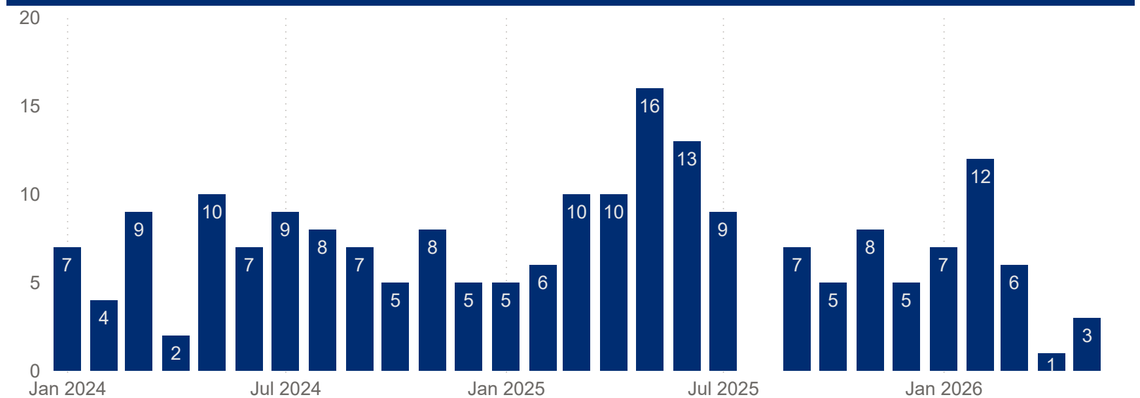


Operational Standards (Community)
Child & Adolescent Mental Health 18 Week Compliance

KPI	Target	Actual	RAG Value
90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	90%	100.00%	Green

Local data has been taken from the latest monthly CAMHS return and includes positions up to the end of May 2026. NHS Orkney are in the process of changing from TrakCare to Morse for reporting CAMHS data, submissions from June onward are expected to be completed by the end of October.

NHS Orkney Child & Adolescent Mental Health - Patients Starting Treatment



NHS Orkney Child & Adolescent Mental Health - 18 Week Compliance

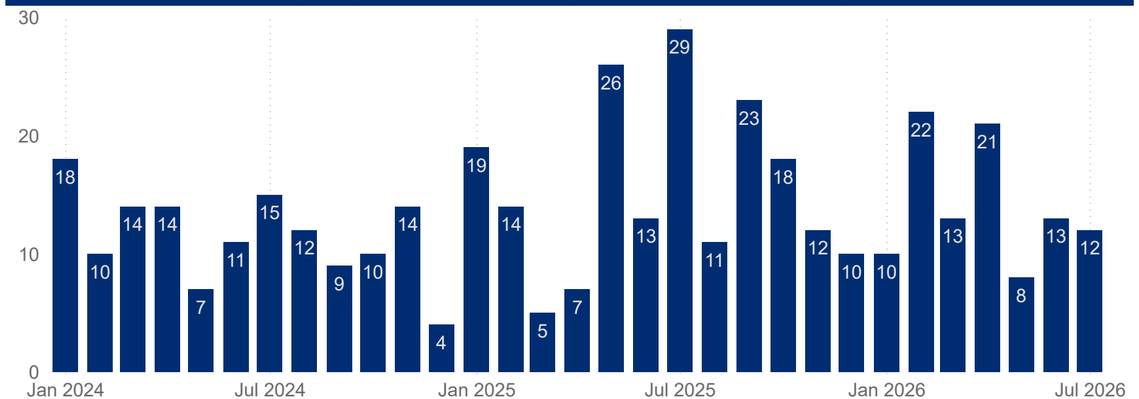


Operational Standards (Community)
Psychological Therapies 18 Week Compliance

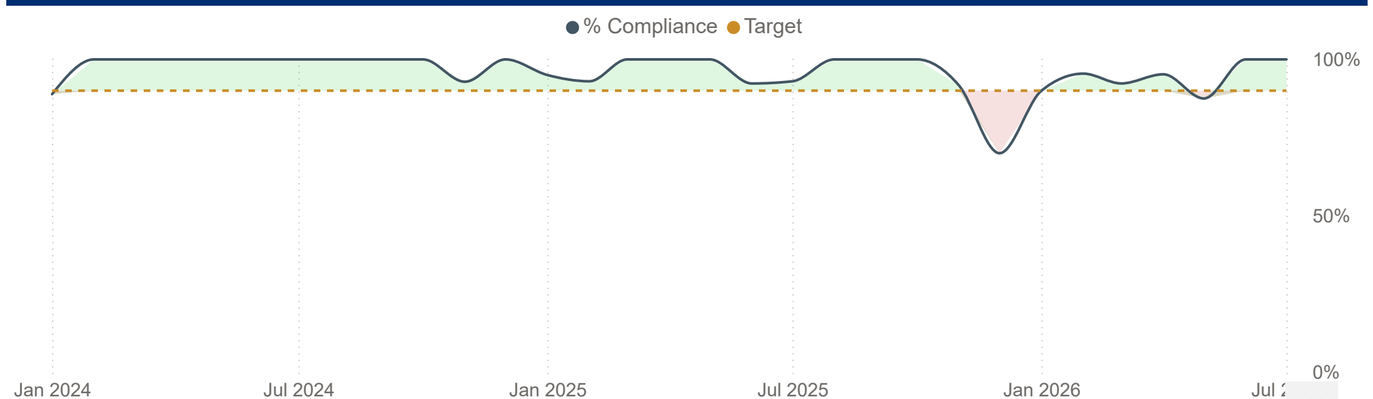
KPI	Target	Actual	RAG Value
18 Week Referral to Treatment	90%	100.00%	Green

Local data has been taken from the latest monthly Psychological Therapies return and includes positions up to the end of July 2026.

NHS Orkney Psychological Therapies - Patients Starting Treatment



NHS Orkney Psychological Therapies - 18 Week Compliance



Operational Standards (Community)
Allied Health Professions (AHPs) MSK 4 Week Compliance - All Specialties

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led musculoskeletal services.	90%	45.05%	Red

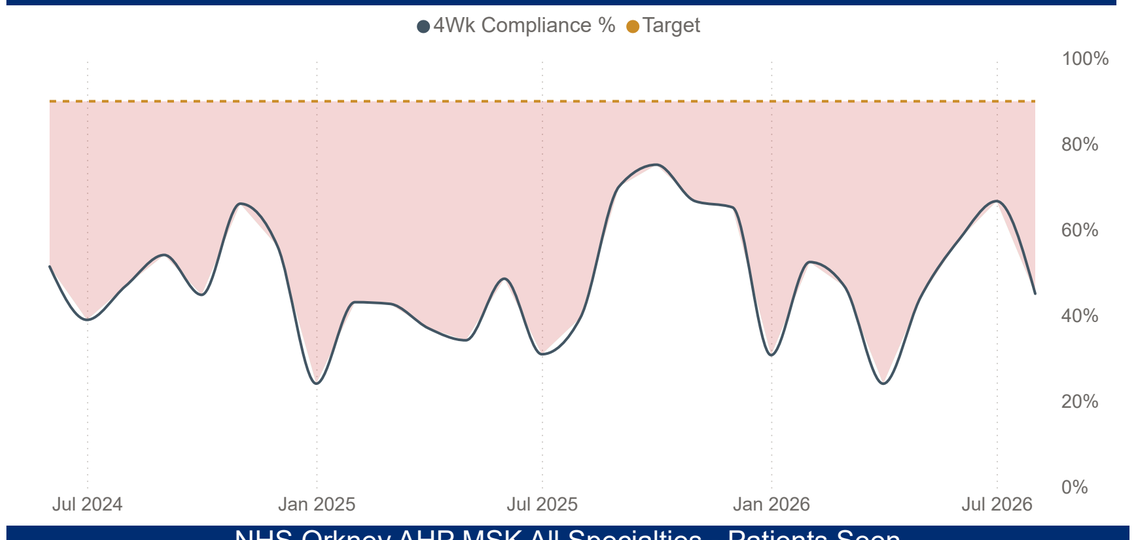
National data sourced from PHS publications, latest release as at 17/09/2026 is up to the end of March 2026.

NHS Scotland Board Comparison

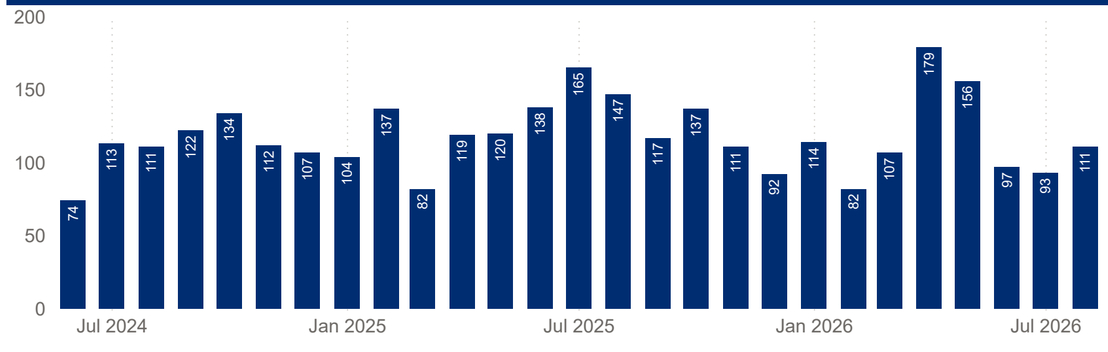
Shows rank based on average delayed bed days

MonthEnd / Health Board	2025-11 %<4Wks	2025-11 Rank	2025-12 %<4Wks	2025-12 Rank	2026-01 %<4Wks	2026-01 Rank	2026-02 %<4Wks	2026-02 Rank	2026-03 %<4Wks	2026-03 Rank
NHS Shetland	56.50%	1	42.30%	3	58.20%	1	62.60%	1	73.50%	1
NHS Lanarkshire	47.30%	2	43.10%	2	55.60%	2	52.10%	2	50.10%	3
NHS Borders	43.80%	5	37.60%	6	50.10%	4	51.70%	3	55.60%	2
NHS Tayside	45.70%	3	44.00%	1	50.50%	3	48.00%	4	47.80%	5
NHS Grampian	45.50%	4	38.50%	5	43.80%	6	48.00%	4	49.70%	4
NHS Lothian	36.90%	6	41.00%	4	45.30%	5	38.60%	7	41.90%	6
NHS Ayrshire & Arran	36.30%	7	31.40%	8	39.90%	7	39.90%	6	41.90%	6
NHS Greater Glasgow & Clyde	35.60%	8	29.70%	9	39.80%	8	42.20%	5	39.40%	7
NHS Orkney	34.70%	9	33.40%	7	38.20%	9	33.50%	9	35.60%	9
NHS Dumfries & Galloway	31.40%	11	27.80%	10	33.50%	10	37.20%	8	37.10%	8
NHS Forth Valley	32.70%	10	27.10%	11	31.90%	11	32.60%	10	31.60%	11
NHS Highland	28.60%	12	23.60%	12	30.50%	12	30.10%	11	32.50%	10
NHS Western Isles	27.00%	13	18.60%	13	25.00%	13	26.80%	12	26.50%	12
NHS Fife	20.30%	14	16.20%	14	17.40%	14	17.60%	13	19.60%	13

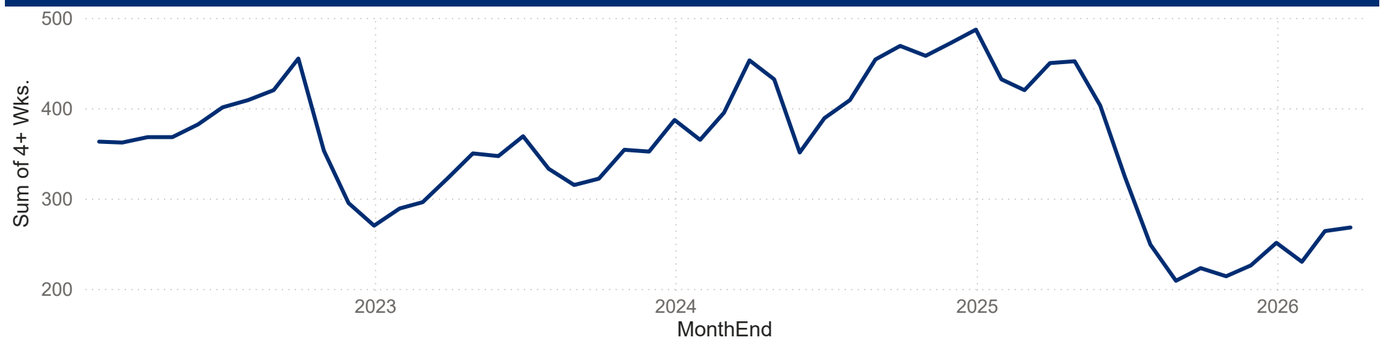
NHS Orkney AHP MSK All Specialties - 4 Week Compliance



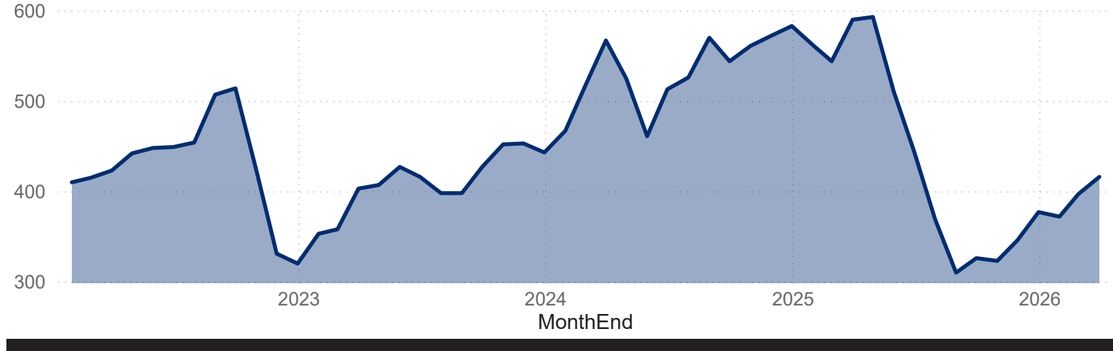
NHS Orkney AHP MSK All Specialties - Patients Seen



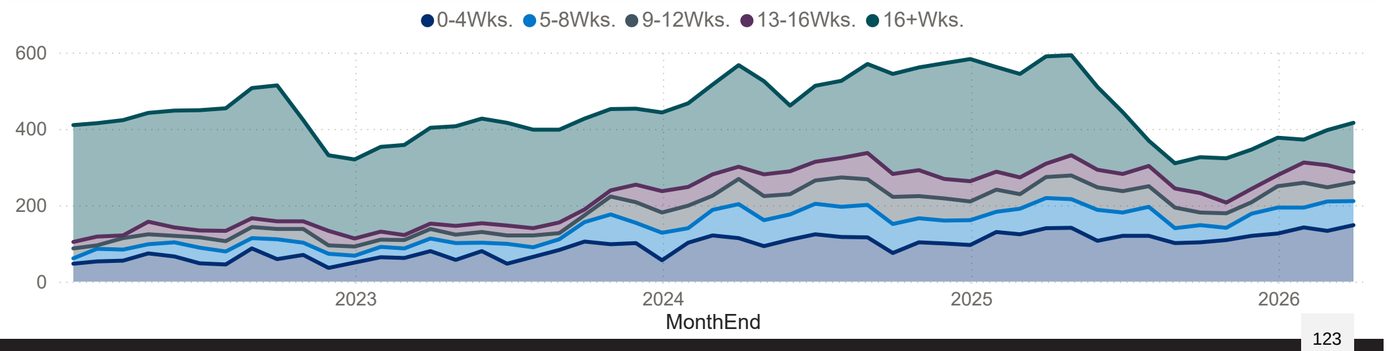
NHS Orkney Patients Waiting > 4 Weeks by Month



NHS Orkney Total Patients Waiting



NHS Orkney Patients Waiting by Wait Group



Operational Standards (Community)
Allied Health Professions (AHPs) MSK 4 Week Compliance - Orthotics

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led orthotics musculoskeletal services.	90%	12.50%	Red

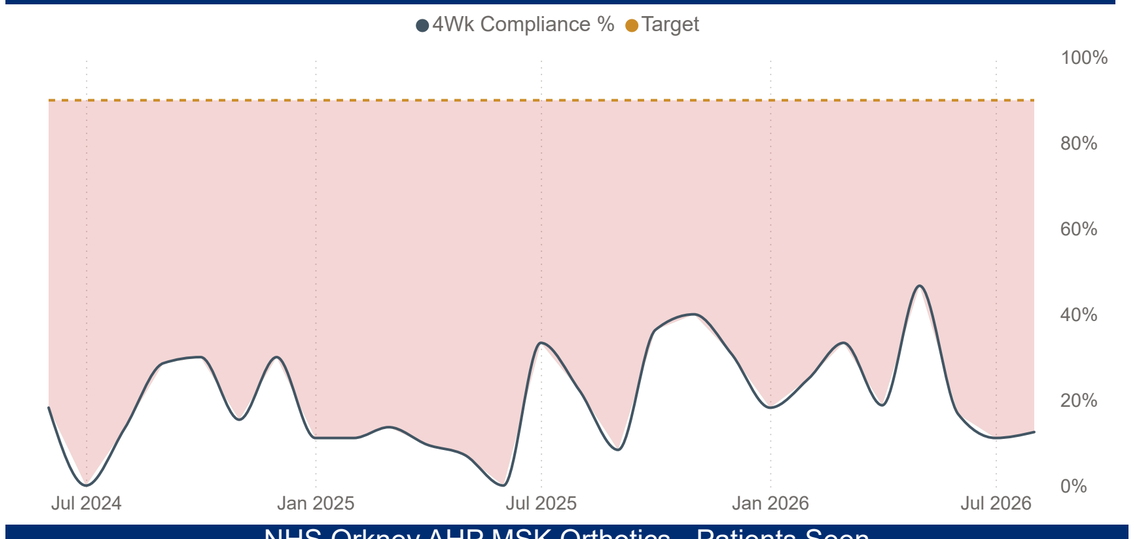
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NHS Scotland Board Comparison

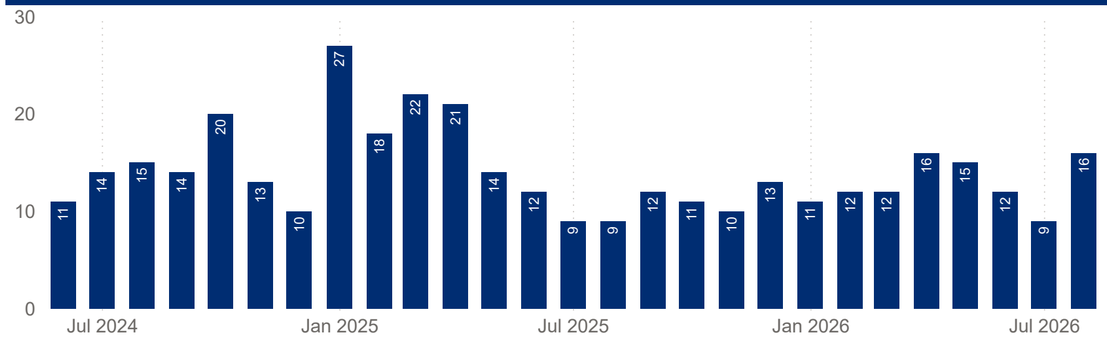
Shows rank based on average delayed bed days

MonthEnd / Health Board	2025-11 %<4Wks	2025-11 Rank	2025-12 %<4Wks	2025-12 Rank	2026-01 %<4Wks	2026-01 Rank	2026-02 %<4Wks	2026-02 Rank	2026-03 %<4Wks	2026-03 Rank
NHS Greater Glasgow & Clyde	91.80%	2	86.00%	1	94.70%	1	91.60%	2	88.80%	2
NHS Dumfries & Galloway	93.10%	1	74.30%	3	82.10%	2	92.00%	1	96.80%	1
NHS Borders	84.60%	3	84.20%	2	78.90%	3	88.60%	3	86.80%	3
NHS Forth Valley	46.80%	6	41.80%	5	64.30%	4	59.80%	4	51.50%	5
NHS Lothian	52.50%	5	43.70%	4	54.40%	5	53.10%	5	52.90%	4
NHS Lanarkshire	38.00%	7	34.10%	6	44.30%	6	44.30%	6	41.60%	8
NHS Tayside	34.60%	8	28.30%	7	37.30%	8	36.40%	8	41.30%	9
NHS Fife	55.20%	4	15.70%	12	19.20%	12	33.30%	9	46.00%	7
NHS Ayrshire & Arran	20.00%	11	17.90%	10	31.10%	10	36.90%	7	49.10%	6
NHS Orkney	21.70%	10	24.60%	8	38.30%	7	32.80%	10	20.00%	12
NHS Shetland	18.80%	12	15.80%	11	35.30%	9	22.70%	12	33.30%	11
NHS Grampian	23.40%	9	19.50%	9	21.30%	11	22.90%	11	36.20%	10
NHS Highland	11.70%	14	10.30%	13	16.20%	13	18.30%	13	19.00%	13
NHS Western Isles	18.40%	13	7.30%	14	2.60%	14	0.00%	14	13.30%	14

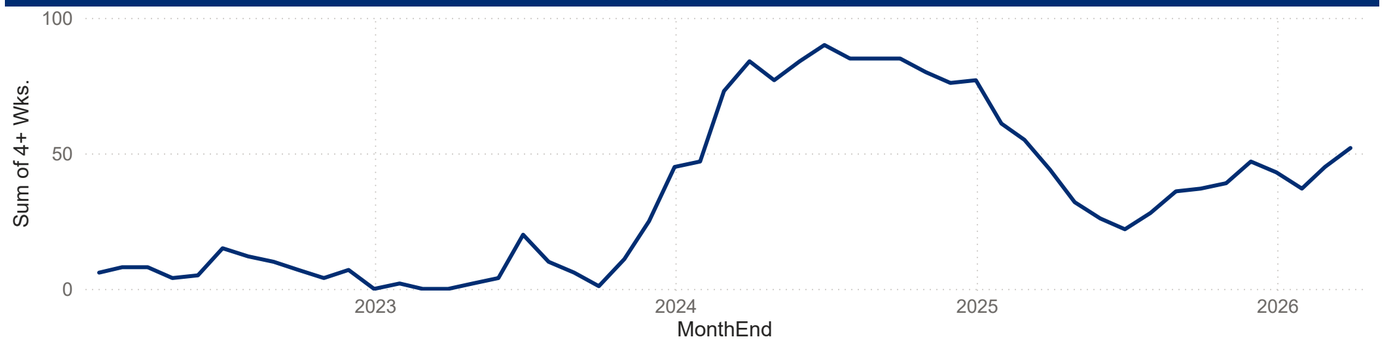
NHS Orkney AHP MSK Orthotics - 4 Week Compliance



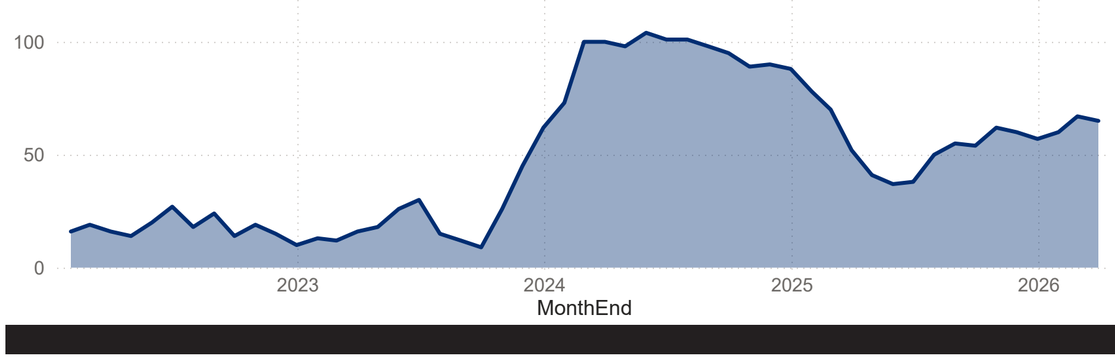
NHS Orkney AHP MSK Orthotics - Patients Seen



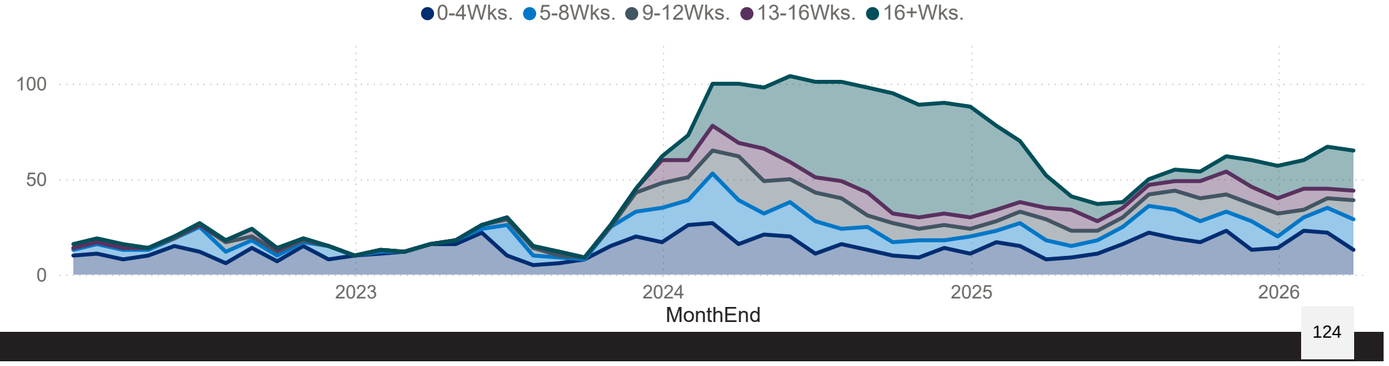
NHS Orkney Patients Waiting > 4 Weeks by Month - Orthotics



NHS Orkney Total Patients Waiting - Orthotics



NHS Orkney Patients Waiting by Wait Group - Orthotics



Operational Standards (Community)
Allied Health Professions (AHPs) MSK 4 Week Compliance - Physiotherapy

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led physiotherapy musculoskeletal services.	90%	59.49%	Red

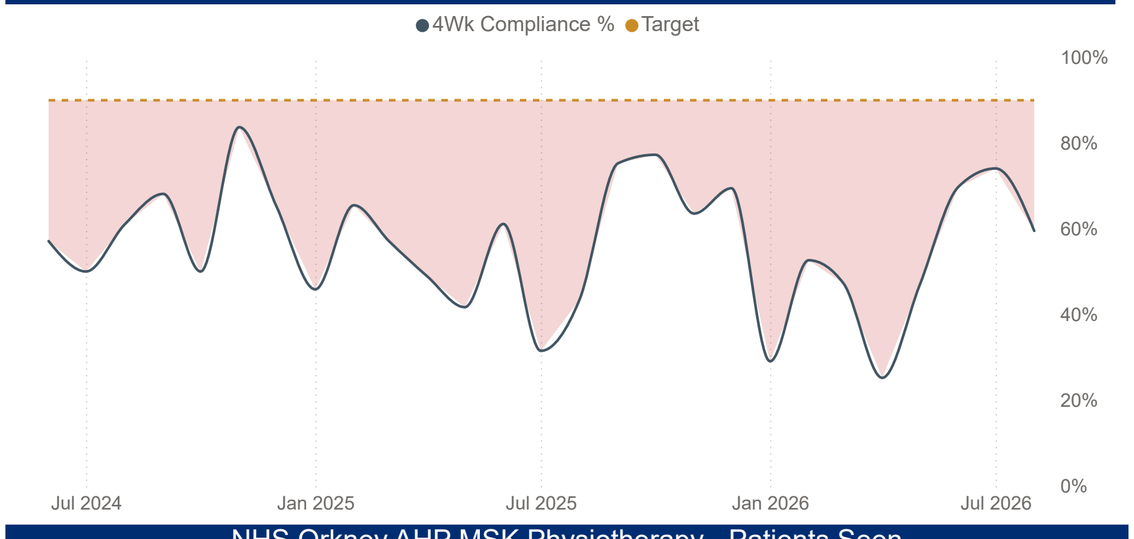
National data sourced from PHS publications, latest release as at 17/09/2026 is up to the end of March 2026.

NHS Scotland Board Comparison

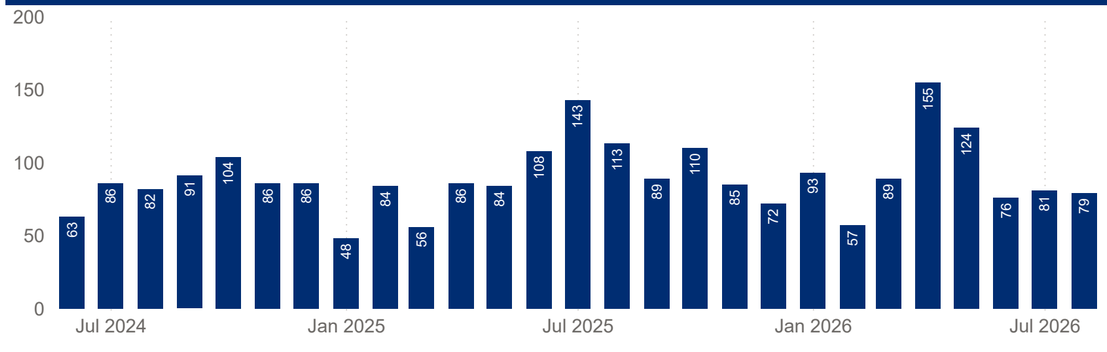
Shows rank based on average delayed bed days

MonthEnd / Health Board	2025-11 %<4Wks	Rank	2025-12 %<4Wks	Rank	2026-01 %<4Wks	Rank	2026-02 %<4Wks	Rank	2026-03 %<4Wks	Rank
NHS Shetland	72.30%	1	52.90%	2	65.10%	1	74.60%	1	79.10%	1
NHS Tayside	54.90%	3	56.30%	1	62.60%	2	58.10%	2	55.60%	3
NHS Grampian	58.80%	2	48.50%	3	53.60%	4	57.20%	3	56.00%	2
NHS Lanarkshire	47.80%	4	44.50%	4	56.30%	3	51.90%	4	49.90%	5
NHS Borders	41.90%	5	38.40%	6	50.00%	5	51.40%	5	52.50%	4
NHS Ayrshire & Arran	41.00%	6	35.50%	7	43.20%	7	44.20%	6	45.00%	6
NHS Lothian	33.80%	9	42.00%	5	43.60%	6	36.70%	8	39.40%	7
NHS Orkney	35.60%	7	32.80%	8	36.70%	8	32.80%	10	35.70%	10
NHS Dumfries & Galloway	30.00%	11	29.00%	9	33.60%	11	38.50%	7	36.70%	8
NHS Highland	34.20%	8	28.00%	10	33.80%	9	32.40%	11	33.50%	11
NHS Greater Glasgow & Clyde	29.60%	12	24.60%	12	33.70%	10	35.50%	9	35.80%	9
NHS Forth Valley	30.30%	10	25.80%	11	29.00%	12	29.50%	12	28.80%	12
NHS Western Isles	26.90%	13	18.90%	13	23.50%	13	24.90%	13	25.60%	13
NHS Fife	19.20%	14	15.60%	14	16.20%	14	16.20%	14	17.90%	14

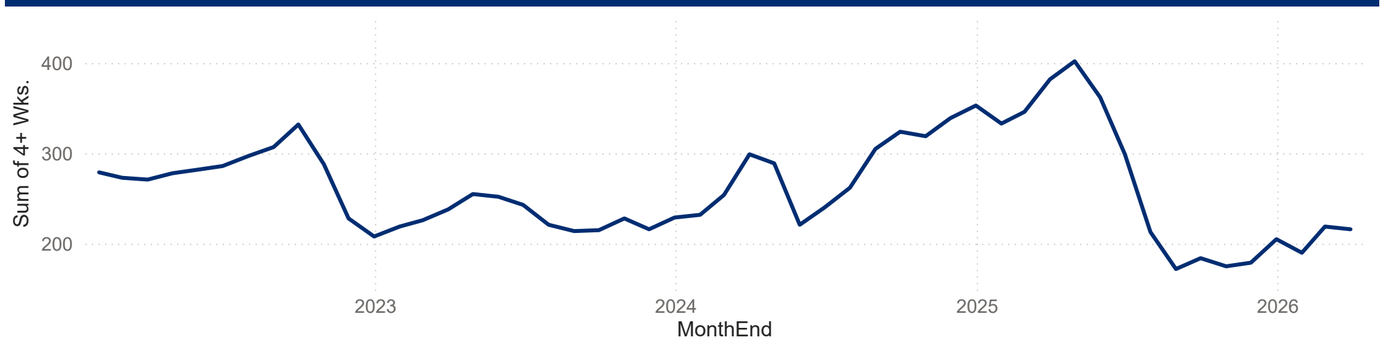
NHS Orkney AHP MSK Physiotherapy - 4 Week Compliance



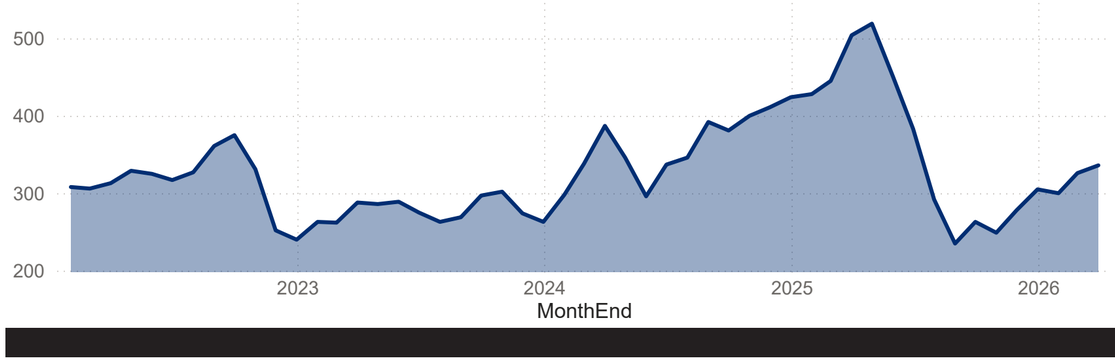
NHS Orkney AHP MSK Physiotherapy - Patients Seen



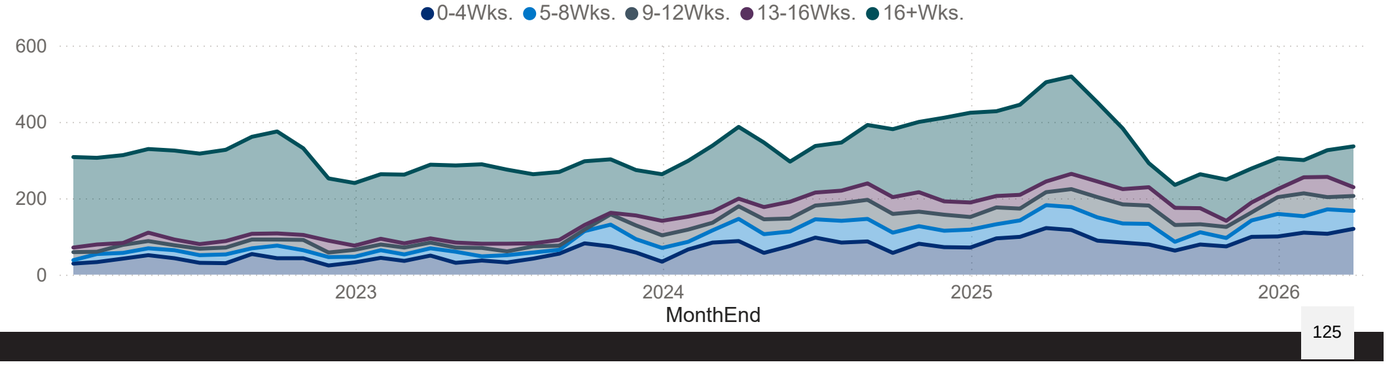
NHS Orkney Patients Waiting > 4 Weeks by Month - Physiotherapy



NHS Orkney Total Patients Waiting - Physiotherapy



NHS Orkney Patients Waiting by Wait Group - Physiotherapy



Operational Standards (Community)
Allied Health Professions (AHPs) MSK 4 Week Compliance - Podiatry

KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led podiatry musculoskeletal services.	90%	6.25%	Red

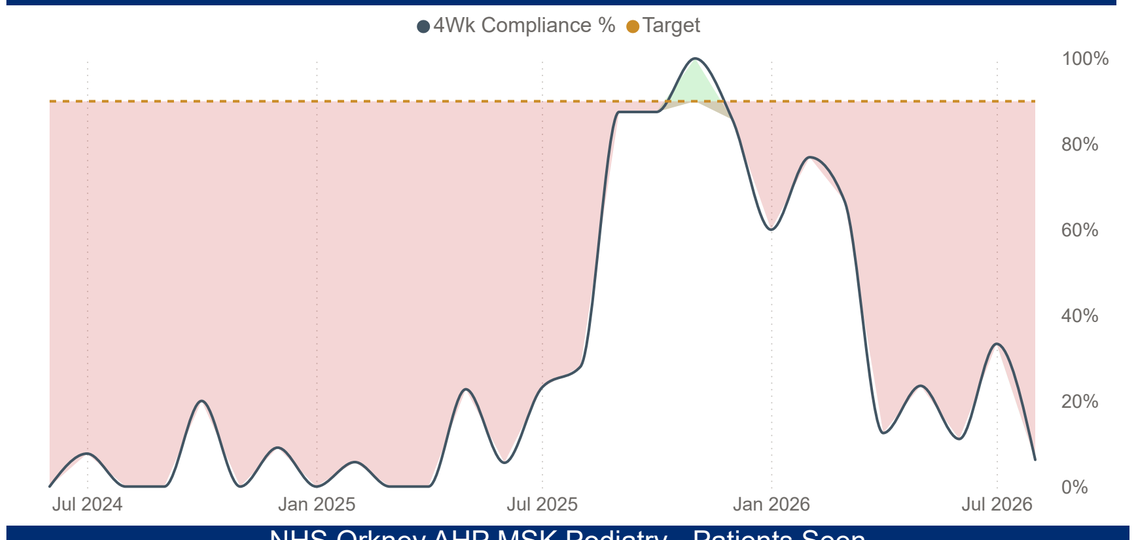
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NHS Scotland Board Comparison

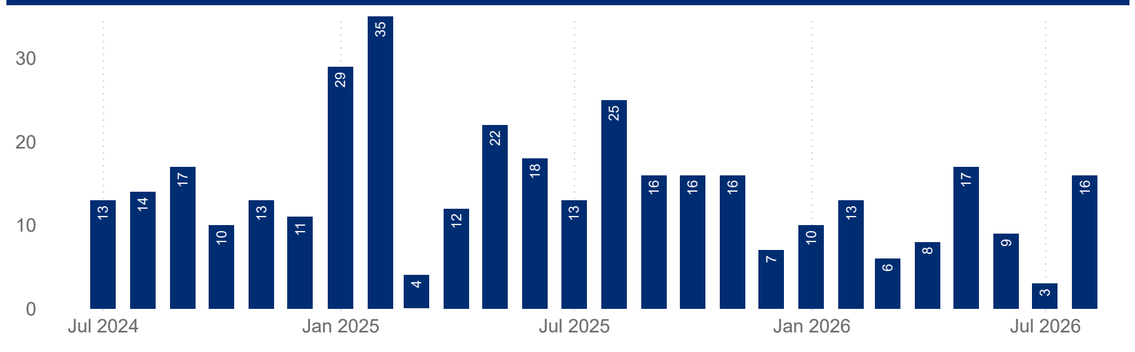
Shows rank based on average delayed bed days

MonthEnd	2025-11		2025-12		2026-01		2026-02		2026-03	
Health Board	%<4Wks	Rank	%<4Wks	Rank	%<4Wks	Rank	%<4Wks	Rank	%<4Wks	Rank
NHS Greater Glasgow & Clyde	92.60%	2	88.00%	1	94.00%	1	94.50%	2	87.00%	2
NHS Orkney	100.00%	1	80.00%	2	75.00%	2	100.00%	1	100.00%	1
NHS Lanarkshire	61.70%	3	46.60%	3	74.40%	3	76.60%	4	75.90%	3
NHS Western Isles	37.50%	8	28.10%	6	73.50%	4	87.10%	3	65.40%	5
NHS Lothian	52.60%	4	34.70%	4	52.30%	6	46.70%	6	55.30%	7
NHS Borders	49.60%	6	25.00%	9	47.40%	7	45.40%	8	57.90%	6
NHS Dumfries & Galloway	41.30%	7	34.00%	5	53.50%	5	45.60%	7	45.80%	10
NHS Highland	35.20%	9	25.50%	8	40.80%	8	38.00%	9	50.50%	8
NHS Fife	26.60%	11	21.80%	10	36.70%	10	48.40%	5	48.90%	9
NHS Shetland	20.00%	13	25.70%	7	38.90%	9	20.00%	13	75.00%	4
NHS Ayrshire & Arran	27.40%	10	20.90%	12	31.30%	11	28.70%	10	32.90%	11
NHS Grampian	25.20%	12	21.60%	11	25.30%	12	28.20%	11	29.70%	12
NHS Tayside	17.00%	14	15.90%	13	22.40%	13	24.20%	12	20.70%	13
NHS Forth Valley	52.10%	5	3.80%	14	6.70%	14	0.00%	14	0.00%	14

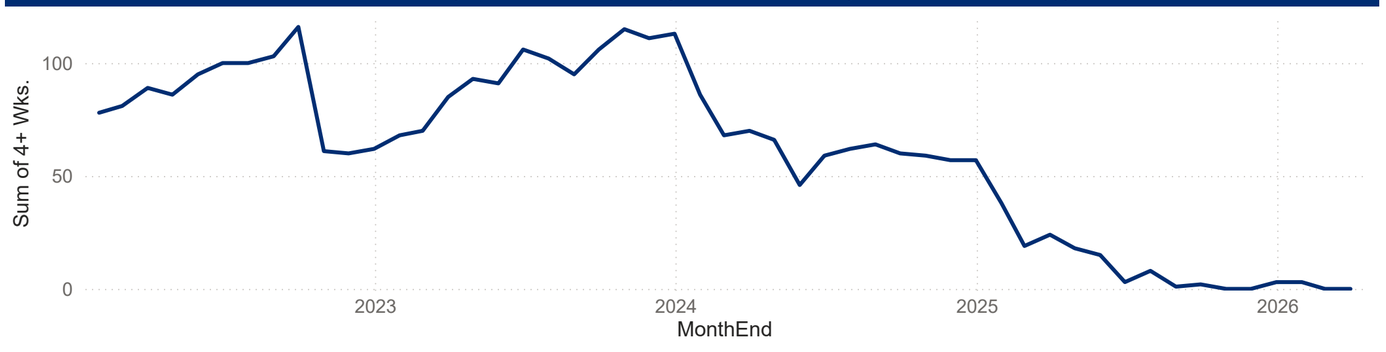
NHS Orkney AHP MSK Podiatry - 4 Week Compliance



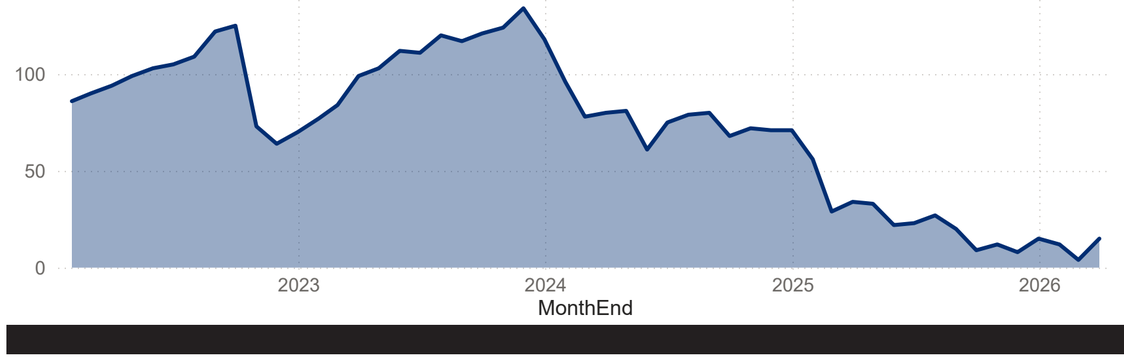
NHS Orkney AHP MSK Podiatry - Patients Seen



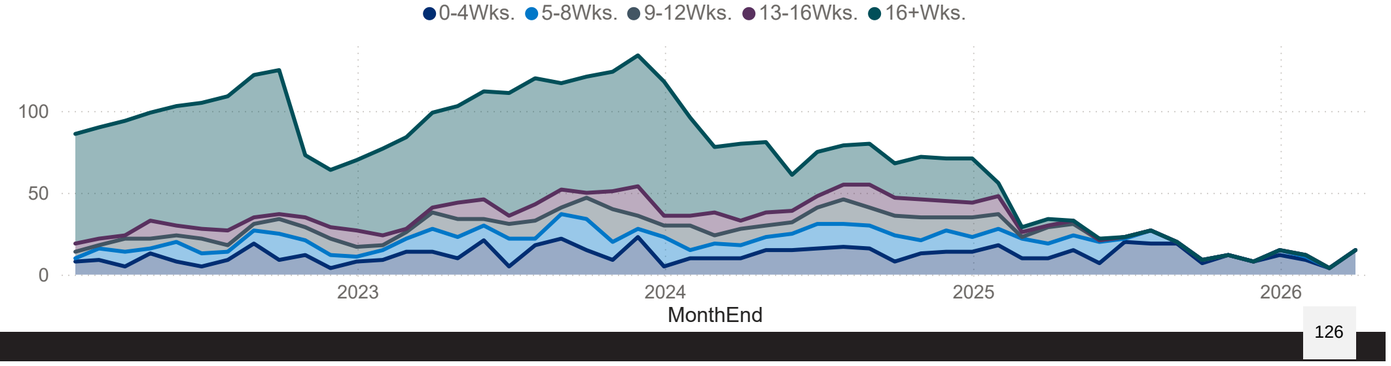
NHS Orkney Patients Waiting > 4 Weeks by Month - Podiatry



NHS Orkney Total Patients Waiting - Podiatry



NHS Orkney Patients Waiting by Wait Group - Podiatry



NHS Orkney

10.1

Audit and Risk Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from Audit and Risk Committee	**Date of Meeting: 1 September 2026**
Prepared By:	Debs Crohn, Associate Director Corporate Governance	
Approved By:	Jason Taylor, Chair/Non-Executive Director	
Presented By:	Jason Taylor, Chair/Non-Executive Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit and Risk Committee **1 September 2026.**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Concern that our current risk and incident management system (Datix) is not fit for purpose, and that the organisation does not have the capacity, skills or resource to effectively address the concern. Interim Director of Finance to raise with the Digital Information Operations Group (DIOG) as part of the digital prioritisation exercise for 2027/28.	1. **Emergency Planning** – Director of Public to provide an update to Committee on Emergency Planning training for Executives at 1 December 2026 meeting. 2. **Health and Safety Implementation Internal Audit Report** – Director of People and Culture has shared the H&S Implementation Internal Audit Report with Staff Governance Committee for cross Committee assurance. CEO to lead a workshop with Senior Leadership Team in October 2026 with an update brought to 1 December 2026 Committee meeting. 3. **Corporate Risk and Assurance Report** – Head of Patient Safety, Quality and Risk to provide members with evidence relating to clinical structures and leadership capacity before the mitigating action is closed. Risk C-2025-06
Positive Assurances to Provide	**Decisions Made**
1. Assurance was provided through the RMG Chair's Assurance Report that the Corporate Risk Register is being managed by the group, with effective meeting scrutiny of operational risk registers. The Committee noted that the meeting is now chaired by the Medical Director and that proposed changes to the Risk Register presentation will be brought to the next Committee meeting. 2. Committee took assurance from the Counter Fraud Services Report noting no significant implications for the Board. 3. Positive assurance provided from Internal Auditors on progress of 2026/27 audit plan. 4. Positive assurance provided on Internal Audit Recommendations. 2023/24 – all actions closed, 2024/25 6 outstanding actions, 2025/26 48 open actions, 5 with revised	1. Minute and Chair's Assurance Report 25 June 2026 approved. 2. Property Transaction Monitoring Annual Compliance Report approved for submission to Scottish Government - nil return. 3. Internal Audit 2023/24 actions closed • Cyber Security 4. Internal Audit 2024/25 actions closed • Income and expenditure • Information Governance • Revised due dates for 5 actions approved 5. Internal Audit 2025/26 actions closed • Recruitment and staff records • Financial controls – Payroll 6. E-rostering audit to be removed from the 2026/27 Internal Audit Plan and added to 2027/28 plan. 7. Usage of Bank/Agency Workers to be added to 2026/27 Internal Audit Plan

due dates, 11 partially closed awaiting evidence being provided. 5. Committee received positive assurance on the Scotland National Audit Programme (SNAP) Audit summary most notably within the Scottish Hip Fracture Audit (SHFA), where NHS Orkney has been recognised as the most improved Board nationally.	
• Feedback about meeting: Good range of challenge and interaction from both executive and non executive members.	

Finance and Performance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance Report from the Finance and Performance Committee	**Date of Meeting: 25 August 2026**
Prepared By:	Debs Crohn, Associate Director Corporate Governance	
Approved By:	Damian Reid, Interim Director of Finance	
Presented By:	Fiona MacKay, Chair, Non-Executive Board Member	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on **25 August 2026.**		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
1. **Month 4 financial performance** – Committee noted that Month 4 performance remains challenging but on plan due to a focus on run-rate controls. Concerns were raised in relation to increasing travel costs, agency and locum costs, and non-delivery of efficiency schemes scheduled for later in the year. 2. **Transformational Priorities** – Concerns were raised about the pace of change in the Isles Model of Care, Medical Staffing, and Urgent and Unscheduled Care workstreams, noting that substantial savings and improvements to patient care are associated with these workstreams. IJB reserves could be used to mitigate non-delivery of the Isles Model of Care and Urgent and Unscheduled Care workstreams. 3. **Scottish Government Quarter 1 Review Meeting** – The Board is asked to note that, at the Quarter 1 Review Meeting, Scottish Government instructed the Board to develop alternative efficiency plans to address the forecast deficit. Failure to demonstrate a credible route to financial balance may increase the risk of a Section 22 report, which would bring matters formally to the attention of the Scottish Parliament and increase external scrutiny of the Board's financial position and recovery arrangements.	1. **Integrated Performance Report (IPR)** – Chief Officer Integration Joint Board (IJB) to review the Community section of the IPR to ensure it includes both national government targets and relevant local Key Performance Indicators (KPIs), for presentation to Committee in October 2026. 2. **Month 4 Financial Position** – Interim Director of Finance to finalise the budget-setting process, work up potential invest-to-save schemes should funding be made available, and complete workforce establishment analysis with the Executive Nurse Director (Interim). 3. **Urgent and Unscheduled Care Workstream** – The Out of Hours workstream has been renamed the Urgent and Unscheduled Care workstream to align with sub-national regional planning. A draft target operating model and transition plan are being developed, with the initial phase expected to be completed by the end of October 2026. 4. **Isles Model of Care** – Committee welcomed the paper and stakeholder engagement plan. Chief Officer IJB to identify opportunities to engage Community Planning Partners, Community Councils and Development Trusts in delivery of the workstream, noting that any decision to change models of care will be made by the IJB. Outputs from the IJB development session on 29 September 2026 to be shared with members. 5. **Outpatients travel update** – Committee noted that the total committed spend in the paper was incorrect. The Medical Director is to review the available data to determine whether it can be split by patient, escort and specialty, with an update to be brought back to Committee in September 2026. 6. **Robertsons Facilities Management** – Head of Facilities and NPD Contract to include more up-to-date figures on planned maintenance in the update to Committee in September 2026. 7. **Deep dive Digital workplan 2026/27 –** Interim Director of Finance to provide a deep day on digital workplan 2026/27 October 2026 Committee.
Positive Assurances to Provide	**Decisions Made**
1. Committee took assurance from the Integrated Performance Report (IPR), noting that improvement plans for planned care waiting times will be presented to Committee in September 2026.	1. Minutes and the Chair's Assurance Report from the meeting held on 28 July 2026 were approved.

2. Diagnostic cardiology remains at 100%, with targets continuing to be met within Children's and Adolescent Mental Health Services. 3. The Older Persons/Frailty workstream within the Improving Together Programme remains on track, with limited savings identified and positive benefits for patients. 4. The Out of Hours workstream has been renamed the Urgent and Unscheduled Care workstream to align with sub-national regional planning. A draft target operating model and transition plan are in development. 5. Committee took assurance from the medical staffing workstream update and the work underway to recruit substantive anaesthetic consultants. 6. Key Performance Indicators (KPIs) for the Robertsons Facilities Management contract were presented to Committee and will support more effective performance management. 7. The move to the new PACS system has been successfully rolled out across the organisation. 8. The Windows 11 replacement programme is complete, with the Community Electronic Patient Record system rolled out to School Nursing and Health Visiting teams. 9. Assurance was provided through Chair's Assurance Reports from the following: • Digital Information Operations Group (DIOG) on accelerating digital transformation, 27 July 2026. • Improving Together Programme Board on the Efficiency Savings Programme, 4 August 2026. 10. Committee noted approval of the NHSO Invest-to-Save business case for the Reablement Pharmacist and Polypharmacy proposal.	
Comments on Effectiveness of the Meeting	
• Members confirmed that the agenda was appropriate and provided sufficient opportunity for discussion and challenge. • The Chair noted that members were able to contribute effectively, supporting appropriate scrutiny of finance, performance and transformation priorities.	

Finance and Performance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance Report from the Finance and Performance Committee	**Date of Meeting: 29 September 2026**
Prepared By:	Debs Crohn, Associate Director Corporate Governance	
Approved By:	Damian Reid, Interim Director of Finance	
Presented By:	Fiona MacKay, Chair, Non-Executive Board Member	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on **29 September 2026.**		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
1. **Month 5 financial performance** – The Committee noted that Month 5 performance remains challenging but is on plan, supported by a continued focus on run-rate controls. Concerns were raised about rising travel, agency and locum costs, and the non-delivery of efficiency schemes planned for later in the year. Grip and control measures remain in place. 2. **Transformational priorities** – Concerns were raised about the pace of change across the Isles Model of Care, Medical Staffing, and Urgent and Unscheduled Care workstreams. These workstreams are expected to deliver substantial savings and improvements in patient care, but a shortfall was noted. IJB reserves could be used to mitigate non-delivery within the Isles Model of Care and Urgent and Unscheduled Care workstreams, as well as the use of non-recurring savings.	1. **Planned care waiting times deep dive** – Significant work is underway to assess capacity and demand across Allied Health Professions (AHPs). Members requested that this be reported to the Committee through the Integrated Performance Report (IPR). 2. **Month 5 financial position** – The Interim Director of Finance advised that budgets have been reissued to budget holders. Work is underway to identify potential invest-to-save schemes, should funding become available, and this will continue as part of next year's budget-setting process. The Interim Director of Finance will provide the Committee with an update on theatre overspend and utilisation in October 2026. 3. **Patient travel update** – It was agreed that the Medical Director and Interim Director of Finance would meet with Loganair and share patient travel data with the provider.
Positive Assurances to Provide	**Decisions Made**
1. The Committee took assurance from the Board's position on planned care waiting times. 2. Treatment Time Guarantee (TTG) waiting times are improving, and the Committee took assurance from comparator data showing Orkney's position relative to other Health Boards. 3. Committee took assurance from the ongoing recruitment of substantive consultant anaesthetists. 4. Committee took assurance from the September 2026 Corporate Risk Register. It welcomed the reduction in the finance risk score from 20 to 15, reflecting greater confidence in addressing the £2.4 million gap, while noting the significant impact of non-delivery. 5. Committee acknowledged the substantial work underway on the transformational priorities and the complexity of delivering change across the health and social care system	1. Minutes and the Chair's Assurance Report from the meeting held on 25 August 2026 were approved.

6. Committee took assurance from the work underway to strengthen grip and control of patient travel. 7. Updated planned maintenance figures for the Robertsons Facilities Management contract were presented. The Committee was assured that improvements are now in place, although progress remains slower than required and is being actively monitored by the Head of Facilities and NPD Contract. 8. Assurance provided through the following Chair's Assurance Reports: • Improving Together Programme Board on the Efficiency Savings Programme, 4 August 2026. • Digital Information Operations Group (DIOG) on accelerating digital transformation, 24 August 2026. • Capital and Property Strategic Group, 31 August 2026.	
Comments on Effectiveness of the Meeting.	
• The papers were very helpful, particularly those covering planned care, patient travel and transformational priorities. • Members recognised the need to balance operational and strategic matters.	

NHS Orkney

Area Clinical Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance Report from the Area Clinical Forum	**Date of Meeting: 07 October 2026**
Prepared By:	Miranda Gardiner, EA Team Lead	
Approved By:	Dr Kirsty Cole, Area Clinical Form Chair	
Presented By:	Dr Kirsty Cole, Area Clinical Form Chair	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Clinical Forum at its meeting on 7 October 2026		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. **Digital Services and eHealth Engagement**: Ongoing concerns remain regarding limited eHealth capacity and engagement between Information Technology/eHealth services and clinical teams. Members highlighted persistent digital-system issues which continue to impact service delivery and may present potential patient safety risks. The matter remains under active consideration by the Director of Finance in their role as Executive Lead for Digital. 2. **Allied Health Professional (AHP) Leadership and Governance**: Sustainable AHP leadership arrangements remain unresolved. Although progress has been made through external support and review of leadership structures further work is required to establish robust strategic and operational leadership capacity. 3. **Absence of required drug screening process.** The Forum noted unresolved concerns regarding the lack of access to recommended screening for patients prescribed specific medication. The absence of local screening arrangements continues to create uncertainty regarding prescribing responsibilities and presents an ongoing clinical governance risk. 4. **Psychiatry Service Pressures**: Continued pressures within general psychiatry services were reported, including a 41-week wait for urgent consultant psychiatry appointments. While recruitment progress within older adult psychiatry was welcomed, members remained concerned regarding ongoing capacity challenges affecting patient access to care. 5. **Impact of the Reduced Working Week (36 Hours)**: The Forum noted that assurance is still required regarding workforce impacts within Allied Health Professional services following implementation of the reduced working week. Concerns were raised regarding clinical capacity, waiting list growth and consistency of mitigation arrangements across professional groups.	1. **Digital Services and eHealth Engagement** Ongoing engagement with executive leadership regarding concerns about eHealth capacity, digital-system performance and clinical engagement with IT services, including planned discussions with the Executive Lead for Digital. Progress and outcomes will continue to be reported back to the Forum. 2. Further work is being undertaken to develop and communicate professional guidance relating to clinical responsibilities, governance and monitoring arrangements for medicines initiated by private providers. This action remains open pending clarification and circulation of guidance by the medical director in conjunction with the Area Drugs and Therapeutics committee. 3. **Absence of required drug screening process.** The Chair has liaised with the specialty team in question, with progress now dependent upon further discussions with the relevant executive leads. 4. **Allied Health Professional (AHP) Leadership and Governance**: Continued work to establish and embed effective AHP leadership and governance arrangements, including review of leadership structures, development of a revised Lead AHP role and support from external professional advisers. 5. **Impact of the Reduced Working Week (36 Hours)** The Forum will seek additional assurance regarding the impact of the reduced 36-hour working week across Nursing and Allied Health Professional services, including workforce assessments, recruitment and backfill arrangements, effects on waiting times and consistency of mitigation measures. 6. Ongoing monitoring of the restoration of the Hospital Sub-Committee, with meetings now scheduled and reporting arrangements expected to commence following its initial meetings. 7. Work continues to strengthen capacity-to-consent assessment arrangements within the vaccination service, with training and mentorship arrangements established to increase appropriately trained staff availability. 8. Planning is underway for the Forum's forthcoming development session and annual review preparation, alongside consideration of the new organisational governance consultation framework, which will be brought to a future meeting for discussion.

Positive Assurances to Provide	Decisions Made
1. The Forum was satisfied that the measures introduced to address staff restaurant queuing times have been effective, with positive feedback received from staff and the associated action formally closed. 2. Progress has been made in re-establishing appropriate hospital medical advisory arrangements, with a Chair appointed to the Hospital Sub-Committee and meetings scheduled to commence in October 2026. 3. Improvements have been demonstrated in relation to Emergency Department discharge documentation, following concerns regarding incomplete recording of medicines and dosage information. Members were assured that performance had improved and agreed the action could be closed. 4. Assurance was received that future requests for Area Clinical Forum representation during recruitment exercises will be made with improved notice, supporting meaningful clinical participation. 5. Arrangements are now in place to strengthen capacity-to-consent assessments within vaccination services, including completion of training and mentorship support for relevant staff. 6. The Forum welcomed positive progress reported through TRADAC, including recurrent MRI funding, progress towards replacement CT scanner procurement and implementation of a new imaging system. 7. Recruitment to the vacant old-age psychiatry post was welcomed and is expected to improve support for dementia and older adult mental health services. Progress was also noted in developing shared-care arrangements for neurodiversity and ADHD prescribing. 8. The newly developed organisational governance consultation framework formally recognises the role of the Area Clinical Forum and its professional advisory committees within corporate consultation processes, strengthening clinical engagement and governance arrangements.	1. Several actions were formally closed where sufficient assurance had been received, including: • Restaurant Queuing Times **(Action 01-2024/25)** • Emergency Department Discharge Letters **(Action 37-2025/26)** • Development Session Communications **(Action 38-2025/26)** • Recruitment Representation Notice Periods **(Action 39-2025/26)** 2. Actions relating to private prescribing guidance, digital and eHealth engagement, Hospital Sub-Committee arrangements, workforce impacts of the reduced working week, and vaccination consent capacity were retained as ongoing actions pending further assurance and completion of agreed work programmes. 3. The escalation relating to the absence of an Area Dental Committee was closed, noting that the Committee could be re-established in future should sufficient professional interest and capacity become available. 4. AHP leadership capacity and governance concerns were agreed to remain under active review and to be highlighted within assurance reporting to the Board. 5. Continuing concerns regarding eHealth and digital-service engagement were endorsed for ongoing escalation, with further discussions to take place with executive leadership and updates to be provided to the Forum.

Comments on Effectiveness of the Meeting

- None noted

Area Partnership Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Area Partnership Forum	**Date of Meeting:** 15th September 2026
Prepared By:	Jade Rosie, Executive Assitant	
Approved By:	Ryan McLaughlin, Employee Director	
Presented By:	Ryan McLaughlin, Employee Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Partnership Forum at its meeting on 15th September 2026		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Proposed Reform of NHS Scotland remains at an early stage, with no agreed national structure or implementation plan. Members highlighted staff anxiety, particularly within corporate and support services, and concern about Staff Side capacity to participate fully in consultation. 2. Organisational performance remains under scrutiny, including pressures in ophthalmology. The Month 5 financial position reported a deficit of £1.512m. 3. The withdrawal of a further Staff Side representative from the Job Evaluation pool has created challenges in maintaining nationally compliant panels. Concerns were also raised about the length of organisational change processes, particularly within Finance. 4. The Estates Department Recruitment and Retention Premium submission did not contain sufficient supporting evidence and was not approved.	1. The People Delivery Plan will be revised to incorporate feedback from Staff Side, the Area Clinical Forum and Staff Governance Committee, and an updated version will return to APF. 2. Potential mutual aid arrangements for Job Evaluation panels are being explored with neighbouring island Boards and NHS Highland. Revised Finance job descriptions were expected to be submitted by the end of September. 3. Health and safety inspections have commenced, with updates to be provided through the Occupational Health, Safety and Wellbeing Committee. 4. The Estates Recruitment and Retention Premium paper will be strengthened with local labour market evidence and a clearer narrative, then circulated electronically for APF approval.

5. Positive Assurances to Provide	Decisions Made
6. Financial performance showed a small improvement against the previous month, with ongoing work to deliver efficiencies and support year-end financial recovery.	No decisions made.
Comments on Effectiveness of the Meeting	
The Area Partnership Forum meeting was well attended, with constructive engagement from management and Staff Side representatives, supporting effective partnership working and open discussion across the agenda.	

Joint Clinical and Care Governance Committee Chair's Assurance Report to Board

Title of Report:	**Chair's Assurance Report from the Joint Clinical and Care Governance Committee**	**Date of Meeting: 1 October 2026**
Prepared By:	Debs Crohn, Associate Director Corporate Governance	
Approved By:	Jean Stevenson, Vice-Chair and Non-Executive Board Member	
Presented By:	Jean Stevenson, Vice-Chair and Non-Executive Board Member	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical and Care Governance Committee at its meeting on **1 October 2026.**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. **Information governance capacity:** Increasing volumes of Subject Access and Freedom of Information requests create a risk to timely compliance and place a significant additional burden on already stretched senior management teams. The Board is asked to consider escalating this matter to the Scottish Government 2. **Delayed transfers of care:** Board is asked to note that delays remain a challenge across the health and social care system. The Committee will monitor assurance through a joint report and a standing item at each meeting. 3. **Mental Health Services staffing:** Board is asked to note that significant staffing pressures present ongoing service risks. Strategic discussions are underway to identify solutions and mitigate these risks. 4. **Neurodiversity assessment waiting times:** The number of children awaiting assessment remains a concern. An improvement plan is in place to reduce waits and introduce a pathway. The Board is asked to consider how this work can be supported, noting that investment will be required.	1. The Head of Patient Safety, Quality and Risk will incorporate the Committee's feedback on the refreshed Corporate Risk Register into the next report presented to Committee February 2027. 2. The Executive Nurse Director (Interim) will present the Patient Safety, Quality and Experience chapter to the Committee on 3 November 2026, following presentation of the Integrated Performance Report to the Board. 3. The Head of Patient Safety, Quality and Risk will share the NHS whistleblowing procedures with the Head of Children's Services and the Chief Social Worker ahead of the next Committee meeting February 2027. 4. The Interim Chief Operating Officer/Head of Primary Care Services will provide the Committee with a further update on Primary Care Optometry in February 2026. 5. The Executive Nurse Director (Interim) will present the quarterly Quality Impact Assessment report to the Committee in February 2026.
Positive Assurances to Provide	**Decisions Made**
1. **Service sustainability:** Permanent funding has been secured for the Orkney MRI service. 2. **Risk oversight:** The Committee received assurance on the corporate risks within its remit and welcomed the inclusion of the Integration Joint Board Risk Register. 3. **Patient Safety and Quality:** National infection prevention and control and Child and Adolescent Mental Health Service targets continue to be met. Healthcare Improvement Scotland updates also provided assurance on progress with acute and maternity service improvement plans. 4. **Health and Care services:** The UNICEF Baby Friendly Standards Accreditation, Maternity Services/Best Start, Care Homes and Children's Health reports provided assurance, including progress within the School Nursing Team.	1. The minutes and Chair's Assurance Report from the meeting held on 2 July 2026 were approved.

5. **Committee assurance:** Chair's Assurance Reports from the Area Drugs and Therapeutics Committee, Infection Prevention and Control Committee, Social Work and Social Care Governance Board and Clinical Governance Group provided assurance. 6. **Delivery and transformation:** The Quarter 1 Quality, Safety and Experience and quarterly Quality Impact Assessment reports provided assurance. Further work is underway on the larger transformation priorities, and delivery of the Anchor 2025/26 Plan has been slower than required because of the focus on developing the Population Health Framework. 7. Committee noted the • Improving Together Programme Board Chair's Assurance Report • Clinical Quality Group Chair's Assurance Report	
Comments on Effectiveness of the Meeting	
• The meeting was productive and provided an opportunity for constructive discussion on several of the key issues raised in the papers. • There was good engagement from all attendees. • Time constraints resulted in some items towards the end of the agenda being considered more briefly than planned.	

Population Health Organisation Assessment and Improvement Plan

Meeting	• NHS Orkney Board
Meeting date	• Thursday, 29 October 2026
Responsible Executive/Non-Executive	• Dr Louise Wilson, Director of Public Health
Report Author(s)	• Dr Louise Wilson, Director of Public Health • Hannah Casey, Public Health Manager NHS Orkney • Gail McAndrew, Advanced Health Improvement Practitioner • Caroline Atkinson, Health Improvement Officer
Purpose of report	• Decision
Contribution to Strategic ambition	• Corporate Strategy 2024/28 • Annual Operational Plan • Emerging Issue • Government policy/directive • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred • Sustainability
Key points for consideration	• NHS Orkney is required to complete a Population Health Organisation maturity matrix and improvement plan by 11 December 2026. • A range of engagement activities have been undertaken to generate the maturity matrix. • An improvement plan has been developed with actions aligned where appropriate to work already planned by the organisation
Route to meeting	• SLT/Board strategy development day September 2026 • Executive lead
Recommendation(s)	• **Decision - Reaching a conclusion considering the options** • Approve the submission of the maturity matrix assessment and improvement plan

Population Health Organisation Assessment and Improvement Plan

Hannah Casey, Public Health Manager, NHS Orkney

17/09/2026

1. Situation

1.1 Through the Improving Population Health Group, NHS Chairs asked Directors of Public Health and Public Health Scotland to develop a Population Health Organisation (PHO) framework and a supporting self-assessment maturity matrix. The matrix was developed with support from the King's Fund and was agreed by NHS Chairs and Chief Executives.

.2 This matrix will help NHS Orkney Board to meet the 2026/27 operational priority to:

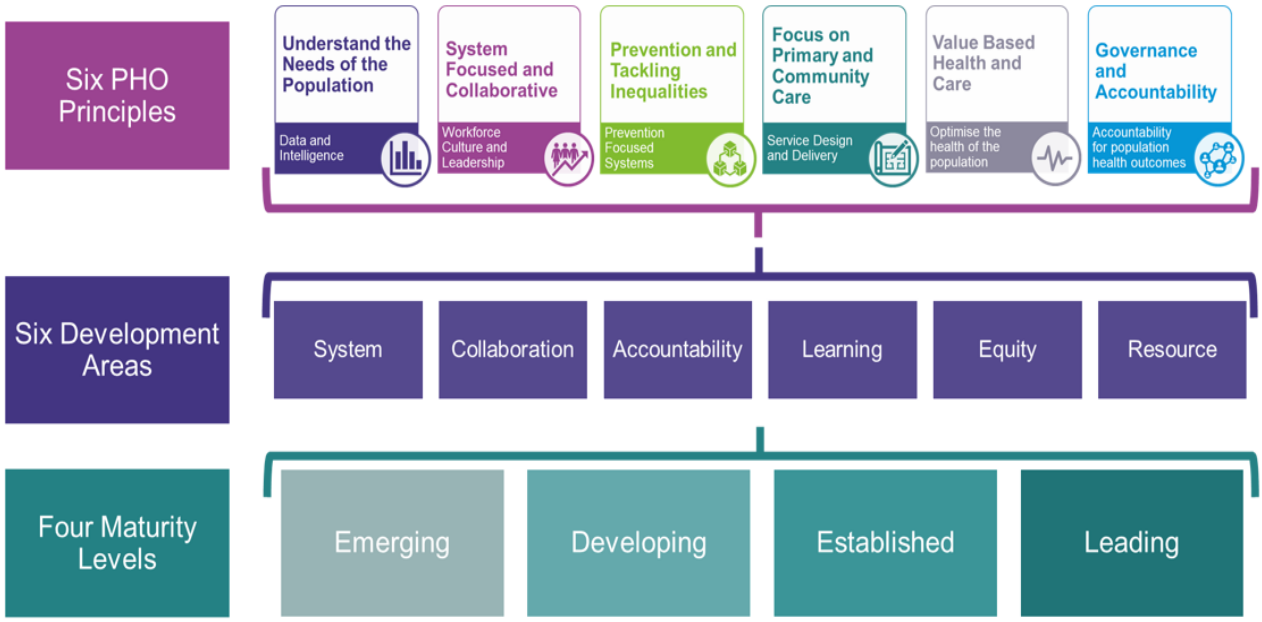
- assess progress in becoming a Population Health Organisation
- develop an improvement plan
- show progress with implementation

1.3 NHS Orkney's self-assessment of the maturity matrix and associated improvement plan are to be completed by **Friday the 11th of December 2026**.

1.4 This paper sets out the assessment of NHS Orkney's position in the Population Health Organisation maturity matrix based on Board and Senior Leadership Team engagement. Input from the Community Planning Partnership was also sought. As this is a new initiative boards are sharing their learning around completion of the matrix and further refinement will undoubtedly occur. NHS Orkney participated in a national peer review event in October focusing on the approach of NHS Highland and NHS Lanarkshire to the process.

2. Background

2.1 There are six principles that have been identified as fundamental to a PHO, and six development areas relating to each of these principles. A self-assessment of the organisation's position in relation to each of these 36 areas has occurred, identifying the level of maturity in which NHS Orkney is currently operating.



2.2 The ambition of the Maturity Matrix assessment was to develop discussions within NHS Orkney and our partners on the organisations' readiness to deliver the Population Health Framework, Service Renewal Framework and wider reform. It is not designed to be a performance management tool.

2.3 The self-assessment and improvement plan has been developed through engagement with NHS Orkney Board and Senior Leadership Team. The Community Planning Partnership was engaged in the development of the System Focused and Collaborative PHO principle.

3. Assessment

3.1 Analysis

An overview of the results of NHS Orkney's level of maturity assessment as a Population Health Organisation is given in Table 1. More detail is available in Appendix A.

Table 1: Overview of NHS Orkney's level of PHO maturity assessment

Development area	Population needs	Governance	Primary & community care	System collaboration	Prevention & inequalities	Value-based care
System	2 - Developing	1 - Emerging	2 - Developing	2 - Developing	1 - Emerging	2 - Developing
Collaboration	1 - Emerging	2 - Developing	1 - Emerging	2 - Developing	1 - Emerging	1 - Emerging
Accountability	1 - Emerging	2 - Developing	1 - Emerging	2 - Developing	1 - Emerging	1 - Emerging
Learning	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging
Equity	2 - Developing	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging
Resource	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging	1 - Emerging	2 - Developing

3.2 Current Position

3..2.1 A condensed consideration of the strengths and areas for development by priority area is available in Appendix B. These have been developed with consideration of the current demands upon the organisation and to strengthen and align with work already planned where appropriate. A summary and suggested action for each priority area is given below.

3.2.2 Understanding the needs of the population

- This priority shows stronger maturity in system-level understanding and equity, supported by shared population health intelligence, the Joint Strategic Needs Assessment and equality-focused data.
- The main development need is to strengthen consistent data sharing, partner alignment, use of community assets, and routine use of lived experience and co-design.

Proposed Improvement Action

Embed Population Health Organisation Metrics into NHS Orkney Governance Reporting and promote use of these metrics in Community Planning Partnership.

3.2.3 Governance and Accountability

- This priority has developing maturity in collaboration and accountability, with population health indicators already visible in Integrated Performance Review and Joint Clinical Care and Governance reporting.
- Further work is needed to clarify governance routes, strengthen benchmarking, embed Population Health Organisation metrics, and develop preventative budgeting.

Proposed Improvement Priority Action

Develop preventative spending approach by implementing preventative budgeting approach in at least one budget.

3.2.4 Focus on Primary and Community Care

- This priority is developing at system level, with evidence of Clinical Services Review activity, community care focus in the Integration Joint Board. (IJB) strategic plan, and early pathway development around frailty and older people.
- Development is needed to strengthen prevention across service redesign, improve cross-system governance, scale learning from pilots, and complete transformation work around the Isles Network of Care.

Proposed Improvement Priority Action

Complete transformation work around Isles Network of Care – engagement undertaken and implementation plan developed

3.2.5 System focused and Collaborative

- This priority has the strongest overall maturity profile, with developing maturity in system, collaboration and accountability, supported by Community Planning Partnership (CPP) structures, locality planning and shared priorities.
- The key development focus is to embed population health across NHS Orkney, increase collaborative accountability, align resources to prevention, and ensure local outcome improvement plans (LOIP) and locality plans shape NHS Orkney and IJB decisions.

Proposed Improvement Priority Action

Contribute to the establishment and development of the Community Planning Partnership Population Health Delivery Group, with NHS Orkney playing a key role in shaping shared population health ambitions.

3.2.6 Prevention and Tackling Inequalities

- This priority is currently at emerging maturity across all development areas, but has important foundations through anchor work, community wealth building, cardiac disease prevention, equality outcomes and financial inclusion activity.
- The main development priorities are to embed prevention within major condition pathways, strengthen return on investment evaluation, develop integrated impact assessment, and increase prevention-focused resource allocation.

Proposed Improvement Priority Action

Develop Integrated Impact Assessment approach in NHS Orkney, capturing the data from these to understand cumulative impact of policies.

3.2.7 Value-based Health and Care

- This priority shows developing maturity in system and resource areas, supported by established patient pathways, realistic medicine principles, prescription script switching and procurement work.
- Further development is needed to reduce low-value activity, increase use of value indicators, develop outcomes-based reporting, collect patient reported outcome measures (PROMs) and experience measures (PREMs), and build patient-level costing approaches.

Proposed Improvement Priority Action

Develop patient level costings approach to support understanding of service and pathway costs

Am improvement plan has been developed (Appendix C).

3.3 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Positive – becoming a population health organisation will support NHS Orkney to best use its resources to improve population health outcomes in Orkney. Negative – A proportionate response is required to ensure that quality patient care continues to be delivered as NHS Orkney moves to preventative activity.
People	Workforce	Yes	Negative – there is a time resource required from NHS Orkney staff to complete the self-assessment, as well as develop, implement and evaluate the improvement plan.
Performance	Finance	Yes	Positive – As a population Health organisation, NHS Orkney will be required to move to preventative budgeting procedures.
Potential	Risk Management	Yes	Positive – If NHS Orkney does not move towards becoming a population health organisation, it risks not being able to reform its activities to focus on prevention, creating more pressures on the system in future.
	Digital	Yes	Positive – inclusive digital services are an aspect of moving towards a population health organisation.
Place	Equality and Diversity including health inequalities	Yes	Equality and diversity considerations, including developing services to reduce inequalities, are at the heart of becoming a Population Health Organisation.
	Climate Change Sustainability	No	

4. Recommendations

4.1 Decision - Reaching a conclusion considering options

Approve the submission of the maturity matrix and implementation plan

5. List of Appendices

5.1 The following appendices are included with this report

i. **Appendix A,** NHS Orkney PHO Maturity Matrix Assessment
ii. **Appendix B,** Summary of NHS Orkney strengths and areas for development by priority area identified through the Maturity Matrix.
iii. **Appendix C**, Improvement plan

Appendix A: NHS Orkney PHO Maturity Matrix Assessment

Understanding the Needs of the Population

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
A: System	2	• NHS Orkney has a shared Joint Strategic Needs Assessment with Integration Authority. • Some Population Health data used in planning for Clinical Services Review redesign. • Shared population health indicators in Community Planning Partnership Local Outcomes Improvement Plan (LOIP) and Joint Clinical and Care Governance.	• Consistent sharing of standards for population health data with local authority and partners to develop joint strategic informed planning, prevention and service redesign. • Community assets consideration alongside needs.
B: Collaboration	1	• With voluntary sector through its membership on the Integration Joint Board and Community Planning Partnership. • Qualitative evidence is captured and shared amongst partners to influence planning decisions. • NHS Orkney's Corporate Strategy informed by community engagement activities.	• Increased consistency in collaboration. • Lived experience and insights being used routinely to inform decisions and service improvement. • Use of co-design.
C: Accountability	1	• NHS Orkney Integrated Performance Review has Population Health indicators included. • Population Health indicators, as well as screening and vaccinations data, is included in Joint Clinical Care and Governance performance reporting.	• Development of aligned indicators and reporting through Population Health Community Planning Delivery Group.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	**Areas for Development**
		• Population Health Delivery Group agreed at Community Planning Partnership Board. • Progress reporting of LOIP at Community planning Partnership Board.	
D: Learning	1	• Population health intelligence is recognised as important. NHS Orkney has a shared Joint Strategic Needs Assessment with Integration Authority.	• Increased use of return on investment and modelling.
E: Equity	2	• NHS Equality Outcome Plan includes data analysis to understand attendance and non-attendance at NHS services by deprivation/group. • NHS Orkney Equity in Screening Plan was developed based on local and national quantitative and qualitative evidence relating to equity in screening. • Community Planning Partnership has an Equity Delivery Group which is focussed currently on the geographical equity. The Cost of Living Community Planning Partnership delivery group is focussed on delivery of collaborative action relating to Fuel Poverty, Child Poverty and Food security. These work strands are based on local population data, both qualitative and quantitative. • Equity workstream included in LOIP and Equity Delivery Group's locality plan for ferry linked Isles.	• Challenges with equity data in the Orkney system require more resource aligned in the system to fully understand. • Data and evidence sharing between partners in the system. • Consistency in approach to ensuring patients have equitable access to services.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
F: Resource	1	• Health intelligence services in NHS Orkney but there is limited capacity in this service for analysis beyond immediate returns.	• Investment focussed on understanding of population need, including consideration of how to align long term spend. • Increased awareness across the system of the resources available aligned to population need, to ensure resource is fully utilised.
TOTAL	8		

Governance and Accountability

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
A: System	1	• Some Population Health data including Burden of Disease data used in planning for Clinical Services Review redesign. • Population Health Delivery Group agreed to be established at Community Planning Partnership Board. • Population health reflected in IJB strategic plan	• Clearer pathways and expectations on how Governance can be used as part of the planning process.
B: Collaboration	2	• Senior NHS Board members on Community Planning Partnership Board. IJB Chief officer chairs the Cost of Living Delivery Group and the NHS Orkney Board Chair chairs the Equality Delivery Group.	• Increase clarity on expected population health delivery objectives from public sector reform, CPP, IJB. • Measuring impact and benefits of collaborative working.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	**Areas for Development**
		• Population Health Delivery Group agreed to be established at Community Planning Partnership Board.	
C: Accountability	2	• NHS Orkney Integrated Performance Review has Population Health indicators included. • Population Health indicators, as well as screening and vaccinations data, is included in Joint Clinical Care and Governance performance reporting. • Population health indicators reflected in local outcomes improvement plan	• Utilisation of Population Health Organisation metrics when developed
D: Learning	1	• NHS Orkney Integrated Performance Review has Population Health indicators included. • Some Population Health data used in planning for Clinical Services Review redesign.	• Development of benchmarking.
E: Equity	1	• NHS Orkney has developed Equality Outcomes Plan which includes improving access indicators in relation to Equality. • EQIA processes are in place in NHS Orkney.	• Challenges with equity data in the Orkney system require more resource aligned in the system to fully understand. • Development of Integrated Impact Assessment system for NHS Orkney.
F: Resource	1	• NHS Orkney has baseline of spend against budgets.	• Preventative budgeting approach embedded.
TOTAL	8		

Focus on Primary and Community Care

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
		•	•
		•	•
		•	•
		•	•
E: Equity	1	• EQIA assessments routinely completed on all NHS orkney policies. • NHS Equality Outcome Plan includes data analysis to understand attendance and non-attendance at NHS services by deprivation/group and impact assessments on key clinical areas.	• Increased consistency in approach to ensuring that patients have equitable access to services. • Improve capacity and skill to analysis service equity across population groups.
F: Resource	1	• Some funding identified to support improvement work from the Clinical Services Review which includes some work to shift to community pathways.	• Increase prevention focussed resource allocation based on population need.
TOTAL	7		

System Focused and Collaborative

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
A: System	2	• Community Planning Partnership Board agreed new Population Health Delivery Group. • Some Population Health data used in planning for Clinical Services Review redesign.	• Embedding of population health across NHS Orkney. • Increase resource alignment to shared prevention focused priorities.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	**Areas for Development**
		• Place recognised as a key strategic objective in NHS Orkney's Corporate Strategy. • Population health reflected in local outcomes improvement plan, and IJB strategic plan	
B: Collaboration	2	• Qualitative evidence is captured from community and shared amongst partners to influence planning decisions. • Locality plans have been developed with communities and have influenced Community Planning Partnership plans.	• Increased consistency in collaboration. • Lived experience and insights being used routinely to inform decisions and service improvement. • Use of co-design.
C: Accountability	2	• Shared priorities through Community Planning Partnership delivery groups and LOIP. • NHS Orkney has a role in delivering the shared priorities through Community Planning Partnership delivery groups, including NHS representatives chairing these groups. • LOIP includes population health measures for reporting. • Joint clinical care governance committee in place	• Consideration of place-based resource allocation. • Increase collaborative accountability. • LOIP and locality plans influencing NHS Orkney and IJB decisions.
D: Learning	1	• NHS Orkney is engaging in the Public Services Reform work locally. • Clinical Services Review has examples of shared data and learning to support planning and improvement activity.	• Increased population health orientated conversations and shared learning at a local level.
E: Equity	1	• Community Planning Partnership have an Equality Delivery Group which is chaired by the NHS Orkney Board Chair. Focus on geographical inequalities. • NHS equality outcomes plan	• Investment focussed on understanding of population need, including segmentation.
F: Resource	1	• Community Planning Partnership have agreed to establish Population Health Delivery Group.	• Prevention focussed resource allocation.
TOTAL	9		

Prevention and Tackling Inequalities

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
A: System	1	• NHS Anchor Strategic Plan actions included in Joint Clinical Care and Governance Committee governance structure. • NHS Orkney included in Orkney Community Wealth Building Plan driven by Community Planning partnership. • Cardiac prevention being embedded in Primary and Secondary care in line with current best practice guidelines.	• Embedding of prevention proactively within patient pathways for major conditions.
B: Collaboration	1	• NHS Orkney is engaging in Public Services Reform work locally. • Population Health Delivery Group agreed to be established at Community Planning Partnership. • NHS Orkney's Anchor Strategic Plan is aligned to the Orkney Community Wealth Building work. • Locality plans and community engagement activities have shaped the Local Outcomes Improvement Plan and Community Planning Partnership Plans.	• LOIP and locality plans influencing NHS Orkney and IJB decisions.
C: Accountability	1	• NHS Anchor Strategic Plan actions included in Joint Clinical Care and Governance Committee governance structure. • Orkney Community Wealth Building Plan responsibility through Community Planning Partnership structures. • Child Poverty Plan responsibly and reporting through Community Planning Partnership Cost of Living Delivery Group.	• Embed anchor measures into performance reporting.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
D: Learning	1	• Project focused evaluation of impact of preventative activities. • Prevention related evidence used to develop Clinical Servies Review Plan.	• Developing Return on Investment evaluation processes.
E: Equity	1	• EQIA assessments routinely completed on all NHS orkney policies. • NHS Equality Outcome Plan includes data analysis to understand attendance and non-attendance at NHS services by deprivation/group and impact assessments on key clinical areas. • NHS Equality Outcome Plan includes data analysis to understand work force equality and diversity data and work with Community Planning Partnership relating to gender pay gap.	• Develop Integrated Impact Assessment approach in NHS Orkney, capturing the data from these to understand cumulative impact of policies. • Develop more visible proportionate universalism approach across wider services.
F: Resource	1	• Income maximisation pathway for under 5's is in place in NHS Orkney.	• Increase prevention focussed resource allocation.
TOTAL	6		

Value-based Health and Care

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
A: System	2	• Patient pathways already established, particularly in cancer care. • Realistic medicine principles understood by NHS Orkney leadership. • MRI development	• Increased systematic reduction of low value activity and re-investment.

Development Area	Maturity Level 1 – Emerging 2 – Developing 3 – Established 4 – Leading	Evidence	
		Strengths (what's working well)	Areas for Development
B: Collaboration	1	• NHS Orkney's Corporate Strategy informed by community engagement activities. • Engagement with schools around "It's OK to ask" • GIRFE approach being used • Promotion of BRAN use at patient level	• Lived experience and insights including "what matters" being used routinely to inform decisions and service improvement. • Begin PROMS being collected in pilot pathways.
C: Accountability	1	• Some value indicators present in performance review packs.	• Increase visibility of value indicators in performance review packs. • Develop outcomes based focus
D: Learning	1	• Realistic medicine principles understood by NHS Orkney leadership. • National resources available to support value based approach	• Shift focus from operational pressures to value-based approach.
E: Equity	1	• NHS Equality Outcome Plan includes data analysis to understand attendance and non-attendance at NHS services by deprivation/group.	• Increase use of stratified data. • Develop value improvement activities which target inequities based on PROMS and PREMS (patient reported outcome and experience measures).
F: Resource	2	• NHS Orkney has implemented work relating to script switching for medicines and exploring procurement opportunities.	• Patient level costings developed
TOTAL	8		

Appendix B: Summary of NHS Orkney strengths and areas for development by priority area identified through the Maturity Matrix

Priority area	Strengths	Areas for development	Proposed action
Understanding the needs of the population	• NHS Orkney has a shared Joint Strategic Needs Assessment with the Integration Authority. • Population health data is used in planning for Clinical Services Review redesign. • Shared population health indicators are included in governance and performance reporting. • Qualitative evidence is captured and shared among partners to influence planning decisions. • Population Health Delivery Group has been agreed at Community Planning Partnership Board.	• Share population health data standards consistently with partners. • Consider community assets alongside needs. • Increase consistency in collaboration. • Use lived experience and co-design routinely. • Improve data and evidence sharing between partners.	Embed Population Health Organisation Metrics into NHS Orkney Governance Reporting and promote use of these metrics in Community Planning Partnership.
Governance and Accountability	• Population health data is used in Clinical Services Review redesign. • Population Health Delivery Group has been agreed through Community Planning Partnership structures. • Population health is reflected in the IJB strategic plan. • NHS Orkney Integrated Performance Review includes population health indicators. • NHS Orkney has an Equality Outcomes Plan and EQIA processes in place.	• Clarify how governance can support planning. • Increase clarity on population health delivery objectives. • Measure impact and benefits of collaborative working. • Use Population Health Organisation metrics when developed. • Embed a preventative budgeting approach.	Develop preventative spend approach by implementing preventative budgeting approach in at least one budget.

Focus on Primary and Community Care	• Population health data is used in Clinical Services Review redesign. • Clinical Services Review has identified frailty and older people pathways. • IJB strategic plan focuses on community care and prevention. • Place-based co-design is occurring in Out of Hours Care and the Isles Network of Care. • Pilot preventative actions have been undertaken in the GP cluster.	• Strengthen prevention across service redesign. • Increase consistency of collaboration. • Improve cross-system governance. • Share learning from pilot evaluations. • Complete transformation work around the Isles Network of Care.	Complete transformation work around Isles Network of Care – engagement and implementation plan developed
System focused and Collaborative	• Community Planning Partnership Board agreed a new Population Health Delivery Group. • Place is recognised as a key strategic objective in NHS Orkney's Corporate Strategy. • Population health is reflected in the LOIP and IJB strategic plan. • Shared priorities are reflected through CPP delivery groups. • NHS Orkney is engaging in local Public Services Reform work.	• Embed population health across NHS Orkney. • Increase resource alignment to shared prevention priorities. • Increase collaborative accountability. • Ensure LOIP and locality plans influence NHS Orkney and IJB decisions. • Increase population health-oriented conversations and shared learning.	Contribute to the establishment and development of the Community Planning Partnership Population Health Delivery Group, with NHS Orkney playing a key role in shaping shared population health ambitions.
Prevention and Tackling Inequalities	• NHS Anchor Strategic Plan actions are included in governance structures. • NHS Orkney is included in the Orkney Community Wealth Building Plan. • Cardiac prevention is being embedded in primary and secondary care. • Child Poverty Plan reporting sits through the CPP Cost of Living Delivery Group. • Income maximisation pathway for under-fives is in place.	• Embed prevention within major condition pathways. • Ensure LOIP and locality plans influence decisions. • Embed anchor measures into performance reporting. • Develop return on investment evaluation processes. • Develop an Integrated Impact Assessment approach.	Develop Integrated Impact Assessment approach in NHS Orkney, capturing the data from these to understand cumulative impact of policies.
Value-based Health and Care	• Patient pathways are established, particularly in cancer care.	• Reduce low-value activity and reinvest resources.	

	• Realistic medicine principles are understood by NHS Orkney leadership. • MRI development is underway. • BRAN use is promoted at patient level. • NHS Orkney has implemented script switching and procurement work.	• Use lived experience and "what matters" information routinely. • Begin collecting PROMs in pilot pathways. • Develop an outcomes-based focus. • Develop patient-level costing approaches.	Develop patient level costings approach to support understanding of service and pathway costs

Appendix C: Improvement Plan

PHO Principle and Development Area	Improvement Priority	Improvement Action to be Taken	By Whom?	By When?	Indicators of Success
Understanding the needs of the population: Accountability	Development of aligned indicators and reporting through Community Planning Partnership structure	Embed Population Health Organisation Metrics into NHS Orkney Governance Reporting and promote use of these metrics in Community Planning Partnership	Louise Wilson, Director of Public Health	June 2027	Population health Organisation metrics in integrated performance report and revised local outcomes improvement plan
Governance and Accountability: Resource	Develop preventative budgeting approach	Develop preventative spend approach by implementing preventative budgeting approach in at least one budget	Damian Reid Interim Director of Finance	June 2027	At least one NHS Orkney budget using a preventative spend approach
Focus on Primary and Community Care: Collaboration	Increase consistency of collaboration across the system	Complete transformation work around Isles Network of Care	Stephen Brown Chief Officer	September 2027	Consultation on model of care completed with implementation plan developed
System focused and Collaborative: System	Increase resource alignment to shared prevention focused priorities	Contribute to the establishment and development of the Community Planning	Louise Wilson, Director of Public Health	June 2027	Action plan ambitions for Population health group are shared within NHS Orkney plans

		Partnership Population Health Delivery Group, with NHS Orkney playing a key role in shaping shared population health ambitions			
Prevention and Tackling Inequalities: Equity	Development of a proportional Integrated Impact Assessment approach for NHS Orkney	Develop Integrated Impact Assessment approach in NHS Orkney, capturing the data from these to understand cumulative impact of policies	Debs Crohn, Head of Corporate Governance	June 2027	Proportional approach to integrated assessment agreed for implementation by NHS Orkney leadership
Value-based Health and Care: Resource	Development of patient level costings	Develop patient level costings approach to support understanding of service and pathway costs	Anna Lamont, Medical Director and Damian Reid Interim Director of Finance	September 2027	Patient level costings ready to support identification of service and pathway costs

Public Health Annual Report

Meeting	**NHS Orkney Board**
Meeting date	Thursday, 29 October 2026
Responsible Executive/Non-Executive	• Dr Louise Wilson, Director of Public Health
Report Author(s)	• Hannah Casey, Public Health Manager NHS Orkney • Elvira Garcia CPHM
Purpose of report	• Assurance
Contribution to Strategic ambition	• Corporate Strategy 2024/28 • Annual Operational Plan • Government policy/directive
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred
Key points for consideration	• The 2025 Population Health Framework raised the profile of preventative care. • Cost of living, poverty, fuel poverty and wider social determinants of health remain major challenges, leading to actions around financial inclusion, community wealth building, healthy food access, and supporting vulnerable groups through partnership working • Strong progress was made in community wellbeing and prevention, including the first Orkney Suicide Prevention Conference, outreach roadshows to outer isles, expansion of the Improving the Cancer Journey service, and continued workplace health and behaviour change programmes • Vaccination and screening performance is generally strong, with high uptake for childhood immunisations, influenza vaccination, abdominal aortic aneurysm screening, bowel screening, diabetic eye screening and newborn hearing screening. • Healthy weight, diabetes prevention and smoking cessation remain priority areas, with continued delivery of weight-management programmes, diabetes education and Quit Your Way Orkney.

	Smoking quit rates are among the best in Scotland, but referral numbers and engagement with some prevention services require improvement
Route to meeting	• Executive lead
Recommendation(s)	• **Assurance - For members assurance only**

Public Health Annual Report

1. Background

The Annual Report is the routine account of Public Health functions and performance across 2025/26. It draws on surveillance, published and service data, local programme activity and partnership work. This year's report reflects NHS Orkney's continued commitment to improving health outcomes, addressing inequalities, and delivering high-quality services in a remote and rural context.

2. Assessment

2.1 Analysis

• Progress in prevention and wellbeing initiatives: Public Health has delivered a wide range of programmes addressing early years, mental wellbeing, tobacco harm, healthy weight, and financial inclusion, with a focus on reducing inequalities

• Strong performance in immunisation and screening: Uptake across most vaccination and screening programmes remains high, with Orkney often exceeding the national average.

• Opportunities and risks: Continued innovation and partnership working are strengths, but workforce capacity, IT transitions, and sustaining engagement in remote areas present ongoing risks to delivery.

2.2 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Positive : The report highlights improvements in vaccination uptake, screening performance, and outbreak management, all contributing positively to patient safety and quality of care. No negative impacts identified
People	Workforce	Yes	Positive Public Health initiatives support staff wellbeing through training, mental health awareness, and active travel schemes. However, workforce capacity remains a challenge in sustaining service delivery
Performance	Finance	Yes	Positive – Preventative programmes and early intervention may reduce long-term service demand and associated costs. No significant capital impact
Potential	Risk Management	Yes	Positive – Risks such as declining vaccine uptake in some groups, IT transitions e.g. child health system, and service disruption are identified and mitigated through monitoring, partnership working, and contingency planning.
	Digital	Yes	Positive – , IT transitions are identified and mitigated through monitoring, partnership working, and contingency planning.
Place	Equality and Diversity including health inequalities	Yes	The report addresses health inequalities through targeted programmes, including financial inclusion, tobacco harm reduction, and rural access. It supports the Public Sector Equality Duty and Fairer Scotland Duty, with specific consideration of island and ferry-linked communities.
	Climate Change Sustainability	Yes	Initiatives such as active travel promotion, , and sustainable procurement contribute positively to

			NHS Orkney's environmental goals and reduce carbon impact.

3. Recommendations

3.1 Assurance - For members assurance only

4. List of Appendices

4.1 The following appendices are included with this report

i. **Appendix A NHS Orkney Public Health Annual Report 2025-2026**

Public Health Annual Report

2025- 2026



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Introduction

I am delighted to present NHS Orkney's Public Health Annual Report for 2025/26.

It is often said that public health is invisible when it succeeds and visible only when it fails. Yet public health touches all our lives every day. It is present in the vaccinations that prevent illness, the screening programmes that detect disease early, the support that helps people stop smoking, the partnerships that address poverty and inequality, and the conversations that improve wellbeing before difficulties become crises. This report shines a light on that work and, most importantly, on the many staff, partners, volunteers and community members whose commitment helps improve and protect the health of people across Orkney every day.

This year has seen the publication of Scotland's Population Health Framework, placing prevention firmly at the centre of efforts to improve health and reduce inequalities. For Orkney, this reflects a long-held understanding that good health is shaped not only by healthcare services, but also by our homes, communities, employment, environment and social connections.

As always, I am reminded that one of Orkney's greatest strengths is our ability to work together. The achievements described in this report have only been possible because of the commitment, compassion and dedication of staff, volunteers, community groups and partner organisations across our islands.

My sincere thanks go to everyone who has contributed to this work. While significant challenges remain, there is much to be proud of and much to build on as we continue working towards a healthier, fairer and more sustainable future for all who live in Orkney.

Dr Louise Wilson

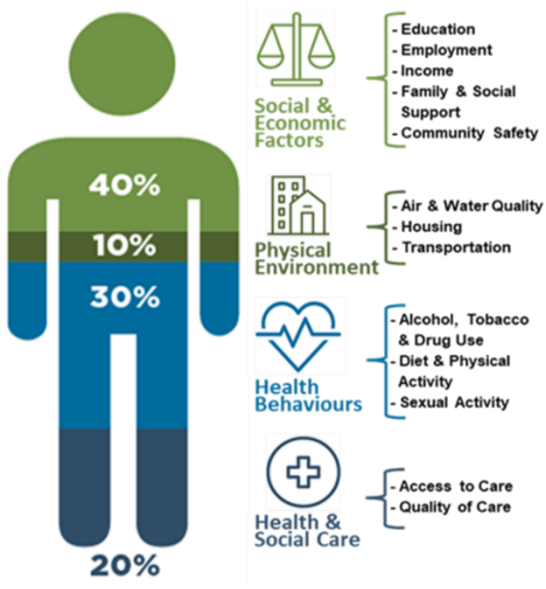
Director of Public Health

Chapter 1: Health Improvement

The Population Health Framework

Quality health and care services are vital, but health is not just determined by what happens within the health and care system. Indeed, much of what impacts the health of our population happens outside the health and care system.

Figure 1.0: *Pillars of Health*



The four pillars of health illustration, as shown in Figure 1.0, demonstrates the complex interaction of factors which impact a person's health. However, in some ways it remains simplistic as even these high-level factors are interlinked. This makes it difficult to define a clear route of intervention to benefit, particularly when addressing systemic root causes.

Preventative action must address the unfair and avoidable health differences across different population groups. Programs that improve overall health without considering inequalities may leave some the health of some populations unchanged or worse off, widening disparities.

Sir Michael Marmot developed a set of principles to support reduction in health inequalities which are listed here:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and control their lives.
- Create fair employment and good work for all.
- Ensure a health standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.
- Tackling discrimination, racism and their outcomes.
- Pursuing environmental sustainability and health equity together.

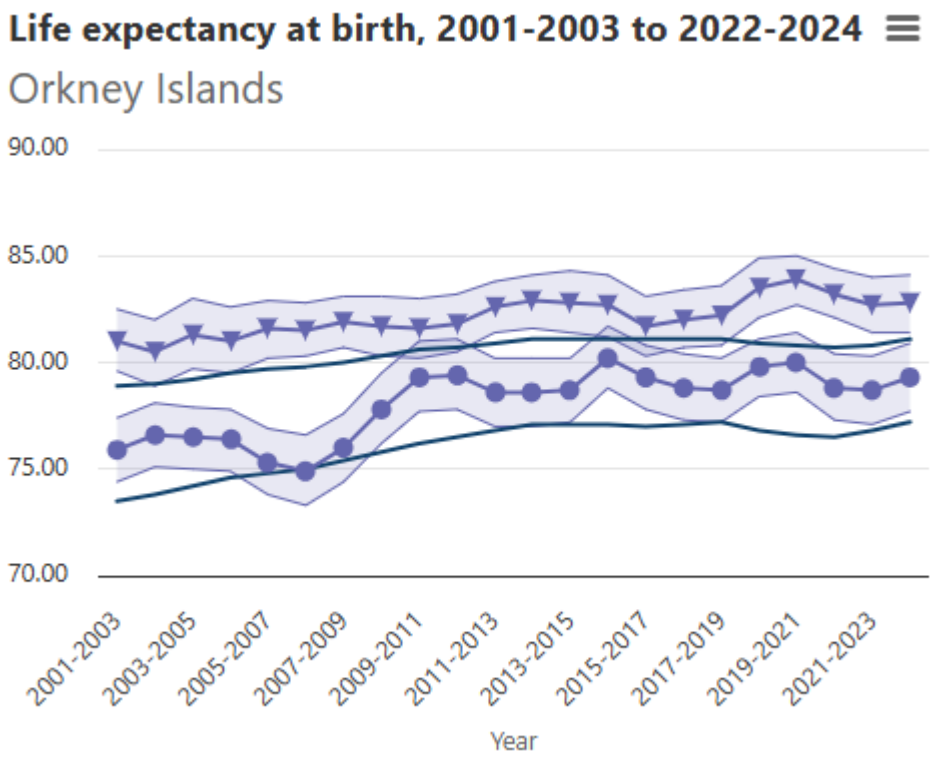
The Population Health Framework, published in June 2025 by Scottish Government, is structured around the prevention drivers of health and wellbeing, with an overarching driver of transformation into a prevention-orientation system. The priorities and actions in the framework are the outcome of extensive engagement across Scotland. They have been co-created by

national and local government, national and local public health experts, and reflect the evidence on key activities shown to improve population health and reduce inequality.

The aim of the framework is to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035. Life expectancy at birth is used as an indicator of death rates across the population, as well as being useful for comparing trends in mortality over time (Figure 1.1). Life expectancy at birth is 81.06 years for females and 77.12 years for males in Scotland compared with 82.8 years for females and 79.3 years for males in Orkney.

Figure 1.1: *Life expectancy at birth in Orkney Islands Council area*

(▼ - Orkney ● females, - Orkney males, solid lines are Scottish levels of life expectancy for males and females)



Source: Orkney Islands - National Records of Scotland (NRS)

Work to improve the health of the population and reduce inequalities in Orkney could support the maintenance of life expectancy despite the external pressures of recent years including the COVID-19 pandemic and the Cost of Living Crisis.

The Population Framework is based on five key interconnected Prevention Drivers of health and wellbeing (Figure 1.2):

• **Prevention Focused System** – Strengthen collective accountability for population health outcomes and inequalities

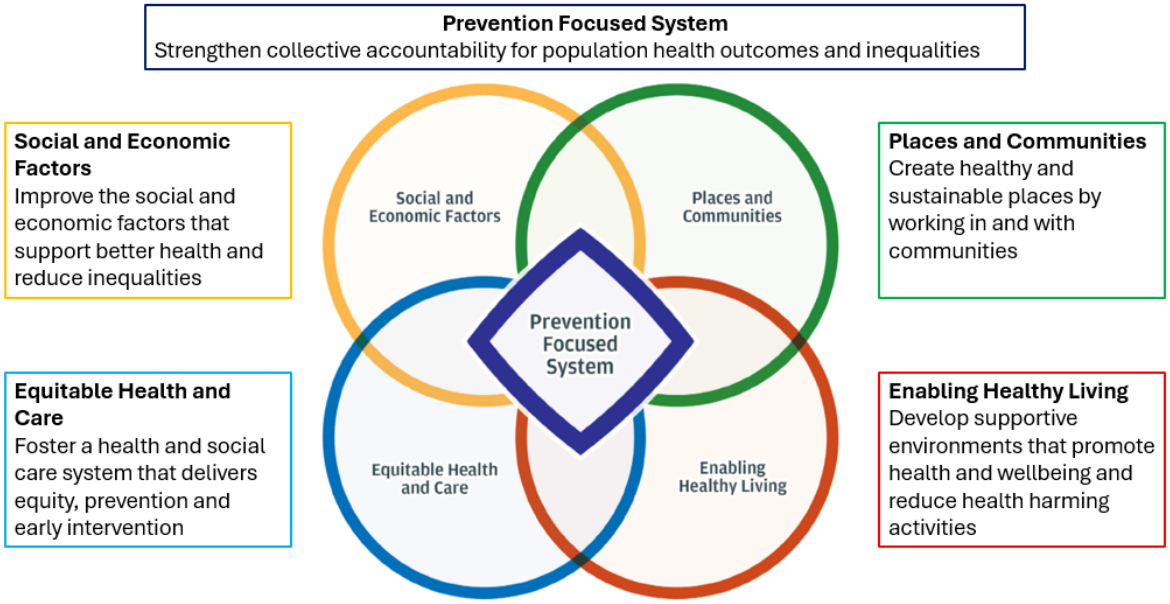
• **Social and Economic Factors** – Improve the social and economic factors that support better health and reduce inequalities

• **Places and Communities** – Create healthy and sustainable places by working in and with communities

• **Enabling Healthy Living** – Develop supportive environments that promote health and wellbeing and reduce health harming activities

• **Equitable Health and Care** – Foster a health and social care system that delivers equity, prevention and early intervention

Figure 1.2: *The five key interconnected prevention drivers of health and wellbeing*



The Framework sets out several high-level initial actions across these drivers. Two initial priorities were developed which are the focus between 2025 and 2027. These are to embed prevention in our systems and to improve healthy weight. Given the current resource pressures on services, embedding prevention into our system seems to not only be an opportunity but also a necessity.

Prevention Focused System

➡ Strengthen collective accountability for population health outcomes and inequalities

At the heart of becoming a prevention focused system is shifting how NHS Orkney sees itself and its role in prevention, not just treatment. NHS Orkney needs to work collaboratively with our partners across Orkney, emphasising prevention. Throughout 2025/26, NHS Orkney Health Improvement Team have been promoting preventative action across the system. In addition to working with the Community Planning Partnership, the Health Improvement Team work with other system partners to drive preventive activities. This includes working within the Road Safety Forum, Suicide Prevention Taskforce, Community Justice Partnership, Alcohol and Drugs Partnership and the Community Learning and Development Partnership. Some particular activities are highlighted below.

Community Planning Partnership

The Population Health Framework was presented to the Community Planning Partnership Board. It was noted that the Framework requires all partners and sectors to maximise their contributions to the shared vision through defined outcomes and a commitment to preventative investment. To facilitate the Community Planning Partnership Board implementation of this Framework, driving maximum engagement, the Health Improvement Team connected with local partners to identify the collective vision and resources to deliver this Framework. Recommendations included increased collaboration with academic partners, enhancing employer skills in adapting workplaces to offer more diverse employment opportunities, integrating health content into education, strengthening the contributions of the third sector to the population health strategy, prioritising preventive spending across partners and further developing social prescribing implementation. It was also noted that further strengthening of evaluation of healthy living activities and incorporation of equity assessments across services and policies is also required to ensure fair access and effectiveness of services across Orkney. From this work, the Community Planning Partnership Board decided to set up a stand-alone Population Health Delivery Group to take forward these actions.

Cost of Living Delivery Group

Fuel Poverty

The Cost of Living Delivery Group held a workshop on fuel poverty in December 2025. The Health Improvement Team presented compiled data to this workshop.

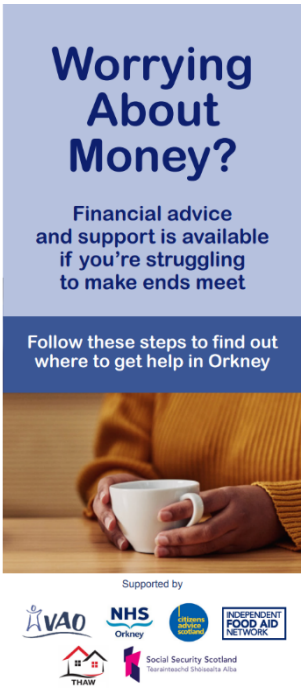
Living in a cold home has significant and demonstrable direct and indirect health impacts. There is strong evidence that shows that cold homes are associated with poor health

outcomes and an increased risk of illness and deaths. People live in cold homes often due to fuel poverty which is driven by three main factors: household income ('Pennies'), high or unmanageable energy costs ('Prices') and the energy efficiency of a home ('Properties'). Several population groups are more likely to suffer from the effects of cold homes. This is either because they are more likely to live in cold homes, or because they are more susceptible to its effects. With limited resources, being able to align support to those most at risk may produce a larger health benefit from interventions. It should be noted, however, that such an approach risks missing those in the population who may suffer health effects but do not have these risk factors.

At the workshop the Health improvement Team presented data relating to particular groups in Orkney who may have health risks associated with cold homes. This is based on guidance to support local services tackling health risks of cold homes published by Public Health England in 2019. The workshop participants were encouraged to consider the groups of people in our community who are more vulnerable to health-related impacts of cold homes, and how the system in Orkney can support these people towards the interventions and services that will be enable and improve their capability to comfortably heat their home environment. This included consideration of how to minimise potential barriers for services to engage individuals with issues relating to fuel poverty and explore the feasibility and potential benefits of developing training for frontline staff to support their understanding of fuel poverty and the prevention of its health consequences.

Financial Inclusion

The '*Worrying about Money?*' resource is a leaflet which helps practitioners in Orkney to signpost individuals to relevant financial support services through a three-step approach. The approach is to identify the issues, suggest options and direct the individual to help, which is supplemented by local support contacts. In 2025/26, the NHS Orkney Health Improvement Team developed a Turas Learn Money Counts (Orkney) Level 1 learning module. This module is designed to be a practical resource, aimed at practitioners who may engage in brief interventions about financial concerns. It uses the basis of the '*Worrying About Money?*' leaflet to enable practitioners in NHS Orkney to build confidence in having supportive conversations about money, to promote access to financial support services. Since launching at the end of February 2026, five persons have completed this course.



Throughout the year, the Health Improvement Team continued to promote the Financial Inclusion Pathway for pregnancy and pre-school aged children. This pathway gives practitioners a framework to identify families who may benefit from additional support and to connect them with Orkney Money Matters.

Local Equality

As part of the action relating to the Local Equality Delivery Group's Locality Plan 2024-2026: Ferry linked Isles, the NHS Orkney Health Improvement Team undertook research to understand the availability and price of a healthy food basket at four time points throughout 2025 (February, May, August and November). This was undertaken with academic partners in the University of Glasgow and the University of Edinburgh, mirroring a study completed in 2006 to allow for data comparison over time. The research necessitated mapping local stores, and the team are very grateful to the stores who part took, as well as the volunteers who completed the surveys. The result of this work is to be shared with the Community Planning Partnership in 2026/27.

Sustainable Development

Community Wealth Building is driven by the Sustainable Development Delivery Group and NHS Orkney's Strategic Anchor Plan supports action to implement Community Wealth Building ambitions. NHS Orkney Health Improvement Team lead and coordinate the Strategic Plan and data returns to Scottish Government.

In 2025/26, workforce actions were to increase employee digital literacy skills and access to training for workplaces in Orkney to support employers with ways to promote mental health and wellbeing of their staff in the workplace. Within procurement, actions focused on community benefits realisation from procurement contracts and living wage data. Progress includes partnership work, developing briefing papers to share with the NHS Orkney Sustainability Group, and improved access to living wage data. In the land and assets section of the plan, actions covered food waste, sustainability awareness, and patient meal ordering, with some progress on all areas despite capacity pressures.

Road Safety Forum

Following on from the successful campaign in 2025-2026 to promote the wearing of helmets whilst on quad bikes and farm vehicles, this year has seen the Health Improvement Team continuing to promote and share the work of the Royal Scottish Agricultural Benevolent Institution (RSABI) in their '*Use Your Head*' Campaign. This RSABI campaign was based around a promotional giveaway of 100 helmets via social media and was shared by Health Improvement with partners and farming groups for the duration of the campaign.

Over the course of 2025-2026, NHS Orkney Health Improvement Team has contributed towards the review and development of Orkney's Road Safety Strategy Delivery Plan 2025-

2026. This has included supporting schools to develop sustainable, safer and healthier travel choices and working with stakeholder groups including HITRANS (Highland and Islands Transport Partnership) to engage officers to deliver cycling awareness courses at schools.

Suicide Prevention Task Force

As part of the Suicide Prevention Task Force, NHS Orkney Health Improvement Team have contributed towards the development and implementation of the Orkney Suicide Prevention Action Plan 2025-26. The Health Improvement Team led on the delivery of Orkney's first Suicide Prevention Conference. Held at The Pickaquoy Centre, this event brought together a number of speakers including the National Suicide Prevention and COSLA Lead, Haylis Smith, Josie Barclay (Suicide Prevention Officer from RSABI) and Mike Smith from '*Three Dads Walking'* (fathers walking the UK to support increased suicide prevention work being part of the school curriculum). There were 98 attendees at the event, including representation from statutory sector, voluntary sector and the public.

The aim of this event was to raise aware of suicide prevention across the community. It brought together professionals and members of the public to learn about the support services already being offered across Orkney as well as National groups supporting those in crisis and families bereaved by suicide. To inform the future work of the taskforce, a tabletop discussion was held to gather feedback from those attending about work going well in terms of suicide awareness and support, as well as any areas that were highlighted for improvement.

Throughout the course of the year, the Health Improvement Team have continued to deliver the *Save A Life* Training. This is a suicide prevention awareness level training which continues to be delivered online by the Health Improvement Team and in person by Orkney Islands Council Community Learning and Development Team. Training is delivered on a quarterly basis, ensuring regular opportunities to join sessions using preferred methods of delivery. In 2025/26 the Health Improvement Team trained 14 participants in two training sessions.

The Health Improvement Team were instrumental in facilitating the introduction of *The Low Road* feature film to Orkney, following the sharing of this resource by Public Health Scotland and the Canmore Trust. Working as part of the Suicide Prevention Task Force Team and the Integrated Joint Board, funding was sourced by the Suicide Prevention Taskforce chair to procure a license to the rights to the film, allowing it to be used locally by members to increase awareness and facilitate discussions around suicide.

As a result, the film was screened in November and attended by the film producer, Sophie Marsh, and John Gibson of The Canmore Trust. These guests took part in a Q&A session following the screening, and engaged with members of the community around development of the film and about suicide. Unfortunately, the evening screening was cancelled at short notice due to an Orkney wide power outage, although there is agreement for this to go ahead in 2026/27 as originally planned.

As a qualified academic and clinical professor in both dentistry and medicine as well as being the founder of The Canmore Trust, John Gibson also gave a two-hour lecture on suicide at The Balfour. This lecture was available for all NHS staff to attend and 11 people attended. John used his personal experiences to illustrate the risk factors involved in working in environments such as healthcare and dentistry and the importance of conversations around suicide prevention as part of workplace culture.

Social and Economic Factors

➡ Improve the social and economic factors that support better health and reduce inequalities

Developing nurturing environments from birth and access to work opportunities which contribute to health are foundational to healthier lives. In 2025/26, NHS Orkney Public Health Team have worked to enable child health and deliver the Healthy Working Lives programme in Orkney. Income maximisation work through the Financial Inclusion Pathway, Money Counts training and Anchor work all contribute to social and economic factors but have already been noted in the section above.

Child Health System

The Child Health System is the data system which underpins early years prevention, provision of a universal programme of immunisation, pregnancy and newborn screening, and health visitor led developmental reviews. During 2025–2026, NHS Orkney Public Health Administration Team has continued to maintain the Child Health System as a core component of its wider priorities to improve population health outcomes and reduce inequalities.

A major achievement during the year has been the continued progression of the new Child Health System. The new system will provide a modernised infrastructure which gives opportunities to improve functionality across the NHS system. The transition required a sustained and intensive programme of work, including user acceptance testing, data migration assurance, system configuration, training and operational readiness activities. Despite the intensity of the transition work, the Public Health Administration Team have continued a strong focus on data assurance through regular audit activity to ensure confidence in the quality and completeness of the data. This is in recognition of the importance of accurate data in both clinical decision-making and population health reporting.

The implementation of the new system represents the completion of a “like for like” replacement (Phase 1), with Phase 2 focusing on transformational change and service improvement. This transition from system implementation to transformation will be key to ensuring that digital investment translates into tangible improvements in service delivery, user experience, and population health outcomes.

Workplace Health – Healthy Working Lives

During 2025/26, NHS Orkney Health Improvement Team successfully progressed the delivery of the Healthy Working Lives (HWL) Plan. Significant progress was made in strengthening communication and engagement with employers across Orkney. Workplace health bulletins were produced and distributed throughout the year to stakeholders. While initial uptake was modest, a revised approach involving direct engagement with over 228 local businesses

resulted in a substantial increase in newsletter subscriptions, with more than 30 additional organisations signing up from a range of sectors including agriculture, construction, and the public sector. The inaugural edition was circulated in March and achieved early engagement through online views. This adaptive approach has strengthened the reach and sustainability of workplace health communications.

Partnership working has been central to delivery throughout the year. NHS Orkney Public Health has played an active role within the Orkney Local Employability Partnership (OLEP), contributing to workforce wellbeing initiatives and supporting employer engagement activity. This has included involvement in the Inclusion and Diversity subgroup, where work has progressed to develop neurodiversity awareness training for employers and identify opportunities to improve inclusive employment practices. Engagement with a range of partners, including Environmental Health, rural support organisations such as RSABI has further strengthened the approach to workforce health improvement.

In August 2025, the team took part in a rural outreach initiative at Orkney Auction Mart, working alongside RSABI delivering their Health Hut with a local nurse checking people's blood pressure. This engagement provided an opportunity to connect directly with members of the local farming community, promote local health and wellbeing support, and strengthen relationships with partners who support rural populations. This work contributed to improved visibility of services and highlighted opportunities for future joint initiatives to support rural health and wellbeing.

Delivery of training and workforce development opportunities has continued to be an important component of the programme. Mentally Healthy Workplace training for Managers and *Save a Life* training have been delivered to local businesses and third organisations, supporting increased awareness and capacity to respond to health and wellbeing needs in workplace settings. Additionally, new training resources have been developed, including content focused on supporting employees with long-term conditions and addressing sedentary behaviour in the workplace. These resources are currently being tested and refined, with the intention of wider roll-out subject to capacity and demand in 2026/27.

Places and Communities

➡ Create healthy and sustainable places by working in and with communities

Planning for health in communities is important, and NHS Orkney Health Improvement Team contribute through partnership working, which has been reported in the previous sections. Additionally, NHS Orkney Health Improvement Team are working to ensure communities across Orkney are aware of and can access health improvement services through community outreach roadshows. People across Orkney affected by cancer can access social prescribing through the NHS Orkney Health Improvement Team. This service expanded to include cardiac conditions in 2025/26.

Roadshows

The Health Improvement Roadshow programme was developed to strengthen outreach and improve engagement with residents living across Orkney's outer isles, recognising the practical challenges associated with accessing services due to geography, travel and digital connectivity. It was designed to deliver face-to-face health improvement support within island communities, providing information, training and advice across key public health priorities, while building relationships with local partners and stakeholders.

During 2025, visits were undertaken to Hoy, Rousay, Shapinsay, Stronsay and Westray, with a planned visit to Sanday cancelled due to adverse weather conditions. Feedback from community partners and attendees highlighted the value of this approach, including:

"…it is appreciated when people come out to the isles instead of expecting them to come to Kirkwall."

"…not everyone can travel, we have an ageing population so it's good for information to cone to the island."

The Roadshows directly engaged with over 50 people in the ferry linked islands, gaining direct referral to smoking cessation, but also likely to have gained subsequent referrals. A HENRY (Health, Exercise, Nutrition for the Really Young) workshop on understanding children's behaviour was delivered to 10 families in one of the outer isles.

The programme demonstrated that in-person outreach increases awareness of services, supports engagement and facilitates preventative approaches to health.

ICJ – Improving the Care Journey

The Improving the Cancer Journey (ICJ) service, in partnership with Macmillan Cancer Support, has now been established within Orkney for over a year, continuing to provide person-centred, non-clinical support to anyone affected by a cancer diagnosis. This includes

individuals with a diagnosis, as well as partners, family members, carers and friends. Expansion of the service occurred to include those with chronic cardiac conditions.

From 1 April 2025 to 31 March 2026, the ICJ service received a total of 91 referrals, comprising of 87 cancer related referrals and four cardiac referrals.

When an individual is referred to ICJ, they are offered a Holistic Needs Assessment (HNA) which is a structured, 72-point questionnaire designed to identify what matters most to them and highlight key concerns across five areas: financial, practical, physical, emotional and spiritual wellbeing.

Following completion of the HNA, ICJ Link Workers provide tailored support through meaningful, person-centred conversations. A care plan is developed to ensure individuals are connected to appropriate information, services and support throughout their journey. This approach enables early identification of need, supports self-management, and helps reduce the wider impact of illness on individuals and families.

Raising awareness of the ICJ service remains a key priority to ensure people know how and when they can access support. The team continues to actively engage with both professionals and the wider community.

Engagement activity in 2025/26 has included:

- Regular community outreach, including information stalls at Tesco (most recently engaging with approximately 70 people) and Sutherland's Pharmacy (engaging with around 50 people)
- Ongoing attendance at community groups, events and partner organisations
- Continued presence at local events and initiatives to promote the service and build relationships
- Ongoing presence within NHS Orkney comms and various other methods of comms within the local community

A wide range of promotional approaches continue to be used to ensure the ICJ service reaches different audiences across Orkney. These include:

- Distribution of posters and leaflets across healthcare settings, community venues and third sector organisations
- Use of existing promotional materials such as bookmarks and pull-up banners
- Coverage through local media, including press releases and local radio interviews
- Regular promotion through NHS Orkney communication channels, including newsletters, staff platforms and social media

- Ongoing sharing of information through partner networks and community newsletters

Maintaining a visible and consistent presence across the community will support the continued growth of the service and helps ensure individuals affected by cancer and cardiac conditions are aware of the support available to them.

During this reporting period, the ICJ service began to expand its model of care to support individuals affected by cardiac conditions. While early in development, this work reflects growing recognition of the wider non-clinical needs experienced by people living with long-term conditions beyond cancer. The ICJ service aims to continue expansion to support further long-term conditions in 2026/27 and hasnchanged its name from Improving the Cancer Journey to Improving the Care Journey to reflect the broader reach.

Enabling Healthy Living

➡ Develop supportive environments that promote health and wellbeing and reduce health harming activities

A varied and balanced diet, limiting consumption of health harming products and being physically and mentally active are all activities which can support the population to live longer and healthier lives. The Health Improvement Team has continued to work across a range of areas throughout 2025/26 to promote and enable healthy living in the population of Orkney.

- Healthy weight/HENRY
- Physical activity
- Motivation, Acts Prompts. (MAP) training
- Smoking cessation

Tobacco Action Group

The Orkney Tobacco Action Group (OTAG) is a multi-agency group in Orkney with the purpose of creating an Orkney where there is reduced use of and harm from tobacco to improve the health chances of individuals and families in Orkney. The group contributes to the achievement of a tobacco-free Orkney by 2034 in line with the Scottish Government ambition to achieve a tobacco-free Scotland by 2034.

Work in 2025/26 has progressed under the three key action areas: prevention, protection and cessation. This has included targeted prevention activity with adults who work with young people, continued enforcement and monitoring activity, development of workplace resources, and strengthened pathways into Quit Your Way Orkney services.

Prevention – creating an environment where young people in Orkney do not want to smoke.

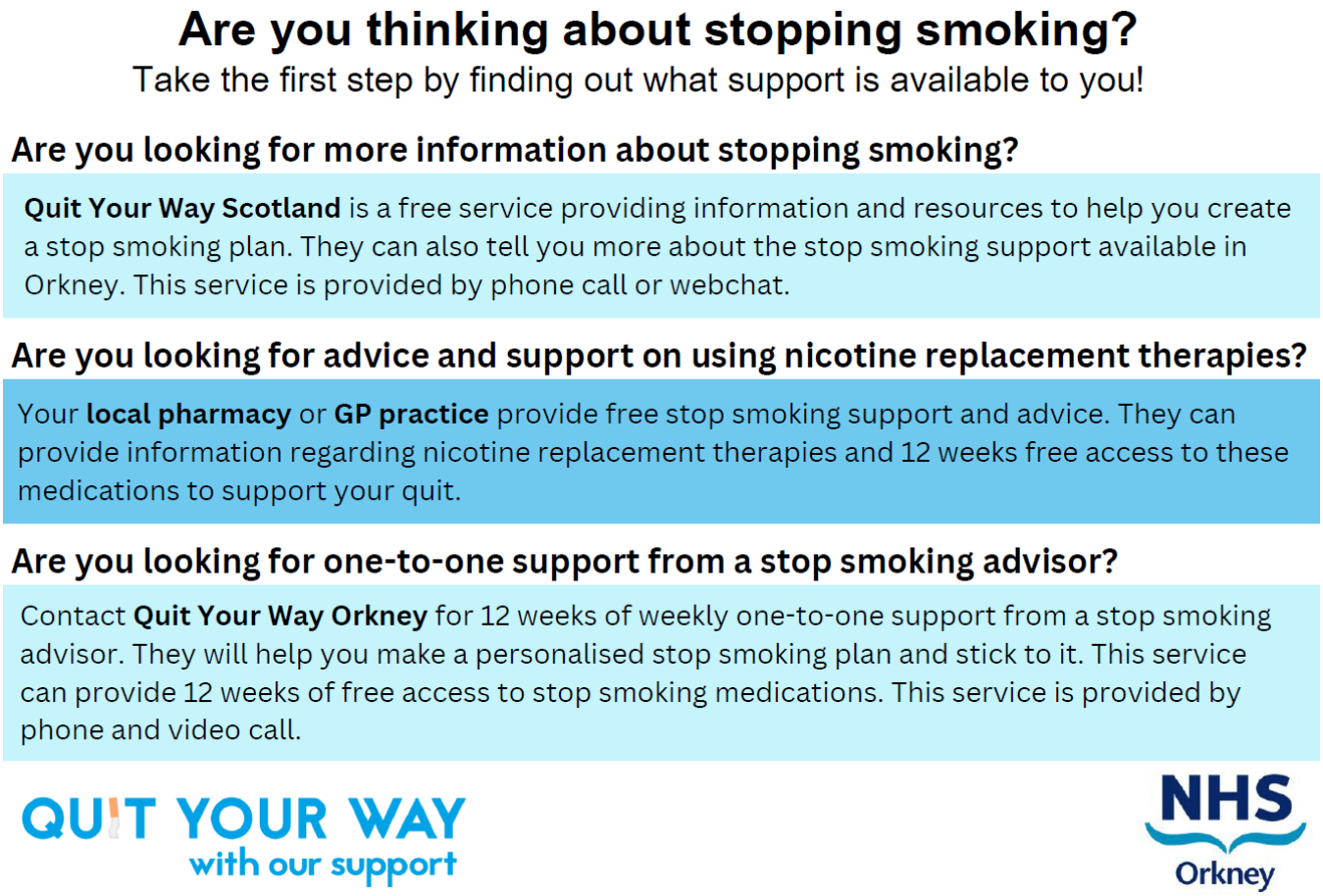
In 2025/26, a short life working group was set up following concerns from the dental and oral health teams about the effects of vaping on young people's oral health, bringing together NHS Orkney colleagues and wider partners including Education and the Alcohol and Drug Partnership. The work has since evolved into a more coordinated prevention approach across schools and youth settings, focusing on mapping what's in place, identifying gaps, and building staff confidence. Key outputs include a shared resource directory and education sessions for school staff. Plans are now to integrate the work into the Tobacco Action Group

Protection – protecting people in Orkney from the harms of second-hand smoke.

Smoking in public places continues to be monitored through complaints to Environmental Health colleagues. In addition, workplace-focused activity has progressed, including drafting and proofreading a smoking in the workplace resource, which is now at final approval stage with dissemination planned for 2026/27. Staff familiarity with NHS Orkney Smokefree policy implementation continues to be supported through the Health Improvement Team attendance NHS Orkney corporate inductions

Cessation – helping people to quit smoking in Orkney.

Smoking cessation communications have been strengthened through press release and the national campaign activity. Hospital-based cessation pathways are developing, with Quit Your Way Orkney contact cards provided through discharge prescription bags and increased referrals from Hospital Pharmacy colleagues. In 2025/26, a number of the community pharmacies in Orkney were provided with CO monitors to support their smoking cessation delivery, an important aspect of the tiered smoking cessation offer in Orkney developed through the Tobacco Action Group.



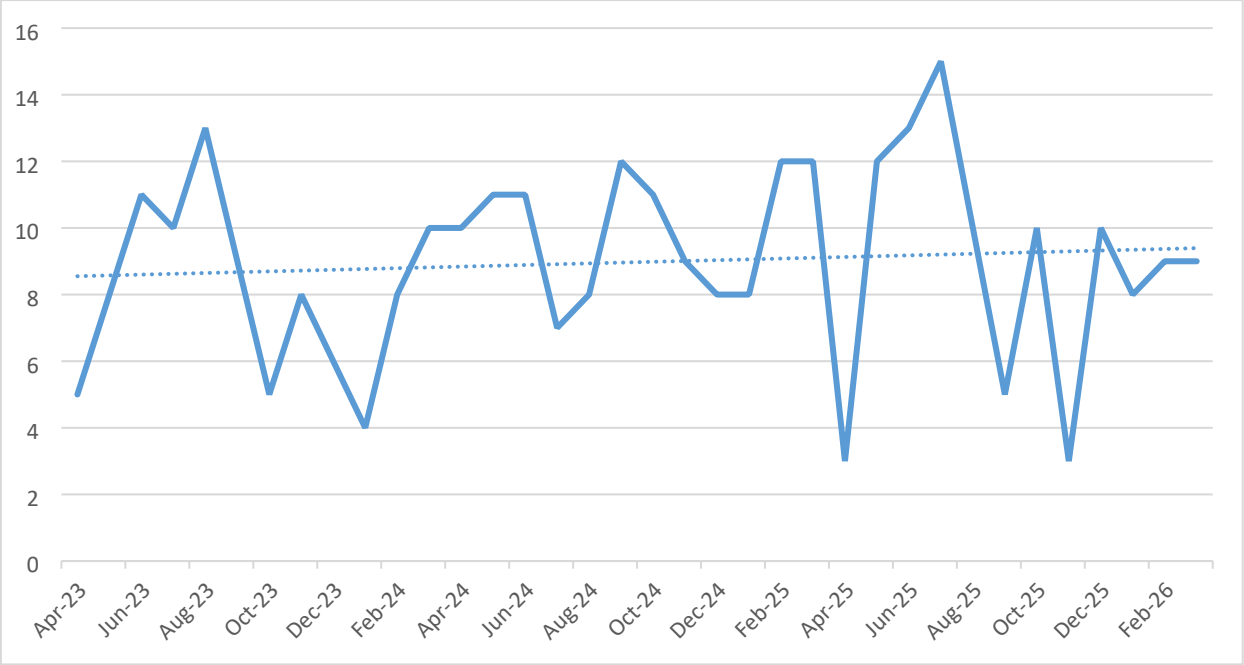
Quit your Way Orkney Service (QYWO)

In 2025/26, the two priority actions for QYWO were to increase smoking cessation referrals by 5% on the previous year and to provide evidence-based specialist smoking cessation support while continuing vaping cessation advice.

Increasing Referrals

Throughout the year, QYWO undertook sustained engagement to increase referrals and improve service visibility. Work included refreshing printed resources in priority areas, engaging GP practices and hospital teams, promoting the service to hospitality venues and partner organisations, and supporting maternity pathway implementation. It also included improving links with community pharmacies, and raising awareness of smoke-free site policy processes through induction, staff communications and digital displays. The 2025–2026 referral target was 127, representing a 5% increase on 2024–2025. By the end of March 2026, QYWO had received 108 referrals, achieving 85% of the annual target. Referral numbers declined during the middle of the year before improving modestly in the final quarter (Figure 1.3). The year-end position indicates a need to strengthen referral pathways, particularly within acute services, mental health settings and other priority population pathways.

Figure 1.3: *Referrals to QYWO (for all services) per month April 2023 – March 2026*



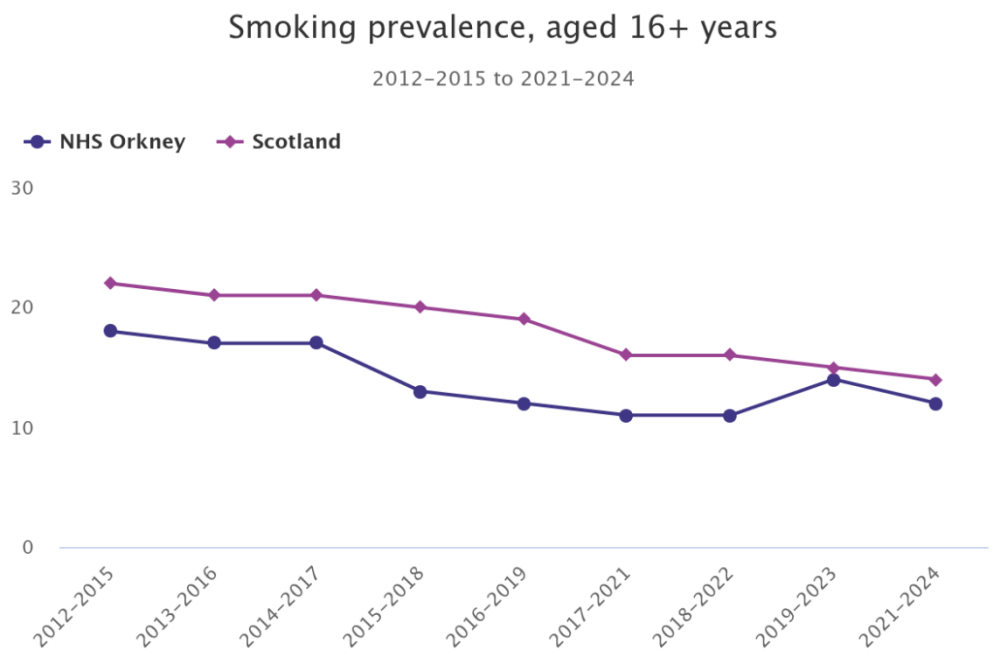
Annual referrals in 2025–2026 did not meet the target, they did however exceed the 97 referrals received in 2023–2024 (Table 1.1).

Table 1.1: *Referrals to QYWO (for all services) per financial year*

Financial Year	2023 - 2024	2024 - 2025	2025 - 2026
All QYWO Referrals	97	121	108

It should be noted that referral growth is affected by declining smoking prevalence, making year-on-year increases in active clients more challenging (Figure 1.4).

Figure 1.4: *Smoking prevalence in all adults aged 16+ Years – Scotland and Orkney*
(Source: ScotPHO profiles)



Provision of evidence-based Specialist Support

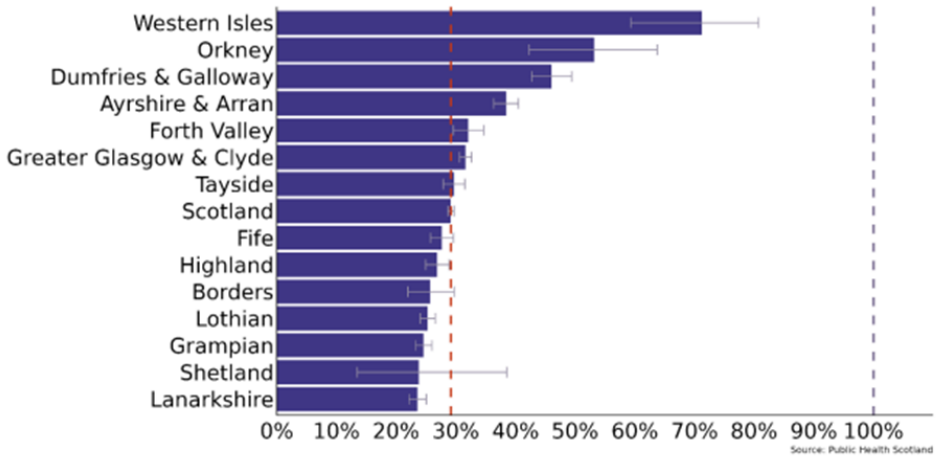
Throughout 2025/26, QYWO have focused on maintaining and improving the quality and consistency of QYWO support whilst ensuring the specialist smoking cessation provision and vaping cessation advice are evidence-based.

A structured Continuing Professional Development (CPD) programme was established in 2025/26, including shared learning with island board colleagues and partners. Administrative Standard Operating Procedures (SOPs) were reviewed and updated, template letters and emails were reviewed and an annual review process introduced. A QYWO Development Day was held in March 2026 to review the service against NICE guidance NG209 and identify future improvement priorities. This work has informed the Quit Your Way Orkney action plan for 2026–2027.

Orkney was ranked the second-best performing health board in Scotland for both the 4-week and 12-week quit rate in the 2024/25 annual report on NHS stop smoking services published by Public Health Scotland in October 2025. The report showed that 53.2% of individuals who received support from Orkney stop smoking services remained smoke-free at the 12-week follow-up, compared with a national average of 29.2% (red dashed line) shown in Figure 1.5. These findings indicate the level of sustained engagement achieved among those accessing support.

Figure 1.5: *Percentage of successful quit attempts at 12 weeks by NHS Board 2024/25*
(Source: NHS stop smoking services Scotland - April 2024 to March 2025)

Figure 4. Percentage of successful quit attempts at twelve weeks (95% confidence intervals) by NHS Board; 2024/25[ii]



12 Month follow up Quality Improvement Project

In 2024, QYWO introduced a quality improvement project to advise all service users who had sustained a 12-week quit that contact would be attempted 12 months after their quit date to review longer-term outcomes. Contact with the individuals who set quit dates in 2024/25 therefore commenced in 2025/26. Successful contact was made with 31 possible individuals, whilst 13 were lost to follow-up. The 12-month follow-up process has provided an opportunity both to acknowledge sustained success and to offer early intervention and re-engagement where relapse has occurred. Of the 31 individuals contacted at 12-month follow-up, more than half of those contacted had sustained their quit and remained smoke-free. Of those individuals who had smoked more than five cigarettes since their 12-week quit follow-up who had not re-engaged with the QYWO service themselves before this point, over a quarter re-engaged with QYWO support following contact at the 12-month follow-up.

Vaping service

Use of vaping products (also known as vapes, electronic cigarettes or e-cigarettes) continues to increase amongst the population in Scotland. These can be a useful tool for those who are quitting tobacco use. However, vapes are not recommended for those who have never smoked tobacco. Most vaping products contain nicotine, a highly addictive compound that is found in all tobacco products. Therefore, those who use vaping products can have a level of nicotine addiction which can present challenges if they wish to stop their use.

QYWO took a decision to start a pilot between June 2024 – June 2025 to support individuals who are exclusively addicted to using nicotine containing vapes only. The pilot design was informed by the most up-to-date guidance available at the time from National Centre for Smoking Cessation and Training (NCSCT). NCSCT guidance emphasises the importance of

patients making an informed decision on their readiness to quit vaping. It is advisable that vaping cessation should only be attempted when the individual is not at risk of relapsing back to smoking tobacco.

The vaping cessation support in QYWO consists of a one-off appointment to provide the client with information and advice on stopping vaping informed by the most up-to-date guidance we have available to us. The service aims to:

- Provide the client with the space to explore stopping vaping if they're ready to do so and the possible strategies they could use to stop vaping.
- If appropriate, facilitate the planning of a quit attempt.
- Provide physical / digital resources to support the quit attempt e.g. 'Vaping Tips' Information Sheet and an Action Plan.

Each client who attends a vaping cessation support appointment is asked for consent to follow-up on their quit attempt 3 months after the quit attempt.

In 2025/26, there were 10 new clients in the QYWO service who were provided the vaping support service.

Good Food Nation Plan

The development of a local Good Food Nation Plan harnesses resources and structures, with the aim of progressing positive food system change and to create a healthier, fairer and more sustainable food system in Orkney. The Good Food Nation (Scotland) Act 2022 requires both Local Authorities and Health Boards to publish a Good Food Plan within 12 months following Section 10 of the Good Food Act coming into Force; planned in April 2027. Whilst both Local Authorities and Health Boards are required to produce their own plans, there is scope for working together across areas where there is shared responsibility.

Preparation for the Good Food Nation Plan is led by the NHS Orkney Facilities Team and supported by the Health Improvement Team and the Public Health Dietician. The local multi-agency steering group is working to plan further, visible community engagement sessions in 2026/27 that will inform the development of local Good Food Nation plans.

Healthy Weight

Over the past six years, healthy weight work within NHS Orkney's Health Improvement Team has related closely to the implementation of the Type 2 Diabetes Framework and the Tier 2

and 3 Child and Adult Weight Management Standards. In 2025/26, the multi-agency steering group continued meeting on a quarterly basis. The project management and budgetary responsibilities were held in Health Improvement and the Lead Dietitian in NHS Orkney is the clinical lead for this work. Actions to progress this work in 2025/26 include provision of weight management services across tiers, delivery of HENRY training and delivery of Type 2 Diabetes education. The Health Inequalities Impact Assessment relating to the programme was updated and actions identified. Following this, training was delivered to Health Improvement Team by Hearing and Dual Sensory Services.

Children

Health, Exercise and Nutrition for the Really Young (HENRY) is a Tier 1 programme delivered in small groups to parents of children aged 0-5 years which began delivery in Orkney during 2024/25. Programmes include support for parents across a wide range of topics around fussy eating, eating well on a budget, physical activity and understanding children's behaviour. No full programmes have been delivered across 2025/26 due to low engagement from parent groups despite programmes being available both online and in person, during the day and the evening. Promotional activities are ongoing across the community and through social media to increase awareness and engagement in the programme. However, there was delivery of four HENRY two-hour workshops with a total of 18 in attendance in 2025/26. Specific topics including Fussy Eating, Starting Solids, Looking After Ourselves and Understanding Children's Behaviour.

Six NHS Orkney staff across Health Improvement, Dental Health and Health Visiting are completing core training from February 2026. All are scheduled to undertake facilitator training in September 2026, enabling local delivery of programmes and workshops. The increased facilitator capacity will improve flexibility and sustainability of delivery, while the involvement of trusted practitioners working closely with families is expected to enhance engagement and uptake.

Increased community awareness of Child Healthy Weight Services has been supported through presence at Community Wellbeing Events. 2025/26 saw the delivery of five health improvement roadshows to five of the outer isles, one of which included the delivery of a HENRY workshop in person.

Adults

The Tier 2 Digital lifestyle change programme for weight management delivered by Second Nature continued procurement in 2025/26 and 24 weight management patients commenced this programme in 2025/26. The aim of the programme is to help individuals build healthier habits and reduce their symptoms of developing lifestyle diseases. Access to the app includes

a personalised health coaching, peer group support, tracking technology, structured education, recipes and food diary.

Health psychology is a specialist area of psychology that focuses on how biological, psychological and social factors influence health, illness and healthcare. It explores how people stay healthy, why they get ill and how they respond once they are ill. It is a combination of science and practice. NHS Orkney's Health Psychology service was established in 2021 and treated 17 weight management patients in 2025/26. The service sits within NHS Orkney's Psychological Therapies service, allowing for close working with mental health services, dietetics, public health, and physiotherapy.

In 2025/26, there was a reduction in referrals for weight management in 2025/26, with 71 referrals compared with 81 the previous year. In addition to procuring the services above, NHS Orkney Health Improvement Team include a Public Health Dietician who provides clinical time to weight management services.

The Public Health Dietitian and Health Psychologist, in conjunction with the Health Improvement Team, have initiated delivery of the Tier 3 Weight Management Group Programme in early 2026. On completion this will be reviewed and assessed with regards to continuing regular delivery.

Type 2 Diabetes Remission Interventions

During 2025/26, there have been 111 persons newly diagnosed with Type 2 diabetes. 'Control It' is a Tier 2 group education session for people who are newly diagnosed Type 2 diabetes patients or patients diagnosed with pre-diabetes. This programme aims to encourage self-management skills.

Table 1.2: *'Control It' sessions in 2025/26*

No of sessions	No. of participants	No. referral from healthcare professional	No. opted in from invite	No. who did not attend who opted for resources ('Control It' participant booklet, and a range of Diabetes UK resources)	Total persons engaged
7	34	16	18	34	68

To improve numbers of patients attending education sessions or receiving resources, opt in letters were sent to patients with an HbA1c over 75mmol/mol, as they were identified as the patients with Type 2 diabetes least well controlled. A self-referral form has also been developed and promoted on the 'Your Health' aspect of the NHS Orkney website.

The 'MyDESMOND' programmes provide individuals with access to a flexible, online platform to support learning and self-management of diabetes in a way that suits their needs. Within NHS Orkney, three 'MyDESMOND' programmes are offered: a Type 2 Diabetes Education

Programme, Let's Prevent (for individuals with pre-diabetes) and Baby Steps (for gestational diabetes).

From 1 April 2025 to 31 March 2026, a total of 33 referrals were received across the three programmes. Of those referred, 29 individuals registered and actively used the programmes:

A key development during this reporting period was the introduction of a referral and self-referral pathway and SOP, which were implemented in September 2025 to improve access to the service and streamline referral processes.

Since their introduction, there has been a noticeable increase in engagement with 22 referrals received through the new processes.

The 'MyDESMOND' programmes has continued to be promoted in 2025/26 by the Health Improvement Team, through a range of approaches to ensure both professionals and the public are aware of the support available. These include promotion at in-person events and community engagement activities, social media activity through NHS Orkney channels and ongoing engagement with referrers across primary care and other services. These are encouraging individuals to take up digital self-management support at a time that suits them.

In 2025/26, to meet the potential needs of reduced dietetic workforce capacity, the Public Health Dietician completed training in the Counterweight Plus diabetes remission programme. As an established resource in Orkney, this programme runs parallel to the National Digital Programme launched in March 2026.

Physical Activity

Staff Health and Wellbeing

A continued focus has been placed in 2025/26 on supporting NHS Orkney staff to be more active during the working day. Building on previous work, walking routes and simple exercise resources remain widely promoted to staff, encouraging movement during breaks, lunch periods and walking meetings. These resources have been supported through internal communications, including emails, screen displays and staff engagement activity.

Communication and Awareness Raising

In 2025/26, a monthly physical activity communications plan has been developed and implemented, supporting regular and consistent messaging to both staff and the public. Content has focused on promoting the benefits of physical activity, sharing practical tips, and encouraging small, achievable changes that support long-term behaviour change. Alongside this, there has been ongoing promotion of the UK Chief Medical Officer physical activity guidelines, ensuring clear and consistent messaging around recommended activity levels and the importance of movement for health and wellbeing.

Additionally, the Voluntary Action Orkney service directory has been promoted to staff to increase awareness of local opportunities and support signposting to community-based activities.



Service Development and Resources

Several physical activity resources have been developed and distributed during 2025/26:

•Move, Play, Grow resource - developed to support parents and carers to build physical activity into everyday family life, with continued promotion across relevant services and community settings

•Ageing Well webpage - developed and launched on the NHS Orkney website to provide accessible information on maintaining strength, balance and independence in later life, and to promote the Ageing Well Service

- Development of video-based sessions for the Ageing Well service, aiming to provide an accessible alternative to previous in-person sessions and expand reach across the community
- Creation of a physical activity resource for people living with long-term conditions, designed to improve awareness of suitable opportunities and support pathways.

MAP (Motivation, Action, Prompts and Cues of Health Behaviour Change) training

MAP training is designed by NHS Education for Scotland to build the knowledge, skills and confidence of practitioners working in any service where a person's health and wellbeing could be enhanced by making changes to their behaviour. The learning programme equips learners with up to date, evidence-based behaviour change techniques to effectively structure behaviour change conversations in a person-centred manner. MAP is for practitioners working with adults and supporting adults themselves to make behaviour changes. The Health Improvement Team have trainers trained to deliver MAP training who have delivered four courses of MAP training in the course of 2025/26 (Table 3).

Table 1.3: *MAP courses delivered in 2025/26*

No. of Courses (two session each)	No. of participants registered	No. of participants attending both sessions
4	38	28

All the sessions were held online and were a mixture of Orkney based participants and those from other health boards.

Equitable Health and Care

➡ Foster a health and social care system that delivers equity, prevention and early intervention

Health and care services have a key role in protecting and maintaining health in an equitable way. This includes equitable access to preventative vaccinations, and early identification of disease through screening as well as effective protection from disease through health protection services.

Additionally, when considering equitable health and care we need to consider equity of all health care services. The Health Improvement Team have supported NHS Orkney's work to deliver equitable health and care throughout 2025/26. This includes leading Equality Impact Assessments (EQIAs) on policies, leading the completion of Health Inequality Impact Assessment update on weight management and diabetes prevention services programme and supporting NHS Orkney to develop their Equality Outcomes Plan 2026 -2029. In 2025/26, the Health Improvement Team worked with Health Intelligence to identify NHS orkney admission data which could support further understanding of equity relating to NHS unscheduled care services. The Health Improvement team will continue to support the Equality Outcome Plan 2026-2029 in the coming years.

Chapter 2: Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues, to reduce the health impacts relating to these. It is essential for protecting the health of the population. It involves:

- Preventing the transmission of communicable diseases
- Managing outbreaks and other incidents which threaten the public health
- Ensuring the safety and quality of food, water, air, and the general environment
- Immunisation Programmes

To be effective, Health Protection is a multi-disciplinary activity. The NHS Orkney Health Protection Team (HPT) works closely with teams in Primary Care, Secondary Care, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that an integrated approach to the health of the public across Orkney is maintained.

Notifiable Infections

The HPT receives notifications for many notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Most, but not all, notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, they should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory, then the laboratory should notify the relevant HPT.

Diseases are notified to ensure that the health board is aware of where significant diseases are being found in the community. Having this information lets the HPT take steps to control the spread of infectious diseases and to protect the local community.

The pattern of notified infections in 2025/26 reflected continued circulation of a range of gastrointestinal and respiratory pathogens. Table 2.1 presents notified cases, some of which may not have been laboratory confirmed. Compared with 2024/25, notifications decreased for several infections, including campylobacteriosis, norovirus, pertussis, seasonal influenza and E. coli infection. In contrast, small increases were observed for tuberculosis, which rose from no reported cases in 2024/25 to fewer than five cases in 2025/26. Compared with 2023/24, increases

were observed for cryptosporidiosis, giardiasis, pertussis, norovirus, seasonal influenza and tuberculosis, while notifications of campylobacteriosis and E. coli infection were lower. Given the small numbers involved, year-to-year variation should be interpreted with caution.

Table 2.1: *Number of notifications of infectious diseases/organisms reported by financial year (Source: NHS Orkney HP Zone clinical system)*

Diagnosis	Case Numbers by year		
	2023-2024	2024-2025	2025-2026
Acute Hepatitis E	0	*	0
Campylobacteriosis	31	30	22
Clostridium difficile associated disease (CDAD)	7	7	*
Cryptosporidiosis	*	11	10
E.coli infection (non STEC, and including urinary)	33	17	12
E. coli STEC (Shiga toxin-producing Escherichia coli)	*	*	0
Giardiasis	0	*	*
Hepatitis B	*	0	0
Hepatitis C	0	*	0
iGAS (Invasive Group A Streptococcal Disease)	*	*	0
Legionnaires Disease	0	0	0
Listeriosis	0	0	0
Mpox	0	0	0
Measles	0	0	0
Meningococcal Meningitis	0	*	0
Mumps	0	0	0
Neisseria meningitidis	0	0	0

Norovirus	5	54	29
Mycobacterium (non-tuberculous)	*	0	0
Pertussis	0	17	6
Respiratory syncytial virus	*	11	*
Salmonellosis	*	*	*
Scabies	*	0	0
Seasonal Influenza	16	52	39
Tuberculosis	*	0	*

** Denotes fewer than 5.*

***Please note this data is unpublished and therefore is subject to change*

Influenza

The 2025/26 influenza season in Scotland started earlier than is typically observed. Influenza activity increased from baseline to low levels in ISO (International Organization for Standardiaton) week 45 of 2025 (3-9 November) and reached the high activity threshold by ISO week 49 (1-7 December). Although this rise occurred at a similar time to the previous two seasons, peak activity was reached earlier, in week 49, whereas peak activity occurred in week 51 during the 2024/25 season and week 52 during the 2023/24 season. Activity then declined rapidly, returning to low levels by the end of December 2025 and to baseline levels by ISO week 4 of 2026. Influenza A was the predominant circulating strain nationally and was also the predominant strain identified within NHS Orkney.

NHS Orkney recorded 39 confirmed seasonal influenza cases between September 2025 and March 2026, compared with 54 over the same period in 2024/25. Activity in Orkney began earlier than in the previous season, with two cases reported in week 39 and a steady rise through November. The highest weekly total was recorded in week 1 of 2026, with 9 cases, after which activity reduced substantially, and only isolated cases were reported from late January onwards. This indicates that, although the 2025/26 season had fewer confirmed cases overall than 2024/25, local influenza activity was concentrated in the winter period and broadly reflected the timing of increased national respiratory virus circulation.

COVID-19

Asymptomatic health and social care testing ceased in health and social care settings on 3rd June 2024, with a pause having been in place since the 28th of September 2022. NHS Orkney HPT only monitor reported case numbers in the general population but continue to offer support to care home teams in their management of any linked cases – of which there were none within the reporting period.

Reported COVID-19 activity remained extremely low throughout 2025/26 (Table 2.2). A total of 11 confirmed cases were notified to the Health Protection Team, representing a further reduction from 25 cases in 2024/25 and 96 cases in 2023/24. No care-home linked cases were reported during the year.

Table 2.2: *General population confirmed COVID-19 cases reported to NHS Orkney Public Health team for the defined period against (in brackets) those linked to care homes.*

(Source: NHS Orkney HP Zone clinical system)

COVID-19 CASES	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
2023-2024 (care home linked cases)	16 (3)	13 (5)	10 (1)	7 (1)	9 (6)	6 (1)	14	6	4	4	6	1	**96 (17)**
2024-2025 (care home linked cases)	1	0	11	9 (3)	3	0	0	0	0	1 (1)	0	0	**25 (4)**
2025-2026 (care home linked cases)	0	0	1	0	3	4	0	0	2	0	0	1	**11 (0)**

**Please note this data is unpublished and therefore is subject to change*

Outbreaks

Care homes

Since April 2025, there have been two outbreaks of infection in Orkney care homes which have been managed by the HPT. A summary follows.

Two gastrointestinal outbreaks were reported in care homes during 2025/26, affecting a total of 21 residents and staff. No respiratory outbreaks were identified. Although no causative pathogen was confirmed, prompt implementation of infection prevention and control measures aimed to limit transmission and support recovery. In addition to outbreak-associated cases, a further 18 gastrointestinal illnesses with no confirmed pathogen were reported across care homes during the year.

The HPT works closely with the Infection Prevention Team (IPT), particularly during periods of outbreak, to ensure all mitigation measures have been correctly applied, and appropriate procedures are being followed.

Education settings

Two outbreaks of gastrointestinal illness were reported in educational settings during 2025/26. The Health Protection Team provided advice and support to schools on exclusion periods, environmental cleaning, communication with parents and monitoring of illness trends.

The HPT has input into the Collaborative Community Care Group (CCCG) meetings, which are scheduled fortnightly, and include representatives from the IPT, individual care homes, local authority, 3rd sector partners, pharmacy, primary care and the Care Inspectorate.

Immunisation Programmes

Vaccination remains one of the most effective public health interventions for protecting children and the wider population from serious infectious diseases. High uptake provides direct protection to vaccinated children and contributes to population protection, including for people who are too young or unable to be vaccinated. Maintaining high and equitable uptake therefore remains a priority for NHS Orkney.

The high vaccination uptake rates across Scotland and in Orkney correlate with low numbers of outbreaks of vaccine-preventable diseases. As uptake improves and vaccine-preventable diseases become less common in the population, the need for

vaccines appears less obvious and there is a risk that uptake declines and diseases re-emerge.

The incidence of serious vaccine-preventable disease in Orkney remains very low. The absence of sustained transmission of conditions such as measles, rubella, diphtheria and polio reflects the continuing success of vaccination programmes and the importance of maintaining high uptake across all communities.

Vaccine-preventable Diseases

Vaccine-preventable diseases are those for which a vaccine is available. In Orkney and across Scotland the prevalence of vaccine-preventable diseases is low (Table 2.3).

The low incidence of vaccine-preventable diseases in Orkney reflects the continuing success of immunisation programmes and the high levels of vaccine uptake achieved across many population groups.

The figures presented below relate to laboratory-confirmed vaccine-preventable diseases and differ from notifiable disease surveillance data presented elsewhere in this report. Differences may occur because notifiable disease reporting and laboratory-confirmed surveillance datasets are collected for different public health purposes.

***Table 2.3**: Information on rates of confirmed Vaccine-preventable Diseases in Orkney (Sources: NHS Orkney HP Zone clinical system, Nordhaven data, Public Health Scotland (PHS))*

Vaccine-preventable Diseases	
Chickenpox	MMRV started to be offered routinely to children in Scotland from January 2026, replacing MMR as the routine vaccine offered at 12 months and 3 years 4 months and adding protection against varicella (chickenpox). Chickenpox is not a notifiable disease in Scotland.
COVID-19	The first case was seen in Orkney in March 2020. The World Health Organisation (WHO) declared on 5th May 2023 that

	COVID-19 was an established and ongoing health issue which no longer constituted a public health emergency of international concern. Global circulation of this virus continues.
Diphtheria	There have been no cases of confirmed diphtheria infection in Orkney since 2014.
Gonorrhoea	Opportunistic gonococcal vaccination for individuals at increased risk of infection commenced in sexual health services in August 2025. Since 2023/24, 19 gonorrhoea diagnoses have been recorded through the Nordhaven Sexual Health Clinic. Gonococcal infection is not a notifiable disease in Scotland.
Haemophilus influenzae	There have been no cases of confirmed invasive *H. influenzae* type b infection in Orkney since 2014
Hepatitis A	Hepatitis A vaccination is only offered to some at-risk groups. There have been fewer than 5 confirmed acute Hepatitis A cases in Orkney since 2014, and none since 2022/23.
Hepatitis B	There have been no cases of confirmed acute Hepatitis B infection in Orkney since 2014
Human Papillomavirus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland. A study published in January 2024 found that no cervical cancer cases had been detected in fully vaccinated women following the HPV immunisation at age 12-13 since the programme started in Scotland in 2008. The HPV programme has also been associated with a marked

	reduction in high-grade cervical pre-cancerous changes among young women.
Influenza	Influenza activity varies substantially between seasons. Following a relatively mild 2023/24 season, Scotland experienced very high influenza activity during winter 2024/25. Activity remained lower during 2025/26, although circulation began earlier than is typically observed and remained concentrated in the winter months. Influenza A remained the predominant circulating strain in Scotland and in Orkney.
Measles	There have been fewer than 5 confirmed measles cases in Orkney since 2014, and none since 2022/23.
Meningococcal disease	There have been 5 confirmed cases in Orkney since 2014, and none since 2023/24.
Mpox	Smallpox vaccination began being offered to protect individuals at high risk of mpox from 2022. There have been fewer than 5 confirmed cases in Orkney since 2022, and none since 2022/23.
Mumps	There have been 11 cases of laboratory-confirmed mumps in Orkney, mostly in 2019/2020 with none since.
Pertussis (whooping cough)	There have been 25 laboratory-confirmed cases of whooping cough in Orkney since 2019, with 9 of these in 2024/25. Pertussis activity increased across Scotland during 2024 and continued to be reported during 2025/26.
Pneumococcal disease (13 serotypes)	There have been fewer than 5 cases of confirmed invasive pneumococcal infection in Orkney since 2014, and none since 2023/24.

Poliomyelitis	There have been no cases of confirmed poliomyelitis infection in Orkney since 2014.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in Scotland was 1283 in 2012, and 102 in 2021.
RSV (Respiratory Syncytial Virus)	A respiratory syncytial virus (RSV) vaccination programme for pregnant women and older adults was introduced in August 2024. Since implementation, only 15 RSV cases have been reported to the Health Protection Team. RSV is not a notifiable disease in Scotland
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Varicella-zoster (Shingles)	Rates of admissions and GP consultations for shingles show higher rates in the more susceptible older age groups. There seems to be a slight decrease in admissions in Scotland since the introduction of shingles vaccine in 2013 in the cohorts of eligible individuals.
Tetanus	There have been no confirmed cases of tetanus in Orkney since 2014.
Tuberculosis (TB)	TB vaccination is only offered to certain at-risk groups. The incidence of TB in Orkney is lower than the Scottish average, with 7 confirmed cases since 2014.

**Please note this data is unpublished and therefore is subject to change*

Definitions

Uptake is the proportion of eligible individuals who received a vaccine during a specific period, excluding those previously vaccinated. Coverage is the proportion of eligible individuals who have been vaccinated up to a specific date, regardless of when they received the vaccine. This represents a snapshot at a single point in time.

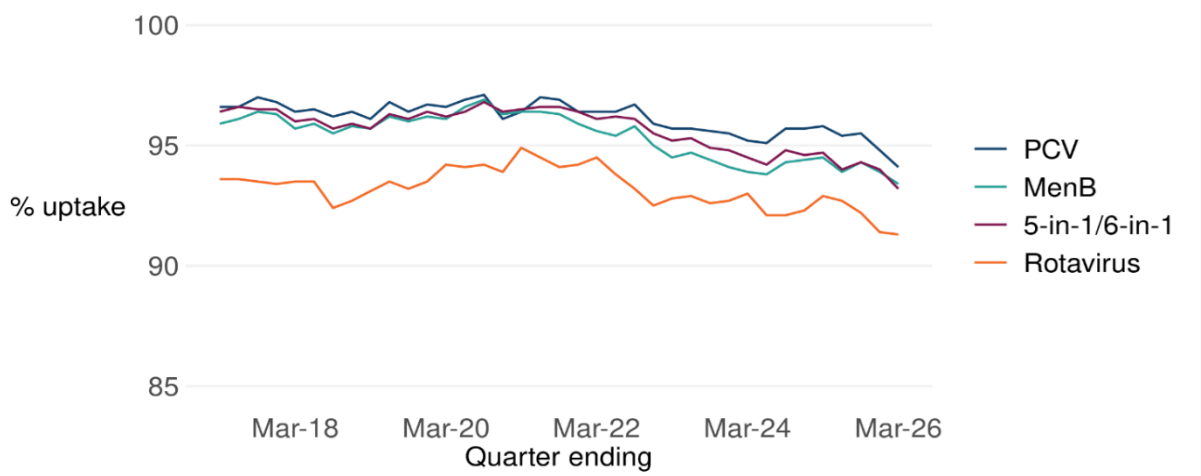
Childhood Immunisation

The routine childhood immunisation schedule underwent important changes during 2025/26. The most significant development was the introduction of the combined measles, mumps, rubella and varicella (MMRV) vaccine from January 2026, providing protection against chickenpox as part of the routine childhood programme. A new routine immunisation appointment at 18 months of age was also introduced following advice from the Joint Committee on Vaccination and Immunisation (JCVI).

Children in Scotland are offered vaccines protecting against diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, hepatitis B, pneumococcal disease, rotavirus, meningococcal disease, measles, mumps, rubella and varicella. HPV and additional meningococcal vaccination are offered later through the school immunisation programme.

In Scotland, uptake rates for routine childhood immunisations have shown a gradual decline over the past decade, although overall coverage remains high. Figure 2.1 demonstrates the quarterly uptake trends for primary infant immunisations among children turning 12 months of age.

***Figure 2.1**: Trend in primary immunisation uptake rates of children in Scotland turning 12 months of age, by quarter (Source: [PHS quarterly childhood statistics report up Mar 2026](#))*



In Orkney, the Vaccination Service took over responsibility for vaccinating babies from Heilendi, Skerryvore, Dounby, and Daisy Villa GP Practices in April 2023. Previously, the practices had dealt with appointment-setting, however, since the transfer of responsibility NHS Orkney moved to using the national Scottish Immunisation and Recall System (SIRS) to make appointments and contact patients and their families.

Table 2.4 demonstrates that childhood vaccination uptake in Orkney remained high during 2025. Uptake rates at 12 months of age increased across all routine infant immunisations compared with 2024 and exceeded the Scottish average for every vaccine programme. Orkney uptake at 24 months was lower than in the previous year for most routine childhood vaccines and was slightly below the Scottish average for the 6-in-1 primary course, although uptake remained above the Scottish average for MMR, Hib/MenC, pneumococcal and MenB booster vaccinations. At 5 years of age, Orkney uptake was also lower than in the previous year for most routine childhood vaccines but remained consistently higher than the Scottish average across all routine childhood immunisations. Orkney uptake at 6 years of age remained significantly above the Scottish average for all reported vaccinations and had increased since the previous year for all routine childhood vaccines.

Overall, childhood vaccination uptake remained high in Orkney during 2025 and continued to compare favourably with national performance. Uptake rates at 12 months and 6 years increased compared with 2024, while uptake at 5 years remained consistently high. Although lower uptake was observed at 24 months, most

vaccination measures remained above the Scottish average. As local annual cohorts are small, year-to-year percentage changes should be interpreted with caution.

Maintaining high uptake across all age groups will remain essential to ensure continued protection from vaccine-preventable diseases and to prevent the re-emergence of infections such as measles and pertussis.

***Table 2.4**: Childhood vaccination uptake rates for NHS Orkney and Scotland, as a percentage.* (Source: PHS Vaccination Surveillance Dashboard)

Childhood Immunisations Uptake	2022		2023		2024		2025	
	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
Uptake by 12 months								
6-in-1 vaccination*	97.7	95.7	96.9	95.0	95.2	94.4	97.4	94.2
Pneumoccocal (PVC) primary course	96.5	95.8	93.8	95.2	94.5	95.1	98.1	95.1
Rotavirus primary course	94.2	93.1	92.5	92.5	91.5	92.2	94.9	92.2
Meningococcal B (MenB) primary course	97.1	94.7	95.0	93.8	94.5	93.7	96.8	93.9
Uptake by 24 months								

6-in-1 primary course	98.5	96.6	98.8	96.2	96.4	95.9	94.5	95.3
Measles, mumps & rubella (MMR) 1	97.0	93.9	98.3	93.0	95.2	92.8	94.5	92.1
Hib/MenC	97.0	93.7	97.7	93.0	95.2	92.9	94.5	92.1
PCV Booster	95.2	93.4	97.7	92.9	94.0	92.7	94.5	92.3
MenB booster	96.0	93.2	97.7	92.3	94.6	92.3	94.5	91.8
Uptake by 5 years								
MMR 1	95.2	95.2	96.3	95.2	97.5	95.1	96.6	95.4
Hib/MenC	95.7	94.5	94.9	94.5	97.1	94.3	95.6	94.7

4 in 1 booster: diphtheria, tetanus, pertussis (whooping cough), polio	93.7	91.1	94.9	89.6	95.1	89.3	96.1	90.1
MMR2	93.7	90.5	93.9	89.1	95.6	88.7	94.1	89.7
Uptake by 6 years								
MMR 1	97.6	94.8	97.5	94.1	94.7	94.6	97.1	94.9
4 in 1 booster	96.2	92.6	97.0	91.1	93.8	90.5	95.7	90.7
MMR2	96.2	91.9	96.5	90.4	93.3	90.0	95.2	90.0

**6-in-1 vaccination: diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB)*

HPV Vaccination and other teenage boosters

Several vaccine programmes are delivered in secondary schools, providing protection against human papillomavirus (HPV), tetanus, diphtheria, poliomyelitis and meningococcal disease (types A, C, W and Y). Opportunities are also provided to catch up on missed routine childhood vaccinations, including MMR. Uptake rates for school-age immunisations in Orkney and Scotland are shown in Table 2.5.

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine has been offered to girls in secondary schools since 2008. Following advice from JCVI the programme was extended to adolescent boys during the 2019/20 academic year.

The HPV vaccine helps to protect against the main cause of cervical cancer. Scotland is the only UK nation consistently hitting the 90% HPV vaccination target in S4 girls, and its success is further demonstrated by research showing that, since HPV vaccination was introduced in 2008, no cervical cancer cases have been detected in Scotland in women who were fully vaccinated at age 12-13.

Scotland is aiming to become one of the first countries in the world to eliminate cervical cancer as a public health problem. The World Health Organization (WHO) has defined elimination targets based on three key interventions: HPV vaccination, cervical screening and timely treatment of cervical disease. In 2024, the Scottish Government established a Cervical Cancer Elimination Expert Group to consider how Scotland can achieve these targets. Scotland's long-standing HPV vaccination programme, together with its organised cervical screening and treatment programmes, provides a strong foundation for making cervical cancer a rare disease in future generations.

The school immunisation programme utilises a mixed-model delivery approach, with young people registered with island practices invited to attend primary care appointments and vaccinations delivered in schools on the mainland. Young people who miss the initial offer are re-invited throughout their school career to maximise vaccine uptake.

HPV vaccination uptake remained high in Orkney during 2024/25. Uptake of the HPV programme by S4 was 88.7%, exceeding the Scottish average of 82.9%. Uptake by S3 was 81.1%, matching the Scottish average. The higher uptake achieved by S4 pupils reflects both successful delivery of the routine programme and the effectiveness of catch-up opportunities for those who miss their initial vaccination appointment.

Uptake of the teenage tetanus, diphtheria and polio booster was 69.3% in 2024/25, broadly comparable with the Scottish average of 70.1%. Uptake of the MenACWY vaccination programme increased to 70.2%, matching the Scottish average and representing an improvement compared with previous years.

Overall, uptake of school-age immunisations in Orkney remains comparable with national performance. The sustained high uptake of HPV vaccination is particularly encouraging given its critical role in preventing cervical cancer and supporting Scotland's ambition to eliminate cervical cancer as a public health problem. Continued efforts to maximise attendance at vaccination sessions and deliver timely catch-up opportunities will remain important to ensure all young people benefit from protection against vaccine-preventable diseases.

Table 2.5: Teenage booster uptake rates for NHS Orkney and Scotland, as a percentage, by the end of school year. Source: PHS Vaccination Surveillance Dashboard

Teenage boosters Uptake	**2021/22**		**2022/23**		**2023/24**		**2024/25** (latest available data)	
	Orkney	**Scotland**	**Orkney**	**Scotland**	**Orkney**	**Scotland**	**Orkney**	**Scotland**
Human papillomavirus (HPV) completed course (S3)	92.1	87.2	84.1	85.2	87.7	81.6	81.1	81.1
Human papillomavirus (HPV) completed course (S4)	88.1	91.5	89.8	87.9	88.7	86.3	88.7	82.9
Tetanus, diphtheria and polio (S4)	67.1	71.6	63.6	68.6	69.1	68.9	69.3	70.1
Meningococcal types ACWY (S4)	66.7	71.7	63.6	68.7	68.7	68.9	70.2	70.2

Adult Immunisation Programmes

Overall, uptake of adult immunisation programmes in Orkney remained strong during 2025/26, with performance frequently exceeding the Scottish average. Uptake of both spring and autumn/winter COVID-19 vaccinations remained higher than national rates overall. Uptake among people aged 75 years and over was also higher than the Scottish average, although performance varied between other eligible groups. Seasonal influenza vaccination uptake continued to compare favourably with Scotland, with NHS Orkney achieving the highest overall adult influenza vaccine uptake in Scotland during 2025/26. Uptake of maternal pertussis vaccination remained high, although a reduction was seen compared with previous years.

The introduction of new and expanded vaccination programmes continues to broaden protection against vaccine-preventable disease. These include the national RSV vaccination programme for older adults and pregnant women, the expanded shingles programme using Shingrix, and the introduction of opportunistic MenB vaccination within sexual health services to reduce the risk of gonorrhoea in eligible groups. While uptake of some programmes, including pneumococcal and shingles dose 1 vaccination, was lower than the Scottish average, completion rates among those who commenced vaccination remained high, particularly for shingles. Maintaining high uptake across eligible groups will remain important to reduce serious illness, hospitalisation and mortality from vaccine-preventable diseases.

Pertussis (Whooping Cough) Vaccination for pregnant women

Pertussis is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Pertussis is spread in the droplets of the coughs and sneezes of someone with the infection. An increase in pertussis cases was seen across the UK and Europe from late 2023, continuing into the first half of 2024. In the 2024/25 reporting period, Orkney had nine confirmed cases (compared to an overall total of 12 confirmed cases in the years prior to that).

A single dose of Pertussis/whooping cough vaccine is offered to all pregnant women by the midwifery team during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

The uptake rates of the pertussis vaccination programme, available in Table 2.6, have remained high over recent years. Although uptake in Orkney fell to 80.3% in

2024/25 and was slightly below the Scottish average of 83.0%, coverage remains good and continues to provide important protection to infants during the first weeks of life before they become eligible for routine childhood vaccinations.

Table 2.6: Pertussis Vaccination uptake rates, as a percentage,

for Orkney and Scotland. (Source: PHS Vaccination Surveillance Dashboard)

Pertussis Vaccination uptake rates	Orkney	Scotland
2021/22	90.4	83.1
2022/23	89.9	82.8
2023/24	89.2	82.3
2024/25 (latest available)	80.3	83.0

Respiratory Vaccination Programme

Respiratory vaccination programmes remain a cornerstone of winter preparedness. COVID-19, influenza and RSV continue to contribute to hospital admissions, outbreaks in care settings and pressure across health and social care services during the winter months. High vaccine uptake among eligible groups therefore remains essential to protect individuals at greatest risk of severe disease and to support the resilience of local services.

2025 Spring COVID-19 Vaccination Programme

The COVID-19 vaccination programme commenced at the end of 2020 in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI) focussing on the protection of health and social care staff and systems. The main aim of the COVID-19 Programme remains the prevention of severe illness, hospitalisations and deaths in those most at risk. However, 2024 saw the beginning of a transition from pandemic response to that of routine immunisation.

A spring booster dose of COVID-19 began to be offered, in Spring 2024, to a smaller number of high-priority groups which were considered at higher risk of serious illness, boosting their protection. This was to be offered to a limited number of individuals.

Spring COVID-19 vaccination uptake remained higher overall in Orkney than Scotland across the three years shown. In 2025, uptake among the total eligible population was 67.2% in Orkney compared with 60.6% nationally. Uptake among people aged 75 years and over remained higher than the Scottish average, at 71.2% compared with 68.2%. Uptake among residents of older adult care homes was slightly lower than the Scottish average, at 76.3% compared with 79.5%. Results for the differently defined weakened-immunity cohorts should be interpreted separately and with caution, particularly where local eligible populations are small. The percentage uptake of Spring COVID-19 vaccinations in eligible groups in Orkney and Scotland can be seen in Table 2.7.

Table 2.7: COVID-19 Spring vaccination uptake rates (surveillance view), as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Uptake COVID-19 (Spring)	**2023**		**2024**		**2025**	
	***Orkney**	**Scotland**	***Orkney**	**Scotland**	***Orkney**	**Scotland**
Older People Care Home Residents	93.8	90.9	83.3	81.6	76.3	79.5
Aged 75+ years	84.1	82.7	75.3	72.9	71.2	68.2
Severely Weakened Immune System	59.4	60.2	n/a	n/a	n/a	n/a
Weakened Immune System	59.7	57.7	59.6	45.7	42.0	56.7
Age 6mo + with weakened immunity	n/a	n/a	25.0	6.9	25.0	7.8
Total Eligible	**78.4**	**76.6**	**71.2**	**65.2**	**67.2**	**60.6**

**Please note this data is unpublished and therefore is subject to change*

2025/26 Autumn/ Winter Covid Vaccination Programme

The Autumn/Winter Vaccination (COVID-19 and Influenza) Programme is delivered annually in Orkney. The 2025/26 programme commenced in September 2025. Appointment letters, emails or texts were sent to most individuals eligible for vaccination in Orkney, with the exception of those residents in care homes for the

older adults, who received the vaccine in that setting. Drop-in sessions were available throughout the campaign.

Eligibility for the COVID-19 vaccination programme was narrowed for the 2025/26 programme, with healthcare and social care workers, and pregnant women no longer eligible. The programme is now targeted to those at highest risk of hospitalisation and mortality – predominantly older adults and individuals with severely weakened immune systems.

Autumn/Winter COVID-19 vaccination uptake in Orkney remained higher than the Scottish average across the three seasons shown in Table 2.8. Overall uptake was 66.3% in 2023/24, 58.7% in 2024/25 and 70.4% in 2025/26, compared with Scottish uptake rates of 56.6%, 47.4% and 65.4% respectively. Uptake in Orkney was higher than the Scottish average in most eligible groups during 2025/26, with particularly strong performance among people with weakened immune systems and among several at-risk adult and child cohorts, where Orkney achieved the highest uptake in Scotland. Uptake among residents of older adult care homes and those aged 75 years and over remained high and broadly comparable with national performance.

The apparent increase between 2024/25 and 2025/26 should be interpreted in the context of changes to programme eligibility. In 2025/26, vaccination was targeted towards a smaller population at greatest risk of severe illness, hospitalisation and death. Uptake in Orkney was higher than the Scottish average among people aged 75 years and over and among the weakened immune system cohort. Orkney also recorded the highest uptake in Scotland in several at-risk adult, child and young person cohorts, although the small size of these local eligible populations means that percentages can be affected substantially by small differences in the number vaccinated.

High uptake among older adults and clinically vulnerable groups remains important in reducing COVID-19-related hospitalisation, severe disease and mortality during the winter period.

Table 2.8: COVID-19 Autumn-Winter vaccination uptake rates (surveillance view), as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Uptake COVID-19 (Autumn-Winter)	2023-24		*2024/25		2025/26	
	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
Older People Care Home Residents	87.1	85.6	86.3	81.5	79.8	80.0
Aged 75+ years	84.3	84.1	78.2	76.6	74.3	73.5
Aged 65+ years	n/a	n/a	n/a	n/a	n/a	n/a
Aged 65-74 years	78.4	74.7	71.4	63.4	n/a	n/a
At risk aged 18 to 64 years	n/a	n/a	44.0	27.6	52.0⁺	37.5
At risk aged 12 to 17 years	52.7	36.8	n/a	n/a	33.3⁺	12.9
At risk aged 5 to 11 years	n/a	n/a	22.9	7.3	33.3⁺	9.4
At risk aged 6 months to 4 years	8.1	6.9	12.9	6.0	50.0⁺	9.9
At risk aged 6 months to 64 years	14.3	5.1	19.4	6.3	n/a	n/a
Weakened Immune System	n/a	n/a	n/a	n/a	60.1⁺	45.8
Frontline Health Care Workers	70.1	59.4	58.6	47.0	n/a	n/a
All Social Care Workers	42.3	35.1	28.4	23.5	n/a	n/a
Total **Eligible**	**66.3**	**56.6**	**58.7**	**47.4**	**70.4**	**65.4**

**Please note this data is unpublished and therefore is subject to change ⁺indicates highest uptake in Scotland*

2025/26 Seasonal Influenza Immunisation Programme

Seasonal influenza remains an important cause of serious illness, hospital admission and winter pressure across health and social care services. Vaccination is the principal means of reducing severe influenza and its complications among eligible groups.

Eligibility for adult seasonal influenza vaccination focuses on those at greatest risk of severe illness, including older adults, people in clinical risk groups, pregnant women, unpaid carers, and frontline health and social care workers. The childhood programme is offered to preschool children, primary school pupils, secondary school pupils, and children aged six months to two years in clinical risk groups. In addition to protecting vaccinated children, the childhood programme helps reduce wider transmission of influenza.

NHS Orkney achieved the highest overall adult influenza vaccine uptake in Scotland in 2025/26. Uptake among eligible adults was 64.3%, compared with 55.5% across Scotland, and remained broadly stable from 65.0% in 2023/24 and 64.2% in 2024/25. Uptake was higher than the Scottish average across all adult cohorts reported for 2025/26. This included residents of older adult care homes, people aged 65 years and over, at-risk adults aged 18 to 64 years, healthcare workers and social care workers.

Uptake among residents of older adult care homes remained high at 87.4%, despite a small decrease from 89.7% in 2024/25, and remained above the Scottish average of 82.6%. No explanation for this small change can be established from the uptake data alone. Among healthcare workers, uptake decreased from 66.8% in 2024/25 to 52.2% in 2025/26, in line with a reduction across Scotland, while remaining the highest health-board uptake nationally.

Overall childhood influenza vaccination uptake in Orkney was 57.0% in 2025/26, slightly below the Scottish average of 58.4% and lower than the 62.6% achieved locally in 2024/25. Uptake remained above the Scottish average among primary school pupils, but was below the national rate among children aged six months to two years in clinical risk groups, preschool children and secondary school pupils. Continued efforts to improve uptake among these groups will remain important.

The percentage uptake of flu vaccinations in different eligible groups can be seen in Table 2.9.

Table 2.9: Influenza Autumn-Winter vaccination uptake rates (surveillance view), as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Uptake Influenza Vaccine (Autumn-Winter)	2023-24		2024-25		*2025/26	
	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
Residents in older adult care homes	88.2	86.3	89.7	83.8	87.4	82.6
Aged 75+ years	84.1	84.7	82.2	80.6	81.7	81.0
Aged 65+ years	n/a	n/a	78.3	74.1	77.2	74.6
Aged 65-74 years	78.9	75.7	74.7	68.7	73.0	69.1
At risk aged 18 to 64 years	58.5	42.2	52.7	34.6	52.9+	38.9
At risk aged 18 to 64 years (flu only)	40.4	26.6	n/a	n/a	n/a	n/a
Weakened Immune System	73.5	64.1	73.7	61.8	n/a	n/a
All Health Care Workers	55.3	42.2	66.8	57.4	52.2+	42.0
All Social Care Workers	35.1	25.9	23.7	17.2	24.5	18.5
Total Adult Flu	**65.0**	**53.7**	**64.2**	**53.2**	**64.3+**	**55.5**
At risk aged 6 months to 2 years	39.8	50.0	37.5	40.7	28.6	40.1
Pre-school (2-5 years)	48.8	57.1	58.6	50.3	40.6	50.8
Primary School	69.0	73.4	73.7	68.1	68.4	67.0

Secondary School (under 18 years)	52.9	51.6	52.4	53.1	50.8	52.2
Total Children Flu	**51.6**	**59.2.**	**62.6**	**59.2**	**57.0**	**58.4**

**Please note this data is unpublished and therefore is subject to change*

Respiratory Syncytial Virus vaccine programme

Respiratory syncytial virus (RSV) is a major respiratory virus that is common over the winter period, typically November to February. While the symptoms are mild for many, RSV accounts for around 30,000 hospitalisations of children under 5 in the UK annually, and for 20 to 30 infant deaths.

The RSV vaccine began to be offered in Scotland from August 2024 to older adults and pregnant women. RSV Vaccination Uptake and coverage in pregnant women change from week to week as the denominator (eligible women) also change. The number of RSV vaccines given to pregnant women and recorded in Discovery on 27/08/2026 was 103 in 2024/25 and 38 in 2025/26.

RSV can also be severe in older adults, causing pneumonia and flare-ups of existing lung disease and other long-term conditions. It causes around 9,000 hospitalisations in those aged over 75 in the UK each year.

RSV vaccination started to be offered in August 2024 to those turning 75 between 01/08/24 and 31/07/2025, and those already aged 75 – 79. Unlike the annual influenza vaccine, RSV is currently a one-off offer and a single dose schedule. Table 2.10 provides uptake of RSV vaccination in older adults across Orkney and Scotland.

Table 2.10: RSV Vaccination Uptake in older adults, as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

RSV Vaccination Uptake	**2024-25**		**2025-26**	
	Orkney	**Scotland**	**Orkney**	**Scotland**
Turning age 75	70.0	70.0	65.9	68.8
Aged 75 – 79 years	70.8	70.8	16.6	15.9
Older adults total	**70.7**	**70.7**	**39.0**	**38.3**

**Please note this data is unpublished and therefore is subject to change.*

RSV vaccine uptake among older adults in Orkney was comparable with the Scottish average. Uptake among individuals turning 75 years of age was 65.9% in 2025/26 compared with 68.8% nationally. As the programme was only introduced in August 2024, uptake and coverage will continue to evolve as newly eligible cohorts are offered vaccination. The programme has the potential to substantially reduce RSV-related hospital admissions among older adults and severe disease in young infants through maternal vaccination.

Pneumococcal Immunisation Programme

The pneumococcal vaccine provides protection against pneumococcal infections which may result in life-threatening invasive disease, such as pneumonia, meningitis, and septicaemia. The pneumococcal vaccine is recommended for all people aged 65 years and over (as a one-off vaccine offer), and people aged 2 to 64 years old who are at higher risk of developing complications from a pneumococcal infection. A full list of those eligible for the pneumococcal vaccine is available on NHS inform. There is also a routine infant programme for babies from age 12 weeks.

As the eligible population for pneumococcal vaccination in Orkney is relatively small, year-to-year variation should be interpreted with caution. Uptake in 2025/26 was lower than the Scottish average in most eligible groups, particularly among people aged 65 years and over (Tables 2.11, 2.12). Coverage also remained lower than the Scottish average overall, indicating an area where further improvement may be possible.

Table 2.11: Pneumococcal Vaccination Uptake as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Pneumococcal Vaccination	Uptake for 2023-24		Uptake for 2024-25		Uptake for 2025-26	
	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
At risk aged 2 to 64 years	34.1	15.2	14.5	21.4	11.4	12.0
Aged 65+ years	13.8	17.3	12.6	16.1	9.2	20.7

Pneumococcal every 5 years	14.7	16.3	6.8	14.5	14.3	8.0
TOTAL	**21.0**	**16.4**	**13.2**	**18.3**	**9.9**	**17.0**

**Please note this data is unpublished and therefore is subject to change.*

Table 2.12: Pneumococcal Vaccination Coverage as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Pneumococcal Vaccination	Coverage to 31 March 2025		Coverage to 31 March 2026	
	Orkney	Scotland	Orkney	Scotland
At risk aged 2 to 64 years	54.3	55.5	55.2	56.8
Aged 65+ years	72.6	77.4	71.9	79.5
Pneumococcal every 5 years	34.1	31.4	30.4	29.1
TOTAL	**68.6**	**71.2**	**68.3**	**73.1**

**Please note this data is unpublished and therefore is subject to change.*

Herpes Zoster (Shingles) Immunisation Programme

The Herpes Zoster Immunisation Programme started in 2013. The shingles vaccine reduces the risk of developing shingles and the risk of complications, including post-herpetic neuralgia, a neuropathic pain that can persist for months or years and becomes more common and severe with increasing age, and ophthalmic shingles, which can lead to optic nerve damage.

From September 2023, the shingles programme in Scotland was expanded by lowering the routine eligible age from 70 to 60 years through a phased 10-year implementation. Since 1 September 2023, all newly eligible individuals have been offered Shingrix, a non-live shingles vaccine given as a two-dose schedule, and Zostavax is no longer used. In November 2024, JCVI recommended extending eligibility for those with severely weakened immune systems from adults aged 50

years and over to those aged 18 years and over, providing protection at a younger age for this clinically vulnerable group.

The shingles vaccination programme runs from 1 September to 31 August. Appointments are offered to eligible individuals, and referrals are also received from clinicians. Current eligible groups include people aged 65 on or after 1 September 2023, people aged 70 to 79 years who have not previously received shingles vaccination, and people aged 18 years and over with a severely weakened immune system or who are about to start immunosuppressive therapy.

Tables 2.13, 2.14, and 2.15 provide the latest Shingrix uptake and coverage data for Orkney and Scotland. In 2025/26, first-dose uptake in Orkney was lower than the Scottish average overall, at 21.2% compared with 30.1%. Uptake was lower than the Scottish average in most eligible groups, including those aged 65 years (48.5% compared with 56.9%), aged 70 years (52.5% compared with 65.7%), aged 71-79 years (2.9% compared with 7.7%) and those aged 18 years and over with a severely weakened immune system (16.9% compared with 25.5%). Differences should be interpreted in the context of the phased implementation of the programme, previous vaccine eligibility and the relatively small size of local eligible populations.

Despite lower first-dose uptake, completion of the two-dose Shingrix schedule remained exceptionally high in Orkney. Overall, second-dose uptake was 80.4% compared with 38.1% across Scotland. Uptake exceeded the Scottish average in most eligible groups, including those aged 65 years (90.8% compared with 34.8%), those aged 70 years (94.2% compared with 39.7%), and adults with severely weakened immune systems. This indicates strong recorded second-dose uptake among people eligible for their second dose during the reporting period.

Overall shingles vaccination coverage to 31 August 2025 was broadly comparable between Orkney and Scotland, at 68.4% and 69.4% respectively. Coverage exceeded the Scottish average among those aged 65 years, those aged 66-67 years, and people aged 50 years and over with a severely weakened immune system. The relatively low first-dose uptake observed in the 66-67 year and 71–79-year age groups should be interpreted in the context of previous programme eligibility, as many individuals within these cohorts had already been offered shingles vaccination in earlier years.

Table 2.13: Shingrix (Shingles) Vaccination Dose 1 uptake rates as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

	2023-24	2024-25	2025-26

Shingrix (Shingles) Vaccination Dose 1 Uptake	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
Aged 65 years	63.9	62.5	53.4	60.2	48.5	56.9
Aged 66 years	n/a	n/a	53.4	60.2	n/a	n/a
Aged 66-67 years	n/a	n/a	n/a	n/a	4.7	6.4
Aged 70 years	60.5	65.6	56.3	67.8	52.5	65.7
Aged 71-79	14.1	20.1	8.6	7.9	2.9	7.7
Aged 18+ with severely weakened immune system	n/a	n/a	n/a	n/a	16.9	25.5
Aged 18-49 with severely weakened immune system	n/a	n/a	n/a	n/a	25.8	26.6
Aged 50+ with severely weakened immune system	48.4	58.6	31.9	26.1	13.1	24.8
TOTAL	**37.9**	**45.3**	**29.9**	**35.5**	**21.2**	**30.1**

**Please note this data is unpublished and therefore is subject to change.*

Table 2.14: Shingrix (Shingles) Vaccination Dose 2 uptake rates as a percentage, for Orkney and Scotland. (Source: Discovery 27/08/2026)

Shingrix (Shingles) Vaccination Dose 2 Uptake	**2023-24**		**2024-25**		**2025-26**	
	Orkney	**Scotland**	**Orkney**	**Scotland**	**Orkney**	**Scotland**
Aged 65 years	90.4	78.6	94.1	78.8	90.8	34.8
Aged 66 years	n/a	n/a	59.3	62.2	n/a	n/a
Aged 66-67 years	n/a	n/a	n/a	n/a	44.4	36.2
Aged 70 years	94.7	88.7	92.2	84.2	94.2	39.7
Aged 71-79	78.4	63.2	77.1	64.4	38.8	38.6
Aged 18+ with severely weakened immune system	n/a	n/a	n/a	n/a	73.4	42.7
Aged 18-49 with severely weakened immune system	n/a	n/a	n/a	n/a	95.7	41.2
Aged 50+ with severely weakened immune system	93.0	83.7	80.0	58.7	61.0	43.3
TOTAL	**89.1**	**79.1**	86.9	74.3	**80.4**	**38.1**

**Please note this data is unpublished and therefore is subject to change.*

Table 2.15: Shingles Vaccination Coverage as a percentage,

for Orkney and Scotland. (Source: Discovery 27/08/2026)

Shingles Vaccination Coverage	Coverage to 31 August 2025	
	Orkney	Scotland
Aged 65 years	52.2	48.8
Aged 66 years	n/a	n/a
Aged 66-67 years	61.7	60.3
Aged 70 years	56.3	58.6
Aged 71-79	74.9	78.1
Aged 50+ with severely weakened immune system	65.6	60.1
TOTAL	**68.4**	**69.4**

**Please note this data is unpublished and therefore is subject to change.*

Vaccination Programmes delivered through Sexual Health Services

Sexual health services play an important role in delivering targeted vaccination programmes to individuals at increased risk of vaccine-preventable infections. In addition to routine immunisation programmes, vaccinations may be offered opportunistically through sexual health services to reduce the risk of infections that disproportionately affect specific population groups, including human papillomavirus (HPV), mpox and gonorrhoea.

The Nordhaven Sexual Health Clinic, delivered through Skerryvore Practice, offers opportunistic vaccination to eligible individuals.

The HPV vaccine is offered through sexual health and HIV services to men who have sex with men (MSM) up to and including 45 years of age who may not have received HPV vaccination through the routine school programme. HPV vaccination

helps prevent genital warts and several HPV-associated cancers, including anal, penile and oropharyngeal cancers.

Mpox is caused by a virus like the one that causes smallpox, so vaccines designed for smallpox are expected to prevent or reduce the severity of mpox.

Following the international mpox outbreak in 2022, smallpox vaccination for protection against mpox, continues to be offered in Scotland to individuals assessed as being at increased risk of exposure. This includes some gay, bisexual and other men who have sex with men (GBMSM), some trans and non-binary people in similar sexual networks, and selected healthcare workers in higher-risk clinical settings.

Gonorrhoea is a sexually transmitted infection caused by bacteria. If untreated, infection can lead to pain in the testicles, prostate and lower belly. It also can increase the risk of infertility and pregnancy complications. In rare cases, gonorrhoea can spread through the blood to cause infections in other parts of the body such as the skin, heart and joints.

Gonorrhoea remains one of the most frequently diagnosed bacterial sexually transmitted infections in Scotland. Increasing antimicrobial resistance has created challenges for treatment internationally and has led to growing interest in preventive approaches, including vaccination. Research has demonstrated that the 4CMenB vaccine, originally developed to prevent meningococcal group B disease, also provides partial protection against gonorrhoea.

Scotland became one of the first countries in the world to introduce a national gonococcal vaccination programme in August 2025. The vaccine is offered opportunistically through sexual health services to individuals considered at increased risk of acquiring gonorrhoea. NHS Orkney implemented the programme through the Nordhaven Sexual Health Clinic. During the reporting period, six first doses and six second doses were administered locally.

Table 2.16 provides the available information on the number of Men B doses given opportunistically in Sexual Health settings for the prevention of gonorrhoea.

Table 2.16: Gonococcal vaccination doses given

for Orkney and Scotland. (Source: Discovery 27/08/2026)

Gonococcal Vaccination doses administered from August to September 2025	**Orkney**	**Scotland**
Dose 1	6	6153 doses

Dose 2	6	3591 doses

**Please note this data is unpublished and therefore is subject to change.*

Vaccination programmes delivered through sexual health services complement the routine national immunisation schedule by providing protection to individuals at increased risk of specific infections. As new evidence emerges and vaccination strategies evolve, sexual health services are expected to continue playing an important role in reducing transmission of sexually transmitted and other communicable infections and in addressing associated health inequalities.

Sexual Health

Sexual health is an important component of overall health and wellbeing. Sexual health services support the prevention, diagnosis and treatment of sexually transmitted infections (STIs), provide contraception services, promote healthy relationships, and contribute to the prevention, diagnosis and management of blood borne viruses (BBVs), including HIV, hepatitis B and hepatitis C.

During 2025/26, public health activity included further development of the Orkney Sexual Health and Blood-Borne Virus (SHBBV) Network, completion of a multi-service review of local provision, development of an SHBBV Improvement Action Plan, promotion of online postal STI self-sampling services, and preparation for implementation of the National Sexual Health Information System (NaSH).

Sexual Health and Blood Borne Virus Network

The Orkney Sexual Health and Blood-Borne Virus (SHBBV) Network was established in January 2025 to coordinate delivery of national priorities and provide local oversight of sexual health and blood-borne virus services. Its membership brings together Public Health, Nordhaven, health protection, health improvement, maternity, alcohol and drug services and specialist clinical input from NHS Grampian

During 2025/26, the Network completed a multi-service gap analysis, reviewed available data sources, agreed priorities and developed an SHBBV Improvement Action Plan. A Scottish Government and Public Health Scotland Local Area Visit took place on 10 June 2025. Subsequent feedback highlighted several strengths, including partnership working across services within a small island system, while also identifying areas for further development. NHS Orkney provided a formal

response in March 2026, setting out how the recommendations had been incorporated into the local SHBBV Improvement Action Plan.

Subsequent work identified opportunities relating to contraception pathways, access for young people and residents of the Outer Isles, engagement with gay, bisexual and other men who have sex with men (GBMSM), promotion of postal STI self-sampling services, HIV testing and awareness, PrEP, viral hepatitis surveillance, and improved collection, analysis and use of data.

During 2025/26, work was undertaken to improve awareness of and access to sexual health services. This included adding a link to online postal STI self-sampling on the Nordhaven website, promoting postal testing through local communication channels, and reviewing the accuracy of online information to ensure alignment with NHS Inform and Scottish services. Existing condom distribution routes included Nordhaven, GP practices, community settings and postal supply to individuals experiencing barriers to collection. Further work to understand access barriers affecting young people, residents of the Outer Isles and other underserved populations was incorporated into the SHBBV Improvement Action Plan.

Sexual Health Services

Sexual health services in Orkney provide testing and treatment for sexually transmitted infections, contraception services, cervical screening support, vaccination programmes and BBV testing.

NHS Orkney provides specialist sexual health services through the Nordhaven Sexual Health Clinic, delivered by Skerryvore Practice, providing both scheduled and opportunistic care. The service provides contraception, testing and treatment for sexually transmitted infections, HIV and blood-borne virus testing, HIV pre-exposure prophylaxis monitoring, vaccination and advice. It works with local, regional and national partners to improve access, reduce health inequalities and support delivery of national sexual health and blood-borne virus priorities.

The Orkney Sexual Health Service (Nordhaven Clinic)

The Orkney SH Service (OSHS), also known as the Nordhaven Clinic, provides annual reports containing information on service activity, performance against national sexual health standards, patient satisfaction and incident management.

The Nordhaven data presented in this report describe contacts with the service rather than unique individuals. A person may have more than one contact during a

reporting period and may therefore be counted more than once. The figures should consequently be interpreted as measures of recorded service activity and workload, rather than as numbers of individual service users. Where diagnostic information is recorded, the data may also include more than one contact relating to the same infection episode and should not be interpreted as numbers of unique or laboratory-confirmed diagnoses.

Figure 2.2 shows the distribution of Nordhaven contacts by recorded sex. Contacts relating to women accounted for most of the recorded activity throughout the period shown. In 2024/25, 297 contacts relating to women and 138 relating to men were recorded. Contraception was the largest service category and contributed substantially to the higher number of contacts relating to women. Contacts relating to men increased from 123 in 2023/24 to 138 in 2024/25.

Figure 2.2: Male/ Female distribution of patient contacts in the OSHS. Source: OSHS

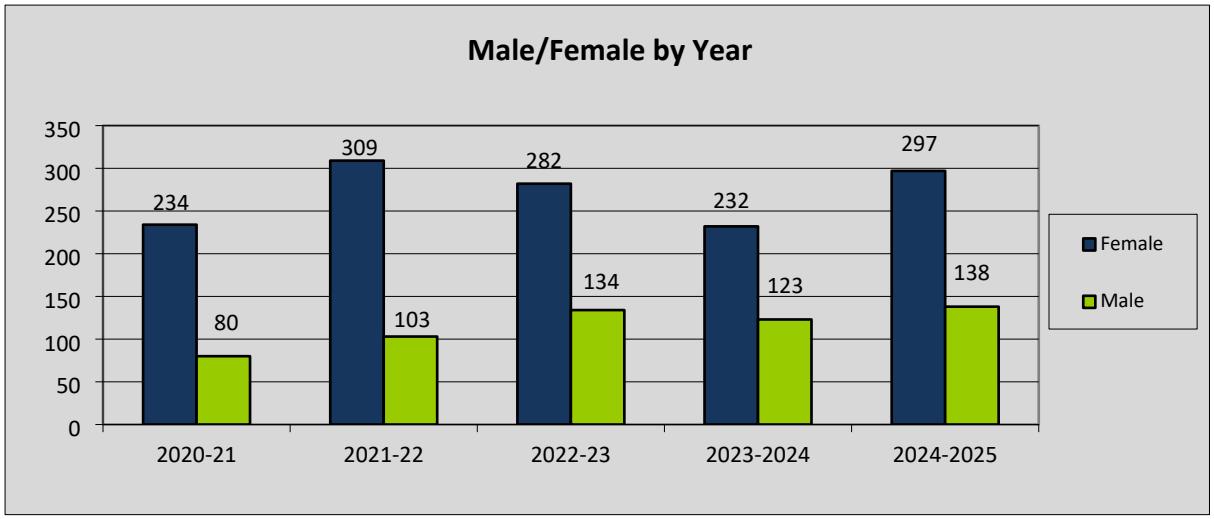


Figure 2.3 shows the age profile of contacts recorded by Nordhaven. During 2024/25, the largest groups were contacts relating to people aged 25 to 34 years, with 146 contacts, and those aged 16 to 24 years, with 140. Together, these age groups accounted for most of the recorded activity. Contacts were also recorded across older age groups, demonstrating that sexual health services support needs across the life course.

Figure 2.3: Age profile of patient contacts in the OSHS. Source: OSHS

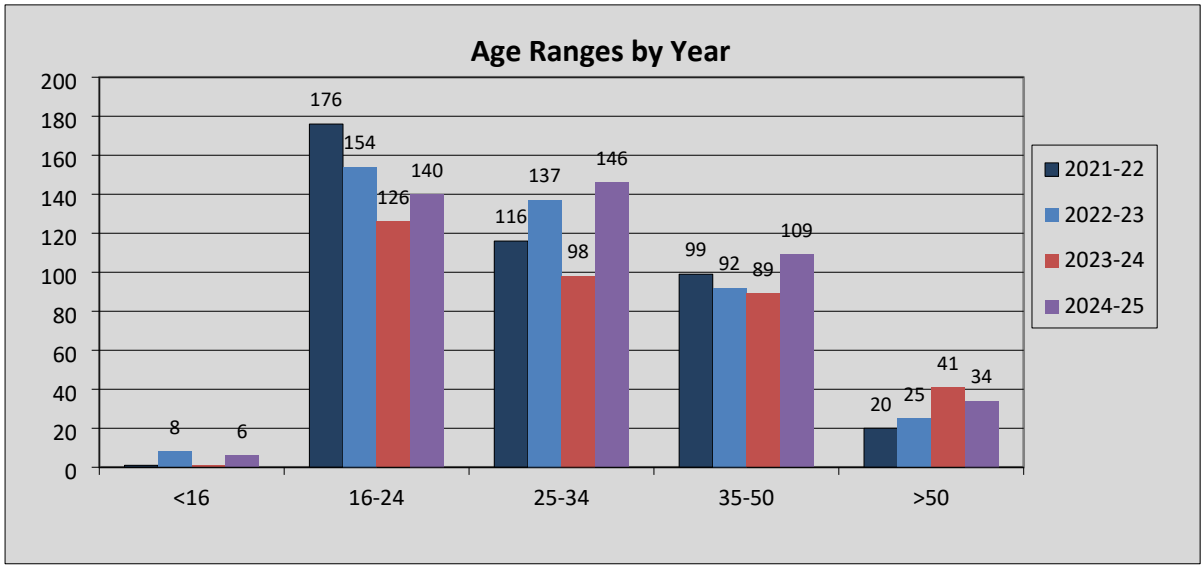


Figure 2.4 shows that recorded Nordhaven contacts relating to gay, bisexual and other men who have sex with men (GBMSM) increased from 40 in 2023/24 to 55 in 2024/25. GBMSM are a priority population for STI prevention, HIV testing, PrEP and targeted vaccination. The figures measure contacts rather than unique individuals and do not establish whether the increase reflects more people accessing the service, repeat attendance, changes in need or changes in recording. They nevertheless demonstrate continued use of these services by this priority population

Figure 2.4: Nordhaven contacts relating to GBMSM in the OSHS. Source: OSHS

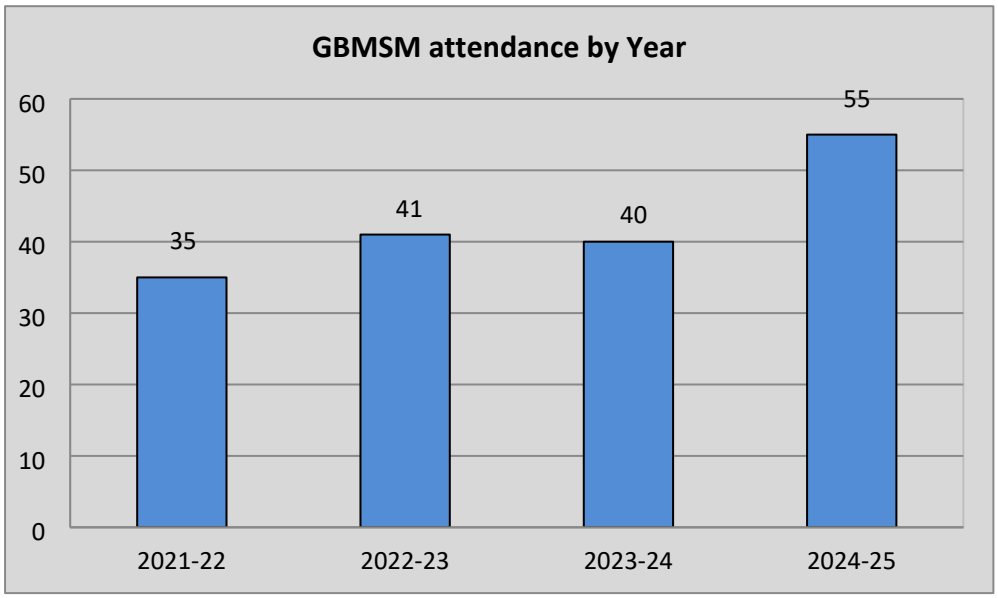


Figure 2.5 shows the ethnicity information recorded for Nordhaven contacts. The completeness of ethnicity recording improved over the period shown. In 2024/25, ethnicity information was recorded for 333 of 435 contacts, while 102 contacts had no recorded ethnicity. This compares with 239 of 355 contacts with a recorded ethnicity in 2023/24. As the data relate to contacts rather than unique individuals, the distribution cannot be interpreted as the ethnic profile of all people using the service. Continued improvement in completeness will support more robust assessment of equitable access and help identify population groups who may be under-represented in recorded service activity

Figure 2.5: Ethnicity recorded for Nordhaven contacts. Source: OSHS

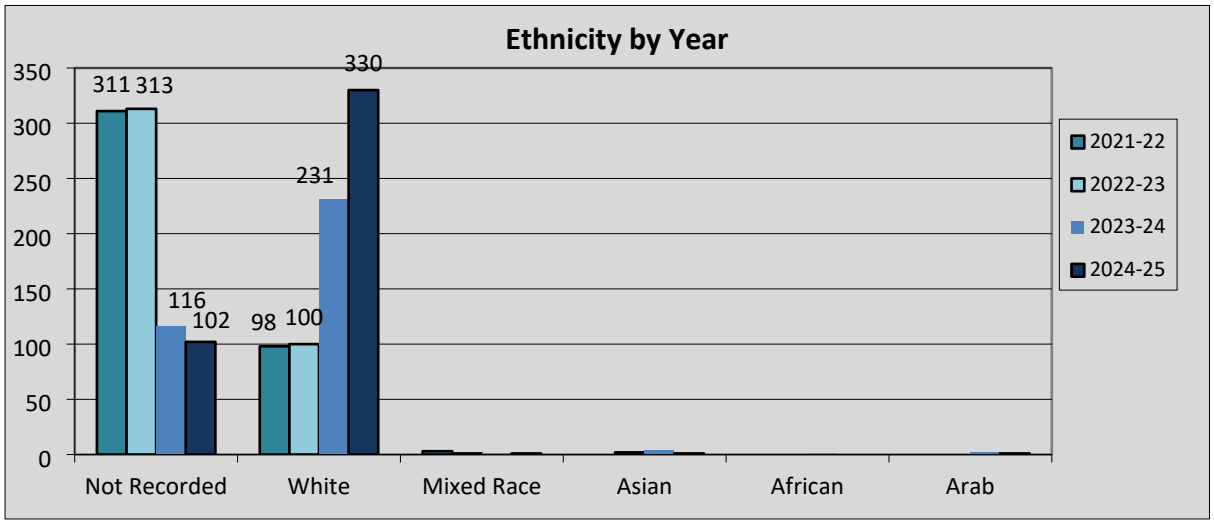


Figure 2.6 and Figure 2.7 show the main service activity recorded during Nordhaven contacts. Contraception was the most frequently recorded service category, increasing from 116 contacts in 2023/24 to 152 in 2024/25. Recorded STI screening activity increased from 72 to 113 contacts, while follow-up activity increased from nine to 21 contacts. STI contact management, assessment of STI symptoms, STI treatment and PrEP monitoring also continued to form important components of service activity.

Overall, the activity data demonstrate that Nordhaven provides a broad range of contraception, reproductive health, STI, HIV-prevention and infection-management services.

Figure 2.6: Main service activity recorded during Nordhaven contacts. Source: OSHS

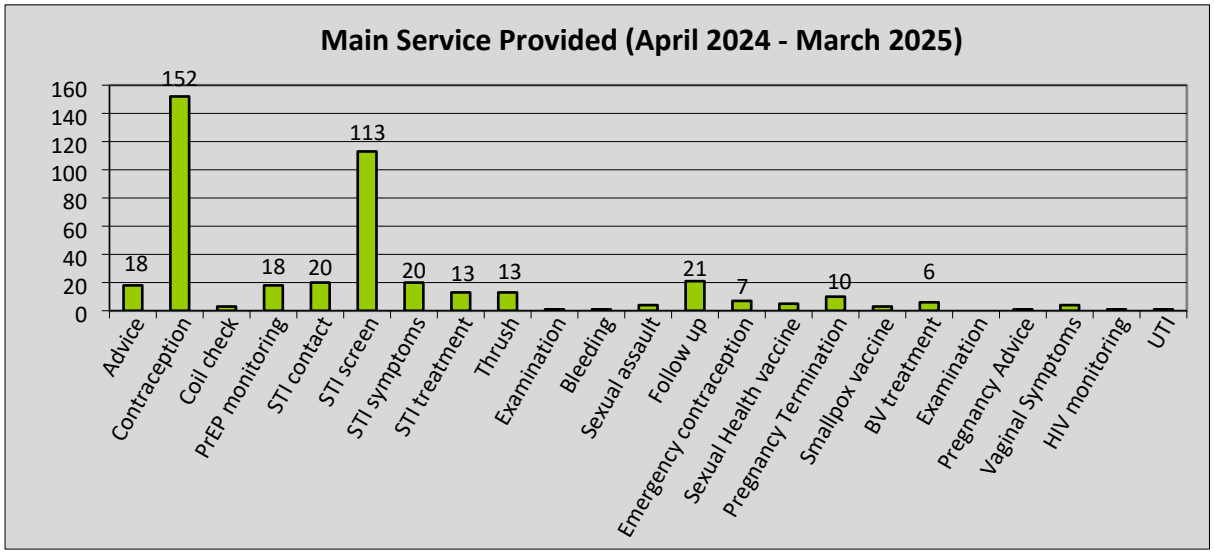
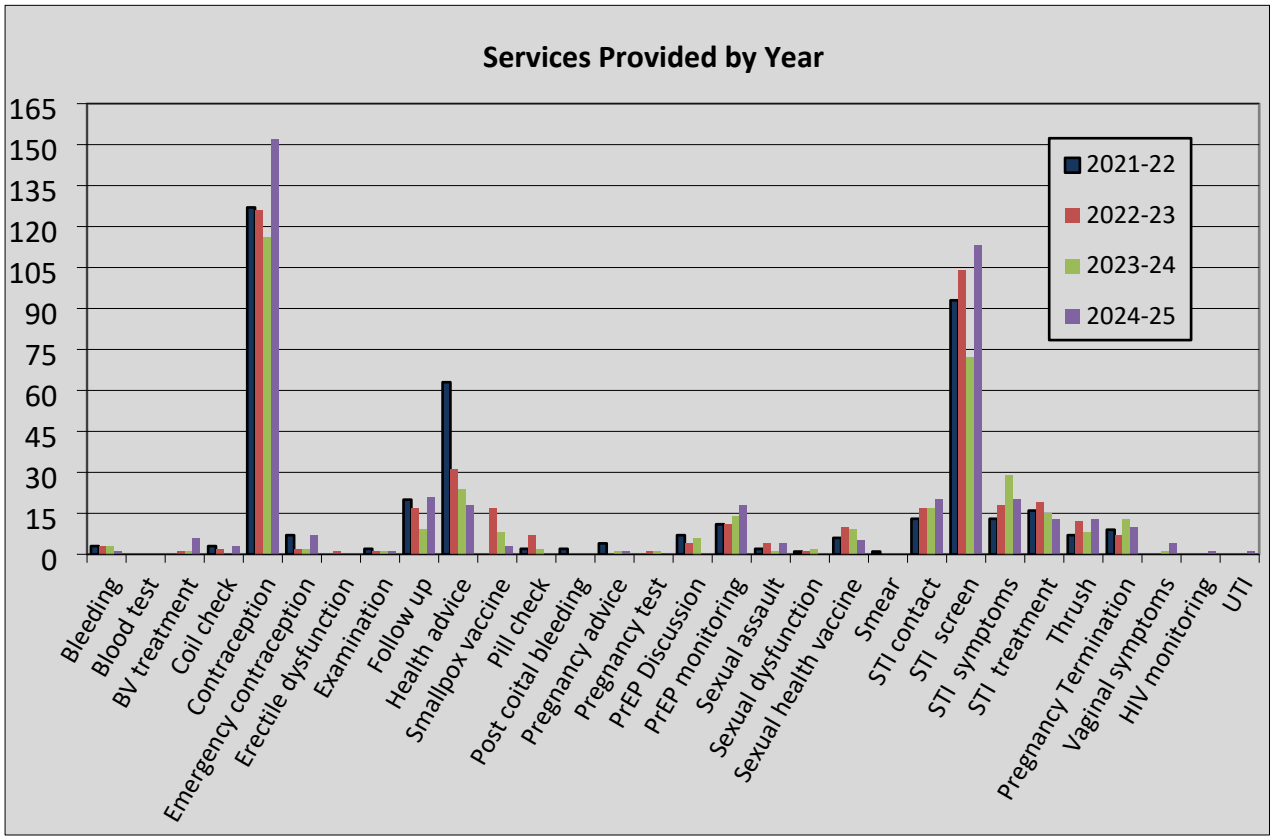


Figure 2.7: Main service activity recorded during Nordhaven contacts. Source: OSHS



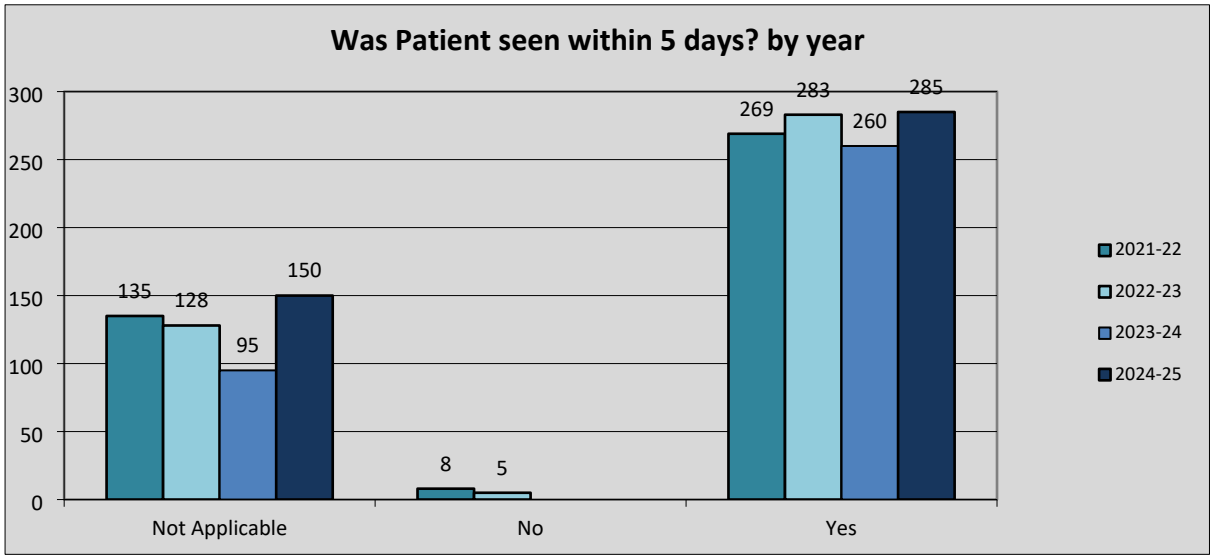
Timely access to sexual health services is important because delays can increase the risk of onward transmission of infection, unplanned pregnancy and poorer health outcomes.

Priority conditions include known exposure to a STI or BBV, recent sexual assault, symptoms of STI, individuals diagnosed with a STI, requests for emergency contraception or termination of pregnancy, women who have run out of hormonal contraceptives, those who are late for contraceptive injections or individuals who are aged under 16 years.

The service standard is that at least 80% of people presenting with a priority condition should be offered an appointment within two working days. Nordhaven contact records indicate that all priority contacts included in the dataset for 2023/24 and 2024/25 were recorded as seen within two days.

Figure 2.8 shows recorded Nordhaven contacts according to whether review within five days was applicable and achieved. Contacts classified as “not applicable” related mainly to planned contraception procedures and routine care where urgent review was not clinically required. In 2023/24 and 2024/25, all contacts recorded as requiring review within five days were seen within that timeframe. This demonstrates full recorded achievement of the five-day measure during both years, although the figures relate to contacts rather than unique individuals.

Figure 2.8: Nordhaven contacts recorded as seen within 5 days. Source: OSHS

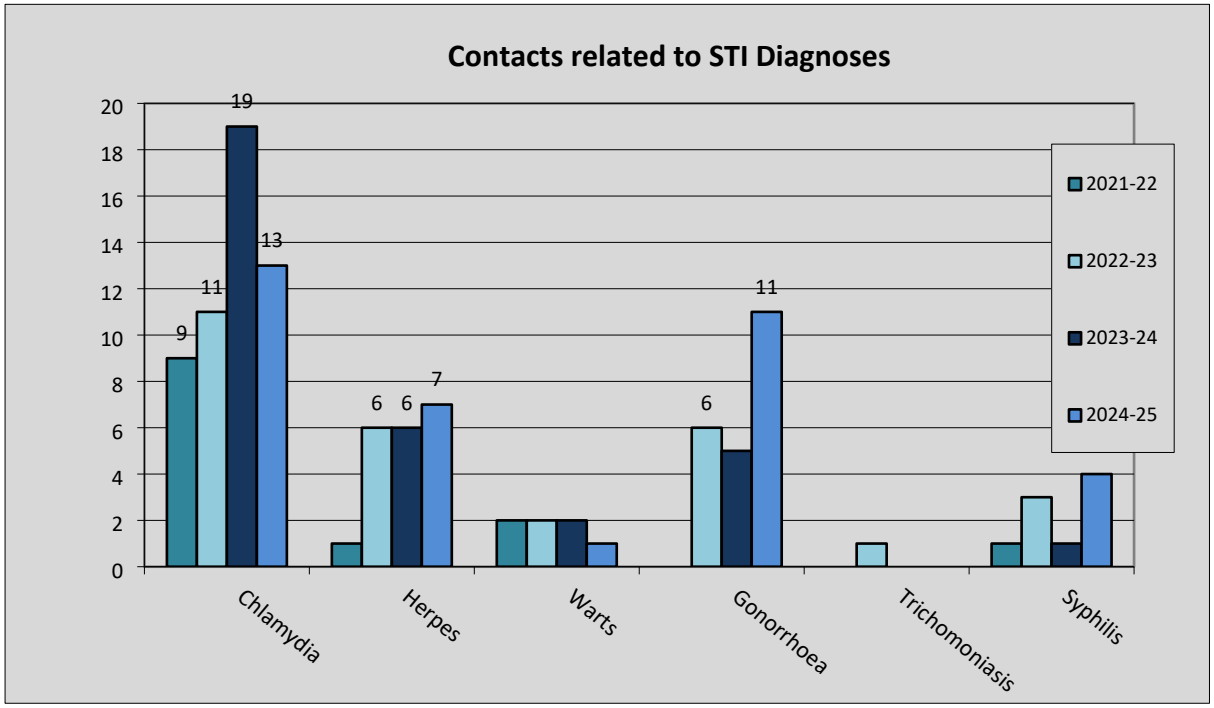


Overall, the Nordhaven contact data demonstrate sustained recorded activity across contraception, STI screening, HIV prevention and related care. Increases were recorded in contraception, STI screening and completed HIV testing activity between 2023/24 and 2024/25. Because the data count contacts rather than individuals, these changes should be interpreted as changes in recorded service activity and workload and not necessarily as changes in the number of people accessing the service.

Sexually Transmitted Infections (STIs)

Figure 2.9 shows Nordhaven contacts associated with selected STI diagnosis codes. A total of 36 such contacts were recorded during 2024/25. Of these, 13 were associated with chlamydia, 11 with gonorrhoea and seven with herpes. Chlamydia was the most frequently recorded STI diagnosis code, with 13 associated contacts in 2024/25. Gonorrhoea-related contacts increased from five in 2023/24 to eleven in 2024/25, while contacts associated with syphilis increased from one to four.

Figure 2.9: Nordhaven contacts in relation to STI diagnosis of patients. Source: OSHS



The following tables present Public Health Scotland surveillance data by calendar year and should be used when interpreting trends in new laboratory-confirmed diagnoses.

All NHS boards, except NHS Orkney and Western Isles reported fewer new gonorrhoea diagnoses in 2024 compared to 2023. Public Health Scotland surveillance data on new laboratory-confirmed gonorrhoea diagnoses in Orkney and Scotland are shown in Table 2.17. Gonorrhoea remains a significant public health concern internationally due to increasing antimicrobial resistance. National surveillance has reported concerns regarding ceftriaxone-resistant gonorrhoea strains in Scotland. Continued promotion of testing, prompt treatment, partner notification and uptake of the recent gonococcal vaccination programme remain important components of local prevention efforts.

Table 2.17: Laboratory confirmed diagnoses of gonorrhoea. Source: PHS.

NHS Board	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
NHS Orkney	*	*	*	*	*	0	0	*	*	0
Scotland	2428	2840	3377	3829	2129	1972	5709	6012	4547	4509

** Small number*

Public Health Scotland surveillance data on new laboratory-confirmed infectious syphilis diagnoses in Orkney and Scotland are shown in Table 2.18. Infectious syphilis remains uncommon in Orkney. National surveillance data indicate very small numbers of diagnoses, which are suppressed in published reports to minimise the risk of disclosure. Across Scotland, infectious syphilis diagnoses increased substantially following the COVID-19 pandemic and remain an important public health concern, particularly among gay, bisexual and other men who have sex with men. Continued awareness, testing and prompt treatment remain important components of local prevention and control activity.

Table 2.18: Laboratory confirmed diagnoses of infectious syphilis. Source: PHS.

NHS Board	2020	2021	2022	2023	2024	2025

NHS Orkney	0	*	*	*	*	*
Scotland	258	395	472	564	525	522

** Small number*

All NHS boards, except NHS Orkney reported fewer new chlamydia diagnoses in 2024 compared to 2023. Public Health Scotland surveillance data on new laboratory-confirmed chlamydia diagnoses in Orkney and Scotland are shown in Table 2.19. Chlamydia remains the most commonly diagnosed bacterial sexually transmitted infection in Scotland. Although the absolute number of diagnoses in Orkney is small, national surveillance data indicate a modest increase from 15 diagnoses in 2023 to 18 diagnoses in 2024 before falling to nine diagnoses in 2025. Interpretation of trends in Orkney should be undertaken cautiously because small changes in numbers can result in large percentage fluctuations. Continued promotion of timely testing, treatment and partner notification remains important to reduce transmission and protect reproductive health.

Table 2.19: Laboratory confirmed diagnoses of chlamydia. Source: PHS.

NHS Board	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
NHS Orkney	34	20	32	42	20	24	15	15	18	9
Scotland	14614	15326	16064	17032	9232	9655	12942	13420	11730	10785

** Small number*

Public Health Scotland surveillance data on new laboratory-confirmed *Mycoplasma genitalium* in Orkney and Scotland are shown in Table 2.20. No laboratory-confirmed diagnoses of *Mycoplasma genitalium* have been reported in Orkney in recent years. Although uncommon locally, *Mycoplasma genitalium* is increasingly recognised as a significant sexually transmitted infection because of concerns regarding antimicrobial resistance. National surveillance continues to demonstrate ongoing transmission elsewhere in Scotland, highlighting the importance of maintaining appropriate testing pathways and clinical awareness.

Table 2.20: Laboratory confirmed diagnoses of Mycoplasma genitalium. Source: PHS.

NHS Board	2021	2022	2023	2024	2025
NHS Orkney	0	0	0	0	0
Scotland	114	162	228	221	211

** Small number*

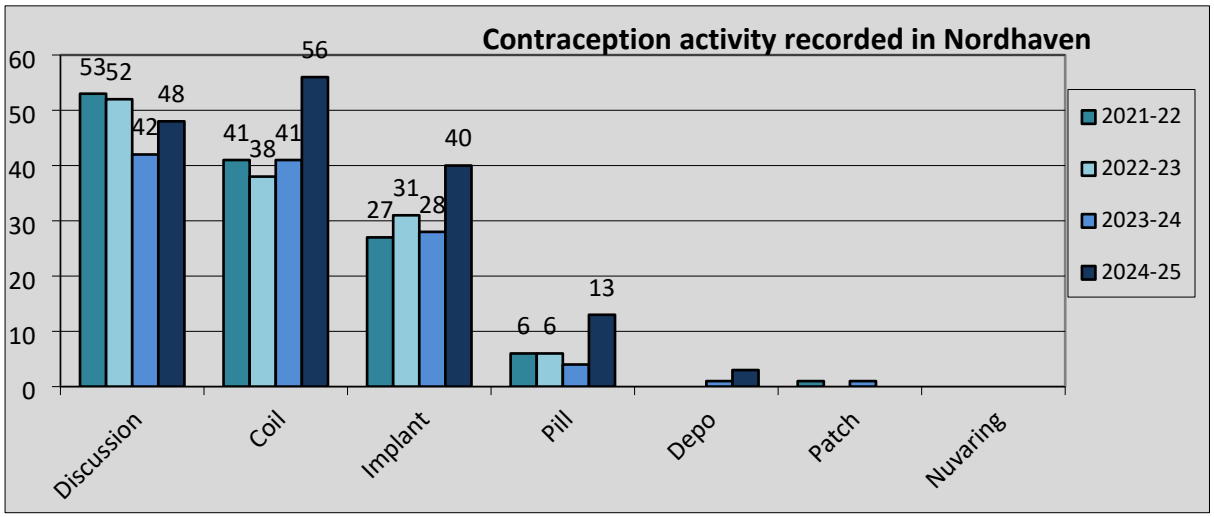
Contraception

Contraception was the most frequently recorded Nordhaven service activity during 2024/25, accounting for 152 contacts.

Long-acting reversible contraception (LARC) reduces the risk of unintended pregnancy and is a key component of the Scottish Government Women's Health Plan and SHBBV Action Plan.

Within the method-specific activity shown in Figure 2.10, 56 contacts related to intrauterine contraception and 40 to contraceptive implants, compared with 41 and 28 respectively in 2023/24. These figures represent contacts associated with each method and not necessarily the number of unique people receiving a prescription, insertion or procedure. LARC is also available through some GP practices; where it is not available through a person's registered practice, provision may be accessed through Nordhaven.

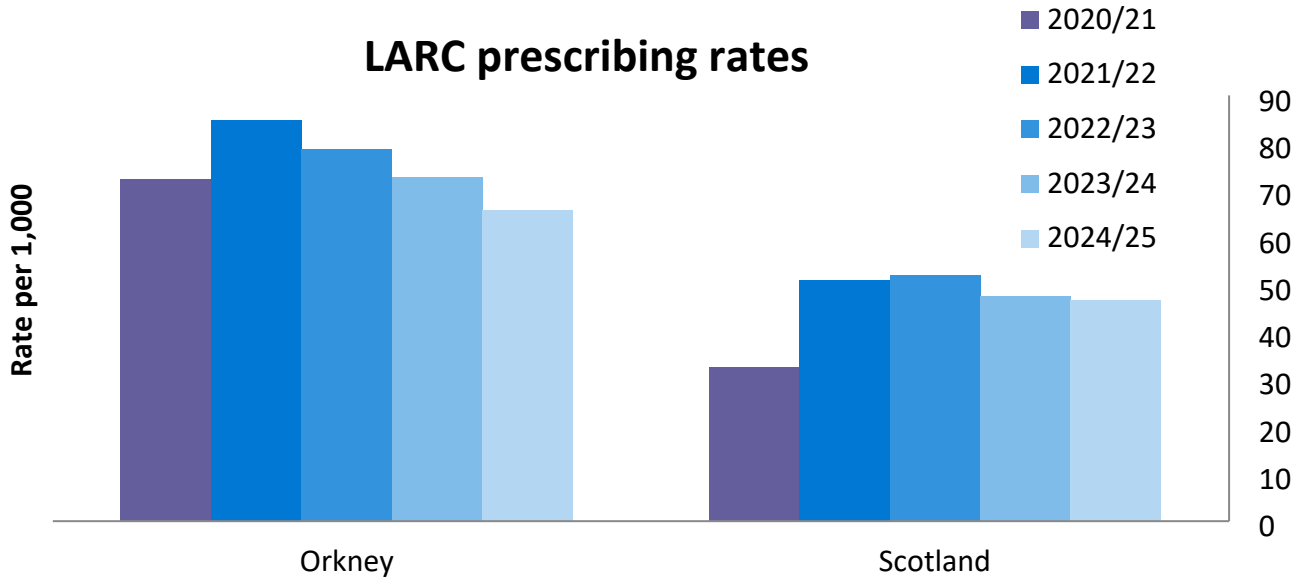
Figure 2.10: Contraception method recorded in patients contacts in the OSHS. Source: OSHS



Recorded contacts relating to intrauterine contraception and implants increased in 2024/25. These methods are among the most effective reversible forms of contraception and form an important component of local contraception provision.

Separately, nationally published LARC prescribing rates provide a population-based comparison between Orkney and Scotland. Figure 2.11 below shows that Orkney continues to achieve higher LARC prescribing rates than the Scottish average. Although the rates in Orkney have fallen since their peak in 2021/22, they remain substantially higher than national levels. This suggests good availability of LARC services locally, even with variation in access between practices and service providers.

Figure 2.11: LARC Prescribing rates. Source: PHS



LARC includes: contraceptive implant, IUD & IUS.

Pregnancy

Teenage Pregnancy

Published data on teenage pregnancy is not available specifically for Orkney, on account of the small number of cases and the sensitivity associated with them. However, aggregated data for the three Island Boards (Orkney, Shetland and the Western Isles) is available, to facilitate broad national comparisons.

Teenage pregnancy rates have fallen substantially across Scotland over the longer term. Figure 2.12 shows that, in the combined Island Boards, the rate was 10.9 per 1,000 women aged under 20 in 2024, down from 15.2 in 2023 and lower than every mainland Board rate shown. Of the 2024 Island Board rate, 4.9 per 1,000 ended in delivery and 6.0 per 1,000 ended in termination, equivalent to approximately 45% and 55% respectively (Figure 2.13).

Figure 2.12: Teenage pregnancy ending in a delivery or termination

by NHS Board in Scotland. Source: PHS.

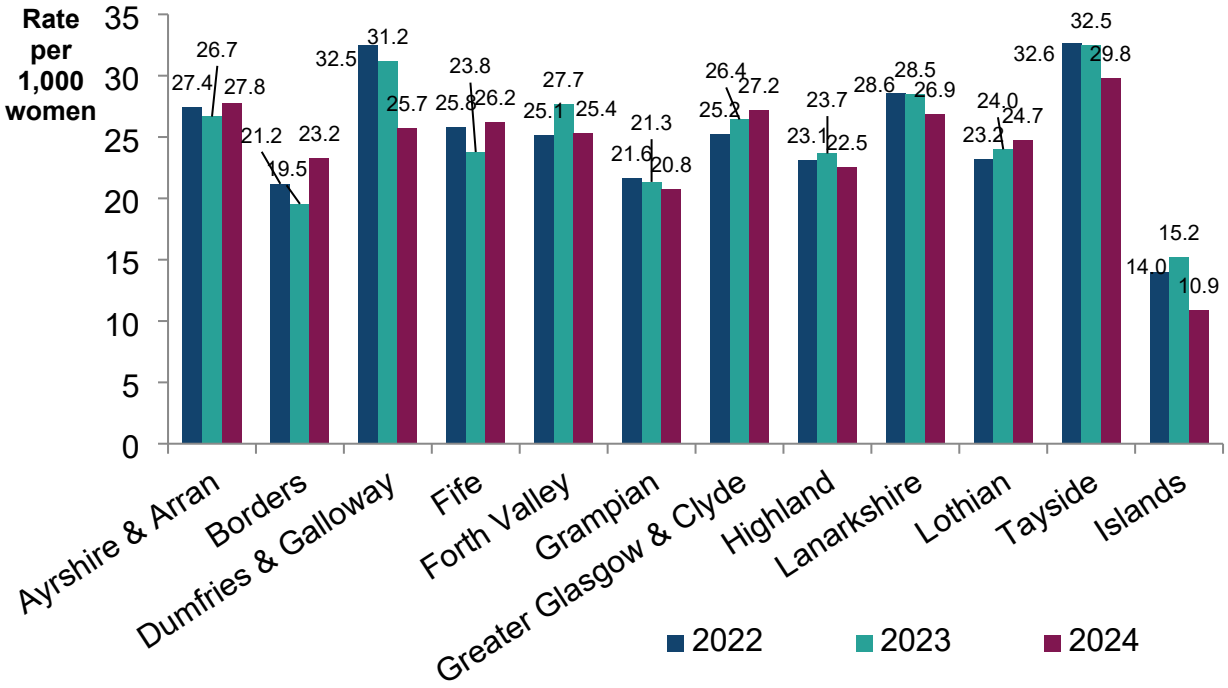
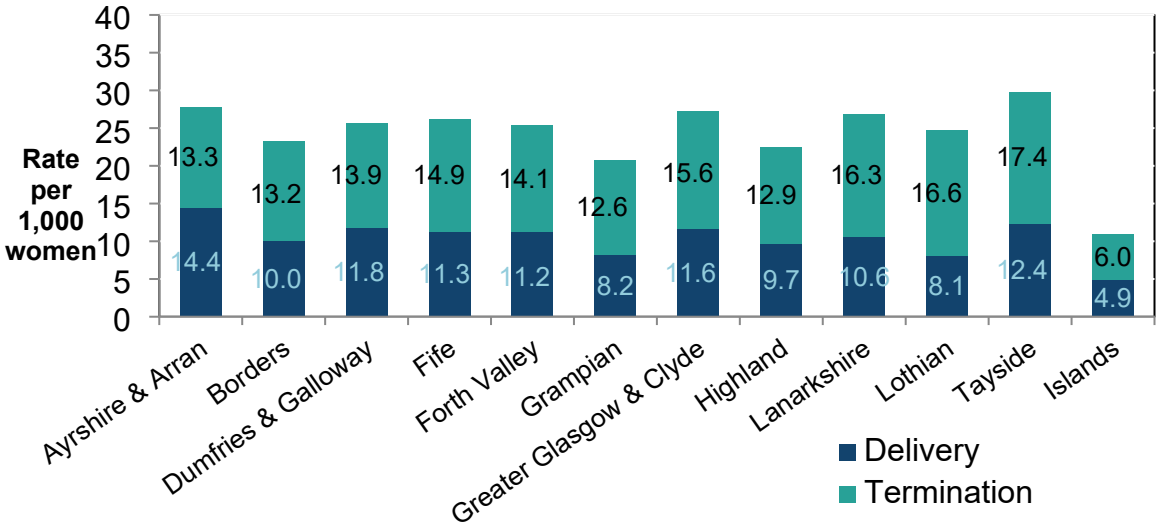


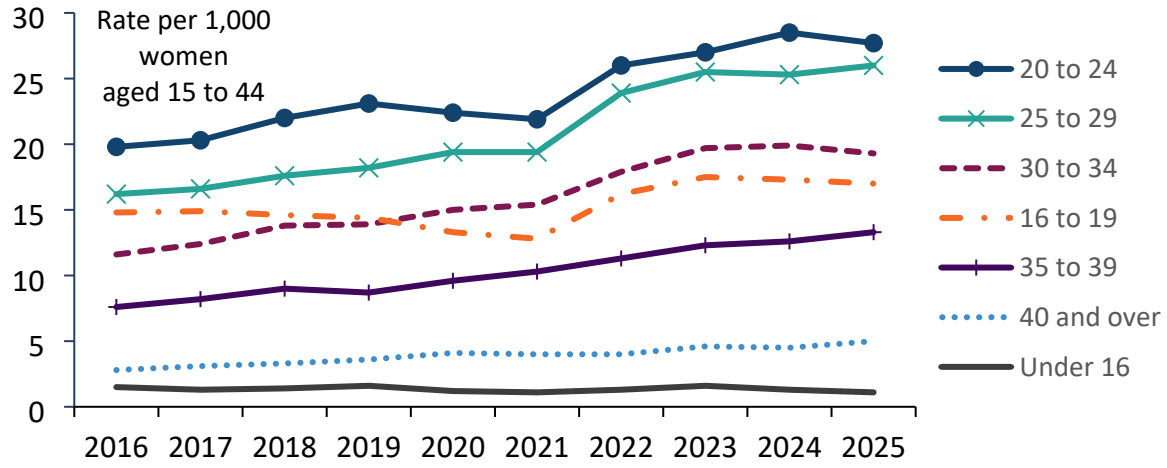
Figure 2.13: Outcome of teenage pregnancy (delivery or termination) by NHS Board in Scotland in 2024. Source: PHS.



Termination of Pregnancy

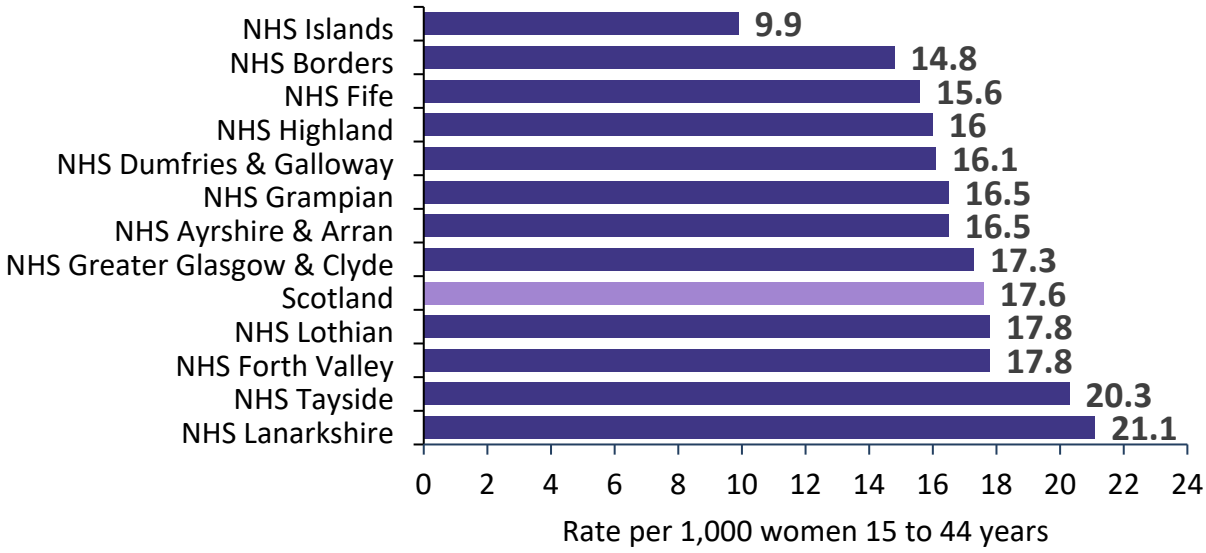
PHS released information on terminations of pregnancy in Scotland. The rates are available in Figure 2.14 below.

Figure 2.14: Termination of pregnancy rates by age group in Scotland. Source: PHS.



In 2025, termination rates in Scotland were highest among people aged 20 to 24 years, at 27.7 per 1,000, followed by those aged 25 to 29 years, at 26.0 per 1,000. Rates decreased slightly between 2024 and 2025 in the 16-to-19, 20-to-24 and 30-to-34 age groups, while increasing among those aged 25 to 29, 35 to 39 and 40 years and over. The combined Island Board rate was 9.9 per 1,000 in 2025, below the Scotland rate of 17.6 per 1,000 and below all mainland Board rates, as shown in Figure 2.15 below.

Figure 2.15: Terminations of pregnancy by NHS Board in Scotland, 2025. Source: PHS.



Review of Abortion Law in Scotland

In 2025, the Scottish Government Expert Group on Abortion Law published recommendations regarding future reform of abortion legislation in Scotland. The report recognised the importance of ensuring that abortion services remain safe, accessible and person-centred. While the recommendations do not immediately change local service delivery, they are likely to influence future policy development and service planning across Scotland.

National Sexual Health (NaSH) Programme

On 23 March 2026, NHS Orkney was notified of an award of non-recurrent Scottish Government funding to support implementation of the National Sexual Health

Information System (NaSH), which has been identified as a key enabler for improving sexual health intelligence, clinical record management and service planning.

Implementation of NaSH is expected to deliver substantial benefits for both services and patients. The system will support more consistent data collection, improve reporting and surveillance, strengthen monitoring of sexual health inequalities and facilitate comparison with national and regional datasets. Improved access to standardised information will enhance understanding of service demand, support planning and evaluation activities, and provide greater assurance regarding delivery of sexual health and blood-borne virus services. The programme will also strengthen national STI surveillance arrangements and support NHS Orkney's ability to contribute to Scottish sexual health improvement initiatives. Implementation planning will continue during 2026/27, alongside staff training, system configuration and readiness activities in advance of go-live.

Blood-Borne Viruses (BBV)

Human Immunodeficiency Virus (HIV)

HIV remains an important public health issue nationally and internationally. Modern treatment has transformed outcomes for people living with HIV and substantially reduces onward transmission when viral suppression is achieved.

NHS Orkney works with regional specialist services to ensure individuals have timely access to investigation, treatment and follow-up. Access to testing remains a key component of prevention and early diagnosis.

During 2025/26, NHS Orkney continued to support delivery of Scotland's HIV Transmission Elimination (HIVTE) Delivery Plan through the work of its HIVTE Champion and the SHBBV Network. Activity focused on increasing awareness of HIV among healthcare staff and the public, promoting access to free HIV testing, and exploring opportunities to support non-specialist clinicians to offer HIV testing when clinically indicated. HIV awareness and testing were also identified as priorities within the Orkney SHBBV Improvement Action Plan, supporting local efforts to reduce undiagnosed HIV infection and contribute to Scotland's ambition of eliminating HIV transmission.

The Nordhaven clinic sees a mix of ‘family planning’ contraception appointments and other genitourinary medicine patient presentations. The British HIV Association (BHIVA) guidance recommends offering HIV testing to all sexual health presentations.

Figure 2.16 shows HIV-testing information recorded during Nordhaven contacts. Completed tests increased from 87 contacts in 2023/24 to 98 in 2024/25. The number recorded as “declined” increased from 27 to 60, while 216 contacts were recorded as “not offered/not recorded”. These data are contact-based and may include more than one attendance by the same individual. HIV testing may not have been clinically indicated at every contact, and some individuals receiving HIV PrEP may undergo HIV testing on more than one occasion each year.

Figure 2.16: HIV-testing information recorded during Nordhaven contacts. Source: OSHS

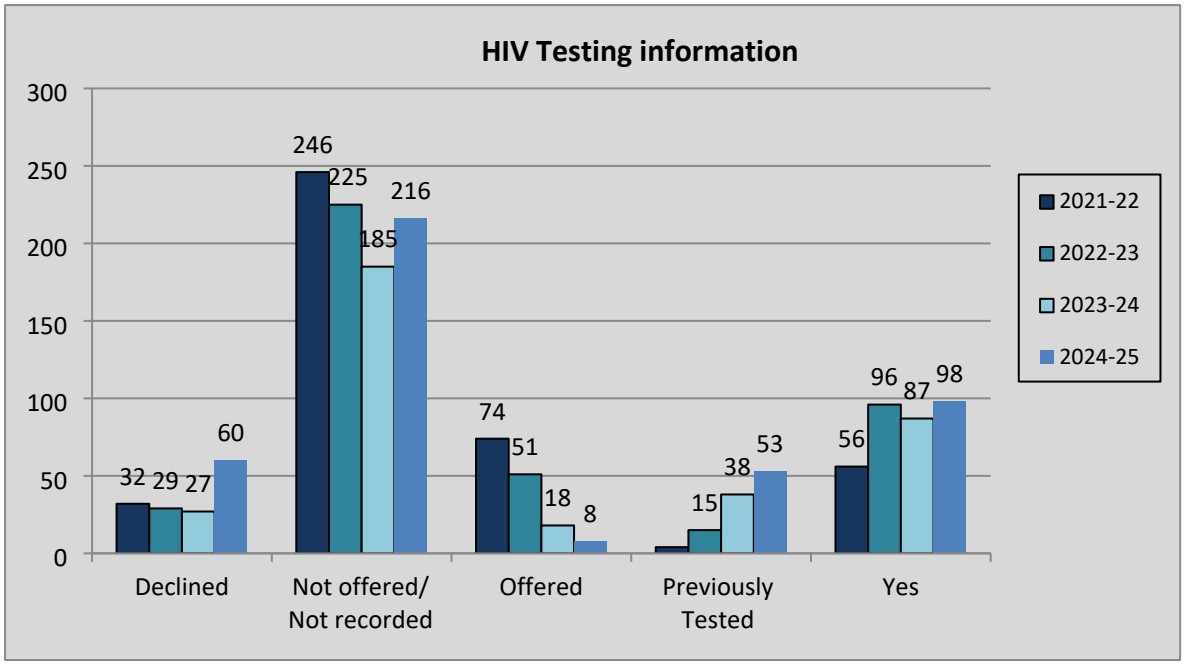


Table 2.21 shows data on the HIV first-ever diagnoses by year of report and NHS Board in Scotland. The number of first-ever diagnoses in the Island Boards is very small and has been zero since 2022.

Table 2.21: HIV first-ever diagnoses by year of report and NHS Board in Scotland. Source: PHS

HIV first-ever diagnoses	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

Island Boards	*	0	0	6	*	0	*	0	0	0
Scotland	*253*	*199*	*226*	*193*	*159*	*115*	*87*	*115*	*126*	*125*

** Small number*

Table 2.22 shows the individuals diagnosed and living with HIV in Scotland by NHS mode of acquisition in Scotland. At 31 December 2024, 28 people diagnosed and living with HIV were allocated to the three Island Boards. Of these, nine were recorded as gay, bisexual or other men who have sex with men and 12 as having acquired HIV through sexual intercourse between men and women. The remaining mode-of-acquisition categories contained small numbers and were suppressed to protect confidentiality.

Table 2.22: Number of individuals diagnosed and living with HIV by allocated NHS board and mode of acquisition, Scotland, to 31 December 2024. Source: PHS

NHS board of allocation at time of diagnosis	Gay, bisexual and other men who have sex with men	Sexual intercourse between men and women	People who inject drugs	Other/Not known	TOTAL
Island Boards	9	12	*	*	28
Scotland	*2777*	*2611*	*379*	*312*	*6079*

** Small number. Island Board: Orkney, Shetland and Western Isles*

Table 2.23 shows the population diagnosed with HIV and estimated prevalence excluding children <15 years old in Scotland and the Island Boards. At 31 December 2024, diagnosed HIV prevalence in Orkney was estimated at 42.6 per 100,000 population, compared with 71.3 per 100,000 in Western Isles and 130.5 per 100,000 across Scotland. The number of people living with diagnosed HIV in Orkney was suppressed in the 2024 publication because of the small number involved.

Table 2.23: Population diagnosed with HIV and estimated prevalence (excluding children <15 years old) estimates in Scotland. Sources: PHS 2024 report and PHS 2023 report.

Population diagnosed HIV prevalence	2023	By 31 Dec 2023	2024	By 31 Dec 2024
	Diagnosed and living with HIV	Prevalence per 100,000 population	Diagnosed and living with HIV	Prevalence per 100,000 population
Orkney	9	47.9	*	42.6
Shetland	8	41.7	*	41.6
Western Isles	15	66.7	16	71.3
Scotland	*6,288*	*136.3*	*6,079*	*130.5*

** Small number*

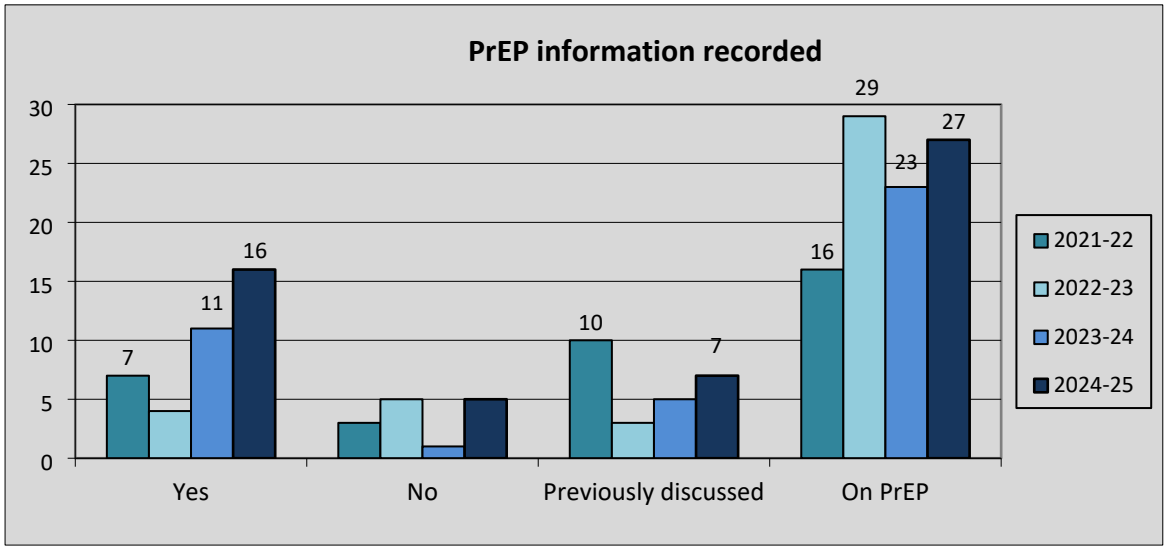
Modern treatment is highly effective and specialist HIV care is provided through arrangements with NHS Grampian. Routine face-to-face monitoring and blood sampling can be undertaken locally, with specialist review, prescribing and clinical support provided by the NHS Grampian Sexual Health and HIV service.

Pre-Exposure Prophylaxis (PrEP) is used to reduce the risk of HIV acquisition. PrEP is used to prevent HIV transmission if there is a risk through sexual contact or injection drug use. PrEP is delivered through a shared model, combining local testing and monitoring with remote specialist consultation and prescribing.

Figure 2.17 presents PrEP information recorded during Nordhaven contacts relating to GBMSM. In 2023/24, PrEP was recorded as newly discussed, previously discussed or already prescribed in 39 of 40 contacts. In 2024/25, 27 contacts were coded as relating to someone already receiving PrEP, 16 recorded a new discussion, seven recorded a previous discussion and five were coded as “no”. These may include more than one attendance by the same individual.

Figure 2.17: PrEP information recorded during Nordhaven contacts

relating to GBMS. Source: OSHS



Hepatitis C Virus (HCV)

Hepatitis C infection can lead to chronic liver disease, cirrhosis and liver cancer. Scotland continues to work towards elimination of hepatitis C as a public health concern through improved testing and access to effective antiviral treatment.

Whilst HCV is more commonly transmitted by other routes, including injecting drug use, it can be transmitted through sexual activity. Actions to reduce the risk of sexual transmission of HCV are like those for HIV and HBV prevention, including safer sexual practices and the use of condoms. There is no vaccine against HCV, but there is curative treatment.

The Medication-Assisted Treatment (MAT) standards include a requirement for specialist drug services to offer opt-out BBV testing to people in treatment and on prescribed medication for their opioid dependence with regular follow-ups. The NHS Orkney Drugs and Alcohol Service offers testing to all its patients, with a very small number of patients taking up the offer.

During 2025/26, local work focused on improving blood-borne virus testing and pathways into care. This included support for dry blood spot testing within Alcohol and Drug Recovery Services, work to increase testing uptake and identify individuals who may require follow-up, and arrangements to support continuity of care for people returning to Orkney from custody.

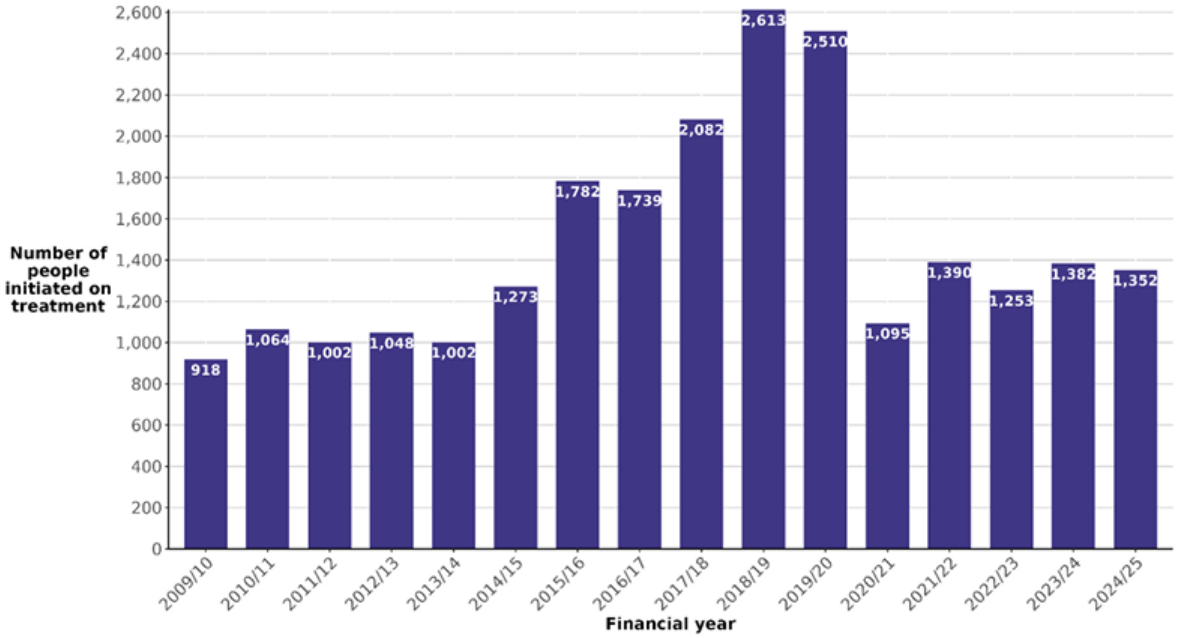
Table 2.24 shows the estimated number of people living with chronic hepatitis C infection. The number across the Island Boards fell from 22 in March 2024 to 10 in March 2025, reflecting continued progress towards hepatitis C elimination.

Table 2.24: Estimated prevalent number of people diagnosed with HCV in Scotland and last known to have a chronic infection up to March 2024 and 2025. Sources: PHS 2025 report and PHS 2024 report.

Prevalent number of people diagnosed with HCV in Scotland and last known to have a chronic infection	Up to March 2024		Up to March 2025	
	Estimated number diagnosed and living with chronic HCV	Distribution of estimated number diagnosed and living with chronic HCV	Estimated number diagnosed and living with chronic HCV	Distribution of estimated number diagnosed and living with chronic HCV
Island Boards	22	0.6%	10	0.4%
Scotland	*3,423*	*100%*	*2,692*	*100%*

Figure 2.18 shows the annual number of people commencing hepatitis C treatment in Scotland. Although treatment numbers remain below pre-pandemic levels, this partly reflects the reduction in the number of people living with chronic hepatitis C infection as Scotland moves towards elimination.

Figure 2.18: Annual number of people initiated on HCV treatment in Scotland. Source: PHS



For 2025/26, NHS Orkney agreed to work towards the Scottish Government minimum hepatitis C treatment-initiation target of 11 individuals. Applying numerical treatment targets in small island populations can be challenging because small changes in the number of eligible individuals can have a substantial effect on reported performance. Local work continues to focus on case-finding, testing, linkage to care and facilitating access to treatment where required.

Hepatitis B Virus (HBV)

Hepatitis B infection can affect the liver and may become chronic in some individuals. Prevention remains the cornerstone of control and includes vaccination, safer sexual practices, blood safety measures and timely identification of infection.

Table 2.25 shows the annual number of people tested for HBV surface antigen and/or

HBV core antibody. HBV testing activity in Orkney increased from 125 people tested in 2014 to 217 in 2023, broadly reflecting increased testing activity over time. Continued access to testing remains important because many people with chronic hepatitis B infection have no symptoms and may be unaware, they are infected.

Table 2.25: Annual number of people tested for HBV surface antigen and/or HBV core antibody, by NHS Board in Scotland. Source: PHS

Tested for HBV	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Orkney	125	142	181	175	177	210	161	229	205	217
Scotland	61468	63700	75514	79596	82020	90000	68246	80531	88253	100083

The PHS report stated that 11 people were diagnosed with chronic HBV infection across the Island Boards during the period 2014 to 2023. Board-specific figures were not presented because of the small numbers involved and associated confidentiality considerations.

Hepatitis B vaccination is offered through routine and targeted pathways. This includes post-exposure vaccination were indicated and vaccination of people at increased risk of exposure or complications. During 2025/26, the SHBBV Network identified review of local targeted hepatitis B vaccination pathways as a priority to support consistent identification and vaccination of eligible individuals.

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Cervical Cancer Elimination

Scotland has committed to the elimination of cervical cancer as a public health problem. The Scottish Government Expert Group on Cervical Cancer Elimination concluded that elimination is achievable through continued uptake of HPV vaccination, high participation in cervical screening and timely management of abnormal results.

Sexual health services contribute directly to this ambition through HPV vaccination programmes, sexual health education, promotion of screening uptake and support for prevention initiatives. NHS Orkney has achieved high HPV vaccination uptake

through the national immunisation programme and continues to support cervical screening participation through primary care and maternity services.

Although elimination does not mean that cervical cancer will never occur, modelling suggests that the disease and morbidity could become increasingly rare in future generations because of the combined effects of vaccination, treatment and screening.

Chapter 3: Screening Programmes

National screening programmes aim to identify apparently healthy people who may be at increased risk of a disease or condition. Where an increased risk is identified, individuals can be offered information, further investigation or treatment. Screening can reduce the risk of developing a condition or experiencing complications, although no screening test is completely accurate and both false-positive and false-negative results can occur.

Scotland has six national population screening programmes: Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Eye (DES), and Pregnancy & Newborn screening (PNBS).

In NHS Orkney, the Board Screening Public Health Lead provides public health oversight and assurance across the screening programmes and is accountable to the Director of Public Health. Programme performance is monitored through national and regional arrangements and appropriate local governance groups. Key performance indicators are used to assess programme delivery, identify areas requiring improvement and support continuous quality assurance.

Screening standards are developed by Healthcare Improvement Scotland and apply to all services involved in delivering screening pathways across NHS Scotland. Each key performance indicator (KPI) has an essential threshold, representing the minimum expected level of performance, and a desirable threshold towards which programmes should aspire. NHS boards are expected, as a minimum, to meet the essential thresholds.

Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm which requires regular monitoring (measuring between 3.0cms to 5.4cms) is seen.

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity.

The standards for the AAA screening programme[1] cover the following areas:

- Leadership and governance
- Information
- Call–recall
- Attendance and uptake
- Primary screening
- Surveillance
- Quality assurance of AAA image
- Referral to vascular services
- Treatment, and
- Postoperative outcomes.

The key performance indicators for the Scottish AAA Screening Programme are intended to offer a focus on aspects of the patient journey from invitation, through the delivery of the scan and referral for clinical assessment, to outcome of surgical intervention, if this is required.

The latest publication of KPI data is for the year ending 31st March 2025.

The latest published performance data are for the year ending 31 March 2025. Uptake of abdominal aortic aneurysm screening in Orkney remained high at 90.9%, compared with 84.8% across Scotland (Table 3.1). Orkney therefore exceeded both the essential threshold of 75% and the desirable threshold of 85%. Uptake has remained above the Scottish rate in every year shown since the programme restarted in July 2020. Although uptake in Orkney decreased slightly from 91.1% in 2023/24 to 90.9% in 2024/25, it remained at a consistently high level.

[1] AAA Screening standards are available here: https://www.healthcareimprovementscotland.scot/publications/abdominal-aortic-aneurysm-aaa-screening-standards/

Table 3.1: AAA Screening uptake rates (Source: PHS)

AAA uptake (percentage)	2020/21	2021/22	2022/23	2023/24	2024/25
Orkney	83.1	92.0	89.0	91.1	90.9
Scotland	78.0	72.6	70.7	77.3	84.8
Essential target ≥ 75%. Desirable target ≥ 85%					

Uptake (Table 3.2) also remained comparatively high across the deprivation categories for which local data were available. In 2024/25, uptake was 82.8% in Orkney's second deprivation quintile, compared with 81.2% across Scotland. This exceeded the essential threshold but did not reach the desirable threshold of 85%. Uptake in the third and fourth quintiles was 91.2% and 93.4% respectively, exceeding both the desirable threshold and the corresponding Scottish rates. The absence of results for some Orkney deprivation categories reflects small local populations and should not be interpreted as zero uptake.

Table 3.2: AAA Screening uptake rates by SIMD (Source: PHS)

AAA uptake by SIMD (percentage)	2022/23		2023/24		2024/25	
	Orkney	**Scotland**	**Orkney**	**Scotland**	**Orkney**	**Scotland**
TOTAL	89.0	70.7	91.1	77.3	90.9	84.8
1 = most deprived	-	66.9	-	71.8	-	77.5
2	76.9	66.9	91.3	73.3	82.8	81.2
3	93.1	70.9	87.1	79.9	91.2	85.0
4	90.8	74.8	92.1	81.7	93.4	88.2
5 = least deprived	100.0	73.0	-	78.7	-	90.1

Unknown	-	62.1	-	50.0	-	77.8
Essential target ≥ 75%. Desirable target ≥ 85%						

Scottish Bowel (Colorectal) Cancer Screening Programme

Bowel cancer is the third most common cancer and the second most common cause of death due to cancer in Scotland. The national bowel screening programme was introduced into Scotland in 2007. Participants are sent a test kit to their home and return a sample from a bowel motion to the Bowel Screening Laboratory. The test looks for hidden blood in stool. Those with a positive test result are referred to their health board of residence for follow-up, with the majority receiving a colonoscopy.

Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. Bowel screening can also identify precancerous growths (adenomas) that can be removed, preventing cancer occurring in the first place. People aged 75 years and over can request a screening kit.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

The standards for the Bowel screening programme[2] cover the following areas:

[2] Bowel Screening standards are available here: https://www.healthcareimprovementscotland.scot/publications/bowel-screening-standards/

- Screening invitation
- Laboratory service
- Screening test result
- Pre-investigation assessment
- Diagnostic investigation
- Histopathology

Key performance indicators for the bowel screening programme include uptake, laboratory, and clinical outcomes of screened individuals. The report is published in two yearly cycles with the latest published data being for the period 1st May 2023 to the 30th of April 2025.

For invitations issued between 1 May 2023 and 30 April 2025 bowel screening uptake in Orkney was 70.0%, compared with 65.2% across Scotland. Uptake remained above both the acceptable threshold of 52% and the achievable threshold of 60%. Across the five reporting cycles shown, uptake in Orkney has remained stable at approximately 69% to 70% and has consistently exceeded the Scottish rate. (Table 3.3).

Table 3.3: *Bowel Screening uptake rates (Source: PHS)*

Bowel uptake (percentage)	**2019-21**	**2020-22**	**2021-23**	**2022-24**	**2023-25**
Orkney	68.9	70.1	70.1	69.8	70.0
Scotland	65.3	67.0	66.4	65.9	65.2
Acceptable target ≥ 52%. Achievable target ≥ 60%					

The bowel screening test positivity rate in Orkney was 2.38% during 2023 to 2025, compared with 2.76% across Scotland. This represents a decrease from 2.56% in Orkney during 2022 to 2024. Positivity rates describe the proportion of returned screening tests with a positive result and should not be interpreted as the proportion subsequently diagnosed with bowel cancer (Table 3.4).

Table 3.4: *Bowel Screening test positivity, as a percentage (Source: PHS)*

Bowel Screening Positivity rates	Orkney	Scotland
2019-21	2.33	2.71
2020-22	2.43	2.78
2021-23	2.49	2.81
2022-24	2.56	2.79
2023-25	2.38	2.76

Timely access to colonoscopy following a positive bowel screening result remains a challenge across Scotland. National screening governance groups have continued to discuss pressures on endoscopy capacity, workforce availability and increasing demand for diagnostic procedures. These factors have contributed to delays in some areas and have affected performance against waiting-time standards. Although NHS Orkney manages local colonoscopy capacity through clinical prioritisation and the use of additional lists where capacity permits, local performance should be considered within the context of these wider national pressures on endoscopy services.

During 2023 to 2025, 16.8% of people referred through bowel screening in Orkney underwent colonoscopy within four weeks, compared with 41.5% across Scotland. The proportion waiting more than eight weeks increased from 19.0% in 2022 to 2024 to 24.8% in 2023 to 2025. Continued monitoring of waiting times and maintenance of sufficient endoscopy capacity remain important to support timely diagnosis and treatment.

Table 3.5: *Time from screening test referral date to date colonoscopy performed (Source: PHS)*

Time from screening test referral date to date colonoscopy performed	2019-21		2020-22		2021-23		2022-24		2023-25	
	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland	Orkney	Scotland
0-4 weeks	48.6	38.9	58.1	31.4	57.6	22.3	43.8	28.8	16.8	41.5
>4 to 8 weeks	36.6	34.2	30.5	34.2	30.4	37.1	37.2	41.6	58.4	40.0
>8 weeks	14.6	26.9	11.4	34.4	12.0	40.6	19.0	29.6	24.8	18.6
Median time (weeks)	-	-	-	-	-	-	4.7	5.7	6.1	4.6
National Target: No patient should wait more than 6 weeks (42 days) from a positive screening referral to their definitive diagnostic test (colonoscopy).										

Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years plus 364 days can continue to be screened if they arrange an appointment with the local screening centre.

There are several factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age.

The screening service was paused during the COVID-19 pandemic along with the other national adult screening programmes. A phased approach has been in place since November 2022 for the reintroduction of self-referrals for individuals aged 71 years and over to the programme. From 1st December 2023, the self-referral of all clients aged 71 years and over was reinstated, extending self-referral to clients aged 75 years and over with no previous history of breast cancer.

Breast screening for NHS Orkney residents is provided by the Northeast Scotland Breast Screening Service, hosted by NHS Grampian. Screening is delivered locally through a mobile unit that visits Orkney every three years, while women requiring further assessment attend the Breast Screening Centre in Aberdeen. The service is supported locally by the NHS Orkney surgical and breast care teams.

The standards for the Breast screening programme[3] cover the following areas:

[3] Breast Screening standards are available here: https://www.healthcareimprovementscotland.scot/publications/breast-screening-services-standards/

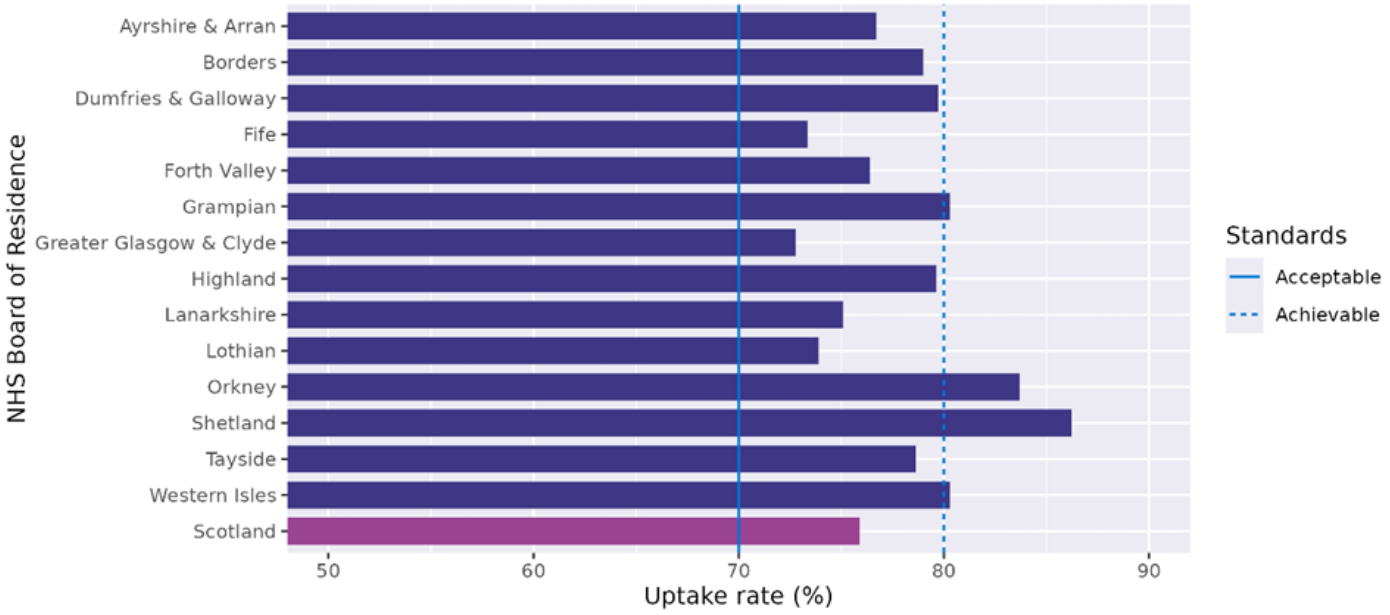
- Leadership and governance
- information and support
- call-recall
- screening process
- recall for assessment
- surgical referral, and
- detection rates.

Nearly 3,200 women aged 50 to 70 years were invited during the mobile screening round undertaken between April and July 2024. Final performance data for the 2024 Orkney screening round were not included in the latest published report available when this section was prepared.

The most recent published rolling-period data therefore remain those for April 2020 to March 2023. These showed uptake of 83.7% in Orkney, compared with 75.9% across Scotland and above the national target of 70%. Orkney was among the highest-performing Boards in the published comparison.

Figure 3.1 shows breast screening uptake by NHS Board for the latest published three-year rolling period (2020-2023), in which Orkney had the second highest uptake rate in Scotland."

***Figure 3.1**: Breast Screening Uptake. (Source: PHS)*



Scottish Cervical Screening Programme (SCSP)

The aim of the Scottish Cervical Screening Programme is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to all with a cervix aged 25-64 years every five years. Participants on non-routine screening (where screening results have shown changes that need further investigation or follow up) will be invited up to 70 years of age. Cervical screening saves around 5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman:

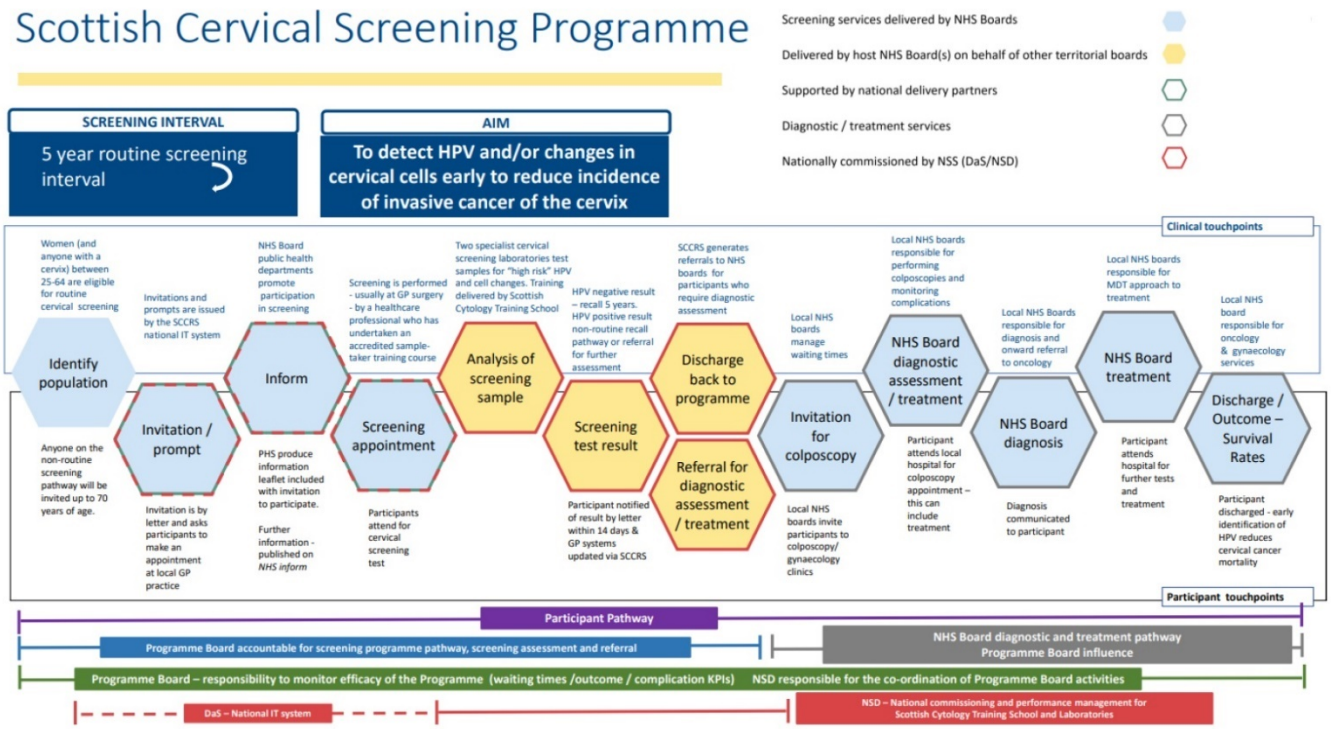
- Is, or has been, sexually active
- Smokes, as this affects the cells in the cervix

The cervical screening test (smear test) checks cells from the cervix for human papillomavirus (HPV). HPV is very common; four out of five people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections

naturally, but one in ten infections are harder to get rid of. Cervical screening looks for the presence of HPV virus, if virus is found then the same sample will be looked at for cell changes. At this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer in around 10 to 15 years' time.

The diagram below developed by NSS outlines the delivery components and the participant screening pathway for the cervical programme (Figure 3.2).

Figure 3.2: *Scottish Cervical Screening Programme Pathway*



The standards for the Cervical screening programme[4] cover the following areas:

- leadership and governance
- information and support
- call-recall
- screening process
- recall for assessment
- surgical referral, and
- detection rates

Key Performance Indicators

The KPIs for the cervical screening programme cover attendance and uptake, laboratory services, the screening process, effectiveness of the screening programme, colposcopy service and colposcopy treatment.

The latest published performance data are for the financial year ending 31 March 2025. Cervical screening coverage in Orkney was 63.5%, compared with 55.3% across Scotland. Uptake within six months of an invitation or reminder was 51.5% in Orkney, compared with 41.9% nationally. Orkney therefore remained above the Scottish rate for both measures, although neither Orkney nor Scotland met the programme performance threshold of 80%.

Both coverage and uptake decreased markedly between 2023/24 and 2024/25. Coverage in Orkney fell from 71.9% to 63.5%, while uptake fell from 60.4% to 51.5%. The corresponding Scottish figures decreased from 63.3% to 55.3% for coverage and from 51.9% to 41.9% for uptake. The national publication attributes the reduction in uptake across age groups to the transition to five-year screening intervals following the introduction of HPV testing as the primary screening test. Women already moved to a five-year recall interval may remain within the eligible cohort while their most recent screening encounter falls outside the period used by the previous coverage methodology, affecting comparisons during the transition.

[4] Cervical Screening Standards are available here: https://www.healthcareimprovementscotland.scot/publications/cervical-screening-standards/

Cervical screening, together with HPV vaccination and timely investigation and treatment, is central to Scotland's ambition to eliminate cervical cancer as a public health problem. Although Orkney continues to compare favourably with Scotland, the decline in both coverage and uptake reinforces the importance of encouraging participation and addressing barriers to screening.

The trends in cervical screening coverage and uptake in Orkney and Scotland are shown in Table 3.6 and 3.7 and Figure 3.3 and 3.4 below.

***Table 3.6**: Cervical Screening Coverage. (Source: PHS)*

Cervical Screening coverage%	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Orkney	**78.6**	**78.0**	**78.8**	**78.8**	**74.7**	**73.7**	**71.4**	**71.9**	**63.5**
Scotland	**72.0**	**71.5**	**71.6**	**71.1**	**67.2**	**65.0**	**62.9**	**63.3**	**55.3**
Performance standard: 80**%.**									

***Figure 3.3**: Cervical Screening Coverage. (Source: PHS)*

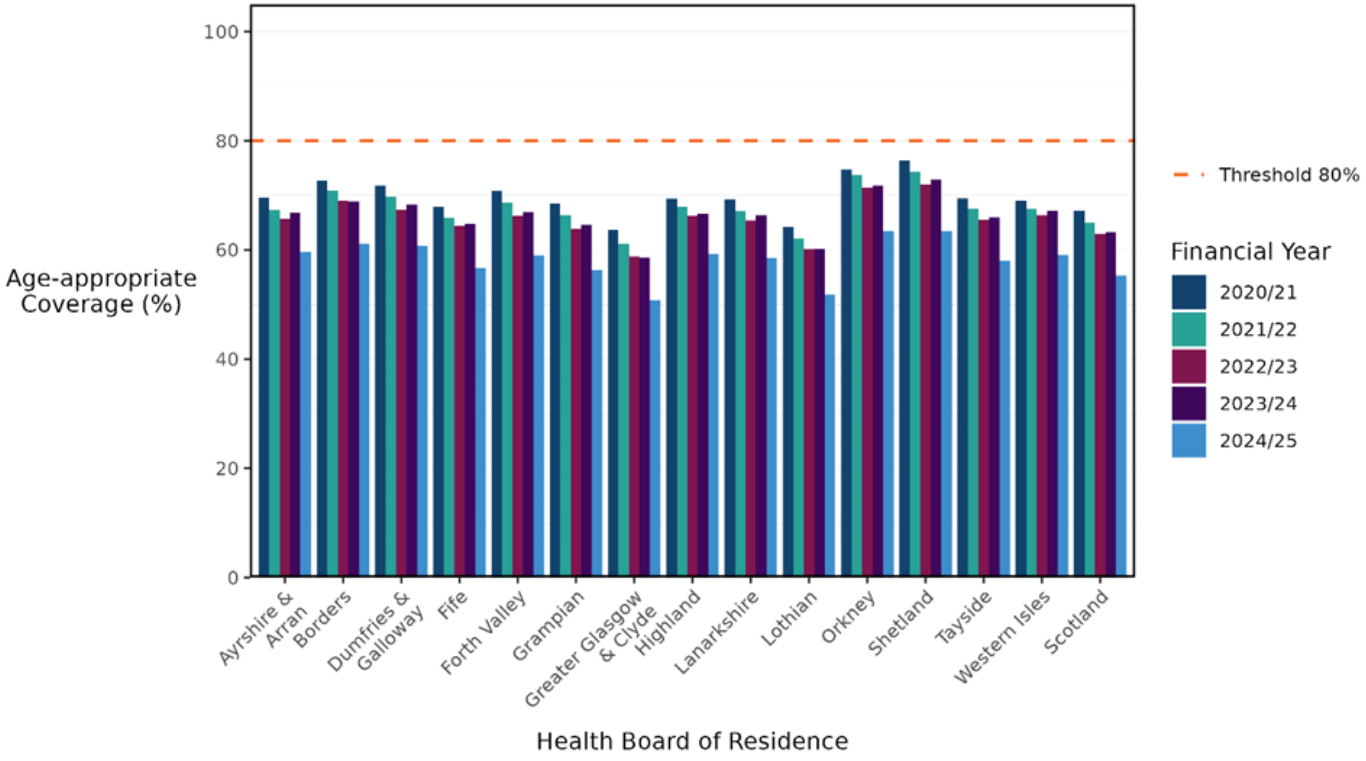
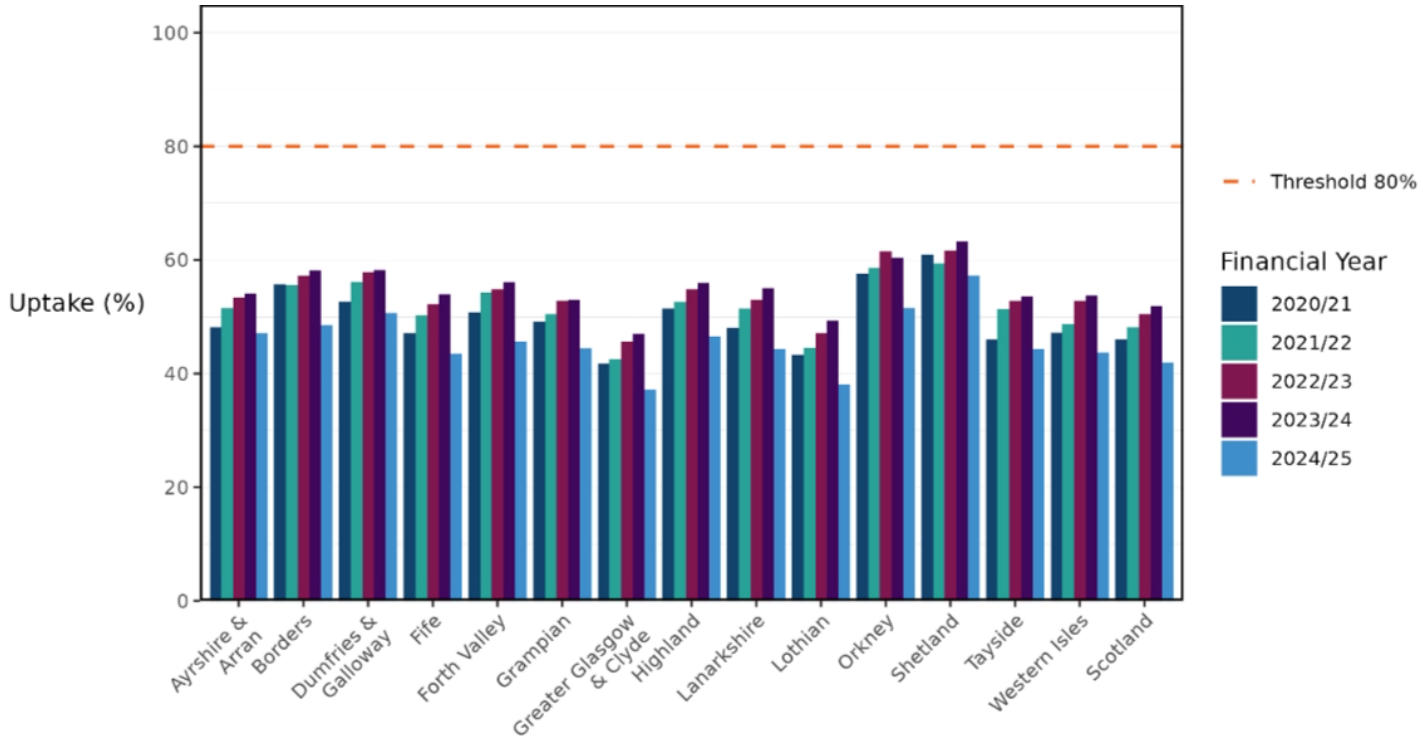


***Table 3.7**: Cervical Screening Uptake. (Source: PHS)*

Cervical Screening Uptake%	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Orkney	**62.8**	**59.9**	**64.7**	**55.3**	**57.6**	**58.6**	**61.5**	**60.4**	**51.5**
Scotland	**51.4**	**49.6**	**53.9**	**42.2**	**46.0**	**48.1**	**50.5**	**51.9**	**41.9**
Performance standard: 80**%.**									

***Figure 3.4**: Cervical Screening Uptake. (Source: PHS)*



Scottish Diabetic Eye Screening (DES) Programme

People with type 1 or type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an eye screen. Diabetic Eye Screening (DES) is a test (retinal photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eyesight. Left untreated diabetic retinopathy can cause blindness or serious damage.

People at high risk of sight loss are offered screening annually or six-monthly. Those at low risk of sight loss are offered screening every two years. A person's previous screening history is used to determine whether they are deemed low risk of sight loss.

An OCT (optical coherence tomography) scan is sometimes needed to detect macular oedema, which is the leading cause of moderate sight loss in people with diabetes. OCT is now delivered by the DES team in Orkney, with the scans reviewed by the visiting Ophthalmologist within the following month.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly.
- Speaking to their optician if they have a problem with their eyesight.
- Taking medication as prescribed
- Attending DES appointments

NSS commissions the Scottish Diabetic Eye Screening Collaborative which brings together individuals from all NHS boards in Scotland to facilitate the delivery of the DES Screening Programme. It promotes equitable and accessible delivery of care, supporting health professionals. Following the pause in screening during the COVID-19 pandemic, a new database (OPTOMIZE) was implemented to support the DES programme.

Prior to January 2021, patients attending the Diabetic Eye Screening (DES) programme with a retinal grading score indicating Diabetic Retinopathy or Maculopathy (MO) may have been referred to Ophthalmology services. At this point the patient was suspended from the DES programme. Only 10% of these patients

were found to have MO and held within a surveillance loop within Ophthalmology. This practice led to unwarranted variation resulting in some patients being reviewed by Consultant Ophthalmologists and undergoing in some cases examinations which were not required. This resulted in unnecessary worry for patients as well as inappropriate use of consultant resource. The associated suspension from the DES programme may also have resulted in variances in practice across Scotland as to how patients' retinopathy was monitored.

To improve the specificity of referrals to Ophthalmology and ensure national consistency, a surveillance cycle based on Optical Coherence Tomography (OCT) was introduced under the auspices of the DES programme in January 2021.

During April 2023 to March 2024, OCT scans were undertaken in the DES clinic, reducing attendance at Ophthalmology clinics. The OCT scans are now reviewed via a virtual assessment clinic taking approximately one hour of consultant time per month.

The standards for the DES programme[5] cover the following areas:

- leadership and governance
- call-recall
- attendance and uptake
- screening process
- referral, and
- treatment.

Following identification of national data-quality issues affecting some Diabetic Eye Screening Programme indicators, national analysis confirmed that biennial reporting data remained unaffected. Biennial uptake is therefore used as the principal current measure of programme performance.

Biennial uptake in Orkney remained high, at 89.2% in June 2025 and 88.5% in June 2026. These rates were above the programme target of 80% and substantially higher

[5] The DES standards are available here: https://www.healthcareimprovementscotland.scot/publications/diabetic-retinopathy-screening-standards/

than the corresponding Scottish rates of 79.5% and 79.3%. Although Orkney's uptake decreased slightly by 0.7 percentage points, performance remained consistently strong (Figure 3.5 and Table 3.8).

The number of screening encounters in which adequate digital retinal images cannot be obtained is being monitored because this may increase demand for slit-lamp assessment. OCT imaging continues to be provided by the local Diabetic Eye Screening team, with scans reviewed through the visiting ophthalmology service.

***Figure 3.5**: Diabetic Eye Screening Biennial Uptake, percentage.*
(Source: National Diabetic Eye Screening KPI analysis, August 2026)



	Ayrshire and Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow and Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
Jun-25	79.3%	76.5%	87.6%	86.5%	80.3%	82.0%	79.2%	80.4%	74.0%	75.1%	89.2%	78.8%	84.7%	80.9%
Jun-26	79.8%	75.4%	89.4%	87.7%	80.6%	84.6%	76.2%	82.3%	72.2%	75.5%	88.5%	81.5%	85.5%	83.4%

Table 3.8: *DES Biennial Uptake Rate - 24 months prior*
(Source: Scottish Diabetic Eye Screening Programme KPI Summary, August 2026)

DES Biennial Uptake Rate 24 months prior (percentage)	NHS Orkney	Scotland
June 2025	89.2	79.5
June 2026	88.5	79.3
Target: 80%		

Pregnancy and Newborn Screening Programmes

Pregnancy screening is offered at various stages of pregnancy to all women in Scotland during their routine antenatal appointments. While pregnancy and newborn screening is often considered as a national programme, it comprises a number of individual programmes, which include:

- Antenatal Haemoglobinopathy (sickle cell and thalassaemia) Screening.
- Antenatal Infectious Diseases Screening (Hepatitis B, Syphilis, HIV).
- Antenatal Trisomy (Down's, Edward's and Patau's Syndromes) Screening.
- Foetal Anomaly Screening.
- Newborn Bloodspot Screening (NBS); and
- Universal Neonatal Hearing Screening (UNHS)

The programmes support informed decision-making, early diagnosis and timely treatment. Their aims include reducing transmission of infectious diseases from mother to baby, identifying conditions where early intervention can prevent serious illness or disability, and ensuring that women and families receive appropriate information, investigation and specialist support.

The components of the programme are offered by the midwifery team at an appropriate stage of the antenatal or postnatal period are shown in Tables 3.9 and 3.10.

Table 3.9: *Pregnancy screening tests*

STAGE OF PREGNANCY WHEN TEST PERFORMED	CONDITION SCREENED FOR	MODE OF TESTING

First Trimester	Haemoglobinopathies (Sickle cell and Thalassaemia)	Blood test
	Infectious diseases (Hepatitis B, Syphilis and HIV)	Blood test
	Down's syndrome Edwards' syndrome Patau's syndrome	Blood test and Ultrasound scan
Second Trimester	Foetal Anomaly Scan	Ultrasound scan
	Down's syndrome[6]	Blood test

Table 3.10: *Newborn screening tests*

AGE OF BABY	CONDITION(S) SCREENED FOR	MODE OF TESTING
Between 96 and 120 hours after birth	1. Congenital hypothyroidism (CHT) 2. Cystic Fibrosis (CF) 3. Sickle Cell Disorders (SCD) 4. Phenylketonuria (PKU) 5. Medium chain Acyl-CoA Dehydrogenase Deficiency (MCADD) 6. Maple Syrup Urine Disease (MSUD) 7. Isovaleric Acidemia (IVA) 8. Glutaric Aciduria Type 1 (GA1) 9. Homocystinuria (HCU) 10. Hereditary Tyrosinaemia Type 1 (HT1) 11. Spinal Muscular Atrophy (SMA) screening (in evaluation)	Heel prick – drops of blood collected on card and sent via Royal Mail to Scottish Newborn Screening Lab at QEUH, Glasgow

[6] If not able to be carried out in first trimester.

Ideally prior to discharge from hospital after birth but should be done within 4 weeks. Variable models across country	Hearing loss	2 methods used in Scotland: AABR (automated auditory brainstem response) and OAE (otoacoustc emIssIon)[7]

The screening tests are mainly offered as part of routine clinical care, and unlike most of the other national screening programmes, have much less resource in terms of dedicated IT systems and staff (especially at health board level). National resources commissioned by National Services and Screening Division (NSD), NHS National Services Scotland include the three pregnancy screening laboratories (first trimester Trisomy -Down's, Edwards' and Patau's- screening in Lothian, 2nd trimester Down's syndrome screening in Bolton and non-invasive prenatal testing -NIPT- in Dundee) and the Scottish Newborn Screening Laboratory (SNSL) in Glasgow. Blood samples for haemoglobinopathy screening and infectious diseases screening are analysed in local laboratories.

In NHS Orkney, oversight is provided through the Pregnancy and Newborn Screening Oversight Group, chaired by the Board Screening Public Health Lead and supported by the Lead Midwife. The group reviews performance data, laboratory feedback, service risks and improvement activity, with appropriate escalation through local and national screening governance arrangements.

The Pregnancy and Newborn Screening Programme Board (chaired by a Director of Public Health) is the programme's overarching governance group and reports to the National Screening Oversight Board which in turn reports to the Scottish Screening Committee and Board Chief Executives.

The NHS Orkney Pregnancy and Newborn Screening Oversight Group routinely oversees and manages minor issues and service challenges, assesses the risks associated with these, and continuously seeks to improve systems and processes to reduce them. Examples of these have included: monitoring numbers of blood samples rejected by the national Down Syndrome Screening lab and putting measures in place to reduce these; monitoring 2nd trimester Down Syndrome Screening rates and taking steps to improve these; and monitoring/ reducing

[7] The method used in Orkney is OAE

rejection rates of Newborn Blood Spot (NBS) samples and putting safeguarding mechanisms in place to ensure appropriate follow-up.

There is a lack of consistent data collection and monitoring within/across health boards, for (many of the different parts of) each element of Pregnancy and Newborn Screening. Where there is dedicated resource, this can support the collection and collation of data.

The national review of screening programmes and standards for each programme by Healthcare Improvement Scotland (HIS) should clarify governance arrangements for all screening programmes, including the analysis of relevant quantitative and qualitative indicators. A suite of Key Performance Indicators is being produced – this data is not currently routinely collected at local or national level.

The standards for the PNBS programme are to be reviewed and are available here: https://www.healthcareimprovementscotland.scot/publications/pregnancy-and-newborn-screening-standards/

Screening for haemoglobinopathies and infectious diseases

Antenatal screening for hepatitis B, syphilis, HIV and haemoglobinopathies continued to be offered as part of routine antenatal care. BadgerNet performance information was reviewed by the NHS Orkney Pregnancy and Newborn Screening Oversight Group to support programme assurance and quality improvement. No significant concerns requiring escalation were identified during 2025/26. Any abnormal results or individual pathway issues were managed through the appropriate clinical and screening arrangements.

Trisomy and foetal anomaly Screening

Combined first-trimester screening for Down's syndrome, Edwards' syndrome and Patau's syndrome is offered between 10 and 14 weeks of pregnancy. It combines a maternal blood test with an ultrasound measurement of nuchal translucency. Where first-trimester screening cannot be completed, for example because of later presentation or because a suitable measurement cannot be obtained, second-trimester quadruple screening for Down's syndrome is offered. First-trimester screening enables earlier assessment and is the preferred screening pathway.

The proportion of pregnancies requiring second-trimester trisomy screening (Table 3.11 shows) has fallen across Scotland, from 18.0% in 2018/19 to 12.0% in 2025/26.

Orkney has consistently recorded a substantially lower proportion than Scotland. In 2025/26, 2.2% of screened pregnancies in Orkney required second-trimester screening, unchanged from 2024/25 and compared with 12.0% nationally. This reflects timely access to antenatal care and the high proportion of screening completed within the preferred first-trimester pathway.

Table 3.11: Percentage of Second trimester screening.
(Source: Trisomy Screening Bolton and Lothian Laboratory Annual Data Reports)

Second trimester	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Scotland	18.0	16.8	16.9	16.2	16.0	15.3	13.7	12.0
Orkney	12.9	9.9	5.8	4.2	6.2	3.7	2.2	2.2

National programme review identified Orkney as having one of the lowest levels of second-trimester screening in Scotland and highlighted local arrangements as an example of good practice. Performance data and laboratory feedback are reviewed by the NHS Orkney Pregnancy and Newborn Screening Oversight Group, with improvement action taken where required.

Non-invasive prenatal testing (NIPT) is available as a second-line screening test following a higher chance result from first trimester combined screening or second-trimester quadruple screening. Women receiving a higher chance screening result are supported to make an informed choice about whether to have NIPT, invasive prenatal diagnosis or no further testing.

Newborn Blood Spot Screening

Data on the Newborn bloodspot screening activity and performance indicators is available in Table 3.12.

Table 3.12: Newborn bloodspot screening activity and performance indicators
(Source: Scottish Newborn Screening Laboratory annual reports)

Newborn bloodspot screening	Target	2024/25		2025/26	
		Orkney	Scotland	Orkney	Scotland
Bloodspot cards submitted / received	n/a	143	48,841	154	47,902
Screens declined, number	n/a	0	Not included in current extract	0	168*

KPI 8.3: avoidable repeat rate	Essential ≤2.0%; desirable ≤1.0%	4.9%	4.08%	1.95%	3.23%
KPI 8.5: samples with a valid CHI number	Essential ≥98%; desirable 100%	99.3%	99.14%	98.7%	99.19%
KPI 8.6: samples collected between 96 and 120 hours of life	Essential ≥90%; desirable ≥95%	91.2%	91.1%	92.5%	91.4%
KPI 8.7: samples received by the laboratory within three working days	Essential ≥95%; desirable ≥99%	82.4%	88.8%	91.2%	90.4%
Samples with necessary information missing	n/a	2.8%	1.5%	0.0%	1.4%
Babies too old for cystic fibrosis screening, all	n/a	0	Not included in current extract	1	185
Babies born in Scotland who were too old for cystic fibrosis screening	n/a	0	Not included in current extract	0	3
Initial samples from babies moving into the	n/a	0	Not included in current extract	1	245

health board					

A total of 154 newborn bloodspot cards from Orkney were received by the Scottish Newborn Screening Laboratory during 2025/26, compared with 143 during 2024/25. No screening declines were recorded in Orkney. Performance improved across several important quality indicators.

The avoidable repeat rate decreased from 4.9% in 2024/25 to 1.95% in 2025/26. This was below the Scottish rate of 3.23% and met the national essential threshold of no more than 2%, although it remained above the desirable threshold of 1%.

In 2025/26, 92.5% of initial samples were collected within the recommended period of 96 to 120 hours after birth, compared with 91.4% across Scotland. This exceeded the essential threshold of 90%, although it remained below the desirable threshold of 95%. The proportion received by the laboratory within three working days improved from 82.4% in 2024/25 to 91.2% in 2025/26. This was slightly above the Scottish rate of 90.4%, but remained below the essential threshold of 95% and therefore continues to require monitoring.

Data completeness also improved. No Orkney cards required follow-up because sample date, gestation or required time information was missing, compared with 1.4% across Scotland. A valid CHI number was recorded on 98.7% of Orkney samples, meeting the essential threshold of 98%, although slightly below the Scottish rate of 99.19%.

One initial sample related to a baby who had moved into Orkney. That baby was recorded as too old for cystic fibrosis screening, which can only be undertaken up to eight weeks of age. No baby born in Scotland under NHS Orkney’s responsibility missed cystic fibrosis screening because of age. Given Orkney’s small annual birth cohort, percentage changes should be interpreted alongside the underlying numbers.

Two new conditions were added to the Scottish Newborn Bloodspot Screening Programme during 2025/26. Screening for hereditary tyrosinaemia type 1 (HT1) commenced on 12 January 2026 and Scotland launched an in-service evaluation of newborn bloodspot screening for spinal muscular atrophy (SMA) in March 2026. Both additions aim to identify serious, rare conditions at the earliest possible stage, enabling prompt specialist assessment and treatment.

Newborn Hearing Screening Programme (NHSP)

Universal newborn hearing screening aims to complete the screening pathway by four weeks of corrected age, allowing timely referral for audiological assessment where required. NHS Orkney uses the automated otoacoustic emission pathway.

Newborn hearing screening coverage in Orkney remained at 100% across the three reporting periods shown. This compared with 98.9% across Scotland in 2023/24, 99.1% in 2024/25 and 98.8% for April to December 2025. Orkney therefore met the essential national threshold of at least 98% throughout. The 2025/26 figure is based on the first nine months of the financial year and should be clearly identified as provisional or partial-year data.

Newborn hearing screening is delivered through different screening pathways and supported by different information systems across Scottish health boards. NHS Orkney uses the automated otoacoustic emission (OAE) screening pathway. National work is under way to consider future information-system requirements and support consistent reporting, quality assurance and benchmarking.

Local data quality and screening completion continued to be monitored through NHS Orkney's screening governance arrangements.

Hearing Screening locally available uptake data is available in Table 3.13.

***Table 3.13**: Newborn hearing screening uptake (Source: UNHS KPI report)*

Hearing Screening Uptake (Proportion of eligible children for whom the hearing process is finished by 4 weeks of age)	**NHS Orkney**	**Scotland**
2023-24	100%	98.9%
2024-25	100%	99.1%
2025-26	100%	98.8%
National target is ≥98% (essential) / > 99.5% (desirable)		

Acknowledgements

My thanks to everyone in the public health department who contributed to this report and for all those who play a part in delivering public health services across the organisation and beyond. Thanks to Ms Kirsti Jones for the cover picture for this report. Special thanks go to Dr Elvira Garcia and Ms Hannah Casey for their leadership over the year.

IJB Key Items and Discussion

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 19 February 2026
	• Stephen Brown, Chief Officer - IJB
Report Author(s)	• Stephen Brown, Chief Officer - IJB
Purpose of report	• Assurance
Contribution to Strategic ambition	• Government policy/directive • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Person Centred •
Key points for consideration	• The report gives a brief overview of the agenda and discussion at the Integration Joint Board Meeting on 2 September 2026.
Route to meeting	• Not applicable.
Recommendation(s)	• Assurance - For members assurance only

IJB Key Highlights and Discussion

Stephen Brown, Chief Officer
20/10/2026

1. Situation

1.1 NHS Orkney receives Directions from the Orkney Integration Joint Board in relation to a range of delegated services. There are three Non-Executive Directors of the NHS Orkney Board who are also voting members of the Integration Joint Board.

2. Background

2.1 Integration Joint Boards arose from the Public Bodies (Joint Working) (Scotland) Act 2014 which required integration of certain aspects of adult health and social services. As well as prescribed functions that had to be delegated additional functions could be included and these are captured in the Integration Scheme.

2.2 Since the last report there has been a meeting of the Integration Joint Board on 2 September 2026.

3. Assessment

3.1 Key Points from the September 2026 meeting include:

The Integration Joint Board noted the appointments of the voting and proxy voting Board Members from NHS Orkney. NHS Orkney confirmed that Joanna Kenny would continue as Chair until May 2027. The Board were also advised of the interim Nursing Representative and proxy Nursing Representative appointments to the Integration Joint Board. The Board approved the Chair and Vice Chair arrangements for the Joint Clinical and Care Governance Committee and the new members to the Performance and Audit Committee.

The revised Standing Orders, taking into account the changes required by the Public Bodies (Joint Working) (Scotland) (Integration Joint Boards) Amendment Order 2025, was approved.

Members noted the revenue expenditure monitoring report up to the period of 30 June 2026. Members noted the current overspend position of £936k on delegated services and an underspend of £63k on Set Aside Services. Of the £936k overspend, £196k is made up of NHS commissioned services and £740k for Council commissioned services.

The Integration Joint Board approved the first Long Term Financial Plan which is for the period 2026/27 to 2035/26. The Long Term Financial Plan extends the methodology of the Medium Term Financial Plan beyond the current three year period using he confirmed 2026/27 approved budget of £82.141 million.

The revised Stakeholder Representative Expenses was approved.

The Annual Performance Report was approved for submission to Scottish Government. Members noted the key highlights in relation to the six Strategic Priorities. Concerns were raised around the timing of the data releases from Public Health Scotland and the legal requirement to submit to Scottish Government by 31 July 2026.

The Board noted the work done to date in relation to Public Service Reform. The report highlighted areas where possible closer collaboration was being looked into.

Members noted the progress made in the Suicide Prevention Task Force Annual Brief for the period 2025/26. Members were advised that monitoring of the Action Plan is undertaken regularly by the Suicide Prevention Task Force.

3.2 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	The Integration Joint Board aims to improve quality of care through joined up provision of services.
People	Workforce	No	There are no workforce implications directly arising as a result of this report.
Performance	Finance	No	There are no financial implications directly arising as a result of this report. There are close links between NHS Orkney's finance department and the Chief Officer and Chief Finance Officer.
Potential	Risk Management	No	There are no risk implications directly arising as a result of this report.
	Digital	No	There are no digital implications directly arising as a result of this report.
Place	Equality and Diversity including health inequalities	No	There are no equality or diversity implications directly arising as a result of this report.
	Climate Change Sustainability	No	There are no climate change implications directly arising as a result of this report.

4. Recommendations

4.1 Assurance - For members assurance only

Orkney Community Planning Partnership Key Items and Discussion

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 29 October 2026
	• Stephen Brown, Chief Officer - IJB
Report Author(s)	• Stephen Brown, Chief Officer - IJB
Purpose of report	• Assurance
Contribution to Strategic ambition	• Annual Operational Plan • Legal requirement • Local policy
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Person Centred
Key points for consideration	• The report gives a brief overview of the agenda and discussion at the Community Planning Partnership Meeting on 23 September 2026.
Route to meeting	• Not applicable.
Recommendation(s)	• Assurance - For members assurance only

Orkney Community Planning Partnership Key Items and Discussion

Stephen Brown, Chief Officer
29/10/2026

1. Situation

1.1 NHS Orkney is a member of the Community Planning Partnership known locally as the Orkney Community Planning Partnership, and this paper aims to provide members with an update of key issues being considered by the Orkney Community Planning Partnership at its last meeting. Since the last report there has been a which was held on 23 September 2026.

2. Background

2.1 As outlined in the Community Empowerment (Scotland) Act (2015) the NHS has a role to facilitate community planning and ensure the partnership carries out its functions efficiently and effectively.

3. Assessment

3.1 Key highlights from the 23 September 2026 meeting include:

Members received a presentation on the Good Food Nation from Nourish Scotland which provided an overview on the Good Food Nation Act, the statutory duties for health boards, local authorities and wider community planning partnership members. It was advised that the Good Food Nation Plans are required to be in place from April 2028.

An update was provided on the work being undertaken via the Public Service Reform agenda and associate action plan.

An overview of the Workforce North Summit was provided on the event of 7 September 2026. A temporary Workforce Action Group has been established to oversee the development of the Orkney Workforce Roadmap.

British Telecom advised that 87% of Orkney customers had migrated from analogue to digital services and provided an overview of the arrangements for supporting vulnerable customers. Some concerns were raised about digital resilience particularly in remote areas.

Members received a presentation on NHS Orkney's Population Health Organisation Self Assessment. Prevention and early intervention were highlighted as important. Members agreed that population health was a crosscutting theme across community planning partners.

It was advised that an Orkney Matters Two Follow Up report would be published which outlined activity undertaken in response to the priorities previously identified. A request was made to submit any work from the past two years on improving health and care.

3.2 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Working together with partners should support quality services.
People	Workforce	No	There are no workforce implications directly arising as a result of this report.
Performance	Finance	No	While there are no financial implications directly arising as a result of this report, NHS Orkney has to support resourcing of the Orkney Partnership support.
Potential	Risk Management	No	There are no risk implications directly arising as a result of this report.
	Digital	No	There are no digital implications directly arising as a result of this report.
Place	Equality and Diversity including health inequalities	No	There are no equality or diversity implications directly arising as a result of this report.
	Climate Change Sustainability	No	While there are no climate change implications directly arising as a result of this report, the Orkney Partnership planned work includes work on climate change.

4. Recommendations

4.1 Assurance - For members assurance only

Safety, Quality and Experience Report, Q1 – Quality extract

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 29 October 2026
	• Dr Anna Lamont, Medical Director
Report Author(s)	• Kat Jenkin, Head of Patient Safety, Quality and Risk
Purpose of report	• Discussion
Contribution to Strategic ambition	• Annual Operational Plan • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality
Key points for consideration	• Improvement activity is progressing across Excellence in Care, including falls prevention; as well as the Scottish Patient Safety Programme and cancer pathways, although several developments remain at an early stage. • Quarter One Care Assurance and Improvement Resource (CAIR) submission compliance was 54%, which is the highest submission rate we have achieved. • Next-quarter priorities include improving CAIR submissions and clinical use of the data, aligning the adverse event reporting system (Datix) with national falls definitions, and developing locally owned quality standards.
Route to meeting	• The full report was presented to the Joint Clinical and Care Governance Committee on 1 October 2026
Recommendation(s)	• **Discussion - Consider the implications of a matter**

Safety, Quality and Experience Report, Q1 – Quality extract

Kat Jenkin, Head of Patient Safety, Quality and Risk
19/10/2026

1. Situation

1.1 This Quality extract from the Quarter One Safety, Quality and Experience Report is presented to the Board to provide oversight of progress across Excellence in Care, the Scottish Patient Safety Programme and local improvement work. It highlights developing good practice and continued work to strengthen the use of quality information, clinical ownership and sustained improvement. The Board is asked to discuss and note the progress made and the planned actions that will build on the work already completed.

2. Background

2.1 This extract from the Safety, Quality and Experience report is provided to inform the Board of ongoing improvement work aimed at enhancing patient safety, care and experience. The report consolidates key elements of clinical governance, enabling a system-wide view of quality and safety activity. Its presentation to the Board supports organisational transparency, provides assurance that areas of good practice are being recognised, and confirms that areas requiring improvement are being identified and addressed. This structured reporting approach strengthens accountability and supports continuous improvement aligned with NHS Scotland values and strategic priorities.

3. Assessment

3.1 Quality

3.2 Quality improvement (QI) is a systematic approach to understanding how care and services are currently delivered, testing changes in practice, using data to understand whether those changes lead to improvement, and embedding learning so that improvements are sustained. This section brings together quality improvement projects, national programmes such as the Scottish Patient Safety Programme (SPSP), improvement activity linked to Excellence in Care, and local QI projects that may arise from audit, review, feedback or identified variation in practice. NHS Orkney uses this information to understand where change is needed, where good practice is developing, and how improvement work can support better outcomes for patients, families, carers, staff and the wider community. The examples below highlight current and planned improvement activity across clinical and non-clinical services, including work to strengthen care, support staff and provide assurance that learning is being translated into action.

3.3 Adverse Events and Significant Adverse Events

3.4 No Significant Adverse Event Reviews were closed during this quarter, so there is no new learning to report from completed reviews. Work is continuing to improve how learning and improvement actions from adverse events are recorded and reviewed. This will help NHS Orkney show whether actions have made a difference and provide clearer assurance that learning from adverse events is being used to support quality improvement. Work is also underway to look at themes across adverse event data, complaints and other organisational information, such as Human Resources data on sickness absence. Bringing these sources together will help identify areas where quality of care may be affected and where improvement work should be focused.

3.5 Excellence in Care (EiC)

3.6 Excellence in Care (EiC) is a nationally recognised quality framework that supports teams to define, evidence and improve the quality of care people receive. It is not intended to be a data submission exercise; it is a tool for excellence, helping services understand whether care is safe, effective and person-centred, where practice is strong, and where improvement is needed. The Care Assurance and Improvement Resource (CAIR) dashboard brings the EiC measures together in one place, enabling NHS Orkney to use quality information over time to identify variation, support service-level discussion, strengthen assurance and focus improvement activity on what matters for patients, families, carers and staff.

3.7 The measures currently collected by NHS Orkney through CAIR include:

- Early Warning Score measures
- Maternity Early Warning Score measures
- Food, Fluid and Nutrition measures
- Inpatient falls rate
- Pressure ulcer rates
- Preferred Place of Death documented and achieved
- Initial Getting it Right for Every Child assessment
- School Nursing referral assessment

3.8 Overall CAIR submission compliance for Quarter One was 54%. This does not reflect the quality of care delivered; it reflects the current stage of submission of data, with several measures still being embedded, reviewed or requiring further data-flow development, particularly workforce measures including establishment variance, predictable absence allowance, bank and agency usage, and overtime and excess hours.

3.9 In future reports we aim to provide more detailed breakdown on each of the measures and compliance, with what work is underway to improve care. This quarter there is an error in the graphs so these have not been included.

3.10 Early Warning Score and Maternity Early Warning Score measures

3.11 These measures support oversight of the recognition and escalation of clinical deterioration. They review whether Early Warning Scores are

calculated accurately, recorded at the expected frequency and escalated in line with a patient's changing clinical condition.

3.12 Food, Fluid and Nutrition

3.13 This measure considers whether nutrition and hydration needs are assessed, planned and reviewed, and whether care records show that identified needs have been acted on.

3.14 Inpatient falls

3.15 Falls are captured through two measures, the total number of inpatient falls and the number of falls resulting in harm. This distinction helps services understand both the frequency of falls and the extent to which they are causing harm.

3.16 Pressure ulcers

3.17 Pressure ulcers are reported through two measures, all pressure ulcers and those acquired in hospital. This separates overall prevalence from pressure damage that has developed during an episode of care.

3.18 Preferred Place of Death

3.19 This measure records whether a person's preferred place of death has been discussed and documented, and whether this was achieved where possible.

3.20 Children and young people measures'

3.21 These measures cover initial Getting it Right for Every Child assessments and School Nursing referral assessments, supporting oversight of assessment and referral pathways for children and young people.

3.22 Overall, the data indicates that falls activity is not evenly distributed across inpatient ward areas. This supports the need for a targeted and proportionate improvement approach, with additional focus on areas where falls remain more frequent or sustained.

3.23 The falls definitions used within the adverse event reporting system, Datix, have now been reviewed and revised by Healthcare Improvement Scotland (HIS), and new national falls definitions are in place to support clearer differentiation between falls. Further details are available in the Scottish Patient Safety Programme National Falls Definition – Summary Document.

3.24 Over the next quarter, the Safety, Quality and Risk Team will undertake a review of reported falls and map adverse events against the new falls' matrix. This will support a clearer understanding of the types of falls occurring across all ward areas and help inform future prevention and improvement priorities.

3.25 **EiC ongoing project work**

3.26 Strengthen CAIR submissions and improve the effective use of CAIR data across NHS Orkney to support assurance, improvement planning and service-level decision-making.

3.27 Build ward and department-level capability in Excellence in Care (EiC) and Quality Improvement by developing EiC Champions within ward areas to

support local ownership, engagement and integration of EiC measures into routine practice.

3.28 Continue onboarding, guidance and support for Senior Charge Nurses, Senior Charge Midwives and Allied Health Professionals to strengthen their confidence in using CAIR and EiC data for quality assurance and improvement activity.

3.29 Continue to promote completion of SafeCare and strengthen the use of workforce information to inform staffing assurance, operational oversight and improvement priorities, working with the Lead for Workforce.

3.30 Continue to progress the Cancer Process Improvement project, aligned with national standards, with a focus on improving pathway reliability, service coordination and the overall patient journey.

3.31 What is planned for the Next Quarter

3.32 The National falls matrix to be fully aligned with the adverse event reporting system.

3.33 Establish a programme of engagement with inpatient and community teams to co-design and implement Quality Standards aligned to the 16 Excellence in Care (EiC) Framework domains. This work will support nursing and midwifery teams to define, deliver and sustain excellence in person-centred care, while identifying priority areas for improvement through a continuous quality improvement approach. The standards will strengthen clinical governance arrangements, provide evidence of compliance and quality assurance, and form a key component of the Quality of Care (QoC) Review process, supporting organisational learning and improved outcomes for people using services.

3.34 Work in partnership with Senior Charge Nurses/Managers to establish and embed locally owned quality standards across clinical areas. This approach supports sustainable quality improvement, strengthens accountability for care delivery, and provides a consistent framework for assessing quality through the QoC review process. The standards will contribute to assurance of safe, effective, person-centred care and support delivery of NHS Orkney's strategic quality and excellence objectives.

3.35 Scottish Patient Safety Programme (SPSP)

3.36 The Scottish Patient Safety Programme (SPSP) is Scotland’s national improvement programme for patient safety. It supports NHS boards to use quality improvement methods, shared learning and national measurement to reduce harm and improve the reliability of care. NHS Orkney is contributing to the Adult in Hospital programme through falls improvement work and pressure ulcer data submission, and to the Perinatal programme through Maternity Early Warning Score (MEWS) and venous thromboembolism (VTE) measures.

3.37 Adult in Hospital

3.38 Falls improvement work has focused on understanding the revised national falls definitions and implementing these within Datix. This was not completed during Quarter One and will be evidenced in Quarter Two. Once

implemented, the revised definitions will support comparison with national data using a shared understanding of falls and falls-related harm. This is a significant step forward, as previous definitions were set locally by individual Boards and were not consistent across Scotland. Within the rehabilitation ward, work has also included the introduction of Reminiscence Interactive Therapy Activities (RITA), an interactive digital therapy system that uses music, images, films and memory-based activities to support cognition, engagement and meaningful activity for patients. During the next quarter, the Datix changes will be fully implemented, work will continue with Senior Charge Nurses to support implementation, and a proposal will be taken forward to establish a short-life working group focused on falls improvement.

3.39 NHS Orkney is not actively participating in the SPSP Adult in Hospital pressure ulcer improvement programme at present, as local pressure ulcer rates are not high. Data submission continues to support surveillance, helping services recognise any increase in pressure ulcers promptly, take timely action, and access the programme for additional improvement support if this becomes needed.

3.40 Perinatal

3.41 Maternity services across Scotland have not previously used a single identified score for recognising deterioration. The SPSP Perinatal Maternity Early Warning Score (MEWS) work supports a standardised approach to recognising and escalating deterioration in maternity patients. Revised MEWS charts have now been approved and implemented within NHS Orkney. The maternity service has chosen to use these in paper format to avoid confusion between the electronic system and the revised charts, as these are not currently aligned. The charts are now in place and compliance is being audited monthly. Alongside chart implementation, the maternity service has changed who is commenced on a MEWS chart so that everyone is captured; this change is also now in place. NHS Orkney is also participating in the Venous Thromboembolism (VTE) measure within the SPSP Perinatal programme. This supports a standardised approach to VTE assessment and prevention and reflects an area for improvement identified within the Healthcare Improvement Scotland inspection report.

3.42 Quality Improvement Projects

3.43 Cancer Pathway

3.44 Work is underway to review and improve cancer pathways in line with national cancer standards, quality strategies and person-centred care principles. The focus during Quarter One has been on understanding current pathway processes, identifying where coordination across services can be strengthened, and clarifying how people move through referral, investigation, diagnosis, treatment planning and ongoing support. This work is intended to improve pathway reliability, reduce unwarranted variation, and support a more consistent and responsive experience for people receiving cancer care in NHS Orkney.

3.45 The improvement work also supports clearer links between operational pathway management, clinical governance and patient experience. By reviewing the cancer pathway as a whole, NHS Orkney can better identify points where delay, duplication, communication gaps or unclear responsibilities may affect the quality of care. This will support targeted improvement activity, strengthen assurance around pathway delivery, and help ensure that learning from pathway review is translated into practical changes for patients, families, carers and staff.

3.46 Current Position

The current position shows a developing quality improvement system, with progress across Excellence in Care, the Scottish Patient Safety Programme and local pathway improvement work. Key risks remain incomplete CAIR data flows, variable submission compliance, the need to embed revised falls definitions within Datix, and limited ability to demonstrate that learning and actions consistently result in sustained improvement. Continued engagement with clinical teams, Senior Charge Nurses, Senior Charge Midwives, Allied Health Professionals, workforce colleagues and national partners will be central to strengthening local ownership and delivery. Available evidence from CAIR measures, adverse events, audits and pathway reviews is being used to identify variation, target improvement activity and support clearer Board assurance on the safety, effectiveness and person-centredness of care.

3.47 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Positive impact through strengthened quality assurance, earlier identification of variation and targeted improvement in falls, deterioration, nutrition, pressure ulcers, maternity care and cancer pathways. Incomplete CAIR data flows and variable submission compliance currently limit assurance that improvement is consistent and sustained.
People	Workforce	Yes	Positive impact through greater local ownership, EiC capability and use of quality and workforce information by clinical leaders. Delivery requires sustained staff engagement, training and capacity, which may add short-term workload pressure.
Performance	Finance	No	No direct financial impact is identified in this report. Improvement activity will be delivered through existing resources; however, further work may require staff time, training and digital

			or data support. Earlier harm reduction and more reliable pathways may support future efficiencies.
Potential	Risk Management	Yes	The report identifies risks from incomplete data, variable CAIR compliance and inconsistent falls definitions. Mitigations include improved data flows, newly revised definitions, audit, targeted review, local quality standards and continued clinical engagement.
	Digital	Yes	Positive impact through improved use of CAIR, Datix and SafeCare data to identify variation and support assurance. Current system misalignment, incomplete data flows and the need to update Datix falls definitions may delay full benefit.
Place	Equality and Diversity including health inequalities	Yes	Improved use of quality data and pathway review can help identify variation in access, experience and outcomes.
	Climate Change Sustainability	No	

4. Recommendations

4.1 It is asked that the Board discuss and note the quality improvement work underway, the progress made and the actions planned to strengthen data quality, clinical ownership and assurance that improvements are sustained.

4.2 Discussion - Consider the Implications of a matter

5. List of Appendices

5.1 There are no appendices with this report.

Healthcare Associated Infection Reporting Template

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 29 October 2026
	• Lesley Thomson, Executive Nurse Director (Interim)
Report Author(s)	• Catherine Edwards, Head of Infection Prevention • Sarah Walker, Head of Infection Prevention
Purpose of report	• Assurance
Contribution to Strategic ambition	• Government policy/directive
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred
Key points for consideration	• Hand Hygiene and MDRO targets have been achieved for this report • Domestic monitoring score has dropped slightly, bringing it below the national target • New national Infection Prevention 10-year Strategy launched. This strategy outlines key priorities and the vision for the future and encompasses all settings where care is delivered.
Route to meeting	• Nil. This is a mandatory Board report
Recommendation(s)	• **Assurance - For members assurance only**

Healthcare Associated Infection Reporting Template

Catherine Edwards, Head of Infection Prevention
Sarah Walker, Head of Infection Prevention
29/10/2026

1. Situation

The HAI Reporting Template is presented for assurance to the Board. This report includes verified national reported data for both the last published quarter and the last year's data, in addition to the real-time yet to be verified local data for information and decision regarding the Board's preferred data presentation format moving forward.

This report includes the validated calendar year quarter 1 data from PSDS and also the local yet to be validated data for information only

Transmission Based Precautions (TBPs)

New TBP guidance has been cascaded to staff and ongoing monitoring for embedding continues. Line Managers with staff who are required to complete the TURAS TBP module have been notified in collaboration with Learning.

High Consequence Infectious Disease (HCID) training
26 staff have presented for initial HCID PPE training, competency sign off is still to be achieved. A tabletop exercise is due to be completed this month, led by our Public Health colleagues.

Infection Prevention and Control Strategy for Scotland: Vision and Priority Statement
An Infection Prevention and Control Strategy for Scotland: Vision and Priority Statement was launched on the 31st July, this outlines the next 10 year vision for infection prevention, with multi-year action plans to be disseminated at a later date, with support from subject matter experts. A briefing paper outlining the key priorities will be presented at the next Board meeting.

2. Background

This report provides an overview of the changes since the last report two months ago, and highlights areas that require mandatory reporting as well as local data capture.

Correspondence received NSS ARHAI data team, confirmed that the current national HAI standards concluded on 31 March 2026. These standards required that there should be no increase in the number of new healthcare associated infection cases of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB) and *Staphylococcus aureus* bacteraemia (SAB) when compared with the baseline period of April 2023 to March 2024.

ARHAI Scotland is currently reviewing the future direction of national HAI standards and is engaged in discussions with the Scottish Government. In the interim, the previous standards remain in place while ARHAI Scotland awaits further direction regarding recommendations for future national surveillance priorities.

3. Assessment

3.1 Analysis

The Healthcare Associated Infection Reporting Template (HAIRT) report is provided in **Appendix 1**. As updated Local Delivery Standards have not yet been issued, the previous year's targets have been carried forward for reporting purposes.

Current Position

Mandatory National Surveillance

Quarter 1 surveillance data have been submitted to Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland.

No nationally verified data is yet published for this LDP year (2026/2027)

Local Surveillance Data (not yet verified nationally):

- **Staphylococcus aureus bacteraemia (SAB):** One healthcare-associated infection and one community case was reported during July to September against a Local Delivery Standard annual target of zero.
- **Clostridioides difficile infection (CDI):** One healthcare-associated infection and one hospital case were declared during July to September.
- **Escherichia coli bacteraemia (ECB):** One Community case and one hospital case were declared during July to September.

Domestic Services and Estates Monitoring

The Domestic Service monitoring has dropped from 96% in June/July to 88% for September, this reflects lack of data submitted for August due to the monitoring tool malfunction. The Estates monitoring achieved the required compliance target, scoring 100%. Both targets are set at 90%.

Built Environment

Work to maintain the built environment continues across all NHSO healthcare sites.

3.2 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Robust management of investigation is undertaken for *Staphylococcus aureus* and *E.Coli* bacteraemias and CDI cases. Reduction of risk to patients from splash zones. Sixteen sinks have been removed to date across two inpatient areas however, some risk continues and a risk remains on the corporate register
People	Workforce	Yes	Reduced workforce capacity with the IPC team due to forthcoming retirement of the Head of Service
Performance	Finance	Yes	Meeting the IPC guidance across all healthcare settings would result in extensive financial impact to meet current recommendations.
Potential	Risk Management	Yes	Effectively addressing some of the current IPC risks to patients
	Digital	Yes	Lack of digital IPC solution, which was to be nationally achieved, however, this programme is currently on hold and locally this continues to impact.
Place	Equality and Diversity including health inequalities	No	
	Climate Change Sustainability	Yes	duction in water usage will be achieved with the reduction in hand wash sinks.

4. Recommendations

4.1 The Board are asked to review and scrutinise the information shared and raise any questions or clarification required section.

4.2 Decision requested on preferred format of data presentation.

4.3 Assurance - For members assurance only

5. List of Appendices

5.1 The following appendices are included with this report

i. **Appendix 1,** HAIRT Report

Healthcare Associated Infection Reporting Template

Mandatory National Surveillance

Data has been presented in nationally verified formats for consideration. The funnel data shows the latest available verified quarter (currently January 2026-March 2026). The bar chart shows the verified data for the previous year for each of the nationally reported surveillance.

Additionally, local real-time unverified data has been provided in a chart format for information only.

Local Delivery Plan (LDP) Standard data for LDP quarter 1 have been submitted to ARHAI Scotland, but not yet published.

Please note that the LDP year is set at April-March, but data published by PSDS on Discovery is displayed as calendar year (January-December). These are set nationally.

***Staphylococcus aureus* bacteraemia (SAB)**

Nationally Verified Surveillance Data (Discovery data for 2026-2027 LDP year is not yet published.)

Figure 1 shows SAB Healthcare associated infection data - Quarter 1 (calendar year), as published within the Discovery dashboard.

Figure 2 shows SAB Healthcare associated infection data for year ending 2025/2026

Figure 3 shows local unverified real-time SAB data.

Figure 1:

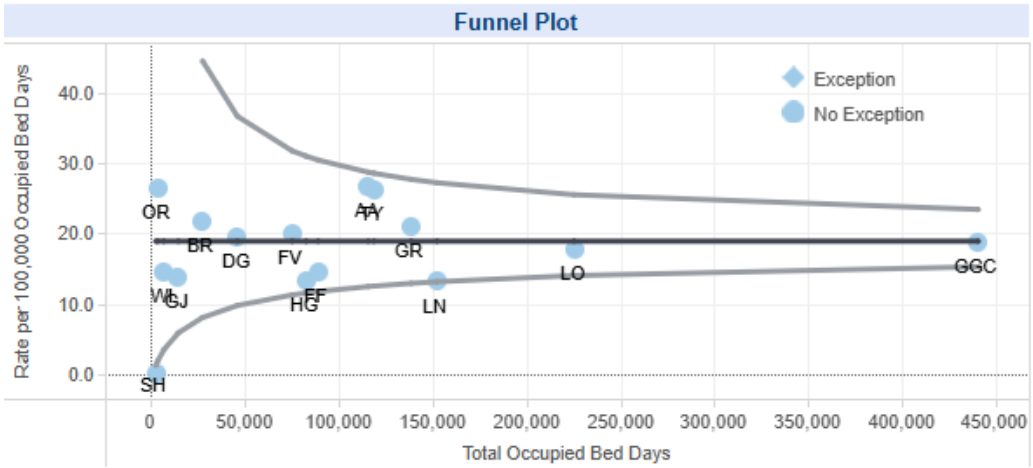
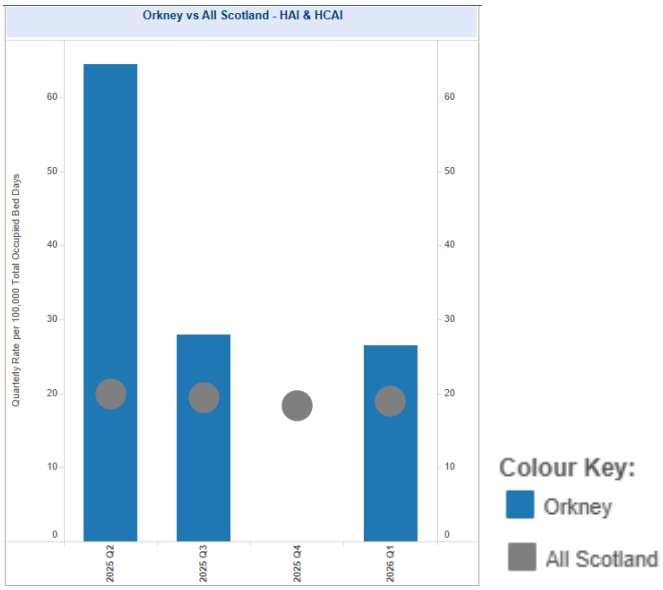


Figure 2:



Local *Staphylococcus aureus* bacteraemia Data (not yet verified nationally)

Figure 3:

LDP Standard Target Quarters for LDP standard year 2026-27	Community Case	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	1	0
Q2 – Jul - Sep	1	1	0
Q3 – Oct - Dec			
Q4 – Jan - Mar			

***Clostridioides difficile* Infection (CDI)**

Nationally Verified Surveillance Data

Figure 4 shows CDI Healthcare associated infection data - Quarter 1 (calendar year), as published within the Discovery dashboard.

Figure 5 shows CDI Healthcare associated infection data for year ending 2025/2026

Figure 6 shows local unverified real-time CDI data.

Figure 4:

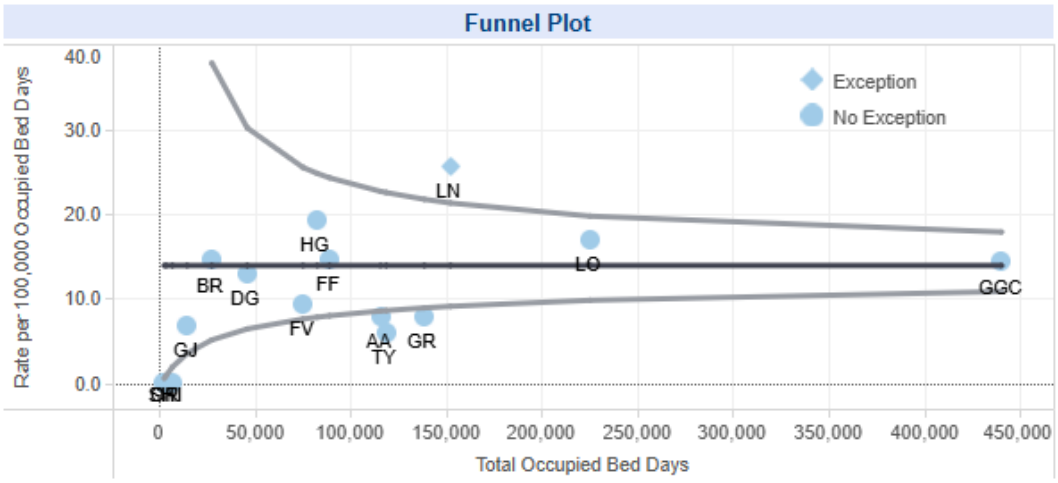
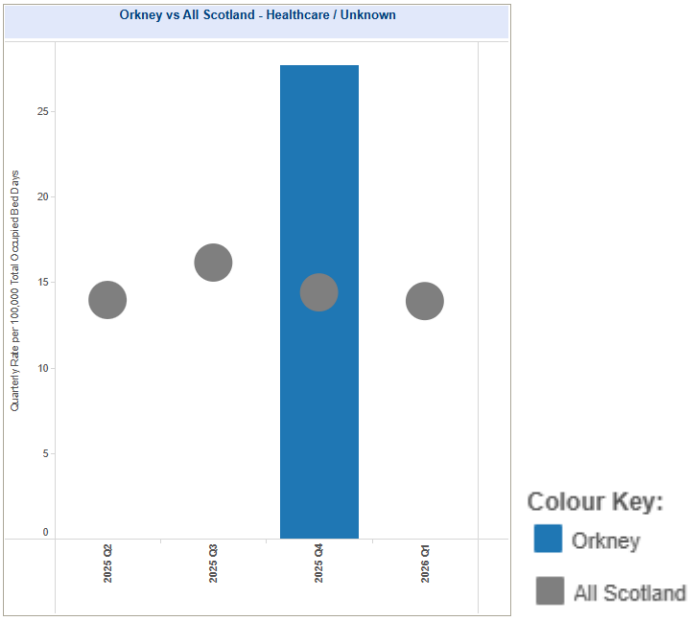


Figure 5:



Local *Clostridioides difficile* Infection Data (not yet verified nationally)

Figure 6:

LDP Standard Target Quarters for LDP standard year 2026-27	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	1	0
Q2 – Jul - Sep	0	1	1
Q3 – Oct - Dec			
Q4 – Jan - Mar			

Escherichia Coli Bacteraemia (ECB)

Nationally Verified Surveillance Data (Discovery data for 2026-2027 LDP year is not yet published)

Figure 7 shows ECB Healthcare associated infection data - Quarter 1 (calendar year), as published within the Discovery dashboard.

Figure 8 shows ECB Healthcare associated infection data for year ending 2025/2026

Figure 9 shows local unverified real-time ECB data.

Figure 7:

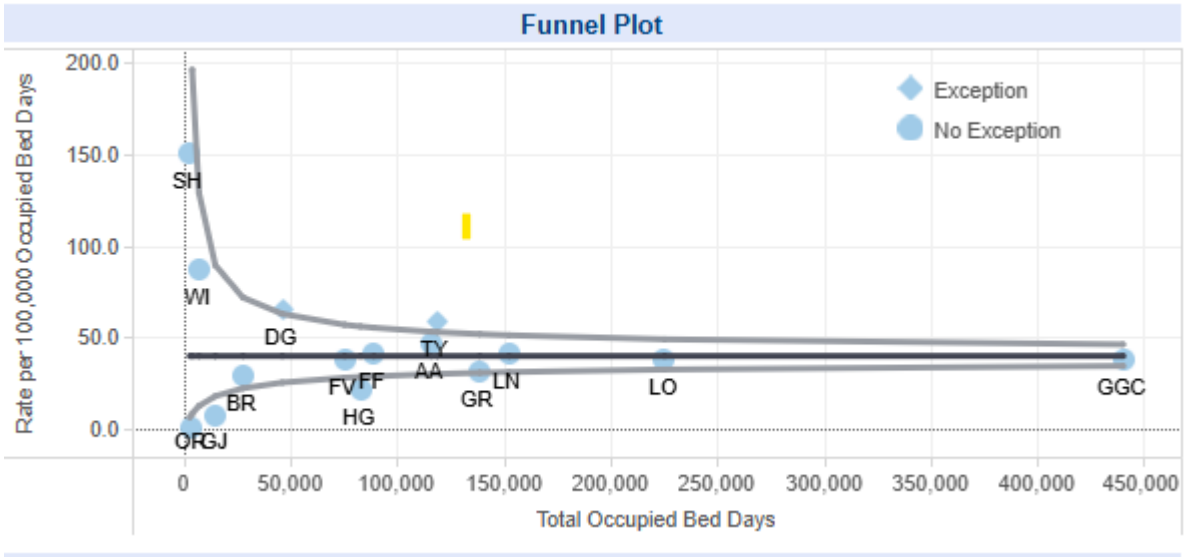
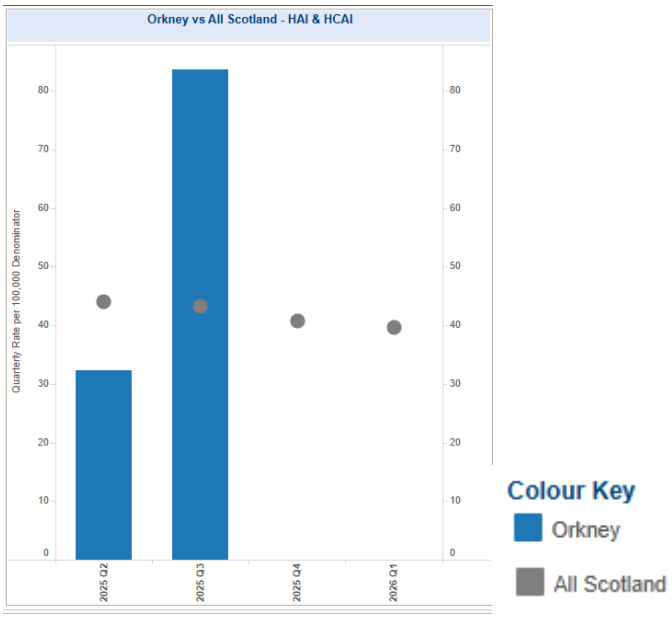


Figure 8:



Local *Escherichia Coli* Bacteraemia Data (not yet verified nationally)

Figure 9:

LDP Standard Target Quarters for LDP standard year 2026-27	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	1	1	0
Q2 – Jul - Sep	1	0	1
Q3 – Oct - Dec			
Q4 – Jan – Mar			

Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment National Screening – Quarter 2 received (calendar quarter).

NHS Orkney remains above the 90% National target.

MRSA Uptake	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Orkney	90.0%	86.7%	100.0%	**93.3%**
Scotland	84.8%	81.1%	81.7%	80.9%

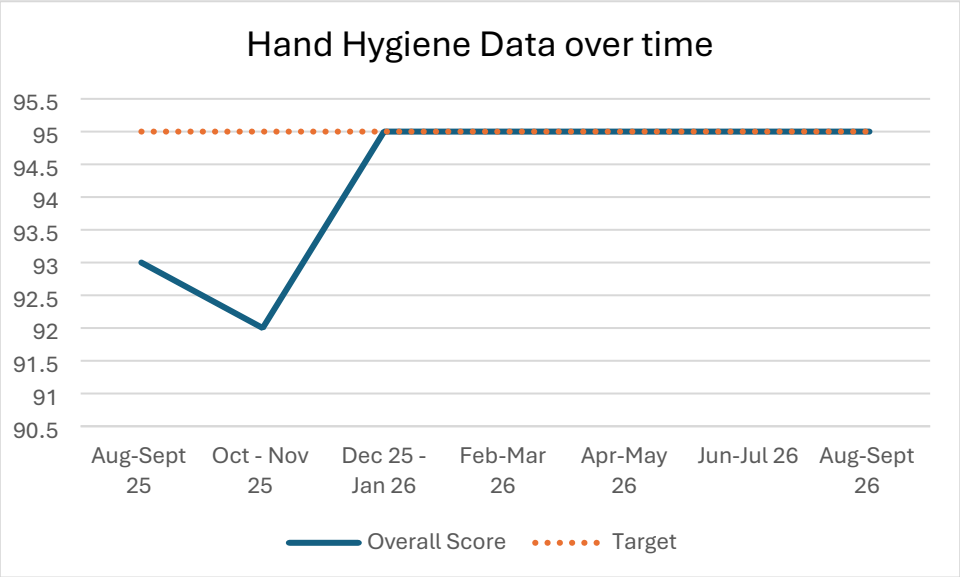
CPE Uptake	2025 Q3	2025 Q4	2026 Q1	2026 Q2
Orkney	100.0%	100.0%	100.0%	100.0%
Scotland	87.2%	85.7%	86.9%	87.9%

Red indicates a decrease from the previous quarter; green indicates an increase; black indicates no change. NB this does not indicate statistically significant change.

Hand Hygiene

The hand hygiene compliance score for August to September 2026 remained at **95%**, achieving the national target. Compliance has remained consistently at or above target since December 2025, demonstrating sustained improvement in hand hygiene practices.

Opportunities for improvement were identified in relation to ensuring PPE is removed at the appropriate opportunity. This will remain a focus for ongoing education, observation, and feedback to further strengthen compliance with best practice and infection prevention and control requirements.



Local Domestic and Estates Monitoring

Both Domestic and Estates monitoring tool is reported below. The IT monitoring tool was unavailable in August and therefore no data was submitted. Scores for September are slightly below the 90% target for the Domestic monitoring and discussions are ongoing to ascertain the cause.

Annual Months	**Domestics % score**	**Estates % score**
Sep-25	95%	100%
Oct-25	97%	100%
Nov-25	97%	100%
Dec- 25	95%	100%
Jan-26	96%	100%
Feb -26	97%	100%
Mar-26	94%	99%
Apr -26	97%	99%
May-26	96%	100%
Jun-26	96%	100%
Jul-26	93%	100%
Aug -26	No Data	No Data
Sept-26	88%	100%

IPC Team Update

IPC Strategy

On July 31st, a new strategy for IPC was launched; 'An Infection Prevention and Control Strategy for Scotland: Vision and Priority Statements'. This ten-year strategy sets out a vision and priority statements for the future of infection prevention and control in health and social care settings. Implementation will be aided by the launch of a three-year action plan. The scope for this is far reaching. The strategy was launched at a national event on 23rd of September. NHS Orkney IPC were able to attend the event virtually. At this launch it was shared that the three-year action plan is hoped to be launched next summer. Once more information is available, the IPC team will be able to review this and plan the local service accordingly.

TBPs (Transmission Based Precautions)

The new transmission-based precautions are launched, and many areas have already implemented the changes, and work continues to ensure embedding at department level.

High Consequence Infectious Diseases Preparedness (PPE)

26 staff members across secondary care have presented for the initial HCID PPE ensemble training, and work continues to ensure the Board meets its target preparedness date of March 2027.

Community

The Infection Prevention Practitioner continues to offer support and advice. The practitioner offers regular catch-up sessions with individual teams and regularly visits the residential homes.

Support is being offered to the residential homes to assist with implementation of the new TBPs. Five GP practices have requested and received TBP update awareness education, along with NHS Orkney dental service, and Community nursing teams.

Exception Reporting to ARHAI and Scottish Government.

No exception reporting

Month 6 Financial Performance Report - September 2026

Meeting	• **NHS Orkney Board**
Meeting date	• Thursday, 29 October 2026
Responsible Executive/Non-Executive	• Damian Reid, Interim Director of Finance
Report Author(s)	• Damian Reid, Interim Director of Finance
Purpose of report	• Discussion
Contribution to Strategic ambition	• Corporate Strategy 2024/28 • Annual Operational Plan • Government policy/directive • Legal requirement
Alignment to NHS Scotland quality ambition(s)	• Effective • Quality • Sustainability
Key points for consideration	• At Month 6, NHS Orkney is reporting a £1.697m overspend, £0.314m better than the planned trajectory of £2.011m. • Delivery of savings is £0.269m adverse to the year-to-date plan of £1.250m; the forecast year-end overspend remains £2.4m and depends on delivery of planned savings and identification of additional schemes. • Failure to achieve the forecast position may increase the risk of a Section 22 qualification and delay de-escalation from stage 3 of the NHS Scotland Support and Intervention Framework. • Continued scrutiny is required of expenditure forecasts, savings delivery and the quality, workforce, equality, digital and sustainability impacts of further actions.
Route to meeting	• Finance and Performance Committee 27 October 2026
Recommendation(s)	• Discussion - Consider the Implications of a matter

Month 6 Financial Performance Report - September 2026

Damian Reid, Interim Director of Finance

13/10/2026

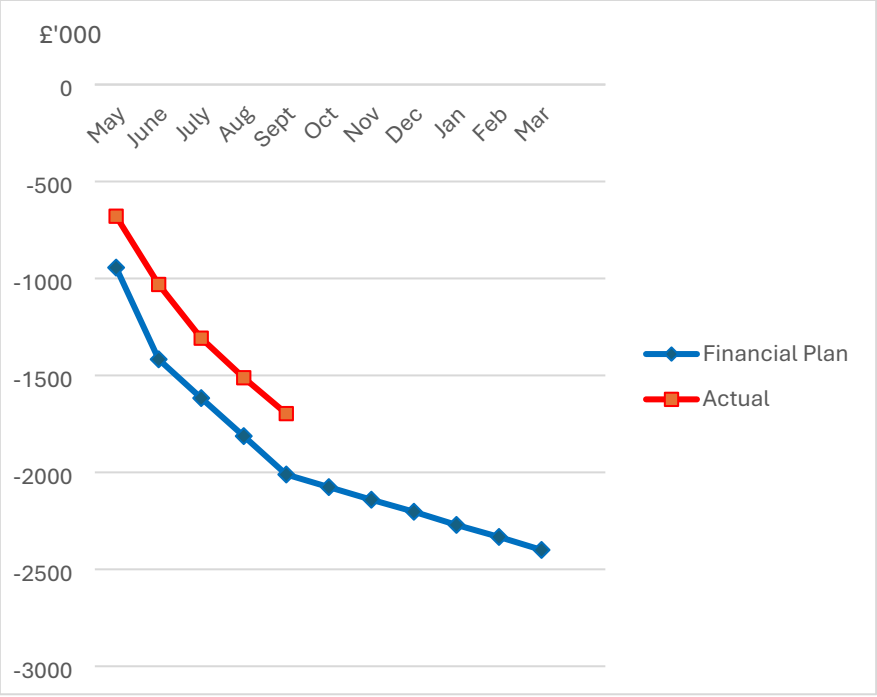
1. Situation

1.1 NHS Orkney remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance. The Board has an approved financial plan for 2026/27 which projects a £2.4m overspend for the year.

2. Background

2.1 At the end of Month 6, the reported financial position an overspend of **£1.697m**, which is **£0.314m** lower than the planned trajectory ant Month 6 of **£2.011m**. The achieved savings at Month 6 is **£0.269m adverse** to the YTD plan of **£1.250m**.

2.2 Whilst there is a slight improvement on the YTD position, compared to the financial plan, the year-end position still heavily relies on achieving the savings in the plan as well as identifying additional schemes.



2.2 If we fail to reach the forecasted position of £2.4m over spent then there is a risk that of risk of a Section 22 Qualification on our accounts for 2026/27.

3. Assessment

3.1 Analysis

SG have made it clear that they are expecting NHS Orkney to deliver as close to the approved financial plan as possible. The forecast deficit of £2.4m will require a continuing to review expenditure forecasts and savings schemes to help identify opportunities for reducing the year end deficit to as much as possible.

3.2 Current Position

At Month 6 we are still forecasting the £2.4m overspend at year end from the financial plan on the caveat that additional savings schemes can be identified between now and then

3.3 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Successful delivery of transformation ensures improved clinical outcomes and patient experience. Quality Impact Assessments are a pre-requisite of any identified efficiency/ transformation scheme to ensure the best outcomes for patients as part of any scheme pursued in the delivery of the financial plan.
People	Workforce	Yes	Delivery of the Board's financial plan is challenging, and it is recognised that successful delivery will have an impact on workforce. As part of the financial performance and delivery of the financial plan, changes to WTE, skill mix and role redesign will be necessary, however, these will be subject to Quality Impact Assessments and rigorous engagement with teams prior to implementation and to mitigate adverse concerns.
Performance	Finance	Yes	Failure to deliver against the 2024/25 financial plan outturn will have a significant impact on the Board and the ability to de-escalate from level 3 of the NHS Scotland Support and Intervention Framework. Monthly reporting allows the position to be monitored closely and corrective action to be taken timeously as required.
Potential	Risk Management	Yes	Risk that the Board cannot deliver on its statutory responsibility to deliver a financial balance. Monthly reporting to the Scottish Government to ensure they are aware of the most up to date position.
	Digital	Yes	Investment in digital technology may be required in order to deliver against some of the

			transformational savings schemes to ensure the most effective and efficient processes are in place. Additional investment if not captured appropriately during financial planning can have a detrimental impact on delivery of the forecast financial outturn.
Place	Equality and Diversity including health inequalities	Yes	Financial planning and performance along with the ongoing improvement work and savings schemes to ensure delivery against the Board's financial responsibilities has fairness and equality at the heart of ongoing improvement work as captured the QIA and developing a culture of continuous improvement
	Climate Change Sustainability	Yes	Several of the ongoing improvement/ savings schemes in place to deliver against the Board's financial plan incorporate schemes to reduce travel to and from Orkney with a number of additional schemes that look to reduce waste and overall the environmental impact

4. Recommendations

4.1 Discuss the Month 6 Financial Position
4.2 Discussion - Consider the Implications of a matter

5. List of Appendices

5.1 The following appendices are included with this report

i. **Appendix 1,** Month 6 Financial Position

NHS Orkney

Financial Position – Month 6 2026/27

Introduction

NHS Orkney was escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance in October 2023 and the Board is focused on reducing its deficit and returning to financial balance in a short a timescale as possible.

Funding for the NFI has been confirmed as recurrent funding for the year.

Year to Date Financial Position

After 6 months of the 2026/27 reporting period, the revenue position shows an **overspend of £1.697m**, which is **£0.314m lower** than the planned year-to-date overspend of **£2.011m**.

The achieved cash releasing savings at Month 6 is **£0.981m** and is **£0.269m adverse** to the year-to-date target of **£1.250m** from the planned savings. The trajectory of savings is geared towards the end of the financial year with **59.6%** planned to be delivered in the remaining 6 months.

Month 6 Financial Position

The following events had an impact on our position this month:

- An increase in income for the treatment of out of area patients has resulted in £146k of unanticipated favourable movement in the month.

Graph 1 illustrates the financial plan trajectory compared to the actual monthly results for the 2025/26 financial year.

Graph 1: Year to Date Run Rate vs Planned Run Rate

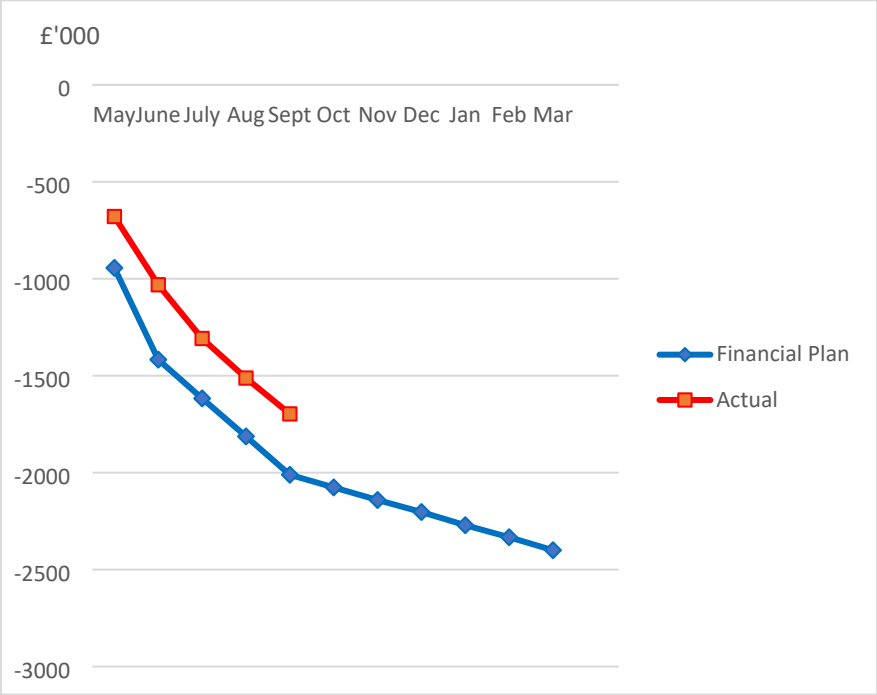


Table 1: Summary Month 6 Position

Level 4 Cost Category	Annual Budget	Period Actuals	Period Budget	Period Variance	YTD Actuals	YTD Budget	YTD Variance
Income							
Health Board Income	-1,232	-232	-105	127	-814	-600	214
Other	-491	-145	-41	105	-603	-245	358
Primary Care Patient Charges	-490	-16	-20	-4	-217	-245	-28
Total Income	**-2,213**	**-393**	**-166**	**227**	**-1,634**	**-1,090**	**544**
Expenditure							
Pay							
Medical & Dental	9,862	1,312	822	-490	6,458	4,931	-1,527
Nursing & Midwifery	17,910	1,442	1,532	90	8,498	8,977	479
Other Staff Costs	27,539	2,079	2,324	245	12,601	13,769	1,168
Total Pay	**55,311**	**4,833**	**4,677**	**-156**	**27,557**	**27,677**	**120**
Non-Pay							
Drugs - Primary Care	5,341	386	445	59	2,431	2,670	240
Drugs - Secondary Care	4,009	273	334	61	1,591	2,005	413
General Dental Services	1,538	88	88	-0	769	769	0
General Medical Services	5,157	442	430	-12	2,621	2,578	-42
General Ophthalmic Services	426	32	32	-0	194	193	-1
Medical Supplies	1,658	196	138	-57	1,100	829	-271

Other Expenditure	12,983	1,563	1,258	-305	8,921	6,454	-2,467
Pharmaceutical Services	1,095	95	95	-0	515	548	32
Resource Transfer	2,334	216	195	-21	1,296	1,167	-129
SLA's & UNPACs	10,871	889	906	17	5,571	5,436	-136
Total Non-Pay	**45,412**	**4,181**	**3,921**	**-260**	**25,009**	**22,648**	**-2,361**
Total Expenditure	**100,722**	**9,014**	**8,598**	**-416**	**52,566**	**50,325**	**-2,241**
Total	**98,510**	**8,621**	**8,432**	**-189**	**50,932**	**49,235**	**-1,697**

Improvement Programme

NHS Orkney had an integrated improvement function which is responsible for driving savings delivery within the organisation. £3.865m of savings are required to be achieved during 2026/27 to deliver the £2.400m deficit plan (before Transitional Funding Support).

The Board has achieved **£0.981m** after 6 months against a planned trajectory of **£1.250m**.

At M6 the Improvement Programme is forecasting a delivery of **£2.523m** for run-rate savings (from schemes currently in implementation) with additional pipeline schemes being scoped and progressed to implementation stage. **£2.138m** has been highlighted as medium or high risk to deliver.

Overview: Month 6 Financial Position (Core RRL)

The overview at Month 6 is summarised in Table 2, with further detail provided in Appendix 1.

Table 2 – Core RRL by Area

Directorate		Annual Budget	Period Actuals	Period Budget	Period Variance	YTD Actuals	YTD Budget	YTD Variance
Acute Services Directorate	Income	-120	-28	-10	18	-196	-60	136
	Pay	22,291	2,046	1,888	-157	11,196	11,146	-50
	Non Pay	1,406	237	107	-130	1,233	802	-431
Acute Services Directorate	**Total**	**23,577**	**2,255**	**1,986**	**-270**	**12,233**	**11,888**	**-345**
Chief Executive Directorate	Income	0	0	0	0	0	0	0
	Pay	2,499	214	207	-6	1,227	1,273	46
	Non Pay	-53	8	5	-3	62	-77	-139
Chief Executive Directorate	**Total**	**2,446**	**222**	**213**	**-9**	**1,290**	**1,196**	**-93**

Chief Officer Integration Board	Income	-731	-53	-61	-8	-335	-365	-30
	Pay	16,727	1,485	1,427	-59	8,638	8,386	-252
	Non Pay	17,938	1,560	1,527	-33	9,330	9,328	-2
Chief Officer Integration Board	**Total**	**33,935**	**2,993**	**2,893**	**-99**	**17,632**	**17,348**	**-285**
Directorate of Human Resources	Income	-43	-6	-4	3	-43	-21	22
	Pay	1,180	80	101	21	545	590	45
	Non Pay	147	-5	12	17	101	73	-28
Directorate of Human Resources	**Total**	**1,284**	**69**	**110**	**41**	**603**	**641**	**39**
Finance, E&F and IT Directorate	Income	-572	-263	-48	215	-665	-286	379
	Pay	7,966	630	658	28	3,674	3,960	286
	Non Pay	5,670	787	594	-192	4,346	2,528	-1,819
Finance E&F, IT Directorate	**Total**	**13,064**	**1,153**	**1,204**	**51**	**7,355**	**6,202**	**-1,154**
Medical Directorate	Income	-324	-31	-30	1	-179	-146	32
	Pay	3,510	282	299	17	1,699	1,755	56
	Non Pay	17,317	1,385	1,465	80	8,440	8,520	80
Medical Directorate	**Total**	**20,502**	**1,636**	**1,734**	**99**	**9,960**	**10,128**	**168**
Public Health Directorate	Income	-66	-4	-6	-2	-38	-33	5
	Pay	1,137	96	97	1	578	569	-9
	Non Pay	40	3	3	1	42	20	-22
Public Health Directorate	**Total**	**1,111**	**95**	**94**	**-1**	**583**	**556**	**-27**
		95,919	**8,423**	**8,235**	**-189**	**49,656**	**47,959**	**-1,697**

Appendix 1 provides high level performance detail of each area.

Significant Areas of Concern

Agency Spend & Bank

Agency spend in in the first 6 months of the year is in line with the average for 2025/26 but will need to reduce if we hope to achieve our financial target in 2026/27. Bank continues to be a key issue.

Primary Care Prescribing

Primary Care prescribing costs have increased in M6 can be volatile so that may change as the year goes on.

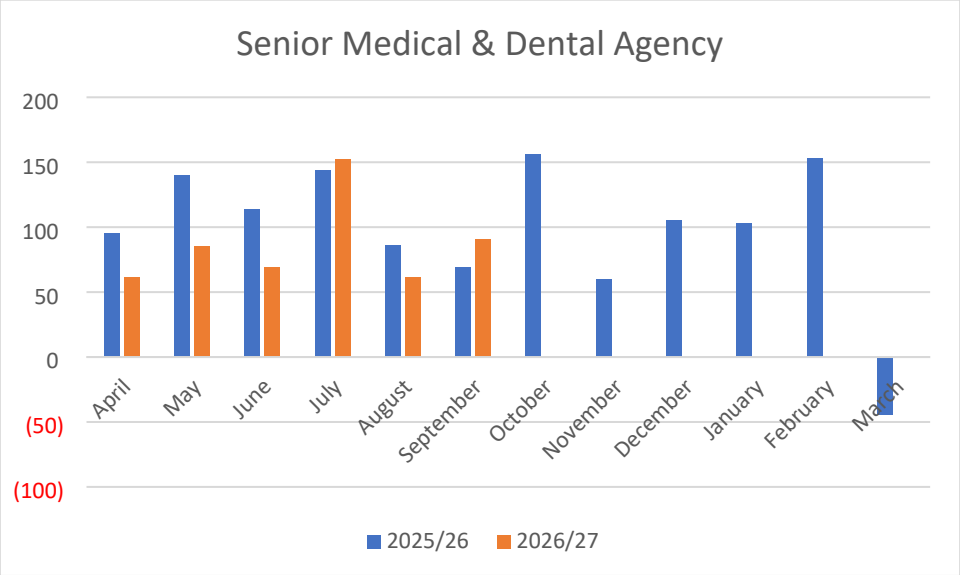
Other areas

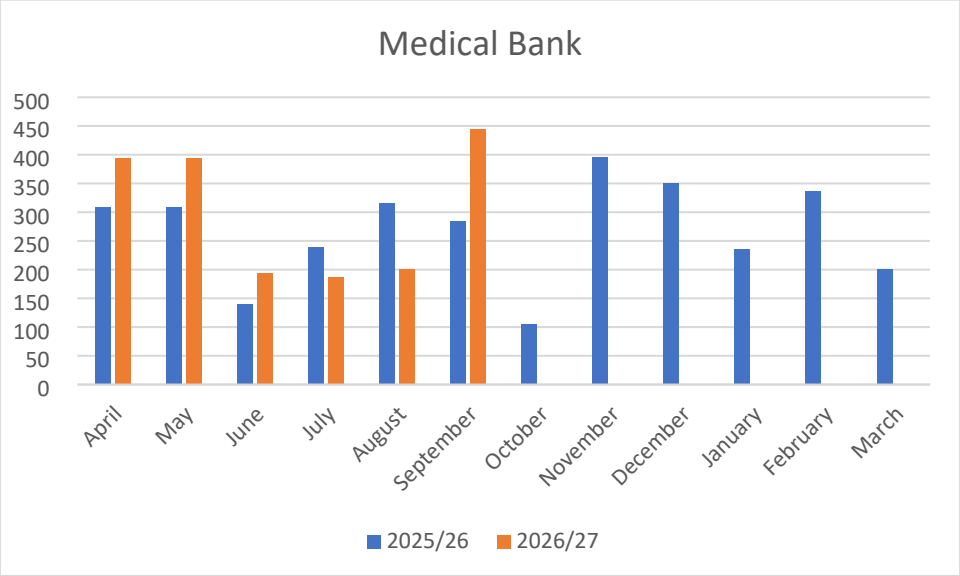
The most significant risk to the Board's overall financial position is achievement of the savings target. Addressing the gap between the plan and those schemes in implementation must be a key organisational priority to ensure the financial plan outturn is achieved and to meet the conditions of the Transitional Funding Support agreement.

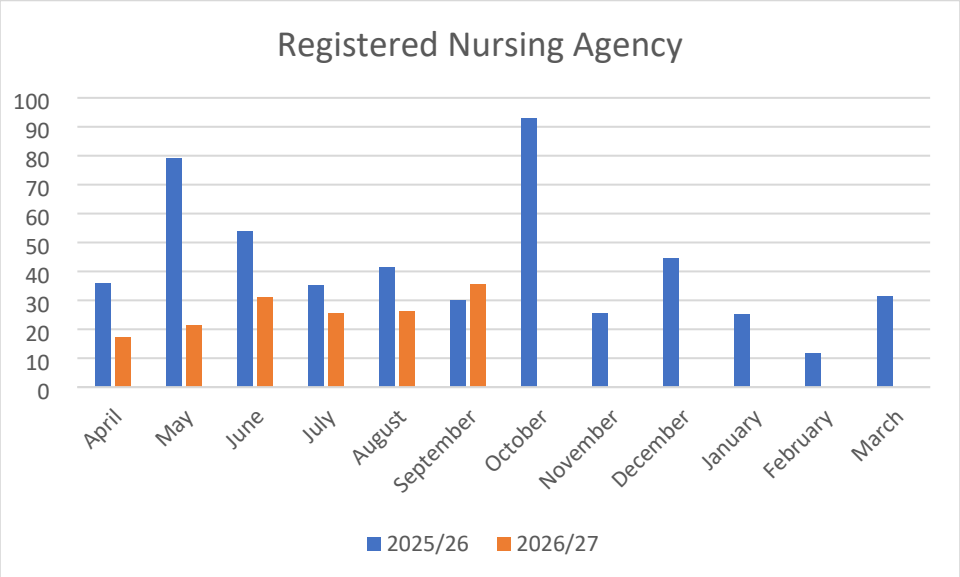
Key Costs - Spend

Pay

Agency and bank costs continue to be a significant area of concern for the Board, with some reductions being seen in 2025/26 and into 2026/27 in AHPs and Healthcare Sciences. Community Nursing and Senior Medical, however, continue to rely on agency and usage remains high for the first 5 month of 2026/27:





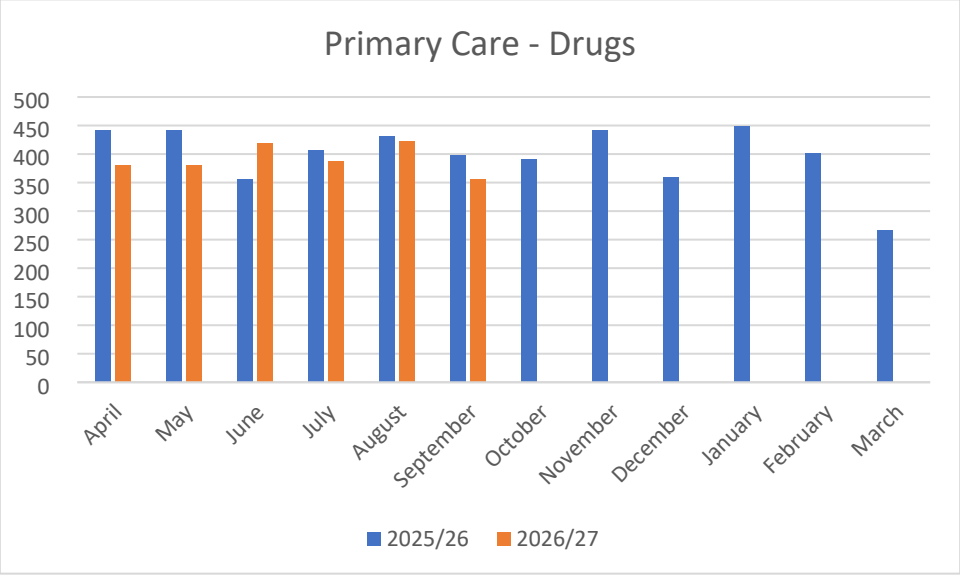


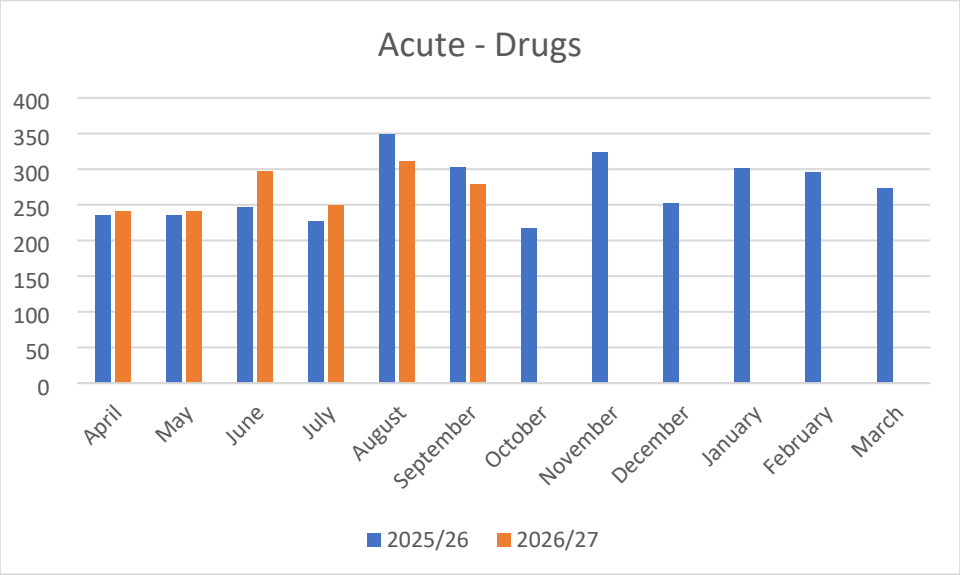
Directorate	Category	Average WTE	Current WTE	Variance
Acute Services Directorate	Medical & Dental	33.54	37.85	4.31
	Nursing & Midwifery	156.04	154.70	-1.34
	Other Staff	68.70	69.39	0.69
Acute Services Directorate		**258.28**	**261.94**	**3.66**
Chief Executive Directorate	Medical & Dental	2.00	2.00	
	Nursing & Midwifery			
	Other Staff	25.58	28.23	2.65
Chief Executive Directorate		**27.58**	**30.23**	**2.65**
Chief Officer Integration Board	Medical & Dental	18.60	17.63	-0.97
	Nursing & Midwifery	77.25	77.22	-0.03
	Other Staff	104.21	105.88	1.67
Chief Officer Integration Board		**200.05**	**200.73**	**0.68**
Directorate of Human Resources	Medical & Dental			
	Nursing & Midwifery	1.18	1.10	-0.08
	Other Staff	15.28	13.67	-1.61
Directorate of Human Resources		**16.47**	**14.77**	**-1.70**
Finance Directorate	Medical & Dental			
	Nursing & Midwifery			
	Other Staff	125.97	126.53	0.56

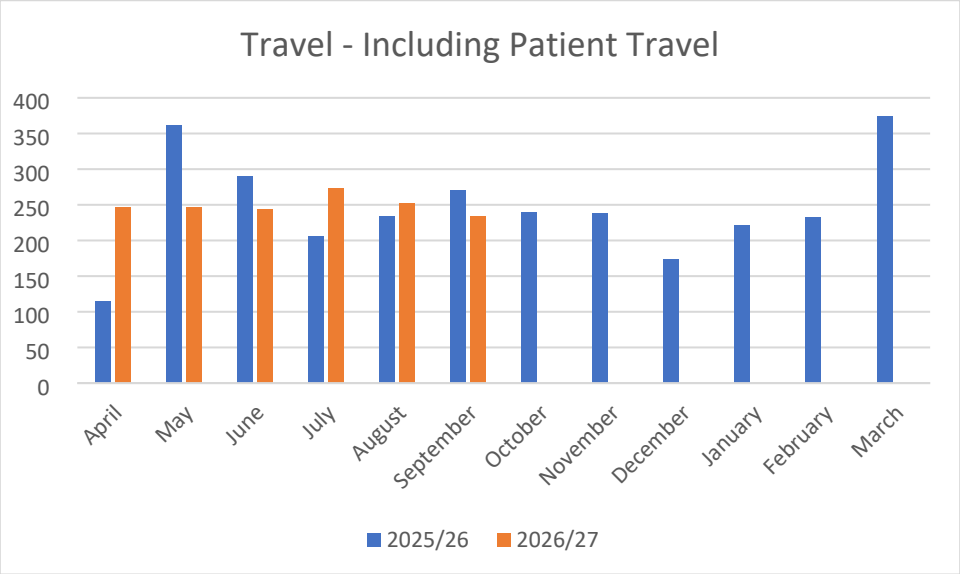
Finance Directorate		**125.97**	**126.53**	**0.56**
Medical Directorate	Medical & Dental	3.23	2.83	-0.40
	Nursing & Midwifery	0.83	1.00	0.17
	Other Staff	38.03	37.27	-0.76
Medical Directorate		**42.09**	**41.10**	**-0.99**
Public Health Directorate	Medical & Dental	1.02	1.00	-0.02
	Nursing & Midwifery	1.00	1.00	-0.00
	Other Staff	12.21	11.77	-0.44
Public Health Directorate		**14.23**	**13.77**	**-0.46**
	Sum:	**684.67**	**689.07**	**4.40**

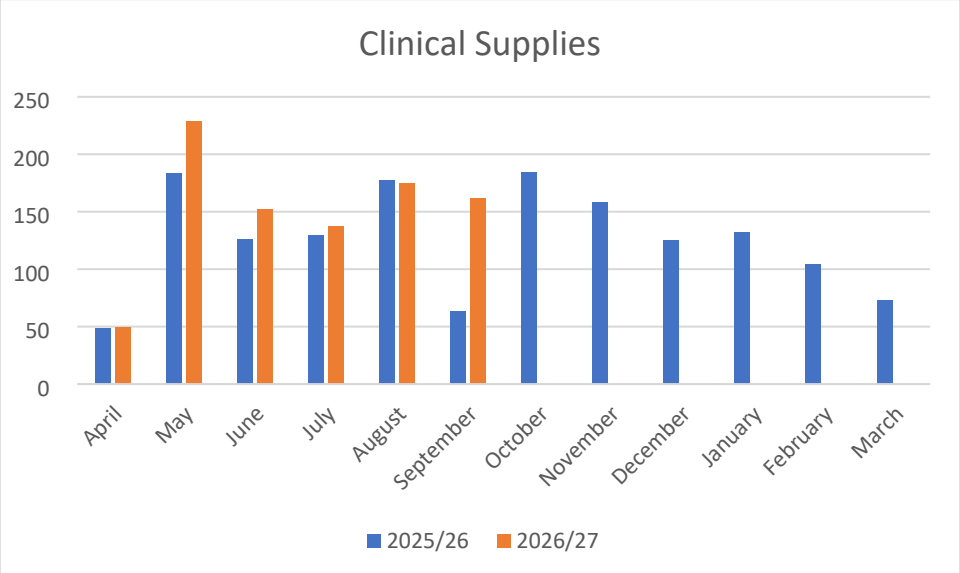
Non-Pay

There are several high-spending non-pay areas that are monitored through the Improvement Programme for 2026/27 with targeted work via the Procurement, Diagnostics, Outpatient and Pharmacy Workstreams. There has been a reduction in spend across Primary Care Drugs compared with the same period last year. The key area of variance is other expenditure which is made up of £2.162m. Costs on this line including estate management fees and payments to OIC. The variance represents the need to reduce expenditure to stay within our income target.




Acute - Drugs
400
350
300
250
200
150
100
50
0
April
May
June
July
August
September
October
November
December
January
February
March
2025/26
2026/27


Travel - Including Patient Travel
400
350
300
250
200
150
100
50
0
April
May
June
July
August
September
October
November
December
January
February
March
2025/26
2026/27


Clinical Supplies
250
200
150
100
50
0
April
May
June
July
August
September
October
November
December
January
February
March
2025/26
2026/27

Capital

The Capital formula allocation for 2026/27 in the financial plan is £1.078m.

Capital Projects		Total Approved Budget	YTD Actual	Forecast Remaining Expenditure	Variance	Notes
		£'000	£'000	£'000	£'000	
Formula Capital Projects		1,078	155	923	0	
Other Capital Expenditure		0	0	191	(191)	
Earmarked Allocations	NIB Funding	750	0	750	0	
	Digital Funding	200	0	200	0	
	Donated Assets	50	45	5	0	
Capital Receipts			(191)	0	191	
Total		2,078	9	2,069	0	

Conclusion and Next Steps

The year-to-date financial position after the first 6 months of the 2026/27 financial year shows an adverse variance to plan, with a reported deficit of **£1.697m,** against the trajectory overspend of **£2.011m**, giving an overall favourable variance of **£0.314m** at the end of the reporting period.

The Board remains focused delivering its financial plan and returning to financial balance in a short a timescale as possible.

The significant work undertaken to review all schemes within the Improvement Programme and development of a robust expenditure forecast has highlighted that cash releasing savings of **£2.523m** will be delivered in this financial year.

Reduction of the run rate will be essential to achieving the planned year-end deficit of £2.400m and the Board is reviewing options to takenon0recurrent measure to achieve the target.

Appendix 1 –Performance summary

Acute Services - £0.345m overspend

- *Hospital Medical Staff, £0.101m overspend*

Spend within Hospital Medical Staffing remains high however the Surgical spend to date is down compared to last year. The adverse movement in the month is due to the arrears for the Consultant pay award and payments to internal locums

- *Ambulatory Nurse Manager, £0.107m overspend*

The main increase in costs in the first 6 months relates to Theatres (£110k). There has been an increase in Theatre Packs (£20k), Ophthalmic Implants (£47k) and Orthopaedic Supplies (£15k) over the costs from 2025/26.

- *Clinical Nurse Manager, £0.039m overspend*

MacMIllan Inpatient (£32k over) and ED (£41k over) are all reporting overspends compared to 2025/26 which is partly due to Band 6 arrears which will need to be dealt with. MacMillan Specialist Nursing is also under spent by £27k which is mainly due to vacancies.

- *Women's Health £0.052m overspend*

The main area of overspend is the Maternity Ward (£59k over) and most of it can be attributed to filling vacancies from 2025/26.

- *Laboratories, £0.093m overspend*

Laboratories increase in spend is mainly due to higher-than-average supplies costs related to the managed service contract.

Medical Director - £0.168m underspend

- *Pharmacy, £0.048m underspend*

The increase in Hospital Drug prices in 2026/27 as the estimate in the original Financial Plan at the start of the year which is the reason for the underspend to date. These costs are variable in nature and will be monitored as year progresses

- *Specialist Pharmacy Services £0.059m overspend*

New Medicines is £69k overspent YTD. These costs are highly variable in nature and will be monitored as year progresses

- *Radiology & Audiology £0.056m overspend*

The overspend against Radiology pay which is mainly due to the use of Agency staff.

- *Head of Assurance and Improvement £0.257m underspend*

There is an underspend on Waiting Times (£262k) sue to additional baseline funding being allocated. Work is being done to review the planned expenditure for 2026/27

- *External Commissioning, £0.019m overspend*

External Commissioning including SLAs and visiting specialist has a combination of over and underspending areas. There is a need to review current SLA usage against charges which are based on a 2-3 year average.

- *Unplanned Activity £0.014m underspend*

Unplanned Activity is variable by nature and is subject to significant potential movement from year to year.

IJB – Delegated Services - £0.285m overspend

- *Community Nursing £0.139m overspend*

This is mainly due to the recruitment to vacancies with the East (£116k) and West (£28k) Nursing Teams.

- *Primary Care, £0.162m overspend*

This is mainly due to the use of locums to cover GP vacancies

- *Specialist Nurses £0.112m overspend*

The is mainly due to locum costs in Out of Hours (£96k) and Medical Equipment in Diabetes (£20k).

- *Health and Community Care, £0.105m overspend*

Mental Health Services has an increase in spend of £158k due to non-recurring income that was received in 2025/26 that impacts the run-rate for 2026/27.

- *Primary Care Prescribing, £0.227m underspend*

The Prescribing Unified budget is showing an underspend of £191k. This is a volatile cost area and will continue to be closely monitored along with the accrual assumptions which are based on payments made 2-months in arrears. There is also an underspend on Vaccs & Imms (£38k) but that is due to the timing of the expenditure normally occurring over the winter months due to influenza.

Finance & IT - £0.736m overspend

The overspend is mainly due to the £2.4m planned overspend that currently sits under the Finance Directorate.

The unallocated savings target for some central schemes has been offset by unallocated reserves at this time.

Estates and Facilities - £0.418m overspend

The reason for the overspend is mainly due to an under accrual for Oil in 2025/26 due to issues with invoicing from the supplier resulting in a YTD over spend of £257k. There is also a YTD overspend against Rates and Insurance of £100k, Catering £42k and Switchboard £43k following the implementation of the control totals. Work will

need to be done to investigate whether this is down to timing of expenditure or other cost pressures.

Chief Executive - £0.093m overspend

The increase in cost is the result of filling vacancies from 2025/26

Public Health - £0.027m overspend

Overspend is mainly due to the cost of Public Health Consultant cover.

Human Resources - £0.039m underspend

The underspend is mainly due to Health and Safety (£26k) because of vacancies.

Planned Care Update

Meeting	NHS Orkney Board (Public)
Meeting date	Thursday, 29 October 2026
Responsible Executive/Non-Executive	• John Daniels, Interim COO/Head of Primary Care Services
Report Author(s)	• Carrie Somerville, Head of Planning, Performance and Information
Purpose of report	• Assurance
Contribution to Strategic ambition	• Annual Operational Plan • Emerging Issue • Government policy/directive • Legal requirement • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	• Safe • Effective • Quality • Person Centred • Sustainability
Key points for consideration	• Planned Care performance remains mixed, with a few national standards not yet achieved; however, NHS Orkney continues to maintain comparatively strong performance in several areas, including long-wait management, Diagnostics and Cancer Management. Recovery actions remain focused on the specialties and pathways presenting the greatest current risk. • The principal areas requiring continued oversight are long waits within Ophthalmology and Community Child Health, TTG performance, and emerging Orthopaedic waits associated with National Treatment Centre capacity. Specialty-specific recovery plans, additional capacity, waiting-list validation and regional/national support arrangements are in place, with ongoing monitoring and escalation with a weekly meeting with the Chief Executive taking place. • There is evidence that recovery actions are having an impact, particularly across Diagnostic services, while continued delivery remains dependent on available capacity and, in some pathways, Regional and National partners. Endoscopy compliance reached 74.7% and Diagnostic Imaging 86.3%, while long-wait recovery continues to utilise local, regional and National Treatment Centre capacity.
Route to meeting	• This paper has been produced for the Board meeting; elements have been discussed with the Finance and Performance Committee in a wider Deep Dive of Operational Performance in September
Recommendation(s)	• **Assurance - For members assurance only**

Planned Care Update

Report Author – Carrie Somerville,
20/10/2026

1. Situation

1.1 This paper has been prepared to provide additional data and narrative to support enhanced performance assurance across Planned Care Performance. It complements routine performance reporting through the Integrated Performance Report (IPR) by providing a deeper assessment of current performance, including recovery plans and benchmarking with other Health Boards. The paper also highlights areas of strong and sustained performance, setting out the actions in place to maintain current achievement levels. Collectively, the information is intended to provide further assurance that robust recovery plans are in place where performance is off track, and that appropriate arrangements exist to sustain performance where standards are being achieved.

2. Background

2.1 This report provides Members with additional data and analysis to support understanding of NHS Orkney's Planned Care performance relative to other Health Boards, identify areas affecting performance, and provide assurance on the recovery actions in place to support improvement.

3. Assessment

3.1 Current Position

New Outpatients (NOP) and Treatment Time Guarantee (TTG) Long Waits

Performance against the 52-week standards remains stable overall, although the national target of zero patients waiting over 52 weeks has not been achieved. At the end of August 2026, 24 patients were waiting over 52 weeks for a New Outpatient appointment, and 83 patients were waiting over 52 weeks on the TTG pathway. Current long waits are concentrated within Paediatrics (23) and Ophthalmology (83). Forecasts show that there is some risk around Orthopaedic capacity through National Treatment Centre Golden Jubilee from October onward.

NOP Trajectory to March 2027

Month	Trajectory	Current Forecast	RAG	Commentary
September 2026	0	26	□	26 ADHD Assessment waits presently reported within Community Child Health New Outpatient waiting times.
October 2026	0	0	□	
November 2026	0	0	□	
December 2026	0	0	□	
January 2027	0	0	□	
February 2027	0	0	□	
March 2027	0	0	□	

Paediatric Current Position

NHS Orkney has been reporting patients waiting for ADHD Assessment within Paediatrics (sub-specialty Community Child Health) as part of the New Outpatient (NOP) waiting times return. Of those reported as waiting over 52 weeks within Community Child Health 26 are awaiting ADHD Assessment.

Following discussions with Public Health Scotland (PHS), advice was provided that Mental Health services are excluded from the Scottish Government's 12-week New Outpatient waiting times standards. PHS also confirmed previous national advice that adult ADHD Assessments referred to General Psychiatry are not subject to waiting times standards.

PHS also indicated that they would not ordinarily expect ADHD Assessments to appear within national Outpatient waiting time figures and suggested that CAMHS may represent a more appropriate reporting setting.

Recommendation has been made to Children's Services and the Executive Lead for the Neurodevelopmental Pathway proposing that we remove all current and prevent future ADHD Assessment waits being against Community Child Health New Outpatient reporting.

While the proposed realignment is expected to materially improve the reported Community Child Health position, focus remains on improving timely access to assessment and ensuring patients receive care through the most appropriate pathway at the earliest opportunity.

Community Child Health Actions

- Complete review, validation and clinical confirmation of affected patients.

- Continue redesign of the local neurodevelopmental pathway, including clarification of referral routes and service responsibilities, with implementation actions.
- Refresh forecasts following realignment of waits and implement additional mitigations if required.

TTG Trajectory to March 2027

Month	Trajectory	Current Forecast	RAG	Commentary
September 2026	20	64	□	24 Ophthalmology above original trajectory, due to higher-than-expected bilateral treatment requirements and consultant capacity constraints impacted delivery.
October 2026	8	12	□	3 Ophthalmology above original trajectory plans to support additional capacity secured through local, and NHS-Highland capacity. Potential agency locum, Independent Sector and National Treatment Centre activity being progressed to allow those patients waiting to be treated before they breach over 52 weeks. Patient availability remains the principal dependency. 1 Orthopaedic wait with NTC-Golden Jubilee
November 2026	0	8	□	8 Orthopaedic waits with NTC-Golden Jubilee
December 2026	0	9	□	9 Orthopaedic waits with NTC-Golden Jubilee
January 2027	0	12	□	12 Orthopaedic waits with NTC-Golden Jubilee
February 2027	0	17	□	17 Orthopaedic waits with NTC-Golden Jubilee
March 2027	0	24	□	24 Orthopaedic waits with NTC-Golden Jubilee

The current forecast represents a worst-case position pending receipt of a revised trajectory and confirmed treatment dates from NTC-Golden Jubilee. The Golden Jubilee team has committed that they will treat remaining patients by 31 March 2027.

Ophthalmology specific recovery actions

- Deliver confirmed high-volume cataract activity between October and December.
- Utilise independent sector and National Treatment Centre capacity to maximise treatment opportunities.
- Complete patient availability and willingness-to-travel assessments.
- Prioritise patients forecast to breach during November, December and January.
- Monitor delivery and trajectory performance through weekly operational oversight.
- Refresh forecasts following October activity and implement additional mitigations if required.
- Service Level Agreement capacity has been reviewed and aligned to demand, including realignment of appointments to the most appropriate clinician, this is wherever possible aligned to NHS-Highland pathways.

Orthopaedic specific recovery actions

- Obtain the requested Golden Jubilee trajectory and monitor delivery against agreed treatment plans for long-waiting patients.
- Undertake regular review with Golden Jubilee and NTC colleagues to ensure delivery against committed milestones and treatment dates.
- Escalate any deviation from agreed trajectories to minimise the risk of further long-wait breaches.

Key Actions to ensure current performance levels are improved.

- Continued implementation of the specialty specific recovery plans, including additional capacity and exploration of independent-sector and regional support arrangements as required.
- Continued delivery of additional outpatient capacity within specialties carrying the longest waits.
- Ongoing admin and clinical validation of waiting lists to ensure patients are managed on the appropriate pathway and prioritised according to clinical need.
- Monitoring and escalation through weekly waiting times meetings to prevent further deterioration.
- Active management of remaining long waits through patient-level tracking and prioritisation.
- Workforce and capacity options continue to be explored to maximise available treatment slots and maintain momentum in reducing waits.

New Outpatients (NOP) 12 Week Compliance

Performance against the 12-week New Outpatient standard remains below the national target, with 45.73% of patients seen within 12 weeks and 757 patients waiting longer than 12 weeks at the end of August 2026. National attention continues to focus on the delivery of the 104, 78 and 52-week standards, with particular emphasis on reducing the number of patients breaching these thresholds.

Orkney have consistently sat as in the top 5 performers against the standard. Overall performance remains broadly in line with, or ahead of, trajectory across most specialties, with removing maintaining low numbers of very long waits. Key areas of focus remain Ophthalmology and Oral Surgery, where sustained referral growth and capacity constraints continue to impact shorter waiting time cohorts. Actions are focused on waiting list validation, maximising available capacity, targeted management of longest waits and delivery of specialty-specific recovery plans to support achievement of planned trajectories and minimise clinical risk.

Specialty	Position	Key Actions
Trauma & Orthopaedics	Performance remains ahead of plan for >10, >12 and >26 week waits. However, 27 patients remain waiting >40 weeks and 1 patient >52 weeks.	Complete validation of longest waits; review process for those who do not attend.
ENT	Increased referrals during May to July have resulted in higher than planned >10, >12 and >26 week waits. Performance against longest waits remains strong, with no >52 week waits and fewer >40 week waits than planned.	Continue prioritisation of longest waits; maintain focus on preventing growth in >40 week waits.
Ophthalmology	Rising demand has increased >10 and >12 week waits. Performance against >40 and >52 week waits remains better than plan, with no patients waiting >52 weeks.	Deliver recovery plan; maximise theatre and outpatient utilisation; progress independent sector and additional capacity options; monitor urgent and return appointment backlog.
Oral Surgery	Performance is behind plan, particularly within >26 and >40-week cohorts, reflecting increasing referrals and capacity pressures. >52-week performance remains in line with plan.	Review capacity requirements; implement targeted management of longest waits; progress additional clinic capacity.
Pain Management	Performance exceeds plan across all waiting time measures, with no patients waiting >40 or >52 weeks.	Maintain current capacity levels; ensure early intervention should waits begin to increase.

Specialty	Position	Key Actions
Dermatology	Performance remains close to plan. Waits >10 and >26 weeks are below trajectory. Two patients remain waiting >40 weeks and there are no >52 week waits.	Review and manage remaining >40 week waits; maximise utilisation of available capacity; maintain compliance with 52-week standard.

Key Actions to ensure current performance levels are improved

- Expand use of additional and mutually aided capacity where available.
- Prioritise reduction of remaining >40 week waits to minimise risk of future >52-week breaches.

Treatment Time Guarantee (TTG) 12 Week Compliance

NHS Orkney continues to face significant challenges in delivering the Treatment Time Guarantee (TTG), with 12-week compliance at 34.3% against the 95% standard. While performance remains below the national standard, NHS Orkney was ranked 6 of 15 Boards nationally in June 2026. National attention continues to focus on the delivery of the 104, 78 and 52-week standards, with particular emphasis on reducing the number of patients breaching these thresholds.

The principal driver of underperformance remains a small number of high-volume specialties, particularly Ophthalmology which has been covered under the 52-wait section. Additional specialities are ENT and Trauma & Orthopaedics. All three specialities received non-recurring funding in the previous financial year. Additional funding has been secured to address the gap between demand and capacity. We have experienced some challenge with ENT and Orthopaedics locally due to anaesthetic gap but focused recovery activity is underway across these services, including additional capacity, regional support arrangements, pathway review, and targeted action to reduce the longest waits. Continued delivery of these actions is expected to improve compliance and reduce the number of patients waiting beyond 12 weeks.

Speciality	Position	Key Actions
ENT	Performance remains below plan, particularly within the >26-week cohort. No patients are waiting over 52 weeks.	Additional theatre lists in Nov/Dec, prioritisation of longest waiters, maximise capacity and monitor recovery trajectory.
T&O	Performance exceeds plan across 10, 12 and 26-week measures. Longest waits are linked to patients awaiting	Obtain updated NTC-Golden Jubilee trajectories, focus on longest waiters and update

Speciality	Position	Key Actions
	NTC treatment, with one patient waiting >52 weeks.	forecasts once treatment dates are confirmed.

Key Actions to ensure current performance levels are improved

- Prioritise patients within the longest waiting cohorts, with a focus on reducing >26, >40 and >52 week waits.
- Maximise available capacity, including the use of additional planned activity where required.
- Continue regular validation and review of long-waiting patient lists to ensure patients are on the most appropriate pathway.
- Work with regional and national partners, including National Treatment Centre pathways, to secure timely treatment opportunities for patients waiting longest.

Diagnostic Endoscopy 6 Week Compliance

Diagnostic Endoscopy performance continues to improve, with compliance reaching 74.7% in July 2026, significantly above the Scottish average and reflecting sustained reductions in patients waiting longer than six weeks. While performance remains below the national standard, recovery actions have successfully reduced long waits and strengthened overall service performance. Ongoing focus on capacity utilisation, waiting list validation, demand monitoring and active management of long waits will be required to sustain progress and support further improvement towards full compliance.

Key Actions to ensure current performance levels are improved.

- Maintain planned Endoscopy capacity to prevent further backlog growth and sustain improvements achieved to date.
- Continue active monitoring and management of patients approaching six weeks to minimise future breaches.
- Review demand and referral trends regularly to ensure capacity remains aligned to activity levels.
- Prioritise clinically appropriate long-wait patients and undertake routine validation of waiting lists.

Diagnostic Endoscopy 6 Week Compliance

Diagnostic Imaging performance has improved significantly during 2026, with six-week compliance increasing to 86.3% and NHS Orkney ranked sixth nationally and above the Scottish average. The number of patients waiting longer than six weeks has reduced substantially from a peak of 124 to 48.

Whilst performance remains below the national standard, recovery actions are demonstrating sustained impact and continued focus on long-wait reduction.

Speciality	Performance	Improvement action
MRI	Breaches reduced from 26 in February to 16 in May but increased to 25 in June.	Undertake a focused review of the MRI waiting list and recent demand to understand the June increase. Prioritise the longest-waiting and clinically urgent patients and establish a clear trajectory for reducing waits over six weeks.
CT	Breaches reduced from 1 in February to zero from March onwards.	Maintain current capacity and waiting-list oversight, with early escalation of any emerging demand or capacity pressures to sustain zero waits over six weeks.
Ultrasound	Breaches increased significantly to 118 in April before reducing to 6 in May and zero in June.	Continue monitoring demand, capacity and list validation to ensure the improvement is sustained.

Key Actions to ensure current performance levels are improved.

- Maintain active demand and capacity management across all diagnostic services.
- Prioritise urgent and longest-waiting patients through ongoing waiting list validation.
- Monitor recovery trajectories and implement targeted actions where performance deteriorates.
- Maximise available workforce and diagnostic capacity.

Cancer Waiting Times 31-Day Standard

Performance against the 31-Day Cancer Waiting Times Standard remains strong overall, with NHS Orkney continuing to rank amongst the best-performing Boards in Scotland. Although the latest reported position appears to indicate a breach, this is a reporting error that has been reported to the national team for correction. Performance remains strong and pathway controls are in place to support timely treatment. Ongoing monitoring, validation and partnership working provide assurance that the Board is taking appropriate action to maintain compliance and minimise the risk of future breaches.

Key Actions to ensure current performance levels are maintained.

- Continue proactive monitoring of cancer pathways and patients at risk of breaching the 31-day standard.
- Maintain timely treatment scheduling and escalation of potential delays.
- Monitor referral demand and capacity to support service responsiveness.

- Maintain oversight of pathway performance to sustain compliance and reduce breach risk

Cancer Waiting Times 62-Day Standard

Performance against the 62-day Cancer Waiting Times standard remains below the national target at 71.4% for March 2026; however, performance continues to be heavily influenced by very small patient numbers, with a small number of breaches having a significant impact on compliance rates. NHS Orkney maintains close oversight of all urgent suspected cancer referrals through regular pathway review and escalation processes, working with regional partners to minimise delays and support timely access to treatment. Key actions remain focused on proactive pathway tracking, breach prevention, regional coordination and ongoing review of pathway performance to sustain improvement.

Challenges exist within the Urology and Colorectal pathways. NHS Orkney continues to maintain close oversight of all locally delivered pathway elements, with regular review of diagnostic activity to support timely referral, investigation and onward treatment by the treating Board.

Key Actions to ensure current performance levels are improved.

- Maintain weekly monitoring and escalation of all patients on suspected cancer pathways.
- Continue proactive tracking of diagnostic and treatment milestones to identify potential breaches at the earliest opportunity.
- Continue to liaise with other Health Boards to minimise delays in onward investigations and treatment.
- Continue to undertake regular reviews of all breaches to identify system learning and improvement opportunities.
- Monitor pathway performance by tumour type to identify emerging risks and target operational support where required.

Overall, the position provides a level of assurance that the key areas of Planned Care underperformance are understood and that targeted recovery arrangements are in place. Performance remains below national standards across a number of measures, particularly New Outpatients and TTG, with the greatest pressures concentrated within a relatively small number of specialties. The report demonstrates continued focus on the longest-waiting patients through specialty-specific recovery plans, additional capacity, waiting-list validation and patient-level monitoring.

There are also areas of positive and improving performance. Diagnostic Endoscopy and Diagnostic Imaging have demonstrated improvement, while 31-day cancer performance remains strong overall. New Outpatient performance also remains broadly in line with, or ahead of, trajectory across

most specialties, with comparatively low numbers of very long waits being maintained.

The overall assessment is therefore one of partial assurance: recovery actions are in place and there is evidence of improvement, but continued oversight is required given long waits, capacity constraints and dependencies on regional and national treatment capacity. Focus will remain on delivery of Ophthalmology recovery activity, management of emerging Orthopaedic long waits, appropriate reporting and management of Community Child Health/ADHD pathways and sustaining improvements across diagnostics and cancer pathways.

3.2 Impact Assessment

In developing this report, the following areas have been assessed in terms of their impact on delivery of our Corporate Strategy 2024 – 2028

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Timely access to Planned Care remains a key quality and patient experience consideration. Recovery activity prioritises clinically urgent and longest-waiting patients, alongside active pathway monitoring and escalation, to minimise the impact of extended waits and support safe, timely care.
People	Workforce	Yes	Delivery of Planned Care recovery remains dependent on the availability and effective utilisation of appropriate clinical capacity. Additional, regional and national capacity arrangements are being used alongside local services to support delivery and address identified capacity constraints.
Performance	Finance	Yes	Performance remains below national standards across a number of Planned Care measures, although improvement is evident in several areas. Additional funding has been secured for identified demand and capacity gaps, with recovery activity targeted towards the specialties and pathways presenting the greatest performance pressures.
Potential	Risk Management	Yes	Key risks relate to continued long waits, capacity constraints and reliance on Regional and National capacity. These are being managed through specialty-specific recovery plans, patient-level tracking, waiting-list validation and regular monitoring and escalation of trajectory performance.
	Digital	No	Accurate and timely waiting-list information supports effective monitoring, validation and management of Planned Care pathways. Particular focus remains on ensuring patients are recorded and managed on the most appropriate pathway and that forecasts are refreshed as positions change.

Place	Equality and Diversity including health inequalities	Yes	Recovery actions seek to support equitable and timely access to Planned Care through clinical prioritisation and active management of patients experiencing the longest waits. Patient availability and willingness to travel remain relevant considerations where treatment opportunities are provided through regional or national capacity.
	Climate Change Sustainability	Yes	Recovery arrangements include considering the use of local, regional and national capacity. Continued planning should seek to maximise available local capacity where appropriate while balancing timely access to treatment with the requirement for some patients to travel for care.

4. Recommendations

4.1 **Receive** Planned Care Update October 2026 and **note** where performance is off track and the improvement actions in place to bring deliverables back on track.

4.2 Assurance - For members assurance only

5. List of Appendices

5.1 The following appendices are included with this report

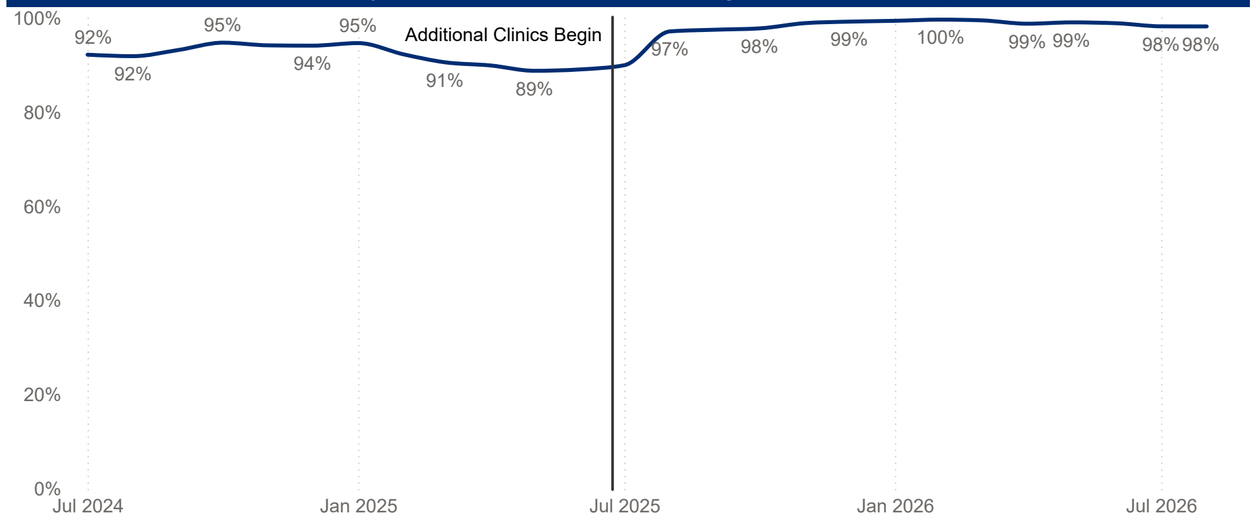
i. **Appendix 1,** Planned Care Deep Dive September 2026

Operational Standards
New Outpatients (NOP) & Treatment Time Guarantee (TTG) Long Waits

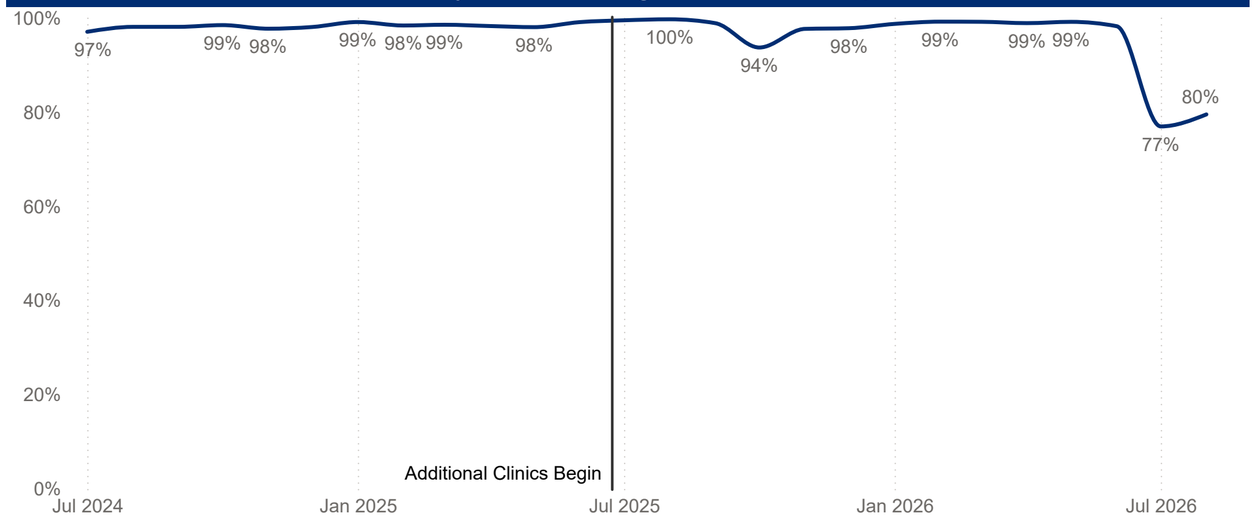
KPI	Target	Actual	RAG Value
0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	36	107	Red

All data on this page has been taken from local systems and includes positions up to the end of August 2026.

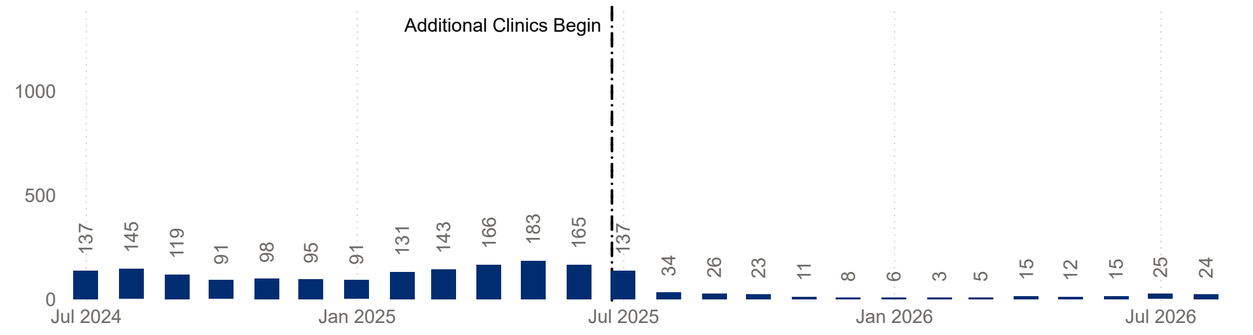
NHS Orkney New Outpatients Waiting 52-Week Compliance



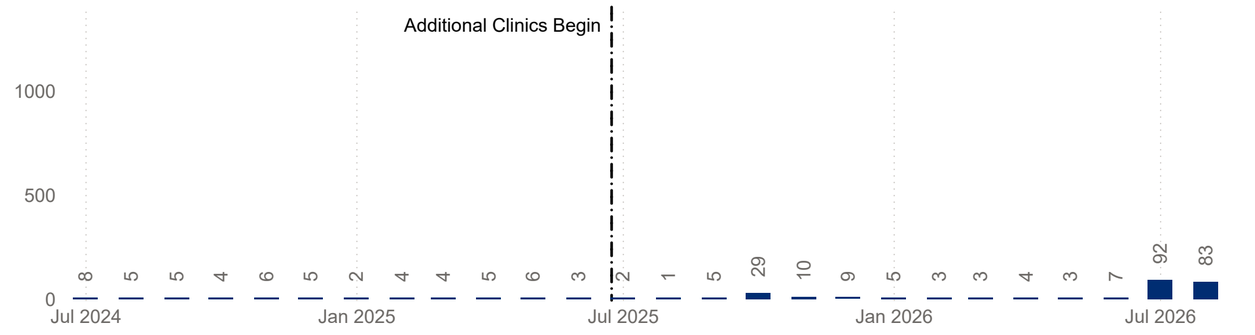
NHS Orkney TTG Waiting 52-Week Compliance



NHS Orkney New Outpatients Waiting > 52 Weeks

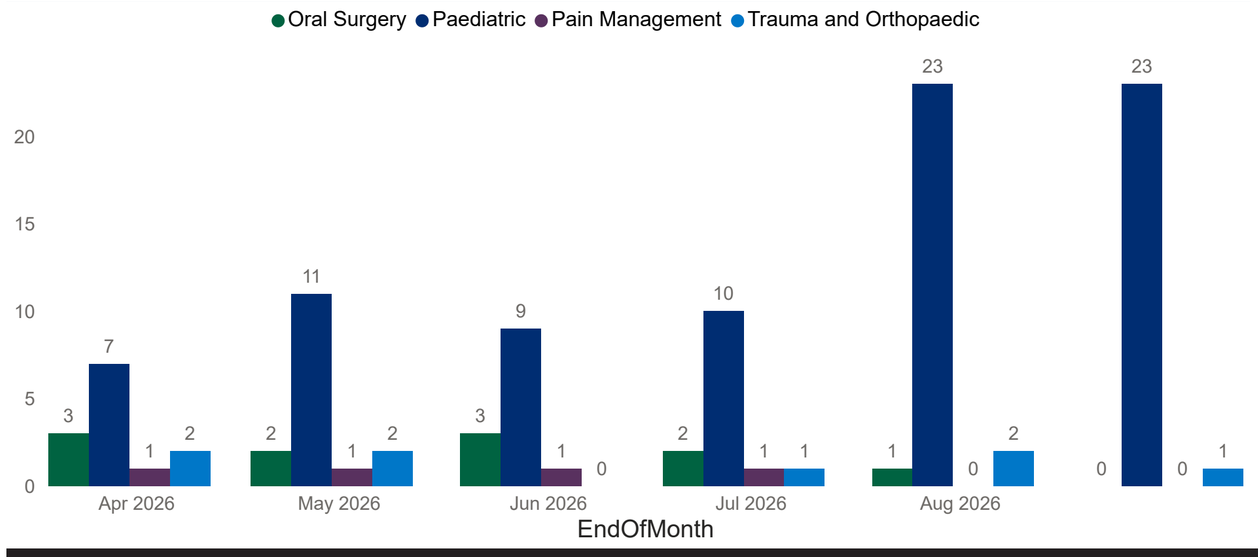


NHS Orkney TTG Waiting > 52 Weeks



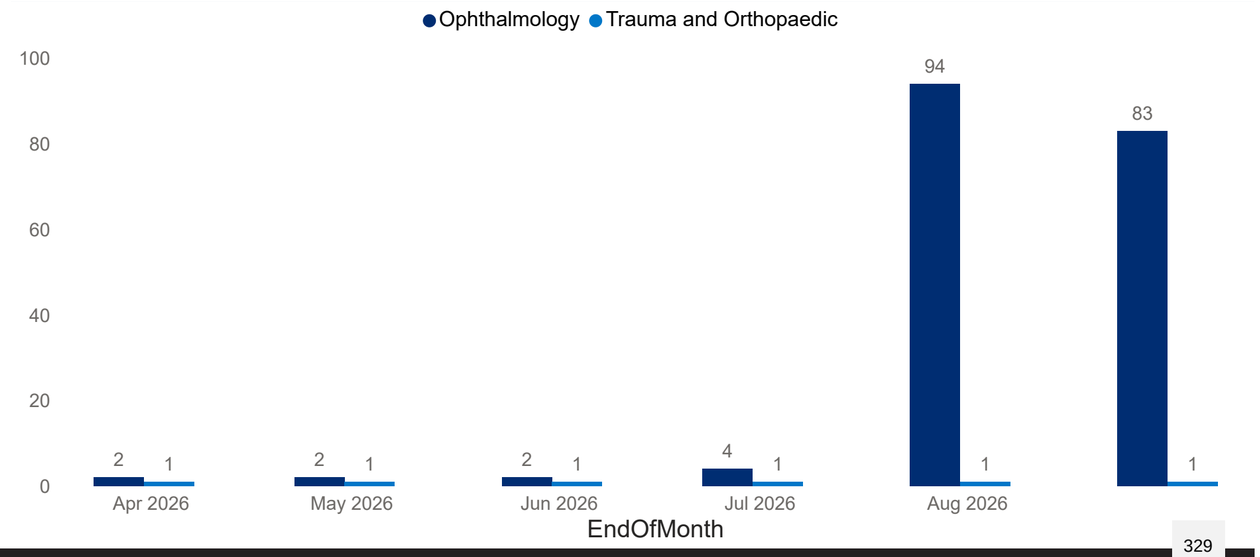
NHS Orkney Total New Outpatients Waiting >52Wks. by Specialty

Last 6 months shown



NHS Orkney Total TTG Waiting >52Wks. by Specialty

Last 6 months shown

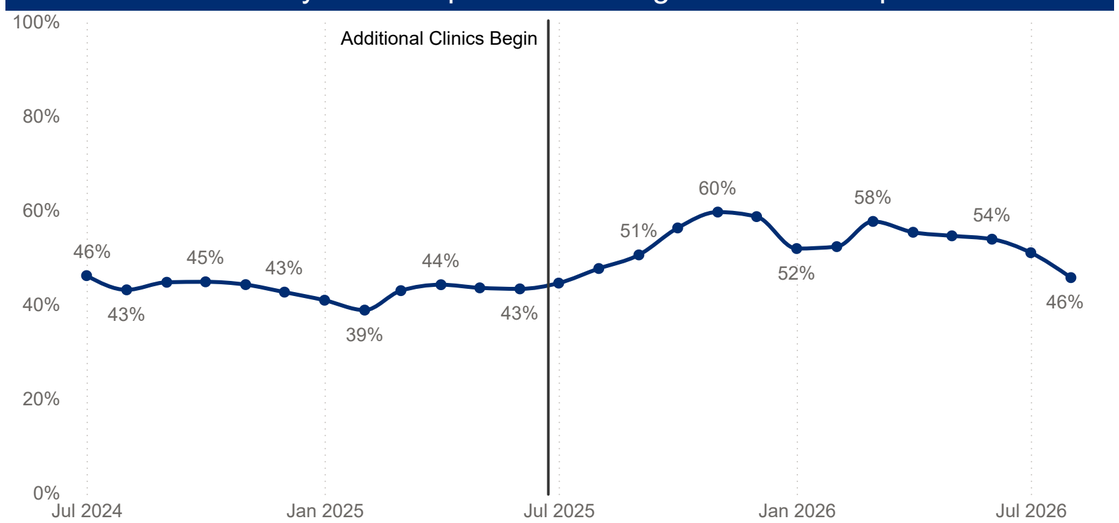


Operational Standards
New Outpatients (NOP) 12 Week Compliance

KPI	Target	Actual	RAG Value
95 per cent of patients wait no longer than 12 weeks from referral to first outpatient appointment.	95%	45.73%	Red

Local data has been taken from TrakCare and includes positions up to the end of August 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

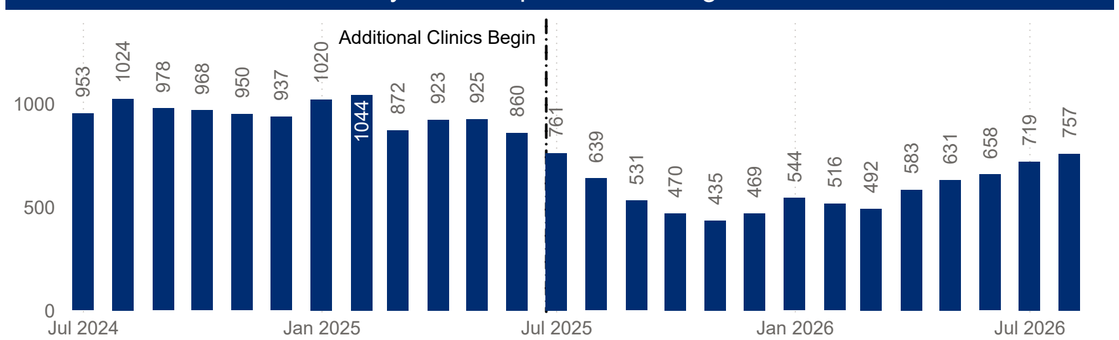
NHS Orkney New Outpatients Waiting 12-Week Compliance



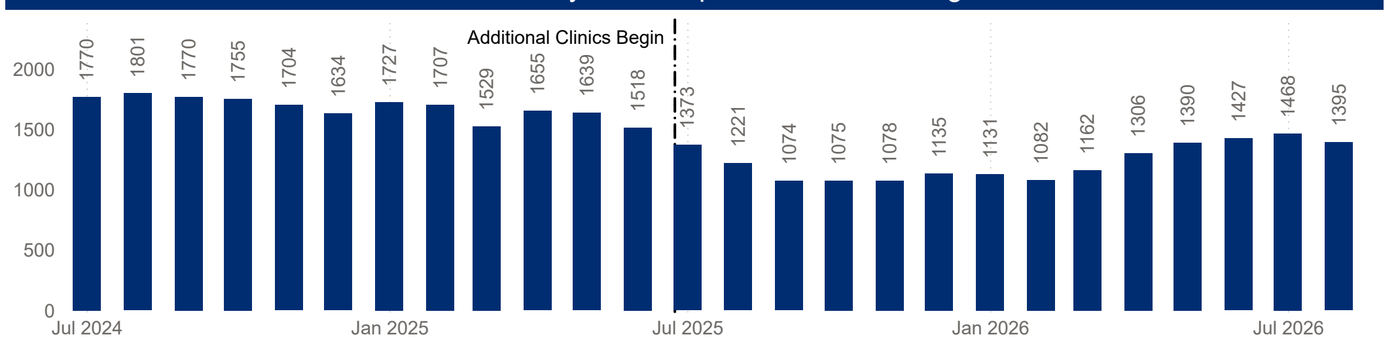
NHS Scotland Board Comparison

Month / Health Board	2025-12 %<12Wks.	Rank	2026-03 %<12Wks.	Rank	2026-04 %<12Wks.	Rank	2026-05 %<12Wks.	Rank	2026-06 %<12Wks.	Rank
NHS Western Isles	71.92%	1	76.01%	1	75.57%	1	77.32%	1	75.72%	1
NHS Forth Valley	61.85%	2	67.52%	2	65.89%	2	65.51%	2	65.47%	2
NHS Shetland	61.16%	3	60.68%	5	57.66%	5	58.65%	4	62.07%	3
NHS Orkney	58.18%	4	61.64%	4	60.02%	4	56.58%	5	56.72%	5
NHS Fife	52.10%	5	62.27%	3	60.12%	3	59.28%	3	57.67%	4
NHS Highland	47.94%	6	54.24%	6	53.21%	6	51.90%	6	50.68%	7
NHS Ayrshire & Arran	42.19%	10	53.84%	7	51.12%	7	49.65%	8	49.40%	8
NHS Tayside	42.80%	9	51.92%	8	50.23%	8	48.81%	9	49.30%	9
NHS Lothian	40.66%	13	48.91%	10	49.49%	9	50.49%	7	51.55%	6
NHS Lanarkshire	43.33%	8	51.34%	9	49.26%	10	47.27%	11	44.00%	14
NHS Grampian	41.60%	12	46.04%	14	47.04%	11	47.66%	10	48.06%	10
NHS Greater Glasgow and Clyde	42.14%	11	48.01%	12	46.41%	12	45.80%	13	47.96%	11
NHS Dumfries & Galloway	45.05%	7	48.61%	11	45.74%	13	45.19%	14	45.46%	13
NHS Borders	38.90%	14	47.56%	13	44.62%	14	45.87%	12	46.69%	12
NHS Golden Jubilee	27.26%	15	28.62%	15	16.80%	15	10.94%	15	14.88%	15

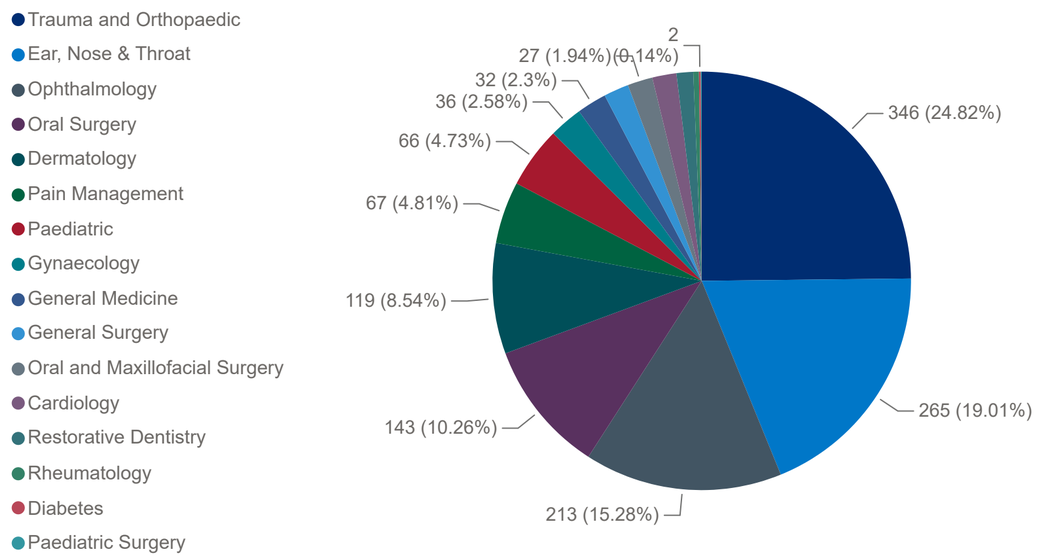
NHS Orkney New Outpatients Waiting > 12 Weeks



NHS Orkney New Outpatients Total Waiting



NHS Orkney Total New Outpatients Waiting by Specialty

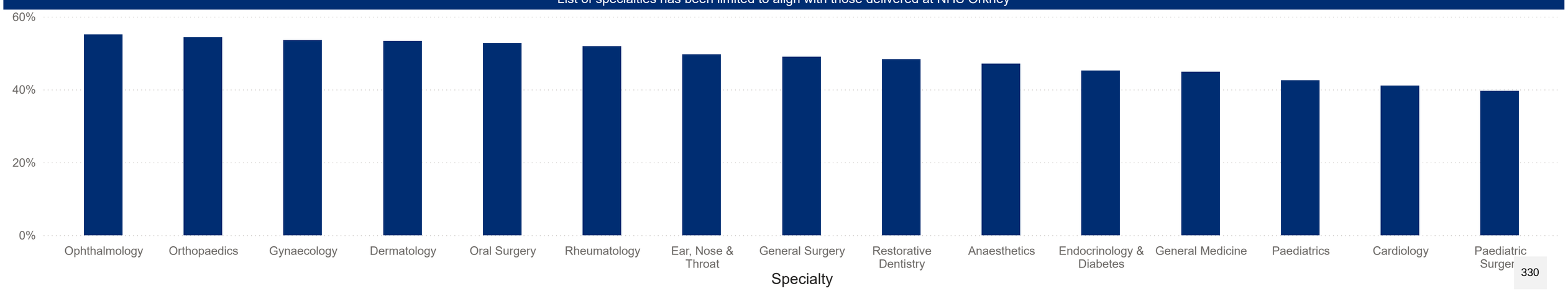


NHS Orkney 12-Week Compliance by Specialty

Month / Specialty	2026-04 %<12Wks.	Rank	2026-05 %<12Wks.	Rank	2026-06 %<12Wks.	Rank	2026-07 %<12Wks.	Rank	2026-08 %<12Wks.	Rank
Gynaecology	100.00%	1	97.06%	2	100.00%	1	100.00%	1	100.00%	1
General Surgery	100.00%	1	100.00%	1	98.08%	2	98.08%	2	92.59%	3
Cardiology	93.75%	3	100.00%	1	100.00%	1	96.55%	3	96.15%	2
Paediatric Surgery	100.00%	1	100.00%	1	100.00%	1	87.50%	4	100.00%	1
General Medicine	96.00%	2	89.39%	3	85.96%	4	78.72%	5	68.75%	5
Diabetes	50.00%	8	66.67%	6	100.00%	1	100.00%	1	100.00%	1
Rheumatology	68.75%	5	70.00%	5	86.67%	3	100.00%	1	83.33%	4
Ophthalmology	72.73%	4	62.59%	7	57.41%	6	50.78%	7	45.54%	9
Restorative Dentistry	23.81%	14	71.43%	4	70.00%	5	71.43%	6	66.67%	6
Dermatology	57.02%	7	55.63%	8	54.84%	7	45.45%	11	34.45%	13
Trauma and Orthopaedic	42.26%	11	48.64%	9	53.62%	8	50.38%	8	46.82%	8
Oral Surgery	47.65%	9	46.58%	10	49.39%	9	46.02%	10	37.76%	11
Ear, Nose & Throat	59.20%	6	39.23%	12	41.80%	10	41.06%	12	36.98%	12
Pain Management	37.78%	13	40.74%	11	39.06%	11	47.46%	9	44.78%	10
Oral and Maxillofacial Surgery	47.06%	10	16.67%	14	16.67%	13	28.57%	14	48.15%	7
Paediatric	38.64%	12	31.94%	13	36.23%	12	36.99%	13	25.76%	14

NHS Scotland % of New Outpatients Waiting > 12 Weeks by Specialty

List of specialties has been limited to align with those delivered at NHS Orkney



Operational Standards
Treatment Time Guarantee (TTG) 12 Week Compliance

KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	95%	34.33%	Red

Local data has been taken from TrakCare and includes positions up to the end of August 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

NHS Orkney TTG Waiting 12-Week Compliance



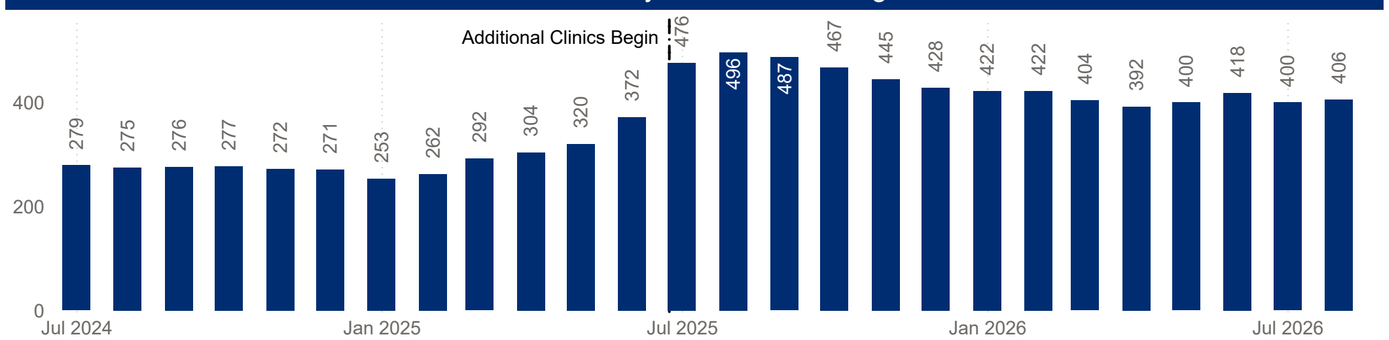
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NHS Western Isles	68.64%	1	77.64%	1	74.34%	1	71.90%	1	70.90%	1
NHS Highland	51.65%	3	50.77%	4	50.51%	3	50.28%	2	49.62%	2
NHS Shetland	53.45%	2	57.24%	2	55.69%	2	44.47%	3	40.45%	7
NHS Borders	50.38%	4	55.83%	3	47.11%	4	41.92%	6	41.85%	5
NHS Golden Jubilee	49.17%	5	44.17%	7	41.82%	8	43.38%	5	46.80%	3
NHS Orkney	41.65%	7	47.10%	6	43.11%	6	44.25%	4	41.81%	6
NHS Ayrshire & Arran	42.35%	6	49.25%	5	44.95%	5	39.16%	8	37.41%	9
NHS Lothian	41.51%	8	43.22%	8	42.58%	7	41.68%	7	42.72%	4
NHS Fife	37.98%	10	40.78%	9	39.74%	9	38.00%	9	37.40%	10
NHS Dumfries & Galloway	37.86%	11	39.00%	11	38.07%	10	36.90%	10	38.17%	8
NHS Forth Valley	38.59%	9	37.31%	13	36.56%	12	36.56%	11	37.13%	11
NHS Lanarkshire	36.66%	12	39.87%	10	35.72%	14	32.77%	14	32.14%	14
NHS Grampian	33.87%	13	35.97%	14	36.70%	11	35.75%	12	34.50%	13
NHS Greater Glasgow and Clyde	32.41%	14	37.90%	12	35.86%	13	34.84%	13	35.64%	12
NHS Tayside	31.57%	15	35.92%	15	33.01%	15	30.84%	15	29.22%	15

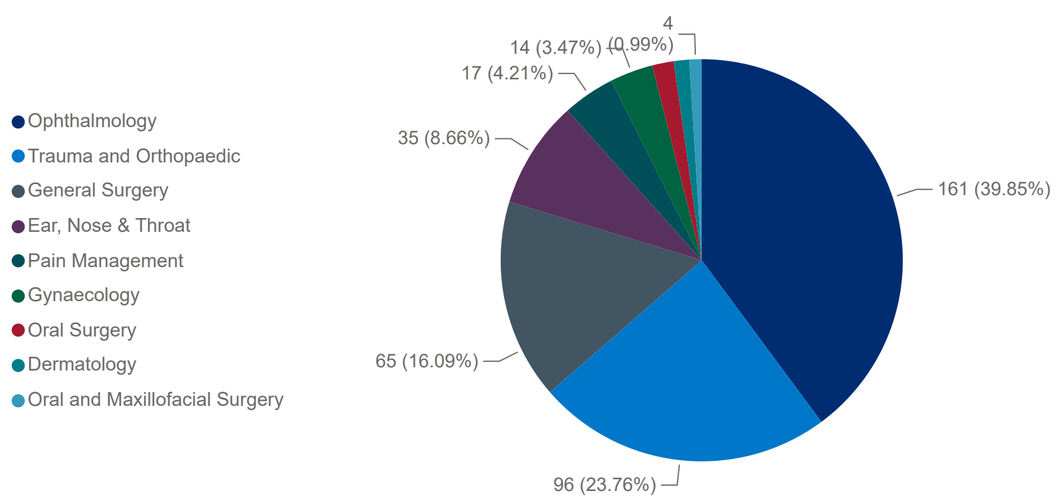
NHS Orkney TTG Waiting > 12 Weeks



NHS Orkney TTG Total Waiting



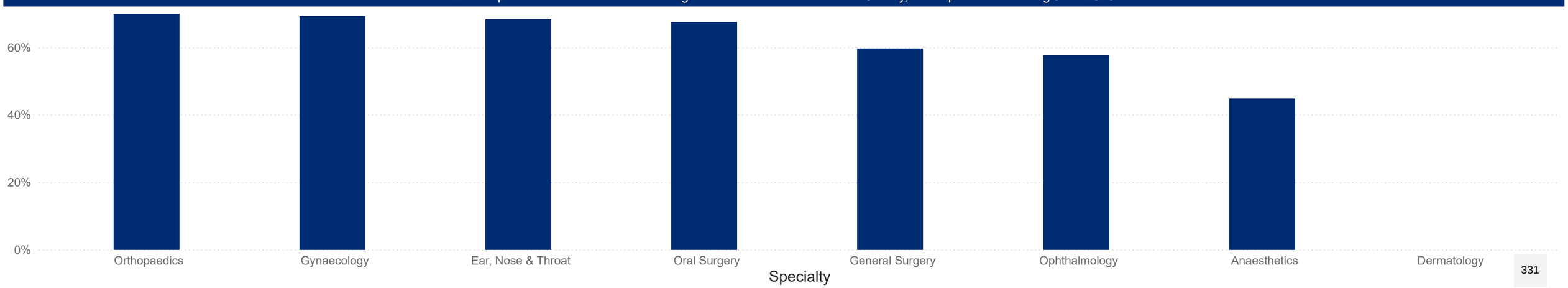
NHS Orkney Total TTG Waiting by Specialty
Data shows position at 31/08/2026



NHS Orkney TTG 12-Week Compliance by Specialty

Month / Specialty	2026-04 %<12Wks	Rank	2026-05 %<12Wks	Rank	2026-06 %<12Wks	Rank	2026-07 %<12Wks	Rank	2026-08 %<12Wks	Rank
Dermatology	100.00%	1	66.67%	6	100.00%	1	100.00%	1	100.00%	1
General Surgery	97.37%	2	94.29%	2	96.23%	2	90.74%	2	86.15%	2
Gynaecology	78.95%	6	92.31%	3	90.00%	3	87.50%	3	78.57%	3
Oral Surgery	91.67%	3	50.00%	7	81.82%	4	77.78%	4	71.43%	4
Oral and Maxillofacial Surgery	83.33%	5	100.00%	1	50.00%	6	50.00%	6	0.00%	9
Pain Management	90.00%	4	70.00%	4	31.58%	7	52.94%	5	52.94%	5
Trauma and Orthopaedic	69.05%	7	68.75%	5	63.92%	5	44.19%	7	36.46%	6
Ear, Nose & Throat	11.76%	8	30.30%	8	18.18%	8	22.86%	8	5.71%	8
Ophthalmology	9.19%	9	10.73%	9	9.34%	9	8.43%	9	9.32%	7

NHS Scotland % of TTG Waiting > 12 Weeks by Specialty
List of specialties has been limited to align with those delivered at NHS Orkney, data up to and including June 2026

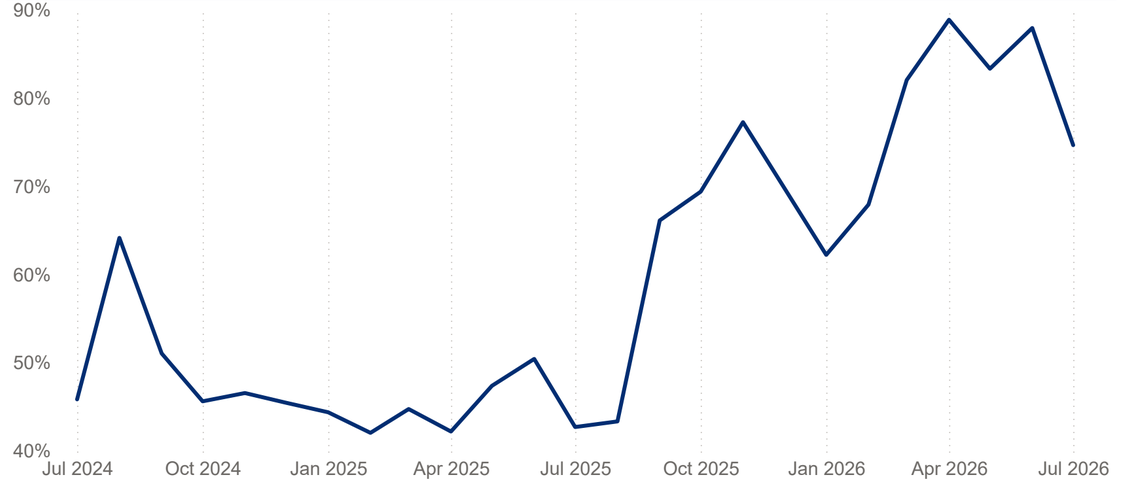


Operational Standards
Diagnostic Endoscopy 6 Week Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	74.67%	Red

Local data has been taken from the latest monthly DMMI return and includes positions up to the end of July 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

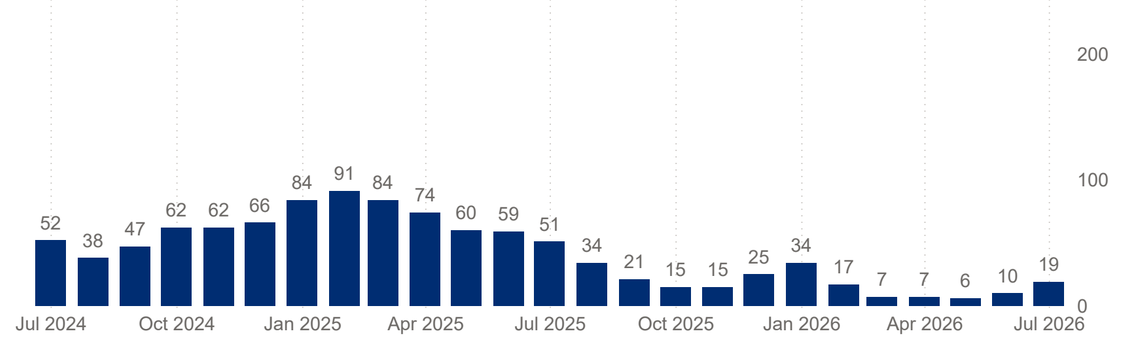
NHS Orkney Diagnostic Endoscopy Patients Waiting 6-Week Compliance
Higher is Better



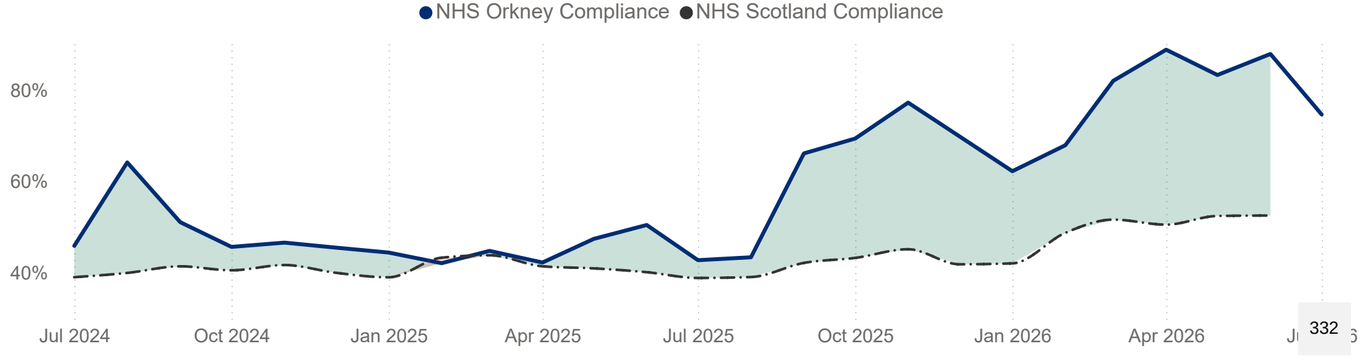
NHS Scotland Board Comparison

Month / Health Board	28 February 2026 %<6Wks	Rank	31 March 2026 %<6Wks	Rank	30 April 2026 %<6Wks	Rank	31 May 2026 %<6Wks	Rank	30 June 2026 %<6Wks	Rank
NHS Fife	82%	4	96%	1	91%	2	96%	1	97%	1
NHS Shetland	79%	5	88%	5	96%	1	93%	2	88%	2
NHS Forth Valley	93%	1	91%	2	89%	3	82%	5	88%	4
NHS Dumfries & Galloway	84%	3	88%	4	82%	7	85%	3	85%	5
NHS Highland	88%	2	88%	3	89%	4	80%	6	78%	6
NHS Orkney	68%	7	82%	7	89%	5	83%	4	88%	3
NHS Western Isles	70%	6	84%	6	82%	6	77%	7	67%	7
NHS Borders	60%	8	62%	8	67%	8	67%	8	63%	8
NHS Lanarkshire	55%	10	61%	9	60%	9	62%	9	58%	9
NHS Greater Glasgow and Clyde	57%	9	59%	10	53%	10	53%	10	54%	10
NHS Scotland	49%	11	52%	11	51%	11	52%	11	53%	11
NHS Ayrshire & Arran	44%	12	45%	12	41%	13	43%	13	44%	14
NHS Grampian	35%	14	38%	13	44%	12	48%	12	46%	13
NHS Lothian	33%	15	37%	14	37%	14	43%	14	47%	12
NHS Tayside	37%	13	36%	15	35%	15	36%	15	33%	15

NHS Orkney Diagnostic Endoscopy Patients Waiting > 6 Weeks



Diasgnostic Endoscopy Compliance vs. National

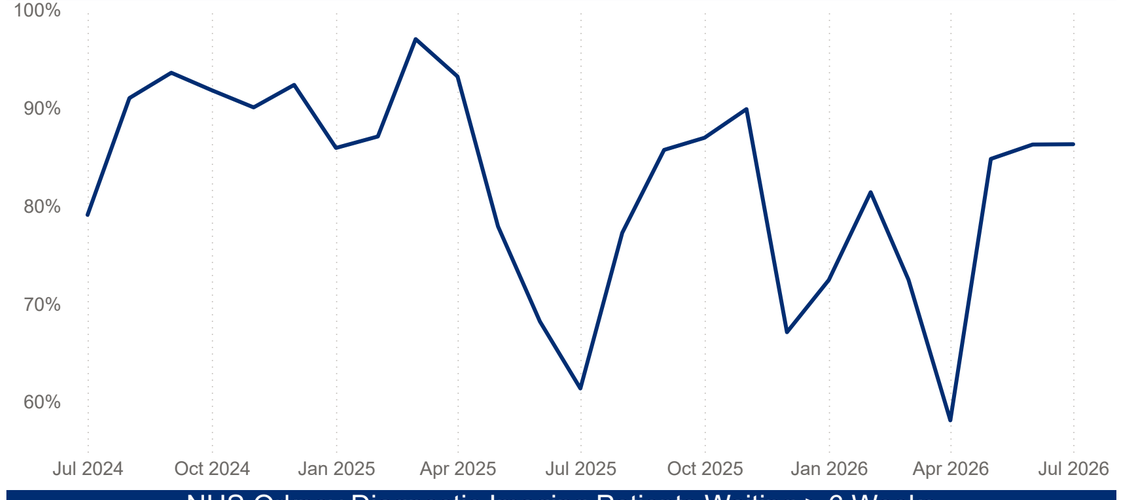


Operational Standards
Diagnostic Imaging 6 Week Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	86.29%	Red

Local data has been taken from the latest monthly DMMI return and includes positions up to the end of July 2026. National data has been taken from the latest PHS publication and shows information up to the end of June 2026.

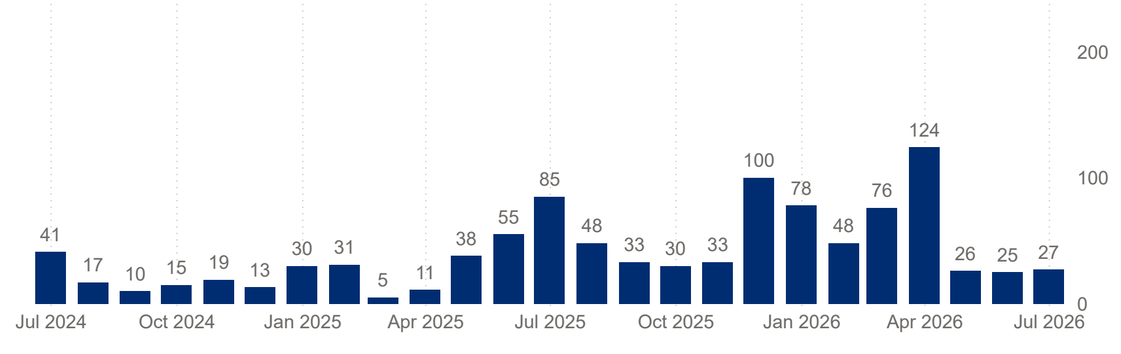
NHS Orkney Diagnostic Imaging Patients Waiting 6-Week Compliance
Higher is Better



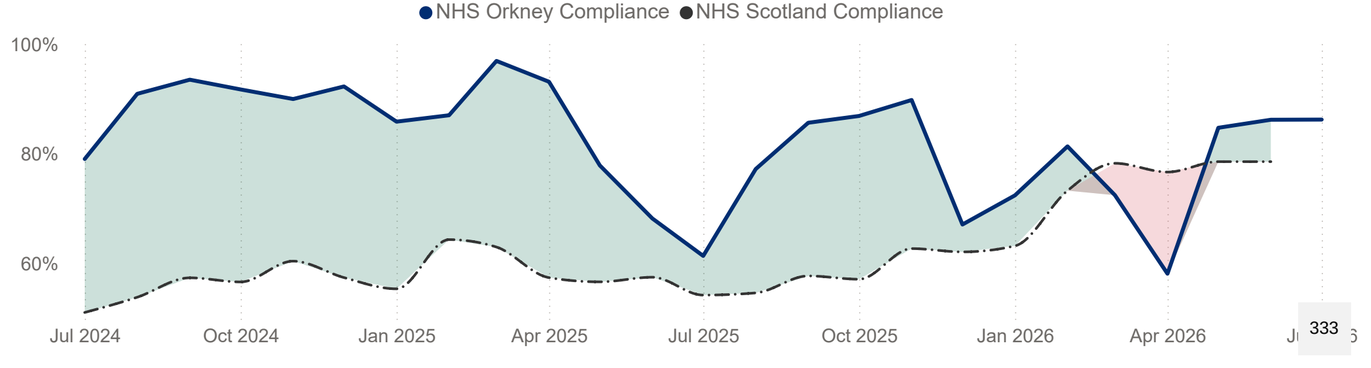
NHS Scotland Board Comparison

Month / Health Board	28 February 2026 %<6Wks	Rank	31 March 2026 %<6Wks	Rank	30 April 2026 %<6Wks	Rank	31 May 2026 %<6Wks	Rank	30 June 2026 %<6Wks	Rank
NHS Borders	95%	1	99%	1	95%	2	97%	1	97%	1
NHS Fife	92%	3	96%	2	97%	1	96%	2	97%	2
NHS Ayrshire & Arran	93%	2	92%	3	91%	3	93%	3	89%	3
NHS Dumfries & Galloway	90%	5	88%	4	84%	4	88%	4	89%	4
NHS Forth Valley	82%	6	84%	6	83%	5	87%	5	86%	5
NHS Western Isles	90%	4	87%	5	79%	8	77%	10	80%	9
NHS Scotland	73%	9	78%	9	77%	9	79%	9	79%	10
NHS Grampian	64%	12	72%	13	81%	6	85%	7	85%	8
NHS Greater Glasgow and Clyde	81%	8	81%	7	72%	10	73%	12	73%	12
NHS Lothian	64%	13	75%	10	79%	7	80%	8	85%	7
NHS Orkney	81%	7	72%	12	58%	15	85%	6	86%	6
NHS Highland	73%	10	74%	11	71%	13	76%	11	78%	11
NHS Shetland	61%	15	79%	8	71%	11	70%	15	70%	14
NHS Tayside	64%	11	71%	14	71%	12	70%	14	71%	13
NHS Lanarkshire	62%	14	66%	15	68%	14	72%	13	69%	15

NHS Orkney Diagnostic Imaging Patients Waiting > 6 Weeks



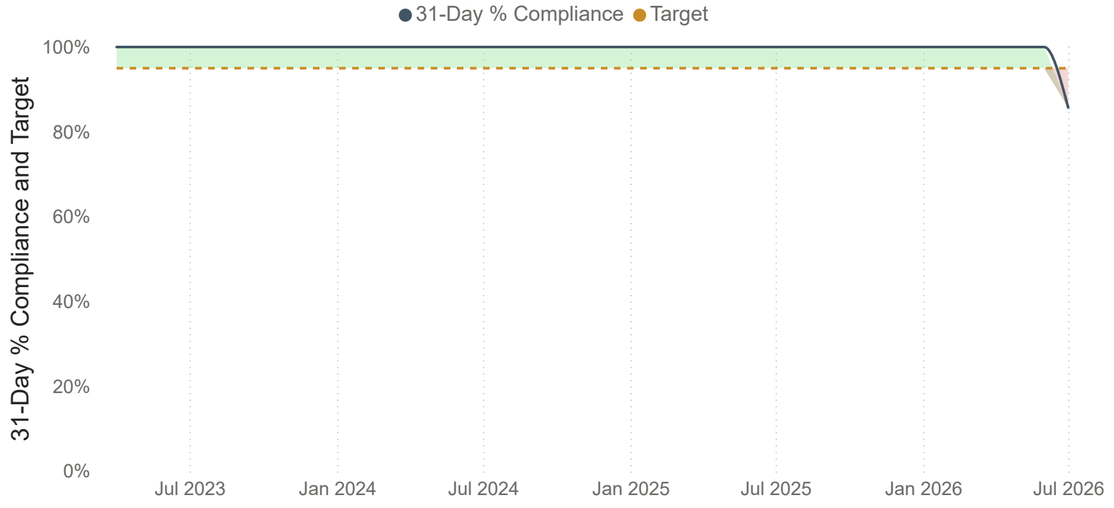
Diagnostic Imaging Compliance vs. National



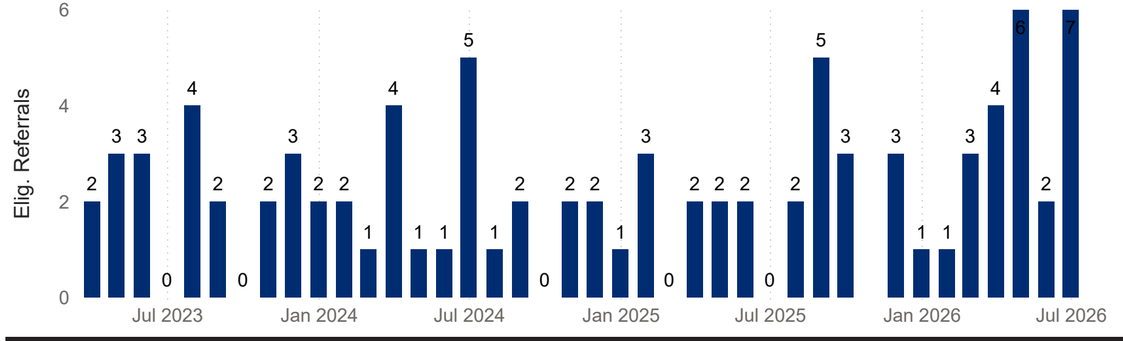
Operational Standards (Acute)
Cancer Waiting Times 31-Day Standard

KPI	Target	Actual	RAG Value
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95%	85.70%	Red

NHS Orkney Cancer Waiting Times - 31 Day Standard Compliance



NHS Orkney Cancer Waiting Times - 31 Day Standard Eligible Referrals



NHS Scotland Board Comparison

Month / Health Board	2025-03 %<31Days	Rank	2025-06 %<31Days	Rank	2025-09 %<31Days	Rank	2025-12 %<31Days	Rank	2026-03 %<31Days	Rank
NHS Orkney	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Shetland	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Western Isles	100.00%	1	100.00%	1	100.00%	1	100.00%	1	100.00%	1
NHS Forth Valley	99.38%	2	99.26%	2	98.52%	3	100.00%	1	99.40%	3
Golden Jubilee National Hospital	99.05%	3	98.33%	4	100.00%	1	99.08%	4	99.17%	4
NHS Dumfries & Galloway	98.96%	4	98.59%	3	97.22%	6	99.53%	3	98.95%	5
NHS Ayrshire & Arran	97.04%	6	97.62%	6	98.55%	2	99.55%	2	99.57%	2
NHS Borders	100.00%	1	100.00%	1	96.92%	7	98.21%	5	96.26%	7
NHS Lanarkshire	98.25%	5	98.31%	5	98.33%	4	96.84%	6	96.37%	6
NHS Greater Glasgow & Clyde	95.11%	7	95.15%	8	95.61%	8	95.66%	8	95.68%	8
NHS Tayside	91.91%	9	95.75%	7	97.37%	5	96.62%	7	93.67%	10
NHS Fife	93.80%	8	93.62%	10	92.73%	11	93.50%	11	95.11%	9
NHS Lothian	90.67%	11	94.78%	9	93.13%	10	94.90%	9	91.52%	12
NHS Highland	91.07%	10	90.84%	12	93.19%	9	93.57%	10	91.97%	11
NHS Grampian	89.96%	12	91.62%	11	90.15%	12	91.24%	12	88.96%	13

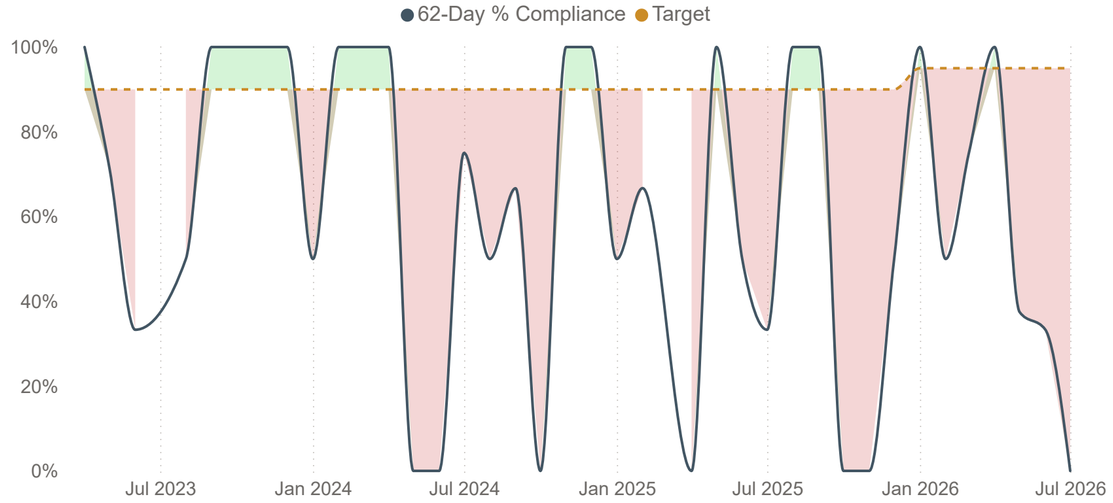
NHS Orkney 31-Day Compliance by Cancer Type

Cancer Type	31 March 2025	30 June 2025	30 September 2025	31 December 2025	31 March 2026
Colorectal				100.00%	100.00%
Colorectal (screened excluded)				100.00%	100.00%
Lung		100.00%	100.00%		100.00%
Lymphoma				100.00%	
Melanoma	100.00%	100.00%	100.00%	100.00%	100.00%
Ovarian	100.00%	100.00%			
Upper GI	100.00%	100.00%	100.00%		
Upper GI - Hepatopancreatobiliary	100.00%				
Upper GI - Oesophagogastric		100.00%	100.00%		
Urological	100.00%	100.00%		100.00%	100.00%
Urology - Prostate	100.00%	100.00%		100.00%	100.00%

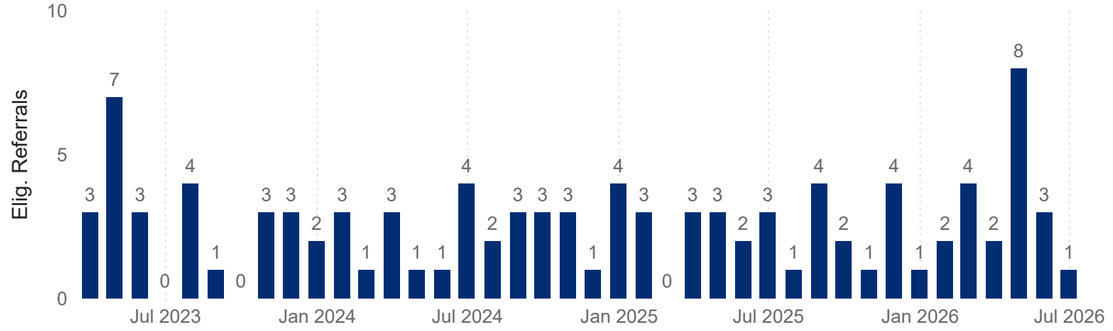
Operational Standards (Acute)
Cancer Waiting Times 62-Day Standard

KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	95%	0.00%	Red

NHS Orkney Cancer Waiting Times - 62 Day Standard Compliance



NHS Orkney Cancer Waiting Times - 62 Day Standard Eligible Referrals



NHS Scotland Board Comparison

Month / Health Board	2025-03 %<62Days	Rank	2025-06 %<62Days	Rank	2025-09 %<62Days	Rank	2025-12 %<62Days	Rank	2026-03 %<62Days	Rank
NHS Lanarkshire	95.76%	1	95.38%	1	92.04%	1	94.93%	1	91.98%	1
NHS Dumfries & Galloway	75.00%	2	75.93%	3	83.01%	3	88.16%	2	84.73%	3
NHS Forth Valley	71.73%	3	72.38%	5	85.97%	2	70.64%	8	78.21%	5
NHS Shetland	60.00%	10	82.14%	2	60.00%	14	66.67%	9	88.24%	2
NHS Fife	64.81%	7	67.43%	8	72.28%	7	74.53%	3	74.81%	6
NHS Highland	69.03%	6	69.76%	6	69.12%	8	74.47%	4	70.13%	10
NHS Greater Glasgow & Clyde	69.08%	5	67.87%	7	68.92%	9	73.79%	7	72.66%	8
NHS Lothian	71.02%	4	72.89%	4	67.04%	10	65.51%	10	64.16%	12
NHS Ayrshire & Arran	63.52%	8	56.71%	13	62.05%	11	73.95%	6	78.43%	4
NHS Western Isles	46.88%	13	64.00%	10	82.61%	4	66.67%	9	73.33%	7
NHS Borders	45.59%	14	64.60%	9	73.53%	6	74.03%	5	67.71%	11
NHS Tayside	63.04%	9	60.00%	12	61.62%	12	61.82%	12	61.18%	14
NHS Grampian	52.49%	12	61.23%	11	60.86%	13	62.85%	11	62.03%	13
NHS Orkney	57.14%	11	50.00%	14	75.00%	5	28.57%	13	71.43%	9

NHS Orkney 62-Day Compliance by Cancer Type

Cancer Type	31 March 2025	30 June 2025	30 September 2025	31 December 2025	31 March 2026
Cervical				100.00%	
Cervical (screened excluded)				100.00%	
Colorectal	0.00%		66.67%	0.00%	0.00%
Colorectal (screened excluded)	0.00%		50.00%		0.00%
Colorectal (screened only)			100.00%	0.00%	
Lung	100.00%		100.00%		100.00%
Melanoma	100.00%		100.00%	100.00%	100.00%
Ovarian	100.00%	100.00%	100.00%		
Upper GI	100.00%	0.00%	100.00%		100.00%
Upper GI - Hepatopancreatobiliary	100.00%				
Upper GI - Oesophagogastric		0.00%	100.00%		100.00%
Urological	0.00%	33.33%	0.00%	0.00%	50.00%
Urology - Bladder	0.00%	0.00%		0.00%	
Urology - Prostate		100.00%	0.00%	0.00%	50.00%

Orkney NHS Board

Minute of meeting of **Area Clinical Forum** of **Orkney NHS Board** held on **Monday 1 June 2026** at **12:15 via MS Teams**

Present: Dr. Kirsty Cole – Chair
Nick Crohn – Radiology Manager / Vice Chair ACF
Lynn Adams – NAMAC Representative
Ellen Kesterton – Quality Improvement Lead / NAMAC Representative
Rona Harcus – Allied Health Professional Lead / TRADAC Chair
Kirsty Jones – TRADAC Representative
Lyndsay Steel – Practice Pharmacist / APC Chair
Samantha Thomas – Executive Director of Nursing, Midwifery, Allied Health Professions, and Chief Officer of Acute Services

In Attendance:

1 Apologies

The Chair welcomed members to the meeting and confirmed that it would focus primarily on Chairs' Assurance Reports and the review of actions and escalations due to a relatively light agenda and reduced corporate governance capacity during the reporting period.

The Chair acknowledged attendee participation and informally confirmed attendance at the outset of the meeting. It was noted that no formal apologies had been received in advance of the meeting, and Committee Support confirmed that there were no additional apologies to record at the time of discussion.
No issues were raised regarding quorum, and the meeting proceeded on the basis that sufficient representation was present to enable discussion and assurance to be provided in line with the Forum's remit.

NOTED:

- The Chair welcomed attendees and confirmed the purpose and focus of the meeting.
- No formal apologies had been received or recorded at the start of the meeting.

2 Declarations of Interests - Agenda Items

No declarations of interest were raised regarding agenda items.

3 Minute of the Meeting held on 04 February 2026

Members confirmed that the minute was an accurate reflection of the discussions and decisions taken at the previous meeting. No substantive amendments were requested.

The minute was **APPROVED** as an accurate record.

4 Matters Arising

No matters arising were brought to attention at the meeting.

5 Action Log

The Action Log was reviewed and updated accordingly.

6 Log of Escalated Items

The Log of Escalated Items was reviewed and updated accordingly.

7 Professional Advisory Committees

7.1 Area Dental Committee (ADC)

An update was provided on ongoing efforts to re-establish the Area Dental Committee. It was reported that progress continued to be challenging, with active engagement taking place with independent contractor dental practices to identify a sustainable structure and approach.

It was confirmed that relevant clinical leads were working collaboratively to progress this work, and further updates would be brought to the Forum as developments emerge.

Members acknowledged the importance of re-establishing the Committee to strengthen governance and clinical input within dental services.

7.2 Area Pharmacy Committee (APC)

The Committee received a positive assurance report regarding the Area Pharmacy Committee. Significant improvements in attendance were highlighted, attributed to the introduction of hybrid meetings and structured educational sessions.

It was noted that recent sessions had included external contributions focusing on topics such as artificial intelligence in medication safety and digital prescribing pathways. Future sessions were planned, including areas such as sleep hygiene and clinical care pathways.

Members welcomed the enhanced engagement and recognised the Committee's role in driving quality improvement and shared learning.

7.3 GP Sub Committee

Discussion relating to general practice was incorporated across several agenda areas. It was noted that general practice continued to experience system pressures, including workload challenges and the impact of broader organisational issues such as accommodation shortages.

Members discussed the importance of improving understanding of the current GP working environment, with proposals brought forward for a future development session to include a "day in the life" perspective to increase awareness across sectors.

This was considered an important step in strengthening cross-sector understanding and collaboration.

7.4 Hospital Sub Committee

No standalone Hospital Sub Committee report was formally presented; however, hospital-related pressures were reflected in wider discussions, particularly in relation to clinical services and workforce challenges.

It was noted that ongoing work within clinical services remained sensitive, with communications being managed incrementally to ensure appropriate engagement prior to wider dissemination.

Members acknowledged the need for careful handling of communication and ongoing assurance through governance routes.

7.5 NAMAC

An update was provided on the Non-Medical Acute Care Committee (NAMAC), with assurance given on progress relating to welfare proxies under Section 47. It was reported that compliance had improved, although concerns remained regarding staffing approaches and their sustainability.

It was further noted that accommodation challenges were impacting workforce stability, and the Committee proposed closer alignment with TRADAC to strengthen advocacy on these issues.

The Forum recognised the progress made while noting the continued risks associated with workforce pressures.

7.6 TRADAC

The Therapies and Rehabilitation Advisory Committee (TRADAC) reported ongoing workforce challenges across multiple disciplines, including radiology, occupational therapy, dietetics, and speech and language therapy. Recruitment delays and staffing shortages continued to present risks to service delivery.

Positive assurance was provided regarding interim leadership arrangements within allied health professional services, with continued monitoring of key roles and funding streams.

Members acknowledged both the ongoing risks and the mitigations in place, noting the importance of sustained oversight.

7.7 Area Drugs & Therapeutics Committee

Discussion highlighted ongoing work within the Area Drugs & Therapeutics Committee, particularly in relation to private prescribing and improving public communication.

It was reported that further work was required to ensure safe and appropriate messaging regarding access to private healthcare and prescriptions, including legal and indemnity considerations. The topic would be escalated to a future ADTC meeting for further discussion.

Additional opportunities for collaboration were identified, including proposals for pharmacy-led presentations to other committees to improve awareness of medication assessment and referral pathways.

8 Chairs Reports

8.1 Board

It was confirmed that key issues discussed at the Forum, particularly accommodation challenges and workforce pressures, were recognised at Board level.

Members noted that housing constraints continued to have a direct impact on recruitment and retention, including delays to appointments and challenges in sustaining staffing across services.

The Forum acknowledged the importance of continued escalation and alignment with Board priorities.

8.2 ACF Chairs Group

The Committee was advised of ongoing discussions within the ACF Chairs Group, including alignment of priorities across committees and sharing of emerging risks and pressures.

Members noted the value of this forum in strengthening coordination and ensuring consistent escalation of key issues across governance structures.

8.3 ACF to Board - Chairs Assurance Report

It was confirmed that the Chairs' Assurance Report from the Area Clinical Forum to the Board would reflect the key risks, assurances, and areas of progress discussed during the meeting.

Particular emphasis would be placed on:

- Workforce and accommodation challenges
- Ongoing service pressures across clinical and therapy services
- Positive developments within committee functioning and engagement

The importance of clearly articulating both risks and assurances to support Board oversight and decision-making was highlighted.

Items for Discussion

9 Governance

9.1 Area Clinical Forum Annual Report

The Chair introduced the Area Clinical Forum Annual Report for consideration, outlining its role in providing a comprehensive overview of the Forum's activity, assurances, and key issues over the reporting period.

It was confirmed that the Annual Report aimed to reflect the breadth of work undertaken across the Forum and its sub-committees, including areas of progress, continuing risks, and key themes requiring Board oversight. Members noted that the report would form an important component of the organisation's wider governance and assurance framework.

Discussion highlighted that the content of the report should align with themes raised throughout the year, including workforce pressures, accommodation challenges, service delivery risks, and improvements in committee engagement and functioning. Members emphasised the importance of ensuring that both quantitative and qualitative assurance was clearly articulated, alongside any areas of concern.

It was further noted that the report should accurately capture the balance between positive developments—such as improved attendance and engagement within committees—and ongoing systemic challenges impacting service sustainability. The need for clarity, consistency, and alignment with Board expectations was reinforced.

In accordance with governance guidance, members recognised the importance of ensuring that the report clearly distinguishes between assurances provided, risks identified, and decisions taken, to support effective scrutiny at Board level.

The Forum supported the development and progression of the Annual Report, subject to finalisation and submission through appropriate governance routes.

10 Policies & Procedures

10.1 No items were raised or submitted

11 Development Sessions

11.1 Members agreed that the session would focus on medicines management, with input from pharmacy colleagues to provide insight into prescribing practices, medication processes, and system pressures. It was recognised that this would support broader clinical understanding and improve cross-sector collaboration.

In addition, a proposal was supported to include a “day in the life” presentation from general practice, aimed at increasing awareness of the current working environment within GP services, particularly in light of changes since the COVID-19 pandemic.

The Forum noted that both elements would provide valuable learning opportunities for clinical staff across disciplines and would contribute to improved system-wide understanding.

It was confirmed that the session would be advertised through internal communications channels, and members would be encouraged to cascade details within their respective teams to maximise attendance and engagement.
AGREED

12 Any Other Competent Business

Concerns were raised regarding the lack of representation from the Area Clinical Forum and Allied Health Professionals at a recent Chief Executive stakeholder event. Members noted inconsistency in the invitation process, with some attendees invited in individual capacities rather than as representatives of their respective committees.

It was agreed that clarification would be sought regarding the process for issuing invitations to such events, to ensure appropriate and consistent representation from relevant clinical groups in future. The importance of inclusive engagement and visibility of clinical voices within strategic discussions was emphasised.

13 Items to be brought to the attention of the:

13.1 Board
The Forum considered the key issues requiring escalation to the Board to support strategic oversight and decision-making.

It was agreed that particular attention should be drawn to the ongoing impact of accommodation shortages on recruitment and retention across clinical services, noting the associated risks to service sustainability and workforce stability.
Further escalation was deemed necessary in relation to:

- Persistent workforce pressures across multiple clinical areas, including therapy services and general practice
- Ongoing challenges in service delivery linked to staffing constraints and system pressures
- Communication and safety concerns relating to Emergency Department discharge processes, particularly the completeness and timeliness of discharge information

Members also agreed that positive assurance should be provided to the Board regarding improvements in committee engagement and attendance, particularly within the Area Pharmacy Committee, as well as ongoing collaborative efforts to address cross-system challenges.

AGREED

13.2 Governance Committees

The Forum identified several areas requiring further consideration or oversight by relevant governance committees.

It was agreed that issues relating to prescribing, including private healthcare access and communication, should be progressed through the Area Drugs & Therapeutics Committee for further review and guidance.

Concerns regarding medication-related communication, particularly in relation to Emergency Department discharge processes, were to be shared with appropriate governance groups, including emerging interface arrangements, to support system-wide improvement.

Additionally, workforce and accommodation challenges were recognised as cross-cutting issues requiring coordinated oversight across governance structures, with opportunities for joint working between committees highlighted.

AGREED

14 Items to be Communicated with the Wider Clinical Community

The Forum considered key messages to be communicated to the wider clinical workforce to support awareness, engagement, and shared understanding.

It was agreed that communication should include:

- Details of the upcoming development session, including its focus on medicines management and general practice, to encourage broad clinical participation
- Ongoing work to improve prescribing practices and access to appropriate guidance, including safe use of private healthcare pathways
- Awareness of system pressures, including workforce and accommodation challenges, to promote shared understanding across services
- Opportunities for increased collaboration and learning across committees, including pharmacy-led education and cross-sector engagement

Members noted the importance of using established communication channels, including staff bulletins and committee networks, to ensure consistent and effective dissemination.

AGREED

15 Items to be Escalated

- Matters of Concern or Key Risks to Escalate
    - Ongoing accommodation shortages across Orkney were identified as a significant strategic risk impacting recruitment and retention across multiple clinical groups, including general practice, AHPs and other services. The issue was noted to be causing delays in staff start dates and service capacity pressures.
    - Persistent issues with ED discharge communication, particularly incomplete documentation of medication changes and delays in availability of discharge letters, were highlighted as a patient safety concern. These issues continue despite local education efforts and are compounded by system limitations within Track.
    - Continued difficulty in re-establishing the Area Dental Committee was noted, with reliance on engagement from independent contractor practices presenting an ongoing dependency and risk to governance oversight.
    - Digital system pressures and engagement challenges with eHealth were raised, with previous attempts at engagement unsuccessful and a need to agree clearer processes and support mechanisms.

- Positive Assurances to Provide
    - Significant improvement in Area Prescribing Committee (APC) attendance and engagement was reported, attributed to the introduction of hybrid meetings and structured educational sessions.
    - Positive feedback was provided on educational input and external speakers, including sessions on AI in medicines safety and digital prescribing pathways, supporting wider clinical learning.
    - Progress was noted in welfare proxy compliance (Section 47), with improving adherence and ongoing work to strengthen processes and training, including enabling appropriately trained nurses to undertake assessments.
    - Assurance was provided in relation to interim leadership arrangements within AHP services, including oversight of the interim Lead HP role and planned monitoring of the Associate Director and Children's HP posts.

- Major Actions Commissioned / Work Underway
    - The Chair confirmed an intention to write to the Community Planning Partnership to raise accommodation challenges at system level and support a coordinated, cross-sector response.
    - Work is progressing to establish the AMC interface group, with a focus on improving cross-system communication and addressing issues such as ED discharge processes.
    - A July development session was commissioned, focusing on:
    - Medicines management and pharmacy input
    - A "day in the life" overview of general practice to improve system-wide understanding of primary care pressures
    - Pharmacy colleagues will provide further guidance and shared advice on private healthcare and prescribing, to improve consistency and communication across services.
    - Continued work is underway to improve community communication regarding access to private healthcare, with liaison ongoing with Wendy Lycett.

- Decisions Made
    - It was AGREED that examples of incomplete ED discharge documentation will be collated and used to support escalation through appropriate governance routes, including the interface group.
    - It was AGREED that accommodation challenges should be escalated beyond NHS structures, including engagement with local authority and national forums.
    - It was AGREED to progress planning and promotion of the July development session, with broad clinical engagement encouraged.
    - It was AGREED that concerns regarding stakeholder event representation will be followed up to ensure appropriate ACF and HP inclusion in future events.

- Comment on Effectiveness of Meeting
    - The meeting was effective in identifying cross-cutting system risks, particularly accommodation and communication challenges, and in agreeing coordinated actions to address these.
    - Strong engagement from committee representatives supported clear assurance reporting and identification of improvement actions, particularly in relation to governance interfaces and clinical communication.

16 For Information and Noting

16.1 Correspondence

The Chair confirmed that no issues had been raised through correspondence prior to the meeting. Members noted this position.

16.2 Schedule of Meetings 2026/27

Members reviewed and **NOTED** the attached schedule of meetings for 2026/27. No amendments were proposed.

The meeting ended at 13:35

Area Partnership Forum Action Note

Title of meeting:	**Area Partnership Forum (APF)**	**Date:**	**18 August 2026**
		Time:	**14:00**
Chair:	Ryan McLaughlin		
Executive Support:	Jade Rosie		

Members	**Present**	**Apologies**
James Goodyear (JG), Chief Executive (Joint Chair)		X
Ryan McLaughlin (RM), Employee Director (Joint Chair)	X	
Stephen Brown (SB), Chief Officer IJB		
John Daniels (JD) Head of Primary Care Services & Interim Chief Officer Acute Services		
Lauren Flett (LF), RCM		X
Tariro Gandiya (TG) – British Medical Association (BMA) representative		
Tony Miller (TM) – UNISON representative	X	
Wilma Brown (WB) – Unison Regional Officer	X	
Willem Venter, Health & Safety Lead	X	
Damian Reid – Interim Director of Finance	X	
Anna Lamont (AL), Medical Director		
Kath McKinnon, (KM), British Dental Association (BDA)		X
Caitriana McCallum (CM), British Dietetic Association (BDA)		
Margaret MacRae (MM) RCN	X	
Steven Phillips (SP), Head of People and Culture	X	
Yvonne Stewart, (YS), Society of Radiographers (SOR)		
Sharon Keyes (SK), Head of Facilities & NPD Contract	X	
Samantha Thomas, (ST), Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services		X
Lesley Thomson, Interim Executive Nurse Director	X	
Kate Smith, Society of Radiography Representative		
Amanda Manson, Royal College of Nursing (RCN) Representative	X	
Karen Merriman, UNISON Representative	X	
Dave Harris - Director of People & Culture	X	
Barbara Leslie	X	
Lynn Adam, (LA), Clinical Lead for Workforce	X	
Lorna Major, Royal College of Midwives (RCM) Representative		
Lisa Huggard, Royal College of Midwives (RCM) Representative		

In Attendance		

MEL

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Welcome & Apologies	Chair	WELCOME	All members were welcomed to the meeting and **NOTED** as above. Apologies were NOTED as above. Members welcomed Lesley Thomson, Interim Executive Nurse Director and Thanked James Goodyear, Interim Chief Executive for all his contributions throughout the past year.
2.	Declaration of Interests	Chair	AWARENESS	There were no declarations of interest noted.
3.	Notes of meeting	Chair	DECISION	Minutes **APPROVED** for onward submission to Staff Governance and Board.
4.	Chairs Assurance Report	Chair	DECISION	Chairs Assurance Report **APPROVED** for onward submission to Staff Governance and Board
5.	Matters arising	Chair	DISCUCSSION	No matters arising
6.	Area Partnership Forum Action log	Chair	ASSURANCE	The Action Log was updated.
CORE BUSINESS				
7.1	People Delivery Plan		AWARENESS	Dave Harris and Steven Phillips introduced the draft People Delivery Plan. Members welcomed the development of a single organisation-wide People Delivery Plan aligned to Staff Governance Standards, iMatter findings and Your Employee Journey. **Key Themes from Discussion** **Partnership Working**

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				Members emphasised that partnership working should be a key priority throughout the Plan. Discussion highlighted: • Need for earlier staff-side involvement. • Greater partnership working at departmental and service level. • Reducing reliance on APF as the sole route for partnership engagement. • Embedding partnership approaches throughout the organisation. • Increased awareness of partnership working for managers and staff. **Staff Voice and Speaking Up** Members highlighted the need to: • Improve confidence in raising concerns. • Demonstrate how concerns and suggestions influence decisions. • Close the "you said, we did" feedback loop. • Ensure staff can see actions resulting from their feedback. **Safe and Healthy Working Environment** Safe staffing was identified as a significant priority. Members agreed: • Health and Care Staffing Act implementation should remain a major focus. • Staffing discussions should visibly demonstrate how staff feedback influences decisions. • Wellbeing outcomes need clearer measures to demonstrate impact. **Learning and Development** Discussion highlighted: • Equitable access to learning and development. • Protected learning time.

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				• Role-specific training requirements. • Leadership and management development. Members agreed to provide further comments directly to Dave Harris and Steven Phillips following the meeting. **Action:** APF members to submit further comments and suggested amendments on the draft People Delivery Plan. **Action:** Revised draft to be updated taking account of APF feedback before further consideration.
7.2	SLT CAR relating to iMatter discussion		AWARENESS	The report was noted. Members agreed that discussion arising had been fully considered during the People Delivery Plan agenda item.
7.3	Chief Executive and Executive Team Updates	Chief Executive	AWARENESS	Damian Reid provided an update on the organisation's financial position. Members were advised that as at Month 4 the organisation was reporting a deficit of approximately £1.3 million and remained ahead of plan. However, further improvements in the financial run rate would be required if NHS Orkney was to achieve its year-end financial target. Work was underway with operational divisions to assess confidence in delivery plans, identify associated risks and develop mitigating actions where necessary. Members also heard that planning for the 2027/28 financial position would begin earlier than in previous years to support improved financial planning and sustainability. Ryan McLaughlin sought clarification regarding vacancy factors and the assumptions underpinning budget planning. Damian advised that the current position reflected previous expenditure patterns and that work was underway to understand the practical implications across services.

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				It was agreed that a more detailed update would be provided at a future meeting once discussions with divisions had been completed. Lesley Thomson provided an update on priority areas within nursing, midwifery and allied health professions. Following publication of the Healthcare Improvement Scotland reports, work was progressing to develop detailed improvement plans and prepare a formal response. Members were advised that a dedicated NMAHP Workforce Group would be established to strengthen oversight of workforce planning, safe staffing and compliance with the Health and Care Staffing Act. Partnership representation would be sought from the outset to ensure staff-side involvement in these discussions. Lesley also outlined ambitions to strengthen the Excellence in Care agenda across NHS Orkney. Future work would focus on working with teams to identify what good quality care looks like in practice and establish locally meaningful quality indicators and standards. The intention would be to build improvement activity around these agreed standards and support teams to demonstrate both areas of strength and opportunities for further development.
7.4	Staff Side Updates	Staff Side Leads	DISCUSSION	Staff Side representatives raised a number of workforce issues requiring further discussion. The majority of discussion focused on the implementation of e-rostering and proposed changes within Inpatients 2. Members expressed concerns that there remained a lack of clarity regarding the scope of the changes being introduced and whether these would affect existing shift patterns, flexible working arrangements and staff working conditions. Concerns were also raised regarding whether organisational change processes should apply. Ryan McLaughlin advised that discussions had taken place with operational managers and trade union representatives; however, a clear description of the

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				proposed changes had not yet been provided. Steven Phillips agreed to undertake further enquiries to establish the position and provide clarification. Members also discussed workforce changes within Community Nursing. Staff Side representatives advised that while engagement had taken place regarding proposals to increase flexibility across services, concerns remained amongst staff about the implications of these changes and the potential impact on workloads and working arrangements. It was acknowledged that workforce pressures were driving some of these discussions; however, members reiterated the importance of ensuring staff and partnership representatives were appropriately involved throughout the process. Tony Miller provided an update on health and safety work taking place across the organisation. Members heard that a programme of health and safety inspections was being rolled out, with work underway to strengthen staff-side involvement and ensure that inspection findings contributed to organisational learning and improvement. Discussion took place regarding facility time arrangements and the importance of allowing accredited safety representatives sufficient time to participate in inspections and associated activities. It was agreed that inspection schedules should be shared with staff-side representatives to enable planning and identification of any support required. Sharon Keyes updated members on concerns regarding lengthy queues in the hospital canteen, particularly during peak lunch periods. Several options had been explored to improve access for staff with limited break times, including the introduction of a grab-and-go service offering pre-prepared food items. Members discussed a number of potential solutions, including queue management, break staggering, improved communication to staff and pre-ordering arrangements. Following discussion, members were supportive of a three-month trial of

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				the proposed grab-and-go service, with feedback to be gathered and reviewed following implementation. The Chair thanked members for a constructive discussion and noted that many of the issues raised reflected wider themes discussed earlier in the meeting regarding partnership working, communication, employee voice and staff involvement in decision-making
ITEMS FOR DISCUSSION OR APPROVAL				
8.	Residential Property Policy	Sharon Keyes	APPROVAL	Members considered the revised Residential Property Policy. Ryan McLaughlin advised that, although significant work had been undertaken to revise the policy and address previous feedback, further consultation was required before it could be formally approved. Following discussion, members agreed that the policy should be deferred and brought back to a future meeting once consultation with the Local Negotiating Committee had concluded and any final amendments had been considered. The Forum noted the progress made to date and thanked those involved in the development of the policy. **Action:** Residential Property Policy deferred to a future meeting pending completion of consultation and consideration of any final amendments.
9.	Job Evaluation Report	Job Evaluation Leads	DISCUSSION	
ITEMS FOR NOTING				
9.	AOCB	Chair	AWARENESS	Steven Phillips advised members that the Extension to Sick Pay Procedure, which had previously been approved by APF, had not yet

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				completed consideration through the Joint Local Negotiating Committee (JLNC). Members were informed that JLNC had not met since the matter was last discussed and therefore formal feedback had not yet been received. Steven sought agreement to continue using the draft procedure in the interim pending consideration by JLNC, with any subsequent amendments to be brought back to APF if required. Members were content with this approach and agreed that the procedure could continue to be used on this basis. No further items of business were raised under Any Other Competent Business.
10.	NHS Circular PCS (DD) 2026-02	Chair		The circular was noted.
11.	NHS Circular PCS (MD) 2026-01	Chair		The circular was noted.
12	Items to be included in the Chairs Assurance Report to Staff Governance Committee	Chair	DECISION	The Chair noted that the Chair's Assurance Report would be circulated along with the Meeting Pack ahead of the next meeting.
13.	Area Partnership Forum Reporting Timetable 2026-27	Chair	AWARENESS	Members noted the Area Partnership Forum Reporting Timetable 2026/27.

Meeting closed at 16:04

** Items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Committee Support, Chair or Lead Director*

Area Partnership Forum Members:	**In Attendance / By Invitation:**
Paula Buchan, Regional Officer - UNITE	
John Daniels - Head of Primary Care Samantha Thomas - Director of Nursing, Midwifery, AHPs and Acute	Michelle Mackie, Deputy Director of Nursing and Midwifery
Lauren Flett – Royal College Midwives (RCM) Lorna Major – Royal College Midwives (RCM) Lisa Huggard - Royal College Midwives (RCM)	
Tariro Gandiya – British Medical Association (BMA)	
Damian Reid, Interim Director of Finance Willem Venter, Health and Safety Lead	
Margret MaCrae – Royal College of Nursing (RCN)	
Amanda Manson - Royal College of Nursing (RCN)	
Catriona McCallum, British Dietetics Association (BDA)	
Kath McKinnon, British Dental Association (BDA)	
Ryan McLaughlin, Employee Director – Joint Chair	
Tony Miller - Unison	
Dave Harris - Director of People and Culture	
Steven Phillips - Head of People and Culture	

James Robertson - Unison
James Goodyear -Interim Chief Executive – Joint Chair
Sharon Keyes - Head of Facilities & NPD Contract
Kate Smith - Society of Radiographers (SoR)
Karen Merriman – Unison Lynn Adam, (LA), Clinical Lead for Workforce
Wilma Brown – Unison (papers only)
Karen Davidson - Unison (papers only) Yvonne Stewart – Society of Radiographers (SoR) (papers only)

Minute Audit and Risk Committee
Tuesday 26 May 2026

Attendance

Rachel Ratter (Senior Corporate Governance Officer), Damian Reid (Interim Director of Finance), Suzanne Gray (Senior Financial Accountant), Issy Grieve (Non-Executive Board Member), Dr Anna Lamont (Medical Director), Ryan McLaughlin (Non-Executive Board Member/Employee Director), Tammy Sharp (Director of Performance, Transformation and Deputy CEO), Jason Taylor (Non-Executive Board Member – Chair), Debs Crohn (Head of Corporate Governance), James Goodyear (Interim Chief Executive), Rona Gold (Non-Executive Board Member).

Guests: Iain Gray, Information Governance Manager, David Miller, Resillence Officer

1. Cover page (Presenter: Chair)

To support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

2. Apologies (Presenter: Chair)

The Chair opened the meeting at 09.30 and welcomed members to the meeting.

Apologies were received from Kat Jenkin (Head of Patient Safety, Quality and Risk).

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

3. Declaration of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minutes of meeting held 3 March 2026 (Presenter: Chair)

The Chair presented the minutes of Audit and Risk Committee meeting held on 3 March 2026.

Decision / Conclusion

The minutes of the Audit and Risk Committee were approved as an accurate record of the meeting.

4.1 Chairs Assurance Report from meeting on 3 March 2026 (Presenter: Chair)

The Chair presented the Chair's Assurance report from the meeting held on 3 March 2026.

Decision / Conclusion

The committee took assurance on the report.

5. ACTION LOG (Presenter: Chair)

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

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

The Medical Director presented the Corporate Risk and Assurance Report.

The committee were advised that there was one additional risk for the quarter in relation to the facilities maintenance contract, which had been reviewed at the Risk Management Group on 20 May 2026.

The Medical Director informed members risk descriptions and text would be presented as a summary update to provide a strengthened and concise overview.

The Chair acknowledged that, prompted through various committees, a general review of risks was being undertaken to ensure they remained relevant for 2026/27.

R Gold noted a trend throughout the risk register whereby not all risks had action updates against the risk. Members were reassured that certain risks had been re-written and all risks would include further clarification moving forward.

Decision / Conclusion

The Committee noted and took assurance on the management of the Corporate Risk Register, acknowledging the progress on operational risk management arrangements.

6.1 Emergency Planning Update (Presenter: Director of Public Health)

The Director of Public Health presented the Emergency Planning update, relating to Risk 233.

Progress on Exercise Foreland actions had been slower than anticipated due to staff absence and members were advised the live play exercise should have read 23 June 2025.

R Gold requested clarification regarding the action that had taken place regarding leadership training. The Director of Public Health advised that the training offered during quarter 3 was around general principles and training with partners in relation to emergency planning was aimed primarily at Gold Commander level. It had been identified that e-learning in terms of integrated emergency planning principles in general and the Jessup principles were again aimed at Gold Commander level and potentially the Senior Leadership Team cohort.

Members were also advised that the progress of the learning outcomes in relation to integrated emergency planning principles, work had taken place with the Resilience Officer to provide a time plan.

It was agreed the Director of Public Health would arrange Emergency Planning training for Executives, confirmation would be provided at the 1 December 2026 Audit and Risk committee meeting.

The Interim Chief Executive highlighted the requirement for a clear organisational view of the required level of competence and training support for staff.

Decision / Conclusion

The Committee took assurance on the report.

6.2 Risk Management Group Chairs Assurance Reports (Presenter: Head of Patient Safety, Quality and Risk)

The Medical Director presented the Risk Management Group Chair's Assurance Reports.

The Medical Director and Interim Director of Finance provided assurance on the new risk related to the Robertson contract, detailing mitigations such as fire damper checks, water tank replacement and improved defect management, with ongoing oversight by the Finance and Performance committee.

It was agreed a 6 monthly update would be brought to the 1 December 2026 Audit and Risk Committee meeting following the changes to the Risk Management Group.

Decision / Conclusion

The Committee noted the Chair's Assurance Reports from the Risk Management Group.

6.3 Senior Leadership Team Chair's Assurance Report (Presenter: Interim CEO)

The Interim CEO presented the Senior Leadership Team Chair's Assurance Reports from the meetings held on 1 April and 5 May 2026.

Due to the change in Risk Management processes, it was agreed the Senior Leadership Team Chair's Assurance reports would be submitted to the Audit and Risk committee for noting only.

Decision / Conclusion

The Committee noted the Chair's Assurance Reports from the Senior Leadership Team meeting.

7. AUDIT AND RISK COMMITTEE ANNUAL REPORT 2025/26 (Presenter: Chair)

The Chair presented the Audit and Risk Committee Annual Report 2025/26 for approval.

R Gold thanked the Chair for the informative report and suggested the word reform should not have a capital to not confuse with a political party. She also queried when it was predicted for half of Orkneys population to be over 65 as referenced in the report.

Decision/Conclusion

Committee approved the Audit and Risk Committee Annual Report 2025/26.

8. STRATEGIC – PERFORMANCE

8.1 Draft NHS Orkney Annual Report and Accounts for year ended 31 March 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Draft NHS Orkney Annual Report and Accounts for year ended 31 March 2026 confirming statutory duties had been met with deficit support funds and highlighted the challenge of achieving financial sustainability over the next three years.

Decision / Conclusion

The Committee took assurance on the report.

8.2 Draft Audit and Risk Committee Governance Assurance Statement 2025/26 (Presenter: Chair)

The Chair presented the draft Audit and Risk Committee Governance Assurance Statement 2025/26.

Decision / Conclusion

The Committee took assurance on the Audit and Risk Committee Governance Assurance Statement 2025/26.

8.3 Draft Directors Subsidiary Assurance Statement and Internal Control Self-assessment 2025/26 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Draft Directors Subsidiary Assurance Statement and Internal Control Self-assessment 2025/26 for assurance.

The Chair noted the duplication of the statement provided by the Director of People and Culture.

Decision / Conclusion

The Committee took assurance on the Draft Directors Subsidiary Assurance Statement and Internal Control Self-assessment 2025/26.

8.4 Orkney Health Board Endowment Funds Sub Committee Annual Governance Statement 2025/26 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Orkney Health Board Endowment Funds Sub Committee Annual Governance Statement 2025/26.

Decision / Conclusion

The Committee took assurance on the Orkney Health Board Endowment Funds Sub Committee Annual Governance Statement 2025/26.

8.5 Governance Committee Annual Reports 2025-2026 2025/26 (Presenter: Chair)

The Chair presented the Board's Governance Committee Annual Reports 2025/26.

Decision / Conclusion

The Committee approved the following Annual Reports for inclusion in the Annual Report 2025/26

- Area Clinical Forum Annual Report 2025/26
- Area Partnership Forum Report 2025/26
- Finance and Performance Committee Annual Report - 2025/26
- Joint Clinical and Care Governance Committee - Annual Report 2025/26
- Remuneration Committee Annual Report 2025/26
- Staff Governance Committee Annual Report 2025/26

9. STRATEGIC OBJECTIVE – PLACE

9.1 Internal Audit

9.1.1 Internal Audit Quarter 4 progress report and tracker (Internal Auditor, Director of Performance and Transformation)

The Information Governance Manager presented the Internal Audit Recommendations Quarter 4 progress report and tracker, advising most actions from earlier audit years were complete or nearing completion, with remaining gaps largely due to external dependencies and wider improvement programmes, creating limited but continued risk.

Members were advised 2025/26 audits were underway with early progress in Information Governance, though full assurance was constrained by outstanding reports and the need for more consistent action tracking and timelines.

It was confirmed that their would be additional administrative support in place from July 2026.

Decision / Conclusion

The Committee took assurance on the Internal Audit Recommendations Quarter 4 progress report and tracker.

9.1.2 Health and Safety – Implementation Internal Audit Report (Internal Auditor)

The Internal Auditor presented the Health and Safety implementation Internal Audit Report which identified both good practices and areas for improvement, particularliy in policy manaement, training, and cultural aspects of safety management.

The Chair welcomed the indepth audit and acknowledged the usefulness of the extra time committed to the audit, as compared to previous years.

The Committee welcomed the Health and Safety – Implementation Internal Audit Report noting additional work was required with the Senior Leadership Team in relation to culture and ownership.

It was agreed the Head of Corporate Governance would share H&S Implementation Internal Audit Report with the Staff Governance Committee for cross Committee assurance. The Interim CEO committed to leading a workshop with Senior Leadership Team with an update brought to 1 September 2026 Committee meeting.

Decision / Conclusion

The Committee took assurance on the Health and Safety implementation Internal Audit Report.

9.1.3 Internal Audit Progress report 2025/26 (Internal Auditor)

The Internal Auditor presented the Internal Audit progress report 2025/26 which provided a summary of internal audit activity since the last meeting, confirming the completion of the 2025/26 plan.

Decision / Conclusion

The Committee took assurance on the Internal Audit progress report 2025/26.

9.1.4 NHS Orkney Internal Annual Audit Report 2025/26 (Internal Auditor)

The Internal Auditor presented the Internal Audit Report 2025/26 advising that the audit opinion was that NHS Orkney had a framework of governance, risk management and controls that provided reasonable assurance regarding the effective and efficient achievement of objectives, except in relation to aspects of payroll.

The Interim Director of Finance advised there had been a review of the payroll Service Level Agreement (SLA) with Grampain and discussed a number of controls that would be introduced to ensure more oversight and proactive involvement.

Members were advised Azets had undertaken a portfoilio refresh, Stephanie Hume would replace David Eardley and Rachel King would continue.

The Chair thanked David for all his work over the years.

Decision / Conclusion

The Committee approved the report for onward submission to the Board.

9.2 External Audit

9.2.1 External Audit Plan 2025/26 (External Auditor)

The External Auditor presented the External Audit Plan 2025/26 outlining significant risks including fraudulant expenditure recognition and management override of controls, and discussed the focus on financial managemet and sustainability, with no specific concerns identified for NHS Orkney beyond sector norms.

Decision / Conclusion

The Committee took assurance on the External Audit Plan 2025/26.

10. STRATEGIC OBJECTIVE – PLACE – No papers to be presented

11. ITEMS TO BE INCLUDED ON THE CHAIR'S ASSURANCE REPORT (Presenter: Chair)

No risk or matters of concern to be escalated to the Board.

A discussion was held at the end of the meeting to agree major actions commissioned or underway, decisions and positive assurance to be included in the Chair’s Assurance Report.

12. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

13. ITEMS FOR INFORMATION AND NOTING ONLY (Presenter: Chair)

13.1 National Audit Reports - no reports presented

13.2 Record of Attendance 2026/27

Decision / Conclusion

The Committee noted the Record of Attendance 2026/27

13.3 Reporting timetable 2026/27

Decision / Conclusion

The Committee noted the Reporting timetable 2026/27

The Chair closed the meeting at 11:10am

Minute Finance and Performance Committee
Wednesday 28 July 2026

Attendance

Fiona MacKay (Chair – Non-executive Board Member), Debs Crohn (Head of Corporate Governance), Damian Reid (Interim Director of Finance), Dr Louise Wilson (Director of Public Health), Dr Anna Lamont (Medical Director), Ryan McLaughlin (Employee Director), Issy Grieve (Non-executive Board Member), Davie Campbell (Board Chair), James Goodyear (Interim Chief Executive), Sharon Keyes (Head of Facilities and NPD Contract Lead), Lesley Thomson (Interim Executive Nurse Director) and John Daniels (Interim Chief Operating Officer/Head of Primary Care).

Guests

Kirsty Francis (Head of Procurement and Improvement), Hayley Green (Non-executive Board Member) and Michael Morrison (Non-executive Board Member).

1. Cover Page

Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance the arrangements are working effectively.

Quorum

Three members present including at least two non-executive Board Members, one of whom must be Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Fiona MacKay) opened the meeting at 09.30 am and welcomed members.

Apologies received from Jason Taylor (Non-executive Board Member), Richard Rae (Head of Information IT), Stephen Brown (Chief Officer IJB), Alan Scott (Head of Estates), Sam Thomas (EDoNMAHP and Chief Officer Acute Services), Dave Harris (Director People and Culture), Mohammed Sohail (Chief Finance Officer IJB), Jean Stevenson (Non-executive Board Members) and Hazel Aim (Senior Corporate Governance Officer).

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

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 24 June 2026 (Presenter: Chair)

The Chair asked for comments on the minute of the meeting 24 June 2026.

Decision/conclusion
The minute of the meeting held on 24 June 2026 was accepted as an accurate record of the meeting

5. Matters Arising

No matters arising.

6. CHAIR'S ASSURANCE REPORT - Finance and Performance Committee Chair's Assurance Report 24 June 2026 (Presenter: Chair)

The Chair presented the Chair's Assurance Report of the Finance and Performance Committee meeting held on 24 June 2026.

Decision/Conclusion
Committee took assurance on the Chair's Assurance Report from the meeting held 24 June 2026 for onward submission to the Board 27 August 2026.

7. Action Log (Presenter: Head of Corporate Governance)

The Head of Corporate Governance presented the Finance and Performance Committee Action Log 2026/27.

Decision/conclusion
The action log was reviewed, no outstanding issues (see action log for details).

8. Corporate Risk Register aligned to Finance and Performance Committee (Presenter: Interim Director of Finance)

The Interim Director of Finance introduced the Corporate Risk Register aligned to the Finance and Performance Committee, advising that the financial sustainability risk had been reviewed and updated to reflect the current year position. The Committee noted that the risk score had been reduced to 16 on the basis that the Board was currently delivering within budget and was expected to remain within plan over the next few months.

However, it was emphasised that the position remained dependent on delivery of the efficiency programme, with some schemes becoming higher risk and the score potentially increasing if efficiencies were delayed.

Members discussed the presentation of mitigating actions within the register and noted that, whilst significant work was taking place operationally, this was not always clearly reflected in the report. The Committee requested that future updates provide more specific and current mitigating actions, particularly for the highest-rated risks, so that scrutiny and assurance could be strengthened.

Committee noted that the Senior Leadership Team (SLT) session 5 August 2026 is focused on financial controls and budget ownership and will provide an opportunity to evidence the actions being taken to manage the financial sustainability risk.

H Green, asked for clarity on the rationale for reducing the impact score rather than the likelihood score for the financial sustainability risk. The Interim Director of Finance acknowledged that this had also been raised at the Risk Management Group (RMG) and agreed to consider whether it would be more appropriate for the impact score to remain at 5, with the likelihood score being adjusted before the risk jotter is presented at the August 2026 RMG.

The Medical Director acknowledged that the risk register had developed over time and now contained more detail than would normally be expected in a corporate risk register. Members noted the need to strike an appropriate balance between providing sufficient operational detail for assurance and

maintaining a strategic focus. It was agreed that the Head of Corporate Governance would arrange a separate session for the new non-executive Board Members on risk management and the work undertaken on the risk register.

In response to a question from H Green on digital mandated projects, the Head of Corporate Governance advised that national digital leads met on 13 July 2026 to consider a new operating model and confirmed that mutual aid and support had been requested from all East Health Boards. Committee noted that NHS Orkney is receiving support for major national programmes, including Business Systems and Digital Front Door, and was working closely with colleagues in Shetland and Grampian. This update will be reflected in the next risk register review.

Decision/conclusion
The Committee took assurance from the Corporate Risk Register aligned to the Finance and Performance Committee.

9. Month 3 Financial Results Update (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 3 financial position advising that NHS Orkney had an agreed deficit target of £2.4 million for the year, which would be covered by deficit support funding from Scottish Government if achieved.

Committee noted that the Month 3 position remained within plan, supported by run-rate controls, including the vacancy panel. The year-to-date deficit was £1.031 million against a planned deficit of £1.4 million, placing the Board approximately £400,000 ahead of plan. However, the efficiency target was not yet being delivered in full and a number of savings were weighted towards the latter part of the year, creating increased risk to full-year delivery.

Members noted specific pressures, including a backdated oil invoice relating to the prior year, which accounted for approximately £200,000 of the year-to-date pressure. Total pay was reported as on track overall; however, medical staffing showed a significant adverse variance of approximately £775,000 year to date. The Interim Director of Finance advised that the organisation was expected to remain within plan through Months 4 and 5, but that the position for the remainder of the year would depend on delivery of efficiency schemes.

Committee discussed patient travel costs, which appeared to have plateaued at approximately £250,000 per month. Further information would be brought to a future meeting, particularly given previous volatility and the expectation that initiatives such as the MRI service should support more care being delivered on-island. The Medical Director noted that, given above-inflation travel cost increases, a stable position represented a positive achievement and reflected consistent management of travel arrangements.

Members discussed the ongoing financial risk associated with the Band 5 nursing review. The Interim Director of Finance advised that this remained a national issue and that the current position reflected only cases submitted to date. The Employee Director confirmed that activity continued at a steady pace, with further requests expected and a potential increase in cases over time. The Committee noted that this remained an ongoing risk into future years and could not yet be fully profiled.

The Interim Director of Finance advised that, during Month 3, budgets had been further allocated across directorates to reflect the full efficiency target and introduce a vacancy factor based on staffing levels at March 2026. This was not a hard vacancy target, but a mechanism to highlight and manage areas where staffing had increased. Further work would be undertaken with the Senior Leadership Team to explain targets, secure ownership and understand how efficiency schemes would be delivered.

Members discussed whether harder decisions and increased grip and control were required if delivery of efficiencies remained at risk. The Interim Director of Finance advised that this would depend on the outcome of discussions with the Senior Leadership Team and whether directorates could accept their targets and identify concrete delivery plans. It was clarified that the largest budget adjustment relate

corporate support costs, particularly within the People and Culture and Finance Departments, and was not intended to target clinical staffing. The purpose was to create an allowance for ongoing agency and locum expenditure until longer-term solutions were delivered.

The Committee discussed capital expenditure and noted that, although there was a plan to utilise the full capital budget, there were challenges in securing suppliers within Orkney, including the need for a tender waiver in one instance. The Interim Director of Finance advised that the constrained market would need to be factored into planning and that no capital-to-revenue transfer had been planned at this stage, although this remained something to keep under review.

Members requested that future reporting on medical bank and registered nursing agency spend include a reference line showing the budgeted or acceptable level of spend within the current financial model. The Interim Director of Finance advised that work was underway to reset budgets based on current run rates, including an allowance for medical bank and agency expenditure, and that a reference line could be developed once this work was complete. The Medical Director noted that work was also ongoing to define the relevant medical establishment, particularly for medical locum, surgical and anaesthetic areas, although this was complex and would take several months.

Members also discussed workforce planning, the need to balance financial control with safe staffing levels, and the importance of following appropriate organisational change processes before any posts were disestablished. The Interim Director of Finance confirmed that posts had not been removed and that any structural change would require the appropriate process. The Committee also noted that the reduced working week had been factored into roster planning.

Decision/Conclusion
The Committee took assurance from the Month 3 financial position.

10. STRATEGIC OBJECTIVE – PLACE – no papers to be presented to the meeting.

11. PATIENT SAFETY, QUALITY AND EXPERIENCE

11.1. Litigation 6-Monthly Report (Presenter: Medical Director)

The Medical Director presented the six-monthly Litigation Report and advised that the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), the national scheme through which litigation costs are managed with the Scottish Government, covers litigation costs settled above £25,000.

The Committee was advised that there were currently six cases, and noted that this is the highest number recorded for NHS Orkney in one year. The Medical Director highlighted that this represented a significant financial risk to the organisation, even where some costs were recoverable through CNORIS. It was further noted that even where settlement values were relatively low, Central Legal Office (CLO) costs could be significant and could exceed the value of the settlement itself.

A question was raised regarding organisational learning and assurance that health and safety arrangements were being monitored and managed effectively. The Medical Director advised that this had previously been presented to the Board following a query about whether there was a potential cluster of incidents. Members were advised that an independent review had concluded that the cases were not linked. The Medical Director advised that some target dates extended into future years, meaning that the cases would continue to appear on future reports and could have a longer-term financial impact.

A question was raised regarding whether the financial assumptions included provision for the potential impact of the current number of cases. The Interim Director of Finance agreed to ch

what assumption had been built into the budget and report back as required. The Medical Director emphasised that settlement does not equate to liability. It was noted that, where cases proceed to court, costs can increase significantly, and that the CLO will generally seek settlement where this represents the most financially appropriate route.

Decision/Conclusion
The Committee took assurance from the six-monthly Litigation Report.

11.2 Transformational Priorities Update (Presenters: Head of Procurement and Improvement)

The Head of Procurement and Improvement presented the transformational priorities update and advised that positive progress continued across the four transformational priorities.

Whilst workstreams remained broadly on track, there is a risk against in year financial delivery. The Isles Model of Care and Out of Hours workstreams remains a risk due to financial and political dependencies with more work required to move them forward. The Head of Procurement and Improvement advised that the Improving Together Programme Board would undertake a deeper dive into the transformational priorities, with a focus on identifying key risks, strengthening reporting, and ensuring appropriate mitigations were in place.

Isles Model of Care

In relation to the Isles Model of Care, the Interim Chief Operating Officer advised that a detailed paper had been deferred to the next meeting. The Committee noted that the meeting with Healthcare Improvement Scotland (HIS) in June 2026 had been an important milestone and had supported the development of a draft community and wider stakeholder engagement plan, based on Scottish Government planning with people guidance.

Members discussed concerns that the Isles Model of Care workstream would not deliver savings in-year and that progress had been slower than hoped. It was recognised that the workstream was complex and politically sensitive, and that responsibility for decision-making sat with the Integration Joint Board. The Interim Chief Executive advised that the next step is to progress the engagement process and trust that this would inform future options. Members also noted the need for new non-executive board members to receive a separate briefing on the workstream.

The Interim Chief Operating Officer emphasised that the Isles Model of Care was not solely a financial programme but was also concerned with sustainability, fragility and single points of failure in island healthcare delivery. Members noted that island communities may perceive any change as a reduction in service, particularly where current access to healthcare was high. It was also noted that communities viewed the issue within a wider context of population sustainability and the reduction or withdrawal of other public services on the isles.

Out of Hours

The Interim Chief Operating Officer advised that some milestones were recorded as green because they were technically on track; however, delivery confidence was currently low and this would be reflected more accurately in future highlight reports. Members noted that work was underway to align the workstream with sub-national unscheduled care approaches and that IJB reserves remained available as a potential mitigation for in-year financial savings.

The Committee discussed the proposed direction of travel for the Out of Hours workstream. The Interim Chief Operating Officer advised that the end model needed to operate across the full 24/7 unscheduled care pathway. This would require consideration of integration with the Emergency Department, community nursing, on-call arrangements, compensatory rest and the role of a wider

multidisciplinary team. A further update will be presented at the next meeting, with a deeper dive likely to follow.

Medical Staffing

The Medical Director advised that most milestones were either on track or achieved. Work continued on the recruitment campaign, including British Medical Journal advertising, development of an organisational hub page, and engagement with consultants to ensure flexibility was reflected in the offer.

The Committee noted that grip and control measures for bank and agency spend were ongoing, but that the delivery of savings remained off track. Work was also ongoing on staff travel and leave policy, with the NHS Highland model being considered. The Medical Director advised that establishment review and rota design were marked as off track because the original deadlines had not been fully met; however, significant work had already been undertaken. Benchmarking work had also progressed, including work to normalise outpatient appointment times in areas such as orthopaedics.

Older People and Frailty

It was noted that this was not directly linked to the savings programme and would be picked up at a future meeting.

Decision/Conclusion
The Committee took assurance from the Transformational Priorities Update.

11.3 Isles Model of Care Workstream Plan – no papers received

12. STRATEGIC OBJECTIVE - PERFORMANCE

12.1. Deep Dive – Outpatient Travel (Presenter: Medical Director) – item deferred to next meeting

12.2. Robertsons Facilities Management (RFM) Contract Update (Presenter: Head of Facilities and NPD)

The Head of Facilities and NPD Contract Lead presented the RFM contract update and advised that there had been some progress in a number of areas, although some workstreams had slipped due to contractor availability and staffing capacity on site.

The Committee was advised that a revised programme had been received for the fire damper remedial works, with a revised anticipated completion date of mid-October. Members noted that weekly updates would be provided.

The Head of Facilities and NPD Contract Lead advised that there had been limited progress over the previous six to eight weeks; however, a new regional manager had been appointed by RFM and had identified this as a priority. Additional resources had also been brought on site. Members noted that deductions were being applied for performance failures.

The Committee noted that the issues had been escalated to NHS Assure. The Head of Facilities and NPD Contract Lead advised that issues were therefore being raised at the highest available level. The Interim Director of Finance advised that an independent report would be shared with the Committee once available.

The Interim Director of Finance advised that NHS Orkney had held its first internal joint meeting across estates, facilities and infection prevention and control to strengthen oversight of the contract and ensure a shared understanding of issues being raised with RFM. There had been an improvement in Robertsons' response and, for the first time, there was visible evidence of additional resource being deployed on site.

Members discussed the long-term nature of the 25-year contract and sought assurance regarding Robertsons' capacity to maintain the building as it aged and maintenance requirements increased. The Interim Director of Finance advised that constructive discussions were taking place, although the issue of asset life and contract operation over time would need to continue to be monitored.

The Head of Facilities and NPD Contract Lead advised that the contract included a significant lifecycle fund, which increased after the initial five-year period. Condition reports were completed every six months by RFM, supported by independent advisors who undertook full condition assessments. Members noted that lifecycle requirements were managed robustly and that a dedicated fund was in place.

Members requested a dashboard/ tracker to demonstrate progress with the Robertsons contract be brought to the next meeting.

Decision/Conclusion
The Committee took assurance from the RFM Contract Update.

13. STRATEGIC OBJECTIVE – PEOPLE – No papers to be presented to Committee.

14. CHAIR'S ASSURANCE REPORTS

14.1. Chair's Assurance Report – Sustainability Steering Group (Presenter: Head of Facilities and NPD Contract Lead)

The Head of Facilities and NPD Contract Lead presented the Chair's Assurance Report for the Sustainability Steering Group.

Decision/Conclusion
The Committee took assurance from the Chair's Assurance Report.

14.2. Chair's Assurance Report – Digital and information Operational Group (DIOG) 22 June 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report for DIOG. The Interim Chief Operating Officer reported that the GP systems update had highlighted few issues and the process to date had gone more smoothly than anticipated.

Decision/Conclusion
The Committee took assurance from the Chair's Assurance Report.

14.3 Chair's Assurance Report Capital & Property Strategic Group 29 June 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report for the Capital & Property Strategic Group.

Decision/Conclusion
The Committee took assurance from the Chair's Assurance Report.

15. Agree Items for Chair's Assurance Report to Board

Members agreed the following content for inclusion in the Chair's Assurance Report to Board:

Areas of Concern

- Month 3 financial Performance
- Transformational Priorities

Major Work Commissioned / Underway

- Financial Sustainability Risk
- Isles Model of Care
- Out of Hours
- Medical Staffing
- My Care app and Sharepoint transition
- Patient Travel data
- MSK and Speech and Language capacity and demand

Positive Assurance

- Corporate Risk Register
- Litigation Report
- Robertson Facilities Management Contract Update
- Digital Progress
- Chair's Assurance Reports from operational groups

Effectiveness of Meeting

- It was disappointing that not all papers were received, but the discussion was open, constructive and appropriately challenging. Frank and honest responses from the executives were welcomed.

17. AOCB (Presenter: Chair)

The Board Chair noted that this was Issy Grieve's final Finance and Performance Committee meeting and thanked her for her valuable contribution to the Committee and wider Board business. The Chair also expressed thanks and appreciation for Issy's input and support.

. Key Items for Noting (Presenter: Chair)

18.1 Chair's Assurance Report Improving Together Programme Board 2 July 2026

Decision/Conclusion
The Committee took assurance from the Chair's Assurance Report

18.2 Attendance Record

Committee noted the attendance record 2026/27.

18.3 Meeting Schedule 2026/27

Committee noted the meeting schedule 2026/27.

The Chair thanked those who attended for their input and contributions and closed the meeting at 12:08

Minute Finance and Performance Committee
Wednesday 25 August 2026

Attendance

Fiona MacKay (Chair – Non-Executive Board Member), Debs Crohn (Associate Director Corporate Governance), Damian Reid (Interim Director of Finance), Ryan McLaughlin (Employee Director), Davie Campbell (Board Chair), Sharon Keyes (Head of Facilities and Non-Profit Distributing (NPD) Contract Lead), Lesley Thomson (Interim Executive Nurse Director), John Daniels (Interim Chief Operating Officer/Head of Primary Care Services), Dr Louise Wilson (Director of Public Health), Jean Stevenson (Non-Executive Board Member), Richard Rae (Head of IT), Alan Scott (Head of Estates and Property), Stephen Brown (Chief Officer IJB), Dave Harris (Director of People and Culture) and, Mohammed Sohail (Finance Officer – IJB), Alan Scott (Head of Estates and Property) Jason Taylor (Non-Executive Board Member).

Dr Anna Lamont (Medical Director) joined at item 9.

Guests

Kirsty Francis (Head of Procurement and Improvement), Hayley Green (Non-executive Board Member) and Michael Morrison (Non-executive Board Member), Hazel Aim (Senior Corporate Governance Officer),

1. Cover Page

Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency and effectiveness in the use of all resources, and to provide assurance that the arrangements are working effectively.

Quorum

Three members present, including at least two Non-Executive Board Members, one of whom must be the Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Fiona MacKay) opened the meeting at 09.30 am and welcomed members.

Apologies received from D Langhan (Chief Finance Officer – IJB), James Goodyear (Interim CEO), Carrie Somerville (Head of Planning, Performance and Information) and Sam Thomas.(Executive Director Nursing, Midwifery, AHPs and Chief Officer Acute Services).

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

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 28 July 2026 (Presenter: Chair)

The Chair asked for comments on the minute of the meeting 28 July 2026.

Decision/conclusion

The minutes of the meeting held on 28 July 2026 were accepted as an accurate record of the meeting.

5. Matters Arising

The Chair noted that the risk briefing for new Non-Executive Directors had taken place and had been well received. Thanks to the Head of Patient Safety, Quality and Risk were recorded for delivering the session.

The Committee also noted that work was underway to strengthen budget ownership, with a budget sign-off process due to be considered by the Executive Team before being issued to Directors. The process will require Directors to sign off budgets and identify associated risks and mitigations.

Decision/conclusion
Committee noted the updates provided.

6. CHAIR'S ASSURANCE REPORT - Finance and Performance Committee Chair's Assurance Report 28 July 2026 (Presenter: Chair)

The Chair presented the Chair's Assurance Report of the Finance and Performance Committee meeting held on 28 July 2026.

Decision/Conclusion
Committee took assurance on the Chair's Assurance Report from the meeting held 28 July 2026 for onward submission to the Board 29 October 2026.

7. Action Log (Presenter: Associate DirectorCorporate Governance)

The Associate Director Corporate Governance presented the Finance and Performance Committee Action Log 2026/27.

Decision/conclusion
The action log was reviewed, no outstanding issues (see action log for details).

8. Integrated Performance Report (Presenter: Interim Chief Operating Officer)

The Interim Chief Operating Officer presented the Integrated Performance Report (IPR) and advised that the overall position was mixed, with improvement in some areas but continued pressure in others. Areas highlighted for improvement included planned care, delayed discharge, musculoskeletal waiting times, podiatry, diagnostics and endoscopy. Positive performance was noted in diagnostic cardiology, A&E, CAMHS, maternity, psychological therapies and endoscopy.

Members discussed the basis for delayed transfer of care targets and noted that further work was required to improve the quality and usefulness of community performance metrics. It was noted that implementation of Morse should support the development of more rounded local reporting, particularly for mental health, health visiting, school nursing and community nursing services.

The Committee discussed cancer 62-day performance, noting the impact of small numbers and the potential influence of other Boards' activity. A more detailed narrative and improvement plan will be brought to the next Committee meeting as part of the planned care deep dive.

Members also discussed delayed discharge arrangements, including variation in assessment and discharge planning processes, and noted that further work was required around discharge to assess and care package planning.

Ophthalmology performance and AHP waiting times were also discussed, Committee noted that planned additional ophthalmology activity had been affected by locum withdrawal, but that a more sustainable approach was being explored, including use of independent providers through procurement frameworks. Further detail will be included in next month's performance deep dive.

Decision/conclusion
Committee took assurance from the Integrated Performance Report.

9. Month 4 Financial Results Update (Presenter: Interim Director of Finance)

The Interim Director of Finance presented Month 4 financial position, reporting a year-to-date deficit of £1.3m, which was slightly better than planned. However, this was partly due to planned savings being weighted towards the second half of the year, meaning the financial challenge will increase as the year progresses. Efficiencies were slightly behind plan, with £0.6m delivered against an £0.8m target.

Key pressures included continuing agency and bank costs, particularly medical and dental agency costs, and rising travel costs.

Committee noted that confirmed full-year MRI funding had provided an in-month benefit, but that travel remained an area to watch.

Members discussed the need for clearer narrative on how the Board expects to remain within the agreed £2.4m deficit, including the split between recurrent savings, non-recurrent mitigations and longer-term transformation opportunities. It was noted that further work was underway to finalise budget sign-off with Directors, identify risks and mitigations, and clarify the size of the remaining gap.

Committee also discussed service level agreements, digital investment risks, community nursing costs, capital funding for the old Balfour site, and the need to have further invest-to-save proposals ready should funding opportunities arise.

Workforce reporting was discussed, with members noting the need to move towards clearer reporting of budgeted whole-time equivalents, actual whole-time equivalent and total staffing spend, including bank and agency.

Decision/Conclusion
Committee took assurance from the Month 4 financial position.

10. STRATEGIC OBJECTIVE – PLACE – no papers to be presented to the meeting.

11. PATIENT SAFETY, QUALITY AND EXPERIENCE

11.1. Transformation Priorities 2026/27 Highlight Report (Presenter: Head of Procurement and Improvement)

The Head of Procurement and Improvement presented the revised highlight report, noting that the format had been updated to give members clearer information on progress, risks and mitigations.

Older People and Frailty workstream

The workstream was reported to be on track. Committee noted ongoing work to map pathways and improve consistency of approach, including the dementia diagnosis pathway.

Positive progress included the appointment of an Older People Psychiatrist with recruitment underway for an Admiral Nurse, supported by Dementia UK funding. The workstream was noted to

be focused more on prevention, consistency and service improvement than significant financial savings.

Out of Hours/Urgent and Unscheduled Care workstream

Urgent and Unscheduled Care had been broadened from the previous out-of-hours focus to reflect the need for an integrated approach across services. A refreshed project meeting was scheduled, with engagement with affected teams expected to begin as soon as practicable and an ambition to conclude this by the end of October.

Committee noted that the financial plan for this workstream was off track and that an adjusted plan would be required, with any in-year savings likely to depend on transitional arrangements.

Members discussed the scale and complexity of the transformation programme, the need to prioritise deliverable opportunities, and the importance of aligning financial expectations with Scottish Government messaging. Committee also noted that many of the transformational priorities were about service sustainability and quality as well as savings, and that some benefits may take two to three years to deliver.

Decision/Conclusion
The Committee took assurance from the Transformation Priorities 2026/27 Highlight Report.

11.2 Isles Model of Care Workstream Plan (Presenter: Chief Officer - Integration Joint Board - IJB)

The Chief Officer – IJB presented the Isles Model of Care Workstream Plan, highlighting significant concerns around the current model for emergency and urgent care on the isles. The Committee noted that some island residents currently contact the Balfour Hospital switchboard rather than 999 or NHS 24, creating potential delays where emergency care is required.

The current model provides 24/7 cover across ten islands, but costs significantly more than the funding received to deliver primary care services. A previous pilot on Papay, had taken place without significant issues but was not continued following community concerns. The pilot would have delivered recurring savings of approximately £140,000–£150,000 per year.

Members recognised that the existing model is not financially or operationally sustainable and presents workforce risks, including working time directive concerns for staff providing continuous on-call cover. The Committee discussed the need for careful community engagement, supported by Healthcare Improvement Scotland's Planning with People guidance and noted the importance of working with community planning partners, community councils, development trusts, Scottish Ambulance Service, Scottish Fire and Rescue, and other island partners.

Members emphasised that the case for change should focus on providing the right care, at the right time, in the right way, rather than being presented solely as a financial saving. It was recognised that this programme is now note expected to deliver the financial saving anticipated , meaning these savings will need to be made elsewhere.

Committee noted the sensitivity of any proposed changes for island communities, particularly where current access to local provision is viewed as a high standard of care.

It was confirmed that decision-making responsibility rests with the IJB, although the Committee can scrutinise, influence and support the development of the model.

Decision/Conclusion

Committee took assurance from the Isles Model of Care Workstream Plan, noting the programme is now not expected to deliver the financial savings anticipated, meaning that these savings will need to be made elsewhere.

11.3 Outpatient Travel Update (Presenter: Medical Director)

The Medical Director presented the Outpatient Travel Update and advised that an error had been identified in the summary charts. The corrected total spend was approximately £2m, although the remaining data and conclusions in the paper remained valid.

Members discussed the need for improved data to support decision-making, expenditure whether patient and escort travel could be broken down by specialty. It was noted that this level of detail is not currently collected, although further work may be possible to establish whether it can be extracted in future.

The Committee considered the impact of the MRI scanner on travel costs. It was noted that while the scanner benefits patients and contributes to cost avoidance, much of this impact is already reflected in previous year figures and the scope for further significant reductions is limited. Travel costs remain affected by accommodation, multi-day travel, cancellations and above-inflation increases in fares.

Members discussed the potential to engage with Scottish Government regarding the exclusion of NHS-funded patient travel from the Air Discount Scheme, and whether any approach should be strengthened by involving other island partners. It was noted that costs had previously been funded directly by Scottish Government prior to being baselined in 2015, and that above-inflation increases now represent a continuing unfunded pressure.

Committee also noted the importance of continuing to reduce avoidable travel by bringing clinicians to Orkney where possible, maximising local theatre and outpatient capacity, and building on NHS Orkney's already high level of virtual consultations.

A revised paper, correcting the data error, will be circulated to members and brought back to the next meeting before any decision is taken on the proposed approach to Scottish Government.

Decision/Conclusion
The Committee took assurance from the Outpatient Travel Update.

11.4 Medical Staffing Workstream Update (Presenter: Medical Director) - Discussed after item 11.2.

The Medical Director presented the Medical Staffing Workstream Update, noting that the paper was a point-in-time position based on working documents developed through Executive workshops.

Committee noted that the paper had been shared more widely following discussions with consultants and the Joint Local Negotiating Committee, and that it provided assurance on the scale of work underway.

The update focused on medical staffing rather than the wider clinical workforce. Progress was noted in anaesthetics recruitment, with interviews underway and further interest in posts.

Committee discussed whether consultant-level roles were always required. It was explained that this depends on the model of care and level of decision-making required, with some roles needing

an independent medical decision-maker while other models may allow for specialist doctors, advanced practitioners or nurse-led care.

Members discussed how the staffing model links to the broader clinical strategy for the hospital, including future models of care and sustainability. It was noted that recruitment cannot progress safely in some specialties until roles and models of care are clearly defined, as recruiting without a defined role would carry risk.

Committee also discussed the potential for leaner models of care, noting that these would transfer risk to individual staff availability and could only be considered once alternative models of care had been agreed. Further work is underway on paediatric, integrated urgent care and surgical models, with physician redesign likely to follow in the next financial year.

The Medical Director advised that the main opportunity for savings relates to reducing locum costs but emphasised that the primary purpose of the workstream is to secure sustainable services and develop a clear clinical staffing strategy for Orkney.

Decision/Conclusion
The Committee took assurance from the Medical Staffing Workstream Update.

The Chief Officer – IJB left the meeting.

12. STRATEGIC OBJECTIVE - PERFORMANCE

12.1. Scottish Government Quarter 1 Review Meeting – (Presenters: Interim Director of Finance, Director of People and Culture)

The Interim Director of Finance presented the Scottish Government Quarter 1 Review Meeting update. Committee noted that the Scottish Government response was stronger than expected, requiring NHS Orkney to identify alternative plans to deliver the targeted efficiencies and remain within the agreed deficit, with no further funding expected. It was noted that any additional deficit would need to be reported in the accounts and could increase the risk of a Section 22 report.

Members discussed the need for a twin-track approach: maintaining focus on recurring savings while also understanding any short-term, non-recurring mitigations that may provide breathing space while longer-term transformation schemes are developed.

Committee also noted the need to progress patient-level costing, although this will take time to develop to a level that supports decision-making.

Decision/Conclusion
The Committee took assurance from the Scottish Government Quarter 1 Review Meeting update and supported the recommendations.

12.2. Musculoskeletal (MSK) and Speech and Language Capacity and Demand Planning Update – deferred to September 2026 meeting.

12.3. Robertsons Facilities Management Contract Update (Presenter: Head of Facilities and NPD Contract Lead)

The Head of Facilities and NPD Contract Lead presented the update, noting continued service delivery and improvements in some key compliance areas. Reactive maintenance performance remained strong, with 205 of 215 jobs completed within required timescales.

Fire damper inspections continued to progress, water tank repairs were planned, and emergency lighting defects had reduced significantly.

Members noted that enhanced monitoring and contractual deductions remain in place where required, particularly in relation to planned preventative maintenance (PPM), compliance backlogs and change notices. Further work is required to ensure reporting is more current to provide a fuller picture across both fire and smoke dampers.

Committee also noted that the renal reverse osmosis plant membranes had been fitted, with water sampling underway before the service could return to normal operation. Current planned preventative maintenance figures were also discussed, as the figures presented were up to March 2026, up-to-date progress included in the reporting was requested for future meetings.

Decision/Conclusion
The Committee took assurance from the Robertsons Facilities Management Contract update and current figures were requested for future reports.

13. STRATEGIC OBJECTIVE – PEOPLE – No papers were presented to Committee.

14. POTENTIAL – No papers were presented to Committee.

15. CHAIR'S ASSURANCE REPORTS

15.1. Chair's Assurance Report – Digital and information Operational Group (DIOG) 27 July 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report from the Digital and Information Operational Group meeting held on 27 July 2026. The Committee noted progress with implementation of the sexual health system and delivery of the Picture Archiving and Communication System (PACS) rollout, with checks underway to confirm it was operating as expected. The Radiology Information System had been slightly delayed, with further work underway to understand any associated risk.

Positive assurance was noted in relation to completion of the Windows 11 rollout and successful go-live for health visiting and school nursing.

Decision/Conclusion
Committee took assurance from the Chair's Assurance Report for DIOG on 27 July 2026.

15.2. Chair's Assurance Report – Capital & Property Strategic Group – No meetings took place.

16. Agree Items for Chair's Assurance Report to Board

Members agreed the following content for inclusion in the Chair's Assurance Report to Board:

Areas of Concern

- Month 4 position, including the need to remain within the agreed deficit and strengthen recurring savings delivery.
- Delivery risk across the transformation priorities, particularly where in-year savings are now less certain.

- Scottish Government feedback following the Quarter 1 review, including the requirement to identify alternative plans and no expectation of further funding.

Major Work Commissioned / Underway

- Development of improved community metrics for inclusion in the Integrated Performance Report.
- Budget sign-off process
- Further investment-to-save proposals to be developed
- Urgent and unscheduled care workstream to progress at pace,
- Outputs from the IJB development session on the Isles Model of Care to be shared with Board members.
- Engagement on the Isles Model of Care to include community planning partners, community councils, development trusts and other island partners.
- Revised Outpatient Travel paper to return to the next meeting
- Future Robertsons Facilities Management reports to include more current KPI information and clearer forward plans for outstanding compliance and maintenance actions.

Positive Assurance

- Risk briefing for new Non-Executive Directors had taken place and was well received.
- Positive performance was noted in a number of areas within the Integrated Performance Report, including diagnostic cardiology, A&E, CAMHS, maternity, psychological therapies and endoscopy.
- Older People and Frailty transformation workstream was reported as on track,
- Progress was noted on anaesthetics recruitment as part of the Medical Staffing Workstream.
- Reactive maintenance performance under the Robertsons Facilities Management contract remained strong, with improvements in emergency lighting defects and progress on fire damper inspections.
- Digital assurance was received, including completion of the Windows 11 rollout, delivery of the PACS rollout and successful go-live for health visiting and school nursing.

Effectiveness of Meeting

- Members confirmed that the meeting covered the right agenda items and provided appropriate opportunity for discussion and challenge.
- The Chair noted that members had been able to contribute views, with the meeting providing effective scrutiny across finance, performance and transformation priorities.

17. AOCB (Presenter: Chair)

D Campbell raised questionregarding the potential use of robotics within NHS Orkney. The Medical Director advised that robotic systems are managed nationally and allocated to regional centres, with NHS Orkney accessing these services through national arrangements rather than holding its own robotic equipment.

It was noted that robotics is being considered as part of wider sub-national planning discussions, but that the availability of skilled staff is as important as the location of robotic systems. The Committee also noted that while robotics can benefit patients by reducing length of stay, the wider health economic case is less clear due to increased operating time and associated running costs.

Decision/Conclusion

The Committee noted the update.

18 Key Items for Noting (Presenter: Chair)

18a Chair's Assurance Report Improving Together Programme Board Efficiencies (ITPBE) 4 August 2026

Decision/Conclusion
The Committee took assurance from the Chair's Assurance Report for the ITPBE meeting held on 4 August.

18b NHS Orkney Invest to Save Framework – Re-ablement Pharmacist and Polypharmacy

Decision/Conclusion
Committee noted the NHS Orkney Invest to Save Framework – Re-ablement Pharmacist and Polypharmacy.

18.1 Attendance Record

Committee noted the attendance record 2026/27.

18.2 Meeting Schedule 2026/27

Committee noted the meeting schedule 2026/27.

18.3 Effectiveness of Meeting

The Committee considered the effectiveness of the meeting and confirmed that the agenda covered the appropriate items.

The Chair thanked those who attended for their input and contributions and closed the meeting at 12:30.

Minute of the Joint Clinical and Care Governance Committee Wednesday 2 July 2026

Attendance

Jean Stevenson (Non-Executive Board Member, Vice Chair, Orkney Islands Council OIC Elected representative NHSO), Debs Crohn (Head of Corporate Governance), Councillor Rachael King (OIC Voting member IJB), David Campbell, Board Chair), James Goodyear (Interim Chief Executive), Fiona Mackay (Non-Executive Board Member), Wendy Lycett (Interim Director of Pharmacy), Dr Louise Wilson (Director of Public Health), Darren Morrow (Head of Children's Services, Criminal Justice and Chief Social Worker), Kat Jenkin (Head of Patient Safety, Quality and Risk), Ryan McLaughlin (Employee Director, Non-Executive Board Member), Sam Thomas, Executive Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services EDoNMAHP), Dr Anna Lamont (Medical Director), Stephen Brown (Chief Officer – IJB), Dr Elvira Garcia (Consultant in Public Health Medicine), Lynda Bradford (Head of Health and Community Care).

Guests

John Daniels (Head of Primary Care Services), Hazel Aim (Senior Corporate Governance Officer – minutes), Morag Linklater (Midwife), Lauren Flett (Senior Charge Midwife – Maternity), Steven Johnston (Director of Dentistry) for items 1 – 5 and 11.3

1. Cover Page

Joint Clinical and Care Governance Committee's Purpose

The Chair reminded members that the purpose of the Joint Clinical and Care Governance Committee (JCCGC) (the Committee') provides assurance through oversight of NHS Orkney and the Integrated Joint Board. The scope of the Committee's oversight fulfils the purposes of:

- The function of the non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- The function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- The requirements set out in MEL (1998)75, MEL (2000)29 and HDL (2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

Quoracy

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two Orkney Island Council voting members of the Integration Joint Board. Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Officer IJB, or nominated depute, is present.

2. Apologies (Presenter: Chair)

Jean Stevenson (Vice-Chair, OIC) opened the meeting at 2.00 pm, welcoming members.

Apologies received from Dr Kirsty Cole (Chair Area Clinical Forum), Issy Grieve (Non-Executive Board Member), Sarah Walker (Head of Infection Prevention), Councillor Ivan Taylor (OIC IJB Voting member), Councillor Lindsay Hall (OIC IJB Voting Member) and Rona Gold (Chair, Non-Executive Board Member).

Members agreed the meeting was quorate in line with the Boards Code of Corporate Governance.

3. Staff Story – Morag Linklater (Presenter: EDoNMAHP)

The Committee received a staff story from Morag Linklater, Midwife, who had recently been named a DIASY Honouree in recognition of the exceptional compassion, clinical excellence, and personal dedication she demonstrated in maternity services over 43 years. Morag reflected on the privilege of working as a midwife in Orkney and emphasised that high quality maternity care is delivered through strong teamwork, with each member of the team contributing to the care and support provided to women, babies and families.

L Flett highlighted the value of the Orkney maternity model, noting that the service supports women from fertility care through to postnatal checks, enabling staff to build meaningful relationships with families.

Members recognised the wider importance of maternity services to island communities, including their contribution to family confidence, community resilience and the attractiveness of Orkney as a place to live and work. Discussion also noted the benefits of the new hospital environment, including facilities that allow partners or family members to stay and the availability of the birthing pool, while acknowledging the positive legacy of the former maternity unit.

The Committee expressed appreciation to Morag, Lauren and the wider maternity team for their commitment, compassion and sustained contribution to care in Orkney.

Decision/conclusion
The Chair thanked Morag Linklater for sharing her staff story. The Committee noted the strength of maternity teamwork, continuity of care and the value of compassionate, person-centred services for women, babies, families and the wider Orkney community.

4. Declarations of Interests Agenda Items (Presenter: Chair)

No declarations of interest were recorded.

5. Minute of Joint Clinical and Care Governance Committee 8 April 2026 (Presenter: Chair)

The Committee reviewed the minutes of the Joint Clinical and Care Governance Committee meeting held on 8 April 2026. The Chair noted she had not attended the previous meeting and invited Fiona MacKay, as previous Chair, to comment before members reviewed the minute.

Decision/conclusion
Members approved the minute of the Joint Clinical and Care Governance Committee meeting held on 8 April 2026 as an accurate record.

6. Chair's Assurance Report (CAR) from meeting 8 April 2026 (Presenter: Chair)

F MacKay highlighted the key points from the Chair's Assurance Report from 8 April 2026, noting that the Committee had received broad assurance across annual and quarterly reports, including Realistic Medicine, quality and experience, mental health, children's health and quality impact assessment. Positive performance was noted across maternity and paediatric early warning scores, Stage 2 complaints, CAMHS and psychological therapies.

F MacKay reminded committee of the concern related to ultrasound and radiology capacity and staffing. The Medical Director confirmed that the ultrasound backlog had been cleared, with no current waiting list, although recruitment was not yet complete.

Decision/conclusion
Members took assurance from the Chair's Assurance Report from the meeting held on 8 April 2026.

7. Action Log (Presenter: Head of Corporate Governance)

The action log was discussed with corrective action taken and providing updates where required.

Decision/conclusion
Members noted the action log updates.

8. Corporate Risks aligned to the Joint Clinical and Care Governance Committee (Presenter: Medical Director)

The Head of Patient Safety, Quality and Risk advised that the corporate risks aligned to the Committee were up to date. Improvements to the corporate risk update process have been approved by the Risk Management Group (RMG) and would progress through Audit and Risk Committee. The revised approach will strengthen updates by clearly linking numbered mitigating actions to progress updates, timescales and responsible leads.

Members noted that work had taken place with the Chief Officer – IJB and that the next report would be presented jointly by NHS Orkney and the Chief Officer - IJB, although the format may differ to reflect the alignment of the two risk registers.

The Board Chair asked if cross-cutting corporate risks, including finance, leadership and digital, should be included within committee reports. The Head of Patient Safety, Quality and Risk clarified that the report was filtered to JCCGC risks, but that wider high-rated corporate risks were included where they could affect clinical and care governance. Members noted that each corporate risk is assigned to a named committee for oversight, assurance and governance.

Decision/conclusion
Members took assurance from the corporate risks aligned to the Joint Clinical and Care Governance Committee.

9. Integrated Performance Report (IPR) (Presenter: EDoNMAHP)

The EDoNMAHP presented the Integrated Performance Report (IPR), which provided overall good assurance across patient safety, governance and some population health measures.

Members discussed the increase in Stage 2 complaints, noting that no specific theme had been identified, although communication remained the most common issue. The number of upheld Stage 2 complaints remained low and would continue to be monitored.

Members also noted ongoing challenges with significant adverse event review timescales, particularly where external input or reviews were involved.

Councillor R King raised concerns in relation to strengthening community metrics within future IPRs, including pressure ulcers and care delivered at home. Limited vaping data and the impact of small numbers on MMR uptake rates were also noted.

Decision/conclusion
Members took assurance from the Integrated Performance Report.

10. CHAIR'S ASSURANCE REPORTS

10.1. Area Drugs and Therapeutics Committee Chair's Assurance Report (Presenter: Medical Director)

The Medical Director presented the Area Drugs and Therapeutics Committee Chair's Assurance Report, advising that the Committee continued to develop its ways of working and was increasingly operating effectively, supported by pharmacy and GP representation.

In response to a query on Hospital Electronic Prescribing Medicines Administration (HEPMA), the Interim Director of Pharmacy clarified that the issue related to a regional

upgrade rather than the current system in use. User acceptance testing had identified patient safety concerns with the new version, and implementation had been paused until these were addressed. Members were reassured that the current HEPMA system remained in place and was being used appropriately.

Decision/conclusion
Members took assurance from the Area Drugs and Therapeutics Committee Chair's Assurance Report.

10.2. Infection, Prevention Control Committee Chair's Assurance Report 26 May 2026 (Presenter: Infection Prevention Manager)

The EDoNMAHP presented the Infection Prevention and Control Committee Chair's Assurance Report from 26 May 2026, highlighting work on High Consequence Infectious Disease (HCID) preparedness, Personal Protective Equipment (PPE) donning and doffing training, face fit testing and water safety.

Members were advised that HCID PPE availability had been escalated nationally and that the training compliance deadline had been extended to March 2027 due to national supply issues. Stakeholders across acute, community, social care, care homes, dentistry and pharmacy will be brought together to support a consistent whole-system approach to revised transmission-based precautions and training.

Members discussed sector representation, face fit testing and PPE costs. The EDoNMAHP advised that relevant sectors had been reminded that infection prevention and control is a shared responsibility. Face fit testing compliance had reduced since the COVID-19 period, although most acute teams were now achieving approximately 70–80% compliance, with work underway to improve access to testing across all settings. The Committee also noted the potential financial impact of increased PPE requirements and FFP3 mask use.

Decision/Conclusion
Members took assurance from the Infection Prevention and Control Committee Chair's Assurance Report.

10.3. Social Work and Social Care Governance Board (SWSCGB) Chair's Assurance Report 7 May 2026 - (Presenter: Head of Children's Services, Criminal Justice and Chief Social Worker)

The Head of Children's Services, Criminal Justice and Chief Social Work Officer presented the Social Work and Social Care Governance Board Chair's Assurance Report from 7 May 2026. Members noted a busy agenda, with key focus on staffing pressures, self-evaluation, audit activity, policy and procedure development, and practice improvement.

Significant staffing challenges remained across community care, including care homes and care at home, with sickness absence adding pressure.

Positive assurance was noted from the Care Inspectorate six-month assurance report, which showed progress in the improvement journey and inspection grades. Children's services had made significant progress, while adult services were beginning to experience greater pressures.

Members discussed risks linked to the new care home facility and were advised that existing risks would transfer as services moved from St Rognvald's House. A bespoke recruitment campaign was planned, although recruitment could create gaps elsewhere in the system. Wider social care transformation work was also commencing, including review of staffing models, rotas and ways to make social care careers more attractive.

The Committee also discussed pressures relating to looked-after children and placement availability. Members noted the national children's placement crisis and that, while Orkney had not experienced the most extreme pressures reported elsewhere, the local system remained fragile. Work was underway to review children's residential provision, develop a business case for a second four-bed children's residential home, and continue foster care recruitment.

Members noted that Orkney was managing the current position and had reduced the number of children placed outwith Orkney, although some placements outwith the area may still be required where needs cannot be safely met locally.

Decision/Conclusion
Members took assurance from the Social Work and Social Care Governance Board Chair's Assurance Report.

10.4. Clinical Governance Group Chair's Assurance Report 16 June 2026 (Presenter: Medical Director)

The Medical Director presented the Clinical Governance Group (CGG) Chair's Assurance Report from 16 June 2026.The Medical Director advised that the appendix had not been included in the papers and agreed that it should be circulated after the meeting.

The Medical Director advised that Significant Adverse Event Reviews (SAERs) and the ultrasound service had already been discussed. Work is underway to improve clinical governance reporting so that reports are shorter, more focused and better reflect key escalations and areas of concern or improvement.

In response to a query on research governance and ethics, the Medical Director advised that NHS Orkney has a process to determine whether ethics approval is required, but this is no longer required as the Board has not needed to use an ethics committee to date. The existing agreement with NHS Highland is being ended as it has not been used; if required, an ethics panel could be assembled locally or support sought from a neighbouring Board on an ad hoc basis.

Decision/Conclusion

Members took assurance from the Clinical Governance Group Chair's Assurance Report.

11. PATIENT SAFETY, QUALITY & EXPERIENCE

11.1 Social Work and Social Care Service Annual User Experience Report (Presenter: Chief Officer - IJB)

The Chief Officer – IJB presented the Social Work and Social Care Service Annual User Experience Report. Members noted that 30 complaints had been received, with no major themes of concern, and that compliments were approximately three times higher than complaints. Members welcomed the positive examples and testimonials included in the report.

Members noted the low number of complaints in the context of service activity, with reductions in care at home and children and family social work services. The report highlighted positive working relationships and culture as key staff motivators, reinforcing the importance of support, relationships and team working.

In response to questions, members were advised that complaints categorised as quality or level of service can reflect a mismatch between service user expectations and what services are able or required to provide. Further context and analysis of these categories may be helpful in future reports.

The Head of Children's Services, Criminal Justice and Chief Social Work Officer advised that work to strengthen culture and relationship-based practice may be contributing to the reduction in complaints, with further training planned. Communication, particularly around service changes, remained an important area of focus.

Decision/Conclusion
Members took assurance from the Social Work and Social Care Service Annual User Experience Report.

11.2 Quality, Safety and Experience Quarterly Report (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the Quality, Safety and Experience Quarterly Report. Incident reporting had increased in Quarter 4, which was considered positive, while overdue incidents had also risen slightly but had since reduced significantly and continued to be actively managed with service teams.

Members noted that a Clinical Nurse Manager was now in post to support teams with incident reporting and management. Quality improvement work continued through Excellence in Care (EiC) and the Scottish Patient Safety Programme (SPSP), and

future reports would be amended to provide clearer quarterly updates. Patient experience reporting compliance had also improved.

The Committee discussed the need to present community and hospital incident data more clearly, including incidents in patients' homes and falls. The report currently includes NHS community services but not social care, and data is reviewed thematically rather than by setting.

Members also discussed primary care contractor complaints reporting. Some quarterly data had not been received in time, although it was usually provided later. Independent contractors are required to submit information on complaints annually, with quarterly reporting provided by agreement to support earlier identification of themes and trends.

Decision/Conclusion

Members took assurance from the Quality, Safety and Experience Quarterly Report.

11.3 Primary Care Dental Services Update (Presenter: Director of Dentistry)

The Director of Dentistry updated members on primary care dental services, including the sudden closure of a Kirkwall dental practice following concerns identified through a combined practice inspection. The practice had a very small number of NHS patients, so the impact on NHS patients was considered limited.

External advice was sought and an incident management team convened. Following testing of decontamination equipment, the infection prevention and control risk to patients was assessed as negligible. Matters of probity and professional conduct had been referred to the General Dental Council, which had imposed restrictions and subsequently suspended the practitioner. Members noted that further detail could not be provided while the regulatory process remained ongoing.

Members noted progress towards reopening NHS dental registration, subject to workforce stability. Participation data, which shows whether registered patients had contact with a dentist in the previous two years, was considered a more meaningful access indicator than registration data and showed improvement.

Workforce pressures were discussed, particularly dental nursing. NHS Orkney had agreed to recruit trainee dental nurses to support longer-term sustainability, recognising this may create short-term pressure. Special care dentistry had been affected by sickness absence, although the position was improving and locum support was maintaining access for urgent and acute care.

Members were assured that patients with pain, infection or acute need continue to be seen, and that sedation services had continued where supported by other team members. However, routine check-ups for some special care patients had not been delivered to the same level as would be possible with a full-time special care dentist in post.

Members discussed learning from the practice closure, including business continuity and governance where private and NHS dentistry overlap. NHS Orkney had acted to secure records, manage clinical waste and support patients, and national discussions were underway on the future role of NHS Boards in private dental governance.

Positive progress was also noted in orthodontics, with reliance on weekend locums being replaced by a more sustainable model involving a locally employed senior dentist developing a special interest in orthodontics under consultant supervision.

The Medical Director commended the response to the practice closure and the effectiveness of the inspection process. Members were advised that more than 2,200 courses of NHS treatment had been delivered during Quarter 4, providing assurance that NHS dental activity continued. The Committee also welcomed the public dental service's willingness to embrace change and work collaboratively as part of an Orkney-wide dental system.

Decision/Conclusion
Members took assurance from the Primary Care Dental Services Update.

11.4 Public Protection Accountability Assurance Framework Update (Presenters: EDoNMAHP, Chief Officer – IJB)

The EDoNMAHP presented the Public Protection Accountability Assurance Framework (PPAF) update. Members noted significant local progress, including publication of the NHS Orkney Public Protection Policy and Safeguarding and Children's Supervision Policy, following national work to address inconsistencies in public protection assurance arrangements.

The Committee noted the national move towards a strengthened multi-agency public protection approach. Orkney's existing multi-agency relationships provided a positive foundation, although further work is required to embed policies into practice and strengthen performance and assurance arrangements.

Members noted that NHS Orkney has one public protection lead and no wider tier of specialist public protection nurses, reflecting the organisation's size while supporting close multi-agency working. An annual NHS Orkney public protection report will be brought to JCCGC to provide clearer assurance on NHS Orkney's contribution and governance arrangements.

Members agreed that a shorter, action-focused update setting out progress and next steps would be brought to the next JCCGC meeting to support scrutiny of delivery.

Decision/Conclusion
Members took assurance from the Public Protection Accountability Assurance Framework update.

11.5 GLP-1 Report (Presenter: Medical Director)

The Medical Director presented the GLP-1 report for information and clinical governance assurance. Members noted increasing public and clinical interest in

GLP-1 medicines, including their use in weight management and emerging wider clinical indications.

NHS Orkney's current position is similar to other Scottish Boards, with no resourced local pathway for routine prescribing due to monitoring, support and service capacity requirements, and alignment with the relevant NHS Grampian formulary/pathway. Members noted pressure from the public and clinicians, and that a limited pathway may emerge over the next year.

The Director of Public Health highlighted recent Scottish Medicines Consortium advice relating to cardiovascular disease and queried whether this should be considered separately from weight management. It was noted that safe implementation would require an agreed pathway, staffing resource and monitoring arrangements. Members also noted the likely cost pressures, potential longer-term benefits, and the need to continue working with NHS Grampian and learning from national and regional approaches.

Decision/Conclusion
Members took assurance from the GLP-1 Report.

11.6 HIS Unannounced Inspection Report – Maternity Services (EDoNMAHP)

The EDoNMAHP presented the HIS Unannounced Inspection Report for Maternity Services, published that morning. Members noted the exceptionally positive findings, which recognised compassionate, patient-centred and well-functioning services, strong multidisciplinary teamwork, positive feedback from women and families, and 12 areas of good practice.

The report included two recommendations and nine requirements, with no patient safety concerns identified. The action plan had been developed with the maternity team and reflected areas already known through existing improvement work and the external peer review. Members noted that the HIS action plan, peer review action plan and any future national maternity recommendations would be triangulated to avoid duplication.

Members welcomed the report and noted the importance of proactive local and internal communications, particularly given wider national reporting on maternity services. The maternity team had been briefed prior to publication and were proud of the outcome. National learning, including from the Ockenden report, would be considered through national maternity networks and reviewed locally where relevant.

Progress against the action plan would be overseen through the Maternity Clinical Governance Group, with assurance flowing through the Clinical Governance Group and JCCGC as appropriate.

Decision/Conclusion
Members approved the recommendations and associated action plan for the HIS Unannounced Inspection Report for Maternity Services.

11.7 NHS Orkney Patient Feedback Annual Report 2025/26 (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the NHS Orkney Patient Feedback Annual Report 2025/26. Members noted that complaints had reduced and response timescale compliance had improved. Communication and staff attitude remained the main themes, while complaints relating to waiting times had reduced.

The complaints satisfaction survey response rate had improved to around 50%, although responses remained generally negative and often appeared to reflect dissatisfaction with complaint outcomes rather than the complaints process.

Members noted positive progress with Care Opinion, with responses increasing during the final quarter and doubling compared with the previous year. NHS Orkney's participation in the Scottish Patient Safety Programme Patient Reported Experience Measures work was welcomed, with updates to be included in future quarterly reports.

Members were assured that learning from complaints is identified, shared with staff and supported by actions where required. Future reporting could explore common themes between NHS patient feedback and social work and social care user experience reports, while recognising that separate reports are required for Scottish Public Services Ombudsman purposes.

Positive assurance was noted from the low number of Ombudsman referrals, both of which were closed without further investigation, and from there being no escalated complaints during the year. The contribution of the Patient Experience Officer was recognised.

Decision/Conclusion
Members approved the NHS Orkney Patient Feedback Annual Report 2025/26 for submission to the Board.

12. STRATEGIC OBJECTIVE PERFORMANCE

12.1. Duty of Candour Annual Report 2025/26 (Presenter: Medical Director)

The Medical Director presented the Duty of Candour Annual Report 2025/26. Members noted that no adverse events met the organisational duty of candour criteria during the reporting period, with no deaths, permanent harm or cases reaching the statutory threshold.

Five significant adverse event reviews had been commissioned during the year, four of which remained open and would be reported once concluded. Of two reviews carried forward from the previous year, one had closed and did not meet the duty of candour threshold, while the other remained paused due to external agency involvement.

Where reviews had closed, the expected process had been followed, including apology where appropriate, meetings offered, views listened to and learning shared. Learning included strengthening staff communication when reviews are commissioned and ensuring procedures are documented rather than reliant on a single point of knowledge. Local guidance had also been aligned with the revised national framework.

The Head of Patient Safety, Quality and Risk clarified that NHS Orkney follows the principles of duty of candour even where the statutory threshold is not ultimately met, including contact with patients or families, apology where appropriate, meetings if requested and open communication throughout the review process.

Decision/conclusion
Members approved the Duty of Candour Annual Report 2025/26 for publication.

12.2 Quarterly Public Health Report (Presenter: Director of Public Health)

The Director of Public Health presented the Quarterly Public Health Report, highlighting the successful transition to the new national child health system, with some workarounds remaining. Members also noted progress with the new meningococcal vaccination programme, planning for winter COVID-19 and flu vaccination, and a range of health improvement activity, including weight management services and digital options.

Members discussed smoking cessation activity within mental health services, which was off track due to limited stakeholder engagement and wider staff pressures. The team continues to explore ways to improve engagement and promote support, including through additional information in letters.

The Committee also noted planned brain health roadshows across island and mainland communities, with a focus on working with other services and promoting events through NHS Orkney communication channels to maximise reach.

Decision/conclusion
Members took assurance from the Quarterly Public Health Report.

12.3 Maternity External Peer Review Action Plan (Presenter: Interim Deputy Director of Nursing and Lead Midwife)

The EDoNMAHP presented the Maternity External Peer Review Action Plan, following the peer review considered in April 2026. Members noted that the action plan aligned with the HIS Maternity Services inspection themes, including guidance, standard operating procedures, clinical governance, oversight and environmental considerations.

Members were advised that significant improvement work was already complete or underway, including establishment of the Maternity Clinical Governance Group and strengthened governance and risk meetings.

The Committee noted ongoing environmental challenges within the maternity unit, particularly around privacy and bereavement care, but recognised the team's flexible use of available space to support women and families.

The peer review and HIS inspection actions will be taken forward in a coordinated way to avoid duplication, with assurance through maternity governance arrangements, the Clinical Governance Group and JCCGC.

Decision/conclusion
Members took assurance from the Maternity External Peer Review Action Plan.

13 STRATEGIC OBJECTIVE - PLACE

14 Emerging Issues and Key National Updates

The EDoNMAHP provided an update on the HIS Unannounced Inspection Report for Acute Services, noting that the report remained embargoed at the time of the meeting.

Members were advised that the action plan had already been submitted.

Decision/conclusion
Members noted the update on the HIS Unannounced Inspection Report for Acute Services.

15 Agree Items to be included in Chair's Assurance Report to Board

Matters of Concern

- No matters of concern or issues to be escalated to the Board

Major Actions Commissioned/Work Underway

- Patient experience – Stage 2 complaints monitoring and reporting back to Committee
- Serious Adverse Events Reviews report to be brought to October 2026 meeting.
- Public Protection Accountability Framework (PPAF) update to committee 4 February 2026.
- Awaiting confirmation funding for MRI Business case.

Positive Assurances

- Staff Story from Morag Linklater following her DAISY Honorary award.
- There is no ultrasound backlog or waiting list for the service.
- The public dental services update provided assurance on public and general dental services.
- The Corporate Risk Register and Integrated Performance Report

- Chair's Assurance Reports for Area Drugs and Therapeutic Committee; Infection, Prevention and Control Committee; Social Work and Social Care Governance Board and Clinical Governance Group.
- Social Work and Social Care Service Annual User Experience Report
- Quality, Safety and Experience Quarterly Report.
- Significant progress has been made in embedding the Public Protection Accountability Framework (PFFAF).
- Healthcare Improvement Scotland (HIS) inspection of Maternity Services.
- Maternity external Peer Review Action Plan.
- Public Health Quarterly Report
- Maternity external Peer Review Action Plan.

Decisions Made

- Minute and Chairs Assurance Report of Meeting 8 April 2026.
- Healthcare Improvement Scotland (HIS) Inspection action plan (Maternity Services) approved.
- NHS Orkney Patient Feedback Annual Report 2025/26 approved for onward submission to the Board
- Duty of Candour Annual Report 2025/26 approved for publication.

15 AOCB

The Board Chair asked for an update on the MRI business case. The Medical Director advised that NHS Orkney had received correspondence indicating an expectation that funding for the current year would continue and that work should proceed on that basis. However, members noted that definitive confirmation had not yet been received and that the current position appeared to relate to a one-year extension only.

The Medical Director advised that NHS Orkney would continue to emphasise to Scottish Government colleagues the need for clear confirmation of funding for the current year and a definitive longer-term decision on future MRI provision and funding.

Decision/conclusion
Members noted the update on the MRI business case.

16 Items for Information and Noting Only

17.1 Documentation for Noting

- Feedback Scottish Association Medical Directors (SAMD) - Item not received
- Feedback Sottish Executive Nurse Directors (SEND)
- Collaborative Community Care Group (CCCG) Chair's Assurance Report 2 April 2026
- IPCC Terms of Reference - 2026-27-Approved

17.2 Schedule of Meetings 2026/27

- Members noted the schedule of meetings 2026/27.

17.3 Record of Attendance 2026/27

- Members noted the Record of Attendance 2026/27.

18 Evaluation of Meeting

Chair noted quality of reports

The meeting closed at 17:00

Timetable for Submitting Agenda Items and Papers 2026/27

Initial Agenda Planning Meeting[1]	Final Agenda Setting Meeting	Papers in final form[2]	Agenda & Papers	Meeting held virtually via MS Teams
with Chair, Lead Executive and Corporate Governance[3] *< day of or 1 day after previous meeting>*	with Chair, Lead Executive and Corporate *Governance* ***21 days** before date of meeting*	to be with Corporate Governance ***< 9 days** before Date of Meeting >*	to be issued no later than *< **7 days** before Date of Meeting >*	(unless otherwise notified) *< Day of Meeting >*
26 February 2026	26 March 2026	21 April 2026	23 April 2026	**30 April 2026**
30 April 2026	4 June 2026	16 June 2026	18 June 2026	**25 June 2026**
25 June 2026	6 August 2026	18 August 2026	20 August 2026	**27 August 2026**
27 August 2026	8 October 2026	20 October 2026	22 October 2026	**29 October 2026**
29 October 2026	19 November 2026	1 December 2026	3 December 2026	**10 December 2026**
10 December 2026	4 February 2027	16 February 2027	18 February 2027	**25 February 2027**

1 *Draft minute of previous meeting, action log and business programme to be available*
2 *Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent*
3 *Draft agenda, minute and action log issued to Directors following meeting*

Chair	Davie Campbell
Vice Chair	Joanna Kenny
Lead Executive	CEO
Corporate Governance Lead	Head of Corporate Governance