Public Board Meeting -11 December 2025

2025-12-11 09:30 - 12:30 GMT

Table of Contents

NHS Orkney

Item 1

NHS Orkney Board
11 December 2025

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

Public Board Meeting Minutes
Thursday 30 October 2025

Present

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

In attendance

Linda McGovern (Interim Director of People and Culture), Debs Crohn (Interim Head of Corporate Governance), John Daniels (Head of Primary Care), Tammy Sharp (Director of Performance,Transformation), Shona Lawrence (NHS Orkney Corporate Communications Officer), Ian Grant (The Orcadian) and David Delday (BBC Radio Orkney).

1. Cover page

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2. Welcome and Apologies (Presenter: Chair)

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

A warm welcome was extended to Linda McGovern (Interim Director of People and Culture) who is providing support for our People and Culture Team.

Apologies received from Jason Taylor (Non-Executive Board Member) and Stephen Brown (Chief Officer Integration Joint Board).

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

3. Declarations of Interest (Presenter: Chair)

Fiona MacKay declared an interest in item 14.4 Clinical Services Review Implementation Plan Update as they were part of the reviewing team.

4. Minutes of Previous Meeting 28 August 2025 (Presenter: Chair)

Minutes of the meeting held on 28 August 2025 were accepted and approved as an accurate record of 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 – October 2025 (Presenters: Interim Chair, Interim CEO)

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities in September and October 2025.
:
The CEO has spent time meeting with staff, services, partners and stakeholders to obtain a greater understanding of the services and care we provide and the importance of delivering remote and rural healthcare.

The CEO has seen first-hand the pride our staff take in the care they deliver whilst recognising that more needs to be done around waiting times.

The CEO has met with other NHS Scotland Chief Executives to discuss how we deliver on key national policies i.e. Operational Improvement Plan (OIP), the Population Health Framework and Public Sector Reform

The Interim Board Chair advised that he has spent time since the last Board meeting reviewing committee membership, this was presented to Board later in the agenda.

I Grieve requested an update on Public Sector Reform. The Interim CEO stated that positive conversations continue with Orkney Island Council (OIC) and the Integration Joint Board (IJB) as we move forward with the Public Sector Reform work. A proposal, along with a reform route map, will be submitted to the Scottish Government by December 2025 this will be presented to Board for consideration at the next meeting.

The Employee Director requested an update on the Equalities Outcome Report. The Interim Director of People and Culture confirmed that the report was not submitted to the Scottish Government on time. A Short Life Working Group has been set up to complete and submit the report by Spring 2026.

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

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on current risks, recent changes to risk ratings, and any new or closed risks from the last reporting period. Risk management is now considered standard practice, and the report is presented by Committee. This month, three risks including the Island Games risk are now closed. A two-level risk process is now in place, monitored by the Clinical Quality and Risk Management Groups, with oversight provided through a Chair's Assurance Report to the Joint Clinical Care Governance Committee (JCCGC).

The Interim Board Chair requested clarification on how the Financial Sustainability risk is scored. The Medical Director explained that the scoring is determined at a national level, while the Risk Management Group reviews and challenges the score. The current score accurately reflects the organisation's financial situation.

The Interim CEO recognised management of risk is via the Risk Management Group and advised that the risk in relation to lack of Senior Leadership capacity is being mitigated with the appointment of an Interim CEO and Board Chair, this will be further strengthened when our substantive Director of People and Culture joins the organisation in November 2025.

R Gold asked for clarity on the mitigations offered in relation to the risk on financial sustainability. The Interim Director of Finance advised that this will be covered later in the agenda.

R Gold asked for an update on the risk in relation to the lack of project management capacity and capability. The Director of Performance and Transformation confirmed that the first cohort

of Quality Improvement (QI) training is now complete, a second cohort will commence in January 2026. 2 Project Managers have now completed project management training and re-patriate if work to business as usual is now complete.
Following the disestablishment of the substantive Head of Improvement post, an analysis of the skills required in the Improvement team has been undertaken and this has provided an opportunity to look at what is required longer term.

The Employee Director asked for an update on the leadership development programme for Band 8a – 8ds and asked when this will commence. The Interim CEO advised that this needs to be reviewed due to staffing changes - an update on the leadership development programme will be brought to the next Board meeting.

Dr K Cole asked for clarity on the risk in relation to lack of social care capacity and delayed transfers of care and what mitigating actions are being put in place around a longer-term plan to mitigate against the situation noting the numbers of DTOC have fluctuated throughout the year.

The EDoNMAHP advised that patients are being transitioned to longer term care, recognising that our numbers remain at 15. No elective activity has been cancelled; day unit has been opened to reduce the risk of cancelled operations. A SLWG is now in place to minimse any impact on our health and care system, addressing the number of DTOCs is a core element of our Clinical Services Review (CSR) Implementation Plan.

I Grieve noted that the challenges around DTOCs are included in the Integrated Performance Report (IPR), Corporate Strategy update, Joint Clinical Care Governance Committee (JCCGC) minutes and the Integration Joint Board (IJB) papers and asked the EDoNMAHP for confirmation of when we are likely to see a shift in the number of DTOCs. The EDoNMAHP advised that this is a priority for the Board and the strategic planning group and confirmed that patients are now being placed in St Rognvald's House.

The Employee Director was pleased to see the mid-year position in relation to statutory/mandatory training but noted the number of staff attending resuscitation training remains low, asking if there is an issue in relation to Data Quality and what the Executive Team are doing to ensure statutory/mandatory training does not slip. The EDoNMAHP advised that face to face training for violence and aggression training is discussed at Clinical Nurse Manager meetings, the current compliance rate for resuscitation training is 54% across the Board. Training has been mapped for nursing and midwifery teams, and confirmed staff are being released to attend training.

During the month of October, one of our local primary schools was invited to The Balfour to undertake basic life support training, additionally several 'Re-start a heart' sessions have been delivered in October 2025 for staff. The EDoNMAHP provided assurance to the Board that a clear message has been sent to staff that statutory/mandatory training must be complete before any other training is authorised.

The Head of Primary Care advised that staff on our ferry-linked Isles are required to complete specialist training resuscitation, this was not previously included in our statutory/mandatory training and that this has now been rectified.

The Director of Performance and Transformation reminded members that conversations have taken place with all senior managers in relation to ensuring improvement plans are in place to bring statutory/mandatory training up to date by the end of December 2025, this continues to be monitored.

The Director of Performance and Transformation stated that all senior managers have been consulted to ensure statutory and mandatory training will be up to date by December 2025, progress is being closely monitored.

J Kenny asked for an update on recruitment within our Mental Health Services. The Head of Primary Care advised that recruitment for band 8b and band 7 has now concluded, recognising that recruitment remains challenging.

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

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

The Interim Board Chair thanked the performance team for the refreshed Integrated Performance Report.

The Executive Leadership Team presented the October 2025 Integrated Performance Report by chapters.

Patient Safety, Quality and Experience

The Medical Director presented the Patient Safety, Quality and Experience Report, highlighting that new run charts are now included. The team continues to close Serious Adverse Events; there has been a reduction in the number of complaints received noting the complexities of conducting investigations.

The EDoNMAP explained that efforts are ongoing to reduce falls, though more progress is needed. Dr. K Cole noted that falls data is recorded according to national standards and requested that data on falls causing harm be presented for local review. The EDoNMAHP confirmed that data is extracted from the DATIX system and, following discussions with the Information Governance Team, this will be included in the next Integrated Performance Report.

J Stevenson and Dr K Cole asked if there is a different way for patients to be monitored in relation to falls. The EDoNMAHP advised that patients who are at higher risk of falls are placed near to the nurse's station, window blinds are open and more frequent checks on high-

risk patients are undertaken. Dr K Cole asked if there is a need to look at cameras for monitoring falls. The EDoNMAHP advised that there are issues in relation to recording patients, staff will always promote positive mobility where safe to do so, recognising that the risk of falls can always happen.

The Interim CEO advised that observations of patients are just one way to mitigate the risks of falls.
The Medical Director advised that data is available on the number of falls resulting in harm, this will be circulated to the Board following the meeting.

Operational standards

The Director of Performance and Transformation presented the operational standards chapter of the IPR, advising that we remain on track to ensure there are zero patients waiting over 52 weeks by 31 March 2026.

J Stevenson asked for clarity on the waiting lists for Endoscopy patients. The Medical Director advised that the upper Gastro Intestinal (GI) endoscopy waiting list has now been cleared, our compliance has improved due to the introduction of Scot Cap which is now being offered to patients in Orkney.

J Stevenson asked for an update on our theatre capacity and reminded members of our commitment to not using off island as this remains confusing. The EDoNMAHP advised that a review of our theatre capacity is underway, however due to a vacancy within the theatre leadership team this has not yet complete. Recruitment for a theatre Senior Charge Nurse is now complete; a Senior Charge Nurse for theatres joins the Organisation 3 November 2025. Data in relation to theatre utilisation is reviewed daily, recognising the need to ensure an emergency theatre is always available.

J Stevenson requested an update on theatre capacity and emphasised the importance of not using off-island, noting ongoing confusion about this commitment. The EDoNMAHP explained that a review of theatre capacity is in progress, but has been delayed due to a vacancy in the theatre leadership team. Recruitment for a Senior Charge Nurse for theatres is now complete, with the new nurse starting on 3 November 2025. Theatre utilisation data is reviewed daily to ensure an emergency theatre is always available.

J Stevenson asked for assurance on the dip in the diagnostics waiting lists. The Medical Director advised that the increase in diagnostic waiting lists is due to MRI patients being re-patriated from NHS Grampian. The backlog has been addressed; MRI prostate scans are now being undertaken in Orkney, reducing the need for patients to travel to Aberdeen.

Community and Mental Health Services

The Head of Primary Care advised that data in relation to Orthotics is provided by an external provider, timings of clinics remain challenging, conversations are taking place with the external provider including the opportunity to redesign the way the service is delivered.

Dr K Cole asked if a conversation is required with the National Team in relation to the 4-week target for Orthotics. The Head of Primary Care advised that a shift in the way the service is delivered is an opportunity, conversations could take place with the national team this will be explored.

Recruitment of physiotherapists continues, many applications were raised in the last physiotherapy recruitment campaign, this is encouraging,

The Interim CEO acknowledged that more work is required on the community data sets, this will be explored as the IPR further develops.

Population Health

The Medical Director highlighted the improvements in smoking cessation rates, As the IPR is presented by exception, no further updates were provided, reflecting the amount of work being undertaken within our Population Health Service.

Workforce

The Interim Director of People and Culture advised that work continues with managers in relation to managing sickness absence, statistics in relation to return to work is available and will be shared with Board Members for assurance.

Dr. K Cole requested that Primary Care be informed about available support for NHS Orkney staff experiencing work-related stress. The Interim Director of People and Culture will provide this information to Primary Care colleagues.

J Kenny noted that the staff sickness data presented to the Board is four months old and asked what additional qualitative data is being collected. This will be reviewed when the substantive Director of People and Culture joins in November 2025.

Finance

The Interim Director of Finance advised that data in the IPR is in relation to Month 5, data being presented later in the agenda is Month 6 performance data.

Decision/conclusion

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

10. Board Committee Membership 1 November 2025 - 31 March 2027

The Interim Board Chair presented the proposed Board Committee membership from 1 November 2025 – 31 March 2027 noting that there will be changes due to Executive tenures ending during this period.

Membership of the Remuneration Committee has been updated to bring it in line with other Health Boards.

The EDoNMAHP advised there is a joint Executive Lead for JCCGC – membership to be updated to include Chief Officer IJB.

J Stevenson asked that the report be updated to reference the IJB Audit and Performance Committee.

The Employee Director reported that the Area Partnership Forum's (APF) reporting process has been reviewed and proposed a 12-month pilot where the APF report directly to the Board, rather than to the Staff Governance Committee, noting that 80% of APFs already report directly to their Boards.

R Gold asked if a transitional period is required noting the lack of lead in time for changes to take place.

The Interim CEO requested confirmation that a non-executive board member with significant financial expertise is required for the Audit and Risk Committee. The Interim Board Chair confirmed that, based on a review of other Health Boards, the proposed members have strong financial experience, including the Interim Board Chair, who is an accountant.

Decision/conclusion

The Board approved the proposed Board Committee Membership from 1 November – 31 March 2027, and the 12-month pilot of the APF reporting directly to the Board with immediate effect..

11. CHAIR'S ASSURANCE REPORTS

11.1. Joint Clinical and Care Governance Committee (JCCGC) Chair's Assurance Report 1 October 2025 (Presenter: Jean Stevenson – Vice Chair of Joint Clinical and Care Governance Committee)

The Vice Chair presented the Joint Clinical and Care Governance Committee Chair's Assurance Reports. The meeting went smoothly; assurance provided with no matters of concerns escalated to the Board.

Decision / Conclusion
The Board noted the update.

11.2. Finance and Performance Committee Chair's Assurance Report 28 September 2025 - (Presenter: Fiona Mackay - Chair Finance & Performance Committee)

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Report from 28 September 2025 meeting.

The meeting was the first chaired by the new Chair (Fiona Mackay), there is now a much clearer focus on our financial performance, particularly given the Financial Escalation Board has been stood down with additional scrutiny now being provided by the Finance and Performance Committee.

Points of escalation include the improving together programme savings target not being achieved, additional costs associated with implementation of the reduced working week, delayed transfers of care and the implementation of MORSE (Community Electronic Patient Record).

Positive assurance provided on our position in relation to zero waits for patients on the 52-week waiting lists, a weekly improving together programme delivery group is now in place, improvement to the Integrated Performance Report (IPR) is enabling committee to take additional assurance on our performance.

Decision / Conclusion
The Board noted the update.

9.2.1 Financial Escalation Board Chair's Assurance Report August and September 2025 (Presenter: Davie Campbell - Interim Board Chair)

The Interim Board Chair presented the Financial Escalation Board Chair's Assurance Reports from the August and September meetings.

The Financial Escalation Board has now been stood down, with Financial Scrutiny now being built into the Finance and Performance Committee, which is now meeting monthly, showing our commitment to strengthening our governance and reducing duplication.

Dr K Cole asked if recommendations coming to Board should be specified going forward. The Interim Board Chair advised that this will be reviewed.

Decision / Conclusion
The Board noted the update.

11.3. Audit and Risk Commiittee Chair's Assurance Report 2 September 2025 (Presenter: Jason Taylor – Chair Audit and Risk Committee).

In the absence of the Chair of Audit and Risk Committee, the Interim Board Chair presented the Audit and Risk Committee Chair's Assurance Report from the 2 September meeting.

Decision / Conclusion
The Board noted the update.

11.4. Senior Leadership Team Chair's Assurance Reports – September and October 2025 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the Chair's Assurance Reports from September and October 2025 highlighting the following areas of escalation. The Interim CEO summarised the main points as follows

- The MORSE Community EPR Project Initiation Document (PID)is now approved
- SLT agreed to the need to establish an on-call rota for out-of-hour pharmacy service
- A Nursing and Midwifery Clinical Supervision policy approved
- A workshop will be held on the 10 November 2025 with the Executive Team to discuss our Operational Governance including the role of the Senior Leadership and Executive Leadership Team

J Stevenson welcomed the rollout of the clinical supervision policy and inquired about its implementation. The Interim CEO, with support from the EDoNMAHP, explained that the policy is linked to the re-validation process and will be carried out by trained staff across the organisation.

Decision / Conclusion
The Board noted the update provided.

11.5. Area Clinical Forum 8 October 2025 (Presenter: Dr Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum (ACF) presented the Chair's Assurance Report from its meeting on 8 October 2025.

Useful discussions have taken place with Nursing and Midwifery Advisory Committee (NAMAC) and Therapy, Rehabilitation and Diagnostics Advisory Committee (TRADAC) around discharge planning.

Senior representation at ACF from the Area Dental Committee (ADC) and Hospital sub-committee remains challenging. Nationally there is variety across Boards in relation to support for Clinical Advisory Groups (CAG). ACF Chairs have asked Scottish Government to provide guidance on CAG support. The Employee Director advised that Scottish Government are likely to advise that support should be determined by local Health Boards.

The Medical Director advised that operational support is being provided by the Board for CAGs, including the request for a clinician to Chair for the Hospital Sub Committee. One of the challenges is around remuneration for CAGs.

The ACF Chair extended a thanks to the Vice Chair of the ACF for leading the session with Ministers at this year Annual Review.

Work is underway by the ACF to raise awareness of the role of the Chair with other Committees.

I Grieve asked what further solutions are being discussed in relation to the Primary Care Improvement Plan proposals. The Head of Primary Care advised that a paper will be taken to the IJB in November 2025, following which proposals will be taken to the GP Sub-Committee.

The Head of Primary Care confirmed that a term of reference has been proposed to the Area Dental Committee, however due to capacity challenges within our Dental Services a response has not yet been received.

Decision / Conclusion
The Board noted the update provided.

11.6. Staff Governance Committee – 18 September 2025 (Presenter: Joanna Kenny - Chair of Staff Governance Committee)

The Chair of the Staff Governance Committee presented the Chair's Assurance Report from the meeting held 18 September 2025 which was rescheduled from August 2025. The meeting was rescheduled due to lack of staff side quoracy, which remains an ongoing challenge.

There are some lessons learned from rescheduling meetings, this was noted.

Committee raised concerns in relation to the lack of senior leadership and the number of staff absences due to mental health/anxiety, this has increased the workload of our single point of access Occupational Health Nurse.

There is a long-standing issue in relation to lack of operational governance, actions are being brought to Committee which should be being dealt with at an operational level.

The Interim CEO confirmed that work is underway led by our Director of Finance to resolve the issues in relation to staff accommodation, this will result in improvements over the next 2 weeks. The Interim CEO has met with the Occupational Health Team, whilst the workload has increased, staff are being seen within agreed timeframes. One of the challenges staff are reporting is in relation to team challenges and communications and culture differences within teams.

Decision/Conclusion
The Board noted the update provided

12. STRATEGIC OBJECTIVE - PLACE

12.1. Community Planning Partnership Key Messages (Presenter: Head of Primary Care)

The Head of Primary Care presented the key messages from the Community Planning Partnership.

2 Meetings have taken place since the last Board Meeting; discussions have taken place in relation to the Health and Social Care Framework; there is a need to undertake a strategic needs assesment as part of the work being undertaken on Public Sector Reform.

Decision/Conclusion
The Board noted the update.

12.2. Integration Joint Board (IJB) Key Messages (Presenter: Head of Primary Care)

The Head of Primary Care provided an overview of the key messages from the last 4 Integration Joint Board meetings.

Confirmation provided that papers have been presented to the IJB in relation to DTOCs, revenue monitoring and approval to dis-establish the Strategic Planning post. The IJB has asked that further work is undertaken on the financial plan.

Decision/Conclusion
The Board noted the update.

12.3 Public Health Annual Report 2024/25 (Presenter: Medical Director)

The Medical Director provided an overview of the Public Health Annual Report 2024/25, celebrating our success in relation to uptake rates for vaccinations.

Progress was noted in work on early years, tobacco, drugs, alcohol and weight management. The risk previously highlighted to the Board in relation to capacity within the service to roll out of the new Child Health System has now been mitigated with go live planned for November 2025.

The Interim Board Chair reflected on the need to embed Population Health internally and in our community.

I Grieve welcomed the Public Health Annual Report but asked for clarity on how the outcome of the report is being used across all of Orkney's Committees as prevention is the key going forward.

Dr K Cole advised that the management of shingles is through Pharmacy and asked if the data has been included.

J Stevenson asked for confirmation on the number of cases in relation to Pertussis.

J Kenny re-iterated the need for the work of Public Health to be visible at the Integration Joint Board going forward.

Medical Director to confirm the number of Pertussis cases included in the report and if shingles data has been included in the report.

The Medical Director welcomed the opportunity to showcase the work of the Public Health Team, this will be reflected in the flash reports being presented to Committees.

Decision/conclusion

The Board approved the Public Health Annual Report 2024/25.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review – culture, governance and senior leadership – October 2025 progress update (Chief Executive)

The Interim CEO provided an udpate on the external review culture, governance and senior leadership.

At the end of August 2025, the Board launched its Behavioural Standards Framework following an extensive period of engagement with staff.

Work has been undertaken in relation to reviewing our Operational Governance, a workshop will be held with the Executive Team 10 November 2025.

The Clinical Strategy refresh has been built into Clincial Services Review recommendations.

The Pulse Survey has been paused due to capcity challenges within our People and Culture Team.

Decision / Conclusion
The Board noted the update provided.

13.2. Themes from Board Walkarounds August and September 2025 (Presenter: Interim Board Chair and Interim CEO)

The Interim Board Chair presented the themes arising from the Board Walkarounds in August and September 2025. The Interim CEO stressed the importance of Board Walkarounds.

The EDoNMAHP provided an update on the work underway to improve discharge communications with our Primary Care and Pharmacy colleagues.

Decision/conclusion
The Board noted the update.

14. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

14.1. Safety, Quality and Experience Quarter 1 Report – Quality extract

The Interim Board Chair advised that the Safety, Quality and Experience report is a new extract provided to the Board from the full Qualtiy Safety and Experience report presented to JCCGC. The report outlines work underway across the Board in relation to Excellence in Care, Quality Improvement (clinical and non-clinical) and the Scottish Safety Programme.

The Interim Board Chair welcomed the report from a non-clinical perspective, feedback from members should be provided to the Medical Director.

I Greive found the report useful particularly the impact of the projects.

R Gold recognised the need for the report to be provided at the Public Board and asked what more could be done to promote this work. The Interim Board Chair acknowledged the need for this to be shared with our Community.

The Medical Director thanked members for their feedback which will be shared with the Patient ExperienceTeam.

Decision/conclusion

Members welcomed and noted the report.

14.2. Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Executive Director Nursing, Midwifery, AHPs and Chief Officer Acute Services).

The EDoNMAHP presented the HIART report and thanked the Infection Prevention and Control and our facilities teams for keeping our patients safe.

Despite the increased workload, quality assurance audits, national reporting and primary care audits are up to date.

Decision/conclusion
The Board discussed and took assurance on the Healthcare Associated Infection report.

14.3. Clinical Services Review Implementation Update (Presenter: Medical Director)

The Medical Director provided an update on the Clinical Services Review Implemenation, the Board were asked to note that accountability for delivery is spread across the Executive Team.

The Director of Performance and Transformation confirmed that Project Intitiation Documents are in place for all workstreams, noting digital remains a challenge due to lack of capacity.

Buy in across the organisation is required to ensure the succesful delivery of the recommendations outlined in the Clinical Services Review.

The Interim Board Chair asked for confirmation of timelines for delivery of the workstreams. The Director of Performance and Transformation advised that work is underway to look at deliverables over the next 12-18 months, work at pace is required in relation to agreement on the operational structure and front door. In the next few weeks clarity will be provided on what will be delivered over the next 12 – 18 months.

I Grieve asked that monitoring of the CSR implementation plan is provided via the JCCGC. The Director of Performance and Transformation advised that the monitoring of the CSR implementation plan is via the Improving Together Programme Board with onward assurance to JCCGC and the Board.

R Gold asked for clarity in relation to project documentation and asked if Executive Leads have visibility on deliverables. Director of Performance and Trasnformation advised that each Executive has a PID and skeleton workplan for each workstream. Noting that the next JCCG meeting is February 2026, confirmation was given that the plans will be in place for the next meeting.

R Gold asked for confirmation on who is leading on the communications and engagment plan for the workstreams. The Director of Performance and Transformation confirmed that the Interim Head of Corporate Governance is leading this piece of work, an update on communications and engagement will be presented to Board in December 2025.

R Gold asked if funding ear-marked for the Public Sector Reform could be used to support community engagement.

F Mackay declared an interest in this item and asked if considration had been given to looking at shared services.

The Interim CEO advised that this is a conversation that should take place with OIC.

Decision/conclusion
The Board received and noted the update.

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. Corporate Strategy 2025/26 Delivery Plan and Quarter 2 update (Presenter: CEO)

The CEO presented the Quarter 2 2025/26 Corporate Strategy update. There are 15 deliverables in our Year 2 Corporate Strategy Delivery Plan 2025/26. 4 of the

deliverables are RAG rated Red, 4 rated Amber, 6 Green and 1 deferred to 2026/27.

The 4 deliverables off track were discused earlier in the agenda.

The CEO reflected that there is a need to streamline reporting to reduce duplication going forward.

I Grieve welcomed the appendix presented to the Board and the level of detail provided.

R Gold questioned the actions in relation to access to services. The Medical Director advised that the information presented is qualititive rather than quantative, this will be clarified in the next update to Board.

Decision/conclusion
The Board noted the update and took assurance on progress of our Corporate Strategy 2025/26 Delivery Plan at Quarter 2.

15.2. Month 6 Finance and Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented Month 6 financial performance advising that this is the sixth month consecutively where we have reported an adverse position against plan.

At month 6 the Board remains £200K off track against our financial plan, a review of all efficiency schemes has been undertaken. Areas of concern remain spend on medical staffing, agency costs and primary care prescribing. Our Year end forecast has been reviewed; worst case scenario is that our predicated overspend is £6.8 million.

R Gold thanked the Interim Director of Finance for their report and asked for confirmation on whether the £2.4 million IJB savings will be achieved. The Interim Director of Finance advised that this figure was a legacy target set by the Board.

I Grieve advised that the legacy target was set pre-COVID and welcomed a review of the target.

R Gold asked what additional actions are in place to reduce the run rate for the remainder of this financial year. The Interim Director of Finance advised that a review of our run rate has been undertaken, additional control targets are now in place for Executive Directors to reduce the run rate over the next 6 months.

I Grieve asked for the return on investment in our Improvement Team and asked if a freeze on staff travel is now required. The Interim Director of Finance advised that all staff travel requests are considered through the Vacancy Control Panel.

Dr K Cole asked if prescribing costs could be discussed with GP Sub Committee. The Interim Director of Finance advised that conversations are required with our Primary Care Colleagues in relation to prescribing costs.

Decision/conclusion
The Board discussed and noted Month 6 (October 2025) Financial Performance.

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

19. Staff Governance Committee 15 May 2025

Members noted the minutes of the Staff Governance Committee 15 May 2025.

20. Audit and Risk Committee – 26 June 2025

Members noted the minutes of the Audit and Risk Governance Committee 26 June 2025.

21. Joint Clinical Care Governance Committee – 3 July and 20 August 2025

Members noted the minutes of the Joint Clinical Care Governance Committees 3 July and 20 August 2025.

22. Area Clinical Forum

No minutes received.

23. Finance and Performance Committee 31 July 2025

Members noted the minutes of the Finance and Performance Committee 31 July 2025.

24. ITEMS FOR INFORMATION

- 24.1 a - Public Protection and Community Safety Information Sharing Protocol
- 24.2 b - Reduced Working Week Final Approved Implementation Plan NHSO
- 24.3 c - NHS Orkney - Climate Recognition - 23 September 2025

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

Members noted the meeting schedule 2025/26.

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

Members noted the meeting schedule 2025/26.

24.3. Questions from the public

No questions were raised.

The Interim Board Chair closed the meeting at 12.38.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Board Chair and Chief Executive Report**
Responsible Executive/Non-Executive:	**Davie Campbell, Interim Board Chair and James Goodyear, Interim Chief Executive**
Report Author:	**Davie Campbell, Interim Board Chair and James Goodyear, Interim Chief Executive**

1 Purpose

This report is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

This report has been provided to update the Board on our performance, operational standards, key external/internal events and activities from November-December 2025, including meetings with external stakeholders and partners.

2.2 A summary of our overall performance

What's going well

Reducing our Waiting Lists

We remain on target to achieve the Scottish Government target of zero patients waiting no longer than 52-weeks for treatment in hospital and the community. The number of patients waiting over 52 weeks for new outpatient appointments has reduced significantly, demonstrating the impact of targeted capacity increases. Additional clinics alongside demand and capacity planning, are being used to address long waits, with ongoing escalation and review via the Weekly Waiting Times meeting and Planned Care Programme Board.

Patient Safety, Quality & Experience

Completion rates for Serious Adverse Event Reviews (SAER's) are below target due to the limited reviewer capacity. All outstanding SAER's are on track for closure by the end of Quarter 4 2025/26 with oversight from the Clinical Governance Group.

Stage One complaints response compliance is below target due to staffing pressures; targeted workshops are planned for managers to improve response times and resolution rates.to address this, educational programmes and deep dives into recording processes are underway to improve compliance.

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

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

Diagnostics

Diagnostics and imaging services have shown marked improvement, particularly in cardiology and local MRI provision, resulting in enhanced patient access and reduced reliance on external providers and the resulting travel out with Orkney for patients.

Emergency Department (ED)

Our 4-hour standard is at 91.76% due to higher patient acuity and delayed transfers. Weekly reviews and a new frailty workstream are in place.

Cancer Standards

We continue to remain 100% compliant against the national 31-day treatment standard for Cancer.

Areas for Improvement

Finance

Our financial position remains challenging, the Board is currently £508k adverse to trajectory, with key drivers including medical recruitment costs, agency nursing, and prescribing. Training for budget holders and ongoing meetings led by the Interim Director of Finance are in place to identify cost reduction measures and ensure proper budget control are in place.

People & Culture

Dave Harris, our Director of People and Culture joined the Board 17 November 2025, we extend a warm welcome to Team Orkney. The Workforce workstream of our 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. Sickness absence rates remain below the national average.

Treatment Time Guarantee

Whilst 12-week compliance has improved to 73.19%, downstream capacity remains a constraint.

New Outpatients

New Outpatient and Treatment Time Guarantee (TTG) standards remain challenged, with consultant workforce shortages and reliance on external support constraining recovery.

Delayed Transfers of Care

Delayed Transfers of Care performance is significantly below target, with ongoing challenges in social care recruitment and residential places for those waiting. Recruitment to social care vacancies and review of care packages are in progress to improve delayed transfer performance.

2.2.1 Interim CEO and Chair updates from local, regional and national stakeholder engagement

Interim Board Chair - Davie Campbell

I have attended meetings with the Board Chairs Group to discuss how we, as strategic leaders, advance the principles in the Service Renewal Framework and Population Health Framework. This includes ensuring that prevention is a topic of more conversation across our organisations and communities.

The Cabinet Secretary for Health and Social Care has announced a new sub-national planning approach for NHS Scotland, Board Chairs across the North of Scotland have met to discuss the opportunities this presents for Boards to work together for the people of Scotland, to adapt to the challenges we collectively face, improve equity of access of services and build the foundations for the long-term sustainability of NHS Scotland.

The aim of the new approach is to make best use of the capacity that there is in our system and ensure there are no barriers to Boards working collaboratively to deliver high-quality, safe, and effective care to patients and communities across Scotland.

Whilst boards' geographic boundaries and current accountabilities will remain, Boards will now put in place two sub-national planning structures, one focused on the East of Scotland and one in the West of Scotland, building on the good joint working already in place.

All territorial NHS Boards will actively participate in new planning approach to deliver key priorities on digital care, on business systems, on emergency healthcare services and on orthopaedic elective services.

There will also be a vital role for our special health bodies in engaging and supporting this new planning approach. The implementation of these new arrangements will be taken forward in partnership with staffside representatives. We will continue to update the Board as new arrangements develop which will provide an opportunity to work more effectively in collaboration to deliver for the people of Scotland.

As we face these difficult challenges together, I am heartened and energised by the passion our staff have to deliver quality care to our patients.

Interim Chief Executive – James Goodyear

I recently met with First Minister John Swinney and fellow Chief Executives; the First Minister expressed his gratitude for staff efforts in reducing patient wait times. We remain on target to ensure no patient waits over a year for a first outpatient appointment or treatment by the end of March 2026.

The Board Chair and I along with colleagues from Orkney Islands Council and the Integration Joint Board (IJB), met with Scottish Government to discuss our proposed model for public sector reform. Our draft approach (or "route map" as it will be known) to reform focuses on how we can work together to deliver effective and resilient public services in the face of growing demographic and budgetary pressures. It will be informed by a set of principles that we must deliver benefits for our community, ensure accountability, align with national frameworks, and seek to reduce duplication in processes.

Remembrance events were held on 9 and 11 November, including a parade and two-minute silence, recognising the service of veterans within NHS Orkney and our community.

Operationally, I joined Dr Alasdair Miller’s ward round on IP1, noting the dedication of our multidisciplinary team and the need to further digitise care records for improved coordination.

At the Peedie Children's Centre, the children's therapy team highlighted rising demand for neurodevelopmental assessments and the importance of expanding capacity and pathways for timely support.

Visits to Papa Westray and Westray provided insight into the Isles model of care and current pilot GP cover. Engagements with the Medical Education team focused on expanding student placements and accommodation. I also met the clinical admin team, who play a vital role in supporting clinical operations, and discussed developments in children's services and respiratory diagnostics with relevant leads.

I have met with our Occupational Therapy team and attended the AHP leads meeting, gaining valuable insight into the broad roles Allied Health Professionals play across Orkney. The teams are embedding preventative approaches to help people live well at home and return home after hospital stays, while balancing urgent care and early intervention. Collaboration between registered, non-registered staff and rehab assistants was highlighted, as well as growing links with other island boards to share best practice. The challenge of releasing time for leadership in small teams was noted, but colleagues emphasised the positive impact of having a lead AHP in post.

Despite our challenges we continue to move towards better health outcomes for our communities and our continued commitment to creating a more supportive workplace, enhanced opportunities for professional growth, and improved patient outcomes, making NHS Orkney a better place to work.

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Summary of 2024/25 Ministerial Annual Review**
Responsible Executive/Non-Executive:	**James Goodyear – Interim Chief Executive and Davie Campbell, Interim Board Chair**
Report Author:	**Debs Crohn – Head of Corporate Governance**

1 Purpose

This report is presented to the NHS Orkney Board for **Awareness:**

Members are asked to:

i. **Receive** and **note** feedback following the Annual Review Meeting held on Monday 6 October 2025.

This report relates to a:

- Corporate Strategy 2024/2028
- Annual Delivery Plan 2024/25
- Emerging issue
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred
- Sustainable

2 Report summary

2.1 Situation

Annual Reviews are an important way for NHS Boards to demonstrate how they use public funding and to ensure they are answerable for their actions. This report shares feedback with the Board from the Ministerial Annual Review held on Monday, 6 October 2025, highlighting key points discussed and areas for improvement identified during the meeting.

2.2 Background

Scottish Ministers brought in Ministerial Annual Reviews in 2011 to make sure there is open and direct discussion between the government and NHS Boards, and to ensure transparency by holding the meeting in public.

At these meetings, a government minister formally reviews how well the Board is doing looking at performance, progress, and how effective they have been in meeting their strategic objective.

The minister also checks what improvements are required and sets out priorities for the coming year (2025/26), making sure these align with national policies.

During the Annual Review, the Chair of the Board leads the meeting together with other Board members. The Board Chair presents a clear update on the Board's key achievements and the challenges they have faced, making sure to cover both national and local priorities.

Local people are encouraged to attend, to ensure discussions are open and everyone can see how decisions are made, and how the Board is held to account.

2.3 Assessment

In accordance with Scottish Government guidance for Annual Reviews, to maximise attendance, the meeting was held in a hybrid format, like our regular Board meetings, enabling our patients, community and staff to watch the session live online or access a recording afterwards.

This year's Annual Review was a Ministerial Review, we were pleased to welcome Ms Maree Todd, Minister for Drugs and Alcohol, along with Caroline Lamb, Chief Executive of NHS Scotland and Director General of Health and Care Directorates at the Scottish Government, to the event on Monday, 6 October 2025.

During this meeting, we presented our progress, discussed the challenges we face and how we are addressing them, and outlined our plans for 2025/26.

To ensure everyone was aware of the meeting, we promoted the Annual Review well in advance. Community members and staff were invited to submit questions before the meeting by email or phone. Selected questions were addressed during the session alongside those asked in person. Additionally, we provided an anonymous feedback box in staff areas at The Balfour to allow staff to submit questions privately, responding directly to previous feedback about accessibility.

All submitted questions received written responses the day after the Annual Review, in line with Ministerial Review guidance.

Questions submitted in advance for the Ministers were answered by the Minister for Drugs, Alcohol and Sport, as well as by members of the Board during the meeting.

Feedback from Scottish Government

Ms Todd commended local efforts to promote staff wellbeing and the successful delivery of the Island Games, including initiatives such as the mobile x-ray machine and new local clinics.

Recruitment and retention challenges, especially regarding housing and on-call rotas, were acknowledged. The importance of developing multidisciplinary teams and retaining locally trained staff through partnerships was emphasised.

Ms Todd recognised progress in early intervention, health improvement, and primary, community, and acute care services.

Staff dedication in managing pressures was appreciated, with meaningful engagement in strategic decisions highlighted as highly valued.

The Board's commitment to new roles, wellbeing support, improved working conditions, and remote working options was noted as responsive to staff concerns.

Effective partnership working and Executive Team commitment to resolving concerns were discussed.

The importance of patient and carer feedback, enhancing facilities, improving access to dentistry and mental health services, and leveraging technology for service accessibility was stressed.

2.3.1 Communication, involvement, engagement, and consultation

During the Annual Review, the Minister held focus groups involving patients, carers, the Area Clinical Forum (ACF), and the Area Partnership Forum (APF). In preparation for the meeting, the Chairs of both forums consulted with their staff, unions, and patient and carer groups, this ensured that anyone unable to attend the focus group could still contribute to the Annual Review process by sharing their views in advance.

The agendas for the focus groups were put forward by the Chairs and agreed with forum members.

Prior to the focus groups, reports from both the ACF and APF were submitted to the Ministers for consideration (refer to Appendix 2 and 3). These reports have since been published as part of the Annual Review and are available on the Board's website for public access and transparency.

The focus groups were held in a hybrid format, allowing people to participate either in person at The Balfour or online. During the meeting, both questions asked on the day and those submitted beforehand were addressed and answered.

2.3.2 Route to the Meeting

This paper has been produced for the purposes of the Board in December 2025.

2.4 Recommendation(s)

Assurance - The NHS Orkney Board is asked to:

- **Receive** and **note** feedback following the Annual Review Meeting held on Monday 6 October 2025.

2 List of appendices

The following appendices are included with this report:

Appendix 1 – Annual Review 2024/5 slide deck from the meeting
Appendix 2 – Area Clinical Forum Summary Report 2024/25
Appendix 3 – Area Partnership Forum Summary Report 2024/25

Team Orkney
Improving Together

NHS
Orkney

Annual review Public Session

Interim Board Chair - Davie Campbell
11.45-12.45pm
Brodgar room/online

By attending our annual review and turning on your camera or microphone you agree to your image and voice being recorded.

The recording and transcript will be retained by NHS Orkney in line with other board communications and records.

For further information on how we protect your data rights and freedoms please visit our website and search for The NHSO Privacy Statement or contact a member of our Information Governance ork.dp@nhs.scot

Resilience, Recovery and Renewal: NHS Orkney key achievements 2024/25

- A year of stability and progress
    1. Improving our Culture
    2. Stability of leadership
    3. Operational grip and control
    4. Strengthened approach to governance and risk management
- Listening to and acting on patient and staff feedback
- Commissioned an external review into cultural development, governance and senior leadership
- Basics right more consistently

Our achievements 2024/25

Place

- Introduced a new chapter in our Integrated Performance Report for Population Health
- Moved forward with our plans for the Old Balfour site and King Street
- Completed work to decarbonise our estate

People

- Improved imatter scores in many areas in 2024 compared to 2023
- Staff Bright ideas scheme has gone from strength to strength
- Three finalists nominated for the Nurse of the Year Award And midwife of the Year Award in the 2024 Scotland Health Awards

Patient Safety, Quality and Experience

- Introduced Care Opinion (Maternity) - a new way of listening to and responding to patient feedback
- New Board Assurance Framework introduced December 2024
- New clinical governance structure with clear operational reporting
- MRI relocatable unit now on-site
- Wholescale redesign of risk management and reporting
- SAERs timely completion with SMART recommendations.
- Recovery of colonoscopy waiting lists and services
- Launched a new sponge capsule clinic

Performance

- Achieved £4million savings target set by Scottish Government
- 100% patients seen within 18-weeks in our Community Mental Health Service
- Publish summary of our waiting times by specialty Introduced Performance Review Meetings

Potential

- Started the roll-out of Electronic Patients Records (EPR) for community-based staff
- Upgraded our electronic document management system
- Transitioning to new IT system in General Practice

Finance headlines 2024/25

Our budget - £88.8m

How we spent the money we have

- £46.9m on staff (pay)
- £41.9m on clinical infrastructure and other clinical services
- Spend with other Health Boards
- £16.5m (a £1.7m 11.5% increase from 2023/24)
- Increased scrutiny and approval of Service Level Agreements
- Capital programme (£3.0m)
- Majority of our capital £2.0 million was spent on decarbonisation of our estate

Our challenges in 2024/25

- Quarter of our population 65 (compared to 20% national average)
- By 2043, the number of residents aged 75 and over will increase by 86%
- Fragile clinical and corporate services
- Staff recruitment and retention
- Housing for staff
- Travel to access services out of Orkney
- Long waits for planned care across Endoscopy, Ophthalmology, ENT and Trauma and Orthopaedics
- Financial position

Team Orkney
Improving Together

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Orkney

Our priorities for 2025/26: What's important and matters to you

Place

1. Improve people's physical, mental health and wellbeing by prioritising prevention and early intervention for smoking, obesity and wellbeing

2. Progress our ambition to become a Population Health organisation and system by putting prevention and early intervention at the core of what we do

3. Explore local reform opportunities to further improve services and outcomes for patients and our community and environment

#TeamOrkn

Patient Safety, Quality and Experience

7 Embed a consistent, proportionate approach to risk management, and further strengthen our governance

8 Foster a culture of safety, learning, and openness, encouraging staff to speak up

9 Ensure the clinical voice drives safety and improvement changes, across our hospital and community services

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People

4 Launch a new overarching experience programme which includes new behavioural standards to bring our values to life and ensures patient, staff and community feedback drives continuous improvement

5 Drive a step change in appraisal, mandatory training and sickness absence rates

6 Launch our new leadership development programme and approach to succession planning for the Executive Team, Senior Leadership Team and the Board

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Performance

10 Deliver our 2025/26 financial plan and continue our path to de-escalation

11 Further improve access and reduce waiting times

12 Further improve the discharge experience for our patients particularly those living on our ferry-linked isles

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Potential

13 Accelerate digital transformation, and introduce a new model for how we deliver Digital Services for our patients, community and staff

14 Set out a clear ambition for education, training and improvement – underpinned by an integrated Education Strategy and new on-site Education and Improvement Centre

15 Revisit and refresh our Clinical Strategy which will redefine NHS Orkney, determine transformation opportunities and create more sustainable services

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Team Orkney
Improving Together

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Questions from our community and staff

Cabinet Secretary Health and Social Care
Mr Neil Gray

Thank you for joining us

Thank you

ANNEX E3 – Area Clinical Forum Summary Report

Area Clinical Forum's core purpose "*is to distil the work of the Advisory committees and to be a conduit of information and opinions between the clinical community and the Board.*"

NHS Orkney's Area Clinical Forum (ACF) meets bimonthly with development sessions open to all clinicians held in the months between. The ACF Chair is a non-Executive Director on the NHS Orkney Board providing an update at each Board meeting from ACF in the form of a Chair's Assurance Report. The ACF Chair is also a member of two governance committees; the Joint Clinical & Care Governance Committee and the Staff Governance Committee. National links and updates are achieved through the National ACF Chair's Group, which meets regularly throughout the year.

Review of the past year:

2024-25 has seen attendance at ACF meetings remain for the most part healthy, with all of our meetings being quorate to date. The new Chair and Vice Chair elected last year have continued to work together and lead the committee effectively, sharing the workload, with the Vice Chair leading some of the developments sessions and chairing the upcoming ministerial review this year in the Chair's absence which is very much appreciated.

Reshaping the structure of meeting agendas to focus primarily on reports from members has resulted in more focussed meetings. With the assistance of colleagues in Corporate Governance we have also updated our action and escalation logs, improved the efficiency of tracking active issues and ensuring these are resolved or updates received in a timely fashion.

Requests to ensure that where clinical advice is required of the ACF the committee is consulted in good time have meant that we have offered quality scrutiny of and advice on various clinical items including – recommending approval of Respiratory Pathways for Long Covid, Obesity Related Hypoventillation Syndrome and Multiple Sclerosis. One of the main aims of these pathways is to repatriate overnight sleep studies to Orkney, saving patients the need to travel to Grampian for this procedure. We have also recommended approval of the Ankyloglossia Pathway as well as the Public Protection Policy and the Safeguarding Children Supervision Policy.

Attendance ACF meetings by representatives from NAMC, TRADAC, APC, and the GP Sub-Committee has remained consistent, ensuring a broad range of clinical expertise and experience is brought to discussions. However, it is acknowledged that the Hospital Sub-Committee has faced ongoing challenges in maintaining regular representation. These difficulties appear to be primarily due to inconsistent administrative support for the Hospital Sub-Committee and a lack of clarity around the recognition of committee work within the job planning processes.

Furthermore, despite intentions to re-establish the Area Dental Committee during the current year, this has not been achieved. The key barriers have again related to challenges in formally recognising the time commitment required for committee work, as well as complexities arising from the dental workforce, which comprises both employed staff and independently contracted practitioners within NHS Orkney.

The Chair of the ACF has raised these concerns both locally and through the National ACF Chairs' Group, seeking clearer national guidance to support resolution. Both the Blueprint for Good Governance and the National Health Service (Scotland) Act 1978 clearly define the roles of the ACF and associated advisory committees in relation to organisational clinical governance. It is therefore essential that committee responsibilities are appropriately acknowledged within job plans, and that sufficient time and support are allocated to enable staff participation.
Recognising the importance of this work—and the critical role these committees play in organisational clinical governance—will ultimately strengthen the committee structure. While raising these issues can be challenging, the ACF is providing a comfortable space for these conversations to take place.

Development sessions over the past year have included well attended sessions focussing on NHS Orkney's Improving Together Programme, Care Opinion roll-out across NHS Orkney, hearing from our own members what extended skills they bring from out with the NHS and a brief session on committee self-assessment.

Our focus for the future:

Within the current year we have already held development sessions covering local frailty service development and realistic medicine, with aims to hold follow up sessions on both.
Issues relating directly or indirectly to patient safety are often discussed at ACF, however these may not always be explicitly identified as patient safety concerns. We had planned to establish Patient Safety as a recurring item on our agendas over the past year, however developing a consistent rhythm to meetings has taken a little longer than anticipated to establish. The Chair is committed to ensuring this is achieved in the coming 12 months and will ensure that these areas will also be effectively highlighted in the ACF Chair's regular reports to the Board.

At the request of the ACF Chair, all office bearers of the Clinical Advisory Groups have now been invited onto NHS Orkney's Extended Senior Leadership Team (eSLT). This should ensure the organisation is regularly and consistently able to access clinical advice when needed and equally will ensure that clinicians are represented at this senior level of the organisation. Where contributions to workforce planning considerations are required eSLT will offer a useful forum for those initial conversations.
The Area Clinical Forum is well placed to contribute to discussions and developments on population health by bringing together the expertise of a wide range of clinical professionals. Ensuring that plans are informed by front line experience in the local community the ACF should be able to provid

collective voice on local health priorities and help identify emerging challenges. We would value the chance to support the development of person-centred solutions tailored to Orkney's unique population needs.

The ACF should also play an active role in shaping developments that come from the recommendations of the recent Clinical Services Review. Through our multidisciplinary membership we can help consider practical implications for services developments and assist in developing sustainable models of care. An upcoming ACF Development session will focus on the Clinical Services Review report and will hopefully be the first step towards this.

Dr. Kirsty Cole
Chair, Area Clinical Forum
September 2025

Annex F3 - Area Partnership Forum Summary Report 2024/25

The forum takes a proactive approach in embedding partnership working at all levels to assist the process of devolved decision-making.

The Area Partnership Forum (APF) continues to hold formal monthly meetings with a varied and newly restructured agenda to ensure that all colleagues are up to date with and contribute to driving the priority People areas and to ensure colleagues are working together to take forward the People priorities as set out in the organisation's Corporate Strategy.

The Employee Director sits on the Health Board as a Non-Executive Director and in 2024 became a member of Senior Leadership Team, which is the main decision-making forum on the operation arm of the Board's governance system, and which means the staff side voice is even more central to influencing strategic and Board-level decision-making.

The APF is co-chaired by the Chief Executive and the Employee Director, recognising effective partnership working is central to our continuous improvement to how we deliver services and the fundamental principles around the five elements of Staff Governance.

Outlined below are our key discussion points from the last year (2024/25):

The APF has maintained a busy work schedule throughout 2024/25 and has been actively engaged in key strategic and operational topics affecting NHS Orkney, for example Agenda for Change Reform, the Value and Recognition Programme, the Improving Together Programme, and the Staff Employee Journey.

Throughout the year, the Forum has worked in conjunction with the Staff Governance Committee to identify and escalate strategic risks related to workforce. For example, the Forum has repeatedly escalated concerns about low attendance at face-to-face statutory/mandatory training, and failure to appropriately describe how the organisation will move to implement the Health & Care Staffing Act requirements in Year 1 (2024/25) and beyond, both of which helped inform the Board decision to record these as organisational risks.

The Forum has proactively responded to feedback from and the needs of the wider organisation. An example of this is the excellent work carried out by the Job Evaluation Team in Quarter 3 2024/25 in response to concerns raised about performance in this area to clear the backlog, with some job evaluations waiting in excess of two years which, and setting a new standard moving forward and a commitment to improve which is to be commended, recognising this is a key concern from staff in the organisation and therefore critical to improving people's experience of working here.

The frequency of meetings has varied throughout the year, due primarily to issues with quoracy at the beginning of 2025. The membership has been changed to reflect the changing needs of the Forum, but we continue to experience issues with both quoracy and work not being carried out in a timely manner due to competing priorities and reduced organisational capacity in key areas such as People & Culture.

Members of the APF continue to be invited to and engaged in wider meetings throughout the year to maximise engagement, including regular attendance at Extended Senior Leadership Team meetings on a range of topics, which is a positive step forward. The Forum recognises the additional pressure this engagement puts on the already limited capacity within Staff Side, and it is recognised that there is still significant work to be done in this area to ensure Staff Side Representatives have adequate facilities time in this particularly critical period for NHS Orkney. This includes the appropriate time to engage with Staff Side Leads ahead of wider staff updates, so we maximise partnership working.

Reflecting on the year, the Forum recognises that whilst we have achieved greater success as a space for engagement, significantly more work is required to ensure actions agreed in the Forum are followed through in a timely way and that partnership working is a foundational principle in all workforce decision-making. Staff Side have highlighted concerns about the consistency of partnership working at critical junctures, such as the development of improvement plans involving several corporate services, and more latterly the disestablishment of several posts without appropriate engagement.

Development sessions

The Forum held no formal development sessions during 24/25 due to the business of the agenda, compounded by some meeting cancellations due to issues with quoracy.

Looking to 2025/26

The priorities for APF include:

- Continuing focus on core organisational priorities impacting colleague experience, namely appraisals, statutory/mandatory training, and sickness absence.
- Ensuring the implementation of the non-pay elements of the 2023/24 Agenda for Change pay deal, including the implementation of the remainder of the reduced working week and protected time to learn.
- Continuing our work on updating workforce policies, including the implementation of new Once for Scotland workforce policies and a refreshed Organisational Change Policy.
- Focus on resilience, embedding and succession planning – reliance on roles and not individuals, ensuring staff side colleagues have adequate time and resources to meaningfully carry out their key roles.
- Working in partnership to effectively implement the Health & Care (Staffing) Act, which is ‘limited assurance’ currently.
- Embedding effective workforce planning to inform discussions in APF and other key forums.

Summary

While there is work to be celebrated from the Area Partnership Forum from 2024/25, it would be fair to recognise that this was a foundation year on a journey, and there is still significant time and energy required to transform the APF into the form it needs to have to meet the needs of NHS Orkney. This will require commitment from all members, staff side and management, to ensure we establish a culture of partnership working and collaboration that the organisation requires as we move forward.

Staff Side have shared concerns regarding the consistency of partnership working over the past year, particularly at key points such as the disestablishment of vacant posts, the development of improvement plans affecting several corporate services, and the limited visibility of workforce planning processes.

Rebuilding trust and strengthening collaborative relationships will be essential as we move forward. A renewed focus is needed to ensure that critical workforce priorities—such as effective workforce planning, staff wellbeing, statutory and mandatory training compliance, and appraisals—are progressed meaningfully and in partnership.

Significant work remains to embed the Health & Care (Staffing) (Scotland) Act and to implement the reduced working week/protected learning time. These areas are currently assessed as limited assurance, and while some corrective actions are already underway, continued traction is required.

Going forward, the Area Partnership Forum and broader partnership structures will play a vital role in driving this work forward and ensuring a shared commitment to improvement.

Ryan McLaughlin Employee Director
Joint Chair

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Corporate Risk and Assurance Report**
Responsible Executive/Non-Executive:	**Dr Anna Lamont, Medical Director**
Report Author:	**Kat Jenkin, Head of Patient Safety, Quality and Risk; Diane Smith, Clinical Governance and Risk Facilitator**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

The Corporate Risk Register Report is presented to the Board to support clarity, oversight, and enhance scrutiny for the organisation.

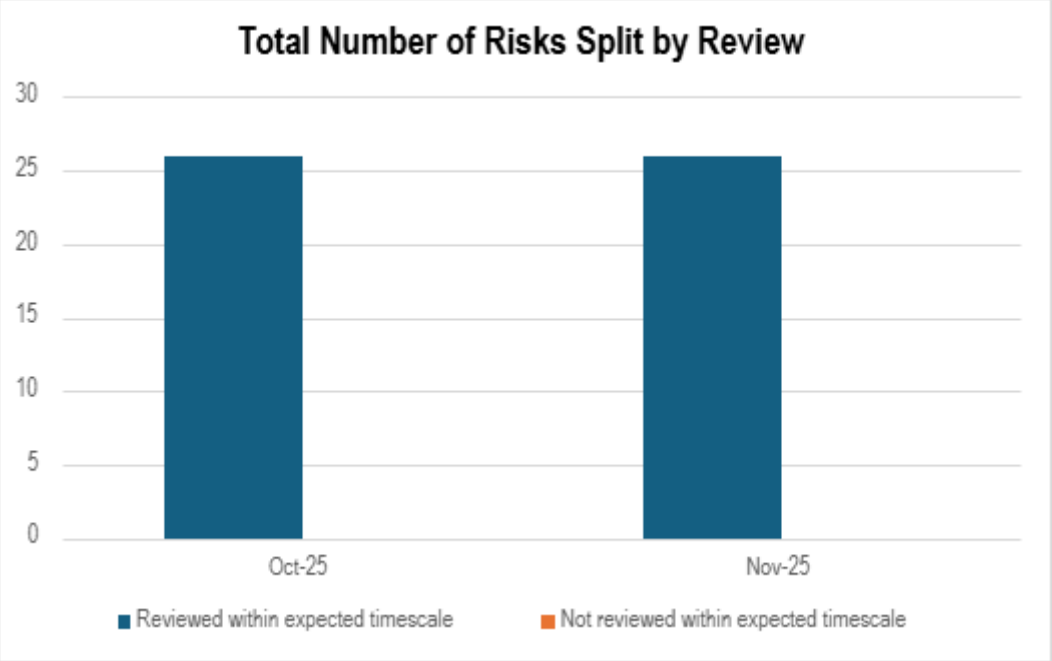
The risk actions are continually added to and to ensure the actions remain relevant, any actions more than six months old will be removed from the current register to aid clarity.

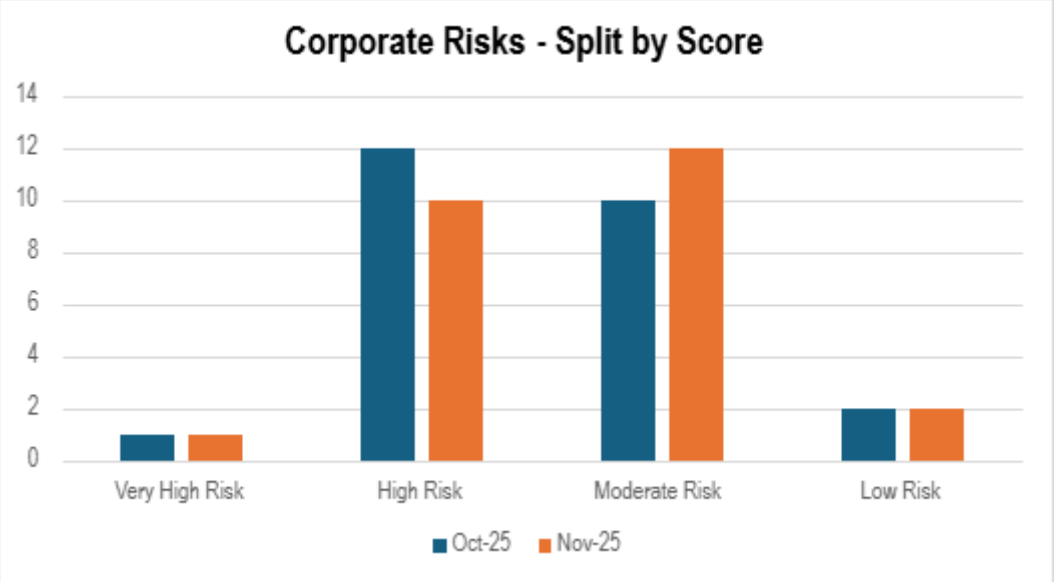
2.2 Background

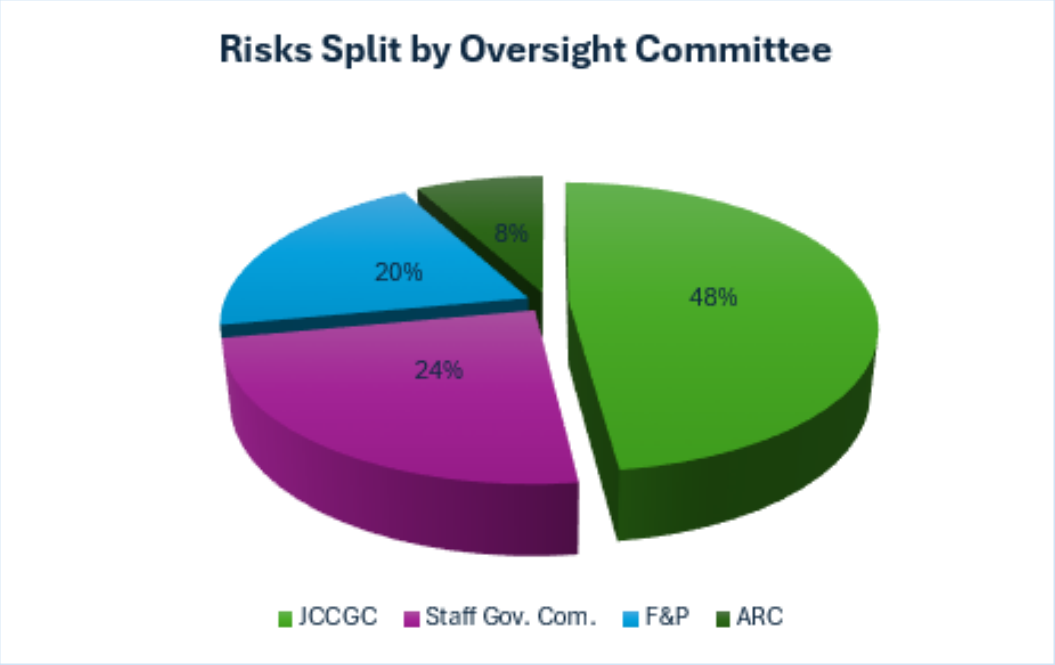
This report provides an at a glance view of what has changed over two months, and how the risks are shared across committees.

2.3 Assessment

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.







Since the last meeting Risk C-2024-06 (General safety at the old Balfour site) has been downgraded from high risk to medium risk. This is due to the mitigations being complete and no further break-ins. Two risks at the end of October 2025 had note been reviewed within the expected timescales. These have now been reviewed and all risks have been reviewed as per expected process.

Normally the top three corporate risks would be highlighted within this report, but the top five risks are scored 20 and 16 and therefore the top five risks are summarised in the table below.

Top Five Corporate Risks							
ID	Risk Title	Current Impact	Current likelihood	Current Risk Level	Target Risk Level	Mitigating Actions	Actions
510	Corporate Financial Sustainability	5	**4**	20	10	3.2m of efficiency programmes currently in implementation, 2.5m recurrent (above 3% target) in excess of 1m in cost reduction schemes Strengthened governance arrangements - scheme of delegation, performance review meetings, streamlines investment approval process Additional grip and control measures - vacancy control panel, discretionary spend, budget trackers, workforce establishments Plan currently on track to be delivered, expectation is brokerage support to this value will be received. Financial Escalation Board to be stood up.	**Update 10/11/2025 -** Year-end forecast has been revised to estimate a £6.2m deficit at 31 March 2026. This is £4.2m higher than the approved financial plan. Turnaround actions estimated at £1.746m have been identified, leaving circa £2.45m gap. A revised approach to budget management is being implemented with Directors being given an expenditure control target for the remainder of the year and monthly financial performance meetings with CEO and DoF. SG informed of the deteriorated position. **Update 17/10/2025 -** Month 6 financial results continue to be off track. A full review of the expenditure forecast and the savings programme has been undertaken in Month 6. This has identified that £4.9m of savings will not be delivered (£2.5m of the £3.8m Improving Together Programme and £2.4m of the £2.4m IJB Savings) An action plan has been received which shows the best, mid and worst case for delivering expenditure reduction for the remaining of the financial year. This is being assessed by the Executive Team and recommendations will be presented to the Board. Risk score to remain the same at this time **Update 19/08/2025** Month four financial results remain off track for cost savings and delivery of the financial plan. Significant risks around delivery of several of the efficiency programmes remain. Initial

							measures agreed by SLT have not yet had an effect on reducing costs. Further measures discussed by SLT are being scoped out. Risk scores to remain the same. **Update 21/07/2025** Q1 off track for expected cost savings. Q2 forecast showing unlikely to meet expected cost savings. Initial measures agreed by SLT to be implemented immediately these will have a limited effect on reducing costs, further plans are to be brought back to SLT in August to reduce costs over the remainder of the year. Risk likelihood increased to 4, increasing risk score to 20. Score now High risk. **Update 14/05/2025** - Unaudited outcome for 2024/25 is a deficit of 3.874M, significant improvement from forecast plan of 5.778m. The 2025/25 financial plan has been approved by Scottish Government this outlines a forecast deficit of 3.1m 2025/26 reducing to 1.7m 2027/28. In addition Scottish Government have confirmed that NHS O will receive non-repayable, non-recurring funding over the next 4 years to support the return to financial balance by 2028/29 this means that the risk of a section 22 qualification is significantly reduced as this funding should result in a break even position in 2025/26. Risk can therefore be reduced to 15.
C-2024-01	Lack of senior leadership capacity and capability	4	**4**	16	4	8a – d leadership development programme and PDPs for all senior leaders SLT formal development programme 8c and d personal objectives set and agreed by Renumeration committee	**Update 18/08/25 -** SLT approved the management training programme in July 2025 and draft papers are in development for the senior leadership programme, which will come to SLT for approval in August. The Interim Chief Executive will start on 15 September and that process is being finalised in collaboration with the Scottish Government. The Interim Director of

						Interim Director of Finance commenced in post in September 2024 for 6 months Interviews for substantive Director of Finance are at the end of October Interim Head of Strategy in post on secondment for 6-month period	Finance has agreed to extend her secondment until 31 March 2026, and the next Director of People and Culture will start on 17 November 2025. An Interim Director of People and Culture will be in place part-time between 1 September and 30 November. **Update 13/05/2025 -** A paper is going to SLT in May for leadership, management and quality improvement training, impeding approval a leadership programme will be procured. In May a substantive Director of Finance and a replacement for the Director of People and Culture. The Director of Performance and Transformation and Deputy Chief Executive commenced on 12/05/2025.
C-2025-05	Project Management and Change Management	4	**4**	16	8	Training being provided in Quality Improvement for the staff leading on improvement works – 2 cohorts planned with completion by March 2026 **Action: Director of Performance & Transformation** Upskilling of the two Project Managers in the Team both undertaking MSP/Prince 2 course (Programme Management), completion end of July. **Action: Director of Performance & Transformation** All change and improvement programmes to be planned to ensure capacity within the small team to deliver – ongoing -imbed into BAU process – by August 2025 **Action: Director of Performance & Transformation** Programmes to be developed with a detailed scope, anticipated benefits, risks, timescales and project management plan – ongoing -imbed into BAU process – by August 2025 **Action: Director of Performance &**	**Update 11/09/2025** - Agreed for addition to corporate risk register at SLT.

						Transformation Repatriation of work from the Improvement Team that does not fall within the teams remit and outside of the improvement programmes of work – actively being reviewed with completion by September 2025 **Action: Director of Performance & Transformation** Head of Improvement currently seconded without backfill at present, structure of team to be reviewed and resource to be aligned to meet the needs of the improvement agenda in the organisation. - actively being reviewed with completion by September 2025 **Action: Director of Performance & Transformation**	
C-2025-06	Strategic Clinical Leadership and Engagement Capacity	4	**4**	16	8	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. 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	**Update 04/11/2025** Following three workshops earlier in the year, improvements and resource necessary to support the CAGs agreed. All groups now have administrative support for actions and compiling papers/agendas. Exec attendance consistent and has been reviewed as part of ACF agenda. Clinical governance escalation pathway prev agreed and feedback given to groups - template for escalation and return yet to be developed if required. Consultant recruitment now on rolling recurring advert if unsuccessful. Clinical leadership vacancies remain unchanged. **Update 11/09/2025** - Agreed for addition to corporate risk register at SLT.

						training commencing with cohort 1 in September 2025. • 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. 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.	
1225	Insufficient capacity in the social care system	4	**4**	16	4	Daily safety and site huddles to review site capacity and flow. Twice weekly RMM held to actively discuss DToC. All patients nearing 4 hrs in ED escalated through operational management for agreement to plan. Site surge and capacity plan in place. Daily review of PDD.	**Update 30/09/205 -** Current score increased to 16 due to increased DTOC. Currently 17 DTOC, this has been the situation since the first week in July 2025. Current system wide pressures preventing discharge to appropriate placement leading to cancellations of elective procedures. System pressures paper discussed at IJB in July 2025 work streams underway to address reasons for DTOC. **Update 14/05/2025 -** Business as usual and business continuity plans effective. No

						Active conversations with patients in regard to discharge and early discharge panning.	services compromised, therefore score reduced to 8. **Update 25/02/25 -** Mitigating actions remain in place current DToC 12. Risk highlighted at formal executive meeting, SLT and IJB.

It is asked that the Board review and discuss the Corporate Risk Register.

2.3.1 Equality and Diversity, including health inequalities

There are no identified impacts identified through this report.

2.3.2 Climate Change Sustainability

There are no identified impacts identified through this report.

2.3.3 Route to the Meeting

This paper is prepared for this meeting only.

2.4 Recommendation

The Board are asked to review and scrutinise the Corporate Risk Register. To note that Board members are asked to critically consider the register, and raise any recommended changes or clarifications beyond those noted in the cover report:

- **Discussion** – Review and discuss the Corporate Risk Register.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Corporate Risk Register

NHS Orkney

Item 10

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Integrated Performance Report (IPR) – December 2025**
Responsible Executive/Non-Executive:	**Tammy Sharp, Director of Performance and Transformation/Deputy CEO**
Report Author:	**Carrie Somerville – Head of Planning, Performance and Information**

1 Purpose

This report is presented to the Board for **Assurance**

Members are asked to:

i. **Receive** the Integrated Performance Report (IPR) December 2025 update.
ii. **Note** where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

This report relates to a:

- Corporate Strategy 2024/2028 - Performance
- Annual Delivery Plan 2024/25
- Emerging issue
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

The Integrated Performance Report October 2025 (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.

Appendix 1 contains a summary against each of NHS Orkney's Key Performance Indicators (KPIs) highlighting what is going well, successes, causes for concern, challenges and planned improvements/actions being taken to bring performance back on track.

2.2 Background

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).

2.3 Assessment

The report provides an overview of organisational performance across patient safety, operational standards, workforce, community services, and finance. The period covered by the performance data is generally up to the end of September 2025. 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.

A summary of key performance highlights and challenges for consideration are included. The following bullet points outline areas of strong performance, as well as ongoing challenges and actions in progress, to support informed discussion.

Key Performance Highlights

- The Board is currently £508k adverse to trajectory, with key drivers including medical recruitment costs, agency nursing, and prescribing.
- Sickness absence rates remain below the national average.
- Diagnostics and imaging services have shown marked improvement, particularly in cardiology and local MRI provision, resulting in enhanced patient access and reduced reliance on external providers and the resulting travel out with Orkney for patients.
- Cancer standards reporting 100% compliance for the 31-day treatment standard.
- Mental Health and Psychological Therapies continue to exceed national targets
- The number of patients waiting over 52 weeks for new outpatient appointments has reduced significantly, demonstrating the impact of targeted capacity increases.
- CAMHS and Psychological Therapies continue to exceed national targets for timely access.

Areas for Improvement

Significant Adverse Event Reviews (SAERs):

- Completion rates are below target due to limited reviewer capacity. Outstanding reviews are expected to be closed next quarter.

Complaints Management:

- Stage One complaints response compliance is below target, affected by staffing pressures. Targeted workshops are planned to address this.

Waiting Times:

- New Outpatient and Treatment Time Guarantee (TTG) standards remain challenged, with consultant workforce shortages and reliance on external support constraining recovery.

Delayed Transfers of Care

- Performance is significantly below target, with ongoing challenges in social care recruitment and residential places for those waiting.

Efficiency savings are behind plan.

Areas for focus

Financial Management:
- Training for budget holders and ongoing meetings to identify cost reduction measures and ensure proper budget control.

Waiting Times:
- Additional clinics alongside demand and capacity planning, are being used to address long waits, with ongoing escalation and review via Weekly Waiting Times meeting and Planned Care Programme Board.

Discharge Planning:
- Recruitment to social care vacancies and review of care packages are in progress to improve delayed transfer performance.

Complaints Handling:
- Delivery of targeted workshops to improve response times and resolution rates.

SAER Process:
- Monitoring and support via the Clinical Governance Group to ensure timely closure of open reviews.

Paediatric Early Warning Scores (PEWs) Compliance:
- Educational programmes and deep dives into recording processes are underway to improve compliance.

2.3.1 Patient Safety and Quality

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.

2.3.2 Workforce

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.

2.3.3 Financial

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.

2.3.4 Risk Assessment/Management

There are six risks on the Corporate Risk Register that relate to Finance, Community and Operational Standards these include, Corporate Financial sustainability, Waiting Times data and Lack of organisational digital maturity.

2.3.5 Equality and Diversity, including health inequalities.

Reducing health inequalities is a key priority as part of the Place strategic objective. Equality, diversity and inclusion are also central to the delivery of our People priorities, and our Corporate Strategy takes into consideration local, regional, and national policy. The Equality and Diversity Monitoring Report for 2024/25 was approved by the Senior Leadership Team on 1 May 2025.

2.3.6 Communication, involvement, engagement, and consultation

Discussions have taken place with Section leads, Executive leads and Health Intelligence Team, in the development of this paper.

2.3.7 Route to the Meeting

The full report was discussed and approved at the Senior Leadership Team meeting on 25 November 2025, ahead of Board on 12 December 2025.

- Finance, Operational Standards and Community Chapter was discussed at the Finance and Performance Committee meeting on 20 November 2025.
- Workforce Chapter was discussed at the Staff Governance Committee meeting on 16 October 2025.
- Patient Safety, Quality and Experience and Population Health Chapter has come straight to Senior Leadership meeting.

3. Recommendation(s)

Assurance - The Board are asked to:

- **Receive** the Integrated Performance Report (IPR) December 2025 update.
- **Note** where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.

4. List of appendices

The following appendix is included with this report:

- **Appendix 1**, Integrated Performance Report (IPR) – December 2025

NHS Orkney

Integrated Performance Report

December 2025

Interim Chief Executive:
James Goodyear

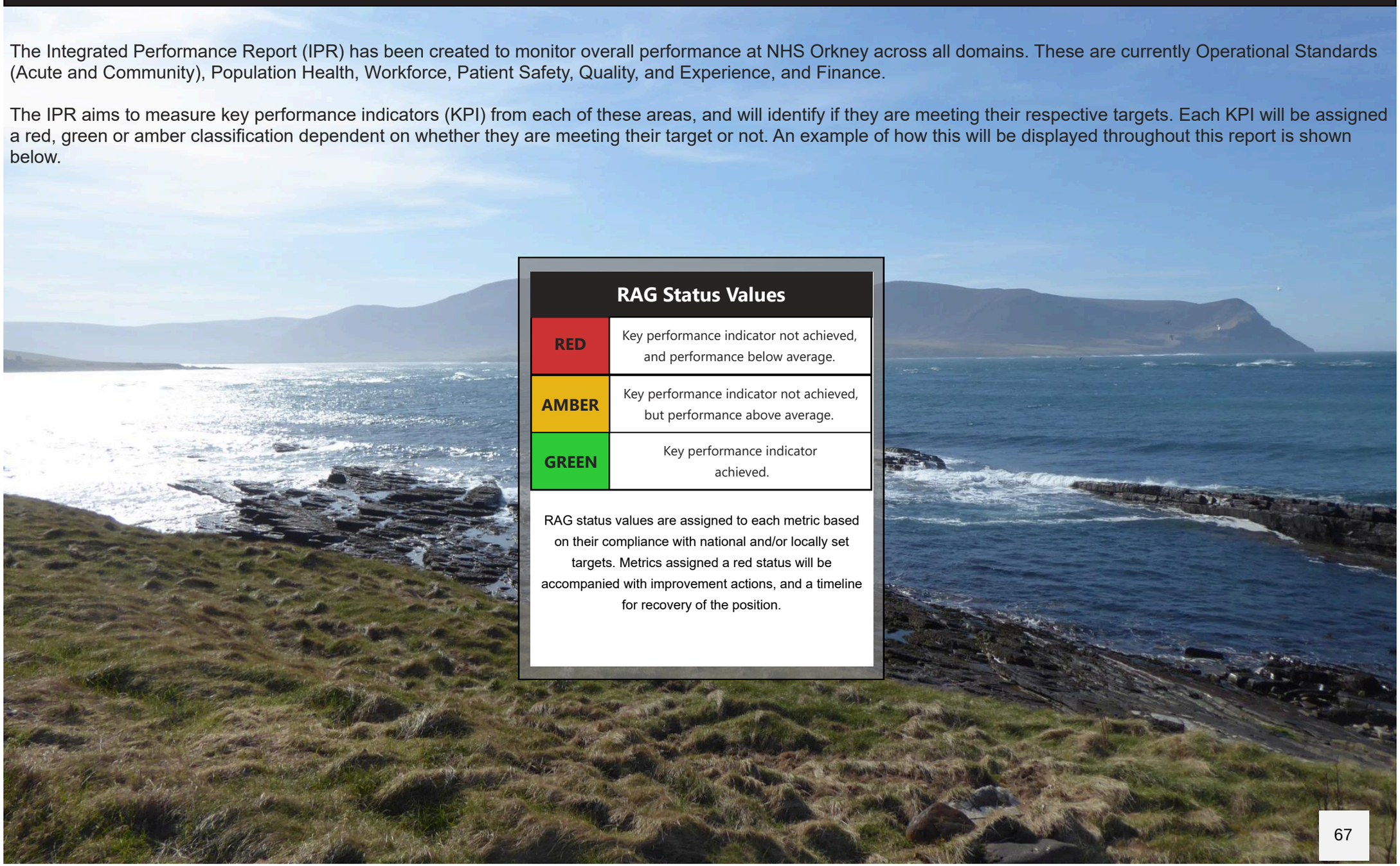
HEALTH Intelligence

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.



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.

Statistical Process Control

The Integrated Performance Report forms the summary view of performance against the organisations 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 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels. If data point falls outside these levels, an investigation would be triggered. It contains two types of trend 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 (L)ower values
	Special cause variation of improving nature due to (H)igher 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 consistently (P)assing 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.

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	Variance
1	Patient Safety, Quality, and Experience	Excellence in Care	Number of inpatient acquired pressure ulcers this month	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	0	Green	
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 Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	15	Red	
4	Patient Safety, Quality, and Experience	Complaints	Number of complaints received.	Medical Director	0	8	Grey	
5	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 1 5 Working Day Response Compliance	Medical Director	100%	57.14%	Red	
6	Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 2 20 Working Day Response Compliance	Medical Director	100%	100%	Green	
7	Patient Safety, Quality, and Experience	Complaints	Complaints upheld and partially upheld by SPSO	Medical Director	0	0	Green	
8	Patient Safety, Quality, and Experience	Incident Reporting	Incident Reporting and 7 Working Day Review Compliance	Medical Director	100%	100%	Green	
9	Patient Safety, Quality, and Experience	Significant Adverse Event Reviews	Significant Adverse Event Review Compliance (closed within target date)	Medical Director	100%	25.00%	Red	
11	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Observations	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	100%	Green	
12	Patient Safety, Quality, and Experience	Women and Children	Maternal Early Warning Score Escalation	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	100%	Green	
13	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	82.35%	Red	
14	Patient Safety, Quality, and Experience	Women and Children	Paediatric Early Warning Score (PEWs) - % 'at-risk' observations identified and acted upon	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	0.00%	Red	
15	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	100%	40.93%	Red	
16	Operational Standards	Planned Care	10% reduction in waiting times for Treatment Time Guarantee patients	Medical Director	-10%	13.16%	Red	
18	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%	56.28%	Red	
19	Operational Standards	Planned Care	90% of planned/elective patients to commence treatment within 18 weeks of referral	Medical Director	90%	79.8%	Red	
20	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%	69.39%	Amber	
21	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%	86.96%	Amber	
22	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%	93.10%	Amber	
23	Operational Standards	Planned Care	0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	Director of Performance and Transformation & Deputy Chief Executive	12	55	Amber	
24	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	90%	50%	Red	
25	Operational Standards	Cancer	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	Medical Director	95%	100%	Green	
29	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%	89.77%	Amber	
30	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	100%	99.86%	Amber	
31	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	00:22:36	Green	
32	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%	21.74%	Red	
33	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	17	Red	
34	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	503	Red	
35	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%		Green	
36	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%	Green	
37	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%	50%	Green	
38	Operational Standards	Women and Children	75% of scheduled antenatal care delivered by the primary and no more than one other midwife.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	75%	45.3%	Red	
39	Operational Standards	Women and Children	75% of scheduled community based postnatal care delivered by the primary and no more than one other midwife.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	75%	15.4%	Amber	
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 musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	48.55%	Red	
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 podiatry musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	5.56%	Red	
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 physiotherapy musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	61.11%	Amber	
44	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%	0%	Red	
46	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. Compliance rate 98.5%	Chief Officer (Integration Joint Board)	90%	100%	Green	
47	Community	Psychological Therapies	18 Week Referral to Treatment	Chief Officer (Integration Joint Board)	90%	100%	Green	
48	Population Health	Promoting health and wellbeing outcomes	Increase smoking cessation active clients year-on-year	Medical Director	21	14	Red	
49	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)	Medical Director	41	32	Red	
50	Population Health	Prevention of Disease	Immunisation uptake rate 6-in-1 primary Course by 12 months	Medical Director	95%	97.4%	Green	
51	Population Health	Prevention of Disease	Immunisation uptake rate MMR2 by 6 years of age	Medical Director	95%	91.8%	Red	
52	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	Medical Director	100%	93.8%	Amber	
53	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	Medical Director	100%	100%	Green	
54	Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	Medical Director	100%	100%	Green	
55	Population Health	Promoting health and wellbeing outcomes	Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	Medical Director	100%	100%	Green	
56	Population Health	Promoting health and wellbeing outcomes	Universal Newborn Hearing Screening - The proportion of babies eligible for UNHS for whom the screening process is complete by 4 weeks corrected age is ≥ 98%	Medical Director	98%	100%	Green	
57	Workforce	Sickness Absence	Sickness rates consistently below the national average of <6%	Director of People and Culture	6.19%	5.66%	Green	
58	Workforce	Sickness Absence	Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	Director of People and Culture	6.38%	5.95%	Green	
59	Workforce	Appraisals	Appraisal compliance rate over the previous 12 months	Director of People and Culture	85%	48.56%	Amber	
60	Workforce	Hours Utilised	Agency hours used vs. average.	Director of People and Culture		2210	Grey	
61	Workforce	Hours Utilised	Bank hours used vs. average.	Director of People and Culture		5533.22	Grey	
62	Workforce	Hours Utilised	Overtime hours used vs. average.	Director of People and Culture		490.67	Grey	
63	Workforce	Hours Utilised	Excess hours used vs. average.	Director of People and Culture		1040.17	Grey	
64	Finance	Finance	Financial performance against plan - YTD.	Director of Finance	£2,251,000	£2,759,000	Red	
65	Finance	Finance	Financial performance against plan - Forecast.	Director of Finance	£2,176,000	£4,200,000	Red	
66	Finance	Finance	Efficiency performance against plan - YTD.	Director of Finance	£1,235,000	£1,041,000	Red	
67	Finance	Finance	Efficiency performance against plan - Forecast.	Director of Finance	£3,800,000	£2,262,000	Red	
68	Finance	Finance	Efficiency programme recurrent savings against plan.	Director of Finance	£910,000	£786,000	Red	
69	Finance	Finance	Capital performance against plan - YTD.	Director of Finance	£977,000	£13,000	Green	
70	Finance	Finance	Capital performance against plan - Forecast.	Director of Finance	£1,675,000	£1,675,000	Green	
71	Finance	Finance	75% of invoices to be paid within 10 days of receipt - local target	Director of Finance	75%	55.97%	Red	
72	Finance	Finance	90% of invoices to be paid within 30 days of receipt - local target	Director of Finance	90%	83.84%	Amber	

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 February 2026.

	Section	Service Area	NHS Orkney KPI's	Executive Lead	Target	Actual	Latest RAG	Variance
26	Operational Standards	Theatre	Theatre Utilisation	Medical Director	N/A	72%		
27	Operational Standards	Inpatients	Ensure that acute receiving occupancy is 95% or less.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%			
28	Operational Standards	Inpatients	Pre-noon discharges	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	25%	15.69%		
40	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%			
45	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 for the second quarter, 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.

PEWS bundle charting remains non-compliant with national target, though there is good compliance with identifying at risk observations.

Patient Safety, Quality, and Experience
Number of Complaints Received

Data Source
Patient Experience Officer

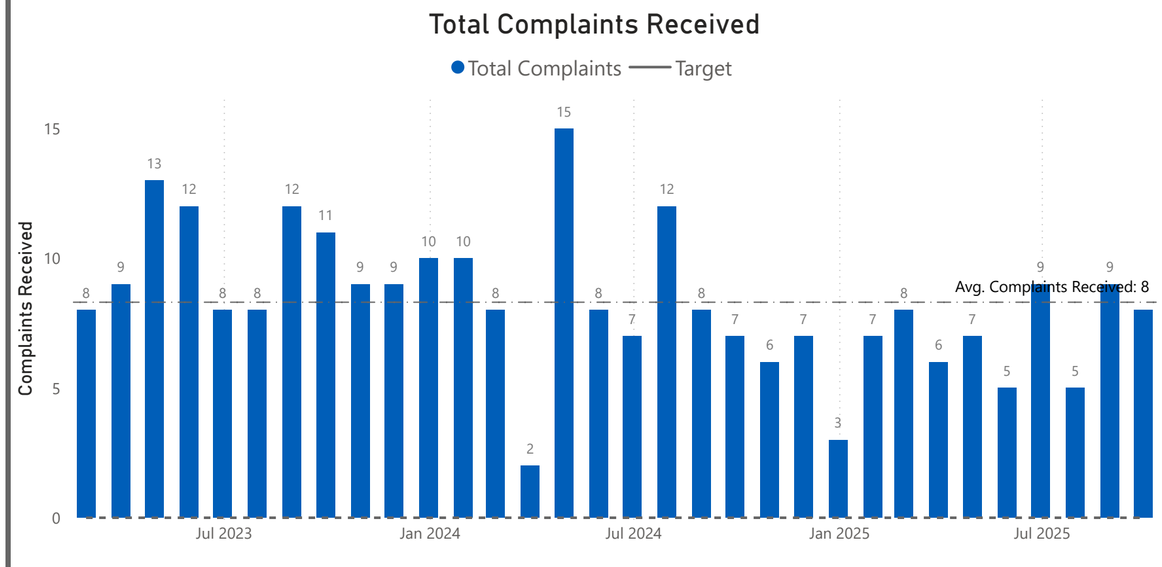
Latest Data
30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Number of complaints received.	0	8	Grey

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

There is currently no nationally recognised metric for benchmarking complaints and the organisation welcomes all feedback as this helps to identify areas of excellence as well as areas for improvement.

Dr Anna Lamont, Medical Director

Patient Safety, Quality, and Experience
Stage 1 Complaints

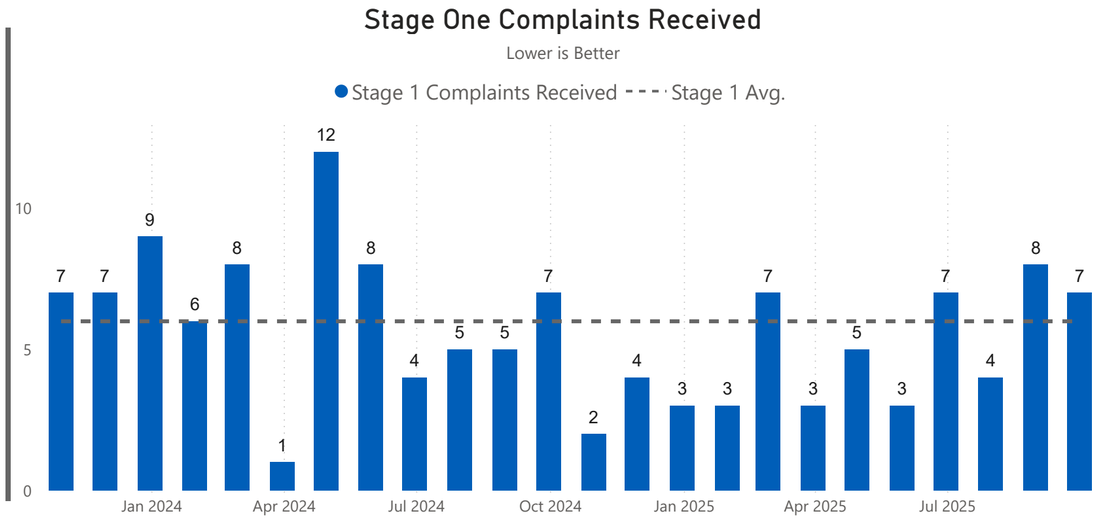
Data Source
Patient Experience Officer

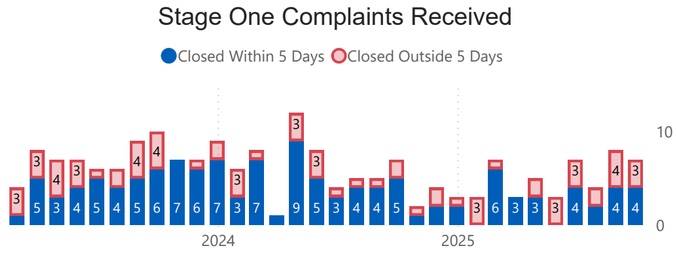
Latest Data
30/09/2025

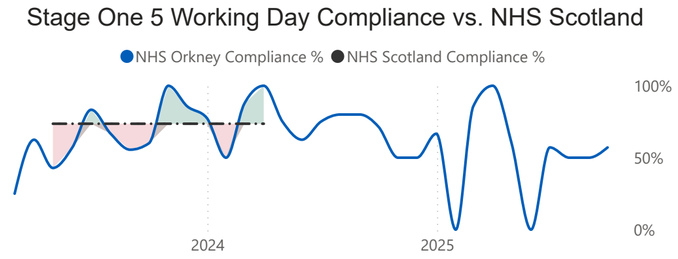
Compliance

KPI	Target	Actual	RAG Value
Complaints Received - Stage 1 5 Working Day Response Compliance	100%	57.14%	Red

Action	Target Date	Owner	Status
Targeted workshops on complaints management to be held	31/12/2025	A Lamont	In Progress







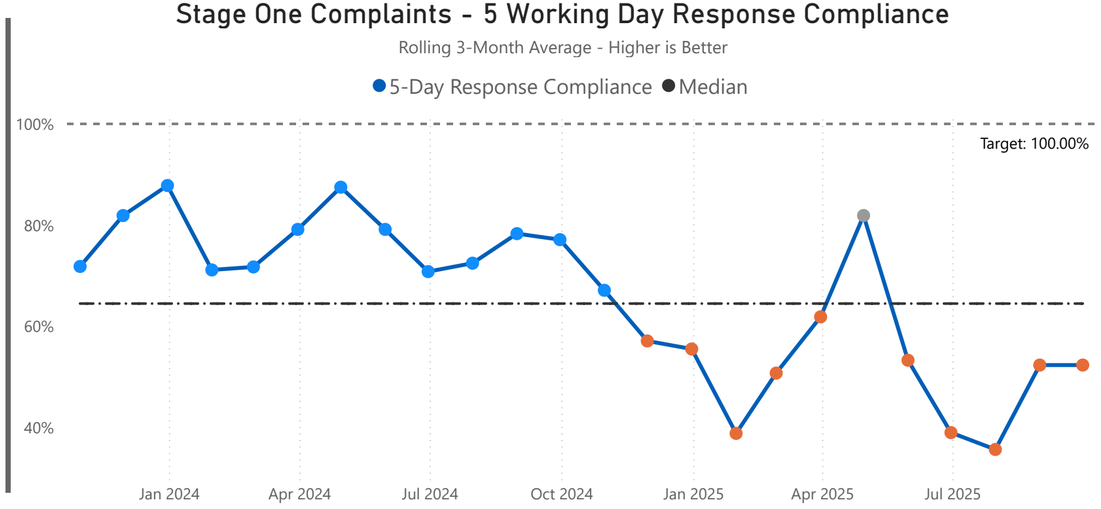
Statistical Process Control

Variance	Description
	Special cause variation of concerning nature due to (L)ower values.

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Stage One - Last 6 Months

Month	Received	Closed < 5 Working Days	%	3-Month Avg. %	Variance
30/04/2025	5	3	60.00%	81.90%	
31/05/2025	3	0	0.00%	53.33%	
30/06/2025	7	4	57.14%	39.05%	
31/07/2025	4	2	50.00%	35.71%	
31/08/2025	8	4	50.00%	52.38%	
30/09/2025	7	4	57.14%	52.38%	



Comments From Executive Lead

There were seven Stage One complaints recorded in the last month. The PSQE team continues to collaborate closely with the relevant responding teams to ensure timely and effective resolution. While there has been improvement compliance has been outside of control limits in recent months considered likely to relate to staffing changes and pressures for senior nursing. Improvement target for next quarter based on targeted workshops on complaint management.

Dr Anna Lamont, Medical Director

Patient Safety, Quality, and Experience
Stage Two Complaints

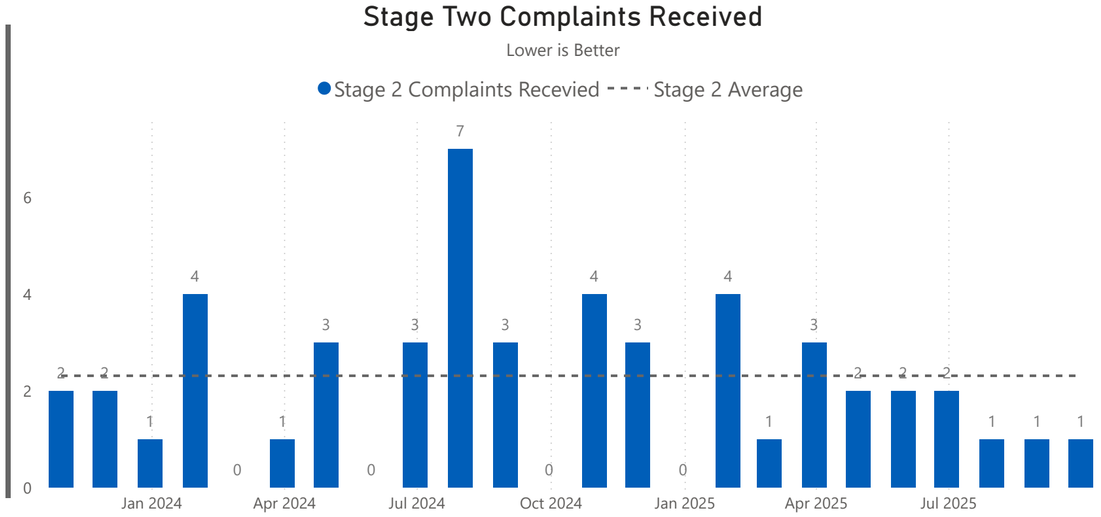
Data Source
Patient Experience Officer

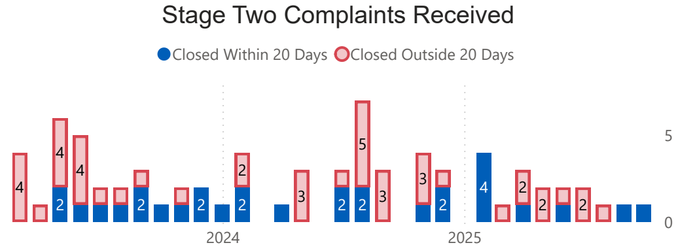
Latest Data
30/09/2025

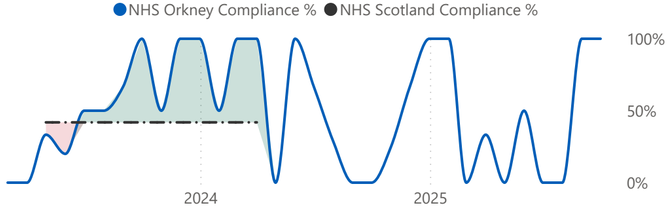
Compliance

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

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







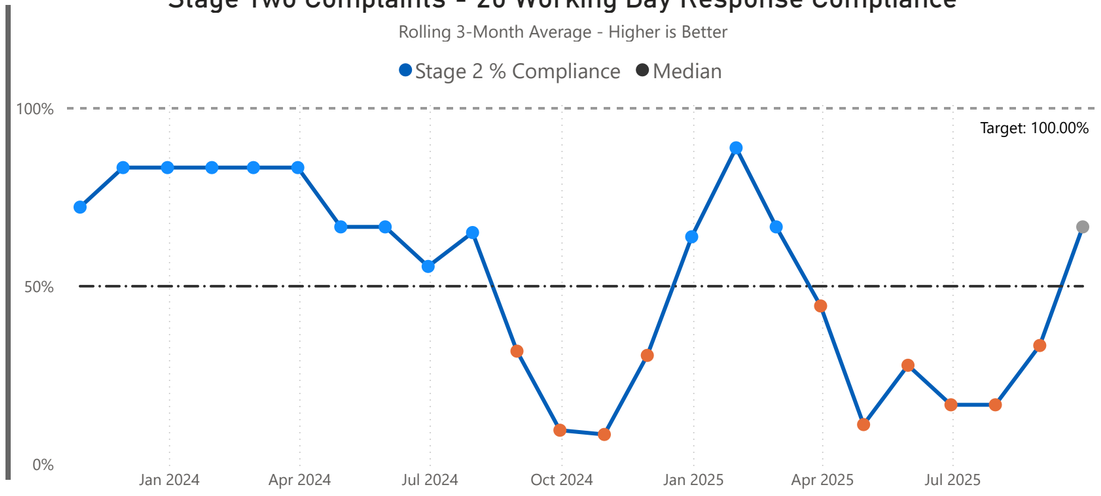
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Stage 2 Complaints	Closed < 20 Working Days	3-Month Avg. %	Variance
30/04/2025	2	0	11.11%	
31/05/2025	2	1	27.78%	
30/06/2025	2	0	16.67%	
31/07/2025	1	0	16.67%	
31/08/2025	1	1	33.33%	
30/09/2025	1	1	66.67%	



Comments From Executive Lead

The number of Stage Two complaints remains low, with one recorded in each of the past two months. These cases are often complex and may require more time to investigate than initially anticipated. Improvement will be targeted through the same workshops for stage one complaints, however given the specific nature of these complaints, an improvement date is not specified.

Dr Anna Lamont, Medical Director

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

Data Source
Patient Experience Officer

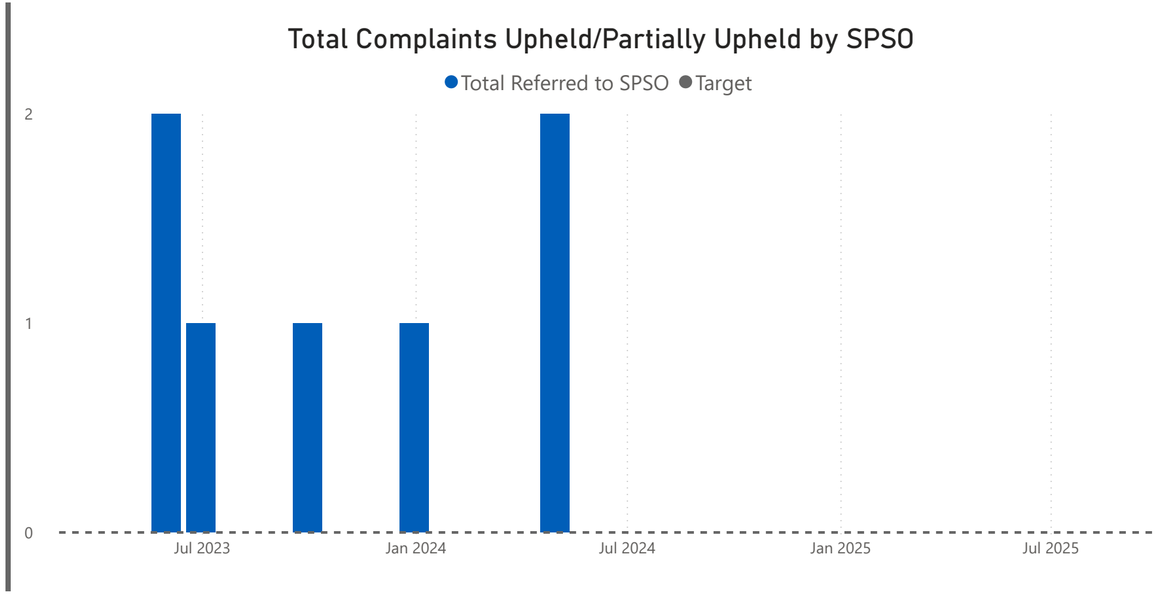
Latest Data
30/09/2025

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

Data Source
Datix, Ward Documentation

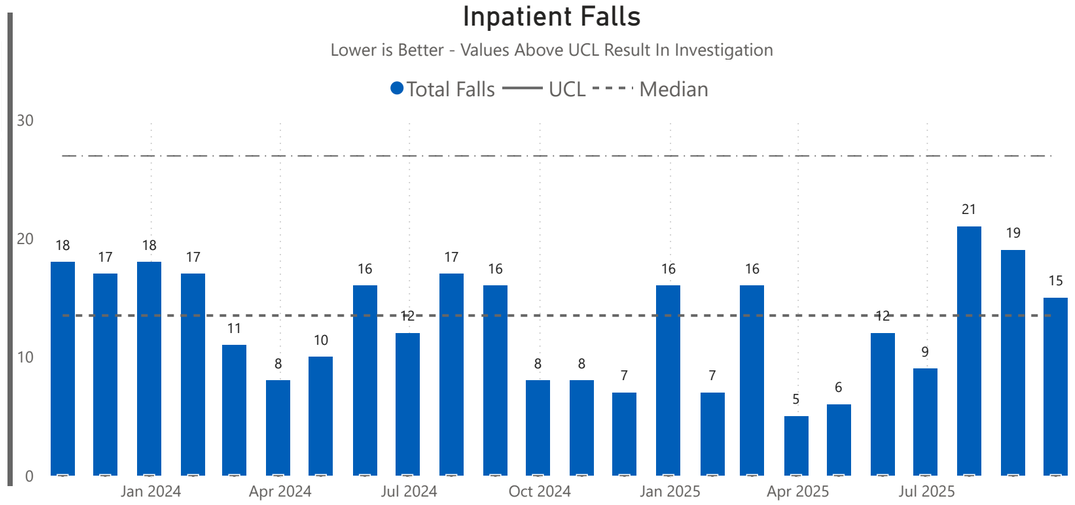
Latest Data
30/09/2025

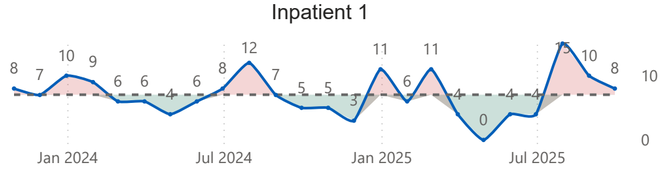
Compliance

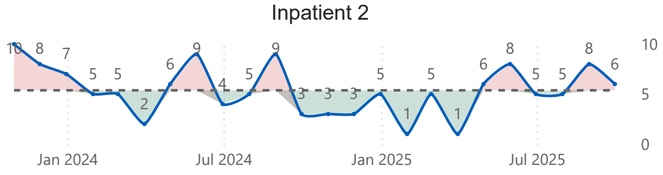
KPI	Target	Actual	RAG Value
Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	0	15	Red

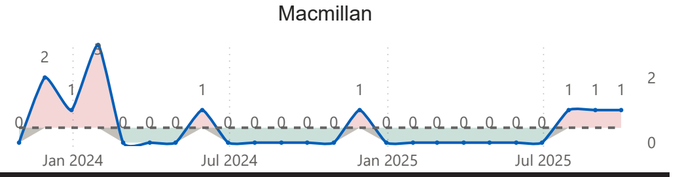
Action	Target Date	Owner	Status

KPI off-target, actions to be updated.









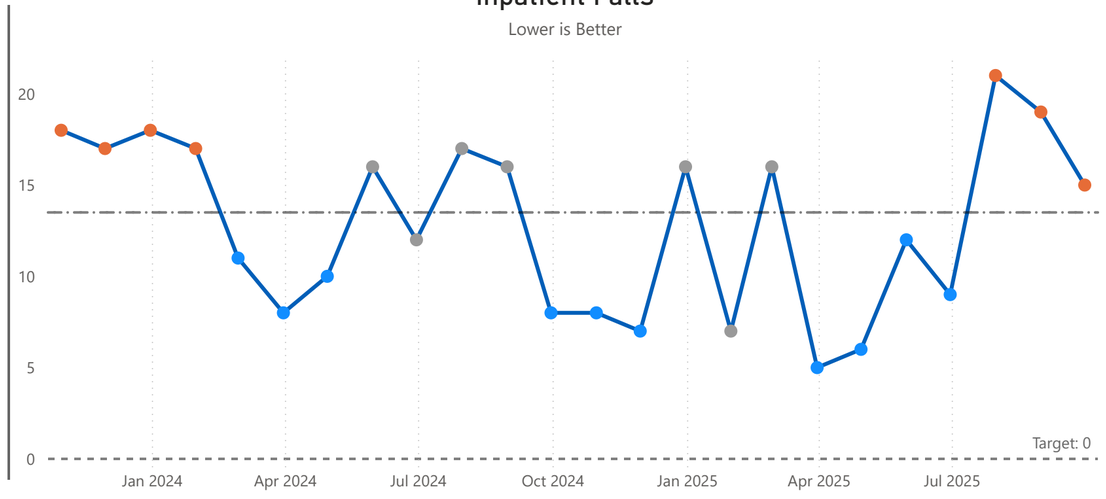
Statistical Process Control

Variance	Description
H	Special cause variation of concerning nature due to (H)igher values.

Assurance	Description
F	Variation indicators consistently (F)alling short of the target.

Last 6 Months

Month	Inpatients 1	Inpatients 2	MacMillan	Total	Variance
30/04/2025	0	6	0	6	
31/05/2025	4	8	0	12	
30/06/2025	4	5	0	9	
31/07/2025	15	5	1	21	
31/08/2025	10	8	1	19	
30/09/2025	8	6	1	15	



Comments From Executive Lead

An improvement in inpatient falls secondary to measures put in place was seen in quarter 2, with an average of 9 falls against an overall median of 13. Due to improvement actions a further decrease to 15 falls across inpatient areas has been seen. Some of the number of falls recorded is due to single patients with known falls risks.

Safety huddles and identification of those at risk of falls including patient placement in visible bed spaces and enhanced observations are in place. Each fall is reviewed by the multi-disciplinary team and support measures instigated as required.

Work continues under the Scottish Patient Safety Programme national initiative on prevention and management of falls, led by the Excellence in Care lead and Senior Charge Nurses.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Patient Safety, Quality, and Experience
Pressure Ulcers

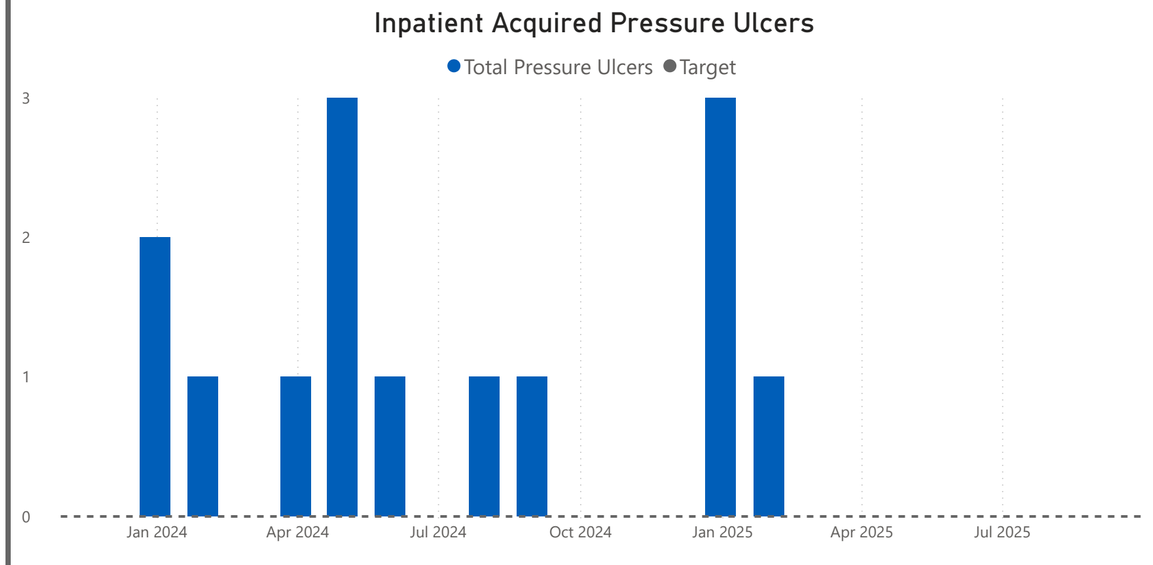
Data Source
Datix, Ward Documentation

Latest Data
30/09/2025

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

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Patient Safety, Quality, and Experience
Incident Reporting and Review

Data Source: Datix

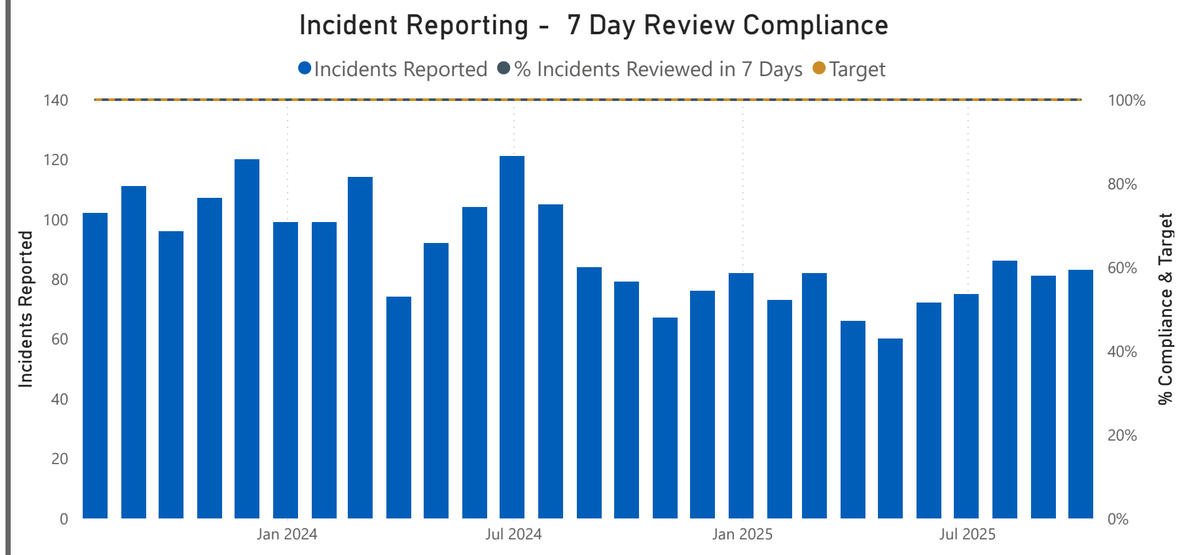
Latest Month: 30/09/2025

Compliance

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

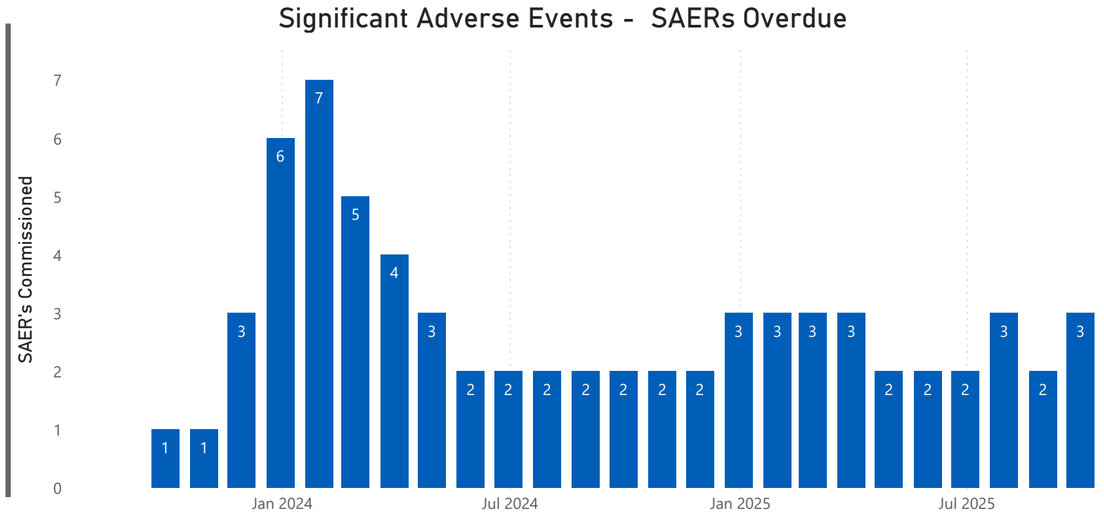
Data Source: Datix

Latest Data: 30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Significant Adverse Event Review Compliance (closed within target date)	100%	25.00%	Red

Action	Target Date	Owner	Status
Monitor and support the timely closure of currently open SAERs via the Clinical Governance Group	31/12/2025	A Lamont	In Progress



Month	SAER's commissioned	SAER's overdue	% SAER Compliance	Target
30/06/2024	1	2	50.00%	100.00%
31/07/2024	0	2	33.40%	100.00%
31/08/2024	1	2	50.00%	100.00%
30/09/2024	0	2	33.40%	100.00%
31/10/2024	0	2	33.40%	100.00%
30/11/2024	0	2	33.40%	100.00%
31/12/2024	0	3	0.00%	100.00%
31/01/2025	0	3	0.00%	100.00%
28/02/2025	0	3	0.00%	100.00%
31/03/2025	0	3	0.00%	100.00%
30/04/2025	2	2	50.00%	100.00%
31/05/2025	0	2	50.00%	100.00%
30/06/2025	0	2	50.00%	100.00%
31/07/2025	0	3	0.00%	100.00%
31/08/2025	0	2	33.40%	100.00%
30/09/2025	1	3	25.00%	100.00%

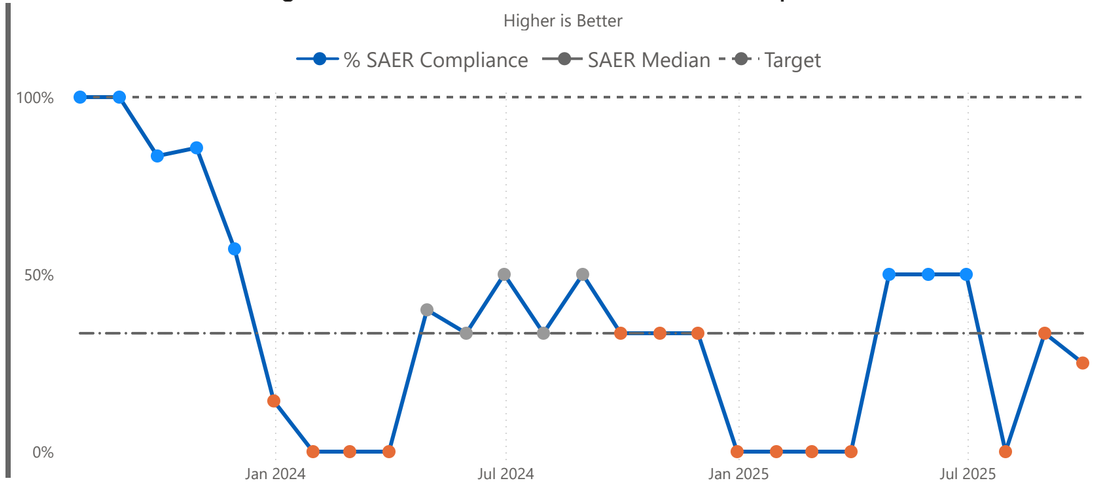
Statistical Process Control

Variance	Description
	Special cause variation of concerning nature due to (L)ower values.

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	SAER's overdue	% SAER Compliance	Target	Variance
30/04/2025	2	50.00%	100.00%	
31/05/2025	2	50.00%	100.00%	
30/06/2025	2	50.00%	100.00%	
31/07/2025	3	0.00%	100.00%	
31/08/2025	2	33.40%	100.00%	
30/09/2025	3	25.00%	100.00%	



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

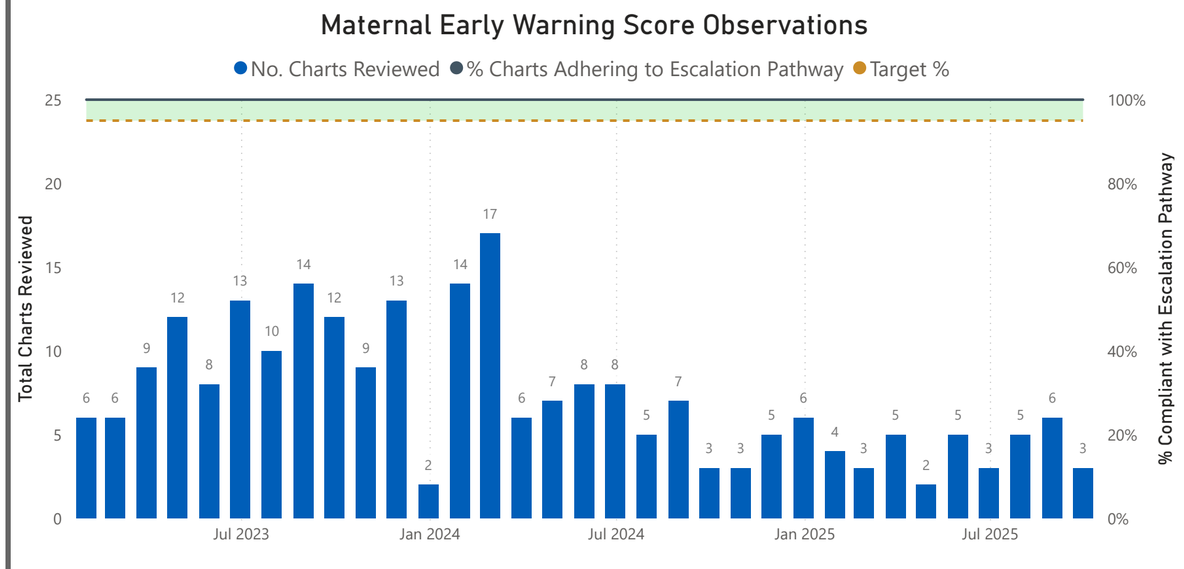
Latest Data
30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Maternal Early Warning Score Escalation	95%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

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

Data Source
Clinical Records

Latest Data
30/09/2025

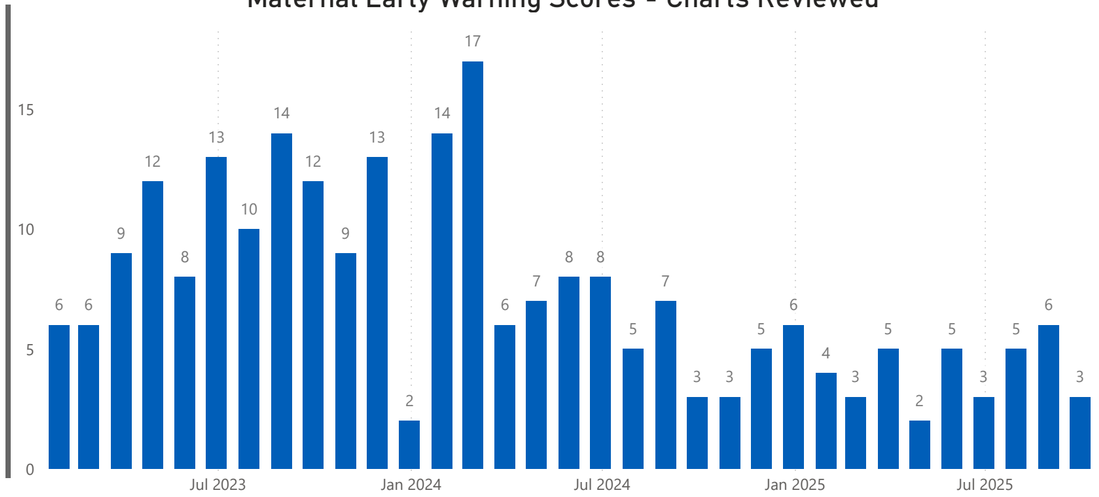
Compliance

KPI	Target	Actual	RAG Value
Maternal Early Warning Score Observations	95%	100%	Green

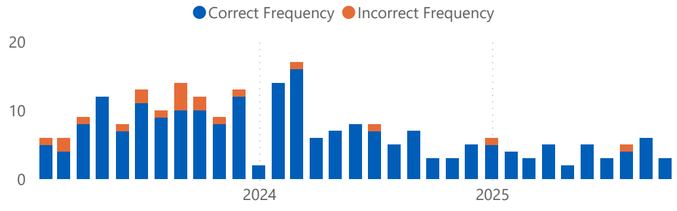
Action	Target Date	Owner	Status

KPI on target, no actions required at this time.

Maternal Early Warning Scores - Charts Reviewed



Maternal Early Warning Scores - Frequencies



Statistical Process Control

Variance **Description**

Common Cause Variation which indicates that there is no significant change in the process

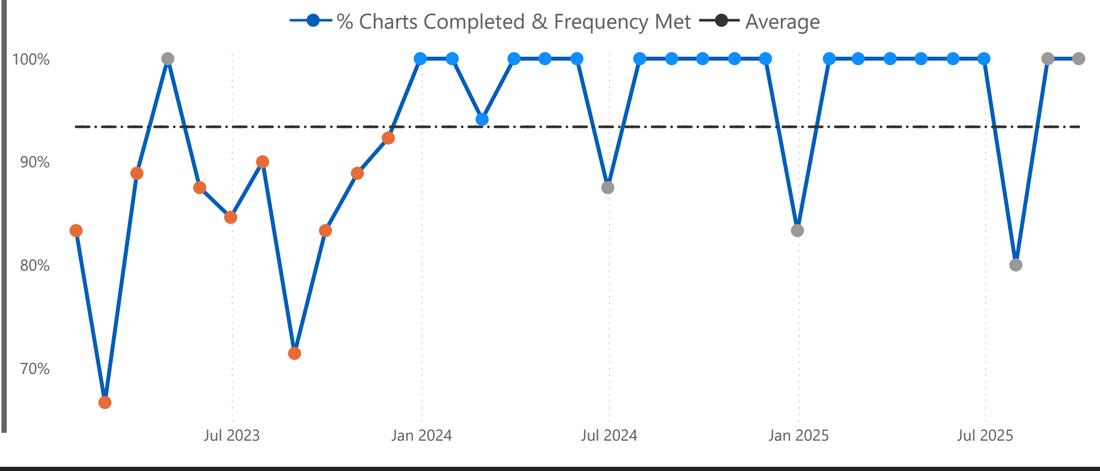
Assurance **Description**

Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Charts Reviewed	Correct Frequency	Compliance %	Variance
30/04/2025	2	2	100.00%	
31/05/2025	5	5	100.00%	
30/06/2025	3	3	100.00%	
31/07/2025	5	4	80.00%	
31/08/2025	6	6	100.00%	
30/09/2025	3	3	100.00%	

Maternal Early Warning Scores - Observation Compliance



Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

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

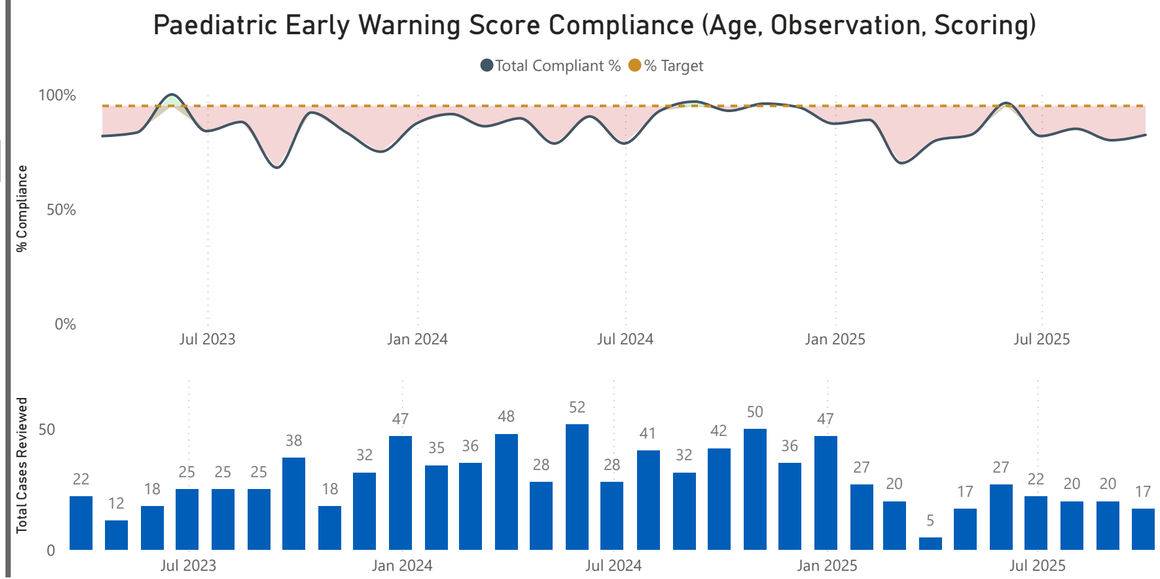
Data Source: Clinical Records

Latest Data: 30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Paediatric Early Warning Score (PEWs) - % Compliance with PEWS Bundle	95%	82.35%	Red

Action	Target Date	Owner	Status
A deep dive on the recording processes around PEWS to be carried out by the Practice Education and Excellence in Care teams.	31/12/2025	S Thomas	Completed
Educational programme to be delivered on processes around completion of PEWS	31/03/2026	S Thomas	In Progress



Comments From Executive Lead

There is now a national target for PEWS and this has been added to the IPR. Work continues around the compliance, but due to the small numbers involved when incomplete chart can reduce the percentage of compliance significantly.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

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

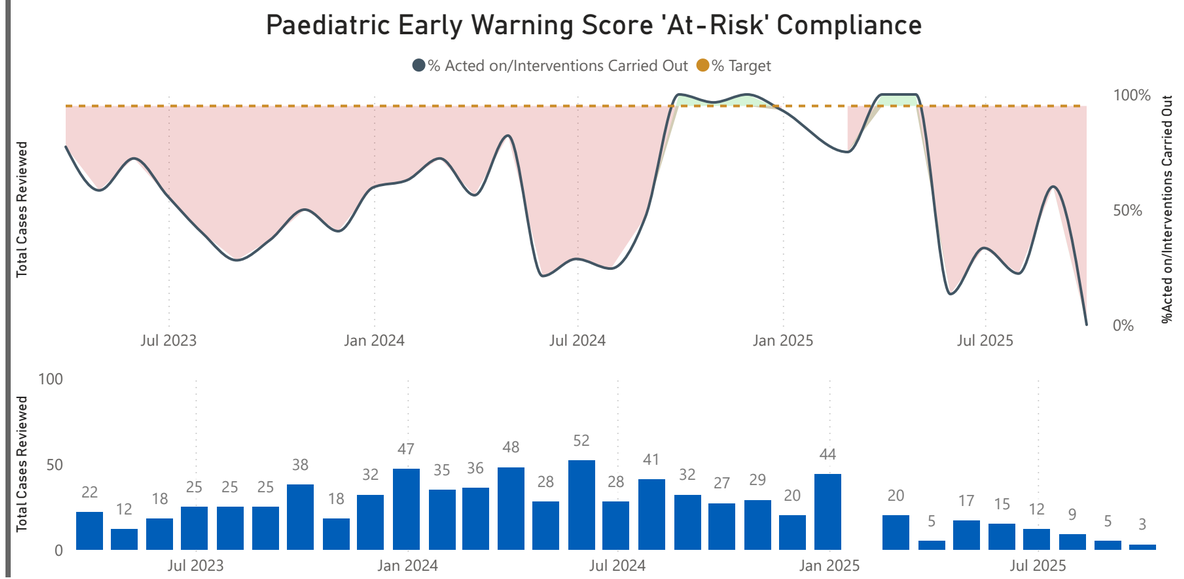
Data Source
Clinical Records

Latest Data
30/09/2025

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
A deep dive on the recording processes around PEWS to be carried out by the Practice Education and Excellence in Care teams.	31/12/2025	S Thomas	Completed
Educational programme to be delivered on processes around completion of PEWS	31/03/2026	S Thomas	In Progress



Comments From Executive Lead

On review of those charted PEWS measures, there are valid reasons for not escalating or completing required information. A deep dive into utilisation and recording of PEWS will be undertaken by Practice Education and Excellence in Care team.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Operational Standards Acute

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

What's Going Well?

- Diagnostics show encouraging progress in cardiology. Compliance improved from 88.89% (July) to 93.10% (September) the newly appointed physiologist who joined in June has moved through induction toward independent practice which has had an impact on performance — providing better resilience and reduced reliance on external provision.

- Overall imaging compliance which dipped due to the local commissioning of MRI has shown continuous improvement in performance, with the important service development which is allowing patients to be seen closer to home. Therefore, progressively reducing travel and local pathway times as the backlog from the transferred waiting list is worked down.

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

- New Outpatients remain materially off-track against the national 12-week standard: compliance has improved but sits at 56.28% (October). Mitigations include an SLA tracker for visiting services, further recruitment activity, and short-term external contracts, but recovery will take sustained capacity and time.

- TTG, while improving, remains below the 100% standard. The principal constraint is downstream capacity (theatres and National Treatment Centres). The push to assess and list long-waiting outpatients has a beneficial effect on timeliness but increases the total number awaiting treatment, creating a risk to percentage compliance if supply does not rise commensurately.

- Diagnostic Endoscopy performance is variable due to reliance on visiting locums. Sessions are scheduled through January 2026, with planning underway beyond that point, but sustainability remains a concern without firmer, longer-term capacity and workforce cover.

- Cancer pathways are fragile at low volumes. The current reported position shows 100% against 31-day and 50% against 62-day standards, reflecting the impact of a small number of breaches on percentage compliance. Each case is reviewed locally and nationally; there is no discernible seasonal or predictive pattern to help target interventions, so continued case-level tracking and escalation are required.

Operational Standards
Accident & Emergency 4-Hour Compliance

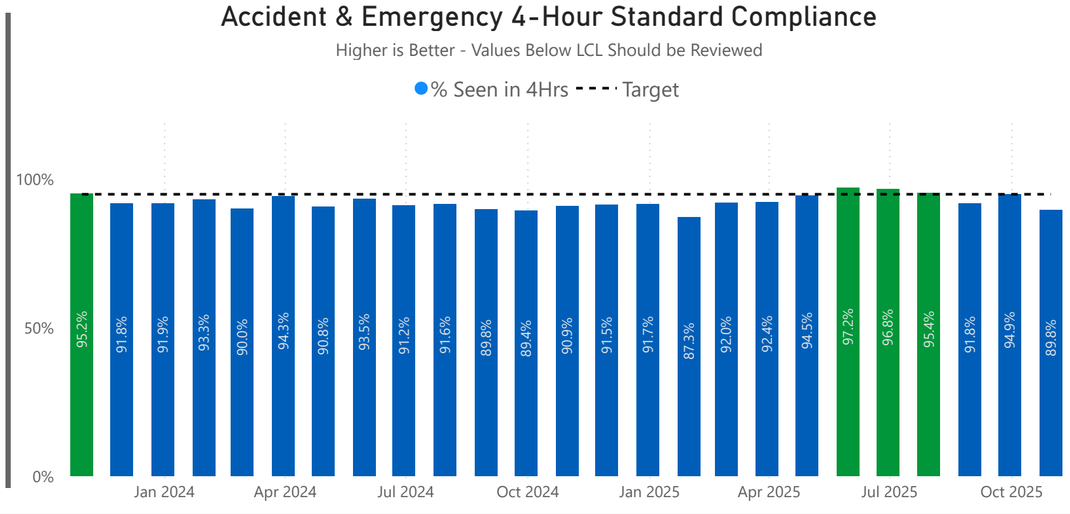
Data Source: PHS A&E Publication, TrakCare

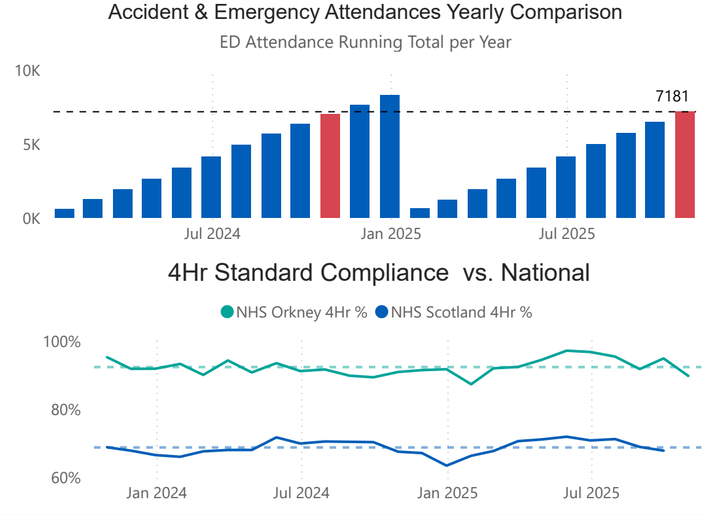
Latest Data: 31/10/2025

Compliance

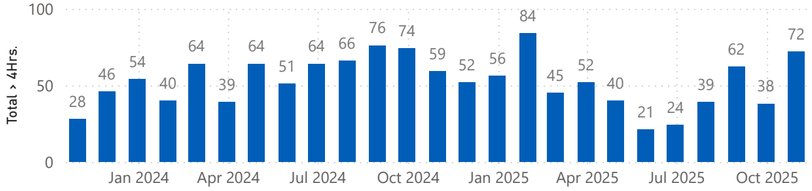
KPI	Target	Actual	RAG Value
95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	95%	89.77%	Amber

Action	Target Date	Owner	Status
Review of Flow Navigation Centre throughput and redirection of pathways.	31/10/2025	S Thomas	Completed
Continued focus on redirection and other avenues of care.	31/12/2025	S Thomas	In Progress

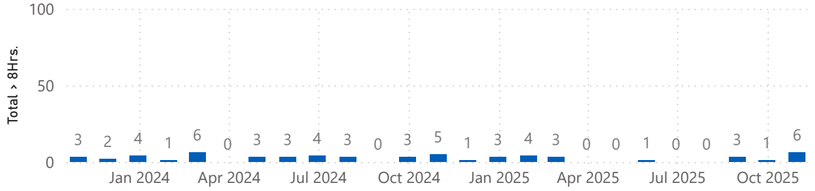




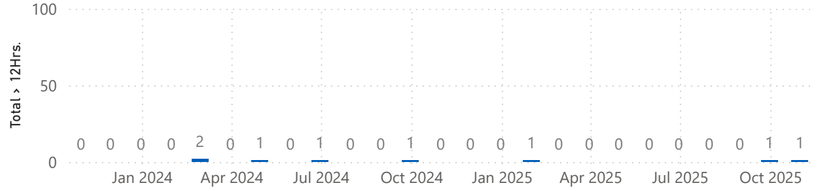
No. of Attendances > 4 Hours



No. of Attendances > 8 Hours



No. of Attendances > 12 Hours



Statistical Process Control

Variance **Description**

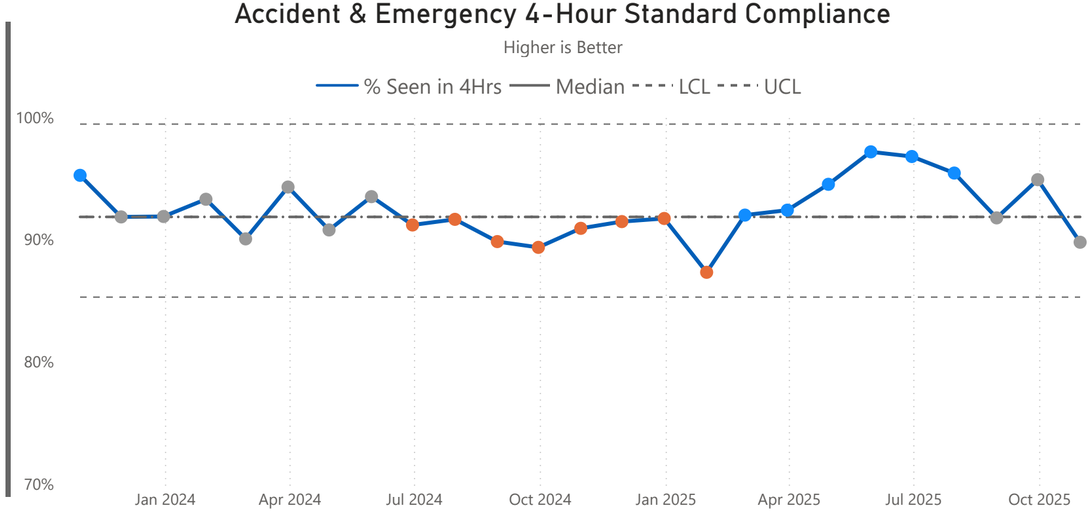
Common Cause Variation which indicates that there is no significant change in the process

Assurance **Description**

Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Attends	> 12Hrs.	> 8Hrs.	> 4Hrs.	% < 4Hrs	Scotland %	Variance
31/05/2025	742	0	1	21	97.17%	71.90%	
30/06/2025	747	0	0	24	96.79%	70.80%	
31/07/2025	854	0	0	39	95.43%	71.20%	
31/08/2025	753	0	3	62	91.77%	68.90%	
30/09/2025	744	1	1	38	94.89%	67.80%	
31/10/2025	704	1	6	72	89.77%		



Comments From Executive Lead

Current ED performance has dipped below 95% this has been due to the increased acuity of patients attending and system flow pressures secondary to increase DTOC numbers. Weekly review of data undertaken.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Operational Standards
Accident & Emergency 12-Hour Compliance

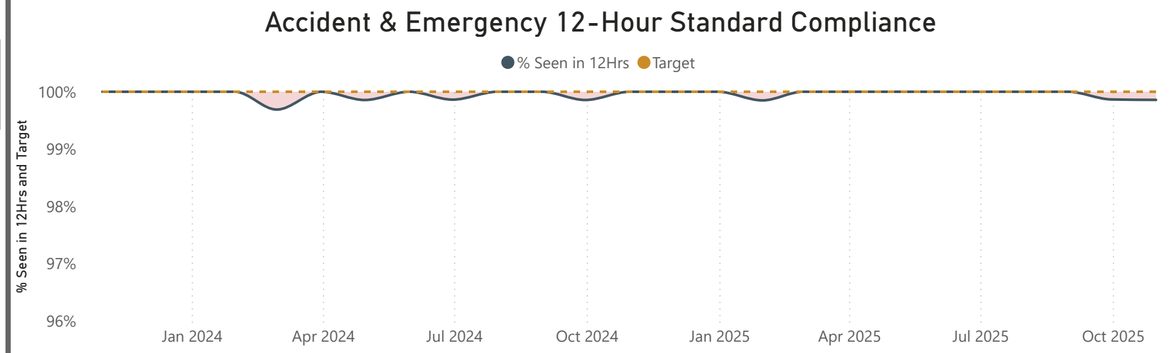
Data Source
PHS A&E Publication, TrakCare

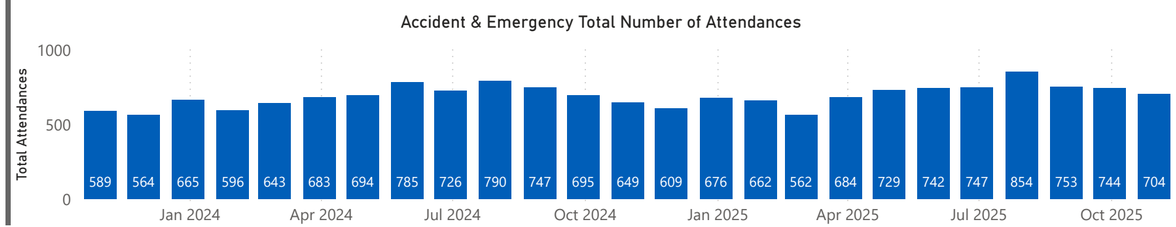
Latest Data
31/10/2025

Compliance

KPI	Target	Actual	RAG Value
Patients wait less than 12 hours to admission, discharge, or transfer from A&E	100%	99.86%	Amber

Action	Target Date	Owner	Status
Review 12-hour waits and reasons leading to breach.	01/11/2025	S Thomas	Completed





Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Operational Standards
Scottish Ambulance Service Turnaround Times

Data Source
SAS Weekly Operational Statistics

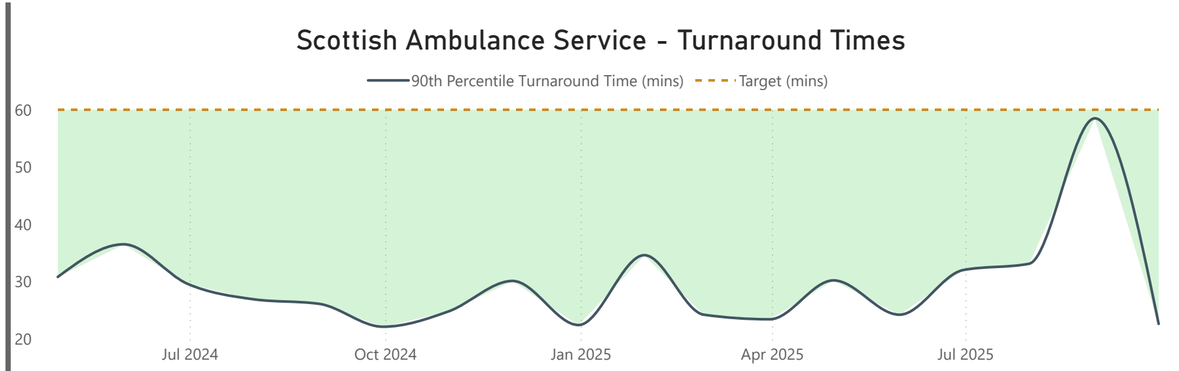
Latest Data
29/09/2025

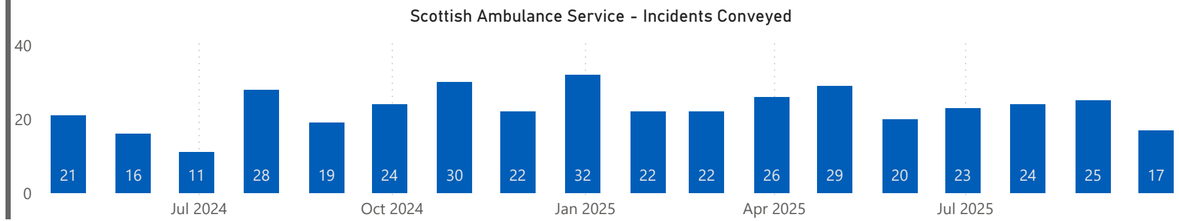
Compliance

KPI	Target	Actual	RAG Value
Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	60:00	00:22:36	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.





Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

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

Data Source
OP Recovery Weekly Return, TrakCare

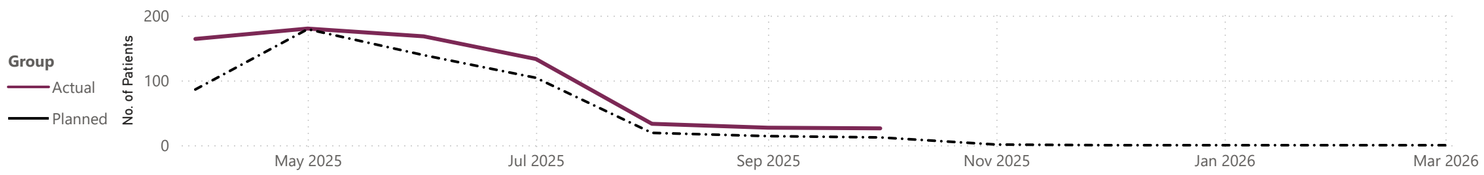
Latest Data
October 2025

Compliance

KPI	Target	Actual	RAG Value
0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	12	55	Amber

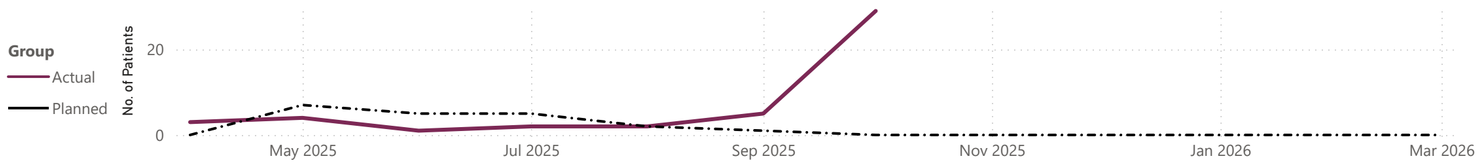
Action	Target Date	Owner	Status
External Capacity Review – Service Level Agreements being reviewed to ensure they meet demand and reduce delays	31/03/2026	C Somerville	In Progress
Internal Capacity Review – Theatre and Outpatient capacity reviews to ensure clinic/theatre utilisation maximised – consider additional or change to schedules	31/03/2026	C Somerville	In Progress
NECU Validation – results from validation to be clinical reviewed and acted on	31/03/2026	C Somerville	In Progress
Waiting Times meeting - review long waits, escalate and track progress	31/03/2026	C Somerville	In Progress

New Outpatients



Specialty	Area	Category	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
All Specialties	New Outpatients	> 52 Weeks	Planned	86	179	139	104	19	14	12	1	0	0	0	0
			Actual	164	180	168	133	33	27	26					
			+/-	78	1	29	29	14	13	14	0	0	0	0	0

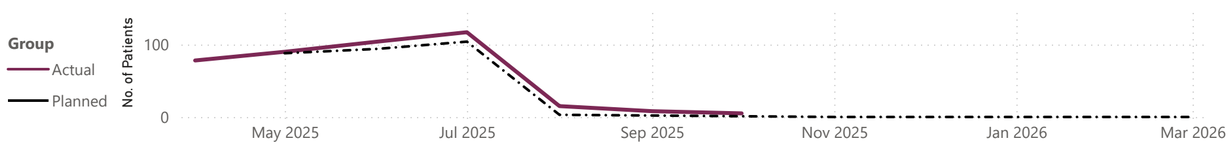
Treatment Time Guarantee



Specialty	Area	Category	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
All Specialties	Treatment Time Guarantee	> 52 Weeks	Planned	0	7	5	5	2	1	0	0	0	0	0	0
			Actual	3	4	1	2	2	5	29					
			+/-	3	-3	-4	-3	0	4	29	0	0	0	0	0

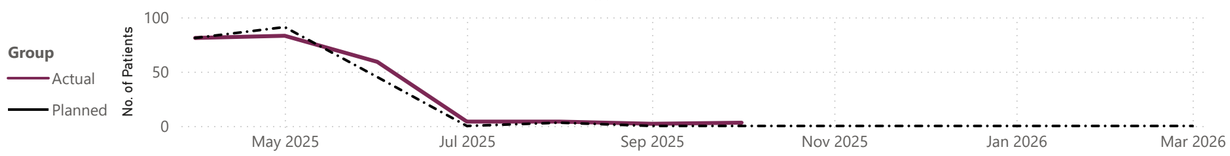
New Outpatients

Ear, Nose, and Throat 52-Week Waits



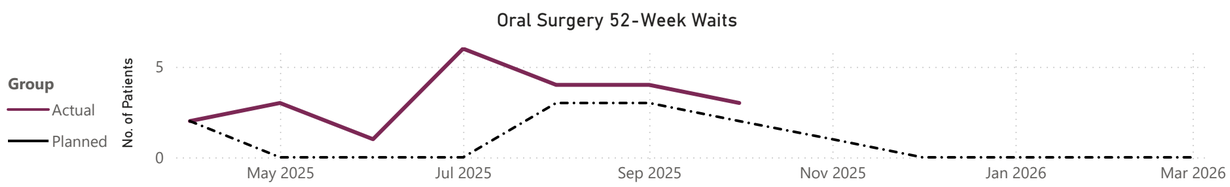
Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Ear, Nose, and Throat	Planned		88	94	104	3	2	1	0	0	0	0	0
	Actual	78	90	104	117	15	8	5					
	+/-	78	2	10	13	12	6	4					

Ophthalmology 52-Week Waits



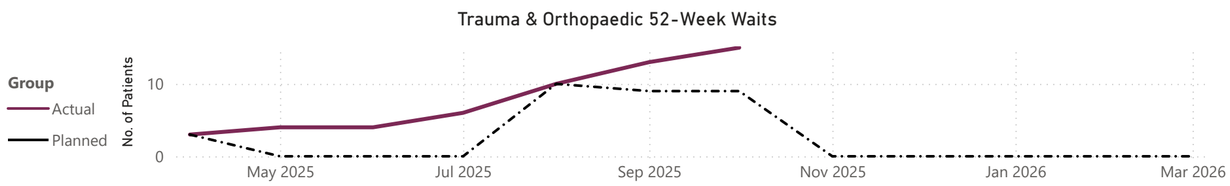
Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Ophthalmology	Planned	81	91	45	0	3	0	0	0	0	0	0	0
	Actual	81	83	59	4	4	2	3					
	+/-	0	-8	14	4	1	2	3					

Oral Surgery 52-Week Waits



Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Oral Surgery	Planned	2	0	0	0	3	3	2	1	0	0	0	0
	Actual	2	3	1	6	4	4	3					
	+/-	0	3	1	6	1	1	1					

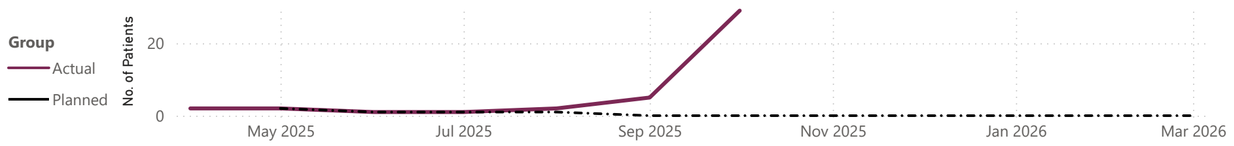
Trauma & Orthopaedic 52-Week Waits



Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Trauma & Orthopaedic	Planned	3	0	0	0	10	9	9	0	0	0	0	0
	Actual	3	4	4	6	10	13	15					
	+/-	0	4	4	6	0	4	6					

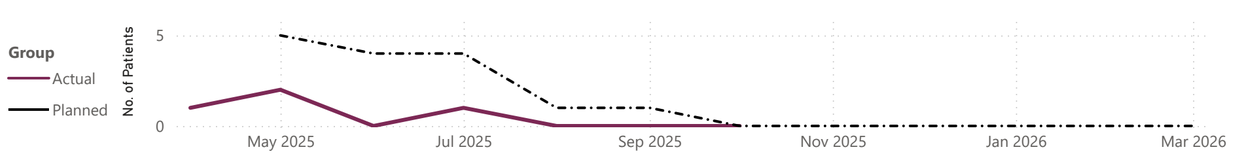
Treatment Time Guarantee

Ophthalmology 52-Week Waits



Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Ophthalmology	Planned		2	1	1	1	0	0	0	0	0	0	0
	Actual	2	2	1	1	2	5	29					
	+/-	2	0	0	0	1	5	29					

Trauma & Orthopaedic 52-Week Waits



Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Trauma & Orthopaedic	Planned		5	4	4	1	1	0	0	0	0	0	0
	Actual	1	2	0	1	0	0	0					
	+/-	1	-3	-4	-3	-1	-1	0					

Comments From Executive Lead

We are on track to deliver 0 patients waiting more than 52 weeks by the end of March 2026 across all specialties. Additional funding providing to support new outpatient activity in Ophthalmology and Ear, Nose and Throat is supporting the delivery of this position. The team are working closely with the Golden Jubilee to ensure maximum use of our allocation for our longest waiting Trauma and Orthopaedic patients.

At the end of October 2025, Ophthalmology TTG patients represent the largest portion of patients waiting more than 52 weeks. There are currently 29 such patients but of these 29, 26 have an appointment booked, 1 is currently unavailable, with those unappointed set to be seen in December or January.

Tammy Sharp, Director of Performance and Transformation & Deputy Chief Executive Officer

Operational Standards
New Outpatients (NOP) 12 Week Compliance

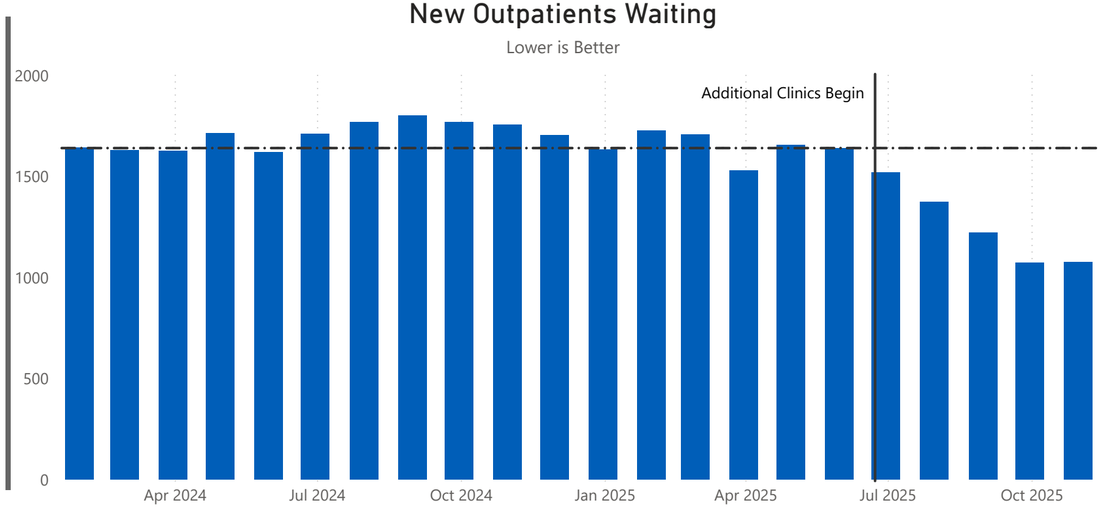
Data Source: OP Recovery Weekly Return

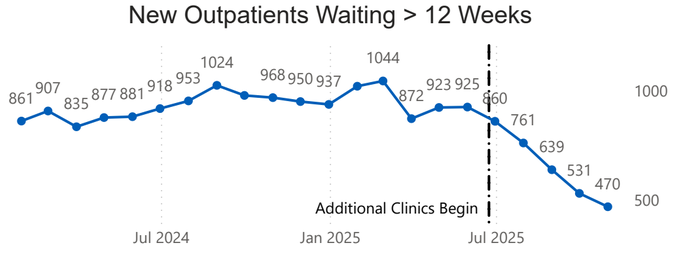
Latest Data: 31/10/2025

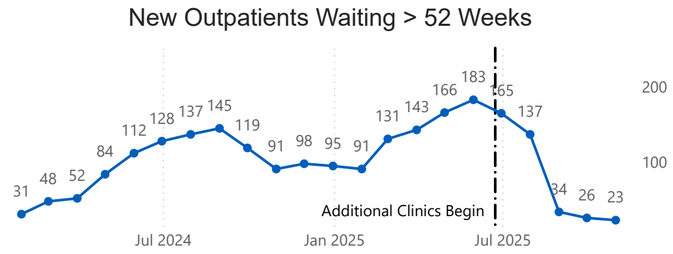
Compliance

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%	56.28%	Red

Action	Target Date	Owner	Status
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 16 – 19 September 2025	21/10/2025	C Somerville	Completed
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 20 – 24 October 2025	02/12/2025	C Somerville	Completed
Demand and Capacity Planning templates to be agreed and reviewed by speciality for 2025/26 activity.	30/01/2026	C Somerville	In Progress
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 15 – 18 December 2025	26/02/2026	C Somerville	In Progress
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	26/02/2026	C Somerville	In Progress







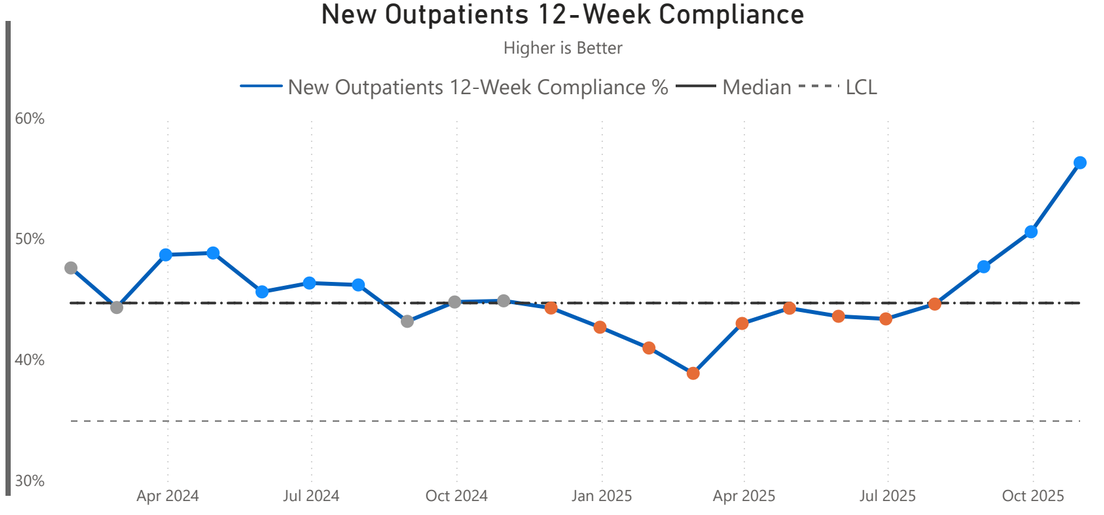
Statistical Process Control

Variance	Description
H	Special cause variation of improving nature due to (H)igher values.

Assurance	Description
F	Variation indicates consistently (F)alling short of the target.

Last 6 Months

Month	Waiting	> 52Wks.	> 26Wks.	> 12Wks.	12Wk Compliance	Variance
31/05/2025	1639	183	614	925	43.56%	
30/06/2025	1518	165	532	860	43.35%	
31/07/2025	1373	137	416	761	44.57%	
31/08/2025	1221	34	296	639	47.67%	
30/09/2025	1074	26	221	531	50.56%	
31/10/2025	1075	23	212	470	56.28%	



Comments From Executive Lead

New Outpatient performance against the 12-week standard remains well below the 95% target but is showing signs of recovery. Compliance at 56.28%. Additional clinics are scheduled, and performance challenges are being escalated as needed. The number of patients waiting more than 52 weeks has fallen sharply from 183 in May to 55 in October. This indicates that recent additional capacity has been used effectively to tackle the longest waits and stabilise overall performance.

Progress, however, is modest and fragile. Consultant workforce shortages, particularly in visiting services, continue to constrain capacity, and recovery remains dependent on external support and short-term contracts. Sustained improvement will require ongoing investment and collaboration with partner boards to deliver consistent outpatient activity and consolidate the gains made.

Dr Anna Lamont, Medical Director

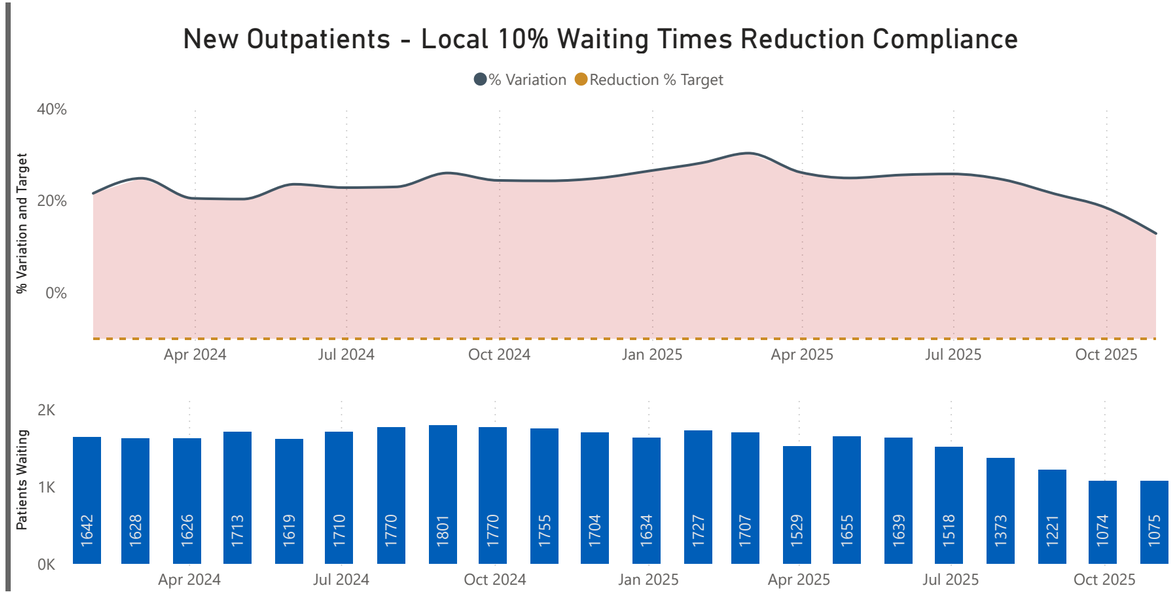
Operational Standards
New Outpatients (NOP) Local Improvement Target

Data Source	Latest Data
OP Recovery Weekly Return	31/10/2025

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for New Outpatients	-10%	12.85%	Amber

Action	Target Date	Owner	Status
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 16 – 19 September 2025	21/10/2025	C Somerville	Completed
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 20 – 24 October 2025	02/12/2025	C Somerville	Completed
Additional Ophthalmology Waiting List Initiative outpatient clinics to take place 15 – 18 December 2025	26/02/2026	C Somerville	In Progress
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	26/02/2026	C Somerville	In Progress



Comments From Executive Lead

Month-on-month improvements noted. Current change shows an increase of 12.85%, a reasonable improvement over the previous position of 18.57% but the target remains unmet.

Dr Anna Lamont, Medical Director

Operational Standards
Treatment Time Guarantee (TTG) 12 Week Compliance

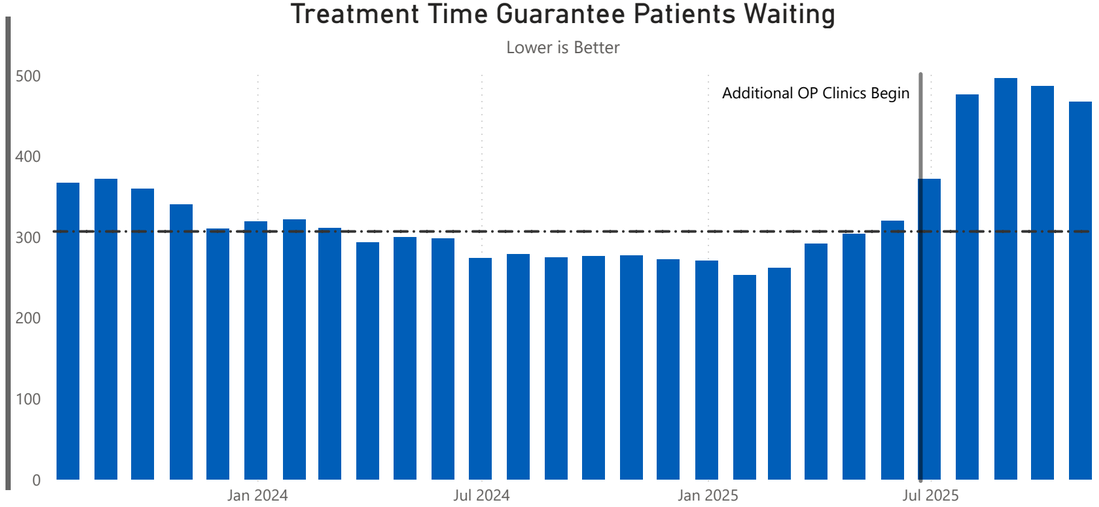
Data Source: TTG Weekly Return

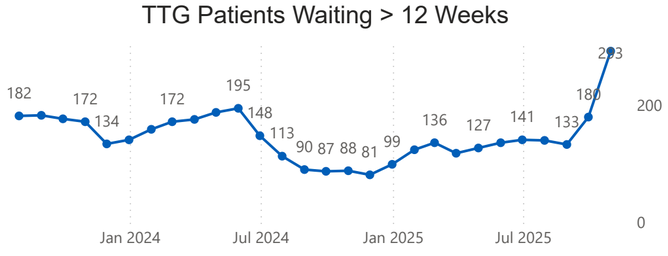
Latest Data: 31/10/2025

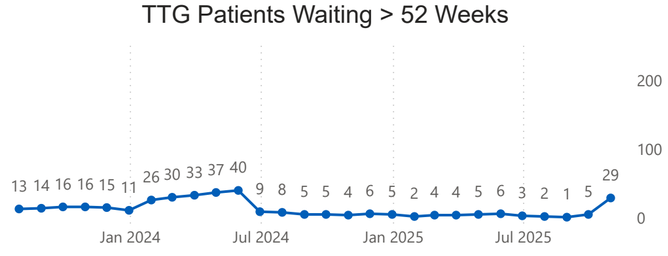
Compliance

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)	100%	40.93%	Red

Action	Target Date	Owner	Status
Demand and Capacity Planning templates to be agreed and reviewed by speciality for 2025/26 activity.	30/01/2026	C Somerville	In Progress
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	26/02/2026	C Somerville	In Progress







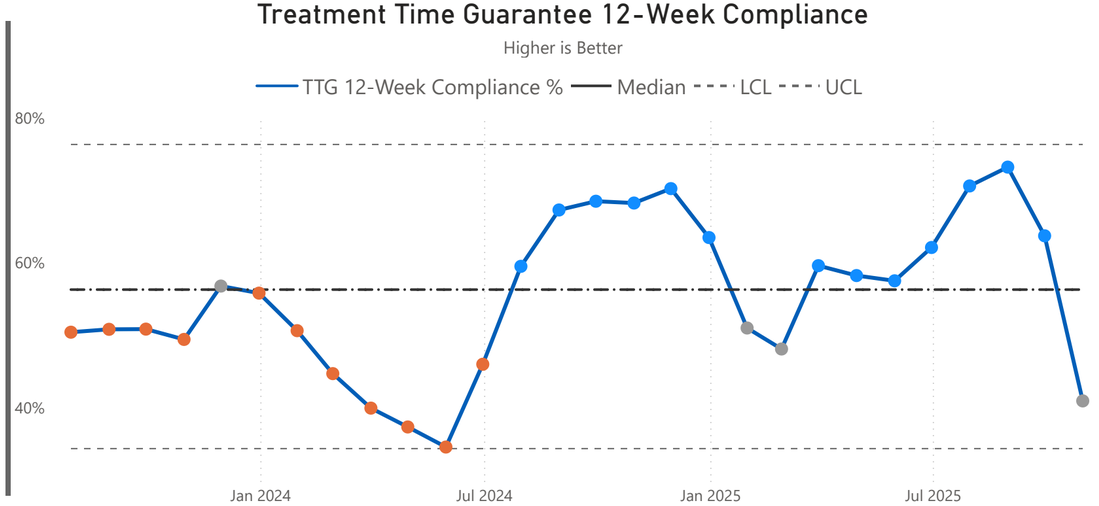
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
F	Variation indicates consistently (F)alling short of the target.

Last 6 Months

Month	Waiting	> 52 Wks.	> 26 Wks.	> 12 Wks.	12Wk. Compliance	Variance
31/05/2025	320	6	82	136	57.50%	
30/06/2025	372	3	72	141	62.10%	
31/07/2025	476	2	61	140	70.59%	
31/08/2025	496	1	57	133	73.19%	
30/09/2025	487	5	68	180	63.71%	
31/10/2025	467	29	77	293	40.93%	



Comments From Executive Lead

Compliance at 40.93% against a target of 100%. The rise in patient referrals and outpatient shows progress. Although in Orkney theatre capacity and access to external pathways present challenges, these will be addressed through collaborative planning. The additional outpatient clinic capacity which has been secured through non-recurring funding, is a sign of the benefits for Orkney patients. We will continue to use this improvement to review and refine pathways and optimise performance to deliver the best patient experience possible.

Dr Anna Lamont, Medical Director

Operational Standards
Treatment Time Guarantee (TTG) Local Improvement Target

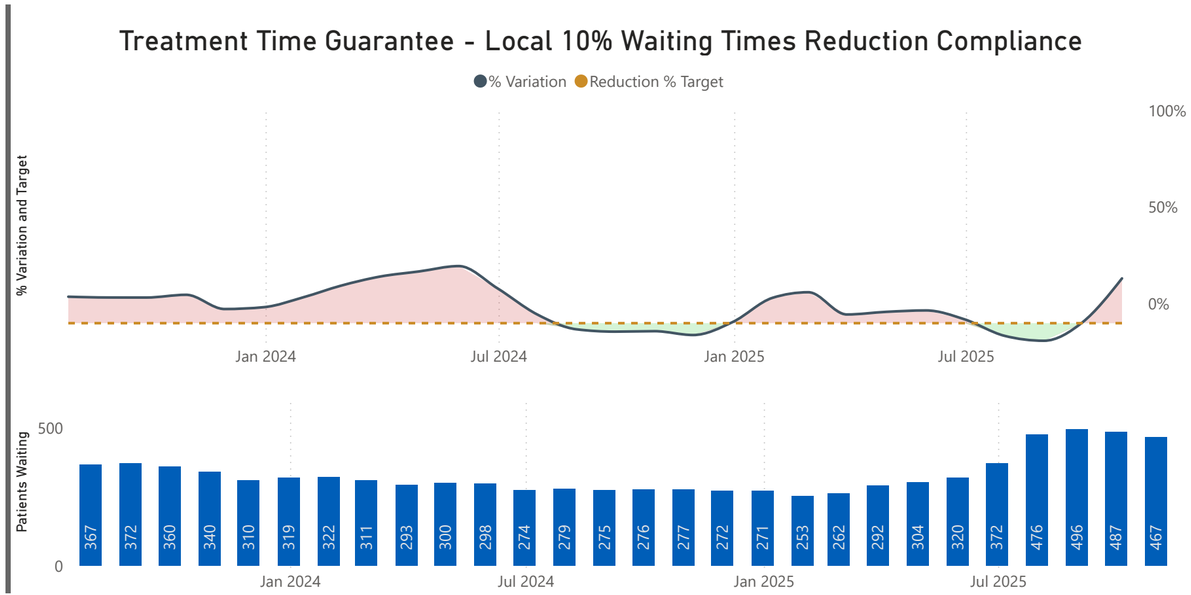
Data Source: TTG Weekly Return

Latest Data: 31/10/2025

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for Treatment Time Guarantee patients	-10%	13.16%	Red

Action	Target Date	Owner	Status
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	26/02/2026	C Somerville	In Progress
Weekly Waiting Times to review ongoing inpatient demand following additional outpatient clinics, to address gaps in capacity	30/01/2026	C Somerville	In Progress



Comments From Executive Lead

A 10% reduction was the goal, actual performance shows a 13.16% increase. External recruitment and commissioned service reviews are ongoing to stabilise treatment pathways. 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

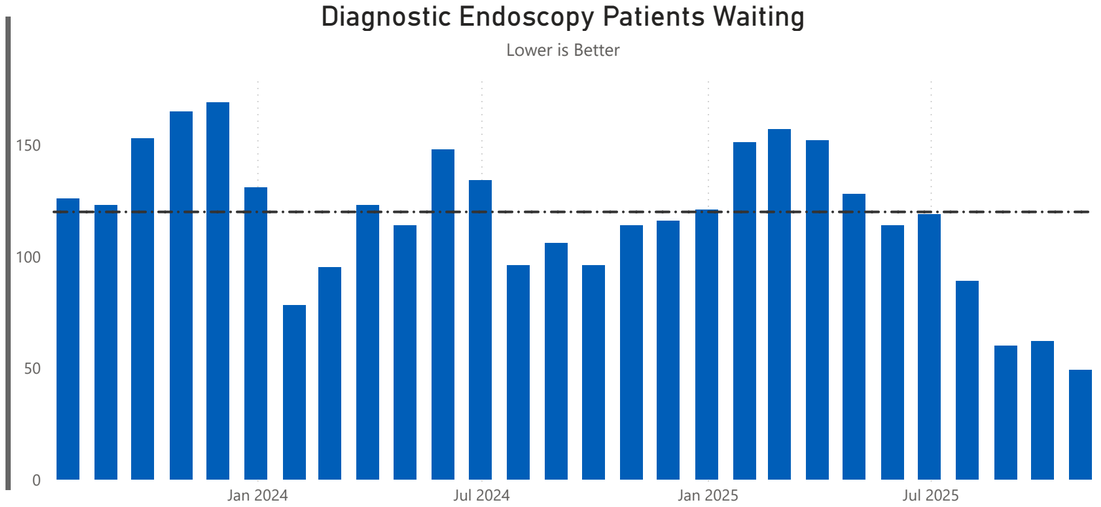
Data Source: DMMI Monthly Return

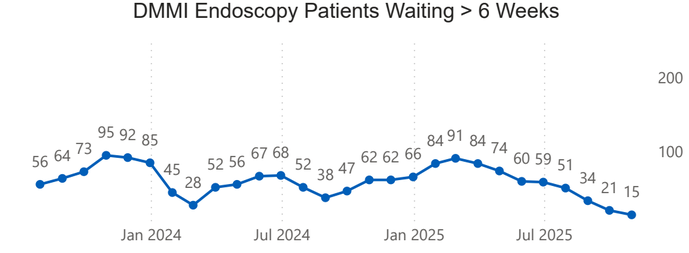
Latest Data: 31/10/2025

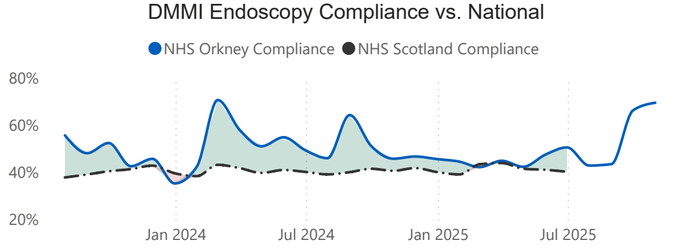
Compliance

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%	69.39%	Amber

Action	Target Date	Owner	Status
Endoscopy short life Focus Group which is chaired by Medical Director meet and identify then address recommendations from 2024 CfSD peer review.	30/10/2025	A Lamont	Off Track
Endoscopy Waits will be captured through weekly Waiting Times meeting and challenges address or escalated as required	25/11/2025	C Somerville	In Progress







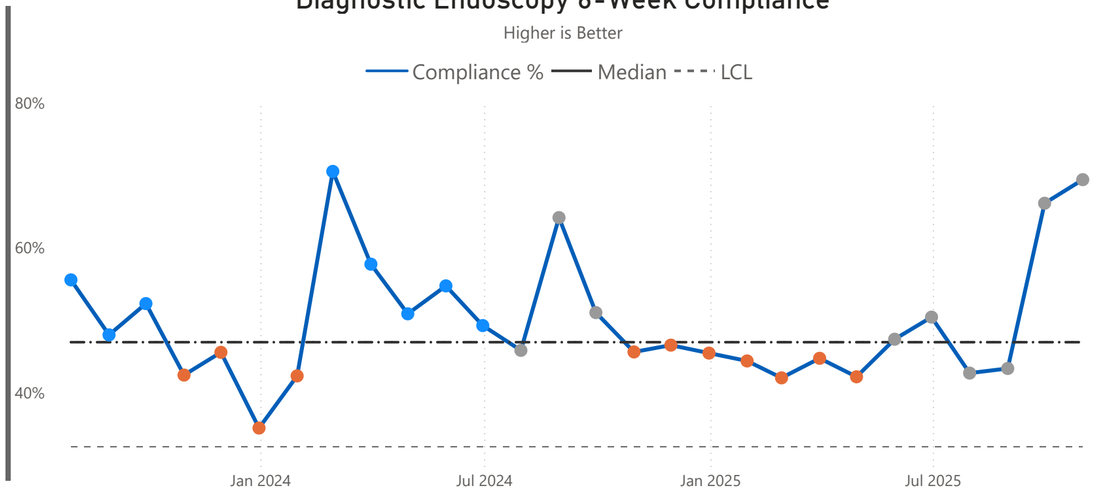
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
F	Variation indicates consistently (F)alling short of the target.

Last 6 Months

Month	Waiting	Over 6Wks	% Compliance	Target	Variance
31/05/2025	114	60	47.37%	100.00%	
30/06/2025	119	59	50.42%	100.00%	
31/07/2025	89	51	42.70%	100.00%	
31/08/2025	60	34	43.33%	100.00%	
30/09/2025	62	21	66.13%	100.00%	
31/10/2025	49	15	69.39%	100.00%	



Comments From Executive Lead

Compliance is at 69.39% compared to 66.13% for the last reporting period which is assessed as not a significant change but remains well below the 100% target. The trend has been variable, reflecting reliance on visiting locums and inconsistent service provision. Planning continues to ensure capacity is available. Increase in the number of sessions and increased scrutiny of performance data is reflected in the number of patients waiting for diagnostic endoscopy.

Dr Anna Lamont, Medical Director

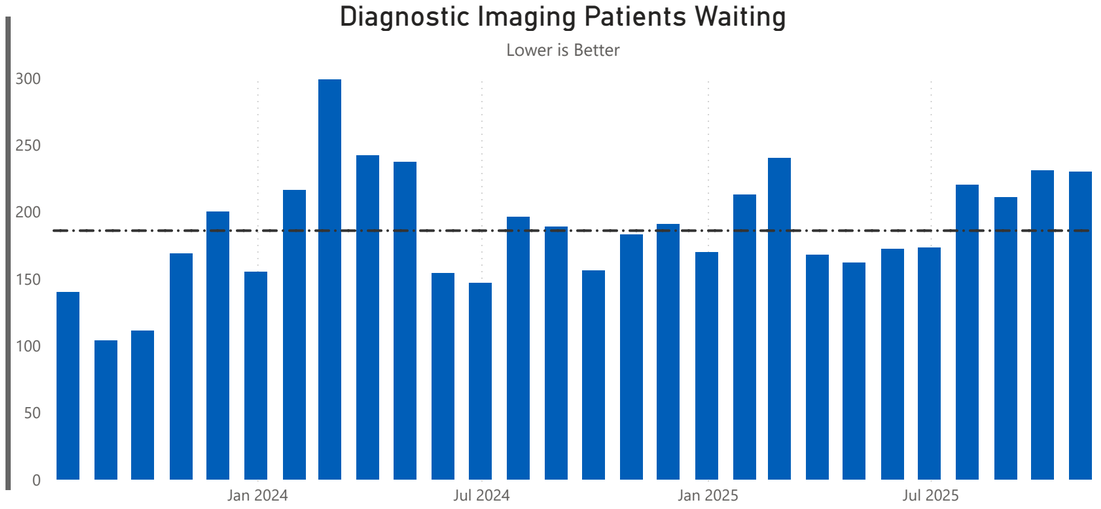
Operational Standards
Diagnostic Imaging 6 Week Compliance

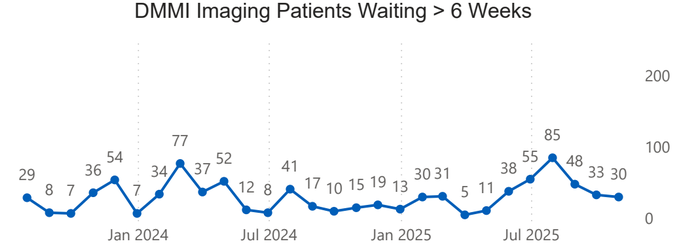
Data Source	Latest Data
DMMI Monthly Return	31/10/2025

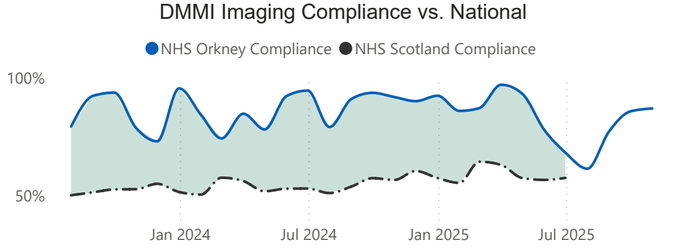
Compliance

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%	86.96%	Amber

Action	Target Date	Owner	Status
Local prostate MRI scanning to be validated by NHS Grampian to allow patients to be repatriated to Orkney for diagnostics.	14/11/2025	A Lamont	In Progress







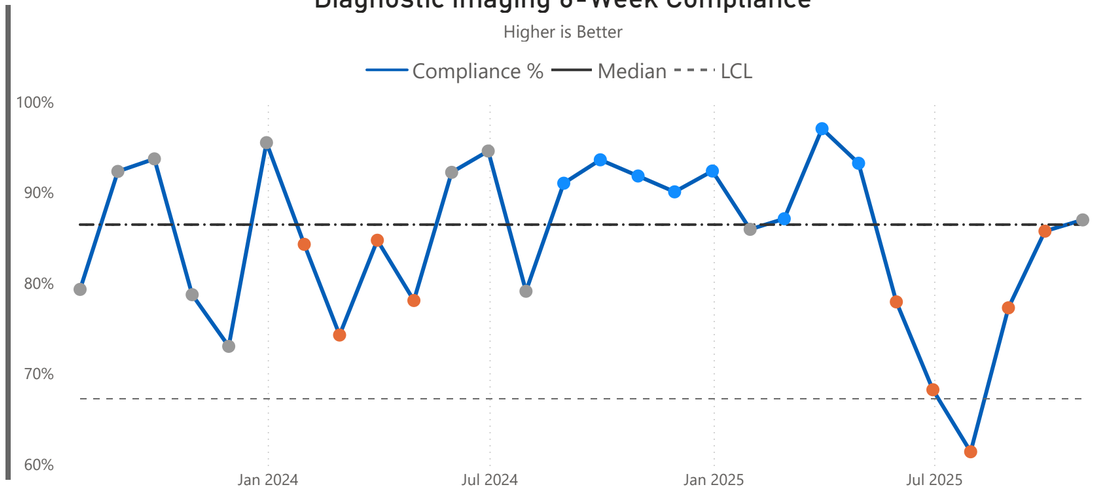
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates consistently (F)alling short of the target.

Last 6 Months

Month	Waiting	Over 6Wks	% Compliance	Target	Variance
31/05/2025	172	38	77.91%	100.00%	
30/06/2025	173	55	68.21%	100.00%	
31/07/2025	220	85	61.36%	100.00%	
31/08/2025	211	48	77.25%	100.00%	
30/09/2025	231	33	85.71%	100.00%	
31/10/2025	230	30	86.96%	100.00%	



Comments From Executive Lead

Compliance at 86.96% compared to a target of 100%. Compliance dipped due to the transfer of MRI waiting lists from NHS Grampian.

Dr Anna Lamont, Medical Director

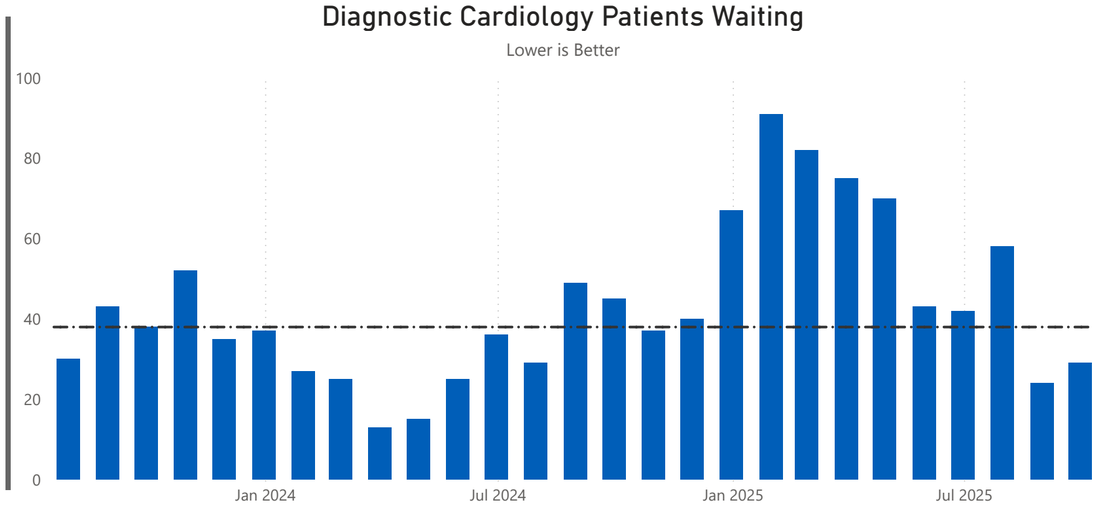
Operational Standards
Diagnostic Cardiology 6 Week Compliance

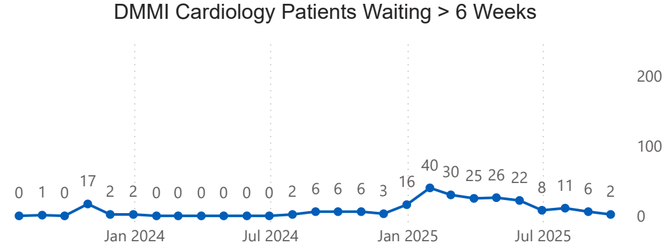
Data Source	Latest Data
DMMI Monthly Return	30/09/2025

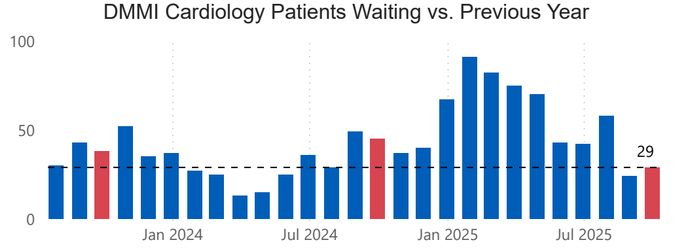
Compliance

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%	93.10%	Amber

Action	Target Date	Owner	Status
Complete induction and supervision for the new physiologist, enabling independent practice by September–October 2025.	01/10/2025	A Lamont	Off Track
Continue proactive monitoring of waiting lists and rapid adjustment of locum support to avoid future backlog.	01/10/2025	A Lamont	Off Track
Integrate cardiology planning within the Clinical Services Review (CSR) to develop a sustainable long-term workforce and service model.	01/10/2025	A Lamont	Off Track
Maintain close liaison between operational managers and clinical leads to anticipate and respond to any capacity constraints	01/10/2025	A Lamont	Off Track







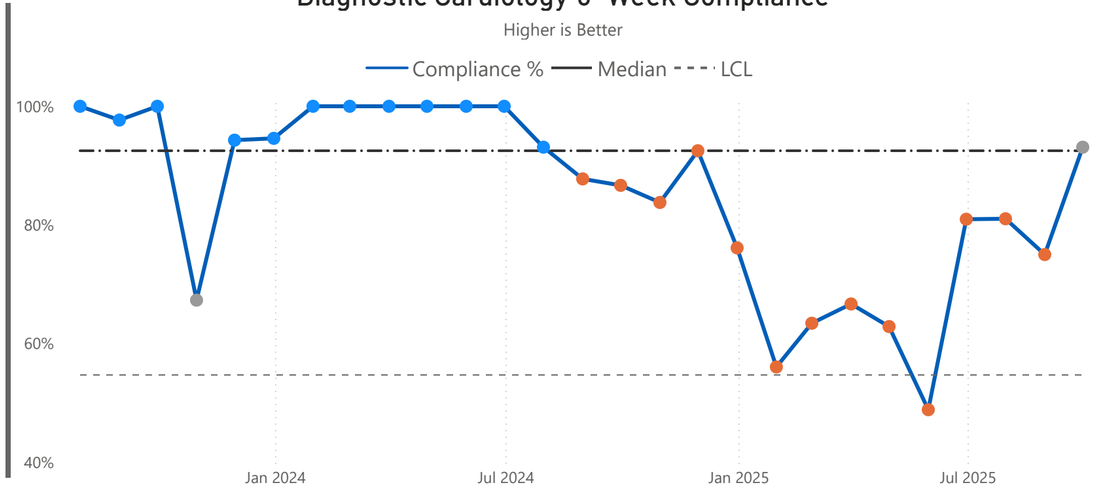
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Waiting	Over 6Wks	% Compliance	Target	Variance
30/04/2025	70	26	62.86%	100.00%	
31/05/2025	43	22	48.84%	100.00%	
30/06/2025	42	8	80.95%	100.00%	
31/07/2025	58	11	81.03%	100.00%	
31/08/2025	24	6	75.00%	100.00%	
30/09/2025	29	2	93.10%	100.00%	



Comments From Executive Lead

Compliance with the six-week diagnostic cardiology standard has improved significantly, rising from 88.89% in July 2025 to 93.10% in September 2025.

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

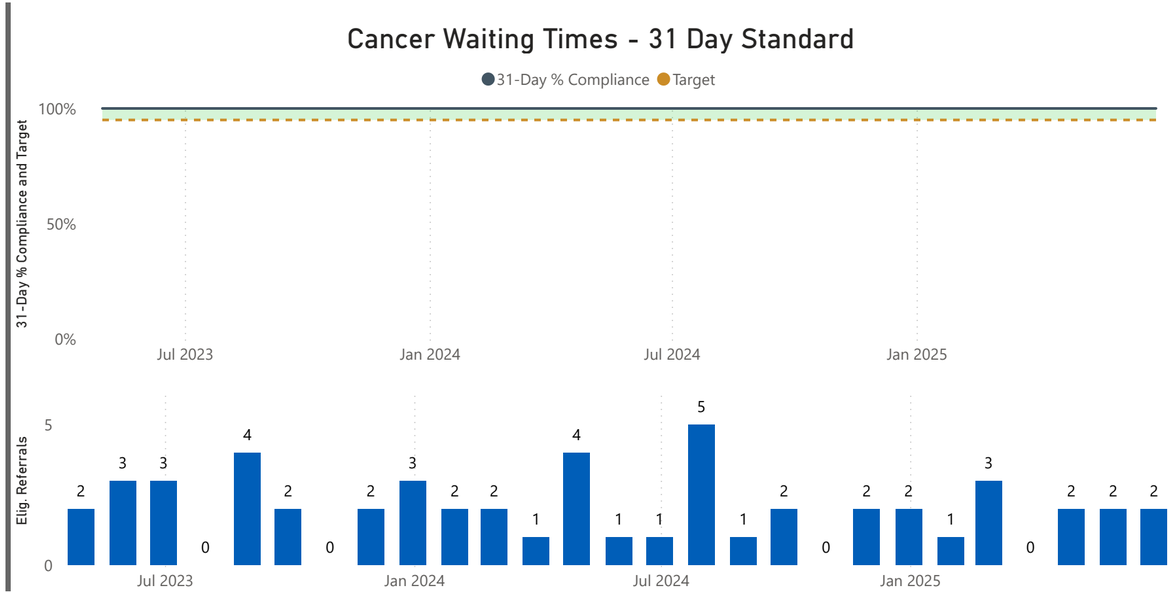
Data Source	Latest Data
Discovery	30/06/2025

Compliance

KPI	Target	Actual	RAG Value
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

For the most recent quarterly reporting period there were 6 eligible referrals and 6 patients treated within the standard. Compliance was 100% against a target of 95% The next update will be done in line with the next Cancer Waiting Times publication due to be released on 30/12/2025 and will capture data up to October 2025.

Dr Anna Lamont, Medical Director

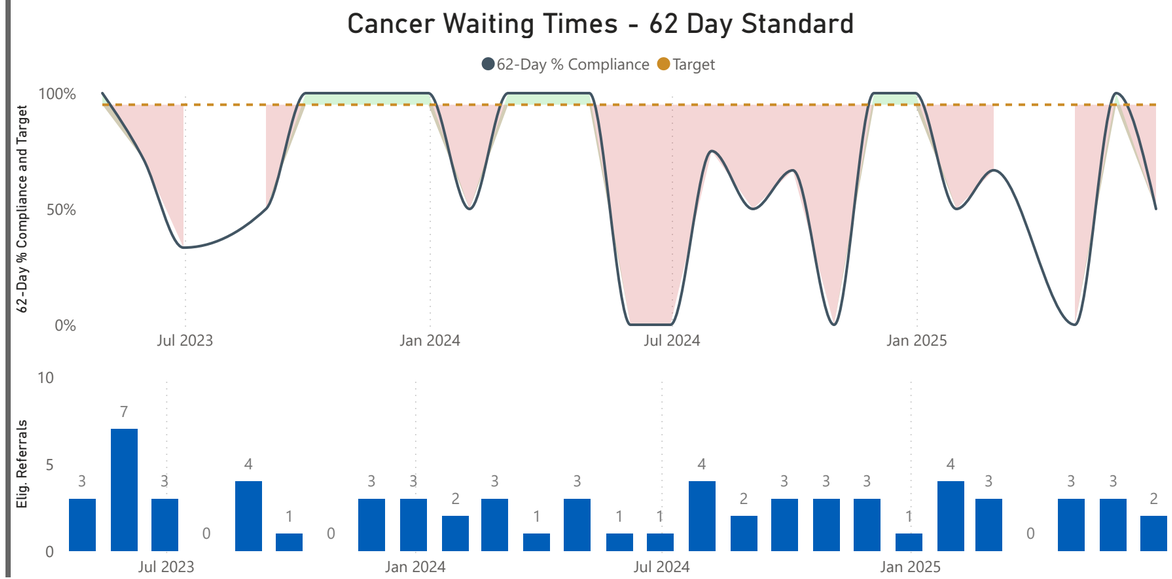
Operational Standards
Cancer Waiting Times 62-Day Standard

Data Source	Latest Data
Discovery	30/06/2025

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	90%	50%	Red

Action	Target Date	Owner	Status
Timeline to be reviewed for those patients who breached during the reporting period to understand opportunities to address challenge.	15/12/2025	C Somerville	In Progress



Comments From Executive Lead

For the most recent quarterly reporting period there were 8 eligible referrals and 4 patients treated within the standard. Compliance was 50% against a target of 95% The next update will be done in line with the next Cancer Waiting Times publication due to be released on 30/12/2025 and will capture data up to October 2025.

Dr Anna Lamont, Medical Director

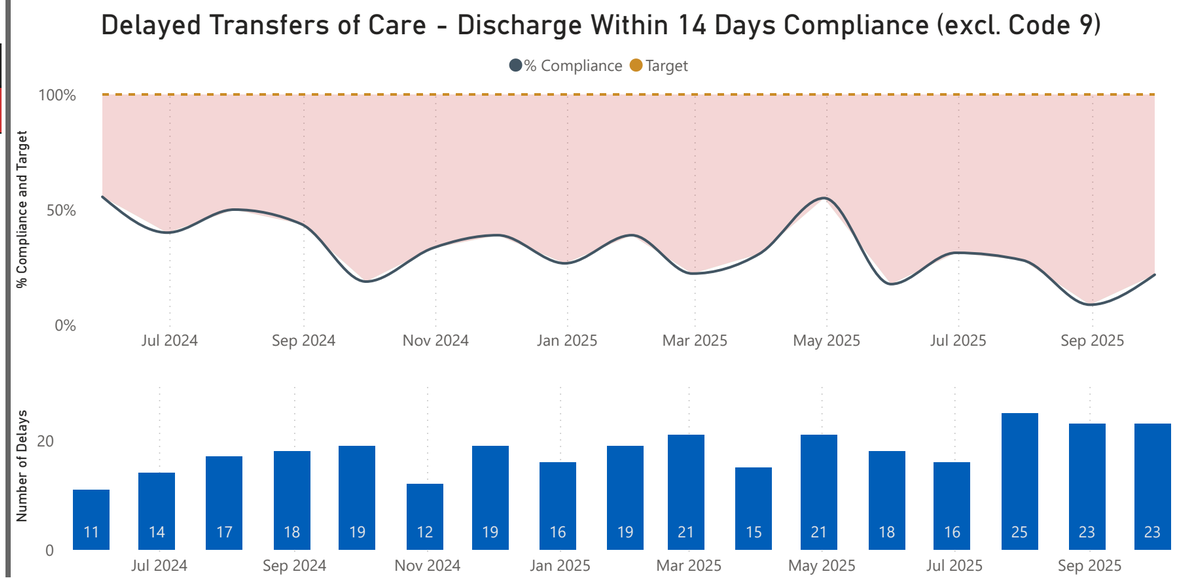
Operational Standards
Delayed Transfers of Care Discharge Compliance

Data Source	Latest Data
Delayed Discharges Monthly Return	30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	21.74%	Red

Action	Target Date	Owner	Status
Discharge planning, setting predicted date of discharge.	31/12/2025	S Thomas	In Progress
Recruitment to social care vacancies.	31/12/2025	S Thomas	In Progress
Review of package of care need to ascertain packages that could be delivered with less hours or in a different way.	31/12/2025	S Thomas	In Progress



Comments From Executive Lead

Current performance update as at 13/11/2025 is 15 delayed transfers of care. Of these 15, 6 are awaiting residential home placement.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

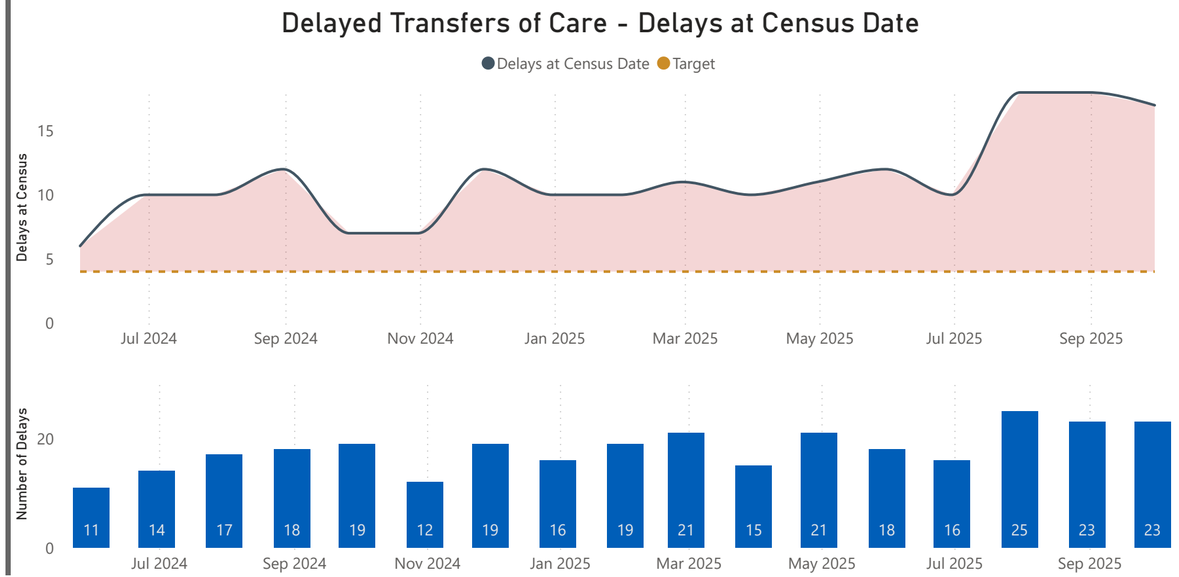
Operational Standards
Delayed Transfers of Care at Census Date

Data Source	Latest Data
Delayed Discharges Monthly Return	30/09/2025

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	17	Red

Action	Target Date	Owner	Status
Discharge planning, setting predicted date of discharge.	31/12/2025	S Thomas	In Progress
Recruitment to social care vacancies.	31/12/2025	S Thomas	In Progress
Review of package of care need to ascertain packages that could be delivered with less hours or in a different way.	31/12/2025	S Thomas	In Progress



Comments From Executive Lead

Twice weekly RMM (Resource Management Meeting) continues with whole system approach to facilitate discharge. Recruitment to social care vacant posts remains challenging despite a recent campaign. Focus on planned date of discharge and discharge planning on admission through the discharge planning group will help support early conversations around discharge to home/own residence in the first instance. Current performance update as at 13/11/2025 is 15 delayed transfers of care. Of these 15, 6 are awaiting residential home placement.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Operational Standards
Delayed Transfers of Care Bed Days Occupied

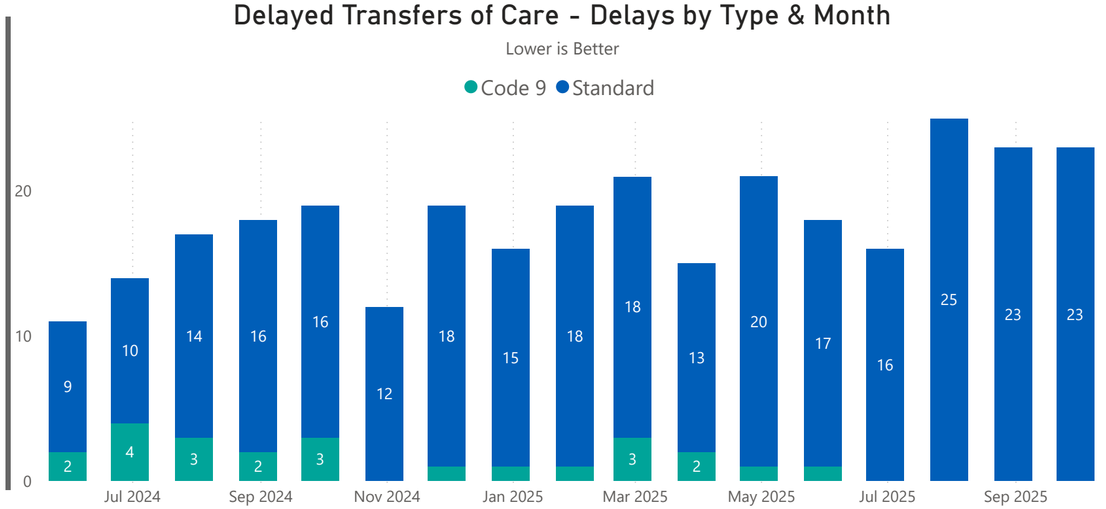
Data Source: Delayed Discharges Monthly Return

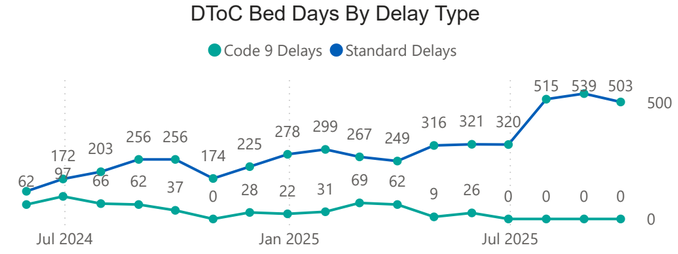
Latest Data: 30/09/2025

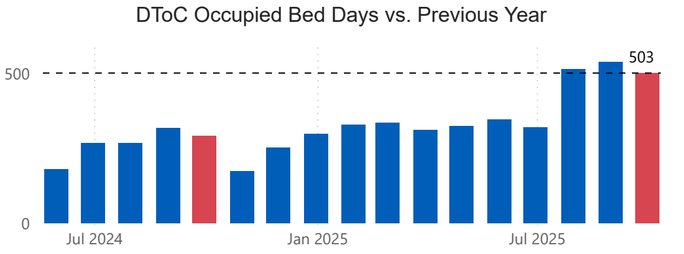
Compliance

KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	56	503	Red

Action	Target Date	Owner	Status
Discharge planning, setting predicted date of discharge.	31/12/2025	S Thomas	In Progress
Recruitment to social care vacancies.	31/12/2025	S Thomas	In Progress
Review of package of care need to ascertain packages that could be delivered with less hours or in a different way.	31/12/2025	S Thomas	In Progress







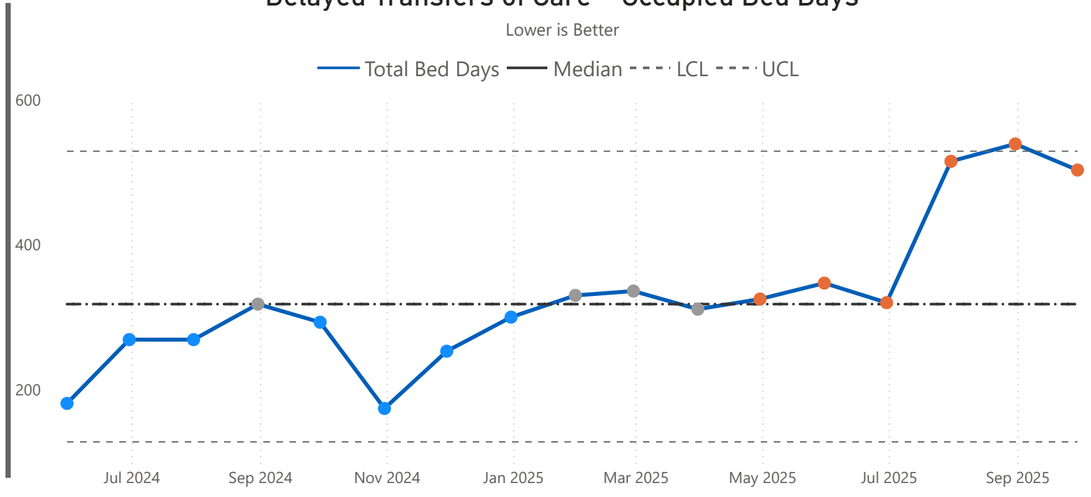
Statistical Process Control

Variance	Description
H	Special cause variation of concerning nature due to (H)igher values.

Assurance	Description
F	Variation indicates consistently (F)alling short of the target.

Last 6 Months

Month	Total Delays	Standard Bed Days	Code 9 Bed Days	Total Bed Days	Variance
30/04/2025	21	316	9	325	
31/05/2025	18	321	26	347	
30/06/2025	16	320	0	320	
31/07/2025	25	515	0	515	
31/08/2025	23	539	0	539	
30/09/2025	23	503	0	503	



Comments From Executive Lead

Current performance update as at 13/11/2025 is 15 delayed transfers of care. Of these 15, 6 are awaiting residential home placement.

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

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

Data Source
IVF Waiting Times Publication

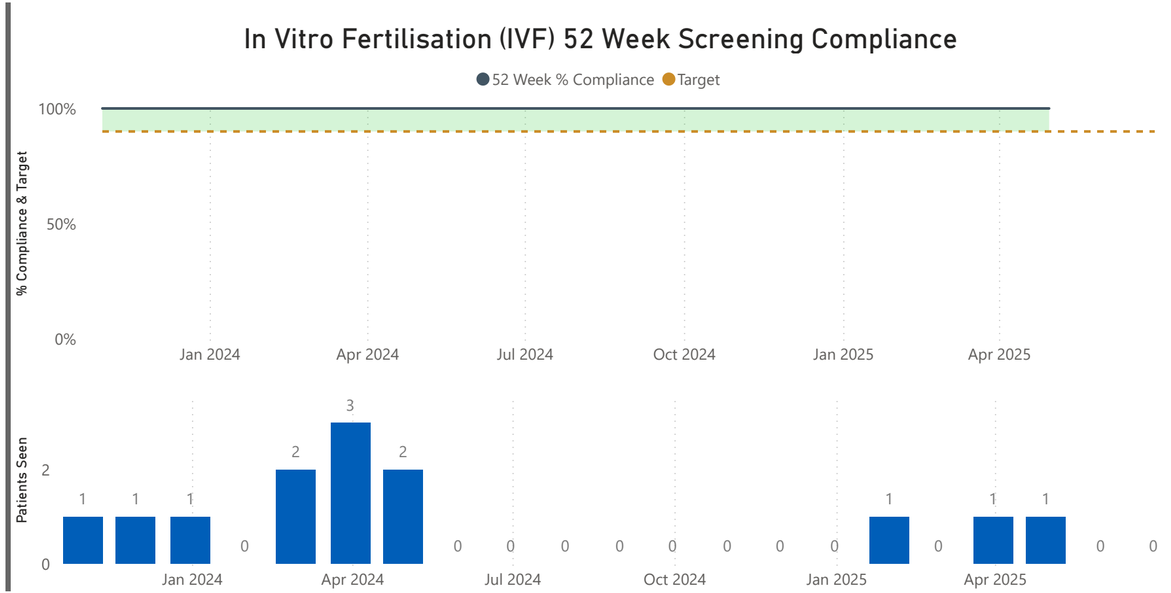
Latest Data
30/06/2025

Compliance

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

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Operational Standards
Women Booked to Named Midwife

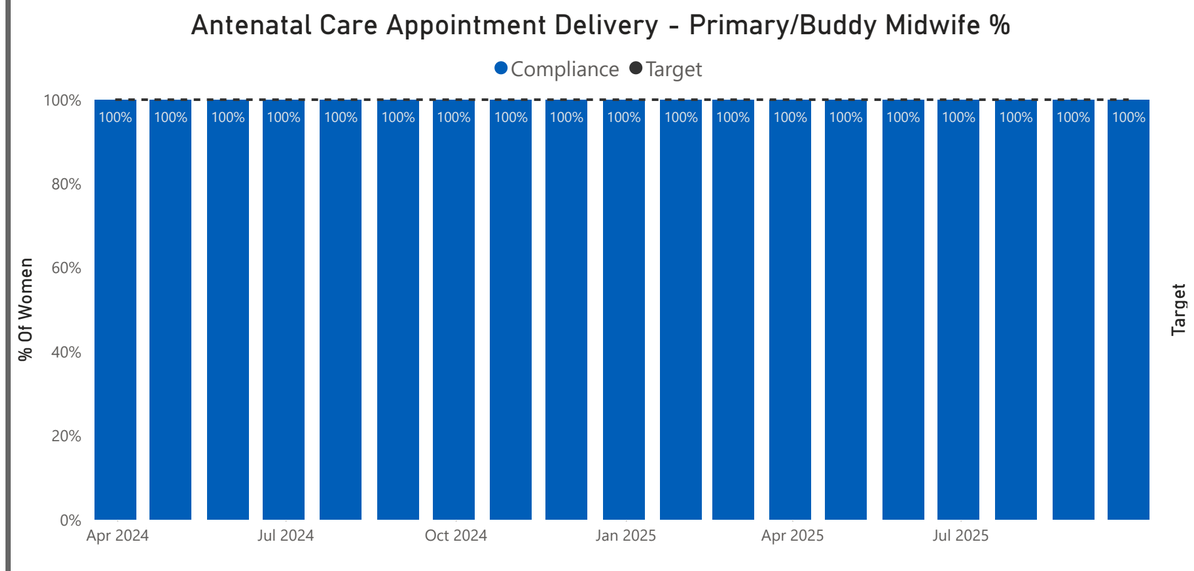
Data Source	Latest Data
Maternity Staff	30/09/2025

Compliance

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

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Sam Thomas, Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services

Community

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

What's Going Well?

The Integration Joint Board has approved the establishment of an Associate Specialist Doctor for two sessions a week and an additional Band 8b Psychology post to assist with neurodevelopmental provision in Orkney. Some hours of the Psychology post have already commenced in post and interviews were held on 31 October 2025 for the Associate Specialist Doctor post and an appointment has been made.

The Band 7 Lead for the All Age Nurse Led Psychiatric Liaison Team commenced on 3 November 2025, this team will help support mental health delivery across all teams. CAMHS and Psychological Therapies continue to exceed the national target.

There continues to be good collaboration amongst both Community, and Acute, teams to ensure the best support for patients to best meet their needs as safely as possible.

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

There are significant whole system pressures for teams across the Community, and Acute, service which is causing knock on effects on teams to be able to do some early intervention and prevention work.

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

Community
Child & Adolescent Mental Health 18 Week Compliance

Data Source
CAMHS Monthly Return

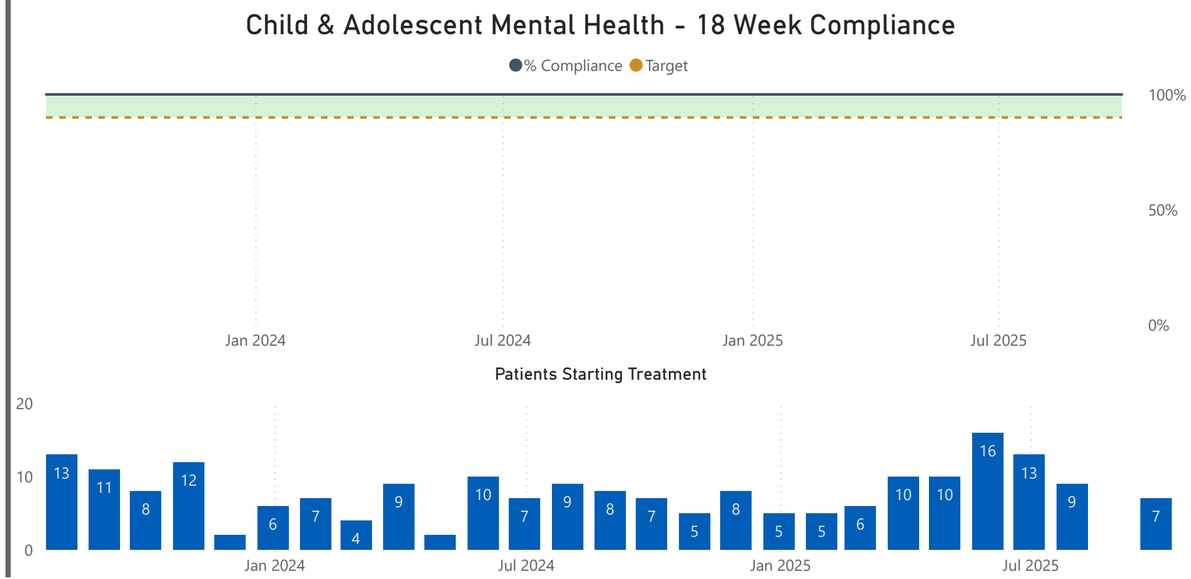
Latest Data
30/09/2025

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. Compliance rate 98.5%	90%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

The service continues to exceed this target at the present time however there are significant gaps which if recruitment is unsuccessful will add an additional challenge.

Stephen Brown, Chief Officer of the Integration Joint Board

Community
Psychological Therapies 18 Week Compliance

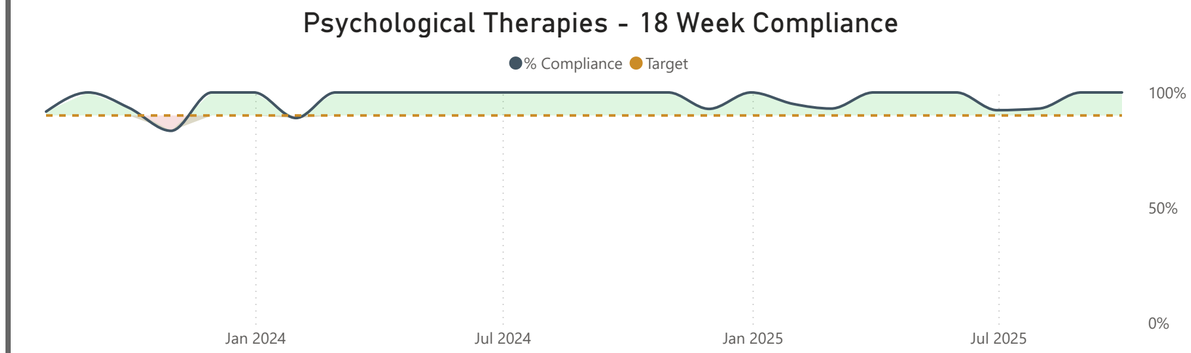
Data Source	Latest Data
PT Monthly Return	30/09/2025

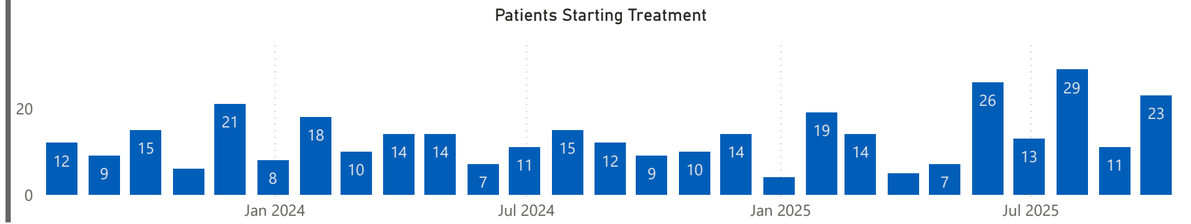
Compliance

KPI	Target	Actual	RAG Value
18 Week Referral to Treatment	90%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.





Comments From Executive Lead

Efforts continue to ensure this target is met and further work continues to also 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

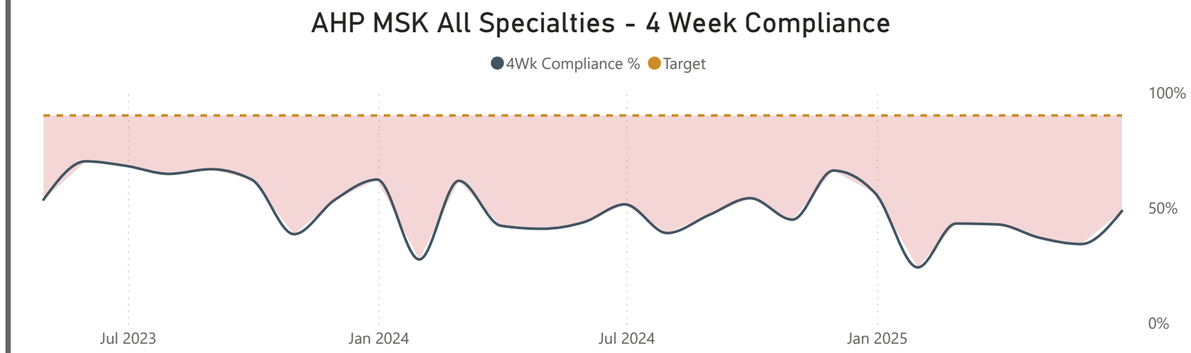
Data Source
MSK Quarterly Publication/TrakCare

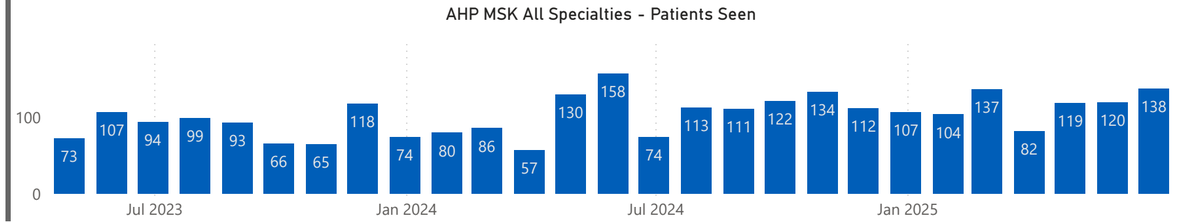
Latest Data
30/06/2025

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%	48.55%	Red

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





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

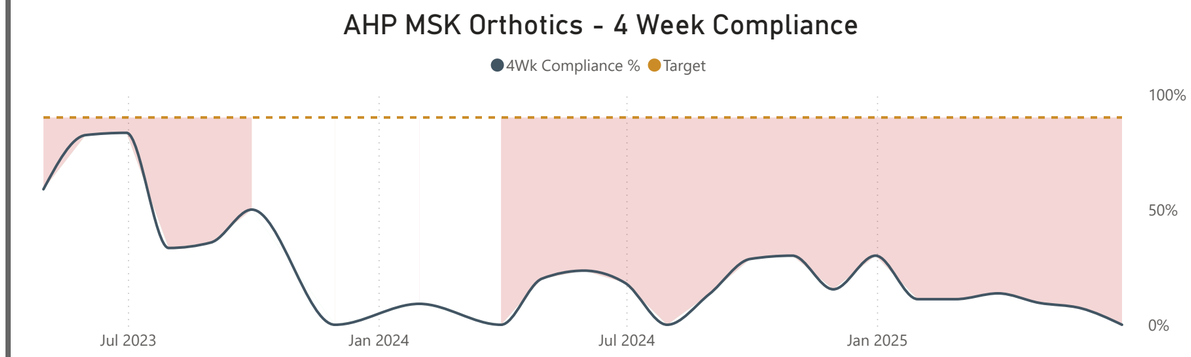
Community
Allied Health Professions (AHPs) MSK 4 Week Compliance - Orthotics

Data Source	Latest Data
MSK Quarterly Publication/TrakCare	30/06/2025

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%	0%	Red

Action	Target Date	Owner	Status
Monitor referral numbers and performance	31/12/2025	R Lea	In Progress
Review the current SLA and see what opportunities there are for organising some additional clinics.	31/12/2025	R Lea	In Progress



Comments From Executive Lead

Clinics have reverted to the three days per month outline in the SLA (in the previous year an additional fourth day was paid for). This reduction has seen waiting times increase – the current waiting time for a routine adult appointment is 16 weeks. Paediatric waiting is eight weeks and urgent appointments are appointed within four weeks.

Stephen Brown, Chief Officer of the Integration Joint Board

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

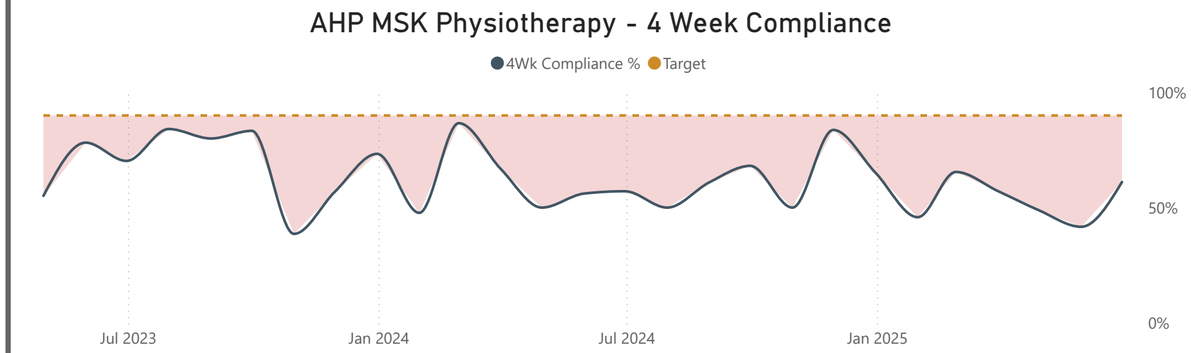
Data Source
MSK Quarterly Publication/TrakCare

Latest Data
30/06/2025

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%	61.11%	Amber

Action	Target Date	Owner	Status
Analyse PHIO data and consider further ways to promote and utilise.	31/01/2026	S Stockan	In Progress
Recruitment to substantive Band 7 role.	31/10/2025	S Stockan	In Progress



Comments From Executive Lead

In this period the MSK Physiotherapy waiting times and patient numbers have continued to reduce as the waiting list improvement initiative nears completion. This progress aligns with increased activity attributed to a full-time locum in place in May to September to support the MSK service whilst vacancy was sitting at 50%. The Band 7 post has been recruited to and has commenced working in October. Capacity previously provided via the Primary Care First Point of Contact Practitioners is not currently available.

As anticipated there has been a steady rise in MSK referrals given that the wait times are now around 20 weeks for routine, as opposed to the 60 weeks prior to the improvement work. There continues to be a steady flow of patients going through PHIO though with good uptake across all of the GP practices. Ongoing data will help assess ongoing impact as awareness grows.

Stephen Brown, Chief Officer of the Integration Joint Board

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

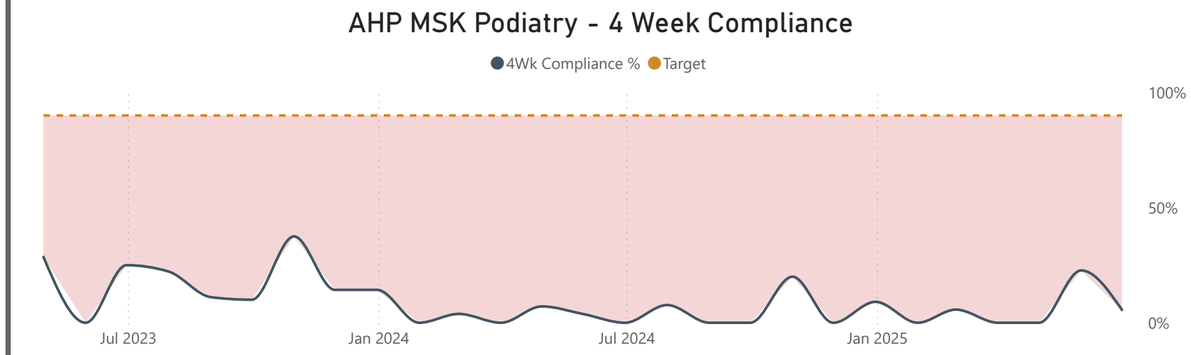
Data Source
MSK Quarterly Publication/TrakCare

Latest Data
30/06/2025

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%	5.56%	Red

Action	Target Date	Owner	Status
Recruitment to a Podiatry bank post, utilising the spare hours, and explore other opportunities.	31/01/2026	R Lea	In Progress
Work to identify space to deliver 1 additional MSK clinic weekly.	30/09/2025	R Lea	In Progress



Comments From Executive Lead

Despite ongoing sub-optimal performance there remains a concerted effort to keep down MSK ‘new’ as well as ‘return’ waiting times, so that effective outcomes and discharge are achieved. Regrettably in a small team when there are unplanned absences there is the need to prioritise the main activity that of Active Foot Disease management due to the number of ‘foot protection’ patients, identified as being at high risk of Active Foot Disease.

Attempts to recruit to a Podiatry bank post to utilise the spare hours were unsuccessful although contact has been made with some local workers and will continue to explore opportunities. An additional half day of clinic availability has been identified but staffing levels have not allowed full utilisation to date.

Stephen Brown, Chief Officer of the Integration Joint Board

Population Health

Section Lead (interim):
Medical Director

What's Going Well?

Childhood immunisation uptake remains high, with both MMR and 6-in-1 surpassing the 95% target. Uptake at NHS Orkney over the last quarter is higher than the national average for both metrics.

In 2024/25 Orkney Stop Smoking Services achieved 90.3% of our target (compared to 64.5% of our target in 2023/24). This is testament to the hard work of the team in not only the support provided but all the activities which have promoted the service.

Additionally, in 2024/25 the percentage of Orkney's successful quit attempts at twelve weeks (53.2%) were statistically significantly higher than the Scotland mean (29.2%) and Orkney had second highest 12 week quit rate in Scotland. These statistics reflect the quality of the service that is being provided.

Maternity screening metrics show strong compliance at the latest position with 100% compliance for most metrics included in the Integrated Performance Report. Trisomy screening was slightly lower because of patient choice.

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

Childhood immunisation rates in Orkney fluctuate due to small population numbers. Overall, they remain above the Scottish average, though there is a slight downward trend, mirroring the national picture but with less pronounced decline. The Vaccination Management Group is monitoring this closely and is reviewing procedures for children who miss scheduled appointments.

There has been a drop in referrals into the stop smoking service with referrals in September dropping by 50% from the month previously, putting this area off track. The situation will be monitored and the team has been working to address this.

Population Health
Immunisation Uptake Rate MMR by 6 Years of Age

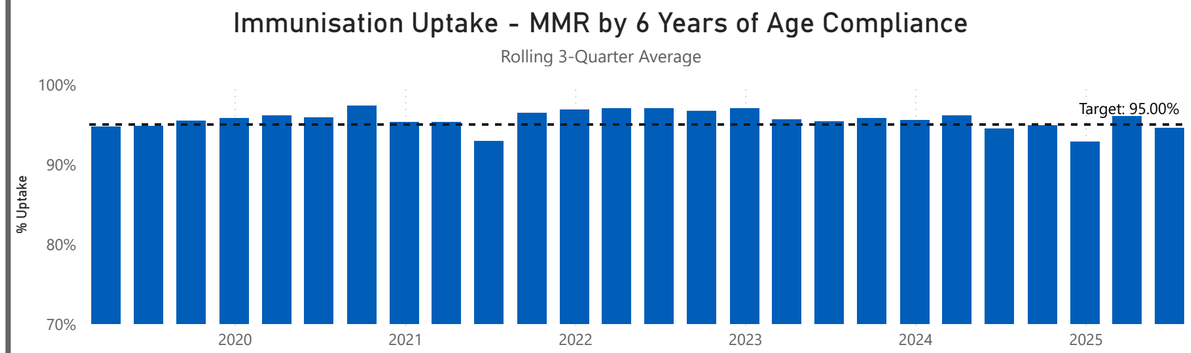
Data Source
PHS Childhood Immunisation Publication

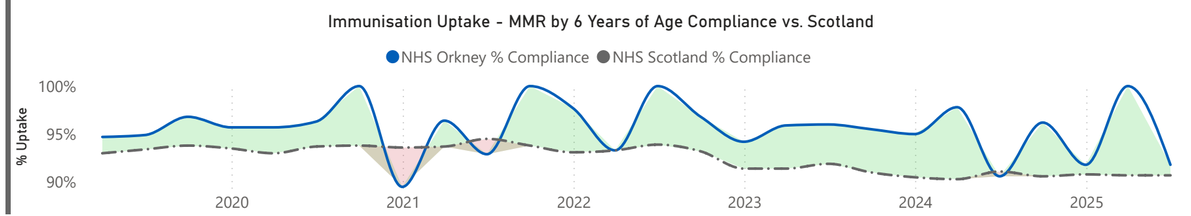
Latest Data
30/06/2025

Compliance

KPI	Target	Actual	RAG Value
Immunisation uptake rate MMR2 by 6 years of age	95%	91.8%	Red

Action	Target Date	Owner	Status
Review of process for children who do not attend vaccination appointments with health visiting team.	31/03/2026	Vaccination Management Group	In Progress





Comments From Executive Lead

Uptake at NHS Orkney over the last quarter is higher than the national average. Childhood immunisation rates in Orkney fluctuate due to small population numbers. Overall, they remain above the Scottish average, though there is a slight downward trend, mirroring the national picture but with less pronounced decline. The Vaccination Management Group is monitoring this closely and is reviewing procedures for children who miss scheduled appointments.

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
6-in-1 Immunisation Uptake

Data Source
PHS Childhood Immunisation Publication

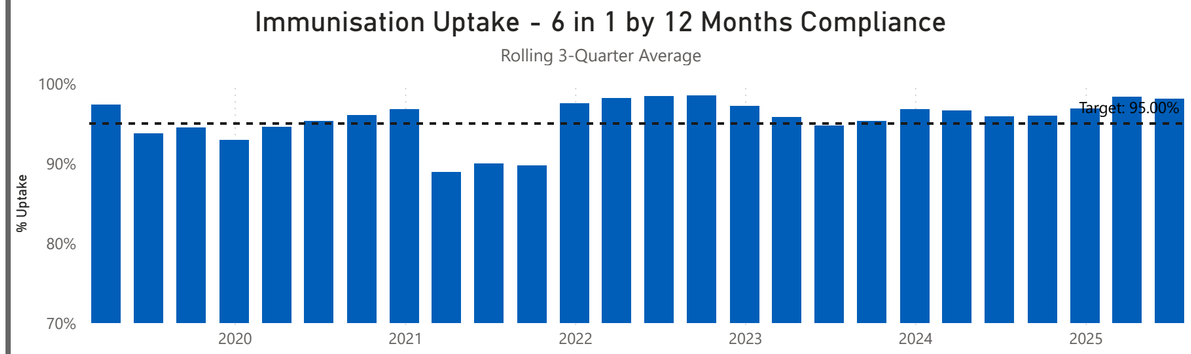
Latest Data
30/06/2025

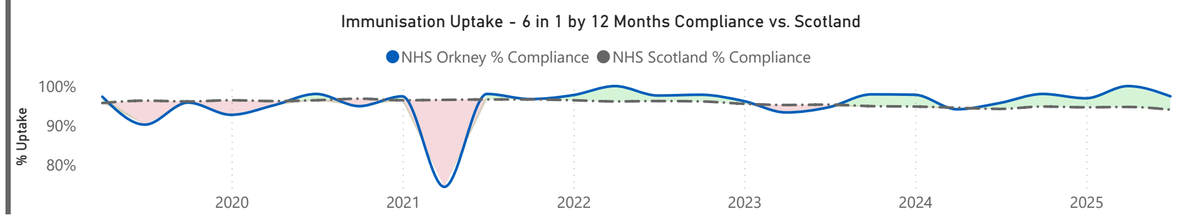
Compliance

KPI	Target	Actual	RAG Value
Immunisation uptake rate 6-in-1 primary Course by 12 months	95%	97.4%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.





Comments From Executive Lead

Dr. Anna Lamont, Medical Director (interim section lead)

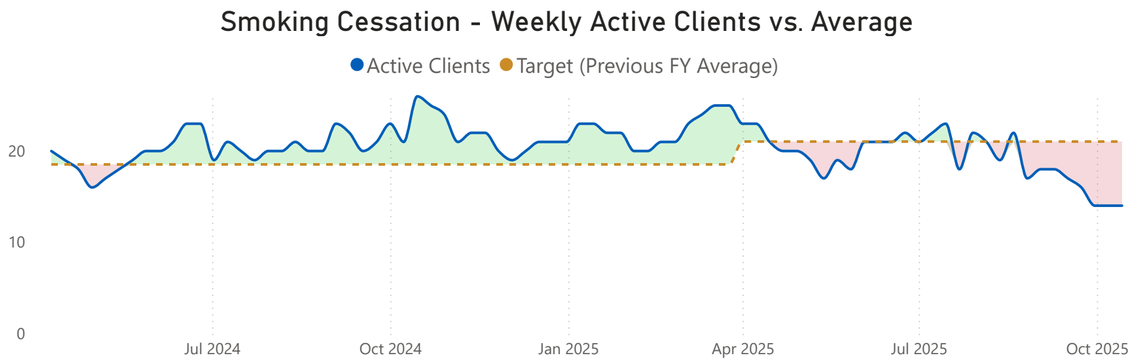
Population Health
Smoking Cessation Active Clients

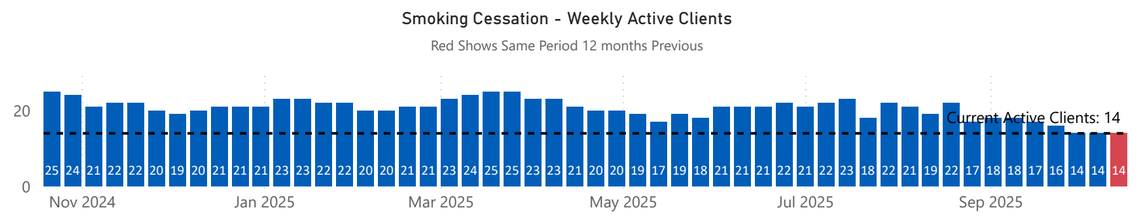
Data Source	Latest Data
Public Health Team	14/10/2025

Compliance

KPI	Target	Actual	RAG Value
Increase smoking cessation active clients year-on-year	21	14	Red

Action	Target Date	Owner	Status
Contacting teams/organisations who work with target groups to attend team meetings or deliver bespoke VBA sessions	31/03/2026	J Strawson	In Progress
Very brief intervention training delivered to staff groups in Orkney	31/03/2026	J Strawson	In Progress





Comments From Executive Lead

There has been a drop in referrals into the stop smoking service with referrals in September dropping by 50% from the month previously. This has impacted on the level of active clients. The referral numbers in October have returned to the level of August, subsequently increasing the active clients.

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
Smoking Cessation 12-Week Quits

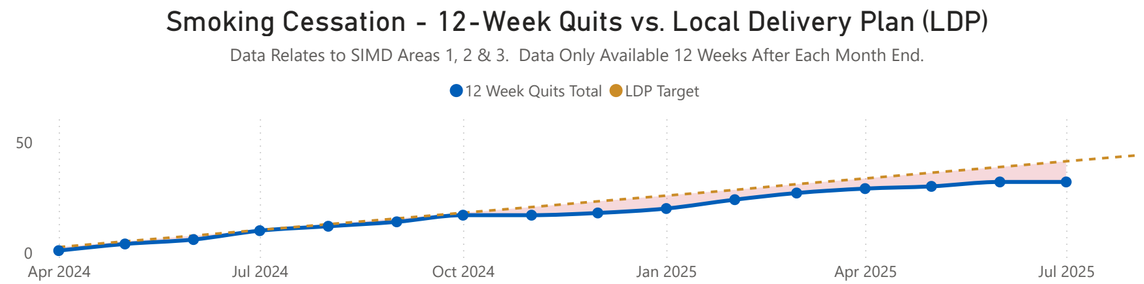
Data Source
Public Health Team

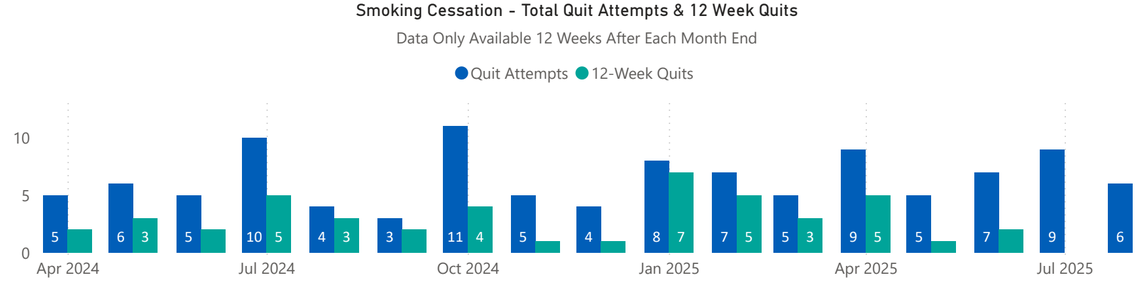
Latest Data
August 2025

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)	41	32	Red

Action	Target Date	Owner	Status
Continued delivery of a sustainable model for specialist stop smoking service (Quit Your Way Orkney)	31/03/2026	J Strawson	In Progress
Very brief intervention training delivered to staff groups in Orkney	31/03/2026	J Strawson	In Progress





Comments From Executive Lead

One out of fourteen NHS Boards (NHS Dumfries and Galloway) exceeded their annual LDP Standard target during the financial year 2024/25. NHS Board performances against their annual LDP Standard targets ranged from 18.4% to 125.5%. It is important to note that smoking prevalence informed the LDP target for boards. The LDP target has not been updated since 2019 / 20. Since then, smoking prevalence has declined which has made achieving the LDP target increasingly difficult. That being said, in 2024/25 Orkney Stop Smoking Services achieved 90.3% of our target (compared to 64.5% of our target in 2023/24). This is testament to the hard work of the team in not only the support provided but all the activities which have promoted the service. Additionally, in 2024/25 the percentage of Orkney's successful quit attempts at twelve weeks (53.2%) were statistically significantly higher than the Scotland mean (29.2%) and Orkney had second highest 12 week quit rate in Scotland. These statistics reflect the quality of the service that is being provided.

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
Pregnancy Screening - Haemoglobinopathies

Data Source
Maternity Team

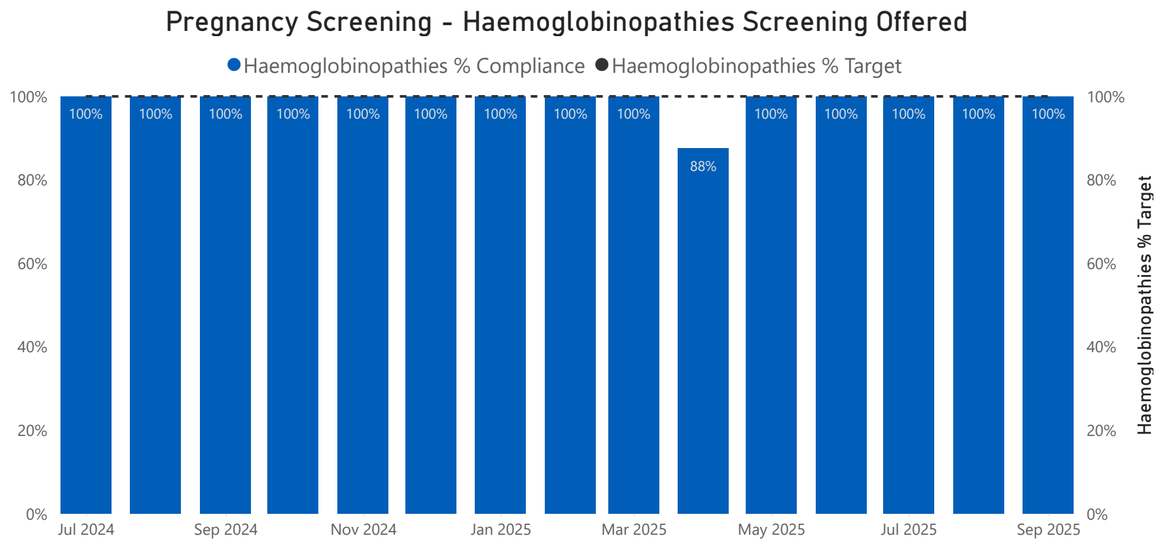
Latest Data
September 2025

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	100%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
Pregnancy Screening - Infectious Diseases

Data Source
Maternity Team

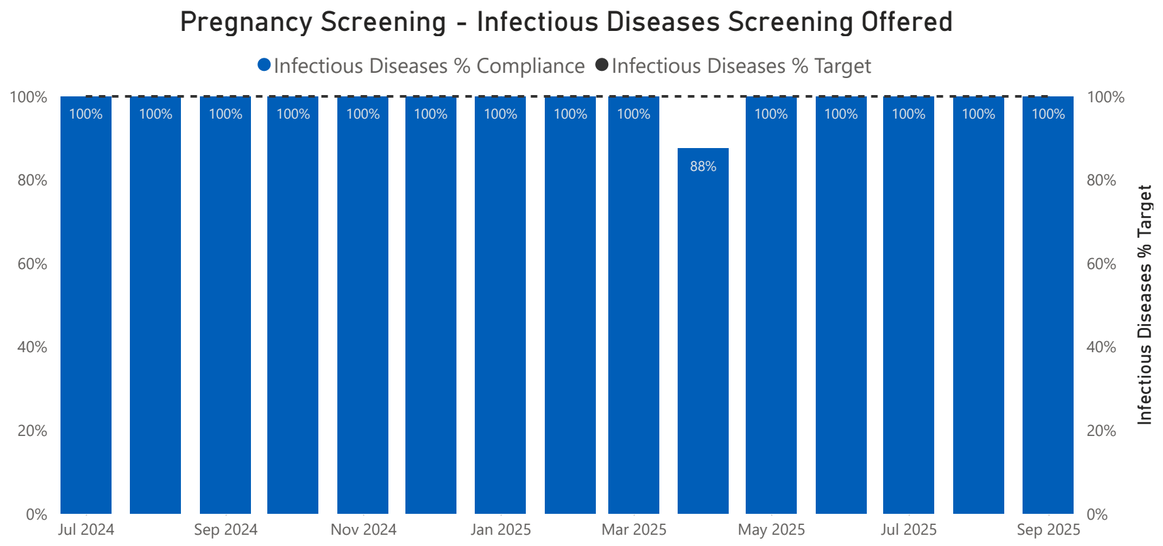
Latest Data
September 2025

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	100%	100%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
Pregnancy Screening - Trisomy

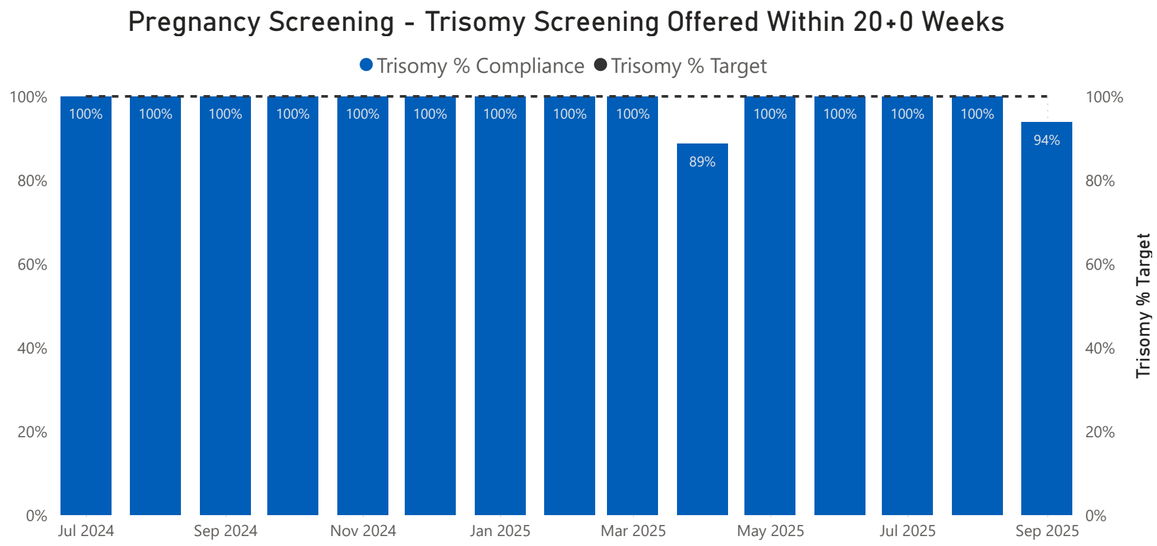
Data Source
Maternity Team

Latest Data
September 2025

Compliance

KPI	Target	Actual	RAG Value
Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	100%	93.8%	Amber

Action	Target Date	Owner	Status
Pregnancy & Newborn Screening Oversight Group to review variance in this KPI that result from individual patient choices.	31/03/2026		In Progress



Comments From Executive Lead

Dr. Anna Lamont, Medical Director (interim section lead)

Population Health
Blood Spot Screening Compliance

Data Source
Maternity Team

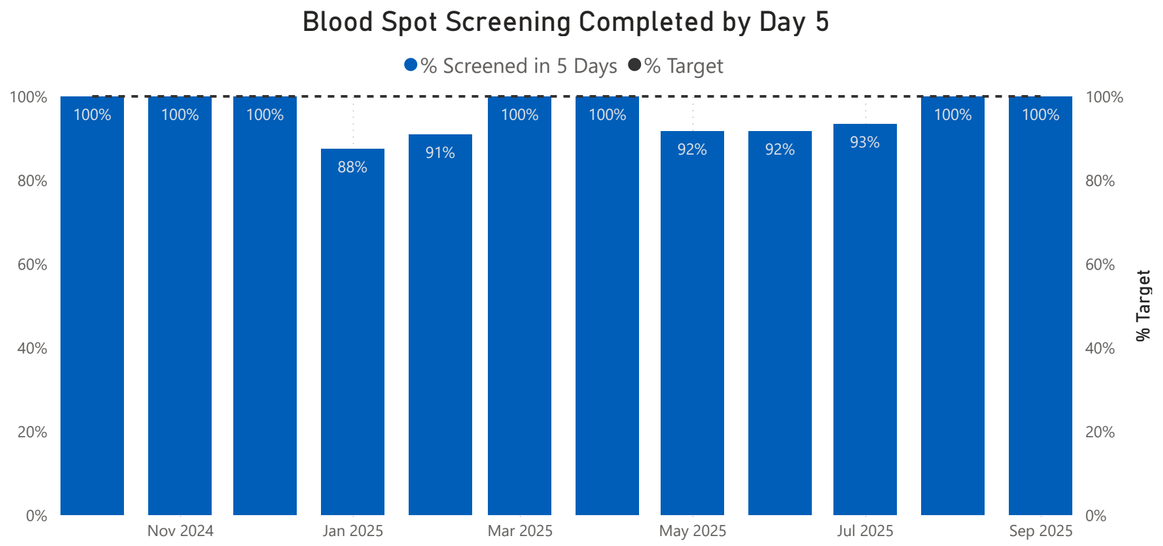
Latest Data
September 2025

Compliance

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

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.



Comments From Executive Lead

Dr. Anna Lamont, Medical Director (interim section lead)

People & Culture

Section Lead(s):
Director of People and Culture

What's Going Well?

The Workforce Improvement Workstream within the Improving Together Programme is well established with eight focus areas, including sickness management, mandatory training, and appraisals. Corporate leads are assigned for each area to oversee delivery, and fortnightly meetings are held to sustain momentum. Early progress can be observed, such as 2-4% increases in training compliance across most Health and Safety courses. Additionally, appraisal rates have risen to 48.56%.

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

Compliance with statutory and mandatory training remains inconsistent, continuing to represent a risk on the Corporate Risk Register. Monthly reports are sent to Executive Directors detailing training compliance within their areas, and a list of all non-compliant individuals will be retrieved from Turas so they can be contacted directly.

People & Culture
NHS Orkney Sickness Absence

Data Source
SSTS/eESS National

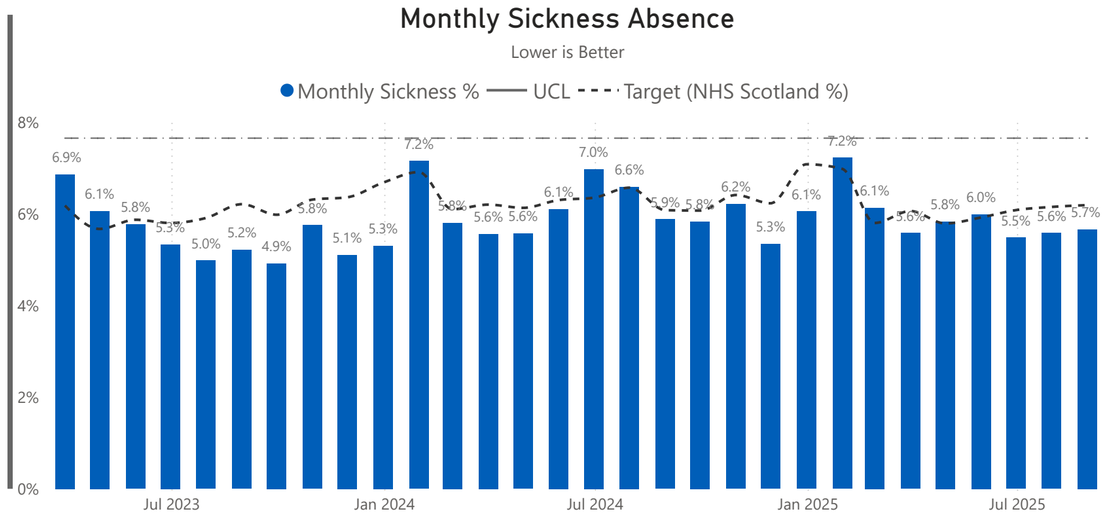
Latest Data
31/08/2025

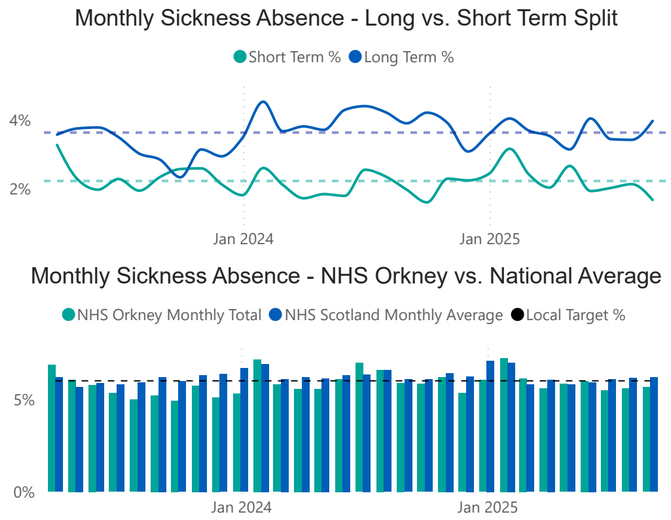
Compliance

KPI	Target	Actual	RAG Value
Sickness rates consistently below the national average of <6%	6.19%	5.66%	Green

Action	Target Date	Owner	Status

KPI on target, no actions required at this time.





Statistical Process Control

Variance	Description
	Special cause variation of improving nature due to (L)ower values

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Short Term %	Long Term %	Total %	NHS Scotland %	Variance
31/03/2025	2.04%	3.54%	5.58%	6.06%	
30/04/2025	2.67%	3.15%	5.83%	5.79%	
31/05/2025	1.94%	4.05%	5.99%	5.92%	
30/06/2025	2.03%	3.45%	5.48%	6.08%	
31/07/2025	2.14%	3.43%	5.58%	6.15%	
31/08/2025	1.68%	3.98%	5.66%	6.19%	

Comments From Executive Lead

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. Sickness absence and the actions managers are taking to support colleagues are discussed at the Operational People Group to share alternative approaches and collectively review possible actions.

Dave Harris, Director of People and Culture

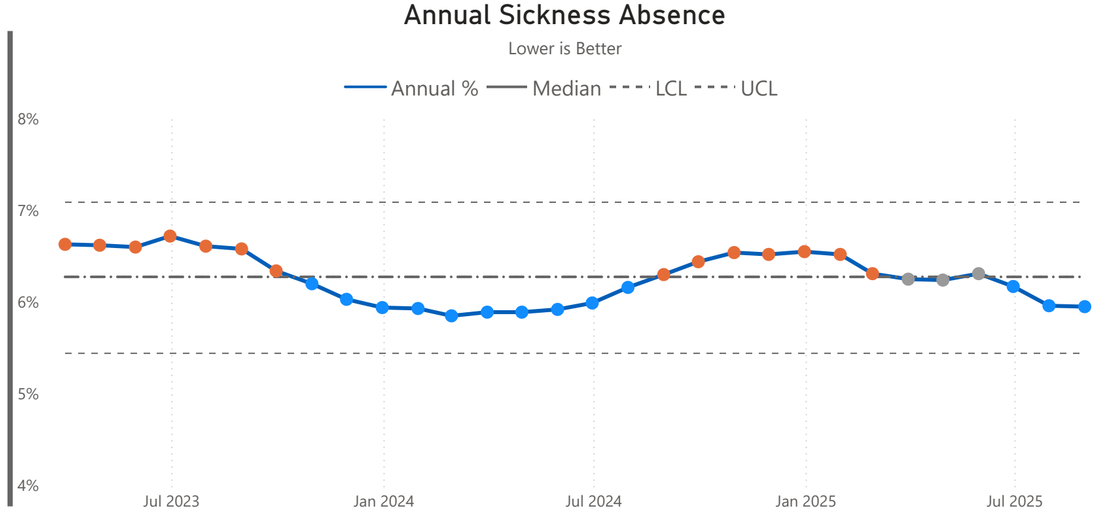
Statistical Process Control

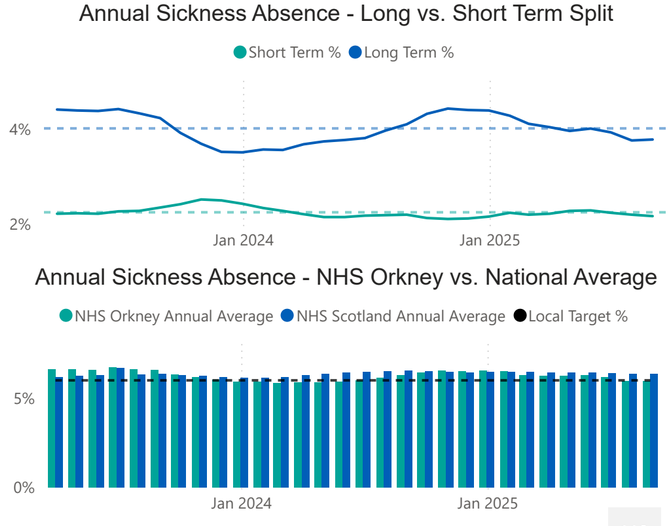
Variance	Description
	Special cause variation of improving nature due to (L)ower values

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Short Term %	Long Term %	Total %	NHS Scotland %	Variance
31/03/2025	2.22%	4.04%	6.25%	6.45%	
30/04/2025	2.28%	3.96%	6.24%	6.45%	
31/05/2025	2.29%	4.01%	6.31%	6.43%	
30/06/2025	2.24%	3.93%	6.17%	6.42%	
31/07/2025	2.20%	3.76%	5.96%	6.36%	
31/08/2025	2.17%	3.78%	5.95%	6.38%	





People & Culture
NHS Orkney Appraisal Rates

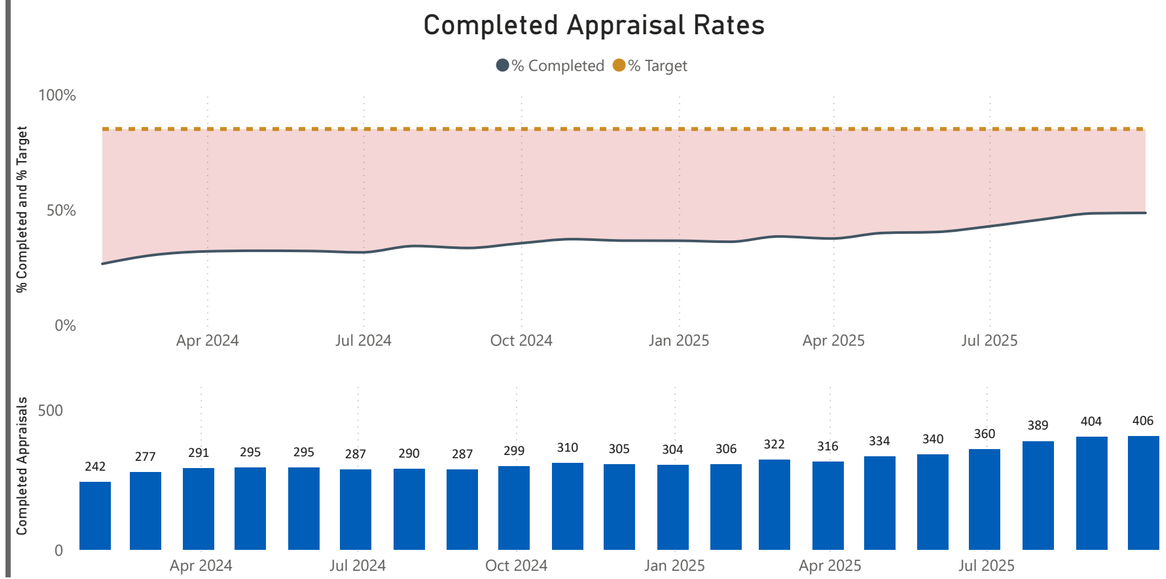
Data Source
Workforce Systems

Latest Data
30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Appraisal compliance rate over the previous 12 months	85%	48.56%	Amber

Action	Target Date	Owner	Status
People & Culture Team to continue assistance in delivery of appraisals via training and support for managers and teams where required.	31/03/2026	K Pyke	In Progress



Comments From Executive Lead

Appraisal rates continue to increase, currently 48.56%. The People and Culture team continues to provide training and individual support to managers and teams.

Managers continue to report they have appraisals planned throughout the year to support the delivery of meaningful conversations.

Dave Harris, Director of People and Culture

People & Culture
Agency Hours Utilised

Data Source
Plus Us MI Report

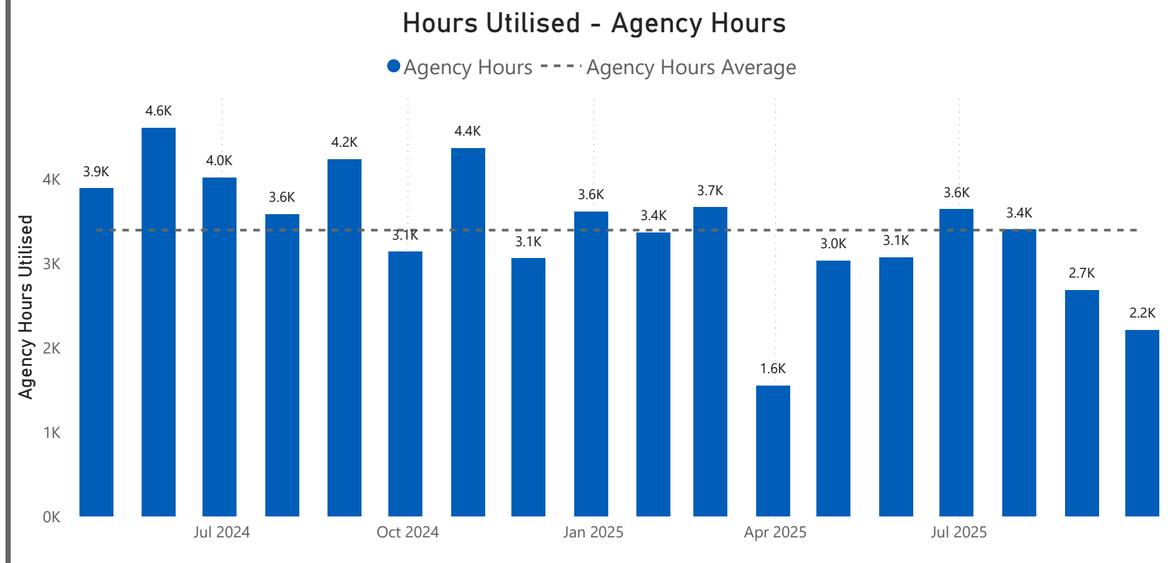
Latest Data
30/09/2025

Compliance

KPI	Target	Actual	RAG Value
Agency hours used vs. average.		2210	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.



Comments From Executive Lead

The use of agency is being managed by the Director of Nursing, Midwifery and Allied Health Professions, and Chief Officer Acute Services with plans to reduce by month 5. This includes moving locum consultants onto bank contracts where possible and reducing reliance on high-cost agency workers. Medical recruitment is ongoing but remains a significant challenge.

Dave Harris, Director of People and Culture

People & Culture
Bank Hours Utilised

Data Source
Workforce Systems

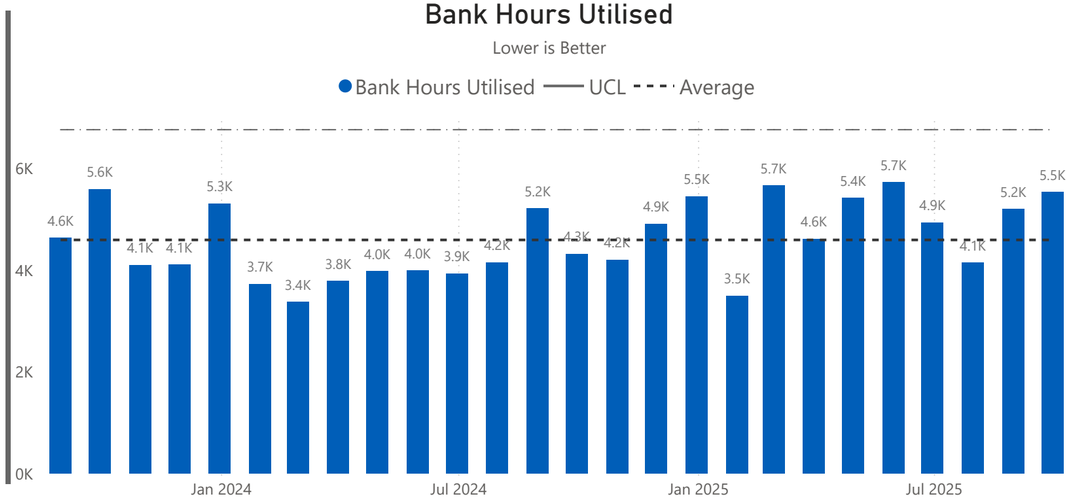
Latest Data
30/09/2025

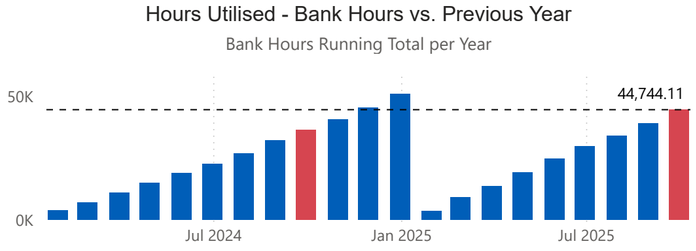
Compliance

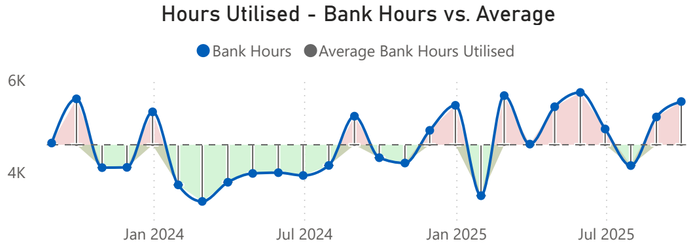
KPI	Target	Actual	RAG Value
Bank hours used vs. average.		5533.22	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.







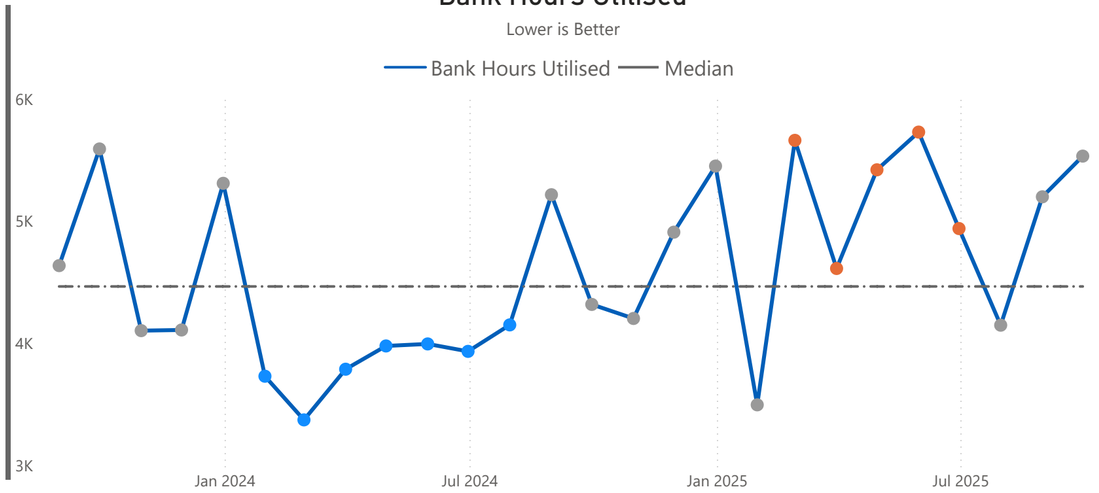
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Bank Hours Used	Bank Hours Median	UCL	Variance
30/04/2025	5,421.05	4,465.73	6,766.26	
31/05/2025	5,729.95	4,465.73	6,766.26	
30/06/2025	4,939.92	4,465.73	6,766.26	
31/07/2025	4,148.52	4,465.73	6,766.26	
31/08/2025	5,200.02	4,465.73	6,766.26	
30/09/2025	5,533.22	4,465.73	6,766.26	



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.

Dave Harris, Director of People and Culture

People & Culture
Overtime Hours Utilised

Data Source
Workforce Systems

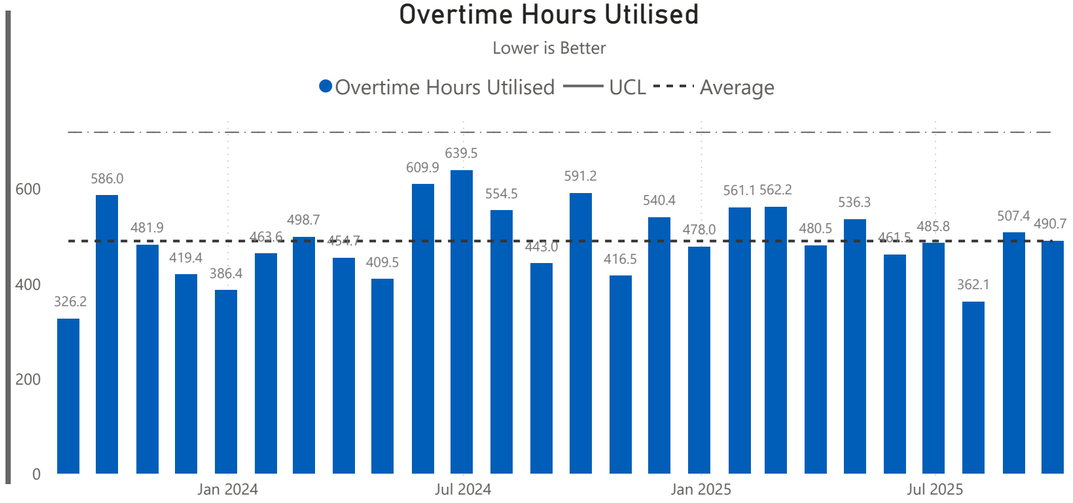
Latest Data
30/09/2025

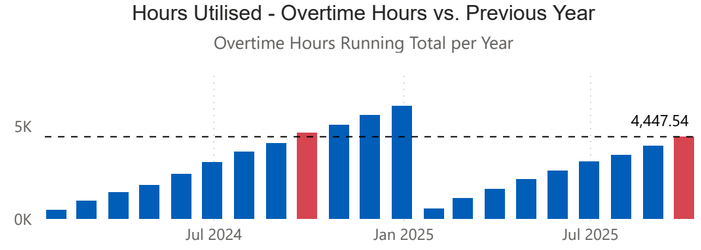
Compliance

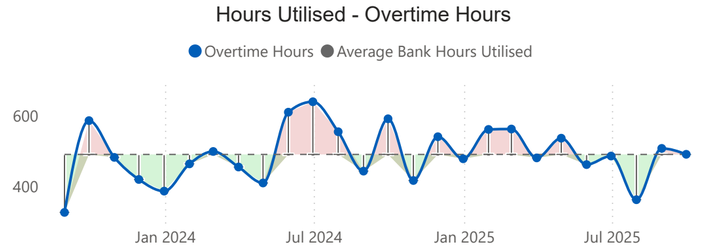
KPI	Target	Actual	RAG Value
Overtime hours used vs. average.		490.67	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.



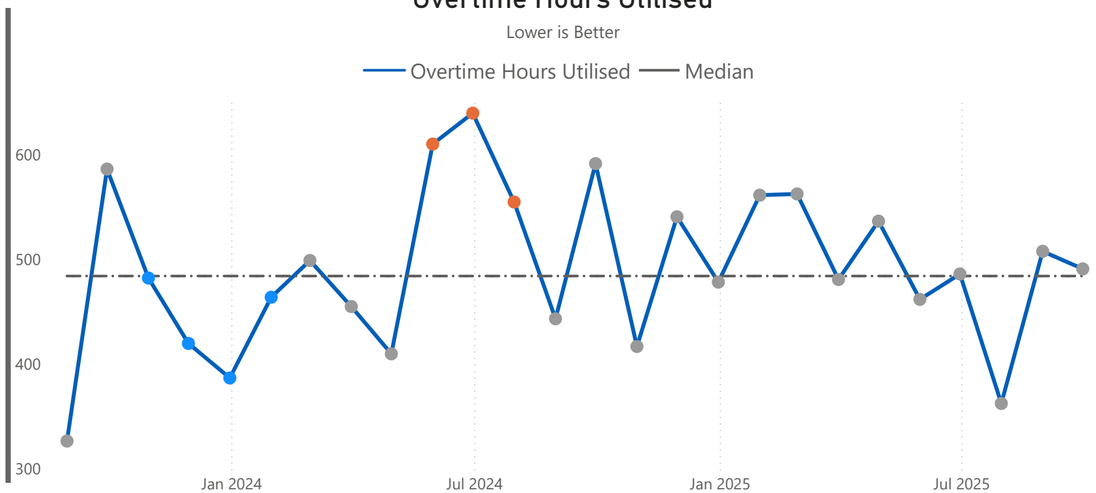




Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.



Last 6 Months

Month	Overtime Hours Used	Overtime Hours Median	UCL	Variance
30/04/2025	536.28	483.84	719.48	
31/05/2025	461.51	483.84	719.48	
30/06/2025	485.75	483.84	719.48	
31/07/2025	362.08	483.84	719.48	
31/08/2025	507.42	483.84	719.48	
30/09/2025	490.67	483.84	719.48	

Comments From Executive Lead

Dave Harris, Director of People and Culture

People & Culture
Excess Hours Utilised

Data Source
Workforce Systems

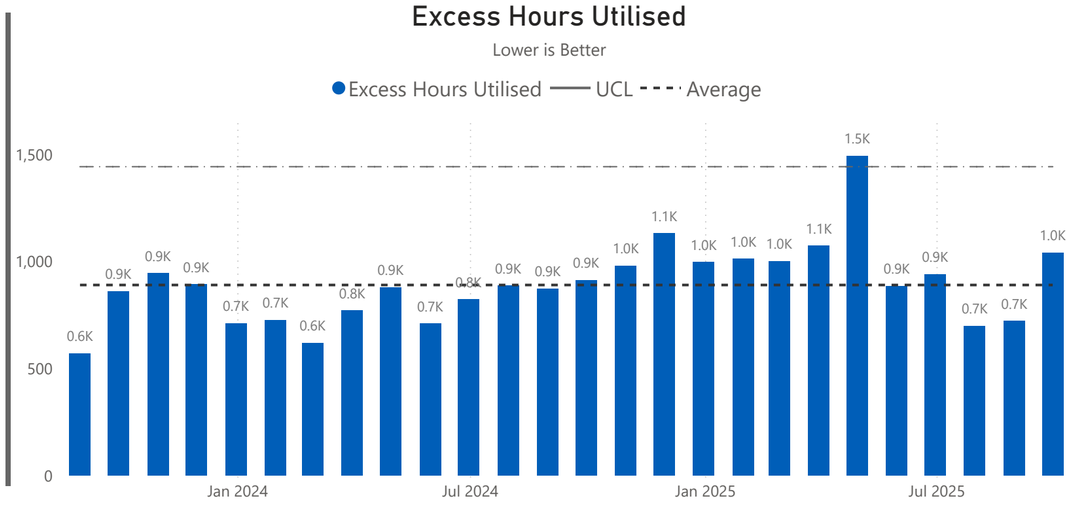
Latest Data
30/09/2025

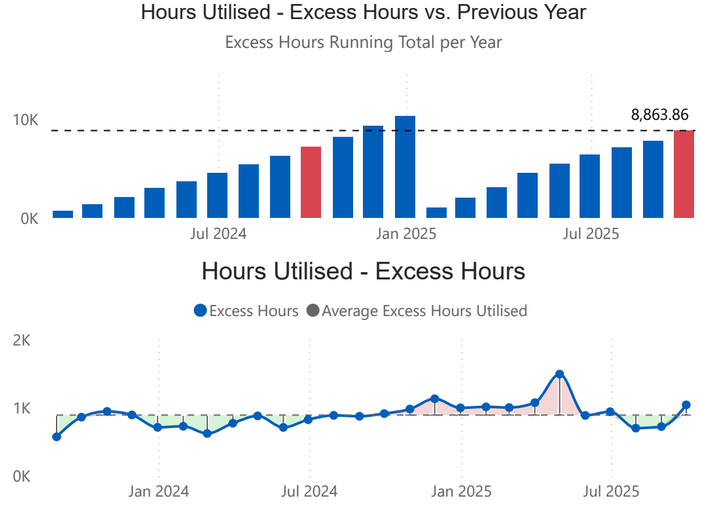
Compliance

KPI	Target	Actual	RAG Value
Excess hours used vs. average.		1040.17	Grey

Action	Target Date	Owner	Status

No target set, actions and target to be updated.





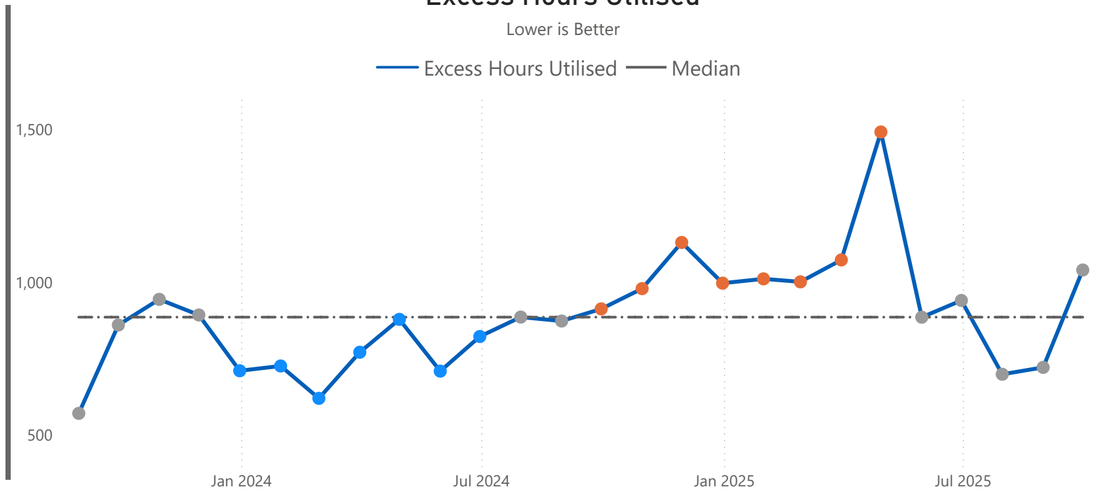
Statistical Process Control

Variance	Description
	Common Cause Variation which indicates that there is no significant change in the process

Assurance	Description
	Variation indicates inconsistently hitting, passing and falling short of the target.

Last 6 Months

Month	Excess Hours Used	Excess Hours Median	UCL	Variance
30/04/2025	1,492.39	885.73	1,442.69	
31/05/2025	885.48	885.73	1,442.69	
30/06/2025	940.41	885.73	1,442.69	
31/07/2025	698.58	885.73	1,442.69	
31/08/2025	721.14	885.73	1,442.69	
30/09/2025	1,040.17	885.73	1,442.69	



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.

Dave Harris, Director of People and Culture

Finance

Section Lead(s):
Director of Finance

What's Going Well?

The Board approved the 2025/26 Financial Plan with a forecast deficit of £2.176m 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.

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 the NHS Scotland Support and Intervention Framework for Finance.

The month 7 position is £508k adverse to trajectory, driven by additional expenditure along with a reduction in allocated funding by SG. The savings programme is also £0.194m adverse to trajectory.

Key drivers of overspend are medical recruitment costs, agency nursing and primary care prescribing along with legal and settlement fees.

A financial governance review has been undertaken during Month 6 which has highlighted the Board may overspend by £6.2m. Turnaround actions have been quantified at £1.75m which reduces the gap to around £2.4m. Additional measures are being introduced to close the gap.

Finance
Financial Position Summary

Data Source
Finance Performance Report

Latest Data
October 2025

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	-1,017	-596	-653	57	-84	-147	63
Other	-491	-286	-704	418	-41	-63	22
Primary Care Patient Charges	-375	-239	-211	-28	-33	-33	1
Total Income	-1,883	-1,121	-1,569	447	-158	-244	86
Expenditure							
Pay							
Medical & Dental	9,268	5,406	7,226	-1,820	772	1,043	-271
Nursing & Midwifery	16,970	9,882	9,338	544	1,420	1,356	64
Other Staff Costs	27,856	16,313	13,134	3,179	2,387	1,899	487
Total Pay	54,094	31,601	29,699	1,903	4,579	4,299	280
Non Pay							
Drugs - Primary Care	4,902	2,859	2,776	83	408	395	13
Drugs - Secondary Care	3,558	2,075	1,838	237	296	213	84
General Dental Services	1,009	643	647	-5	106	111	-5
General Medical Services	5,251	3,063	3,212	-149	438	456	-18
General Ophthalmic Services	316	181	181	0	26	26	0
Medical Supplies	1,594	930	1,061	-131	133	220	-87
Other Expenditure	9,278	5,330	10,357	-5,027	694	1,425	-731
Pharmaceutical Services	1,017	616	637	-21	78	80	-2
Resource Transfer	2,334	1,362	1,370	-8	195	195	0
SLA's & UNPACs	10,033	5,853	5,941	-88	836	880	-44
Total Expenditure	39,292	22,911	28,020	-5,109	3,211	4,001	-790
Total	91,503	53,391	56,150	-2,759	7,633	8,057	-424

Figures shown in the above table represent £000s

Finance
Financial Performance Against Plan

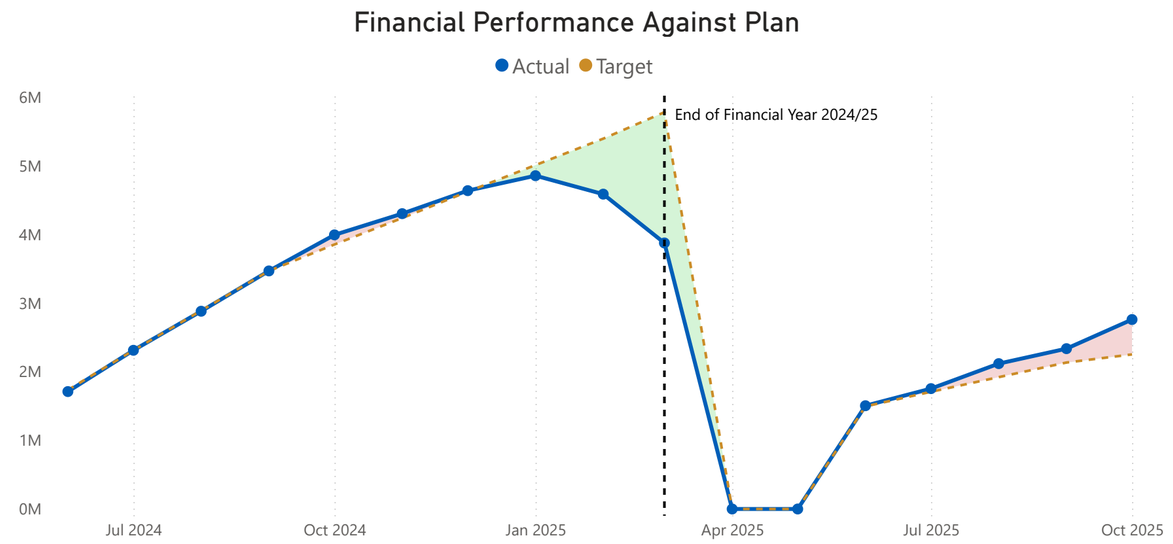
Data Source
Finance Performance Report

Latest Data
October 2025

Compliance

KPI	Target	Actual	RAG Value
Financial performance against plan - YTD.	£2,251,000	£2,759,000	Red

Action	Target Date	Owner	Status
Ensure all outstanding budget holders undertake training in budget management	31/12/2025	M Barnes	In Progress
Ongoing meetings with budget holders to identify cost reduction measures and ensure proper budget control	31/03/2026	M Barnes	In Progress



Comments From Executive Lead

The Month 7 financial position is again adverse against the planned trajectory. The reporting position is £0.508m higher than the planned overspend of £2.251m. This is a combination of additional expenditure of £314k and unachieved savings of £194k. Additional legal and settlement fees have driven the increase in expenditure this month along with primary care prescribing costs. Funding of £0.079m was removed by SG in Month 5 to fund the tariff transfer to non-discretionary expenditure. This development was not known when the financial plan was approved

Melanie Barnes, Interim Director of Finance

Finance
Accounts Payable 10-Day Performance

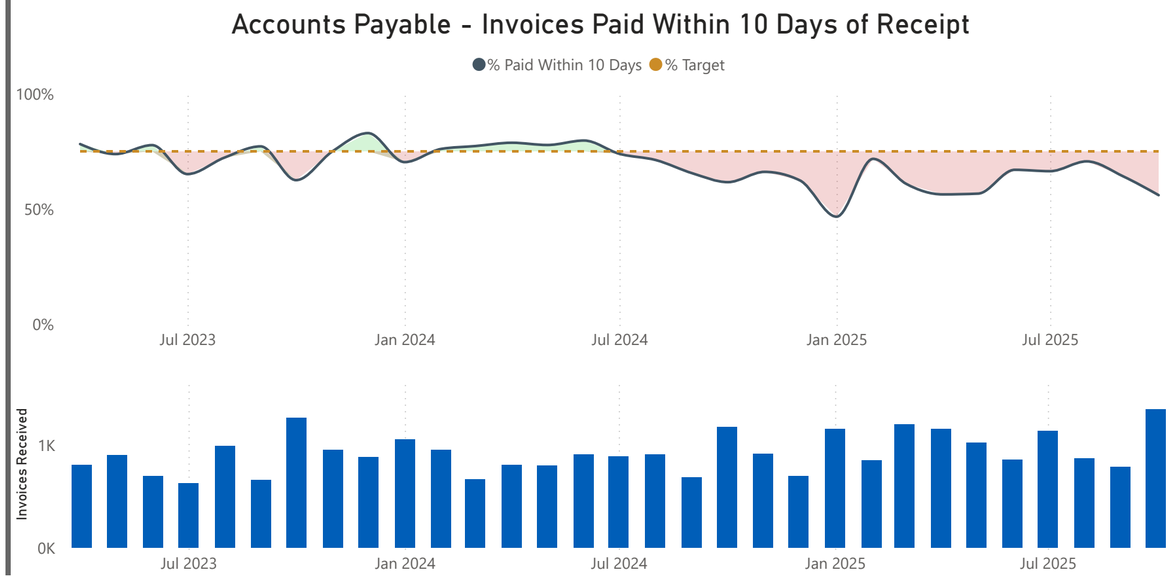
Data Source
AP Performance Report

Latest Data
October 2025

Compliance

KPI	Target	Actual	RAG Value
75% of invoices to be paid within 10 days of receipt - local target	75%	55.97%	Red

Action	Target Date	Owner	Status
Ensure all outstanding budget holders undertake training in budget management	31/12/2025	M Barnes	In Progress
Continue to escalate issues with receipting of PO's and submission of invoices by departments to DoF	31/03/2026	M Barnes	In Progress



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

Melanie Barnes, Interim Director of Finance

Finance
Accounts Payable 30-Day Performance

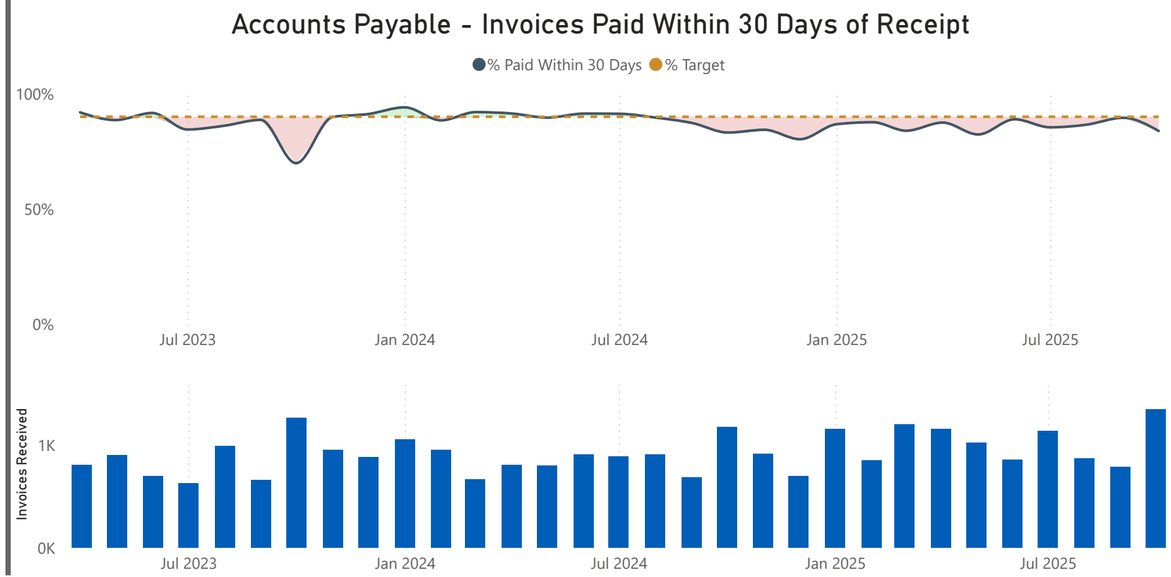
Data Source
AP Performance Report

Latest Data
October 2025

Compliance

KPI	Target	Actual	RAG Value
90% of invoices to be paid within 30 days of receipt - local target	90%	83.84%	Amber

Action	Target Date	Owner	Status
Ensure all outstanding budget holders undertake training in budget management	31/12/2025	M Barnes	In Progress
Continue to escalate issues with receipting of PO's and submission of invoices by departments to DoF	31/03/2026	M Barnes	In Progress



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

Melanie Barnes, Interim Director of Finance

Item 11.1

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: 26 November 2025**
Prepared By:	Debs Crohn, Head of Corporate Governance	
Approved By:	Fiona Mackay, Chair, Non-Executive Director	
Presented By:	Fiona MacKay, Chair, Non-Executive Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on **26 November 2025**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. **Month 7 Financial Position:** The Board is currently forecasting a deficit of £6.2 million for the 2025/26 financial year. The Scottish Government has made it clear that if the Board does not reduce this deficit to £2 million, a Section 22 notice will be issued, resulting in increased scrutiny from Ministers. Actions have been proposed to address the deficit and are expected to bring it down to the £2 million target. However, the Board should carefully consider the reputational risks associated with not meeting this target, as well as the potential opportunities that Public Sector Reform may offer in addressing financial challenges. 2. **Robertsons Contract:** The Board is experiencing ongoing issues with the Robertsons contract, specifically related to staffing challenges. These concerns have been formally raised with NHS Assure for further review and support.	1. Medical Staffing Costs: The Interim Director of Finance has been tasked with preparing a detailed report for the December Committee meeting. This report will explain the reasons behind the recent rise in medical staffing costs, providing clarity on the key factors contributing to this increase and any potential solutions or actions being considered. 2. Service Re-Design - shared services and additional integration opportunities: In December 2025, the Committee will conduct an in-depth review to identify opportunities for improving and redesigning services in several critical areas: • Isles Network of Care • Digital Opportunities • Out of Hours Services • Medical Staffing 3. Executive team to bring more detailed savings plans with costs, timescales and actions for the 4 areas listed above to the January 2026 Committee meeting.
Positive Assurances to Provide	**Decisions Made**
1. Strong performance continues in several areas, including 100% compliance with the 31-day cancer treatment standard, exceeding targets for mental health and psychological therapies, and improvements in diagnostics and imaging that have reduced patient travel. 2. The Integrated Performance Report is vital document which will help improve our organisational performance. 3. Assurance taken on the progress and mitigations presented on the latest Corporate Risk Register	1. Minutes and Chair's Assurance Report approved from meeting held 23 September 2025. 2. Finance and Performance Committee Terms of Reference, Workplan/Business Cycle and timetable for papers for 2026/27 approved. 3. Revised Standing Financial Instructions (Phase 3) approved

4. Members discussed and took assurance on the unscheduled care funding submission to Scottish Government.	

Comments on Effectiveness of the Meeting

- The meeting over ran, but conversations were relevant and productive.
- Members felt that the meeting was a safe place to carry out respectful challenge

NHS Orkney

Item 11.4

Senior Leadership Team (SLT) Place, Patient Safety and Performance Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team (People and Potential)	**Date of Meeting: 25 November 2025**
Prepared By:	Miranda Gardiner, EA to CEO & Board Chair	
Approved By:	James Goodyear, Interim CEO	
Presented By:	James Goodyear, Interim CEO	

Purpose

The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **25 November 2025**.

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. **Financial Position Month 6:** There is a significant variance against trajectory at the end of Month 6. Key actions to mitigate the risk include reinforcing strict financial procedures, and promoting staff engagement through bulletins, drop-in sessions, and opportunities for feedback on efficiency and cost-saving ideas. More information to follow in due course. 2. **Workforce:** Recruitment challenges and the impact of sickness absence on service delivery. Occupational Health and line managers are to continue supporting staff wellbeing and addressing stress-related absences. 3. **Performance Issues:** Continued pressure on Treatment Time Guarantees and Delayed Transfers of Care.	1. **Public Sector Reform:** Work underway to assess the implications of the new sub-regional planning structures and Orkney's Routemap to Reform. 2. **Population Health Framework -** Engagement sessions with stakeholders to be arranged to refine priorities and implementation plan. Managers to ensure population Health is incorporated into service planning and performance monitoring. 3. **Senior Leadership Team Terms of Reference -** A faciliated session to be delivered by the Head of Corporate Governance in the new year to reivew the SLT Terms of Reference.
Positive Assurances to Provide	**Decisions Made**
1. Strong performance continues in several areas, including 100% compliance with the 31-day cancer treatment standard, exceeding targets for mental health and psychological therapies, and improvements in diagnostics and imaging that have reduced patient travel.	1. Minutes and Chair's Assurance Report approved from meetings held 7 October and 30 September 2025. 2. Revised Risk Escalation Process approved 3. SLT meeting to be held monthly from the new year, a faciliated session to be delivered by the Head of Corporate Governance in the new year to reivew the Terms of Reference.

Feedback about meeting:
- None recorded.

Item 11.7

Area Partnership Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Area Partnership Forum	**Date of Meeting:** 18th November 2025
Prepared By:	Jade Rosie	
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 18th November 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Significant concerns were raised about the implications of the Regional Planning changes imposed nationally. Particularly, the lack of staff side and clinical involvement, and potential to dilute remote and rural voice nationally were noted. • The lack of a multi-year workforce plan continues to cause difficulty in working in partnership. Assurances have been provided that work will begin in this space in the coming months. • Implementation of Distant Islands Allowance guidance will create an additional cost pressure. Full implications being brought to January APF. • Improper testing of safety alarms and lack of awareness of safety alarm processes at a departmental level represents an ongoing risk. • The quality of the new Once for Scotland health & safety policies is in question. Concerns have been escalated nationally.	• Approved creation of a Staff Equality Network, with option of a hybrid local and regional approach to be scoped. • Implementation of Distant Islands Allowance guidance being scoped. Deferred to Q4. • Introduction of Adjustment Passport Scheme and EDI calendar to be pipelined into Q4 work. • Outcomes of safety alarm corrective actions to be brought to January APF. • Additional pension advice/training to be sourced through Staff Side.
Positive Assurances to Provide	**Decisions Made**
• Significant progress has been made to address low attendance at manual handling and violence intervention training. • The Forum noted the considerable progress made to improve recruitment over the last year. • Proactive steps being taken to manage safety risks arising from winter weather.	• AGREED: Creation of a Staff Equality Network. • AGREED: Introduction of Adjustment Passport Scheme. • AGREED: Implementation of EDI Calendar. • AGREED: Public holiday dates for 2026/27 and 2027/28. • APPROVED: Staff Governance Monitoring Exercise response for 2024–2025. • AGREED: Revised Photographic and Digital Recording Guidelines.

	• NOTED: Progress on reduced working week initiative under Agenda for Change Reform. • NOTED: Receipt of letter from Maree Todd MSP and Chair's Assurance Report – Operational People Group.

Comments on Effectiveness of the Meeting

- The meeting was well-attended, with active participation from members.
- Agenda was completed efficiently, with clear decisions and actions agreed.
- Members demonstrated a collaborative approach to addressing challenges and progressing key initiatives.

NHS Orkney

Meeting:	**Board of NHS Orkney**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Public Sector Reform – Orkney's Routemap to Reform**
Responsible Executive/Non-Executive:	**Stephen Brown, Chief Officer**
Report Author:	**Gavin Mitchell, Head of Corporate Governance, Orkney Islands Council and Debs Crohn, Head of Corporate Governance Committee.**

1 Purpose

This is presented to the Board Development Session for:

- Decision

This report relates to a:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Members are invited to note:

The work undertaken by the NHS Orkney and its partners to date in progressing work around the Public Service Reform agenda.

It is recommended:

That Members approve the proposed Routemap to Reform for public services in Orkney, attached as Appendix 1 to this report.

That the Chief Executive be authorised to agree Memoranda of Understanding with the Scottish Government and other relevant agencies confirming that no action will be taken in respect of any decisions or measures taken, including local reallocation of resources, that are in accordance with the Routemap to Reform even if they do not necessarily align with existing legacy systems or processes.

2.2 Background

NHS Orkney and Orkney Islands Council are currently addressing a combined annual deficit of approximately £26 million. This represents an unsustainable financial position, which is exacerbated by ongoing demographic changes and public protection pressures, which mean that securing more efficient joined up service provision is the best option for sustaining public services in Orkney.

As part of a joint review of local governance, the Scottish Government and COSLA are leading a workstream on public service reform. In particular, the Scottish Government has resourced and facilitated research to assess the feasibility of Single Authority Models for Orkney, Argyll and Bute, and the Western Isles.

The Scottish Government's Programme for Government 2025-26 includes a pledge, by the end of the current Parliament, to publish: "*Preferred models for Single Authority Models in Argyll and Bute, Orkney and Western Isles that have been developed jointly by local government and health and enable a shift towards prevention. This will include a plan and timeline for implementation, with at least one area transitioning to shadow arrangements.*"

The Scottish Government has offered to support Orkney, through Orkney Islands Council, with £300,000 of funding from its Invest to Save Fund, to support capacity to work with partners on a public service reform model for Orkney.

The Scottish Government has set a number of deadlines for submission of work. The Scottish Government has intimated that it expects Orkney Islands Council to liaise with the Integration Joint Board and NHS Orkney and submit a detailed reform model by 12 December 2025.

2.3 Assessment

Four Principles

In the exploration of public service reform, early discussions have taken place between NHS Orkney and Orkney Islands Council, as the two largest public bodies in Orkney, and the Integration Joint Board.

These discussions have proven productive in ensuring that there is senior leadership buy-in to the agenda. A set of principles has been established to guide the focus of the work moving forward.

These principles are:

- There must be benefit to the community. Public Service Reform must deliver clear and measurable benefits to the community.
- Accountability to the Orkney community. The decision-makers of services to the public will be fully and transparently accountable to the people of Orkney.
- Understanding of the national situation. Local models of service delivery will relate to and work effectively with regional and national models.
- Reduced duplication. Key objectives will be to improve efficiency, pool resources, streamline bureaucracy and improve cohesion across Orkney's public services.

Terminology

Although the Scottish Government has asked that island areas (at least in the first instance) work on creating a "single authority model", Orkney's recent history with working towards such a model does not sit comfortably with the terminology or indeed the approach as a starting point. It also unhelpfully implies that all public sector agencies could become part of a single organisation, when the reality is that there are no single models that could feasibly encompass the entirety of public services in Orkney.

Alongside this, there is an ongoing agenda of regionalisation of services across the NHS. It appears counter-intuitive to propose a new structure which inter-relates with regional arrangements that themselves are currently in the process of change.

Therefore, in addition to the four principles outlined in section 4 above, there is agreement among representatives of NHS Orkney, the Integration Joint Board and Orkney Islands Council that the approach to public service reform in Orkney should not begin with an entirely new set of joint governance arrangements in the way that would be expected with a "Single Authority Model". Instead, the starting point should be on identifying areas of activity and responsibility in which NHS Orkney, the Integration Joint Board and Orkney Islands Council are all engaged and exploring opportunities to bring some of these together in order to enhance capacity and resilience in the immediate term and to seek efficiencies in the medium to longer term.

This alternative approach has been endorsed by Scottish Government and COSLA officials. Accordingly, it is proposed to submit to the Scottish Government a "Routemap to Reform", in which form will follow function. Governance and oversight arrangements will be considered and adapted, as changes in arrangements are agreed at a local level with transparency and support from regional and national participating partners.

Model of Transition

In light of the foregoing, a proposed "model of transition" is attached at Appendix 1 to this report. The intention is that, subject to approval by NHS Orkney, the Integration Joint Board and Orkney Islands Council, this will be submitted to the Scottish Government by the 12 December 2025 deadline. The model of transition sets out two key areas of focus.

Routemap to Reform

A proposed Routemap to Reform of public services (Model of Transition) is attached at Appendix 1 to this report. The Routemap sets out two key areas of focus: established shared working / shared services and streamlined governance.

The first area of focus is those support services that are currently used by NHS Orkney, the Integration Joint Board and Orkney Islands Council to support the delivery of local frontline services. A joint lead steering group has been set up, containing representation from NHS Orkney, the Integration Joint Board and Orkney Islands Council. The steering group will identify initial priorities that have been agreed at a local level and scope out each service as currently being managed and delivered in each organisation. An assessment would then be undertaken around the feasibility of increased collaboration across teams in the short term, including pooling and sharing of resources, leading to achievement of efficiencies in the medium to longer term. Subject to the outcome of the above assessment and subsequent approval by the respective organisations, relevant support services will be delivered together by local teams across agencies to support shared collaboration across the whole functional area, but, where feasible and agreed, they will operate under a responsible partner management structure based on the four principles. Migration towards a single operating structure for each service will be progressed as opportunities arise, subject to all partners being satisfied on an agreed set of associated outcomes to be achieved.

The second area of focus is the exploration of scope for streamlining the governance, performance monitoring and control functions that currently exist, NHS Orkney, the Integration Joint Board and Orkney Islands Council. It is expected that efficiencies will be possible through removal of duplication of: governance, performance monitoring, audit, administrative support and bureaucracy, which are currently split across three governance structures. It is proposed that any significant changes to governance – even if agreed – would not take effect until (at the earliest) after May 2027 when Council elections are due to be held. This would allow any proposed changes to be taken forward at a natural point of transition when normal process dictates changes to governance affecting many public services across Orkney.

Memorandum of Understanding

Given the iterative nature of the reform process being proposed, the transition will take a number of years to implement fully. In order to facilitate progress, a memorandum of understanding will require to be agreed with Scottish Government, Audit Scotland and other regulatory bodies and partners, to endorse and support the reform process and provide assurance for local partners that no enforcement or other regulatory action will be applied in respect of any decisions taken that are in accordance with both the model and the principles,

including local reallocation of resources and service redesign, but which might not necessarily align with currently existing legacy systems or processes.

Scottish Government Grant Funding

Subject to approval by the Scottish Government, the aforementioned Invest to Save funding from the Scottish Government will be applied to progress development of the proposed Routemap to Reform in Orkney. This will include the recruitment and employment of a Strategic Project Manager and a Strategic Project Officer to support the partners as they embark on this transition process.

Next Steps

Subject to approval by the NHS Orkney, the Integration Joint Board and Orkney Islands Council, the proposed Routemap to Reform (Model of Transition) will be submitted to Scottish Government by 12 December 2025.

Discussions will continue to take place between NHS Orkney, the Integration Joint Board, and Orkney Islands Council, Scottish Government and COSLA on progressing the Public Service Reform agenda in Orkney, underpinned by the four agreed principles.

Regular updates will be provided to the Integration Joint Board, and approvals will be sought where required.

Updates will also be provided to the Community Planning Partnership.

2.3.1 Quality/ Patient Care

There are no quality or patient care implications directly arising as a result of this report.

2.3.2 Workforce

While there are workforce implications directly arising from this report, as mentioned within the Shared Services section, this approach would involve greater collaboration between the partners with staff being supported through the transition.

2.3.3 Financial

In the meantime, and subject to approval by the Scottish Government, the aforementioned funding from the Scottish Government will be applied to progress development of the proposed model of transition in Orkney. This will include the recruitment and employment of a Strategic Project Manager and a Strategic Project Officer to support the project. Their work will include undertaking the scoping and assessment work referred to in sections 7.3. and 8.1. and the design and development of revised operating structures where shared services are assessed as feasible. Resourcing of facilitation sessions between the NHS Orkney, Orkney Islands Council and other key stakeholders will also be necessary, as will be the arrangement of public engagement and consultation activities. There will also be a requirement to commission professional advice from external organisations, which may include legal, financial, communications and other professional advice.

On 24 June 2025 the Scottish Government offered an additional £300,000 from its Invest to Save Fund to support with Orkney's public service reform work with the following conditions:

- The funding is to enable the Project/Programme to be carried out.
- The funding shall only be used for the purposes of the Project/Programme and for no other purpose whatsoever.
- Bidders agree to provide 6 monthly updates on progress of the project using a bespoke reporting template. The first report is due on 12 December 2025.
- Bidders engage, as required, with SG Officials to discuss any specific element of the bid or to provide information as required.
- The final amount will be subject to the discussion with the local governance review team taking account of what other funding is available already to support some of the work and work already underway at a national level.
- Any savings from the project can be retained to be reinvested into improving service delivery.

Significant analysis would be required to assess the financial impacts of the model of transition and those arising from any operating structures that may be agreed in the future.

2.3.4 Risk Assessment/Management

There are no other risk implications directly arising as a result of this report.

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications directly arising as a result of this report.

2.3.6 Climate Change Sustainability

There are no climate change implications directly arising as a result of this report.

2.3.7 Other impacts

There are no other implications directly arising as a result of this report.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

- Executive Team Meeting, informally at various meetings.
- Board Development Sessions, informally at various meetings.
- Area Partnership Forum, via email on 19 November 2025.

2.3.8 Route to the Meeting

2.3.9 This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Public Sector Reform – Local Meeting, 18 November 2025.
- Public Sector Reform – Meeting with Scottish Government, 18 November 2025.
- Executive Team Meeting, 24 November 2025.

2.4 Recommendation

- **Approval** – Examine, consider and approval the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1**: Orkney's Routemap for Reform.

Orkney's Routemap to Reform

Orkney Islands Council, NHS Orkney and Integration Joint Board Proposed Model of Transition (Public Service Reform)

Introduction

Orkney Islands Council and NHS Orkney are currently addressing a combined annual deficit of approximately £26 million. This represents an unsustainable fiscal position, which is exacerbated by ongoing demographic changes and public protection pressures, which mean that securing more efficient joined up service provision is the best option for sustaining public services in Orkney.

The Scottish Government's Programme for Government 2025-26 includes a pledge, by the end of the current Parliament, to publish: *"Preferred models for Single Authority Models in Argyll and Bute, Orkney and Western Isles that have been developed jointly by local government and health and enable a shift towards prevention. This will include a plan and timeline for implementation, with at least one area transitioning to shadow arrangements."*

The Scottish Government has offered to support Orkney through Orkney Islands Council with £300,000 of funding from its Invest to Save Fund to support capacity to work with partners on a public service reform model for Orkney.

This work will fully explore how Orkney Islands Council, NHS Orkney and the Integration Joint Board locally can work more closely together to reduce duplication, find efficiencies, reduce financial deficits, and, ultimately, deliver sustainable services to local communities.

It is intended that any potential benefits would include the release of resources to protect frontline services and/or support the financial sustainability of NHS Orkney and Orkney Islands Council.

Four Principles

A set of principles has been established to underpin consideration of options for transitioning from the current arrangements to a future governance model for the public sector in Orkney:

These principles are:

(a) There must be benefit to the community. Public Service Reform must deliver clear and measurable benefits to the community.

(b) Accountability to the Orkney community. The decision-makers of services to the public will be fully and transparently accountable to the people of Orkney.

(c) Understanding of the national situation. Local models of service delivery will relate to and work effectively with regional and national models.

(d) Reduced duplication. Key objectives will be to improve efficiency, pool resources, streamline bureaucracy and improve cohesion across Orkney's public services.

Orkney Islands Council and NHS Orkney, as the largest public sector employers within Orkney, believe that the essential work that lies ahead should be planned and measured, seeking no detriment to service provision or adverse impacts on staff. The nature and pace of change should be agreed and controlled locally allowing participating organisations scope to transition and manage consequential structural and organisational impacts. Staff, stakeholders, communities, service users and Community Planning partners should be kept fully informed and consulted where relevant to ensure trust and transparency in the process and nature of change.

Terminology

Although the Scottish Government has asked that island areas (at least in the first instance) work on creating a "single authority model", Orkney's recent history with working towards such a model does not sit comfortably with the terminology or indeed the approach as a starting point.

In addition, the term "Single Authority Model" is not always helpful as it implies that all public sector agencies could become part of a single organisation, when the reality is that there are no single models that could feasibly encompass the entirety of public services required in Orkney. There are approximately 22,000 people living in Orkney who need and expect access to the NHS and other essential public services provided at a local, regional and national level. It is important that terminology and language are considered and that communications reassure the

public and relevant staff groups that these services and structures will be part of the future models of service delivery – especially where these regional and national models are more efficient and effective in the provision of essential public services.

Alongside this, there is an ongoing agenda of regionalisation of services across the NHS. Whilst the Co-operation and Planning Directions 2025 (DL 2025/25) do not alter the duties or accountabilities of Health Boards, they do oblige Health Boards to come together and plan around specific areas and also develop sub-national plans for financial sustainability. It would therefore be counter-intuitive to propose a new structure which inter-relates with regional planning arrangements that themselves are currently in the process of change.

Therefore, in addition to the four principles outlined above, there is consensus among representatives of Orkney Islands Council, NHS Orkney and the Integration Joint Board that the approach to public service reform in Orkney should not begin with an entirely new set of joint governance arrangements in the way that would be expected with a "Single Authority Model". Instead, the starting point should be on identifying areas of activity and responsibility in which Orkney Islands Council, NHS Orkney and the Integration Joint Board are each engaged, and exploring opportunities to bring some of these together in order to enhance capacity and resilience in the immediate term and to seek efficiencies in the medium to longer term.

Under the Orkney Routemap to Reform, form will follow function. Governance and oversight arrangements will be considered and adapted, as changes in arrangements are agreed at a local level with transparency and support from regional and national participating partners.

We fully recognise the interdependent nature of the work of all local partners. There is an ever-increasing requirement to further align planning and delivery across traditional organisational boundaries. We understand, for example, that the significant workforce challenges being experienced in health and social care cannot be resolved without actions being taken in economic development, housing, childcare provision and education. We further understand that the current demands on many services will continue to rise exponentially unless the continuum of supports increasingly involve and include communities, community groups and third sector organisations. The aspiration outlined in the recently published Population Health Framework, and the recognition that prevention and earlier intervention is critical to this, cannot be delivered by statutory services alone.

It is respectfully suggested that the above approach aligns with the Scottish Government's commitments outlined in its Public Service Reform Strategy (published in June 2025), which seeks to encourage collaboration and integration between public sector organisations to create efficient services through removal of

duplication and prioritisation of prevention as part of a plan to achieve £1 billion of savings over the next five years.

Orkney's Routemap to Reform – A Model of Transition

Within Orkney, the community relies on a range of frontline services that can only be delivered in the community locally. These services are under significant pressure from a demographic and resourcing perspective and are already operating at the limits of sustainability and capacity.

Our proposed approach is designed to strengthen and support local communities' ability to access essential services at as early a stage as possible.

As a partnership, we are viewing all these services as being in scope for strengthening how these services are supported. Our approach is to review how we can support these services through the most resilient and robust means in accordance with the principles.

Members and Officers working within the Integration Joint Board bring specific experience and understanding of how integration and joint service delivery have been taken forward to date and how this could be built up in the future, and they will be essential participants in this agenda.

A Model of Transition (or route-map to reform of public services) is proposed. This sets out two key areas of focus:

(1) Establishing Shared Working / Shared Services.

(2) Streamlined Governance.

1. Establishing Shared Working / Shared Services

1.1. This area of focus is those support services that are currently used by both Orkney Islands Council and NHS Orkney, to support the delivery of local frontline services which are performed, supported or accessed in the community on a regular basis. These are likely to include a range of performance management, strategic planning and development, and other support services that frontline activities rely on that would be the initial focus for conversations around the development of integrated approaches and early intervention and prevention.

1.2. No list has been drawn up at this stage. However, when this is done, consideration will need to be given to the challenges that may arise. For example, a shared Communications resource may, at least on the surface, seem an easier thing to deliver than, for example, a shared IT resource, particularly given that some of the IT solutions for NHS Orkney may require closer alignment and sharing of resource with other NHS Board areas.

1.3 A joint lead steering group has been set up, containing representation from Orkney Islands Council, NHS Orkney and the Integration Joint Board, and supported by the aforementioned grant funding from the Scottish Government's Invest to Save Fund. The steering group will identify initial priorities that have been agreed at a local level and scope out each service as currently being managed and delivered in each organisation. An assessment will then be undertaken around the feasibility of increased collaboration across teams in the short term, including pooling and sharing of resources, leading to achievement of efficiencies in the medium to longer term. The assessment will include consideration of options including the joint use of assets, facilities, knowledge and resources where appropriate.

1.4. Subject to the outcome of the above assessment, the steering group will agree and approve recommendations for early service changes, responding to demographic pressures and joint workforce challenges, and propose the mechanics for achieving such changes. Any recommendations approved by the steering group will then be taken through the respective governance processes of each organisation. It is envisaged that, subject to the agreement of the steering group and approval by the respective organisations, relevant support services will be delivered together by local teams across agencies to support shared collaboration across the whole functional area, but, where feasible and agreed, they will operate under a responsible partner management structure based on the four principles.

1.5. Migration towards a single operating structure for each service area, delivering agreed support across the wider public sector, will be considered by the steering group as opportunities arise and services are consolidated under responsible partner service governance. Migration will be agreed subject to all partners being satisfied on an agreed set of associated outcomes to be achieved. Savings will be secured in the meantime by greater collaborative working and joined up service delivery.

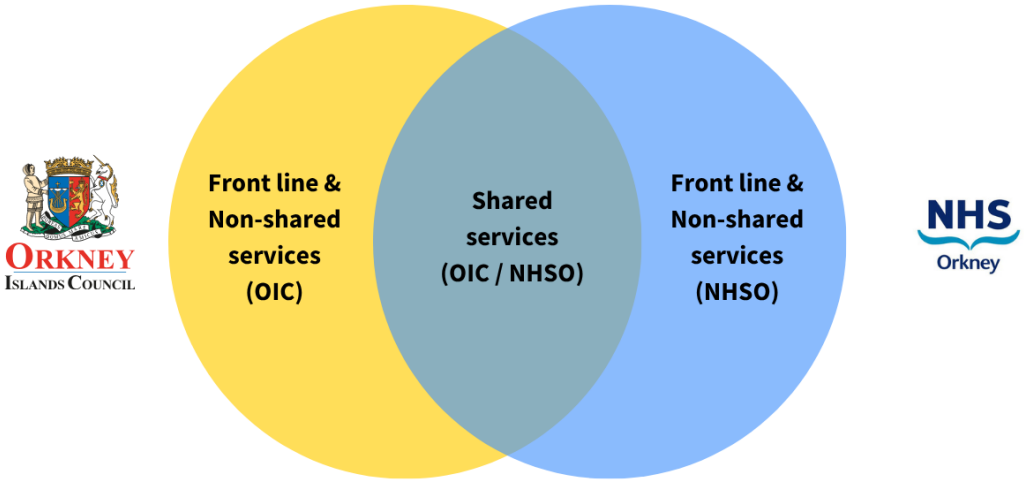
1.6. Part of this collaboration will include ongoing review of whether any aspects of service support could be more efficiently or effectively delivered regionally or nationally. If so, that will be pursued as an outcome. At all times the guiding principles will be followed wherever possible.

1.7. Any efficiencies and savings achieved through this process will be applied to support the ongoing resourcing of essential frontline services with a view to improving outcomes for communities in accordance with the principles.

1.8. Migration of services to a single operating structure will be an iterative process, which will require agreement by the steering group and approval by the respective organisations.

1.9. Line management and staff will be supported as they adapt to the model of transition and build for the future in accordance with the principles. The aim is to take forward this work in collaboration with local partners, and to move forward iteratively rather than go through a structure change conversation. This means that it is not anticipated that there will be any changes to individuals' terms and conditions of employment, but there will be a need to work more closely with partners and across teams.

1.10. A number of services may be assessed as unsuitable for local support because they are already being supported through national or regional ways of working that are delivering economies of scale. These ways of working and associated structures will be retained where they are more efficient and effective than a local solution would be.



2. Streamlined Governance

2.1. Exploration of scope for streamlining governance, performance monitoring and control functions will be undertaken. Subject to agreement, consideration may be given to the streamlining of systems of governance, performance monitoring and control that currently exist across NHS Orkney, Orkney Islands Council and the Integration Joint Board. It is possible that amendments to legislation and the existing Integration Scheme may be required to support this area of work as some functions require by law to be delegated to the Integration Joint Board. It is likely that specialist advice and support will be required to support this exercise including around identification of alternative models of governance and control or developing alternative approaches to support relevant functions and ensure that they are accountable to the community and remain efficient and effective. There may be the need for legislative or Scottish Government intervention and support for alternative approaches, and understanding and sign-off of change processes and timescales.

2.2. It is proposed that any significant changes to governance - even if agreed - would not take effect until (at the earliest) after May 2027 when Council elections are to be held. This would allow any proposed changes to be taken forward at a natural point of transition when normal process dictates changes to governance affecting many public services across Orkney.

2.3 Even as structural and governance arrangements are transitioned, staff will continue to be employed by their respective agencies. No immediate TUPE transfers of employment are therefore envisaged. There will be no requirement for changes to employment contracts, and the old reporting and service structures will simply be allowed to fall away as revised lead agency structures are built opportunistically when people move on through normal workforce transitions. Savings achieved in support of service costs can be refocused on reducing the frontline demands arising from demographic service pressures. It is expected that efficiencies will be possible through removal of duplication of governance, performance monitoring, audit, administrative support and bureaucracy currently split across three governance structures. Savings will be re-invested to support and strengthen resourcing of frontline services in accordance with the principles and with a focus on early intervention and prevention where appropriate.

In relation to further development of Orkney's Routemap to Reform, the other partners in the Orkney Community Planning Partnership will be kept regularly informed as the transition model evolves. If at any stage there are aspects of the reform process that partners wish to become involved in, they will be able to be accommodated by agreement.

Consultation and Engagement

There will be widespread and inclusive consultation and engagement as this will be essential to provide reassurance to communities and staff and to identify shared priorities and the best approach for all interests.

Memorandum of Understanding

Given the iterative nature of the reform process being proposed, while some early successes and progress will be identified and delivered, the transition will take a number of years to implement fully. In order to facilitate progress and ensure continuity of support for the agreed local approach, a memorandum of understanding will require to be agreed with Scottish Government, Audit Scotland and other key regulatory bodies and partners, to endorse and support the reform process and provide assurance for local partners that no enforcement or other regulatory action will be applied in respect of any decisions taken that are in accordance with both the model and the principles, including local reallocation of resources and service redesign, but which might not necessarily align with currently existing legacy systems or processes. It goes without saying that trust and respect will require to be maintained among all parties if the transition is to be successful, and visible support from regional and national partners will also be essential to create a permissive environment in which to build this trust and consensus.

Scottish Government Grant Funding

In the meantime, and subject to the approval by the Scottish Government, the aforementioned Invest to Save funding from the Scottish Government will be applied to progress development of the proposed Routemap to Reform in Orkney. This will include the recruitment and employment of a Strategic Project Manager and a Strategic Project Officer to support the partners as they embark on this transition process. Their work will include undertaking the scoping and assessment work referred to in sections 1.3 and 2.1 above and the design and development of revised operating structures where shared services are assessed as feasible.

Orkney Islands Council is also in receipt of an offer of grant funding of £15,000 from the Scottish Government for the facilitation of dialogue between Orkney Islands Council and NHS Orkney in support of the project. Two extremely positive sessions have already been facilitated by John Sturrock KC and it is anticipated that further

facilitation and external support will be required to maintain progress and deliver public service reform.

Public engagement and consultation activities will also be arranged. In addition, there will be a requirement to commission professional advice from external organisations, which may include legal, financial, communications and other professional advice.

Costs

£75,000 to be allocated to any potential external specialist advice related to legal, finance, communications, etc.

£50,000 to be used for any necessary public engagement / consultation activities.

£20,000 for facilitation sessions hosted by John Sturrock KC and / or Professor Donna Hall CBE between Orkney Islands Council, NHS Orkney, the Integration Joint Board, the Scottish Government and COSLA.

£20,000 to be held in a contingency fund for any unforeseen costs not included or in excess of the above.

£150,000 to be allocated to the recruitment of two temporary policy and project support officers for a period of 18 months, including on-costs. Estimated costs are outlined in the table below:

Title	Strategic Project Manager
Role description	The Strategic Lead for Public Service Reform, reporting to the Policy & Communications Service Manager at Orkney Islands Council
Post duration	18 months temporary
Salary (+DIA)	£43,506 (£46,365 inc Distant Islands Allowance)
On-costs	£12,393.36 (approx.)
TOTAL SPEND	£88,137.54 (18 months)

Title	Strategic Project Officer
Role description	The support to the Strategic Lead for Public Service Reform, reporting to the Policy & Communications Service Manager at Orkney Islands Council
Post duration	18 months temporary
Salary (+DIA)	£28,742 (£31,601 inc Distant Islands Allowance)
On-costs	£8,099.34 (approx.)
TOTAL SPEND	£59,550.51 (18 months)

Implementation period of above actions

To be determined following the above research, initial service collaboration and joint working in initial identified areas of opportunity should commence in early 2026

delivering initial improved working efficiencies and effectiveness. Substantive changes to governance and service performance and monitoring systems would be in line with the timescales set out in section 2.

Timeline

Friday 12 December 2025

If approved by Orkney Islands Council, NHS Orkney and the Integration Joint Board, Orkney Islands Council will submit the above Model of Transition to the Scottish Government for approval.

Monday 5 January 2026

If Model of Transition is approved by Scottish Government and funding allocated from their Invest to Save Fund – research and development work will be taken forward as outlined above, and the process of recruiting two research officers on temporary 18-month contracts will begin.

Thursday 7 May 2026

Scottish Parliament elections.

Friday 12 June 2026

Report due to Scottish Government on progress of Model of Transition and at six monthly intervals thereafter.

Thursday 6 May 2027

Orkney Islands Council elections.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 11 December 2025
Title:	Infection Prevention Healthcare Associated Infection Reporting Template (HAIRT) Report
Responsible Executive/Non-Executive:	Sam Thomas, Executive Director of Nursing Midwifery and AHPs & Chief Officer Acute Services
Report Author:	Sarah Walker Head of Infection Prevention

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Quality
- Person centred

2 Report summary

2.1 Situation

This report is presented to the Board for patient safety assurance in regard to infection prevention and control, and to highlight NHS Orkney's compliance against the IP&C Standards.

Local Delivery Plan (LDP) Standards to date; surveillance for LDP Standard year, 1st April 2025 – 31st March 2026 has been yet to be validated with Antimicrobial and Healthcare Associated Infection Scotland (ARHAI). However, those being confirmed are included in this report and are based on Healthcare Associated Infections (HCAI) only.

To date Healthcare Associated Infection cases:

SAB – 3
CDI – 0
ECB – 4

SSI surveillance is currently paused, pending review

No update on the National MDRO admission Clinical Risk Assessment so previous results are still extant.

- MRSA Clinical Risk Assessment - **87%**,
- CPE Clinical Risk Assessment remains **100%**

Hand Hygiene scores have dropped marginally from 93% at the last report to **92%,** however this still fails to meet the 95% target. The main issues during this data collection period, is staff wearing nail polish/varnish and failure to undertake hand hygiene before entering a patient room.

Domestic monitoring scores remain above the national target of 90%:

- October - Domestic: **96.8** % Estates: **99.7** %
- November - Domestic: **97.2**% Estates: **99.9**%

Infection Prevention Team Updates

International Infection Prevention & Control Week was celebrated during the week beginning the 20 October 2025, the team visited areas across Primary and Secondary care and spoke to over 120 staff members. The team also set up a notice board for the public within The Hub.

Initial infection prevention visit and feedback has been undertaken to the new Kirkwall Care Home “Kirkjuvar”. The visit was followed up with written recommendations and advice with links to the current guidance to the Orkney Islands Council team to support any offered advice.

2.2 Background

For *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB), the definition of “Healthcare Associated Infection” includes both hospital cases and healthcare cases.

There is a vast category of criteria that would capture cases within healthcare associated including, a timing from admission to obtaining blood culture samples, and further examples would be receiving haemodialysis as an outpatient, overnight admission to hospital in the previous 30 days, resides in a care facility or undergone any medical procedure which broke mucous or skin barrier (list is not exhaustive), therefore, many cases will be considered healthcare associated, due to the demographics of the patient groups in general.

Currently, the LDP standards have been confirmed for this year as:

> “No increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) by March 2026 from the 2023/2024 baseline”.

Based on the 2023-24 data, the LDP Standards are set at:

- SAB – Zero
- CDI – One
- ECB – Five

2.3 Assessment

The Board has not achieved its Local Delivery Standard for *Staphylococcus aureus* bacteraemia, as the target was set at zero. Currently NHSO has 3 identified and validated cases. NHS Orkney are also unlikely to meet its *E. Coli* Bacteraemia target of no more than five cases due to current validated number (4).

For more information: Protocol for National Enhanced Surveillance of Bacteraemia.
More information on specific pathogens can be found in the National Infection Prevention & Control Manual - A-Z pathogens.

2.3.1 Quality/ Patient Care

Each mandatory surveillance case is investigated in collaboration with their clinician and the Infection Prevention & Control Doctor. All infections assessed as preventable when investigated are reported as incidents, through the Incident Reporting System and shared with clinicians and teams supported by any educational needs identified.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Climate Change Sustainability

N/A

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement, and consultation

N/A

2.3.9 Route to the Meeting

2.3.10

N/A – Healthcare Associated Infection Reporting Template (HAIRT) is a standard agenda item for Board awareness, as requested by Scottish Government.

This report will be presented at the Infection Prevention & Control Committee on the 01 December 2025

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** - Infection Prevention & Control Healthcare Associated Infection Reporting Template (HAIRT)

NHS Orkney

Infection Prevention & Control Healthcare Associated Infection Reporting Template (HAIRT)

November 2025

Created by:

Sarah Walker

Head of Infection Prevention

Contents

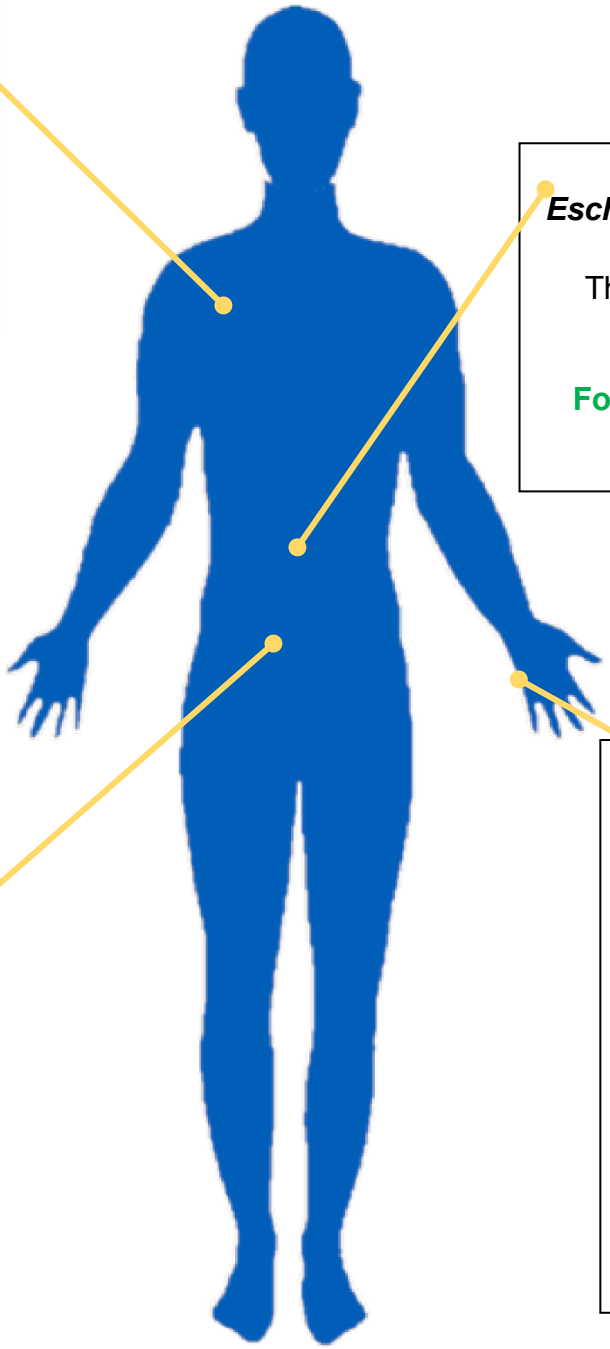
Executive Summary

Summary of the April 2025 - March 2026 Local Delivery Plan Standard - Healthcare Associated Infection (HCAI) Cases to date

***Staphylococcus aureus* bacteraemia**

The Standard is set at zero HCAI cases

Three HCAI cases validated with ARHAI Scotland



***Escherichia Coli* bacteraemia**

The standard is set at five HCAIs

Four cases validated with ARHAI Scotland

***Clostridioides difficile* Infection**

The standard is set at one HCAI case

Zero cases to date

Hand hygiene

Currently stands at **92%** for hand hygiene across secondary care for October and November, main issues noted were non-compliance with WHO 5 moments for hand hygiene by new staff and incorrect hand hygiene technique, this requires to be driven within departments by peer support and by Department Leads

Staphylococcus aureus bacteraemia (SAB)

Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP standard to March 2026, has been confirmed as no increase in incidence (number of cases) of Healthcare Associated Infection (HCAI) cases, based on the baseline 2023-24 case numbers.

LDP Standard baseline using baseline data for 2023-24, **which equates to no more than zero healthcare associated Infection cases.**

Status: 3 healthcare associated cases confirmed for LDP standard year to date, there has also been 1 community case, which is not included in the LDP Standard.

Dashboard

LDP Standard Target Quarters for LDP standard year 2025-26	HCAI Cases based on LDP standard	Community Case
Q1 – Apr - Jun	2	1
Q2 – Jul - Sep	1	0
Q3 – Oct - Dec		
Q4 – Jan - Mar		

Clostridioides difficile Infection

Clostridioides difficile Infection surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors.

The LDP standard to Mach 2026, is set at no **more than one Healthcare associated Infection case.**

Status: Zero cases for LDP standard year to date.

Clostridioides difficile Infection – LDP Standard Quarters for 2025-26

	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	0	0
Q2 – Jul - Sep	0	0	0
Q3 – Oct - Dec			
Q4 – Jan - Mar			

Escherichia Coli (ECB) Bacteraemia

The LDP standard to March 2026 is set at **which equates to no more than 5 Healthcare associated Infection (HCAI) cases.**

HCAI includes admission for any reason within 30 days

Status: Four HCAI cases for LDP Standard year to date, all validated with ARHAI.

	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1	1	1	0
Q2	2	3	0
Q3			
Q4			

LDP standard only included	HCAI Cases by Source
Respiratory	
Unknown	
Intra-abdominal	
Hepatobiliary	
Renal Tract Infection	3
Other	1

Escherichia Coli (ECB) Bacteraemia – LDP Standard Quarters for 2025-26

Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment National Screening

The Clinical Risk Assessment question set is quite fluid and has been updated to capture, where there is a national change to reflect where risks have been recorded through the surveillance program.

No update received from national data team, reported in calendar year quarters by ARHAI. **Target is set at 90%** and reflects that a documented formal risk assessment at patient admission was carried out to assess risk of colonisation for Meticillin Resistant *Staphylococcus aureus* (MRSA) or Carbapenemase-producing *Enterobacteriaceae* (CPE) colonisation only. This does not reflect MRSA or CPE colonisation rates.

Question set below:

Meticillin Resistant *Staphylococcus aureus* (MRSA)	**Carbapenemase-producing *Enterobacteriaceae* (CPE)**
The patient has been admitted with a chronic wound/ulcer, or an invasive device which was present prior to admission.	Has the patient been an inpatient (including cruise ship sick bay/ward), received cosmetic surgery in the previous 12 months?
Care Home resident or Inpatient Hospital transfer (cruise ship sick bay)?	Has the patient had holiday dialysis outside of Scotland in the previous 12 months?
Is admitted to a higher risk speciality (HDU)	Does patient share a bedroom with a colonised /infected CPE case?
Expected to undergo invasive orthopaedic surgery (other than day care)	

Clinical Risk Assessment KPI by Quarter – Local and National Data

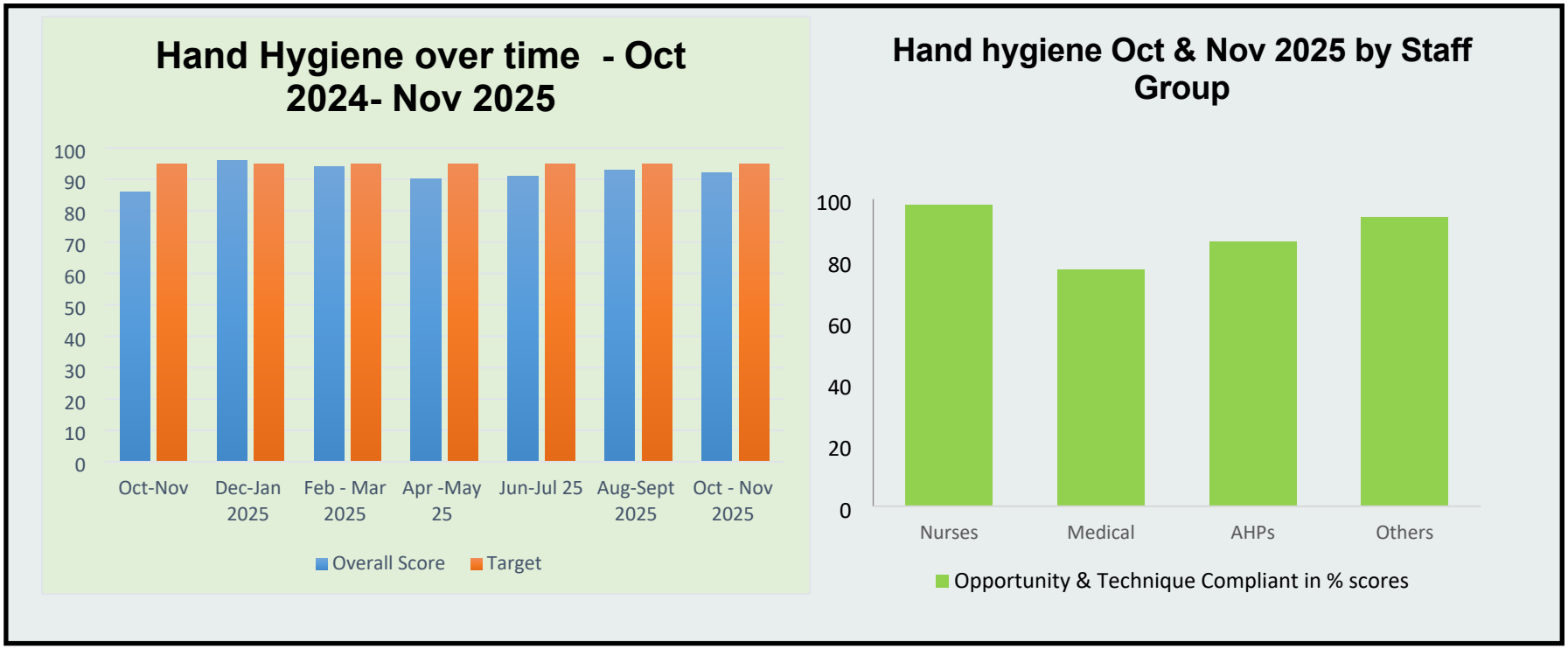
Nationally Produced Data

Quarters by calendar year as reported by ARHAI Scotland	**Local MRSA Screening % Scores**	**Local CPE Screening % Scores**	**National MRSA Screening % Scores For Benchmarking only**	**National CPE Screening % Scores For Benchmarking only**
Q3 Jul-Sept 2024	67%	100%	81%	80%
Q4 Oct-Dec-2024	93%	100%	81%	83%
Q1 Jan-Mar 2025	83%	100%	81%	84%
Q2 Apr-Jun 2025	87%	100%	83%	85%
National Set Target	**90%**	**90%**	**90%**	**90%**

Hand Hygiene

The hand hygiene score for October to November 2025 is now **92%** against the **95% target.**

The main issues are incorrect technique for hand hygiene, and medical staff not following the World Health Organisation “5 moments for Hand hygiene”. Any areas for improvements are discussed with individuals at the time of audit and fed back to department leads for follow up. All departments continue to complete peer Standard Infection Control Precautions, which include Hand hygiene so will assist improvement over time.



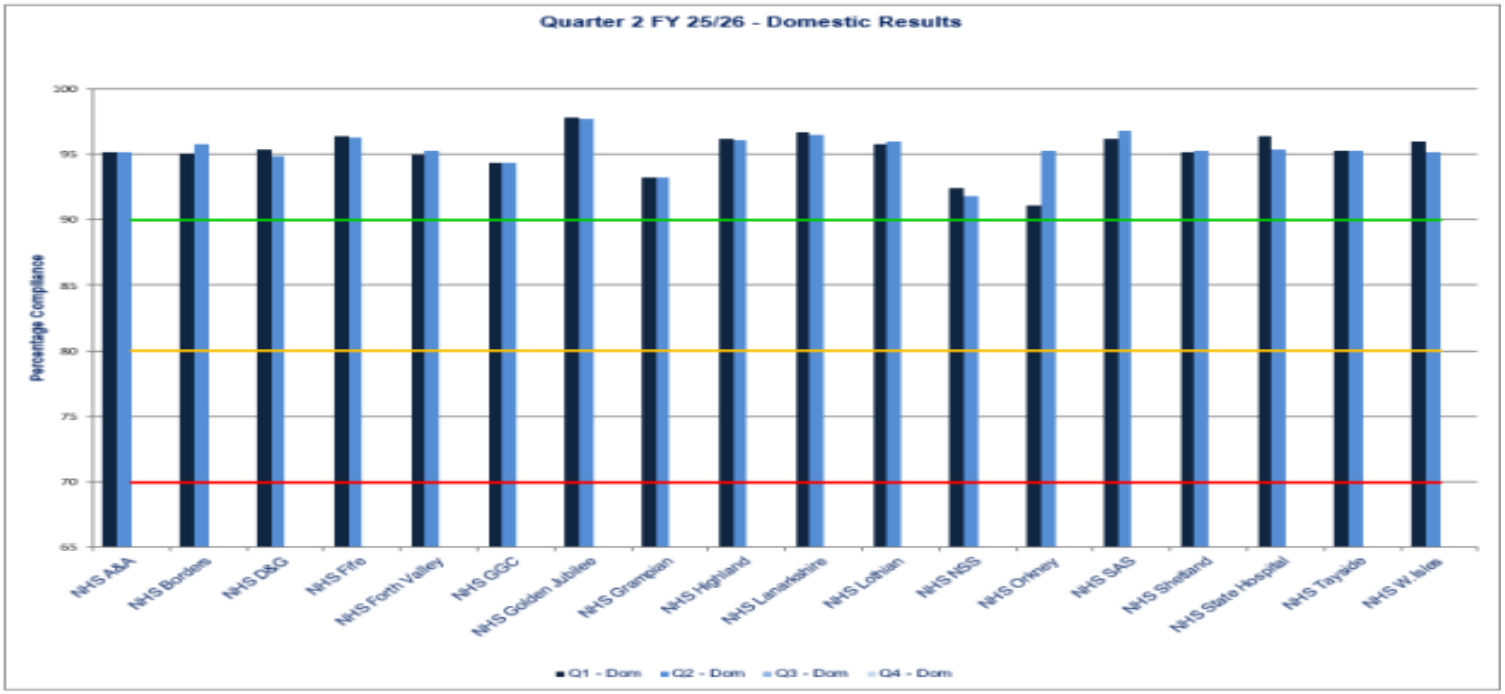
National Domestic and Estates Monitoring – Quarter 2 (calendar year)

5. Domestic services - quarterly data

Domestic services monitoring - NHS board performance

1. The following bar chart shows the quarterly domestic scores for each NHS board.

Figure 5.1 - Chart showing cumulative quarterly domestic scores by NHS board

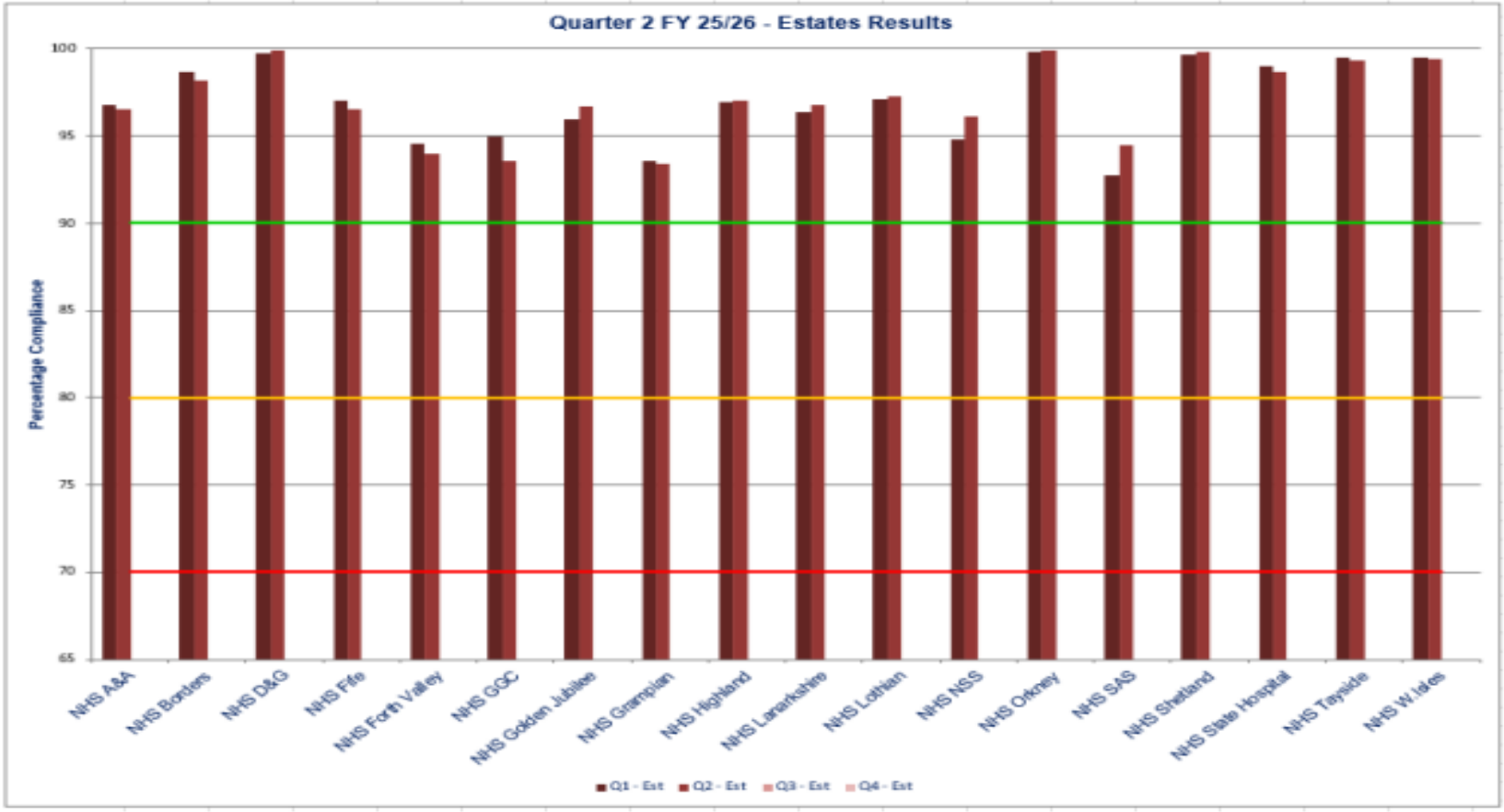


7. Estate services - quarterly data

Estate services monitoring - NHS board performance

The following bar chart shows the quarterly estate scores for each NHS board.

Figure 7.1 - Chart showing cumulative quarterly estate scores for NHS boards



Local Domestic and Estates Environmental Scores by month

The environment is crucial to prevention/transmission of infection; the domestic score continues to sit above the Scottish target of 90%.

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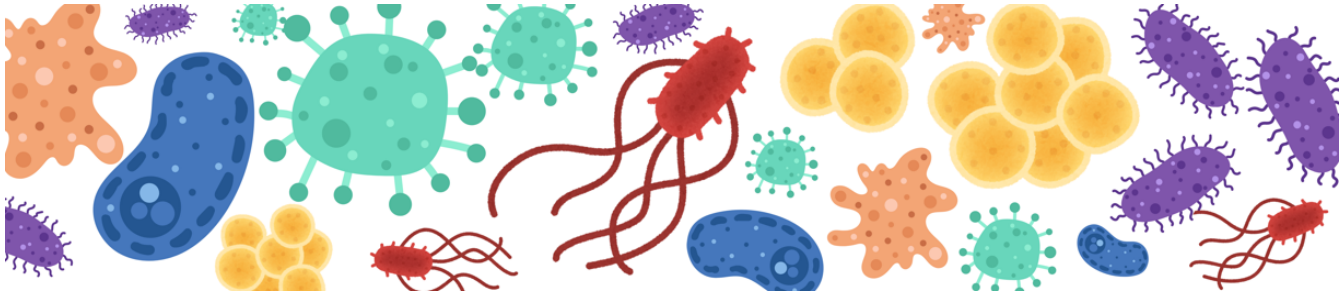
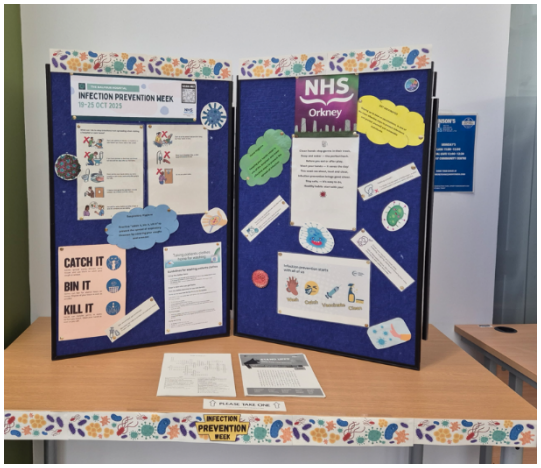
	Domestics % score	Estates % score
Oct-24	97%	100%
Nov-24	97%	100%
Dec-24	94%	100%
Jan-25	Unavailable	Unavailable
Feb-25	95%	99%
Mar-25	Unavailable	Unavailable
Apr- 25	90%	100%
May-25	91%	100%
Jun-25	92%	100%
Jul-25	95%	100%
Aug-25	96%	100
Sep-25	95%	100
Oct-25	97%	100%
Nov-25	97%	100%

Infection Prevention Team (IPT) Updates



During the week of the 20 October 2025 the team celebrated Infection Prevention and Control Week, in line with the new deliverables outlined in DL (2024) 29

The team set up a notice board in the Hub for the public to access and visited lots of areas across both Primary and Secondary Care. This year the team focussed on interactive quizzes and a “Spin the Wheel” question set which was both informative and entertaining. Local notepads and pens and lots of sweets were given out to staff and it was a very successful week.



In total 120 staff members interacted with the IPC team; here are just a few of the photos

IPC Team Education

Two of the team have commenced their university courses again at the start of the academic year. One will achieve a Post Graduate Diploma and the second has just commenced a Post Graduate Certificate in Infection Prevention and Control.

Care Home Support

An initial walkaround was carried out in the new Kirkjuvar Care Home, all recommendations have been fed back to the OIC representatives, as there are some improvements to align with the latest guidance yet to be made.

Exception Reporting to Scottish Government

No exception reporting required.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Whistleblowing Six Month Report - 2025/26**
Responsible Executive/Non-Executive:	**Anna Lamont, Medical Director**
Report Author:	**Kat Jenkin, Head of Patient Safety, Quality and Risk**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Orkney is required to comply with the National Whistleblowing Standards, ensuring that staff and independent contractors have accessible, trusted mechanisms to raise concerns of public interest. For the first and second quarters of the 2025/26 reporting year (April–September 2025), there have been no formal whistleblowing concerns raised. The organisation has focused on embedding updated whistleblowing guidance, supporting staff awareness, and strengthening the culture of openness and continuous improvement.

2.2 Background

NHS Orkney operates within the framework of the National Whistleblowing Standards, which set out clear expectations for how concerns of public interest should be raised and managed across all NHS service providers in Scotland. These standards apply not only to directly

employed staff but also to agency workers, volunteers, contractors, and third sector partners. The aim is to foster a culture of openness, fairness, and continuous improvement, ensuring that anyone involved in NHS service delivery feels empowered and supported to speak up.

Over the past year, NHS Orkney has taken significant steps to strengthen its whistleblowing processes. Following recommendations from the Independent National Whistleblowing Officer (INWO), all outstanding action plans from previous escalated concerns have been completed. Updated whistleblowing guidance has been developed and disseminated, and a recruitment campaign is underway to increase the number and visibility of Confidential Contacts, making it easier for staff to access support and raise concerns.

Regular quarterly meetings are held with Confidential Contacts, the Medical Director, the Whistleblowing Champion, and the Head of Patient Safety, Quality and Risk. These meetings provide an opportunity to review any matters raised, discuss organisational climate, and ensure that the whistleblowing framework remains robust and responsive.

Key points:

- National Whistleblowing Standards apply to all staff and contractors.
- All previous INWO action plans have been completed.
- Updated guidance and recruitment of Confidential Contacts are in progress.
- Quarterly review meetings support ongoing improvement.

2.3 Assessment

During the first and second quarters of 2025/26, NHS Orkney has not received any formal whistleblowing concerns. This period has instead been characterised by a focus on embedding the updated guidance, promoting staff awareness, and supporting cultural change. Three contacts were made with Confidential Contacts in quarter two: one was carried over from the previous quarter and resolved internally, while the other two were referred to the Employee Director for issues relating to staff governance and organisational culture. None of these contacts progressed to formal whistleblowing cases.

Staff awareness initiatives have included the promotion of the new whistleblowing guidance, presentations at internal forums, and participation in national campaigns such as Speak Up Week. Engagement with independent contractors is now routine, although further work is needed to ensure full understanding of the standards and expectations across all contracted service providers.

It has been noted that organisational morale is currently low, attributed to recent changes and a perceived lack of staff involvement in decision-making. In response, the behavioural and values framework is being implemented to address these concerns and support a positive organisational culture.

There are no outstanding action plans at present, and no feedback has been sought from whistleblowers due to the absence of new concerns. However, preparatory work is underway

to seek feedback from those involved in whistleblowing reviews, with the aim of informing future improvements to the process and guidance.

Key points:

- No formal whistleblowing concerns raised in Q1 or Q2.
- Three contacts in Q2; none escalated to formal whistleblowing.
- Staff awareness and engagement activities ongoing.
- Routine engagement with independent contractors established.
- Organisational morale is low; behavioural and values framework being implemented.
- No outstanding action plans; feedback mechanisms under review.

2.3.1 Quality/ Patient Care

For an organisation to achieve high performance and deliver quality care any opportunity for learning must be vigorously pursued. Learning from whistleblowing is essential to shape our services and uphold the NHS Orkney values of being open and honest, respectful and kind.

2.3.2 Workforce

Anyone who delivers an NHS service should feel able and empowered to raise concerns about harm or wrongdoing. They should be trained so they are aware of the channels available to them for raising concerns, and what access to the Standards means.

All staff have access to training through Turas Learn and information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on the Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures.

2.3.3 Financial

There are no financial impacts from this report.

2.3.4 Risk Assessment/Management

The implementation of the National Whistleblowing Standards is a vital component of the organisation's risk management framework. By ensuring that all whistleblowing concerns are handled in a structured, transparent, and timely manner, the organisation is better equipped to identify and address risks that may impact patient safety, staff wellbeing, or service delivery. The Standards support early intervention and resolution, helping to prevent escalation of issues and promoting a culture of openness and accountability. This proactive approach not only strengthens organisational resilience but also reinforces NHS Orkney's commitment to delivering safe, high-quality care across all services.

2.3.5 Equality and Diversity, including health inequalities

The national Standards were subject to public consultation and equality and diversity impact assessment. Through the implementation of the standards, it is expected that a culture of openness and psychological safety where staff and those who provide services for the NHS feel able to speak up will be created, ensuring that every voice is heard.

2.3.6 Climate Change Sustainability

There are no climate change or sustainability impacts from this report.

2.3.7 Other impacts

NA

2.3.8 Communication, involvement, engagement and consultation

There are no formal consultation requirements associated with this paper.

2.3.9 Route to the Meeting

This report has been prepared for the purposes of this meeting only, however, the attached quarter one and two reports have been received, reviewed and approved via the Staff Governance Committee.

2.4 Recommendation

- **Awareness** – For Members' information only.

2.4 Appendices

- **Appendix 1**: Whistleblowing Standards Quarter 1 Report, 2025/26
- **Appendix 2**: Whistleblowing Standards Quarter 2 Report 2025/26

Whistleblowing Standards

QUARTER ONE REPORT 2025/26

SAFETY, QUALITY AND RISK TEAM

Table of Contents

NHS Orkney Whistleblowing Standards

Quarterly Report – Q1 2025/26

1. Introduction

NHS Orkney recognises the Board's responsibility to support and safeguard staff in raising concerns of public interest as well as the need to investigate concerns, ensuring that services remain safe, high-quality, and continuously improving.

In alignment with the National Whistleblowing Standards, NHS Orkney is required to monitor whistleblowing concerns and assess performance against key performance indicators. As part of these standards, NHS Orkney must also gather and report information from independent contractors who deliver NHS services regarding any whistleblowing concerns raised during the reporting period. Historically, this information has not been routinely collected; however, beginning this quarter, NHS Orkney will include data from independent contractors in its reporting.

This report presents whistleblowing data and performance monitoring for the period 1 April 2025 to 30 June 2025, representing the first quarter of the 2025/26 reporting year.

2. Background

The National Whistleblowing Standards, established by the Independent National Whistleblowing Officer (INWO), provide a clear and consistent framework for how all NHS service providers in Scotland must respond to concerns that meet the definition of a whistleblowing concern. These standards are designed to ensure that individuals who raise concerns are treated fairly, that their concerns are handled appropriately, and that learning is derived to improve service delivery.

The Standards apply to all individuals involved in the delivery of NHS services, whether employed directly or indirectly. This includes students, volunteers, agency staff, contractors, Third Sector organisations, and those working within Health and Social Care Partnerships. It is essential that all individuals are made aware of the Standards, understand how to access them, and are informed about the support available to them when raising concerns.

A key objective of the Standards is to promote a culture of openness and continuous improvement. This includes ensuring that lessons learned from whistleblowing cases are implemented effectively and that opportunities to enhance the quality and safety of NHS services are identified and acted upon.

Leadership at all levels within NHS organisations plays a critical role in fostering a supportive environment. Leaders are expected to model behaviours that reflect the

core principles of the Standards, openness, objectivity, impartiality, and fairness. By doing so, they help to create a culture in which staff feel empowered and supported to speak up about concerns related to the safety, effectiveness, or integrity of service delivery.

3. Speaking Up

NHS Orkney continues to receive input through the anonymous reporting form, which provides an important channel for staff to raise concerns in situations where they may not feel comfortable using formal or identifiable routes. This mechanism supports a culture of openness and continuous improvement by enabling concerns to be addressed in a timely and constructive manner.

During this reporting quarter, one concern was submitted via the anonymous form. The issue related to the ophthalmology service, specifically regarding extended waiting times for glaucoma follow-up appointments.

The concern was acknowledged as valid and was discussed in detail during the ophthalmology workshop held on 6 May 2025. While the possibility of increasing consultant visits was considered, it was recognised that this measure alone would not address the underlying systemic challenges. As a result, a series of targeted actions have been initiated or are under development:

- **Referral Optimisation**: All referrals are now being encouraged through community optometry, which can provide essential diagnostic data such as visual fields and OCT scans at the point of referral. This enhances triage efficiency and reduces unnecessary appointments.
- **Expansion of Virtual Clinics**: Virtual glaucoma review clinics are being expanded to allow consultants to assess stable, low-risk patients remotely. This approach increases in-person capacity for more complex cases. Supporting data, including OCT and field test results, will be uploaded to SCI Store to facilitate this process.
- **Community-Based Glaucoma Care**: NHS Scotland has introduced a National Community Glaucoma Service. NHS Orkney is working to identify and support local community optometrists in completing NES-accredited training, enabling them to manage low-risk glaucoma patients within the community and reduce reliance on hospital-based services.
- **Laser Therapy Options**: New laser treatments that may reduce the need for ongoing medication are under review, with consideration being given to their inclusion as a first-line treatment option in the future.

While Waiting List Initiative (WLI) funding is currently being utilised to address service backlogs, it is acknowledged that this is not a sustainable long-term solution. The strategic focus is on developing a more resilient service model through improved referral pathways, enhanced community-based care, and a more effective distribution of clinical responsibilities.

4. Confidential Contacts

A quarterly meeting is convened involving the Confidential Contacts, the Lead Executive for Whistleblowing, the Whistleblowing Champion, and the Head of Patient Safety, Quality and Risk. The purpose of this meeting is to review any matters raised with the Confidential Contacts and to discuss updates or developments relating to whistleblowing procedures and the National Whistleblowing Standards.

During this reporting period, two contacts were made with the Confidential Contacts. The first related to a departmental issue, which has since been resolved internally. The second matter had not been fully explored at the time of reporting. Although a meeting with the Confidential Contact had been scheduled, it had not yet taken place and will therefore be reported in the next quarterly update.

An update was also received from the Independent National Whistleblowing Officer (INWO). As of January 2025, Rosemary Agnew, who also serves as the Scottish Public Services Ombudsman (SPSO), has assumed the role of INWO.

The group also discussed the ongoing need to recruit additional Confidential Contacts to enhance visibility and accessibility across the organisation. This work will continue into the next quarter as part of NHS Orkney's commitment to strengthening its whistleblowing support framework.

5. Outcomes and Performance Against the Whistleblowing Indicators

The National Whistleblowing Standards outline a series of key performance indicators (KPIs) against which each NHS Board is required to report. These indicators are designed to ensure transparency, accountability, and continuous improvement in the handling of whistleblowing concerns.

This report presents NHS Orkney's performance against these indicators and includes separate reporting for NHS Orkney and its independent contractors. The independent contractors are only required to report against KPI's four – nine. While the indicators are not presented in numerical order, they have been arranged to enhance clarity and readability. For ease of reference, the corresponding indicator number is included alongside each heading.

The indicators are as follows:

1. Learning from concerns raised
2. Experience for those raising concerns
3. Staff awareness and training
4. The total number of concerns received
5. Concerns closed at each stage in the process
6. Concerns upheld, partially upheld and not upheld

7. Average times
8. Number of concerns closed at each stage with the set timescales
9. Number of cases where extension was authorised

Staff Awareness and Training (indicator 3)

Count of Learning Status				2025/26			
Course Title	Completed all time	In Progress all time	Total	Completed Q1	Completed Q2	Completed Q3	Completed Q4
Whistleblowing: an overview	105	13	118	0			
Whistleblowing: for managers & people who receive concerns	8	3	11	0			
Whistleblowing: for senior managers	28	7	35	0			

Whilst whistleblowing training is not currently part of NHS Orkney mandatory suite of eLearning, managers/team leaders who potentially have to deal with concerns, will now be required to undertake the relevant training module, to ensure they have clarity around their role and responsibilities in respect of whistleblowing. This will be considered as we develop a new Managers' Programme in 2025/26.

Concerns and Management of Concerns (indicators 4-9)

NHS Orkney

Indicator	Performance 2025/26			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0			
Concerns closed at each stage of the process	N/A			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	N/A			
Number of cases where extension was authorised	N/A			

Independent Contractors

Indicator	Performance 2025/65			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0			
Concerns closed at each stage of the process	N/A			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	N/A			
Number of cases where extension was authorised	N/A			

Learning From Concerns Raised (indicator 1)

No whistleblowing concerns were raised during the reporting period for this quarter. All previously escalated concerns received from the Independent National Whistleblowing Officer (INWO) during the previous year have now been fully resolved. The second concern was addressed informally through a meeting with the complainants and the issuance of a formal apology.
The initial concern, which resulted in four recommendations, has also been concluded. The final actions were completed during this quarter and included the submission of a comprehensive report detailing the organisation's reflective process. This report outlined the steps taken to address the recommendations, including the delivery of a whistleblowing workshop. The workshop focused on enhancing staff support, clarifying organisational procedures, and defining the respective responsibilities of line management and professional management.
Additionally, the organisation undertook a review and revision of its whistleblowing procedures. This work culminated in the development of a guidance document for all staff, clearly outlining the expected processes and standards for handling whistleblowing concerns within NHS Orkney.

Experience For Those Raising Concerns (indicator 2)

Following the resolution of a whistleblowing concern last year, NHS Orkney proactively sought feedback from the individuals involved, as well as from previous whistleblowers, to inform and improve organisational processes. Feedback was invited through two channels, a face-to-face meeting to facilitate open dialogue, and an anonymous survey for those who preferred to share their views confidentially.

Both options were communicated via the relevant service line manager, with a follow-up issued one month after the initial invitation.

One individual accepted the offer of a face-to-face meeting, and three responses were received through the anonymous survey. A copy of the survey form is included as an appendix to this report to demonstrate the feedback mechanism used.
The feedback received highlighted several areas for improvement. While respondents were able to locate information on whistleblowing, it was noted that this information was not easily accessible and required active searching. In addition, staff support was identified as an area requiring further attention. Although half of the respondents indicated that they were able to access support, the overall perception suggested that the level of support did not meet organisational expectations.

Insights gathered from this feedback were instrumental in the development of updated whistleblowing guidance. The revised guidance places a strong emphasis on the availability and visibility of support for staff and incorporates mechanisms for gathering and responding to feedback throughout the whistleblowing process. This ensures that opportunities for improvement are identified and acted upon at both the outset and conclusion of each case.

6. Action plans and Progress on Upheld Concerns

For any organisation to achieve high performance and deliver consistently high-quality care, it is essential that all opportunities for learning are actively and systematically pursued.
During this reporting quarter, all outstanding actions arising from the Independent National Whistleblowing Officer (INWO) recommendations issued last year have been fully completed. Additionally, no new whistleblowing concerns were raised during this period.
A key outcome of the INWO recommendations was the development of internal whistleblowing guidance designed to support all staff throughout the whistleblowing process. This guidance has undergone a period of consultation and is scheduled for formal ratification in August 2025.

7. Conclusion

Although no whistleblowing concerns were raised during this quarter, it has nonetheless been a period of significant activity focused on reviewing and ensuring the full implementation of the recommendations arising from the INWO escalated concern received last year. This work has culminated in the development of an internal whistleblowing guideline, which is intended to support staff by clearly outlining the whistleblowing process, as well as providing guidance on the responsibilities of management and the support available to individuals who raise concerns.

In line with guidance received from the INWO at the end of the financial year, NHS Orkney has also commenced engagement with our independent contractors. This engagement aims not only to ensure that independent contractors are submitting relevant whistleblowing information but also to offer support where required. Additionally, a recruitment campaign for new Confidential Contacts is being launched. This initiative seeks to increase the number of trained contacts and enhance their visibility across the organisation, thereby supporting the overarching goal of ensuring that all staff have accessible, trusted avenues for raising concerns and feel safe and supported in doing so.

Whistleblowing Standards

Quarter Two Report 2025/26

Safety, Quality and Risk Team

Lead Executive for Whistleblowing: Dr Anna Lamont, Medical Director
Author: Kat Jenkin, Head of Patient Safety, Quality and Risk

Table of Contents

NHS Orkney Whistleblowing Standards

Quarterly Report – Q2 2025/26

1. Introduction

NHS Orkney recognises the Board's responsibility to support and safeguard staff in raising concerns of public interest, as well as the need to investigate concerns, ensuring that services remain safe, high-quality, and continuously improving.

In alignment with the National Whistleblowing Standards, NHS Orkney is required to monitor whistleblowing concerns and assess performance against key performance indicators. As part of these standards, NHS Orkney must also gather and report information from independent contractors who deliver NHS services regarding any whistleblowing concerns raised during the reporting period. This process is now embedded as business as usual, with data from independent contractors routinely included in quarterly reporting.

This report presents whistleblowing data and performance monitoring for the period 1 July 2025 to 30 September 2025, representing the second quarter of the 2025/26 reporting year.

2. Background

The National Whistleblowing Standards, established by the Independent National Whistleblowing Officer (INWO), provide a clear and consistent framework for how all NHS service providers in Scotland must respond to concerns that meet the definition of a whistleblowing concern. These standards are designed to ensure that individuals who raise concerns are treated fairly, that their concerns are handled appropriately, and that learning is derived to improve service delivery.

The Standards apply to all individuals involved in the delivery of NHS services, whether employed directly or indirectly. This includes students, volunteers, agency staff, contractors, Third Sector organisations, and those working within Health and Social Care Partnerships. It is essential that all individuals are made aware of the Standards, understand how to access them, and are informed about the support available to them when raising concerns.

A key objective of the Standards is to promote a culture of openness and continuous improvement. This includes ensuring that lessons learned from whistleblowing cases are implemented effectively and that opportunities to enhance the quality and safety of NHS services are identified and acted upon.

Leadership at all levels within NHS organisations plays a critical role in fostering a supportive environment. Leaders are expected to model behaviours that reflect the

core principles of the Standards, openness, objectivity, impartiality, and fairness. By doing so, they help to create a culture in which staff feel empowered and supported to speak up about concerns related to the safety, effectiveness, or integrity of service delivery.

3. Speaking Up

NHS Orkney continues to receive input through the anonymous reporting form, which provides an important channel for staff to raise concerns in situations where they may not feel comfortable using formal or identifiable routes. This mechanism supports a culture of openness and continuous improvement by enabling concerns to be addressed in a timely and constructive manner.

During this reporting quarter, one concern was submitted via the anonymous form. The issue related to the facilities within CSB, specifically the toilet facilities. This was reviewed and domestic team have provided details to contact if there is an urgent issue.

4. Confidential Contacts

During the reporting period, the confidential contacts received three contacts. One of these was a continuation from the previous quarter and was resolved internally within the relevant department.

The second contact related to concerns regarding non-adherence to staff governance processes and broader cultural issues. This was referred to the Employee Director for further consideration.

The third contact was also referred to the Employee Director. None of the contacts progressed to formal whistleblowing concerns under the National Whistleblowing Standards.

As part of the quarterly review meeting involving the confidential contacts, the Medical Director, the Whistleblowing Champion, and the Head of Patient Safety, Quality and Risk, a discussion was held regarding the current organisational climate. It was noted that morale across NHS Orkney appears to be low, attributed to recent organisational changes and a perceived lack of staff involvement in decision-making processes. In response, the group discussed the implementation of the behavioural and values framework as a mechanism to support cultural improvement and address the concerns raised.

A discussion was held regarding the recruitment of confidential contacts. The intention is to explore existing systems within the organisation to identify opportunities to utilise current structures. An update on this will be provided in the next report.

5. Speak Up Week

Speak Up Week took place during the week commencing 29 September 2025, with a national focus on the theme “Listen, Act, Build Trust”. The campaign aimed to promote active listening to concerns, taking meaningful action, and strengthening organisational trust.

NHS Orkney supported the initiative by signposting staff to the seminars available via the Independent National Whistleblowing Officer (INWO) website. Contributions were made by the Whistleblowing Champion, Executive Lead for Whistleblowing, and Confidential Contacts, who shared reflections on the importance of whistleblowing and the value of speaking up in safeguarding patients, supporting staff, and improving organisational culture.

In alignment with this, the NHS Orkney Whistleblowing Guideline was actively promoted through the wellbeing SharePoint site. The Head of Patient Safety, Quality and Risk delivered presentations on the updated guidance across multiple internal forums to support its implementation and ensure staff are aware of the whistleblowing mechanisms and support available to them.

6. Outcomes and Performance Against the Whistleblowing Indicators

The National Whistleblowing Standards outline a series of key performance indicators (KPIs) against which each NHS Board is required to report. These indicators are designed to ensure transparency, accountability, and continuous improvement in the handling of whistleblowing concerns.

This report presents NHS Orkney’s performance against these indicators and includes separate reporting for NHS Orkney and its independent contractors. The independent contractors are only required to report against KPI’s four – nine. While the indicators are not presented in numerical order, they have been arranged to enhance clarity and readability. For ease of reference, the corresponding indicator number is included alongside each heading.

The indicators are as follows:

1. Learning from concerns raised
2. Experience for those raising concerns
3. Staff awareness and training
4. The total number of concerns received
5. Concerns closed at each stage in the process

6. Concerns upheld, partially upheld and not upheld
7. Average times
8. Number of concerns closed at each stage with the set timescales
9. Number of cases where extension was authorised

Staff Awareness and Training (indicator 3)

Count of Learning Status				2025/26			
Course Title	Completed all time	In Progress all time	Total	Completed Q1	Completed Q2	Completed Q3	Completed Q4
Whistleblowing: an overview	106	0	106	0	2		
Whistleblowing: for managers & people who receive concerns	7	0	7	0	0		
Whistleblowing: for senior managers	28	0	28	0	0		

Whistleblowing training is not currently included in NHS Orkney's mandatory learning provision. However, managers and team leaders who may be required to address concerns will be expected to complete the relevant training module to ensure clear understanding of their role and responsibilities regarding whistleblowing. This requirement will be incorporated into the development of the new Managers' Programme for 2025/26.

Concerns and Management of Concerns (indicators 4-9)

NHS Orkney

Indicator	Performance 2025/26			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0	0		
Concerns closed at each stage of the process	N/A	N/A		
Concerns upheld, partially upheld, and not upheld	N/A	N/A		
Average times (working days)	N/A	N/A		
Number of concerns closed at each stage within the set timescales	N/A	N/A		
Number of cases where extension was authorised	N/A	N/A		

Independent Contractors

Indicator	Performance 2025/65			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0	0		
Concerns closed at each stage of the process	N/A	N/A		
Concerns upheld, partially upheld, and not upheld	N/A	N/A		
Average times (working days)	N/A	N/A		
Number of concerns closed at each stage within the set timescales	N/A	N/A		
Number of cases where extension was authorised	N/A	N/A		

Learning From Concerns Raised (indicator 1)

No whistleblowing concerns were raised during either quarter one or quarter two of the 2025/26 reporting year.

All actions associated with escalated concerns received via the Independent National Whistleblowing Officer (INWO) during the 2024/25 reporting year were completed within quarter one.

The primary focus of activity during this period has been the dissemination and embedding of the updated NHS Orkney Whistleblowing Guidance. The guidance has been made accessible to all staff via the organisational SharePoint site and has been presented at a range of internal forums, including the Area Clinical Forum (ACF) and the Nursing and Midwifery Advisory Committee (NAMAC).

Engagement with independent contractors has continued. Further work is required to ensure comprehensive understanding of the National Whistleblowing Standards and the associated expectations across all contracted service providers.

Experience For Those Raising Concerns (indicator 2)

No whistleblowing concerns were raised during the reporting period; therefore, no direct feedback has been sought from whistleblowers.

As part of ongoing improvement activity, preparatory work is underway to gather feedback from individuals who have undertaken whistleblowing reviews. The aim is

to identify opportunities to enhance the experience and process for reviewers. This feedback will inform the scheduled review of the NHS Orkney Whistleblowing Guideline, which is planned for early 2026.

7. Action plans and Progress on Upheld Concerns

There are no outstanding action plans carried forward into this reporting period. All previously identified actions have been completed or closed following appropriate review and resolution processes.

As such, there are no further updates under this section for quarter two. The absence of outstanding actions reflects the timely management and closure of whistleblowing-related concerns raised in earlier periods. NHS Orkney will continue to monitor and report on action plan status in future quarters to ensure transparency and accountability in the handling of whistleblowing matters.

8. Conclusion

During quarter two of the 2025/26 reporting year, NHS Orkney continued to uphold its commitment to the National Whistleblowing Standards, maintaining robust mechanisms for staff and contractors to raise concerns. No formal whistleblowing concerns were received during this period, and all actions from previous escalated cases have been completed. The organisation has focused on embedding updated guidance, promoting awareness, and supporting cultural improvement through initiatives such as Speak Up Week and the ongoing development of the behavioural and values framework.

Engagement with independent contractors is now established as routine practice, ensuring comprehensive reporting and alignment with national expectations. Preparatory work is underway to enhance feedback mechanisms for those involved in whistleblowing reviews, with the aim of informing future improvements to the process and guidance.

NHS Orkney remains committed to fostering an open and supportive environment, ensuring that all staff and service providers are aware of the standards, understand the available support, and feel empowered to speak up in the interest of patient safety, quality, and organisational integrity. Progress will continue to be monitored and reported in subsequent quarters to maintain transparency and drive continuous improvement in whistleblowing practice.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**iMatter 2025 National Report**
Responsible Executive/Non-Executive:	**Dave Harris, Director of People and Culture**
Report Author:	**Kendall Pyke, Organisational Development & Improvement Advisor**

1 Purpose

This is presented to the Board/Committee for:

- Discussion

This report relates to a:

- Government policy/directive
- NHS Board Strategy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The national iMatter results became publicly available on Thursday 13th November and are presented to the Board for awareness and discussion. The report outlines the national picture, providing comparisons across Scotland and highlighting trends, positive improvements, key areas of challenge and recommendations.

National benchmarking is helpful in understanding how NHS Orkney compares to other Territorial Health Boards for staff experience and engagement and allows us to identify Health Boards we can learn from.

Comparison with other Boards shows many areas in which we have maintained and improved, however, there are ongoing opportunities for improvement which will inform Your Employee Journey.

2.2 Background

The iMatter survey was released from May onwards for all health and social care staff across Scotland. Results are available to teams and organisations in real-time, and a national benchmarking report (Appendix 1) is made available later in the year. The survey response rate for NHS Orkney this year was 69%. The same as 2024.

The National iMatter Health and Social Care Experience Survey report provides detailed information and analyses of iMatter responses for 2025. It also contains comparisons to previous years where appropriate (see Appendix 2).

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Workforce and Staff Governance Committee (SWAG), and the Scottish Partnership Forum (SPF)

2.3 Assessment

2.3.1 Board Assessment

Earlier this year local results were shared with the Board highlighting some of the positive shifts, including:

- Our Employee Engagement Index score has, for the fourth year in a row, increased 72% (2022), 74% (2023), 75% (2024) and 76% (2025).
- Across all the strand scores, aligned to the five pillars of Staff Governance, our weighted index value has remained the same or increased by 1 point.
- Of the 28 questions asked of staff, 24 responses are in Strive and Celebrate. In addition, 19 questions showed an increase of between 1 and 2 points.
- Our overall experience score increased to 6.7 out of 10.

2.3.2 National Report

The national iMatter report highlights significant progress for NHS Orkney since 2023, while recognising areas that still require attention. Between 2023 and 2024, we achieved notable improvements in Board member visibility and confidence in patient services, and the 2025 results confirm continued improvements in staff engagement and overall experience.

Summary findings include:

- Overall national response rate: 57% (NHS Orkney 69%, remaining the same as 2024 and the second highest response rate out of all the territorial Health Boards).
- Action plans agreed within the 8-week window: national score 57% (NHS Orkney 66%). Whilst still above the national average, there has been a slight decrease in timely action plan completion.
- Employee Engagement Index: national score 77: NHS Orkney's was 76; however, it shows an improvement versus last year and continued improvement over several years, which is referenced in the report.
- Overall Experience Rating: NHS Orkney's score has risen for the second consecutive year, now 0.5 higher than in 2021, showing steady progress in staff perceptions of their working environment.
- Access to Patient Services: Up 2 points from 2024 to 76 for the question 'I would be happy for a friend or relative to access services within my organisation'. This improvement suggests growing confidence in the quality of care provided.
- Confidence in raising concerns has remained steady at 74, while confidence that concerns will be followed up and responded to has improved slightly from 66 to 67. Although these scores show stability and progress locally, they remain below the national averages of 79 and 73 respectively, highlighting an ongoing need to strengthen confidence and responsiveness.

2.3.3 Moving forward

The iMatter survey results are a critical and underpinning element of the Employee Journey and will continue to inform our priorities for supporting the workforce.

We are committed to engaging with colleagues across the organisation, enabling them to actively participate in improvements and celebrate successes. We recognise that celebrating achievements in the moment is crucial for making people feel valued and encouraging ongoing contributions.

While overall engagement and experience continue to improve, some areas such as, timely action plan completion and involvement in decision-making require attention.

Key focus areas:

- Continue to focus on the 6 agreed organisational priorities originally identified in 2024 actions to ensure we are making further improvements across these areas:
    - Your health and wellbeing
    - Valuing and recognising you
    - Involving you in decision-making
    - Living our values
    - Listening to and acting on feedback (including closing the loop)
    - Creating a culture where you feel safe to speak up

- Focus on supporting teams to develop meaningful action plan that are reviewed throughout the year to maintain momentum and the engagement progress.
- Enhance the engagement and awareness of our Colleague Experience Programme. This framework aims to enhance colleagues experience throughout their employment at NHS Orkney and fulfils the objective outlined in the Corporate Strategy 2024–2028 People priorities.
- Present the report and findings to the People Operational Group and Area Partnership Forum for collaborative discussion and action planning.

2.3.4 Quality/ Patient Care

When used effectively, iMatter is a continuous improvement tool that improves patient care through improving staff experience.

2.3.5 Workforce

The iMatter tool is developed nationally and used within all NHS Scotland Boards. It is designed to help individuals, teams, directorates, Health and Social Care Partnerships and Boards understand and improve staff experience.

2.3.6 Financial

None identified.

2.3.7 Risk Assessment/Management

None identified from a process perspective however failure to engage in action planning may have a negative impact on staff.

2.3.8 Equality and Diversity, including health inequalities

None identified, this is a nationally procured tool that has been impact assessed.

2.3.9 Other impacts

None identified.

2.3.10 Communication, involvement, engagement and consultation

Presented to Staff Governance Committee on 3rd December 2025

2.3.11 Route to the Meeting

Direct route to NHS Orkney Board.

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, iMatter Health and Social Care Staff Experience Survey 2025
- Appendix 2, iMatter National Report Excel Data File

Table of Contents

Ministerial Foreword for Staff Experience Report 2025

Across our Health and Social Care sector, the commitment to delivering safe, effective, and person-centred care continues to be paramount. Recognising that staff experience is essential to individual wellbeing and a fundamental element in the overall quality of care we provide.

Since its inception 10 years ago, the iMatter Continuous Improvement Model has grown into a national tool, designed by staff, for staff—to capture lived experience, foster team-led action, and drive cultural change. iMatter continues to provide rich insights and trend data, enabling us to reflect on progress and identify areas for improvement.

Reflecting on the 10-year journey, it is clear it has not been without challenge. Yet, the resilience, compassion, and adaptability shown by our workforce has been nothing short of remarkable.

This year, although the national results show small movements, it is essential to reflect and understand results on a local level. That is why I expect all leaders to ensure they are listening and acting on the feedback from staff.

Over 119,000 staff continue to share their voices through iMatter, helping shape and drive local and national initiatives. Over the years, these have included the National Wellbeing Programme, the Ethnic Minority Forum, the Nursing and Midwifery Taskforce, and the Improving Wellbeing and Workforce Cultures work. These reflect our shared commitment to creating workplaces where everyone feels safe, valued, and heard.

The survey's structure, which is aligned to the five strands of the Staff Governance Standard, continues to support teams and Boards in fostering environments where staff feel well-informed; appropriately trained; involved in decisions; treated fairly; and supported in their health and wellbeing. The addition of questions around confidence to speak up has helped our understanding of the importance of psychological safety in the workplace.

As we move forward, the insights from iMatter will continue to inform key national priorities, including Operational Improvement Plan, the Service Renewal Framework, and the Population Health Framework.

Thank you to every individual who has contributed. By completing your survey, shaping an action plan, or leading change within your team, you are ensuring your voice and experience is heard and acted upon. Together, we will continue to build a culture of compassion, inclusion, and continuous improvement across Health and Social Care.

Neil Gray, Cabinet Secretary for Health and Social Care

Introduction

NHSScotland are committed to enhancing and improving staff experience for all.

The National Workforce Strategy for Health and Social Care, issued in 2022, sets out a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The NHS Recovery Plan 2021-2026, which seeks to drive long term recovery and sustainability in the system, also reinforces the importance of positive staff experience in delivering positive patient outcomes.

It is therefore essential that staff at all levels are empowered to have their voices heard and valued, and staff views and actions contribute to continuous improvement in their teams and organisations.

The iMatter Continuous Improvement Tool was developed by NHSScotland staff with the aim of engaging all staff in a way that feels right for them. The focus is on team-based understanding of experience, but it also offers information at various levels within organisations to evidence and help improve staff experience. As such, it can provide clarity on where to focus efforts for maximum impact, which in turn leads to better care, better health, and better value.

Now in its tenth year, iMatter was initially rolled out over a three-year period from 2015 to 2017 to all staff across NHSScotland Health Boards. Since 2017 it has been embedded across 22 Health Boards and participating Health and Social Care Partnerships, with the exception of 2020, when a shorter pulse survey was run instead due to the pandemic.

The implementation of iMatter has enabled Health Boards and the Scottish Government to obtain a comprehensive picture of staff experience over the past 10 years, which has allowed us to identify areas of success and areas that require improvement. This helps inform delivery on the commitments of our Staff Governance Standard.

The work to measure and report staff experience within NHSScotland Health and Social Care for 2025 has remained consistent in that it is commissioned by the Scottish Government and carried out by Webropol Ltd, an independent company.

iMatter Process

The iMatter questionnaire gives staff the opportunity to feed back on their experience within their team and at organisational level each year. iMatter results are directly reported at all levels throughout an organisation. Once team results are delivered, teams are invited to collectively share responsibility for developing an action plan within an 8-week period and to review actions and progress made throughout the year. As an integral part of the iMatter process, teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. See Appendix 1 for further details.

Data Collection

The iMatter process uses Webropol to distribute electronic and paper questionnaires to NHSScotland employees, as well as those employed by the Local Authority who work in a Health & Social Care Partnership (HSCPs) who choose to participate. In 2025, all 22 Health Boards and 25 HSCPs took part (see Appendix 2 for details). Access to the survey was provided via three options:

1. An email invitation with a link to the online survey (Email)
2. A paper survey printed and distributed to those without online access (Paper)
3. An invitation sent via SMS with a link to the online survey (SMS)

For 2025 all fieldwork was carried out from 12th May to 7th July 2025.

Questionnaire

The 2025 questionnaire remains unchanged, with minor wording changes to the introduction and the question relating to parental leave. The questionnaire consists of attitudinal questions relating to staff engagement, referred to in iMatter reporting as 'Components'. Each question has six responses: 'Strongly Agree', 'Agree', 'Slightly Agree', 'Slightly Disagree', 'Disagree', 'Strongly Disagree'. The questionnaire is included in Appendix 3.

Calculation of scores for each question and the EEI

The aggregated scores for each question are placed into one of four categories for reporting:
Example: Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Question Response	Score	Category for Reporting
Strongly Agree	6	67 – 100 Strive & Celebrate
Agree	5	67 – 100 Strive & Celebrate
Slightly Agree	4	51 – 66 Monitor to Improve
Sightly Disagree	3	34 – 50 Improve to Monitor
Disagree	2	0 – 33 Focus to Improve
Strongly Disagree	1	0 – 33 Focus to Improve

To calculate the average score for each question, the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) is multiplied by the number value (6 to 1) (see above). These scores are then added together and divided by the overall number of responses to the question. The average score calculated is then divided by 6 (the highest possible score) and multiplied by 100 to give the reported score.

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale for component questions[1] (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

The questionnaire also measures overall experience, on a 10-point scale from very good to very poor. The report shows the mean score where again, higher scores are better.

Classifying Boards

Boards can be broadly allocated to one of three groups:

- Geographic Boards: those that provide frontline healthcare services for their respective geographical areas.
- National Boards (Support): those that provide support services to the organisation at a national level.
- National Boards (Patient-facing): those that provide specialist patient-facing services.

Colour-coding as illustrated is used throughout the report to highlight the different types of Boards. An overview of each Board and a link to its website is included in Appendix 4.

Geographic Boards (Patient-facing)
NHS Ayrshire & Arran
NHS Borders
NHS Dumfries & Galloway
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Orkney
NHS Shetland
NHS Tayside
NHS Western Isles

National Boards (Patient-facing)
NHS 24
NHS Golden Jubilee
Scottish Ambulance Service
The State Hospital

National Boards (Support)
Healthcare Improvement Scotland
NHS Education for Scotland
National Services Scotland
Public Health Scotland

[1] Components included are My Experience as an Individual, My Team/My Direct Line Manager, My Organisation in the questionnaire. See Appendix 3 for details.

Response Rate Threshold

The previous response rate requirement of 60% for teams of 5 or more to receive an EEI report was removed in 2021. The 100% response rate for teams of 4 or less to generate a report remains a requirement for 2025. This is to provide anonymity and the higher the response rate, the more realistic the feedback of how staff feel about working in their team.

iMatter Report 2025

This report provides detailed information and analysis of the iMatter responses for 2025. It also contains comparisons to previous years where appropriate. The Everyone Matters Pulse Survey (EMPS) carried out in 2020 focused on well-being and included only a small number of iMatter metrics. As the different questionnaire content may influence the way in which staff answered individual questions, the data is not included within the main historic iMatter comparisons in this report.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Workforce and Staff Governance Committee (SWAG), and the Scottish Partnership Forum (SPF)

This report is supported by the Health and Social Care Staff Experience Survey 2025: iMatter Data File (http://www.gov.scot/ISBN/9781806433674/documents) containing more detailed data.

Team Stories

The iMatter process is supported by Team Stories, that provide best practice examples of how to address challenges and provide inspiration and ideas for other teams and for the organisation as a whole. Illustrations from Team Stories are included through the report. Appendix 5 has a full list of Team Stories submitted this year.

Board Feedback

Where results are of particular note, for example very high or very low scores, or scores that have changed considerably from 2024, Boards have been asked to provide comments. Feedback is typically around why the scores are as they are and any specific actions that have been put in place to address past or current areas of movement. This feedback is included within the report, either directly or in a summarised format.

Statistical Analysis

Significance testing has been carried out on the data, to explore the extent to which differences in scores between different groups (e.g. Boards, Staff Groupings etc.) are statistically significant. Correlation analysis has also been carried out, to understand the relationship between the individual measures included within iMatter. An overview of the analysis done is in Appendix 6 and summaries of the data are included in the iMatter 2025 Data file.

Whole Number Reporting

As with previous years, all iMatter 2025 results are reported to the nearest whole numbers i.e. without any decimal places shown. This is the case for both Board level and national reporting and applies to the presentation of the various scores and index values calculated from the individual survey responses. Whilst this approach does potentially mask some significant movements in the total Health and Social Care dataset and within some of the larger Boards, reporting whole numbers only ensures focus is on those movements that are the most substantial. This year there

is also evidence that while the reported movement, for example, in the overall EEI score is reported as one whole point, the actual movement may be considerably less, though as will be seen in this report that small movement is still statistically significant. In other incidences the actual movement may be greater than the reported one point. It should also be noted that not all differences highlighted in the report are statistically significant.

The only exception to the whole number reporting is the Overall Experience question which is scored on an 11-point scale (from 0 to 10) and is reported to one decimal place.

Whole number reporting has been agreed in partnership by Scottish Workforce and Staff Governance Committee (SWAG).

Reporting Movements and Differences

Throughout the report movements from previous years are reported based on whole numbers. Differences between Boards within the 2025 data are also commented on. For data reported as percentages the movement of difference is shown as percentage points and is abbreviated throughout the report to “pp” for a single percentage point or “pps” for multiple percentage points. Similarly, if the movement or difference being reported is in an index score such as the EEI or individual component scores, it is shown in points and is abbreviated throughout the report to ‘pt’ for a single point or “pts” for multiple points.

Profile of Staff Completing the iMatter Survey

Staff are asked to confirm if they are NHSScotland or Local Authority staff and the staff grouping they are in.

Additionally, since 2021 demographic questions have been included within iMatter. These questions are optional, however a high number of respondents complete these questions. Further details of demographics and staff groupings are included within the iMatter 2025 Data file[2].

[2] iMatter 2025 Data File Tabs: ‘Staff Groupings’ and ‘Demographic Profile’

iMatter 2025 National Key Performance Indicators (KPIs)

Response Rate

Overall Response Rate **57%**

Questionnaires Issued: **207,397**

Responses Received: **119,173**

The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time.

In total 207,397 questionnaires were issued, 607 more than in 2024. A total of 119,173 usable responses were received, 361 less than in 2024.

The 2025 response rate is 57%, a decrease of 1 percentage point from 2024.

Employee Engagement Index Score (EEI)

Employee Engagement Index (EEI) Score **77**

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale for component questions[3] (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

The reported 2025 EEI Score for Health and Social Care is 77, an increase of one point (pt) from 2024. However, it is noted that the actual improvement to 3 decimal places is only 0.142 (from 76.426 in 2024 to 76.568 in 2025.) This is a statistically significant improvement.

Action Plans Agreed

Action Plans Agreed: **56% within the 8-week deadline**

Each team is invited to complete a continuous improvement Action Plan. 56% of teams had an agreed Action Plan in place within 8 weeks of receiving their team's iMatter results.

This is unchanged from 2024.

[3] Components included are My Experience as an Individual, My Team/My Direct Line Manager, My Organisation in the questionnaire. See Appendix 3 for details.

iMatter KPIs Over Time

The following table summarises the national iMatter Key Performance Indicators (KPIs).

- The 2025 response rate is 1 percentage point (pp) lower than 2024 but remains higher than 2021 and 2022 levels.
- The overall EEI score of 77 for Health and Social Care is 1 point (pt) lower than the 2024 EEI, returning to the 2023 score.
- 56% of all teams completed Action Plans in 2025 within 8 weeks, the same proportion as in 2024.

Year	Response Rate	Movement from Previous Year	EEI	Movement from Previous Year	Action Plan Completion	Movement from Previous Year
2025	57%	-1	77	+1	56%	0
2024	58%	-1	76	-1	56%	+1
2023	59%	+4	77	+1	55%	+8
2022	55%	-1	76	+1	47%	+5
2021	56%	-6	75	-1	42%[4]	-16
2019	62%	+3	76	+1	58%	+2
2018	59%	-4	No Report[5]	N/A	56%	+13
2017	63%	-	75	-	43%	-

[4] Timing for Action Plan completion reduced from 12 weeks to 8 weeks.
[5] Previously when the response rate did not reach the 60% threshold no report was issued.

iMatter 2025 KPIs for Individual Boards

The table following summarises the iMatter KPIs for each individual Board.

Board KPIs	Response Rate	EEI	Action Plans Agreed
Health and Social Care	**57%**	**77**	**56%**
National Boards (Patient-facing)			
NHS Golden Jubilee	59%	75	66%
NHS 24	82%	79	95%
Scottish Ambulance Service	55%	67	68%
The State Hospital	66%	74	77%
National Boards (Support)			
Healthcare Improvement Scotland	89%	78	90%
National Services Scotland	77%	78	91%
NHS Education for Scotland	90%	84	90%
Public Health Scotland	87%	79	82%
Geographic Boards			
NHS Ayrshire & Arran	55%	78	51%
NHS Borders	55%	77	61%
NHS Dumfries & Galloway	61%	75	40%
NHS Fife	62%	76	43%
NHS Forth Valley	57%	77	58%
NHS Grampian	59%	76	58%
NHS Greater Glasgow and Clyde	54%	76	58%
NHS Highland	52%	76	25%
NHS Lanarkshire	60%	78	67%
NHS Lothian	57%	78	58%
NHS Orkney	69%	76	66%
NHS Shetland	56%	78	50%
NHS Tayside	53%	77	42%
NHS Western Isles	70%	74	66%

A Team Story from NHS Lanarkshire provides a clear and compelling summary of the value of iMatter:

NHS Lanarkshire Infection Prevention and Control Team

“Overall, iMatter has had a positive impact on the team by promoting constructive communication and giving staff a platform to provide valuable feedback. It has provided helpful insight into what we are doing well as a team and highlighted areas for improvement. The process has also enhanced collaboration and helped focus efforts on continuous development. We recognise that this will be an ongoing, continuous process to ensure sustained progress and growth.”

Response Rates

Introduction

The response rate shows the number of recipients issued with the questionnaire and the number of respondents as an overall percentage.

In total 207,397 questionnaires were issued, the highest number to date for iMatter, and 119,173 usable responses were received. This equates to an overall response rate of 57%.

Board Response Rates

Response rates across individual Boards range between 52% to 90%.

Board	2021	2022	2023	2024	2025	Response Rate Movement 2024 to 2025 (pp)
Health and Social Care	**56%**	**55%**	**59%**	**58%**	**57%**	**-1**
National Boards (Patient-facing)						
NHS Golden Jubilee	67%	61%	65%	58%	59%	+1
NHS 24	57%	65%	70%	76%	82%	+6
Scottish Ambulance Service	60%	52%	56%	59%	55%	-4
The State Hospital	69%	72%	72%	72%	66%	-6
National Boards (Support)						
Healthcare Improvement Scotland	91%	91%	92%	90%	89%	-1
National Services Scotland	74%	75%	78%	80%	77%	-3
NHS Education for Scotland	92%	88%	88%	87%	90%	+3
Public Health Scotland	86%	75%	79%	87%	87%	0
Geographic Boards						
NHS Ayrshire & Arran	53%	53%	58%	56%	55%	-1
NHS Borders	52%	52%	55%	57%	55%	-2
NHS Dumfries & Galloway	55%	60%	65%	62%	61%	-1
NHS Fife	59%	60%	66%	64%	62%	-2
NHS Forth Valley	54%	56%	61%	58%	57%	-1
NHS Grampian	57%	57%	62%	60%	59%	-1
NHS Greater Glasgow and Clyde	51%	52%	54%	53%	54%	+1
NHS Highland	51%	47%	50%	53%	52%	-1
NHS Lanarkshire	56%	55%	58%	58%	60%	+2
NHS Lothian	53%	54%	58%	57%	57%	0
NHS Orkney	65%	58%	59%	69%	69%	0
NHS Shetland	60%	55%	60%	60%	56%	-4
NHS Tayside	60%	58%	58%	56%	53%	-3
NHS Western Isles	58%	62%	64%	62%	70%	+8

There are some large movements, both positive and negative, in response rates in 2025 compared to 2024.

Among the Geographic Boards the greatest improvement is NHS Western Isles, where the response rate has increased 8 pps from 62% in 2024 to 70% in 2025. It is now the highest response rate from a Geographic Board.

Feedback from the Board attribute the sustained improvement in response rate (up 18% overall from 2018) to activities that boost engagement in the iMatter process:

NHS Western Isles Board Feedback
"Senior leaders have continually reinforced the message that iMatter is not a one-off survey but a vital part of our organisational culture, rooted in listening, hearing and acting. Particular emphasis has been placed on "closing the loop," ensuring that feedback leads to meaningful team discussions and jointly agreed action plans, which has helped build trust and ownership. The rise in completed action plans in recent years appears to correlate strongly with improved response rates, suggesting that when staff see their input being acted upon, they are more likely to engage again. While iMatter has also been referenced in job descriptions to reinforce its importance, the primary driver has been authentic, visible engagement and a commitment to embedding staff voice into everyday practice. Overall, we have seen the benefit from prioritising genuine messaging from leaders, supporting full survey engagement including action planning, operational support from HR and visibly demonstrating that staff feedback leads to tangible improvements."

The largest decline among the Geographic Boards is NHS Shetland down 4 pps from 60% to 56%. NHS Shetland provided feedback on why they believe the response rate has declined:

NHS Shetland Board Feedback
"Our analysis of the 2025 iMatter data shows a mixed picture. NHS Shetland has maintained a strong response rate of 69%, reflecting sustained engagement with the tool. However, we have observed a decline in the overall response rate, primarily due to a reduction in participation from Shetland Islands Council employees, whose response rate now stands at 39%. Feedback suggests that some Council employees perceive iMatter as less aligned with the broader range of engagement initiatives already in place within their organisation."

NHS Tayside has declined 3 pps from 56% to 53%, compounding a longer term decline (65% in 2017) NHS Highland has the lowest response rate (52%).

Among the National Support Boards, National Services Scotland has declined 3 pps to 77%. NHS Education for Scotland (NES) has increased 3 pps to 90%, making it the Board with the overall highest response rate.

Among the National Patient-facing Boards, NHS 24 have improved their response rate by 6 pps from 76% in 2024 to 82% in 2025. This continues improvements seen since 2021 when NHS 24 response rate was 57%. NHS 24 identify several factors that have contributed to this increase:

NHS 24 Board feedback
The following actions were noted as improving response rates:

Leadership Development Programme (LDP) – This programme has enhanced leadership skills and fostered more engaging work environment. This has led to higher levels of employee engagement and satisfaction, encouraging more staff to participate in the iMatter survey. The LDP's emphasis on psychological safety and a positive work culture has made employees feel more valued and respected, further boosting their willingness to provide honest feedback.

Delivery of NHS 24's Management Essentials Programme (MEP) – This is a comprehensive programme that equips managers with essential skills including Communication and Emotional

Intelligence, emphasising the pivotal role of managers in fostering a positive and engaging work environment.

Tracking response rates – Data is monitored and shared twice weekly with the Director of Workforce, reminders are sent to managers, and managers are empowered to lead team confirmation, monitor response rates and facilitate action planning.

Having a comprehensive communication plan – This includes but is not limited to; *"You Said, We Did"* content; introduction of iMatter local drop-in sessions; iMatter feature in Directorate development days; and iMatter resources page on NHS 24's intranet.

A move towards a more performance-oriented culture – This includes the use of iMatter data in local annual KPIs and the creation of a Culture Dashboard to monitor both the directorate and overall organisation positions in these indicators.

Our Culture Matters Programme – As part of this programme each directorate has an annual Culture and Wellbeing Action Plan in place; iMatter engagement is promoted through this channel. Staff Experience Groups promote iMatter and examples of *"You Said, We Did"* actions. A representative from the Workforce directorate attends every Regional Partnership Forum meeting wherein iMatter can be promoted further.

In contrast, The State Hospital has declined 6 pps and is now at its lowest ever response rate of 66%. Feedback from The State Hospital includes information on steps being taken to address concerns around survey fatigue and overload:

The State Hospital Board Feedback

"We are actively looking at our model of two-way communication and how we can improve direct and meaningful engagement with staff. This also links to our leadership and managerial development programme and extending their capabilities and with a focus on workplace safety, both physically and psychologically. The focus on 'Employee Voice' links through a number of areas currently in terms of clinical performance and safety, equalities, speak up and improvement programmes.

We are also trying to coordinate and control the surveys we send out, whilst increasing other new ways to interact with our teams. i.e. through communal areas, canteen and even attend team meetings."

The Scottish Ambulance Service response rate has declined 4 pps to 55%. Operational pressures are identified by the Board as a barrier to taking part, but actions have been implemented to improve engagement in iMatter and therefore response rate:

Scottish Ambulance Service Board Feedback
"We continue to reinforce the benefits of completing the survey and the value of staff voice in shaping change, recognising that some colleagues remain sceptical about its impact. This is being supported through clearer communication, stronger accountability for action planning, and by highlighting tangible examples where iMatter has led to positive change."

A Team Story from NHS 24 reflects on actions taken within the team to improve engagement:

NHS 24 ICT Directorate
"Over the past year, the ICT Directorate at NHS 24 has made significant strides in fostering a positive culture of communication, recognition, and continuous development, guided by iMatter survey feedback. This commitment is reflected in a remarkable 96% response rate in the latest iMatter results.

Key achievements include the formation of a Communications Champion Group with representatives from every team, which launched a quarterly ICT Directorate Newsletter. This publication celebrates new starters, achievements, and shared interests, strengthening staff connection to NHS 24 values and enhancing belonging across the Directorate."

Further details of response rates are included in Appendix 7 and in the iMatter 2025 Data file[6]

[6] iMatter 2025 Data File 'Response rate' tab

Employee Engagement Index (EEI)

Introduction

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale for component questions (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

Board EEI Scores

EEI Score	2021	2022	2023	2024	2025	Movement 2024 to 2025
Health and Social Care	**75**	**76**	**77**	**76**	**77**	**+1**
National Boards (Patient-facing)						
NHS Golden Jubilee	72	74	76	77	75	-2
NHS 24	75	76	74	77	79	+2
Scottish Ambulance Service	65	67	67	66	67	+1
The State Hospital	74	75	75	75	74	-1
National Boards (Support)						
Healthcare Improvement Scotland	81	82	80	75	78	+3
NHS Education for Scotland	84	85	85	84	84	0
National Services Scotland	78	78	78	77	78	+1
Public Health Scotland	77	75	76	79	79	0
Geographic Boards						
NHS Ayrshire & Arran	75	77	78	78	78	0
NHS Borders	74	75	77	76	77	+1
NHS Dumfries & Galloway	72	75	75	75	75	0
NHS Fife	75	75	77	76	76	0
NHS Forth Valley	73	76	76	76	77	+1
NHS Grampian	76	76	78	77	76	-1
NHS Greater Glasgow and Clyde	74	75	76	76	76	0
NHS Highland	73	75	76	76	76	0
NHS Lanarkshire	77	78	78	78	78	0
NHS Lothian	76	76	77	77	78	+1
NHS Orkney	70	72	74	75	76	+1
NHS Shetland	78	79	79	78	78	0
NHS Tayside	74	76	77	77	77	0
NHS Western Isles	76	74	77	75	74	-1

EEI scores for individual Boards range from 84 for NHS Education for Scotland to 67 for the Scottish Ambulance Service.

The largest improvement has been achieved in Healthcare Improvement Scotland up 3 pts from 75 in 2024 to 78 in 2025. This is a partial reversal of the decline of 5 pts seen from 2023 to 2024.

Throughout this report, there are many large improvements seen in scores for Healthcare Improvement Scotland and feedback from the Board acknowledges the considerable period of organisational change they have been through. They provide details of the actions that are being taken to improve staff experience and therefore iMatter scores:

Healthcare Improvement Scotland Board Feedback
"As an improvement organisation, we fully understand that this insight from staff presents a valuable opportunity for reflection, learning and action. We therefore committed to rebuilding people's confidence and engagement, recognising that clear investment of time, effort and energy was required.

An iMatter Action Plan was developed and agreed in partnership at a cross-organisational level, with progress overseen by our iMatter Steering Group. A total of nine high-level actions were agreed in partnership, promoting collective ownership of the results and addressing our areas for improvement from multiple angles.

Importantly, our response to iMatter results complemented other relational and culture-building work already underway within HIS, namely; HIS Campus; staff wellbeing and equalities commissioning of Core strengths / SDI at an organisational scale; commissioning of consultancy support for Directorates implementing major change; commissioning of learning opportunities to support management development across HIS; the growth of a One Team ethos, and a planned shift towards clearer, shared cultural characteristics known as the *4Ps; Performance, Partnership Working, Personal Commitment and Personal Governance."

The only other movements of more than 1 pt are NHS 24 which has increased by 2 pts and NHS Golden Jubilee that has decreased by 2 pts.

EEI Score Distribution across Teams

Over three-quarters of teams (79%) achieve a 'Strive and Celebrate' EEI score. There remain a small minority of teams (21 teams in total) that have an EEI score of 33 or less.

EEI Score	Number of Teams	Percentage of Teams
Strive & Celebrate (67-100)	12,528	79%
Monitor to Further Improve (51-66)	1,609	10%
Improve to Monitor (34-50)	161	1%
Focus to Improve (0-33)	21	<1%
No Report	1,607	10%
Total Health and Social Care	15,926	100%

Note: Teams with 4 or less staff and a response rate of below 100% did not receive a report.

No Report

1,607 Teams (10%) did not receive a report. These are all teams with less than 5 members, where the required response rate of 100% has not been reached. Further details of the proportion of small teams receiving reports are included in Appendix 7.

Boards that have a high proportion of teams without an EEI report may either be due to a large number of small teams, a relatively low response rate or a combination of both:

- Despite NHS 24 having the highest proportion of small teams receiving a report (87%), it has the largest proportion of teams without an EEI score (12%) among the National Boards. This is because NHS 24 has a high level of small teams (45%) where a response rate of 100% is needed, second only to NHS Education for Scotland (47%).

- Among the Geographic Boards 15% of teams in NHS Lothian and 13% of teams in NHS Tayside did not receive an EEI report this year.
- Across the Geographic Boards the proportion of small teams varies from 10% in NHS Western Isles to 27% in NHS Orkney. The proportion of small teams receiving a report varies from 35% in NHS Forth Valley to 62% in NHS Fife.

The following table shows the percentage of Teams in each Board that achieve each EEI score.

EEI Score Percentage of Teams	Strive & Celebrate (67-100)	Monitor to Further Improve (51-66)	Improve to Monitor (34-50)	Focus to Improve (0-33)	No Report
Health and Social Care	79%	10%	1%	<1%	10%
National Boards (Patient-facing)					
NHS Golden Jubilee	70%	15%	4%	0%	11%
NHS 24	88%	6%	1%	0%	6%
Scottish Ambulance Service	53%	35%	4%	0%	8%
The State Hospital	82%	11%	0%	0%	8%
National Boards (Support)					
Healthcare Improvement Scotland	86%	7%	0%	0%	7%
NHS Education for Scotland	90%	2%	0%	0%	7%
NHS National Services Scotland	90%	6%	1%	0%	4%
Public Health Scotland	96%	1%	0%	0%	2%
Geographic Boards					
NHS Ayrshire & Arran	78%	10%	1%	<1%	12%
NHS Borders	77%	11%	1%	0%	11%
NHS Dumfries & Galloway	80%	12%	2%	<1%	7%
NHS Fife	79%	11%	1%	0%	9%
NHS Forth Valley	83%	10%	1%	<1%	6%
NHS Grampian	82%	9%	1%	<1%	8%
NHS Greater Glasgow and Clyde	78%	11%	1%	<1%	10%
NHS Highland	77%	10%	1%	<1%	11%
NHS Lanarkshire	84%	9%	1%	<1%	6%
NHS Lothian	77%	7%	1%	0%	15%
NHS Orkney	78%	12%	0%	0%	10%
NHS Shetland	78%	11%	0%	0%	10%
NHS Tayside	75%	10%	2%	<1%	13%
NHS Western Isles	78%	15%	1%	0%	5%

Across the Boards, between 70% and 90% of teams score typically 67 or above (Strive and Celebrate).

The exceptions to this are Scottish Ambulance Service where 53% of teams score in this range, and Public Health Scotland, where 96% of teams score 67 or above.

Survey Questions – National Summary of Results

The table shows the breakdown of questions that are asked and the National score for this year.

Health and Social Care	iMatter 2025
My Experience as an Individual	Score
I am clear about my duties and responsibilities	88
I get the information I need to do my job well	82
I am given the time and resources to support my learning growth	75
I have sufficient support to do my job well	80
I am confident my ideas and suggestions are listened to	77
I am confident my ideas and suggestion are acted upon	73
I feel involved in decisions relating to my job	72
I am treated with dignity and respect as an individual	85
I am treated fairly and consistently	83
I get enough helpful feedback on how well I do my work	76
I feel appreciated for the work I do	76
My work gives me a sense of achievement	82
My Team/My Line Manager	Score
I feel my direct line manager cares about my health and well-being	87
My direct line manager is sufficiently approachable	89
I have confidence and trust in my direct line manager	86
I feel involved in decisions relating to my team	77
I am confident performance is managed well within my team	79
My team works well together	83
I would recommend my team as a good one to be a part of	85
My Organisation	Score
I understand how my role contributes to the goals of my organisation	83
I feel my organisation cares about my health and wellbeing	71
I feel that board members who are responsible for my organisation are sufficiently visible	56
I have confidence and trust in Board members who are responsible for my organisation	60
I feel sufficiently involved in decisions relating to my organisation	55
I am confident performance is managed well within my organisation	62
I get the help and support I need from other teams and services within the organisation to do my job	71
I would recommend my organisation as a good place to work	75
I would be happy for a friend or relative to access services within my organisation	77
Raising Concerns[7]	
I am confident that I can safely raise concerns about issues in my workplace	79
I am confident that my concerns will be followed up and responded to	73

[7] New questions added in 2023

The following table shows all the components ranked in order of score, high to low. The highest scoring areas are those that relate to the clarity staff have about their role and the relationship staff have with their line manager. The lowest scoring components are those that relate to confidence in and visibility of board members, as well as being involved in decisions and how performance is managed.

Health & Social Care Rank Order	iMatter 2025
My direct line manager is sufficiently approachable	89
I am clear about my duties and responsibilities	88
I feel my direct line manager cares about my health and well-being	87
I have confidence and trust in my direct line manager	86
I am treated with dignity and respect as an individual	85
I would recommend my team as a good one to be a part of	85
I am treated fairly and consistently	83
My team works well together	83
I understand how my role contributes to the goals of my organisation	83
I get the information I need to do my job well	82
My work gives me a sense of achievement	82
I have sufficient support to do my job well	80
I am confident performance is managed well within my team	79
I am confident my ideas and suggestions are listened to	77
I feel involved in decisions relating to my team	77
I would be happy for a friend or relative to access services within my organisation	77
I get enough helpful feedback on how well I do my work	76
I feel appreciated for the work I do	76
I am given the time and resources to support my learning growth	75
I would recommend my organisation as a good place to work	75
I am confident my ideas and suggestion are acted upon	73
I feel involved in decisions relating to my job	72
I feel my organisation cares about my health and wellbeing	71
I get the help and support I need from other teams and services within the organisation to do my job	71
I am confident performance is managed well within my organisation	62
I have confidence and trust in Board members who are responsible for my organisation	60
I feel that board members who are responsible for my organisation are sufficiently visible	56
I feel sufficiently involved in decisions relating to my organisation	55

Experience as an Individual

Results are aggregated for each question presented under the heading ‘As an Individual’.

There had been very little movement overall in ‘Experience as an Individual’ scores from 2024.

‘*I am given the time and resources to support my learning growth’* has improved by 1 pt from 74 to 75. The need to involve staff and to act on their suggestions remain priorities for improvement.

Experience as an Individual	2021	2022	2023	2024	2025	Movement 2024 to 2025
I am clear about my duties and responsibilities	86	87	88	88	88	0
I am treated with dignity and respect as an individual	83	84	85	85	85	0
I am treated fairly and consistently	81	82	83	83	83	0
My work gives me a sense of achievement	79	81	82	82	82	0
I get the information I need to do my job well	79	81	82	82	82	0
I have sufficient support to do my job well	76	78	80	80	80	0
I am confident my ideas and suggestions are listened to	74	76	77	77	77	0
I feel appreciated for the work I do	73	75	77	76	76	0
I get enough helpful feedback on how well I do my work	73	74	76	76	76	0
I am given the time and resources to support my learning growth	70	72	74	74	75	+1
I am confident my ideas and suggestion are acted upon	70	72	73	73	73	0
I feel involved in decisions relating to my job	70	71	73	72	72	0

The distribution of responses illustrates the areas of success and those requiring the most focus for improvement.

96% of staff agree that they are clear about their duties and responsibilities and 92% agree that they are treated with dignity and respect. 24% of staff responded that they do not agree that they feel involved in decisions relating to their job and 21% do not agree that they feel confident that their ideas and suggestion are acted upon.

Experience as an Individual	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I am clear about my duties and responsibilities	90%	6%	2%	2%
I get the information I need to do my job well	76%	15%	5%	4%
I am given the time and resources to support my learning growth	59%	21%	9%	11%
I have sufficient support to do my job well	72%	16%	6%	6%
I am confident my ideas and suggestions are listened to	64%	20%	7%	10%
I am confident my ideas and suggestion are acted upon	54%	25%	10%	11%
I feel involved in decisions relating to my job	54%	22%	10%	14%
I am treated with dignity and respect as an individual	82%	10%	4%	5%
I am treated fairly and consistently	77%	12%	5%	6%
I get enough helpful feedback on how well I do my work	63%	18%	8%	11%
I feel appreciated for the work I do	63%	19%	7%	11%
My work gives me a sense of achievement	74%	16%	4%	6%

Boards

Full Board data is included in the iMatter 2025 Data file[8].

While the overall Health & Social Care scores have moved very little from last year, there are some large movements in individual Boards.

Healthcare Improvement Scotland has made some considerable progress in reversing the decline in scores reported last year. All 'Experience as an Individual' component scores have increased in 2025. The largest of these being 'I feel involved in decisions relating to my job' that has increased by 6 pts, returning it to just 1 pt below the 2023 score.

Components that have increased by 3 pts in Healthcare Improvement Scotland are:

- I am given the time and resources to support my learning growth
- I have sufficient support to do my job well
- I am confident my ideas and suggestion are acted upon
- I am treated with dignity and respect as an individual
- I get enough helpful feedback on how well I do my work
- I feel appreciated for the work I do
- My work gives me a sense of achievement.

Other Boards that have achieved improvements of 3 pts in individual components are:

- NHS 24: 'I am given the time and resources to support my learning growth'
- Scottish Ambulance Service: 'I have sufficient support to do my job well'

[8] iMatter 2025 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

NHS 24 identify a series of actions that have contributed to this improvement:

NHS 24 Board Feedback

This improvement reflects a coordinated and sustained effort across NHS 24, these include:

- Targeted action planning - Teams committed to block out 1.5 hours per month for Continuous Professional Development.
- "Our Culture Matters" and "Our Wellbeing Matters" strategies, alongside Culture and Values Workshops, helped embed a values-led culture that prioritises staff development.
- Frontline colleagues have protected learning time built into their rotas.
- Investment into a 12-month induction programme for new starts.
- Significant investment in training on new digital systems, and project management skills invested to manage large programmes of transformation work.
- Continued development opportunities for staff such as MEP and LDP.
- Initiatives focused on neurodiversity helped create an inclusive environment that supports diverse learning needs.
- The Mentor24 program offered mentorship opportunities, fostering personal and professional growth.
- The ODLL roadshows raised awareness about learning and development resources available to staff.
- Internal consultancy services provided tailored support to teams and individuals, enhancing their learning and growth.
- A review of NHS 24's bursary scheme and targeted comms plan saw a record number of applications in May 2025.
- Oversight of all bursary and external learning applications provided by Establishment Control Group, to ensure a level of fairness across the organisation.
- MEP and LDP emphasised the role of managers in supporting learning and growth. Increased Executive team visibility on these programmes reinforced this.
- The introduction of digital learning tools and digital buddies has provided flexible, accessible learning.
- Digital upskilling sessions have provided staff with the necessary digital skills and tools, making learning more accessible and flexible.
- The Kind Network has fostered a supportive community, encouraging personal and professional growth through shared digital upskilling resources.
- National wellbeing resources have ensured that staff have time and resources to focus on their mental health which is crucial for their overall development."

In feedback from the Board, Scottish Ambulance Service identify several actions that have been effectively implemented:

Scottish Ambulance Service Board Feedback

"This improvement may reflect a number of organisational efforts over the past year, including:

- Increased engagement with the appraisal process, with a stronger emphasis on meaningful conversations about objectives, support, and development.
- Improved compliance with mandatory and statutory training, alongside wider access to development opportunities.
- Continued delivery of Healthy Culture Weeks, providing a wide suite of learning and engagement opportunities linked to staff wellbeing and culture.
- Ongoing CPD "Time to Learn" sessions throughout the year, offering practical development tools for colleagues across roles and levels.

- Ongoing leadership development to support leaders and managers in creating the conditions for staff to feel equipped and supported in their roles."

In contrast, The State Hospital has seen declines in all but one of the Experience as an Individual Components (I have sufficient support to do my job well). The largest decline is in 'I get enough helpful feedback on how well I do my work' which has dropped 4 pts. Five components have declined 3 pts:

- 'I am given the time and resources to support my learning growth'
- 'I am confident my ideas and suggestions are listened to'
- 'I feel involved in decisions relating to my job'
- 'I am treated fairly and consistently'
- 'I feel appreciated for the work I do'

NHS Golden Jubilee has seen a decline in all components in this section, typically by one or two points. 'I get enough helpful feedback on how well I do my work' has declined by 3 pts from 2024.

Several Team Stories illustrate a range of actions being taken to improve staff experiences as individuals.

NHS Grampian illustrates how the use of Feedback Books to record positive feedback is beneficial for individuals and for the team.

NHS Grampian, City MHLD & SMS Support Admin Team
"Our iMatter report and the meeting that followed really highlighted that we wanted to strengthen our team relationships. So, we set up a Microsoft Teams Channel for us, making sure it had a dedicated 'social chat' area. We wanted to replicate those informal office conversations, even though we're often working remotely.

We also started a monthly, one-hour in-person team lunch, which has been great for physically spending time together. And something we've found incredibly meaningful is our feedback books. Each of us has a book where we record positive feedback. During our team lunches, we pass them around with a specific prompt, like 'What I admire about [name] is,' or 'In 2024, I'm thankful to [name] for,' or 'An attribute [name] brings to the team is.' It's given us a really special way to genuinely show our appreciation for one another and provides us with something positive to reflect back on at times when we maybe aren't having such a good day."

A story from NHS 24 shows commitment to ensuring a successful recruitment process that focuses on settling new staff in the organisation immediately:

NHS 24 Workforce Directorate
"A major milestone was the rollout of a refreshed recruitment process across all skillsets, aligned with our Values and Behaviours framework. This ensures new colleagues feel welcomed and set up for success from day one, building culturally aligned teams from the outset.

To support managers, we launched the Hiring Manager Hub—a central resource that simplifies recruitment and boosts confidence in hiring practices.

Focused efforts to reduce attrition and meet establishment targets have created a more stable environment. Our National and Regional Attrition groups, backed by clear action plans, have helped staff feel supported and encouraged to grow."

A Team Story from NHS Lanarkshire focuses on three areas, one of which is "Role Clarity and Development":

NHS Lanarkshire Infection Prevention and Control Team
"Role Clarity and Development: Organise structured sessions to clearly define the responsibilities, expectations, and boundaries associated with each team member's role. Implement a mentorship or buddy system to provide ongoing support. Establish measurable objectives to be regularly reviewed during individual one-to-one meetings."

Staff Groupings

Local Authority staff are more positive about many aspects of their experience as an individual with 5 components being 2 pts higher.

Experience as an Individual	NHSScotland	Local Authority	Difference
I am clear about my duties and responsibilities	88	88	0
I get the information I need to do my job well	82	82	0
I am given the time and resources to support my learning growth	75	77	2
I have sufficient support to do my job well	80	82	2
I am confident my ideas and suggestions are listened to	77	77	0
I am confident my ideas and suggestion are acted upon	73	74	1
I feel involved in decisions relating to my job	72	72	0
I am treated with dignity and respect as an individual	85	86	1
I am treated fairly and consistently	83	84	1
I get enough helpful feedback on how well I do my work	76	78	2
I feel appreciated for the work I do	76	78	2
My work gives me a sense of achievement	82	84	2

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included in the iMatter 2025 Data file[9]. This shows that typically Local Authority Senior Managers score highest and Ambulance Services score lowest.

[9] iMatter 2024 Data File 'Staff Groupings Scores' tab

My Team / My Direct Line Manager

Results are aggregated for each question presented under the heading ‘My Team / My Direct Line Manager’.

‘My direct line manager is approachable’ is the highest score (89) and has increased by 1 pt from 2025. ‘I feel involved in decisions relating to my team’ scoring lowest (77). ‘My team works well together’ has declined by 1 pt from last year.

My Team/My Direct Line Manager	2021	2022	2023	2024	2025	Movement – 2024 to 2025
My direct line manager is sufficiently approachable	87	88	88	88	89	+1
I feel my direct line manager cares about my health and well-being	84	86	87	87	87	0
I have confidence and trust in my direct line manager	84	85	86	86	86	0
I would recommend my team as a good one to be a part of	83	84	85	85	85	0
My team works well together	82	83	84	84	83	-1
I am confident performance is managed well within my team	77	78	79	79	79	0
I feel involved in decisions relating to my team	75	76	77	77	77	0

94% of staff agree that their line manager is approachable and 92% agree that their direct line manager cares about their health and wellbeing. 92% also agree that they would recommend their team.

18% of staff did not agree that they felt involved in decisions and 16% did not agree that they are confident that performance is well-managed.

My Team/My Direct Line Manager	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I feel my direct line manager cares about my health and wellbeing	83%	9%	3%	5%
My direct line manager is sufficiently approachable	86%	8%	3%	4%
I have confidence and trust in my direct line manager	81%	10%	4%	5%
I feel involved in decisions relating to my team	63%	19%	8%	10%
I am confident performance is managed well within my team	68%	17%	7%	9%
My team works well together	77%	14%	5%	5%
I would recommend my team as a good one to be a part of	79%	13%	4%	5%

Boards

Full Board data is included in the iMatter 2025 Data file[10].

Again, whilst the overall Health and Social Care scores have changed little from 2024, many individual Boards have larger movements in their reported scores.

The largest single improvement is in Healthcare Improvement Scotland where 'I feel involved in decisions relating to my team' has increased by 3 pts, going some way to reversing the decline of 5 pts seen from 2024.

All components in MyTeam/My Direct Line Manager have declined in the State Hospital. The biggest decline is 3 pts in 'I feel involved in decisions relating to my team', the same drop as seen in the equivalent individual component (I feel involved in decisions relating to my job).

NHS Golden Jubilee has a reported decline in all components, reversing the improvement that was seen in 2024 from 2023. The Board provides insight into some of the current challenges and how they are being addressed:

NHS Golden Jubilee Board Feedback

"Operational pressures: over the past year, some teams have experienced increased service demands and staffing challenges, which may have impacted on the capacity of line managers to engage as consistently in wellbeing conversations.

Managerial transitions: a number of teams have undergone leadership changes, and in some cases, new or interim managers may still be building trust and familiarity with their teams.

Board-wide Culture Programme: The implementation of our culture programme may have contributed to the shift in score, not necessarily as a negative outcome, but as a reflection of increased awareness and expectations. The programme has encouraged open dialogue around values, behaviours, wellbeing and leadership and as a result staff may be more attuned to what good support looks like from a line manager and more confident in identifying where it may be lacking or inconsistent."

NHS Western Isles has also seen all components in My Team/My Direct Line Manager decline by one or two points.

An illustration of how to address communications within teams is provided through this Team Story from NHS Grampian.

NHS Grampian, Cardiovascular & Clinical Research Team

"The area for improvement for our team that we identified through iMatter was in communication. We are a team of approximately 18 clinical research nurses located in two different NHS Grampian hospital sites, so we wanted to be able to improve how we worked as a team. As a result we introduced a quarterly face to face team meeting, which usually lasts around 2-3 hours.

We have found that this has greatly improved relationships across the team. Colleagues are more supportive of each other, and we are able to share best practice and learn from each other. We reviewed the progress of this action and as a result alternated the days that we held the meeting on so that more staff were able to attend. We have found this to be a really positive action that

[10] iMatter 2025 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

has made a difference to how we experience our time at work."

NHS 24 have introduced two flagship programmes to support Leaders across the organisation, with details provided through a team story:

NHS 24 Leadership Team
"These six-month hybrid programmes combine coaching, psychometric profiling, and workshops on emotional intelligence, psychological safety, and strategic leadership. Neurodiversity awareness sessions and protected learning time have further supported inclusive practice.

A key success has been increased Board visibility, with EMT members introducing the programmes and attending final celebration events—reinforcing their strategic importance and alignment with NHS 24's leadership vision.

Governance is robust, with regular reporting to the Staff Governance Committee. KPIs around attendance, completion, and evaluation are consistently met, with a 91% effectiveness rating and 100% cohort completion.

Leaders report improved confidence, better team conversations, and stronger decision-making. iMatter scores have risen in areas such as "visibility of leaders" and "support for learning and growth."

A Team Story from NHS 24 focuses on addressing two key challenges:

NHS 24 Transformation, Strategy, Planning and Performance Directorate
"Building Team Togetherness: To build togetherness, we introduced the Birthday Cluster, where each team member celebrates a colleague's birthday, creating moments of joy and connection. We also launched Team Passports to help us understand each other's communication styles, and initiated monthly In-Office Days, a social WhatsApp group and activities like a book club and step challenge.
Improving Communication and Feedback: To improve communication and feedback, we created Spotlight Sessions – a space for team members to share work and learn from each other. We're also shaping a two-way feedback process to foster constructive exchange between colleagues and managers."

A Team Story from NHS Lanarkshire recognises the need to celebrate successes more often:

NHS Lanarkshire Learning & Organisational Development Team
"This year, we recognised the need to celebrate our successes more often. We also realised that we don't always know the details of what colleagues are working on, so we agreed to:

- Build in time at team meetings for everyone to share updates
- Highlight and celebrate achievements during these sessions

Progress against our action plan will be reviewed at our six and twelve month meetings."

Staff Groupings

Local Authority staff score higher than NHSScotland staff on all Line Manager/Team components. The largest difference (3 pts) is in confidence that performance is well managed within the team.

My Team/My Direct Line Manager	NHSScotland	Local Authority	Difference
I feel my direct line manager cares about my health and wellbeing	87	88	1
My direct line manager is sufficiently approachable	88	89	1
I have confidence and trust in my direct line manager	86	87	1
I feel involved in decisions relating to my team	77	78	1
I am confident performance is managed well within my team	78	81	3
My team works well together	83	85	2
I would recommend my team as a good one to be a part of	85	86	1

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included in the iMatter 2025 Data file[11]. Within Local Authority Staff Groupings Older People Services rate lowest on all measures and Strategic Development typically rate highest. Among NHSScotland staff Ambulance Services rate lowest and Senior managers rate highest.

[11] iMatter 2025 Data File 'Staff Groupings Scores' tab

My Organisation

Results are aggregated for each question presented under the heading 'My Organisation', where Organisation refers to and includes both the relevant NHS Board and Health & Social Care Partnership(s).

Recommendation of the organisation has increased by 1 pt in 2025. The lowest scores across all components are 'I feel involved in decisions relating to my organisation' (55) and are in 'I feel Board Members responsible for the wider organisation are sufficiently visible'[13] (56).

My Organisation	2021	2022	2023	2024	2025	Movement – 2024 to 2025
I understand how my role contributes to the goals of my organisation	82	83	83	83	83	0
I would be happy for a friend or relative to access services within my organisation	77	77	78	77	77	0
I would recommend my organisation as a good place to work	73	74	75	74	75	+1
I feel my organisation cares about my health and wellbeing	70	71	72	71	71	0
I get the help and support I need from other teams and services within the organisation to do my job	70	70	71	71	71	0
I am confident performance is managed well within my organisation	62	63	63	62	62	0
I have confidence and trust in senior managers/Board Members responsible for the wider organisation[12]	61	61	61	60	60	0
I feel senior managers/Board Members responsible for the wider organisation are sufficiently visible[13]	55	55	56	55	56	+1
I feel sufficiently involved in decisions relating to my organisation	55	55	56	55	55	0

[12] [13] Question Wording Changed in 2021 from 'senior managers' to 'Board Members'

93% of staff agree that they understand how their role contributes to the goals of the organisation Over half (53%) of staff do not agree that they feel sufficiently involved in decisions relating to their organisation and half (51%) do not agree that they feel that board members who are responsible for their organisation are sufficiently visible.

My Organisation	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I understand how my role contributes to the goals of my organisation	79%	14%	3%	4%
I feel my organisation cares about my health and wellbeing	51%	26%	10%	14%
I feel that board members who are responsible for my organisation are sufficiently visible	27%	23%	17%	34%
I have confidence and trust in Board members who are responsible for my organisation	29%	30%	16%	25%
I feel sufficiently involved in decisions relating to my organisation	23%	25%	19%	34%
I am confident performance is managed well within my organisation	34%	28%	16%	23%
I get the help and support I need from others within the organisation to do my job	51%	28%	10%	11%
I would recommend my organisation as a good place to work	59%	25%	8%	9%
I would be happy for a friend or relative to access services within my organisation	65%	22%	6%	7%

Boards

Full Board data is included in the iMatter 2025 Data file[13].

While overall there has been little change in Health and Social Care 'My Organisation' scores, there are some large movements within individual Boards.

NHS Borders has improved all components with the largest being in:

- 'I feel that board members who are responsible for my organisation are sufficiently visible' with an increase of 6 points
- 'I have confidence and trust in Board members who are responsible for my organisation' increasing 4 points from 2024 to 2025
- 'I feel sufficiently involved in decisions relating to my organisation', 'I am confident performance is managed well within my organisation' and 'I would be happy for a friend or relative to access services within my organisation' have all increased by 3 points.

Feeback from NHS Borders reflects that their new Chief Executive communication approach includes a weekly update and is more visible to staff.

[13] iMatter 2025 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

Healthcare Improvement Scotland has also achieved considerable improvements in all components of My Organisation:

- The largest increase, of 6 pts, is in 'I have confidence and trust in Board members who are responsible for my organisation, with 'I feel sufficiently involved in decisions relating to my organisation' improving by 5 pts
- 'I would recommend my organisation as a good place to work' has also increased by 5 pts
- 'I feel my organisation cares about my health and wellbeing', 'I am confident performance is managed well within my organisation' and 'I get the help and support I need from other teams and services within the organisation to do my job' have all improved by 4 pts over 2024.

NHS Education for Scotland has increased their score for visibility of Board Members by 3 pts. They identify four key actions that have driven that improvement:

NHS Education for Scotland Board Feedback

"1. Intranet news story on getting to know the NES Board and the Board Secretary role.
2. Getting to know the Board update videos issued following Board meetings that are designed to give staff an insight into the make-up of the Board, key discussion points from meetings and the role of Non-Executive's on NES Committees.
3. Board member attendance at webinars across the organisation including Chief Executive updates where their attendance was acknowledged to highlight their involvement.
4. Employee Director highlighting at webinars/meetings that her role is a non-Executive Board member."

NHS 24 also increased their score for visibility of Board members by 3 pts. Their feedback identifies various actions that have been taken to increase visibility of both Board members and other senior staff:

NHS 24 Board Feedback

"A positive shift in the perception of the board's presence and engagement within NHS 24. This can be attributed to several factors including:

- Active involvement in MEP and LDP welcome sessions and 'celebrating success' final event sessions.
- CEO and Directors attended staff experience sessions to hear staff feedback, answer questions and promote wellbeing initiatives.
- Meet Your Director sessions were roll out across NHS 24.
- 'Meet the Team' sections created on the intranet with photos and introductions to senior colleagues along with brief description of the relevant team and their responsibilities.
- Executive team members attended Directorate team meetings.
- Executive team members doing 'walk rounds' in centres.
- The Empowerment framework was introduced to clarify roles and responsibilities, fostering trust and engagement with senior leadership.
- Staff Governance development sessions provided an opportunity for staff to showcase their work.
- Opportunity for staff members to observe committee meetings.
- Board members visited centres to meet with staff, hear about their experiences, the challenges they face, and answer questions about the Board."

The largest declines in scores within My Organisation are in The State Hospital and NHS Grampian.

In The State Hospital ‘I would be happy for a friend or relative to access services within my organisation’ is 4 pts lower than in 2024 and ‘I feel my organisation cares about my health and wellbeing’ is 3 pts lower.

NHS Grampian has a reported decline in all components within My Organisation with ‘I feel my organisation cares about my health and wellbeing’, ‘I have confidence and trust in Board members who are responsible for my organisation’ and ‘I am confident performance is managed well within my organisation’ all dropping by 3 pts from 2024.

Feedback from NHS Grampian notes variations across the organisation, with Aberdeenshire reporting the biggest decline (-7 pts). However, actions are in place to address the decline:

NHS Grampian Board Feedback
“The Interim Chief Officer has been working hard to improve culture with teams and services, and is beginning to see early signs of change which are expected to be reflected in improvements in next year's iMatter score for Aberdeenshire, and for NHS Grampian as a whole.”

A Team Story from NHS 24 highlights ways in which visibility of senior staff is being increased:

NHS 24 Service Delivery Directorate
“Leadership at the operational level is a key strength, with direct line managers viewed as approachable, trustworthy, and caring. While senior leadership visibility is an area for growth, initiatives such as centre visits, walkarounds, and online engagement are underway to enhance board presence. All engagement sessions are now communicated in advance to maximise staff participation.”

Staff Groupings

Local Authority staff are more confident that performance is managed well within their organisation than NHSScotland staff with a difference of 4 pts between the two scores. Local Authority staff also score 3 pts higher than NHSScotland staff for feeling their organisation cares about their health and wellbeing.

My Organisation	NHSScotland	Local Authority	Difference
I understand how my role contributes to the goals of my organisation	83	84	1
I feel my organisation cares about my health and wellbeing	70	73	3
I feel that board members who are responsible for my organisation are sufficiently visible	56	56	0
I have confidence and trust in Board members who are responsible for my organisation	60	60	0
I feel sufficiently involved in decisions relating to my organisation	55	57	2
I am confident performance is managed well within my organisation	62	66	4
I get the help and support I need from other teams and services within the organisation to do my job	71	73	2
I would recommend my organisation as a good place to work	74	76	2
I would be happy for a friend or relative to access services within my organisation	77	78	1

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included within the iMatter 2025 Data files[14]. Within NHSScotland staff, Ambulance Services score lowest and Senior Managers highest on most components. Among Local Authority staff scores are quite consistent across Staff Groupings, though Senior Managers, Business Services and Strategic Development tending to score higher than other Staff Groupings.

[14] iMatter 2025 Data File 'Staff Groupings Scores' tab

Staff Governance Standard – Strand Scores

Staff Governance is a key component of the NHSScotland governance framework used to monitor and manage the performance of NHS Scotland organisations. Staff Governance considers both how *effectively* staff are managed and how staff *feel* they are managed. The standard was underpinned in legislation in 2004 and its component strands as shown below continue to be monitored, both locally and nationally.

Staff Governance Standard – Scores

The strands of the Staff Governance Standard were mapped against the 20 components forming part of the Staff Experience Framework (see Appendix 8). The 28 questions were then mapped to the 20 components of the Staff Governance Standard to provide a measure of Employee Engagement (see Appendix 9).

Weighted Index Values	Well informed	Appropriately trained and developed	Involved in decisions	Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community
2021	78	73	70	77	76
2022	79	75	71	78	77
2023	79	77	72	79	78
2024	79	77	71	79	78
2025	79	77	71	78	78
Movement 2024 to 2025	0	0	0	-1	0

The only Staff Governance Standard Strand to change from 2024 to 2025 is 'Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued', which has declined by 1 pt, returning to the 2022 score of 78.

Board Scores

There are considerable differences across the Boards particularly for 'Appropriately trained and developed' and 'Involved in decisions'.

Staff Governance Standard Weighted Index Values	Highest Board Score Achieved	Lowest Board Score Achieved	Range: Highest to Lowest Score
Well informed	74	85	11
Appropriately trained and developed	63	85	22
Involved in decisions	60	81	21
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	69	86	17
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	69	85	16

Strand scores for each Board for 2025 and movement from 2024 are included in the iMatter 2025 Data file[15].

A Team Story from NHS Grampian, demonstrates actions being taken to recognise and understand individuals in order that they can be treated fairly and respectfully:

NHS Grampian, Aberdeen City Health & Social Care Mental Health & Learning Disabilities Team

"The pandemic really shifted us to working virtually, mostly on Microsoft Teams. Because of that, iMatter helped us see that we felt pretty disconnected, and we really wanted to change that. So, during our team meeting to discuss the iMatter report, we decided our action would be to build awareness of everyone's different styles and strengths within the team.

We actually had someone come in and use the Jigsaw Personality tool with us. Now, we each have a much greater awareness of each other's strengths, and we feel much better equipped to support one another. Following that, we even started holding monthly in-person, face-to-face meetings, which we also find incredibly helpful for supporting each other and sharing information."

[15] iMatter 2025 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

A Team Story from The State Hospital highlighted 3 areas for development actions, addressing challenges that they, and many other teams face around communications, role clarity and wellbeing:

The State Hospital, **AHP Team, Nursing, AHP & Operations**
“Improving Communication & Feedback: Feed-back mechanisms are now being integrated into Hub meetings and supervision agendas. The team is actively scoping what “communication that matters” looks like for them, ensuring that every voice is heard and valued.

Clarifying Role Remits: Professional Leads are working to define their roles more clearly within the team. Peer support meetings for Band 5 and 6 staff are being explored to foster mentorship and shared learning.

Prioritising Health & Wellbeing: Monthly AHP lunches and the initiatives led by the “Wellbeing Warriors” continue to promote a culture of care. These informal gatherings and wellbeing champions help sustain morale and connection across disciplines.

Wellbeing Warriors: The AHP “Wellbeing Warriors” launched a quality improvement initiative after recognising wellbeing as a key shared value. Although the initial project has concluded, ongoing efforts continue through regular check-ins, structured feedback within AHP frameworks, and the use of ‘appreciation cups’ to foster a culture of recognition and support.”

Recommendation

Within the iMatter questionnaire there are two statements that relate to recommendation:

- I would recommend my organisation as a good place to work
- I would recommend my team as a good one to be a part of

Recommendation of 'my team' is considerably higher than the recommendation of 'my organisation'. 'My team' recommendation remains high at 85, unchanged from 2024. 'My organisation' recommendation has increased by 1 pt, returning to the 2023 score of 75.

Recommendation	2021	2022	2023	2024	2025	Movement 2024 to 2025
I would recommend my organisation as a good place to work	73	74	75	74	75	+1
I would recommend my team as a good one to be a part of	83	84	85	85	85	0

A minority of staff would be unlikely to recommend their team (11%) and a slightly larger proportion (17%) would be unlikely to recommend their organisation.

Recommendation	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I would recommend my team as a good one to be a part of	79%	13%	4%	5%
I would recommend my organisation as a good place to work	59%	25%	8%	9%

Boards

For recommendation of the organisation as a good place to work there is a broad range of scores across the Boards. For recommendation of their team the range is much smaller. The Board with the highest score for both measures is NHS Education for Scotland (85 and 91 respectively). The Board with the lowest score for both is Scottish Ambulance Service (66 and 79 respectively), though both measures have increased by 1 pt from 2024.

Recommendation	I would recommend my organisation as a good place to work			I would recommend my team as a good one to be a part of		
	2024	2025	Movement from 2024	2024	2025	Movement from 2024
Health and Social Care	**74**	**75**	**+1**	**85**	**85**	**0**
National Boards (Patient-facing)						
NHS Golden Jubilee	78	77	-1	84	83	-1
NHS 24	75	77	+2	87	88	+1
Scottish Ambulance Service	65	66	+1	78	79	+1
The State Hospital	72	70	-2	84	83	-1
National Boards (Support)						
Healthcare Improvement Scotland	72	77	+5	84	84	0
NHS Education for Scotland	84	85	+1	91	91	0
NHS National Services Scotland	77	78	+1	85	85	0
Public Health Scotland	79	80	+1	86	86	0
Geographic Boards						
NHS Ayrshire & Arran	77	76	-1	86	85	-1
NHS Borders	72	74	+2	84	84	0
NHS Dumfries & Galloway	74	72	-2	83	83	0
NHS Fife	75	74	-1	84	84	0
NHS Forth Valley	73	73	0	85	85	0
NHS Grampian	75	73	-2	85	84	-1
NHS Greater Glasgow and Clyde	74	74	0	84	84	0
NHS Highland	73	73	0	84	84	0
NHS Lanarkshire	75	76	+1	86	86	0
NHS Lothian	74	75	+1	85	85	0
NHS Orkney	71	72	+1	82	83	+1
NHS Shetland	78	77	-1	85	84	-1
NHS Tayside	75	75	0	85	84	-1
NHS Western Isles	73	72	-1	83	82	-1

Notable movements in the scores for recommending the organisation as a good place to work are:

- Healthcare Improvement Scotland has improved by 5 pts, addressing in part the 9 pts drop reported in 2024.
- NHS Grampian is down 2 pts in 2025 adding to the 2 pts drop seen in 2024.
- NHS 24 is building again on the increase last year and is now up a total of 6 pts from 2023.
- NHS Western Isles is down 1 pt compounding the decline of 3 pts seen last year.
- NHS Borders up 2 pts reversing last year's decline of 2 pts.

Recommendation of their team among staff at The State Hospital has declined by 1 pt adding to the 2 pts drop seen last year.

National Boards (support) have all remained unchanged from 2024 for Recommendation of their team.

Recommendation of their team scores have not moved for most of the Geographic Boards. Of the 6 that have moved the change is only 1 point either up or down.

Staff Groupings

Recommendation of team and organisation varies across staff groupings, with Ambulance Services least positive on both measures and Senior Managers most positive. Typically, there is a 10-point gap between recommendation of team and organisation, with team always the higher of the two. Ambulance Services have a gap of 13, suggesting their team recommendation is relatively higher than their recommendation of the organisation. In contrast, Senior Managers and Support Services have a smaller gap between the two scores, suggesting that their recommendation of the organisation is relatively higher.

Staff Groupings	I would recommend my organisation as a good place to work	I would recommend my team as a good one to be a part of	Difference between team and organisation recommendation
Health & Social Care	**75**	**85**	**10**
NHSScotland Employees	74	85	11
Administrative Services	77	85	8
Allied Health Profession	74	86	12
Ambulance Services	65	78	13
Health Science Services	72	80	8
Medical & Dental	72	84	12
Medical & Dental Support	77	84	7
Nursing & Midwifery	74	86	12
Other Therapeutic	76	85	9
Personal & Social Care	77	84	7
Senior Managers	80	87	7
Support Services	75	81	6
Local Authority Employees	**76**	**86**	**10**
Adult Services	76	86	10
Business Services	78	87	9
Children's Services	77	88	11
Criminal Justice	78	87	9
Older People Services	75	85	10
Senior Managers	81	85	4
Strategic Development	78	88	10

Patient Services

Illustrating the link between iMatter and patient care, the survey asks staff if they 'would be happy for a friend or relative to access services within my organisation'. This measure for Health and Social Care has remained unchanged from last year and is consistent with 2021 and 2022 as well.

Patient Services	2021	2022	2023	2024	2025	Movement 2024 to 2025
I would be happy for a friend or relative to access services within my organisation	77	77	78	77	77	0

13% of staff do not agree that they would be happy for friends or relatives to access patient services.

Patient Services	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I would be happy for a friend or relative to access services within my organisation	65%	22%	6%	7%

Boards

I would be happy for a friend or relative to access services within my organisation	2024	2025	Movement 2024 to 2025
Health and Social Care	**77**	**77**	**0**
National Boards (Patient-facing)			
NHS Golden Jubilee	83	82	-1
NHS 24	81	83	+2
Scottish Ambulance Service	70	71	+1
The State Hospital	70	66	-4
National Boards (Support)			
Healthcare Improvement Scotland	75	78	+3
NHS Education for Scotland	86	86	0
NHS National Services Scotland	79	80	+1
Public Health Scotland	81	82	+1
Geographic Boards			
NHS Ayrshire & Arran	77	77	0
NHS Borders	73	76	+3
NHS Dumfries & Galloway	75	75	0
NHS Fife	77	76	-1
NHS Forth Valley	73	74	+1
NHS Grampian	77	75	-2
NHS Greater Glasgow and Clyde	76	77	+1
NHS Highland	75	76	+1
NHS Lanarkshire	77	78	+1
NHS Lothian	77	78	+1
NHS Orkney	74	76	+2
NHS Shetland	81	82	+1
NHS Tayside	78	78	0
NHS Western Isles	77	78	+1

The largest movement is in The State Hospital with a drop of 4 points from last year, to what is the lowest score (66) across all Boards.

Healthcare Improvement Scotland and NHS Borders have both increased their scores by 3 points.

NHS Shetland is the highest scoring Geographic Board at 82 points, up one point from 2024.

Staff Groupings

Two staff groupings; Ambulance Services and Medical and Dental, have increased by 2 pts for this measure, while Business Services have decreased by 2 pts. The highest scores are among Senior Managers in Local Authorities and NHSScotland.

I would be happy for a friend or relative to access services within my organisation	2024	2025	Movement 2024 to 2025
Health & Social Care	**77**	**77**	**0**
NHS Scotland Employees	**77**	**77**	**0**
Administrative Services	79	79	0
Allied Health Profession	75	76	+1
Ambulance Services	69	71	+2
Health Science Services	75	76	+1
Medical & Dental	75	77	+2
Medical & Dental Support	80	81	+1
Nursing & Midwifery	76	76	0
Other Therapeutic	77	77	0
Personal & Social Care	78	79	+1
Senior Managers	81	82	+1
Support Services	76	77	+1
Local Authority Employees	**78**	**78**	**0**
Adult Services	78	78	0
Business Services	81	79	-2
Children's Services	76	77	+1
Criminal Justice	77	77	0
Older People Services	78	77	-1
Senior Managers	83	83	0
Strategic Development	80	80	0

Raising Concerns

Two additional questions were first included in the 2023 questionnaire covering how staff feel about raising concerns. These questions are not included within the EEI calculation of the Staff Governance Strand Scores.

The questions were not compulsory within the questionnaire, however in line with the two previous years, 98% of staff completing the iMatter questionnaire answered these questions in 2025.

Response Rate	Respondents completing iMatter survey	I am confident that I can safely raise concerns about issues in my workplace	I am confident that my concerns will be followed up and responded to
2023 Number of respondents	118,376	116,317	116,041
2023 Percentage	-	98%	98%
2024 Number of respondents	119,534	117,618	117,390
2024 Percentage	-	98%	98%
2025 Number of respondents	119,173	117,351	117,149
2025 Percentage	-	98%	98%

The scores have been calculated using the same method as used for iMatter score calculations. Both measures for Health and Social Care are unchanged from last year.

Raising Concerns	2023	2024	2025	Movement 2024 to 2025
I am confident that I can safely raise concerns about issues in my workplace	79	79	79	0
I am confident that my concerns will be followed up and responded to	74	73	73	0

It remains concerning that 14% of all Heath and Social Care staff are not confident in raising concerns and 21% are not confident that their concerns will be followed up and responded to.

Raising Concerns	Strongly Agree/ Agree	Slightly Agree	Slightly Disagree	Disagree/ Disagree Strongly
I am confident that I can safely raise concerns about issues in my workplace	71%	16%	6%	8%
I am confident that my concerns will be followed up and responded to	57%	22%	9%	12%

Boards

There is variation in scores across the Boards. NHS Education for Scotland has the highest scores for both measures and Scottish Ambulance Service the lowest.

The largest improvement is in Healthcare Improvement Scotland where both scores have increased by 4 points from last year, leading to a partial recovery from the drops seen last year. NHS 24 has also improved both scores with ‘confidence to safely raise concerns’ up 2 pts and ‘confident that concerns with be followed up on’ is up 2 pts. Again, this builds on improvements of 2 and 3 pts respectively seen from 2023 to 2024.

NHS 24 has seen improvements again this year having seen the two measures increase by 2 pts from 2024.

The State Hospital has a reported drop of 4 pts in feeling safe raising concerns and a 2 pts drop in confidence that concerns will be followed up.

Across the Geographic Boards, there is little movement with only two reporting a decrease of 2 pts:

- NHS Western Isles: I am confident that I can safely raise concerns about issues in my workplace
- NHS Shetland: I am confident that my concerns will be followed up and responded to.

Concerns	I am confident that I can safely raise concerns about issues in my workplace			I am confident that my concerns will be followed up and responded to		
Boards	**2024**	**2025**	**Movement from 2024**	**2024**	**2025**	**Movement from 2024**
Health and Social Care	**79**	**79**	**0**	**73**	**73**	**0**
National Boards (Patient-facing)						
NHS 24	76	78	+2	71	73	+2
NHS Golden Jubilee	77	75	-2	71	69	-2
Scottish Ambulance Service	69	70	+1	60	61	+1
The State Hospital	74	70	-4	67	65	-2
National Boards (Support)						
Healthcare Improvement Scotland	74	78	+4	68	72	+4
NHS Education for Scotland	85	85	0	81	81	0
NHS National Services Scotland	79	80	+1	74	74	0
Public Health Scotland	81	81	0	74	74	0
Geographic Boards						
NHS Ayrshire & Arran	80	80	0	75	75	0
NHS Borders	79	79	0	72	73	+1
NHS Dumfries & Galloway	77	77	0	71	70	-1
NHS Fife	80	79	-1	74	74	0
NHS Forth Valley	78	79	+1	72	73	+1
NHS Grampian	79	79	0	74	73	-1
NHS Greater Glasgow and Clyde	79	79	0	73	73	0
NHS Highland	78	78	0	71	71	0
NHS Lanarkshire	81	81	0	75	76	+1
NHS Lothian	80	80	0	74	75	+1
NHS Orkney	74	74	0	66	67	+1
NHS Shetland	81	80	-1	75	73	-2
NHS Tayside	80	80	0	74	74	0
NHS Western Isles	76	74	-2	69	68	-1

Staff Groupings

There are considerable differences across staff groupings, ranging from 69 to 84 for confidence in raising concerns and from 60 to 81 for confidence that concerns will be followed up and responded to.

Senior Managers in NHSScotland and Local Authorities score highest for both measures, though the score for confidence to raise concerns has dropped by 3 pts and confidence that concerns will be followed up by 2 pts, among Local Authority Senior Managers.

Concerns	**I am confident that I can safely raise concerns about issues in my workplace**			**I am confident that my concerns will be followed up and responded to**		
Staff Groupings	**2024**	**2025**	**Movement 2024 to 2025**	**2024**	**2025**	**Movement 2024 to 2025**
Health & Social Care	**79**	**79**	**0**	**73**	**73**	**0**
NHS Scotland Employees	**79**	**79**	0	**72**	**73**	**+1**
Administrative Services	80	80	0	74	74	0
Allied Health Profession	79	80	+1	73	74	+1
Ambulance Services	68	69	+1	59	60	+1
Health Science Services	76	76	0	68	68	0
Medical & Dental	77	78	+1	70	71	+1
Medical & Dental Support	78	79	+1	74	73	-1
Nursing & Midwifery	79	79	0	73	73	0
Other Therapeutic	80	81	+1	74	74	0
Personal & Social Care	82	81	-1	77	76	-1
Senior Managers	85	84	-1	79	79	0
Support Services	77	77	0	71	71	0
Local Authority Employees	**82**	**81**	**-1**	**77**	**76**	**-1**
Adult Services	82	81	-1	77	77	0
Business Services	83	82	-1	79	78	-1
Children's Services	81	82	+1	76	77	+1
Criminal Justice	80	81	+1	74	77	+3
Older People Services	81	82	+1	76	76	0
Senior Managers	87	84	-3	83	81	-2
Strategic Development	84	84	0	80	79	-1

Overall Experience

The overall experience question remained at 7.0 again this year.

Year	Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 Mean Score	Movement from Previous iMatter Survey (points)
2025	7.0	0
2024	7.0	0
2023	7.0	+0.1
2022	6.9	+0.1
2021	6.8	-0.1
2019	6.9	+0.1
2018	6.8	N/A

Almost a quarter of respondents (24%) score their overall experience 9 or 10 out of 10. 10% of respondents rate their experience as 4 or less out of 10.

There is a small increase in the percentage of staff scoring 10 from last year, with a reduction in those scoring 4, but these movements are not enough to affect the overall mean score.

Score	Percentage of staff 2024	Percentage of staff 2025	Movement 2024 to 2025
0 Very Poor Experience	1%	1%	0
1	1%	1%	0
2	1%	1%	0
3	3%	3%	0
4	5%	4%	-1
5	12%	12%	0
6	12%	12%	0
7	22%	22%	0
8	20%	20%	0
9	11%	11%	0
10 Very Good Experience	12%	13%	+1

Overall Experience within Boards

While Overall Experience hasn't changed from last year for Health and Social Care, there are some notable movements at Board level as shown in the table following.

Overall Experience	2021	2022	2023	2024	2025	Movement 2024 to 2025
Health and Social Care	**6.8**	**6.9**	**7.0**	**7.0**	**7.0**	**0**
National Boards (Patient-facing)						
NHS Golden Jubilee	6.5	6.8	7.1	7.2	7.1	-0.1
NHS 24	6.7	6.9	6.6	7.0	7.3	+0.3
Scottish Ambulance Service	5.9	6.1	6.2	6.0	6.1	+0.1
The State Hospital	6.4	6.6	6.7	6.9	6.5	-0.4
National Boards (Support)						
Healthcare Improvement Scotland	7.6	7.8	7.5	6.6	7.1	+0.5
NHS Education for Scotland	8.1	8.3	8.2	7.9	8.0	+0.1
NHS National Services Scotland	7.4	7.4	7.4	7.2	7.3	+0.1
Public Health Scotland	7.0	6.8	6.9	7.3	7.4	+0.1
Geographic Boards						
NHS Ayrshire & Arran	6.9	7.0	7.2	7.2	7.2	0
NHS Borders	6.5	6.7	6.9	6.7	6.9	+0.2
NHS Dumfries & Galloway	6.5	6.8	6.9	6.8	6.7	-0.1
NHS Fife	6.8	6.8	7.0	7.0	6.9	-0.1
NHS Forth Valley	6.6	6.8	6.8	6.8	6.9	+0.1
NHS Grampian	7.0	7.0	7.2	7.1	6.9	-0.2
NHS Greater Glasgow and Clyde	6.7	6.8	7.0	6.9	7.0	+0.1
NHS Highland	6.6	6.8	6.8	6.8	6.8	0
NHS Lanarkshire	6.9	7.0	7.1	7.1	7.2	+0.1
NHS Lothian	6.8	6.8	7.0	6.9	7.0	+0.1
NHS Orkney	6.2	6.4	6.4	6.5	6.7	+0.2
NHS Shetland	7.2	7.3	7.4	7.3	7.3	0
NHS Tayside	6.7	7.0	7.0	7.0	7.0	0
NHS Western Isles	6.9	6.7	7.1	6.8	6.6	-0.2

Healthcare Improvement Scotland has improved by 0.5 this year, reversing some of the decline seen last year. NHS 24 have increased their score again this year and is now at 7.3, considerably above the overall Health and Social Care score.

Reflecting declines in other measures, The State Hospital has declined by 0.4 this year. Feedback from the Board provides explanation of why scores have declined and outlines actions being taken to improve staff experience:

The State Hospital Board Feedback

"This [the decline in scores] may reflect broader cultural and operational challenges, including:
Lack of visible action following previous feedback, leading to reduced trust and engagement.
Limited involvement in decision-making, reducing staff perception of their voice being valued.
Operational and staffing pressures, which continue to impact wellbeing and the sense of being supported or heard.

Change fatigue, particularly where initiatives feel top-down or insufficiently embedded.
Leadership capacity, with many managers and leaders under significant pressure, often without the time or space to lead effectively due to persistent resourcing demands.

Development needs, where further support and upskilling would help managers more confidently engage teams, communicate priorities, and foster a culture of listening and empowerment.
We recognise these are not isolated issues and are working to address them through ongoing leadership development, structured engagement, and a culture change programme that is being used to drive meaningful change"

The Geographic Boards have reported no change or only a small movement from last year in the Overall Experience rating. The decline of 0.2 in NHS Western Isles means it is now the lowest score (6.6) of all Geographic Boards. NHS Borders has increased by 0.2 from 2024 to 6.9 and is now 0.4 higher than in 2021. NHS Orkney also improved by 0.2 in 2025 to 6.7 and is now 0.5 higher than in 2021.

Overall Experience within Staff Groupings

While the Overall Experience score has not changed, the NHSScotland staff score has improved by 0.1 and the Local Authority staff score has declined by 0.1. The biggest movements are among Local Authority Strategic Development staff whose score has declined by 0.2 and NHS Medical and Dental that has increased by 0.2.

Overall Experience (Mean Score)	2021	2022	2023	2024	2025	Difference 2024 to 2025
Health & Social Care	**6.8**	**6.9**	**7.0**	**7.0**	**7.0**	**0**
NHS Scotland Employees	**6.8**	**6.9**	**7.0**	**6.9**	**7.0**	**+0.1**
Administrative Services	7.2	7.3	7.4	7.3	7.3	0
Allied Health Profession	6.8	6.9	6.9	6.9	6.9	0
Ambulance Services	5.8	6.1	6.1	5.9	6.0	+0.1
Health Science Services	6.8	6.8	6.8	6.7	6.7	0
Medical & Dental	6.6	6.6	6.7	6.6	6.8	+0.2
Medical & Dental Support	6.9	7.0	7.1	7.2	7.2	0
Nursing & Midwifery	6.4	6.6	6.8	6.8	6.8	0
Other Therapeutic	7.0	7.0	7.0	7.0	7.0	0
Personal & Social Care	7.3	7.3	7.3	7.4	7.3	-0.1
Senior Managers	7.4	7.5	7.5	7.4	7.5	+0.1
Support Services	7.0	7.0	7.1	7.0	7.1	+0.1
Local Authority Employees	**6.9**	**7.1**	**7.2**	**7.3**	**7.2**	**-0.1**
Adult Services	6.9	7.0	7.2	7.3	7.2	-0.1
Business Services	7.4	7.5	7.6	7.5	7.4	-0.1
Children's Services	7.1	7.0	7.2	7.2	7.3	+0.1
Criminal Justice	7.1	7.3	7.4	7.3	7.3	0
Older People Services	6.8	6.9	7.2	7.2	7.1	-0.1
Senior Managers	7.3	7.6	7.9	7.6	7.5	-0.1
Strategic Development	7.3	7.5	7.7	7.6	7.4	-0.2

Demographic Profile

Demographic questions were first introduced in 2021. The profile of respondents taking part in iMatter in 2025 is very similar to 2024. Following increases in the proportion of respondents choosing not to answer some or all of the demographic questions seen in 2024, the proportions are quite similar this year.

What was your age at your last birthday?	2024	2025
Under 25 years	3%	3%
25 - 34 years	15%	15%
35 - 44 years	20%	20%
45 - 54 years	23%	22%
55 - 64	19%	19%
65 years and over	2%	2%
No Answer Given	19%	19%

What is your sex?	2024	2025
Female	72%	73%
Male	18%	18%
No Answer Given	11%	10%

Do you consider yourself to be trans, or have a trans history?	2024	2025
No	90%	90%
Yes	1%	<1%
No Answer Given	9%	10%

What is your legal marital or registered civil partnership status?	2024	2025
Never married and never registered in a civil partnership	27%	26%
Married	49%	49%
In a registered civil partnership	1%	1%
Separated, but still legally married	2%	2%
Separated, but still legally in a civil partnership	<1%	<1%
Divorced	7%	8%
Formerly in a civil partnership which is now legally dissolved	<1%	<1%
Widowed	1%	1%
Surviving partner from a civil partnership	<1%	<1%
No Answer Given	11%	12%

Which of the following best describes your sexual orientation?	2024	2025
Straight/Heterosexual	85%	84%
Gay or Lesbian	2%	2%
Bisexual	2%	2%
Prefer to self-describe	1%	1%
No Answer Given	10%	11%

The Equality Act 2010 describes a disabled person as: '...anyone who has a physical, sensory or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'. **Do you consider yourself to be disabled within the definition of the Equality Act 2010?**	**2024**	**2025**
Yes	7%	7%
No	85%	84%
No Answer Given	8%	9%

Do you have any of the following, which have lasted, or are expected to last, at least 12 months?	**2024**	**2025**
Deafness or partial hearing loss	3%	3%
Blindness or partial sight loss	1%	1%
Full or partial loss of voice or difficulty speaking (a condition which requires you to use equipment to speak)	<1%	<1%
Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)	1%	1%
Learning difficulty (a specific learning condition that affects the way you learn and process information)	2%	2%
Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)	1%	1%
Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)	3%	3%
Mental health condition (a condition that affects your emotional, physical and mental wellbeing)	7%	7%
Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)	11%	12%
Other condition	3%	3%
No condition	56%	55%
No Answer Given	13%	12%

Have you been on maternity/parental or shared parental leave in the last 12 months?	**2024**	**2025**
Yes	3%	3%
No	87%	87%
No answer Given	10%	10%

What religion, religious denomination or body do you belong to?	2024	2025
None	52%	51%
Church of Scotland	17%	17%
Roman Catholic	13%	14%
Other Christian	5%	5%
Muslim	1%	1%
Hindu	<1%	1%
Buddhist	<1%	<1%
Sikh	<1%	<1%
Jewish	<1%	<1%
Pagan	<1%	<1%
Another religion or body	1%	1%
No Answer Given	10%	11%

What is your ethnic group?	2024	2025
White	85%	84%
Mixed or multiple ethnic groups	1%	1%
Asian, Scottish Asian or British Asian	2%	3%
African, Scottish African or British African	1%	2%
Caribbean or Black	<1%	<1%
Other ethnic group	1%	1%
No Answer Given	10%	10%

iMatter scores across demographic characteristics

This section provides an overview of how iMatter scores differ across various demographic characteristics. The analysis looks at individual characteristics rather than combining multiple characteristics. This means that the relationship between a characteristic and the score may not always be direct. For example, females may score higher than males for a particular component, but the driver of that difference may be other characteristics or circumstance such as the job they do, their average age or other characteristics not explored in iMatter.

Sex

Those who identify as female, typically score each component 1 or 2 pts higher than males, which is reflected in the Overall Experience scores of 7.1 for females and 7.0 for males.

Disability

Staff who have disabilities typically score 3 pts lower than those who do not. There are several measures where that difference increases to 5 pts. These mainly relate to being involved, heard and treated fairly.

Disability	With Disability	Without Disability
I am confident that I can safely raise concerns about issues in my workplace	75	80
I am confident that my concerns will be followed up and responded to	69	74
I have confidence and trust in Board members who are responsible for my organisation	56	61
I feel that board members who are responsible for my organisation are sufficiently visible	52	57
I am confident my ideas and suggestions are listened to	73	78
I am confident my ideas and suggestion are acted upon	69	74
I am treated fairly and consistently	79	84
I feel involved in decisions relating to my job	68	73

These differences in opinion then lead to a variation in Overall Experience. Those with disabilities score 6.6 and those without score 7.1, a difference of 0.5

Ethnicity

There are large differences in the scores given by the various ethnic groups. On average, staff who are African, Scottish African or British African score highest, followed closely by those who are Asian, Scottish Asian or British Asian. Third highest scores on average are reported by those who are Caribbean or Black. Those who are White, Mixed, multiple or other ethnic groups score lowest.

Overall Experience differs by 1 pt from the highest (African, Scottish African or British African) at 8.0 to the lowest (Mixed or multiple ethnic groups) at 6.9.

The largest differences are in the My Organisation components, where confidence and trust in the organisation differs greatly across the various ethnicities.

My Organisation	White	Mixed or multiple ethnic groups	Asian, Scottish Asian or British Asian	African, Scottish African or British African	Caribbean or Black	Other ethnic group
I understand how my role contributes to the goals of my organisation	83	83	86	91	87	84
I feel my organisation cares about my health and wellbeing	71	70	80	83	76	73
I feel that board members who are responsible for my organisation are sufficiently visible	56	56	69	70	60	62
I have confidence and trust in Board members who are responsible for my organisation	60	59	73	76	65	65
I feel sufficiently involved in decisions relating to my organisation	55	55	67	67	57	59
I am confident performance is managed well within my organisation	62	62	74	77	67	67
I get the help and support I need from other teams and services within the organisation to do my job	72	71	78	82	73	72
I would recommend my organisation as a good place to work	75	74	82	86	79	76
I would be happy for a friend or relative to access services within my organisation	77	77	82	87	80	78

The smallest variations across ethnic groups are typically in My Team/Line Manager, with differences of no more than 4 pts for any of the components.

My Team/Line Manager	White	Mixed or multiple ethnic groups	Asian, Scottish Asian or British Asian	African, Scottish African or British African	Caribbean or Black	Other ethnic group
I feel my direct line manager cares about my health and wellbeing	87	86	88	88	85	84
My team works well together	84	83	85	86	84	82
I would recommend my team as a good one to be a part of	85	84	86	87	86	83
I get enough helpful feedback on how well I do my work	77	77	81	80	77	77

Age

The highest scores are typically given by staff aged under 25 years and those who are 65 years and over. This pattern is illustrated by the overall experience mean scores shown in the table following

An exception to this is the extent to which staff are confident that their suggestions will be listened to and acted on, where it is those aged 35 – 54 years who are the most positive on both measures:

Age	Overall Experience	I am confident my ideas and suggestions are listened to	I am confident my ideas and suggestion are acted upon
Under 25	7.3	77	74
25-34	7.0	77	74
35-44	7.1	79	75
45-54	7.1	78	75
55-64	7.2	78	73
65 and over	7.6	77	73

Action Plans

Action Plans are a vital part of the iMatter process, where staff feedback is reviewed and actions are agreed to address staff concerns and opportunities for improvement.

Action Plan Completion

Overall, there is no change in the proportion of teams that have completed Action Plans (56%) within 8 weeks or receiving their iMatter report. However, across the Boards there are several that have changed considerably.

Teams completing an Action Plan	2021	2022	2023	2024	2025	Movement 2024 to 2025
Health and Social Care	**42%**	**47%**	**55%**	**56%**	**56%**	**0**
National Boards (Patient-Facing)						
NHS Golden Jubilee	74%	59%	72%	56%	66%	+10
NHS 24	58%	56%	62%	92%	95%	+3
Scottish Ambulance Service	41%	62%	71%	65%	68%	+3
The State Hospital	59%	65%	53%	47%	77%	+30
National Boards (Support)						
Healthcare Improvement Scotland	44%	61%	53%	75%	90%	+15
NHS Education for Scotland	83%	80%	83%	87%	90%	+3
Public Health Scotland	55%	85%	63%	88%	82%	-6
NHS National Services Scotland	90%	90%	94%	99%	91%	-8
Geographic Boards						
NHS Ayrshire & Arran	40%	49%	59%	57%	51%	-6
NHS Borders	48%	44%	53%	56%	61%	+5
NHS Dumfries & Galloway	20%	30%	44%	55%	40%	-15
NHS Fife	52%	49%	67%	65%	43%	-22
NHS Forth Valley	58%	58%	61%	61%	58%	-3
NHS Grampian	37%	41%	46%	45%	58%	+13
NHS Greater Glasgow and Clyde	49%	49%	55%	56%	58%	+2
NHS Highland	10%	30%	28%	31%	25%	-6
NHS Lanarkshire	50%	50%	66%	65%	67%	+2
NHS Lothian	15%	42%	50%	54%	58%	+4
NHS Orkney	55%	39%	58%	69%	66%	-3
NHS Shetland	36%	27%	41%	43%	50%	+7
NHS Tayside	54%	42%	47%	45%	42%	-3
NHS Western Isles	31%	31%	59%	66%	66%	0

The largest improvement is The State Hospital with a 30 pps increase in the proportion of teams completing Action Plans (77% in 2025). Healthcare Improvement Scotland has improved by 15 pps to 90% and NHS Grampian by 13 pps to 58%.

The State Hospital adopted a targeting and supportive approach to Action Planning:

The State Hospital Board Feedback

"Targeted, Facilitated Support for Priority Teams: We identified teams with "yellow" iMatter reports and those with no reports, offering them direct, facilitated support to develop and complete their action plans. This hands-on approach was well received, with the majority of teams engaging positively and submitting an action plan.

Emphasis on Team Development Linked to iMatter: We placed a strong emphasis on team development, explicitly linking action planning to iMatter results. By using a variety of support methods—such as workshops, coaching, and resource materials—we helped teams enhance both their effectiveness and their overall experience.

Strategic Engagement during OD Strategy Development: The engagement activities undertaken while building our new OD Strategy reinforced the importance of improving experiences at every level—individual, team, and organisational. We made clear commitments about what we would do, which helped build trust and align everyone around shared goals.

Balanced, Direct Communication with Managers: We communicated directly with all managers, ensuring they understood the importance of action planning without overwhelming them with excessive messages. This careful balance helped maintain engagement and avoid "communication fatigue."

Executive Team Advocacy: We also engaged the Executive Team, who actively supported both us and their own teams in completing action plans. Their visible backing added weight to the initiative and encouraged broader participation."

NHS Grampian provide details of actions successfully taken to increase the proportion of teams completing Action Plans.

NHS Grampian Board Feedback

"We implemented a multifaceted approach to drive improvement:

Senior Leadership Buy-in: We significantly increased communication from senior leadership to emphasise the importance of action planning. Our Chief Executive and Employee Director jointly sent an email to every iMatter team lead to highlight the importance of the process and encourage renewed enthusiasm. This commitment was further reinforced by senior leaders making the completion of action plans an objective in their annual appraisals, demonstrating a top-down commitment to the process.

Process and System Improvements: We developed new, short, and impactful Action Planning sessions to help team leaders successfully navigate the process. We also undertook a comprehensive data review on our Webropol system, identifying and removing non-existent teams that were skewing the completion data.

Targeted Communication and Recognition: Frequent reminders were communicated to teams ahead of deadlines to encourage timely completion. We also highlighted a positive case study in our daily brief, featuring a team that had successfully used action planning to improve their staff experience. This shared story provided a tangible example of the benefits and served to inspire other teams.

These combined efforts have been instrumental in fostering a more focused and engaged approach to action planning within NHS Grampian, leading to the positive increase in completion rates."

NHS Golden Jubilee increased Action Plan completion by 10 pps in 2025, primarily through clarifying expectations of what an action plan should be:

NHS Golden Jubilee Board Feedback

"We partly attribute this to targeted efforts to address a barrier around a lack of certainty as to what constituted an acceptable or meaningful action. As part of our Culture Programme we introduced new feedback models to the organisation and saw an opportunity to leverage action planning to support this aspect of the Culture Programme. We encouraged teams to consider embedding and normalising feedback at a local level as a potential action. This approach was promoted through a range of communication channels, and we provided practical resources to help managers facilitate these conversations with their teams.

In addition, we encouraged Senior Managers with sub-reporting access in Webropol to monitor action plan completion within their areas. This enabled more effective local oversight and support, helping to drive engagement and accountability across the organisation."

The largest decline is in NHS Fife where only 43% of teams completed an Action Plan compared to 65% in 2024. NHS Dumfries and Galloway now has only 40% of teams completing Action Plans, down from 55% in 2024. NHS Highland continues to have the lowest proportion of teams completing Action Plans (25%), down 6 pps from 2024.

NHS Fife note that various constraints have impacted Action Plan completion within the 8-week window, but demonstrates a commitment to continued improvement and engagement:

NHS Fife Board Feedback

"It is likely that the decline in Action Plan completion reflects a combination of pressures this year, including constrained central iMatter capacity, a strategic focus on financial recovery, and the prioritisation of frontline service delivery.

Although completion rates have reached 43%, as captured within the 8-week timeframe, we will continue to encourage and support these key conversations with teams throughout the remainder of the year. Our commitment to staff experience and engagement, with meaningful action remains resolute, with work underway to strengthen support and responsiveness going forward."

NHS Dumfries and Galloway express disappointment at the decline in Action Plan completion rate, however, they point to various actions being put in place that are expected to have a positive impact going forward:

NHS Dumfries and Galloway Board Feedback

"Despite the challenges, there are positive developments that will support improvement in future cycles. A new wellbeing portal has been launched alongside a programme of wellbeing webinars and events, providing accessible resources and strengthening staff support via our ODL microsite. The introduction of the behavioural framework this year will help teams translate survey findings into clear expectations and behaviours, improving the quality and focus of action planning. Senior leadership is now directly involved in induction, addressing one of the lowest scoring areas in previous rounds and reinforcing leadership visibility from the outset. As for benchmarking, other

boards have demonstrated that targeted communications, protected time for managers, and a focus on identifying a small number of realistic, high-impact actions are effective in raising completion rates, and these approaches are now being incorporated locally."

Action Plan Content

Action Plans contain four sections:
1. What we (the team) do well
2. Areas for improvement
3. Desired outcome from actions to be taken
4. Action

Analysis carried out using AI tools[16] provides a clear summary of the main themes contained within the Action Plans.

What we do well

This section enables teams to acknowledge their strengths and successes. The most often mentioned topics are:

Team Cohesion and Support: A prominent focus on strong teamwork, with staff emphasising mutual support and collaboration, especially during challenging times.

Effective Communication: Clear and open communication is consistently highlighted as essential for operational success, with many noting improvements in communication strategies and feedback mechanisms.

Respect and Dignity: Responses reflect a strong culture of respect, where staff feel valued and treated fairly, contributing to a positive work environment.

Approachable Leadership: The consensus generally is that line managers are supportive and approachable, fostering trust and a sense of security among team members.

Clarity of Roles and Responsibilities: Staff express a clear understanding of their roles, supporting performance and job satisfaction.

Wellbeing Support: A strong emphasis is placed on staff health and wellbeing, with initiatives in place to support mental health among employees.

Professional Development: Many Action Plans underline the importance of opportunities for training and continuous learning, indicating a commitment to professional growth.

Patient-Centred Care: Teams are dedicated to providing high-quality patient care, with a focus on collaboration across various services.

Overall, the topics included in 'What we do will' illustrates staff commitment to collaboration, communication, and mutual respect. There are shared goals of delivering high standards of patient care and maintaining a positive organisational culture.

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[16] **AI Text Analysis** uses language detection and sentiment polarity to analyse content of Action Plans, providing an overview of the most prevalent strengths, areas for improvement and planned actions. The process includes identification of recurring topics and themes, analysis of key phrases and summarisation of outputs.

Areas for Improvement

This section of the Action Plans explores aspects that the team feels could be improved on. Across all the Action Plans submitted, the most referenced areas for improvement are:

Communication: There is a widespread call for enhanced communication within teams and from leadership. Staff are seeking clearer, more transparent updates concerning organisational changes and decisions that impact their roles.

Involvement in Decision-Making: Many staff express a strong desire for greater involvement in decision-making processes. A recurrent sentiment is feeling disconnected from important discussions, leading to a lack of engagement.

Training and Development: Many Action Plans emphasise the need for more structured training and ongoing professional development opportunities to enable staff to grow in their roles.

Health and Wellbeing: Staff wellbeing is a significant concern in many teams. There is a perceived need for organisational support systems that both promote mental and physical wellness and address workload management concerns.

Visibility of Leadership: There is a perceived lack of visibility and engagement from senior management, which impacts trust and confidence in the organisation's direction.

Recognition and Feedback: Staff express a desire for more consistent recognition of their contributions and achievements, which is important for maintaining morale and encouraging engagement.

Team Cohesion: While team dynamics are mostly viewed positively, there is a recognition of the need to foster better collaboration across departments to enhance workplace satisfaction.

Overall, the main themes identified as areas for improvement, reflect the scores seen in iMatter and include communication, involvement, recognition.

Desired Outcomes

In this section of the Action Plan, teams identify what results they would like to see come as a result of implementing the Action Plan. Main outcomes include:

Communication: Action Plans often highlight the need for better communication channels that allow for timely and clear updates regarding organisational changes, decisions, and opportunities for feedback.

Staff Involvement: There is a strong consensus on the importance of having staff engaged in decision-making processes and for their ideas and feedback to be recognised and valued.

Training and Development: Many participants express a need for structured training opportunities and adequate resources for professional development, emphasising the importance of ongoing learning in their roles.

Team Cohesion: The Action Plans highlight the importance of encouraging a collaborative and supportive team environment where staff feel appreciated and connected.

Wellbeing and Support: Staff express a need for adequate resources related to mental health and overall wellbeing to enhance job satisfaction and productivity.

Overall, the desired outcomes included in Action Plans illustrate a strong commitment to enhancing workplace dynamics via better communication, staff empowerment and a focus on professional development and wellbeing.

Action

Each Action Plan includes specific actions that are to be taken by the team. The main areas focused on across the Action Plans are:

Communication Enhancement: Various actions are put forward around improved communication methods, including structured team meetings, digital communication tools, and transparent feedback mechanisms to keep all staff informed and engaged.

Staff Engagement in Decision-Making: Many Action Plans advocate for involving staff in decisions that impact their work, emphasising the necessity of feedback channels such as suggestion boxes and regular check-ins to ensure all voices are considered.

Professional Development: A common focus on continuous training opportunities and structured learning pathways highlights the importance of developing staff skills and competencies in a supportive environment.

Wellbeing Initiatives: Regular check-ins and strategies to promote mental health are planned, illustrating a commitment to support staff wellbeing alongside professional responsibilities.

Team Building and Recognition: Proposals aimed at fostering team cohesion and celebrating achievements are prevalent, illustrating the importance of morale and teamwork in enhancing overall effectiveness and well-being across the organisation. A good example of this is the creation of a ‘Wall of Fame’ to celebrate positive contributions.

Overall, planned actions demonstrate commitment to create supportive, communicative, and development-driven workplace culture where staff engagement remains a top priority.

Appendix 1: iMatter Survey Method

The process for distributing the iMatter questionnaire begins with a team confirmation period. Managers (at individual team level) were required to confirm their teams to ensure accuracy and that respondent information is updated. This was conducted for a period of 4 weeks where managers are required to remove any staff who have left the team, exclude staff who will not be available during the questionnaire stage and add any new staff that have joined the team.

Once this process was completed, the online questionnaire was issued to all recipients with an email or mobile telephone number entered on the system and remained open for a period of 3 weeks. The paper version was also available to be printed and distributed on the same day, with the deadline to receive paper copies set for 1 week after the questionnaire closing date. All paper responses received within the deadline were also input within 1 week of the receipt deadline. Reminders were issued each week over the 3-week period.

Week Numbers 1 – 4
Managers confirm team details to ensure accurate respondent information:
- remove staff who have left
- exclude staff who will not be available during fieldwork
- add new staff

Week Numbers 5 – 7
Fieldwork window:
- email electronic questionnaire/print & distribute paper version/send SMS invitations
- reminders issued each week to non-responders

Week Number 8
Additional week for Webropol Ltd to receive paper responses

Week Number 9
All response data input to system

The iMatter questionnaire and data collection process was undertaken by Webropol Ltd, an independent company, to ensure full anonymity for the respondents. All processes have been fully assessed to ensure compliance with General Data Protection Regulation (GDPR) Principles. In order to keep the reports within small teams of 4 or less anonymous, the response rate for team reports to be published must be 100%. The reports are published at team level and available to that team only. The response data contained in team reports informs reports at both Directorate and Organisational level and sub-directorate level where appropriate.

Return to Main Report

Appendix 2: Health & Social Care Partnership Staff Participating in iMatter 2025

Health Board	H & SCP	Number of social care staff	Number of health care staff
NHS Ayrshire & Arran	HSCP East	1,476	1,216
NHS Ayrshire & Arran	HSCP North	2,021	1,879
NHS Ayrshire & Arran	HSCP South	1,017	890
NHS Borders[17]	NHS Borders HSCP Directorate	0	1,223
NHS Borders	SBC HSCP SC-SW Directorate - Social Care	663	0
NHS Dumfries & Galloway	Community HSCP	847	3,861
NHS Fife	Fife HSCP	2,355	3,831
NHS Forth Valley	Falkirk HSCP	118	1,113
NHS Forth Valley	Clackmannan and Stirling HSCP	213	1,131
NHS Greater Glasgow & Clyde	Inverclyde	1,087	529
NHS Greater Glasgow & Clyde	Renfrewshire	935	1,036
NHS Greater Glasgow & Clyde	West Dunbartonshire	1,318	852
NHS Greater Glasgow & Clyde	East Dunbartonshire	560	382
NHS Greater Glasgow & Clyde	East Renfrewshire	607	425
NHS Greater Glasgow & Clyde	Glasgow City	7,212	5,222
NHS Grampian	Moray	1,218	923
NHS Grampian	Aberdeenshire	2,279	1,728
NHS Grampian	Aberdeen	1,411	1,862
NHS Lanarkshire	North HSCP	949	3,156
NHS Lanarkshire	South HSCP	695	2,138
NHS Lothian	East Lothian	498	1,267
NHS Lothian	Edinburgh City	1,637	1,778
NHS Lothian	Midlothian	402	801
NHS Lothian	West Lothian	782	1,017
NHS Shetland	Shetland HSCP[18]	756	328
Total	**Total**	31,056	38,588

Return to Main Report

[17] The way that Borders report the split is different due to directorate and hierarchy split so staff do not have the same split as other Board HSCP's.

[18] This is made up of staff from NHS Shetland (Health Care) and Shetland Islands Council (Social Care) who sit under the Director of Community Health and Social Care.

Appendix 3: iMatter 2025 Questionnaire

NHS Scotland (and participating Health and Social Care Partnerships) are committed to improving the experience of those we provide care for through enhancing our "Staff Experience". The iMatter Staff Experience Continuous Improvement Model aims to deliver ways of engaging staff which feel right for you at every level and introduce new opportunities where you can feedback your experiences, in your teams, in a real-time basis.

The questionnaire should take no longer than 10 minutes to complete. Please answer as fully as possible by clicking the relevant buttons for each option. The "About You" questions are optional, but all others need to be answered in order to submit your response. If you are completing the questionnaire online you must select the submit button at the end of the questionnaire.

This is an anonymous survey, all answers collected will be treated with the utmost confidentiality. The data privacy notice for iMatter can be found at https://www.imatter.scot/resources/privacy/ or by clicking here.

You will receive your team result and will be encouraged to take the opportunity to develop actions plans and solutions for continuous improvement as well as to share your successes through the Staff experience stories. If you are in a single person team, please discuss how team results are being managed with your direct line manager.

Thank you for your time and participation.

Please answer each question using one tick

For the purpose of this questionnaire, My/I refers to you and your experience as an individual.

Thinking of your experience in the 12 months please tell us if you agree or disagree with the following statements:

Strongly Agree
Agree
Slightly Agree
Slightly Disagree
Disagree
Strongly Disagree

I am clear about my duties and responsibilities
I get the information I need to do my job well
I am given the time and resources to support my learning growth
I have sufficient support to do my job well
I am confident my ideas and suggestions are listened to
I am confident my ideas and suggestion are acted upon
I feel involved in decisions relating to my job
I am treated with dignity & respect as an individual
I am treated fairly and consistently
I get enough helpful feedback on how well I do my work
I feel appreciated for the work I do
My work gives me a sense of achievement

My Team/My Direct Line Manager Please answer each question using one tick

For the purposes of this questionnaire, Direct Line Manager refers to the person who has overall responsibility for your team, this person has been named in the cover email.

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Strongly Agree
Agree
Slightly Agree
Slightly Disagree
Disagree
Strongly Disagree

I feel my direct line manager cares about my health & well-being
My direct line manager is sufficiently approachable
I have confidence & trust in my direct line manager
I feel involved in decisions relating to my team
I am confident performance is managed well within my team
My team works well together
I would recommend my team as a good one to be a part of

My Organisation Please answer each question using one tick.

- My Organisation refers to the NHS Board/Heath & Social Care Partnership you are part of.
- Board/Health & Social Care Partnership members refers to:
- Directors/Chief Officer, Executives
- Non-Executives & the Chief Executive of your NHS Board/HSCP (the people who make the high level decisions in your organisation)

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Strongly Agree
Agree
Slightly Agree
Slightly Disagree
Disagree
Strongly Disagree

I understand how my role contributes to the goals of my organisation
I feel my organisation cares about my health & wellbeing
I feel that board members who are responsible for my organisation are sufficiently visible
I have confidence & trust in Board members who are responsible for my organisation
I feel sufficiently involved in decisions relating to my organisation
I am confident performance is managed well within my organisation
I get the help & support I need from other teams and services within the organisation to do my job
I would recommend my organisation as a good place to work
I would be happy for a friend or relative to access services within my organisation

Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good): *

Overall working within my organisation is a…….
0 Very Poor Experience
1
2
3
4
5
6
7
8
9
10 Very Good Experience

Raising Concerns

We are including the following statements in order to understand how staff feel about raising concerns in the workplace. It is **not** mandatory to respond to these statements, but it will help us to improve the experience staff have at work.

These will be reported at Directorate and Board level only, not individual team level and we will not look at any groups with less than 10 people in them. This is to make sure your response cannot be attributed to you.

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

- I am confident that I can safely raise concerns about issues in my workplace.
- I am confident that my concerns will be followed up and responded to.

About You
We are asking the following questions in order that we can understand more about the profile of staff taking part in iMatter. It is NOT mandatory to answer these questions, but it will help us greatly if you do. The answers to these questions will be used in the following ways:

- To profile staff at a National, Board, Staff Grouping level
- To explore the relationship between staff profile and staff experience

Your anonymity is important to us and so we will not look at any groups with less than 10 people in them.
Please refer to Privacy Notice for information on how this data may be used.

Staff Grouping
Which staff group do you belong to? (please select the group that reflects your main role)
NHSScotland Employees
Local Authority Employees

Which staff group do you belong to? (NHSScotland staff only)

- Administrative Services (Finance, HR, IT, call handler, office and patient services
- Allied Health Profession
- Ambulance Services
- Health Science Services
- Medical and Dental
- Medical and Dental Support (physicians assistant, theatre services, operating dept, dental technician, hygienist, dental and orthodontist therapist, oral health)
- Nursing and Midwifery
- Other Therapeutic (Optometry, pharmacy, psychology, genetic counselling.)
- Personal and Social Care
- Senior Managers (Executive grades, senior manager pay band)
- Support Services (Catering, domestic, portering, estates and facilities, security, laundry, transport, sterile services.)

Which staff group do you belong to? (local authority staff only)

- Adult Services
- Business Services (Business Improvement, Support Services, Information Systems, Finance and Administration)
- Children's Services
- Criminal Justice
- Older People Services
- Senior Managers
- Strategic Development

As employers we are committed to ensuring all staff are treated fairly. It is important therefore for us to understand how the pandemic has impacted everyone in our organisations. This section helps your employer to look for any trends or patterns which might be cause for concern. Your response will not be tracked back to you. You can choose to answer all of these questions or only some of them.

What was your age at your last birthday?

What is your sex?

- Male
- Female

Do you consider yourself to be trans, or have a trans history?
Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth

- No
- Yes, please describe your trans status (for example, non-binary trans man, trans woman

What is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved

Widowed
Surviving partner from a civil partnership

Which of the following best describes your sexual orientation?
Straight/Heterosexual
Gay or Lesbian
Bisexual
Prefer to self-describe, please write in:

Disability: The Equality Act 2010 describes a disabled person as: '...anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities'.
Do you consider yourself to be disabled within the definition of the Equality Act 2010?
Yes
No

Do you have any of the following, which have lasted, or are expected to last, at least 12 months?

Deafness or partial hearing loss
Blindness or partial sight loss
Full or partial loss of voice or difficulty speaking (a condition which requires you to use equipment to speak)
Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Learning difficulty (a specific learning condition that affects the way you learn and process information)
Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and
emotional skills, and speech and language)
Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Other condition, please write in:
No condition

Have you been on maternity/parental (including shared parental or adoption leave) in the past 12 months?
Yes
No

What religion, religious denomination or body do you belong to?
None
Church of Scotland
Roman Catholic
Other Christian, please write in:
Muslim, write in denomination:
Hindu
Buddhist

Sikh
Jewish
Pagan
Another religion or body, please write in:

What is your ethnic group?
White
Mixed or multiple ethnic group
Asian, Scottish Asian or British Asian
African, Scottish African or British African
Caribbean or Black
Other ethnic group

White
Scottish
Other British
Irish
Polish
Gypsy / Traveller
Roma
Showman / Showwoman
Other white ethnic group, please write in:

Mixed or multiple ethnic groups
Any mixed or multiple ethnic groups, please write in:

Asian, Scottish Asian or British Asian
Pakistani, Scottish Pakistani or British Pakistani
Indian, Scottish Indian or British Indian
Bangladeshi, Scottish Bangladeshi or British Bangladeshi
Chinese, Scottish Chinese or British Chinese
Other, please write in:

African, Scottish Africa or British African
Please write in (for example, NIGERIAN, SOMALI):

Caribbean or Black
Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

Other ethnic group
Arab, Scottish Arab or British Arab
Other, please write in (for example, SIKH, JEWISH):

Return to Main Report

Appendix 4: Board Descriptions

National Boards each have very different remits and structures, some are patient-facing while others provide support services. These short descriptions are provided as an overview of each Board along with a link to their website where further information can be found:

NHS Golden Jubilee
"NHS Golden Jubilee has a national portfolio which includes the Golden Jubilee University National Hospital, NHS Scotland Academy, national Centre for Sustainable Delivery, Golden Jubilee Research Institute and Golden Jubilee Conference Hotel. Set in a modern, purpose built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice."
Visit the NHS Golden Jubilee website for more information.
https://www.nhsgoldenjubilee.co.uk/

Scottish Ambulance Service
"The Scottish Ambulance Service is on the frontline of the NHS, despatching immediate medical assistance or clinical advice to over 5 million people across Scotland. Our aim is to offer the highest level of care to our patients as we preserve life and promote recovery, with our skilled workforce bringing care and compassion to those who need it most.
We provide ambulance care to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical or clinical needs. We also transfer some of Scotland's most serious patients who need specialist care."
Visit the Scottish Ambulance Service's website for more information.
https://www.scottishambulance.com/

NHS 24
"NHS 24 is one of Scotland's 7 special health boards. We're Scotland's provider of digital health and care services. These are delivered by phone and through a range of digital channels including online platforms."
Their services include:

- 111: Urgent care if you think you need A&E but it's not life or limb threatening, support if you're in mental health distress, and advice if your GP, pharmacy or dental practice is closed.
- NHS inform: Quality-assured health and care information including symptom checkers, Scotland's Service Directory, and mental health advice and resources.
- Breathing Space: a free and confidential phone and webchat service for anyone in Scotland over the age of 16 experiencing low mood, depression, or anxiety.
- Care Information Scotland: a phone, webchat, and website service providing information about care services for people living in Scotland.
- Quit Your Way Scotland: an advice and support service for anyone trying to stop smoking in Scotland
- Living Life: a phone service that offers support to people in Scotland who are experiencing low mood, mild to moderate depression or symptoms of anxiety through cognitive behavioural therapy (CBT).
- NHS 24 Online App: provides health and care advice through chatbot, find service functions and push notifications (free on both iOS and Android)."

Visit the NHS 24 website for more information.
https://www.nhs24.scot/

NHS Education for Scotland
"NHS Education for Scotland (NES) is the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education, training and workforce development for the NHS and in partnership with SSSC for social care staff. It is a national organisation with a significant regional presence in Scotland.
NES is a leader in educational design, delivery and quality assurance. Utilising the very best in technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, across the entire health and social care workforce and in every community in Scotland, NES will help to facilitate staff to be supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes.
NES leads national programmes such as the NHS Scotland Academy and NHS Scotland Youth Academy (with NHS Golden Jubilee), the National Centre for Remote and Rural Health and Care, and the Centre for Workforce Supply. NES also leads national level quality improvement development programmes and is leading on the development of the national digital platform and a wide range of digital technology solutions."
Visit the NHS Education for Scotland website for more information.
https://www.nes.scot.nhs.uk/about-us/

Healthcare Improvement Scotland
"The purpose of Healthcare Improvement Scotland is to enable the people of Scotland to experience the best quality of health and social care.
The areas where we can make the most impact and focus our efforts are:

- enabling people to make informed choices about their care and treatment
- helping health and social care organisations to improve their services
- providing evidence and sharing knowledge with services to help them improve
- enabling people to get the best out of the services they use
- providing quality assurance that gives people confidence in NHS services
- making the best use of resources to add value to the care people receive

Our broad work programme supports health and social care services to improve. This includes the regulation of independent hospitals and clinics."
Visit the Healthcare Improvement Scotland website for more information.
https://www.healthcareimprovementscotland.scot/about-us/

NHS National Services Scotland
"We provide services and advice to the NHS and wider public sector.
NSS supports customers to deliver their services more efficiently and effectively. We offer shared services on a national scale using best-in-class systems and standards. Our aim is to help our customers save money and free up resources so they can be re-invested into essential services. We also provide consultancy and support to help public bodies join up health and social care.
We aim to achieve this through four strategic objectives:

- put customers at the heart of everything we do
- increase our service value
- improve the way we do things
- ensure that we're a great place to work."

Visit the NHS National Services Scotland website for more information.
https://www.nss.nhs.scot/how-nss-works/about-nss/our-aims/

The State Hospital
"Although The State Hospital shares the same values, aims and challenges as the rest of the NHS in Scotland, it is unique because it has the dual responsibility of caring for very ill, detained patients as well as protecting them, the public and staff from harm.
The State Hospital is one of four high secure hospitals in the UK. Located in South Lanarkshire in central Scotland, it is a national service for Scotland and Northern Ireland and one part of the pathway of care that should be available for those with secure care needs. The principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security."
Visit The State Hospital website for more information. https://www.tsh.scot.nhs.uk/about-us/

Public Health Scotland
"Public Health Scotland is Scotland's lead national body for improving and protecting the health and wellbeing of all of Scotland's people.
Our vision is for a Scotland where everybody thrives. Focusing on prevention and early intervention, we aim to increase healthy life expectancy and reduce premature mortality by responding to the wider determinants that impact on people's health and wellbeing. To do this, we use data, intelligence and a place-based approach to lead and deliver Scotland's public health priorities.
We are jointly sponsored by COSLA and the Scottish Government and collaborate across the public and third sectors. We provide advice and support to local government and authorities in a professionally independent manner.
Our values of respect, collaboration, innovation, excellence and integrity are at the heart of our work."
Visit the Public Health Scotland website for more information.
https://www.publichealthscotland.scot/about-us/who-we-are/our-vision-and-values/

Return to Main Report

Appendix 5: Team Stories

All team stories can be seen at Team Stories or visit https://www.imatter.scot/team-stories/

Organisation	Team Story
NHS 24	Workforce Directorate: Strengthening NHS 24 Foundations: Collaboration and Success
NHS 24	Leadership: Leadership Development and Psychological Safety at NHS 24
NHS 24	ICT Directorate: Fostering Growth and Engagement in the ICT Directorate
NHS 24	Service Delivery Directorate: Service Delivery 2025 – developing a culture of care and continuous improvement
NHS 24	Transformation, Strategy, Planning and Performance Directorate: Turning shared values into everyday actions - connection, communication and wellbeing.
The State Hospital	Nursing, AHP & Operations: AHP Unplugged: Real Voices, Real Vision
NHS Grampian	City MHLD & SMS Support Admin Team
NHS Grampian	Aberdeen City Health & Social Care Mental Health & Learning Disabilities Team
NHS Grampian	Cardiovascular & Clinical Research Team
NHS Lanarkshire	Learning & Organisational Development: Small but Mighty
NHS Lanarkshire	Infection Prevention and Control Team

Return to Main Report

Appendix 6: Statistical Notes

Significance Testing

Significance testing has been carried out on the iMatter data, to assess whether year to year movements in results are likely to be 'true', rather than 'chance'. Specifically, a series of t-tests have been used to examine the size of change needed to give us a very high level of confidence that a 'true' change has happened. The key element here is the number of responses – the larger the number of responses, the smaller the minimum change that can be deemed statistically significant (meaning that the change is highly likely to be 'true'). Additionally, it should be noted that significance test results will vary by question as the variability in responses given impacts whether the differences are significant or not.

Significance testing and the example percentage point changes below assume a random sample of different people every year. In reality, this is unlikely to hold for 2 main reasons.

1. Those who complete the survey may hold characteristics different to the health staff group as a whole, reducing randomness. This leads to results being more likely to be displayed as significant than in reality, and larger movement needed for a significant change.
2. Individuals are also likely to complete in the survey in more than one year, reducing independence. This has the opposite effect leading to results less likely to be displayed as significant than in reality, and smaller movements needed for a significant change.

Overall Health and Social Care Level Data

- A change of 0.3, or even 0.2 at times, is significant across Health and Social Care as a whole. This generally means where reported scores have changed in 2025 from 2024, it is likely to be a 'true' change.

Board Level Data

The number of respondents (the achieved sample size) is key to the level of movement year on year that is significant. Therefore, for individual Boards, in general, significant movements are:

- Boards with less than 800 responses per year: movements of 3 points are generally significant
- Boards with between 800 and 2,800 responses per year: movements of 2 points are generally significant
- Boards with over 2,800 responses per year: movements of 1 point are generally significant

Movements of 3 points are significant
Healthcare Improvement Scotland
NHS Western Isles
The State Hospital
NHS Orkney

Movements of 2 points are significant
NHS Shetland
NHS 24
NHS Golden Jubilee
NHS Borders
Public Health Scotland
NHS Education for Scotland
NHS National Services Scotland

Movements of 1 point are significant
NHS Tayside
NHS Grampian
NHS Lothian
NHS Greater Glasgow and Clyde
Scottish Ambulance Service
NHS Forth Valley
NHS Highland
NHS Fife
NHS Ayrshire & Arran
NHS Lanarkshire
NHS Dumfries & Galloway

Full details of the significance testing can be found in the iMatter 2025 Data File[19]. As can be seen with the National data there are incidences where significant movements are not evident in data reported at whole integer level only.

Note: where response rate is particularly high the extent of movement that is significant will be lower than those shown here.

Return to Main Report

[19] iMatter 2024 Data File 'Significance Testing' tab

Appendix 7: Response Volumes by Method

Emailed Surveys	Volume issued	Usable Responses	Response Rate
2017	141,990	96,631	68%
2018	149,557	95,693	64%
2019	153,989	102,099	66%
2021	171,801	102,514	60%
2022	177,197	104,216	59%
2023	183,935	113,247	62%
2024	189,281	114,188	60%
2025	190,920	113,822	60%

Paper Surveys	Volume issued	Usable Responses	Response Rate
2017	30,597	11,599	38%
2018	28,062	8,561	31%
2019	25,464	9,413	37%
2021	18,965	3,842	20%
2022	15,516	3,047	20%
2023	12,702	3,060	24%
2024	11,969	2,984	25%
2025	10,350	2,579	25%

SMS Invites	Volume issued	Usable Responses	Response Rate
2017	N/A	N/A	N/A
2018	N/A	N/A	N/A
2019	N/A	N/A	N/A
2021	3,676	1,810	49%
2022	7,059	2,987	42%
2023	5,108	2,069	41%
2024	5,540	2,362	43%
2025	6,127	2,772	45%

Method Effect on Response Rates

In order to ensure that all staff have the opportunity to take part in iMatter, paper questionnaires are distributed to those without access to the online survey either by email or SMS.

All Boards sent email invitations. 16 Boards sent SMS invitations and 14 used paper surveys. Five Boards only sent emails. They were Healthcare Improvement Scotland, NHS Education for Scotland, Public Health Scotland, NHS 24 and NHS Orkney.

In 2025 92% of surveys were issued via email, the same as in 2024. 5% were issued on paper, a reduction of 1 pp from 2024 and 3% were issued via SMS. The share of the responses received is 96% from email, 2% paper and 2% from SMS, reflecting the highest response rate being achieved via the email survey.

Health and Social Care 2025	Volume issued	% of Volume Issued	Usable Response Volume	% of Responses Received	Response Rate by Method
Email	190,920	92%	113,822	96%	60%
Paper	10,350	5%	2,579	2%	25%
SMS	6,127	3%	2,772	2%	45%
Total	**207,397**	-	**119,173**	-	**57%**

Full details of response rates by method for each Board are included within the iMatter 2025 Data file[20].

Return to Main Report

[20] iMatter 2025 Data File 'Response Rate by Method' tab

Unusable Responses

A prerequisite of iMatter is that the core iMatter questions are answered (staff grouping, raising concerns and demographic questions are optional). If there are any errors on the questionnaire, then it is not processed.

On the online survey unusable responses included:

- 3,048 staff who opened the link, started the survey but did not finish it
- 1,191 staff answered all the mandatory questions, but did not submit their survey

On the paper questionnaire it is not possible to monitor responses as they are being completed, and so it is only when returned questionnaires are processed that incomplete or incorrectly completed responses are identified.

Of the 10,350 paper surveys issued, 2,579 (25%) were input and a total of 337 (3%) were rejected. This is a notable improvement from 2024 when 7% were rejected. The improvement is particularly driven by a reduction in the volume of partial responses. Of the partial responses, 52% did not answer the Overall Experience question.

Health and Social Care 2024	**Volume**	**% of paper surveys sent**
Paper Surveys Sent	10,350	-
Responses Processed	2,579	25%
Responses Rejected	337	3%
Reasons for Rejection	**Volume**	**% of paper surveys sent**
Partial Response	217	2%
Completion Errors	45	<1%
Duplicate	16	<1%
Past Deadline	59	1%

Return to Main Report

Small Teams

The tables following shows the proportion of teams with 4 or less people in for each Board. In order to receive an EEI report, these teams need to achieve a response rate of 100%.

Health & Social Care 2025	Number of Teams			Small Teams receiving report	
Board	**Total**	**Small Teams**	**% of all Teams**	**No. of Small Teams**	**% of Small Teams**
National Boards (Patient-facing)					
NHS 24	325	146	45%	127	87%
NHS Golden Jubilee	198	47	24%	30	64%
Scottish Ambulance Service	407	92	23%	61	66%
The State Hospital	65	21	32%	16	76%
National Boards (Support)					
Healthcare Improvement Scotland	59	11	19%	7	64%
NHS Education for Scotland	214	100	47%	84	84%
NHS National Services Scotland	326	76	23%	64	84%
Public Health Scotland	82	11	13%	9	82%
Geographic Boards					
NHS Ayrshire & Arran	1167	221	19%	102	46%
NHS Borders	328	68	21%	34	50%
NHS Dumfries & Galloway	294	46	16%	26	57%
NHS Fife	952	228	24%	141	62%
NHS Forth Valley	602	142	24%	50	35%
NHS Grampian	1374	243	18%	141	58%
NHS Greater Glasgow & Clyde	3457	641	19%	345	54%
NHS Highland	814	142	17%	55	39%
NHS Lanarkshire	1173	149	13%	89	60%
NHS Lothian	2460	611	25%	324	53%
NHS Orkney	86	23	27%	14	61%
NHS Shetland	115	27	23%	16	59%
NHS Tayside	1417	325	23%	164	50%
NHS Western Isles	73	7	10%	4	57%

Return to Main Report

Appendix 8: Staff Experience Framework

Health Care Quality Strategy 2010 3 Quality Ambitions		**Person Centred Safe Effective**	
MacLeod Enablers/ Healthy Working Lives	**Staff Governance Standards**	**Staff Experience Components**	**KSF* Core Dimension**
Leadership	Well informed	Visible & consistent leadership	C1
		Sense of vision, purpose and values	C1
		Role clarity	C2
		Clear, appropriate and timeously communication	C1
Engaging Managers	Appropriately trained & developed	Learning and growth	C2
		Performance development and review	C2
		Access to time and resources	C2
		Recognition and rewards	C2
Employee Voice	Involved in decisions	Confidence and trust in management	C6
		Listened to and acted upon	C4
		Partnership working	C4
		Empowered to influence	C4
Integrity to the Values and Purpose	Treated fairly & consistently with dignity & respect, in an environment where diversity is valued	Valued as an individual	C6
		Effective team working	C5
		Consistent application of employment policy and procedures	C6
		Performance management	C5
Health and Wellbeing	Provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community	Appropriate behaviours and supportive relationships	C6
		Job satisfaction	C5
		Assessing risk and monitoring work stress and workload	C3
		Health & wellbeing support	C3

Return to Main Report

Appendix 9: Mapping Staff Governance Standard

iMatter Staff Experience Component	iMatter Questions	KSF*
SG1: Well Informed		
Visible & Consistent Leadership	My direct line manager is sufficiently approachable. I feel Board Members who are responsible for the wider organisation and are sufficiently visible.	C1
Sense of Vision, Purpose & Values	I understand how my role contributes to the goals of the organisation.	C1
Role Clarity	I am clear what my duties and responsibilities are.	C2
Clear, Appropriate & Timeously Communication	I get the information I need to do my job well.	C1
SG2: Appropriately Trained and Developed		
Learning & Growth	I am given the time and resources to support my learning and growth.	C2
Performance Development & Review	I get enough helpful feedback on how well I do my work.	C2
Access to Time & Resources	I have sufficient support to do my job well.	C2
Recognition & Rewards	I feel appreciated for the work I do.	C2
SG3: Involved in decisions		
Confidence & Trust in Management	I have confidence and trust in my direct line manager. I have confidence and trust in Board Members responsible for the wider organisation.	C6
Listened to & Acted Upon	I am confident my ideas and suggestions are listened to. I am confident my ideas and suggestions are acted upon.	C4
Partnership Working	I feel involved in decisions relating to my organisation.	C4
Empowered to Influence	I feel involved in decisions relating to my job. I feel involved in decisions relating to my team.	C4

SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued		
Valued as an Individual	I am treated with dignity and respect as an individual.	C8
Effective Team Working	My team works well together.	C5
Consistent Application of Employment Policy & Procedures	I am treated fairly and consistently.	C6
Performance Management	I am confident performance is managed well within my team. I am confident performance is managed well within my organisation.	C5
SG5: Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community		
Appropriate Behaviours & Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job.	C6
Job Satisfaction	My work gives me a sense of achievement.	C5
Assessing Risk & Monitoring Work Stress & Workload	I feel my direct line manager cares about my health & wellbeing.	C3
Health & Wellbeing Support	I feel my organisation cares about my health & wellbeing.	C3

* KSF – Agenda for Change Knowledge Skills Framework

Return to Main Report

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Month 7 Financial Position Update**
Responsible Executive/Non-Executive:	**Melanie Barnes, Interim Director of Finance**
Report Author:	**Melanie Barnes, Interim Director of Finance**

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Effective

2. Report Summary

2.1 Situation

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.

The Board has an approved financial plan for 2025/26 which projects a full-year deficit of £2.176 million against its revenue resource limit. This is prior to the application of £2 million in Transitional Funding Support agreed with the Scottish Government.

2.2 Background

After 7 months of the 2025/26 reporting period, the revenue position shows an overspend of £2.759m, which is £0.508m higher than the planned year-to-date overspend of £2.251m. This adverse variance is due to unplanned expenditure in the first quarter which was not included in the financial plan and a reduction in funding from SG in Month 5 from what was originally anticipated.

The achieved savings at Month 7 is **£0.194m adverse** to the YTD target of £1.235m. The trajectory of savings was geared towards the final quarters of the financial year with 67.5% due to be delivered in the final 5 months of the year. Following a full review of each of the workstreams, only £1.3m of cash-releasing savings will be delivered (34% of the total target of £3.8m).

To deliver our financial plan it is essential that the Board reduces its expenditure run rate over the remainder of the financial year, aligning with the original plan profile along with delivering the efficiency programme in full.

During Month 6, the Board undertook a full review of its financial forecast and savings plan. Following the internal Senior Leadership Team meetings in August which identified initial turnaround actions, further actions have been assessed and shown in the table below. These are currently being implemented and the value of these is anticipated to be around £1.75m.

Measure	NHSO Assessment
Strengthen Improving Together Plan	Vehicle maintenance reduction from sale of vehicles Reduce expenditure on taxis from ensuring criteria is implemented Stop lease of 3 accommodation properties and maximise utilisation of remaining properties Implement new accommodation policy to increase income
Reduction in Variable Pay	Review locum contracts Review physician rota Reduction in bank/EH/OT payments
Review development / Winter Spending	Utilise existing resource
Enhanced Vacancy Controls	Requirement for additional evidence before approval of recruitments
Technical Accounting	Review all balance sheet entries to identify revenue benefit
Discretionary non-pay	Review all Pecos orders and not approve any for discretionary spend
Commercial Activity	Increase in canteen prices from 1 December Chargers in front car park switched on

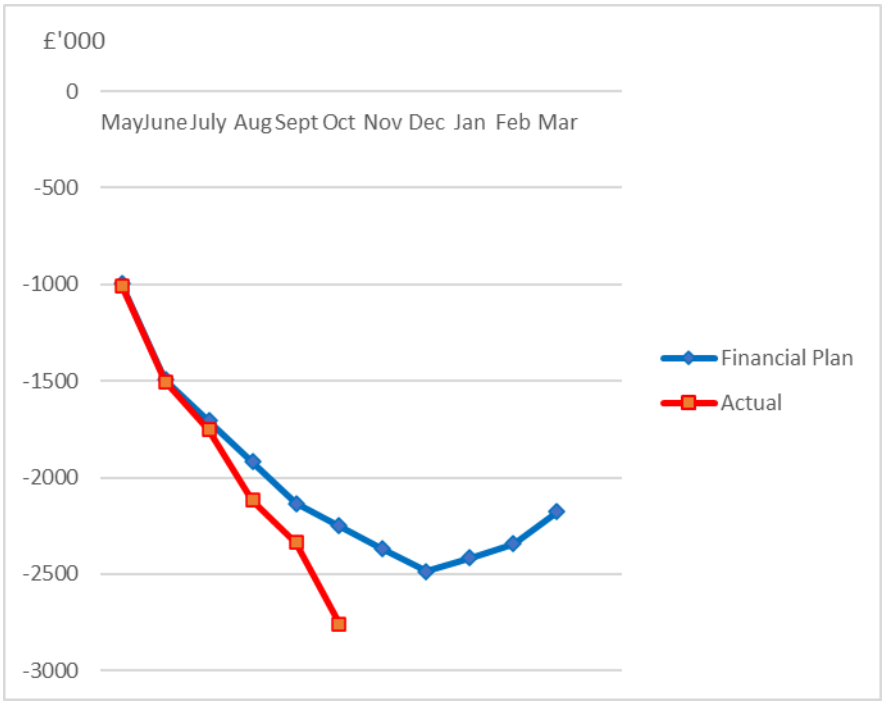
2.3 Assessment

The adverse variance at Month 7 is due to three issues:

- Additional unplanned expenditure in the first 7 months which was not included in the financial plan
- a reduction in funding from SG from what was originally anticipated
- YTD savings target underachieved by £0.194m (excluding the unachieved IJB savings target).

Graph 1 illustrates the financial plan trajectory compared to the actual monthly results after seven months of the 2025/26 financial year.

Graph 1: Year to Date Run Rate vs Planned Run Rate



The most significant factor affecting the Board's overall financial position at this stage is the unachieved savings target. A further review of all schemes was undertaken during M6 and the savings forecast was updated to reflect progress made to date in the implementation of schemes. As part of the process a further exercise has undertaken to focus on schemes that will reduce NHS Orkney's run rate this financial year.

Based on current schemes in place, the Improving Together Programme will deliver cash releasing savings of £1.3M of which £1.1M are already in the forecast run rate. Following the update of the savings forecast in line with these amendments the current savings gap to close for the remainder of 25/26 is £2.5m.

There are several risks that could impact the year-end financial position. We are currently aware of a £165k reduction in the 2025/26 allocation from the Scottish Government. This is made up of £79k for Primary Care Drugs, £47k for New Medicines and £39k for Sustainability.

Additional cost pressures for developments not included in the financial plan have also arisen. This is made up of £134k for Windows 11 and £18k for RIS Integration for Radiology.

In addition, there are several cost pressures that have not been quantified yet but will have an impact on the year-end forecast:

- NHS Lothian have confirmed they will move to a 2-year average to calculate activity data for their SLA's. This is likely to result in additional costs to NHSO as the removal of 2021/22 data from the calculation will result in a higher average activity
- The overarching SLA uplift has initially been agreed at 4.33% but that is subject to change in the event of further changes to the pay this year. NHSO internal modelling calculates that the increase is likely to be in the region of 5.5% - 6.0%. The financial plan assumed an increase of 3%, thereby adding an additional 3% cost pressure
- It is anticipated that there will be a couple of high costs medicines approved this financial year with high patient numbers for NHSO – internal modelling for GLP1-RA suggests a full year cost of around £1m for NHSO
- There are currently 48 submissions through the national portal for the band 5/ band 6 review. There is a potential for further impact to the outturn position if the settled claims exceed the provision that is currently being made for agenda for change reform costs.

In the worst-case scenario, further cost pressures — unaccounted for during initial financial planning — and reduced savings delivery could lead to a significantly increased overspend. Should this occur, the Board would fail to meet the conditions for transitional funding support.

Forecast Summary	Financial Plan	Updated Forecast at Month 6		
		Best Case	**Likely Case**	**Worst Case**
	£'000	**£'000**	**£'000**	**£'000**
Net Gap as per Financial Plan	**5.776**	**5.776**	**5.776**	**5.776**
Any Emerging Pressures		**1.500**	**1.500**	**1,500**
Reduction in Run-Rate		**(4,150)**	**(1,855)**	**(165)**
Any New Funding				
Reduction in Funding		**165**	**165**	**165**
Net Gap	**5,776**	**3.291**	**5.586**	**7,276**
CIPs - Recurring	**-2,800**	**-1,000**	**-1,000**	
CIPs – Non Recurring	**-1,000**	**-300**	**-300**	**-1.300**
Service Development Commitments	**200**	**0**	**0**	**200**
25/26 Out-Turn	**2,176**	**2,000**	**4,286**	**6,176**
Transitional Funding	**-2,000**	**-2,000**	**0**	**0**
2025/26 Out-Turn	**176**	**0**	**4,286**	**6,176**

2.4 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	A number 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

3. Recommendation(s)

- **Discussion** – Discuss the Month 7 financial position

4. List of appendices

The following appendix is included with this report:

- **Appendix 1**, NHS Orkney Month 7 Financial Position

NHS Orkney

Financial Position – Month 07 2025/26

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.

The Board has an approved financial plan for 2025/26 which projects a full-year deficit of £2.176 million against its revenue resource limit. This is prior to the application of £2 million in Transitional Funding Support agreed with the Scottish Government.

The Transitional Funding Support arrangements compel the Board to deliver on the forecast outturn of £2.176m deficit for 2025/26 along with several additional criteria.

At the end of Month 7, the reported financial position an overspend of **£2.759m**, which is £583k higher than the planned deficit of £2.176m and £508k higher than the planned trajectory at Month 7.

A full review of the Improving Together Programme has been undertaken which has determined that there will be a **shortfall in delivery of cash releasing savings of £2.5m,** resulting in only £1.3m of savings being delivered. Within the efficiency programme £1.0m is budget reduction, of which some may result is a cash reduction.

The Board must reduce its expenditure run rate over the remainder of the financial year to deliver our financial plan.

Year to Date Financial Position

After 7 months of the 2025/26 reporting period, the revenue position shows an **overspend of £2.759m**, which is **£0.583m higher** than the approved deficit in the financial plan of £2.176m and **£0.508m higher** than the planned year-to-date overspend of £2.251m.

The achieved savings at Month 7 is **£0.194m adverse** to the YTD target of £1.235m. The trajectory of savings was geared towards the final quarters of the financial year with 67.5% due to be delivered in the final 5 months of the year. Following a full review of each of the workstreams, only £1.3m of cash-releasing savings will be delivered (34% of the total target of £3.8m).

A review of the expenditure forecast has also been carried out which shows the run-rate is in line with predictions and total expenditure will overspend by £6.2m at year-end. However, this does not consider analysis on the reserve position for both the Board and the IJB.

Action Plan

During Month 6, the Board undertook a full review of its financial forecast and savings plan. Following the internal Senior Leadership Team meetings in August which identified initial turnaround actions, further actions have been assessed and shown in the table below. These are currently being implemented and the value of these is anticipated to be around £1.75m.

Measure	NHSO Assessment
Strengthen Improving Together Plan	Vehicle maintenance reduction from sale of vehicles Reduce expenditure on taxis from ensuring criteria is implemented Stop lease of 3 accommodation properties and maximise utilisation of remaining properties Implement new accommodation policy to increase income
Reduction in Variable Pay	Review locum contracts Review physician rota Reduction in bank/EH/OT payments
Review development / Winter Spending	Utilise existing resource
Enhanced Vacancy Controls	Requirement for additional evidence before approval of recruitments
Technical Accounting	Review all balance sheet entries to identify revenue benefit
Discretionary Non-Pay	Review all Pecos orders and not approve any for discretionary spend
Commercial Activity	Increase in canteen prices from 1 December Chargers in front car park switched on

In conjunction with these, from Month 8, Executive Directors will be given an expenditure control target to adhere to. This will be the maximum expenditure they can incur within their directorates to 31 March 2026. This provides enhanced scrutiny of the overall financial position and reduces the reliance on under-spending directorates to offset overspending directorates.

These targets are aligned with the Board's approved financial plan and are designed to:

- Support delivery of the planned deficit (e.g. £2.176m for 2025/26)

- Ensure accountability for budget management at the directorate level
- Enable early identification and mitigation of financial risks

The current process of allocating a budget is unaffordable as it is dependent on a significant underlying deficit. This deficit has not reduced even with the achievement of savings and is the fundamental issue with returning to financial sustainability.

Setting expenditure control targets removes the underlying deficit and provides a transparent view of the financial position and where the key overspending areas are being incurred.

Targets are derived from:

- Expenditure forecasts - Based on historical expenditure, service demand, and strategic priorities
- Savings forecasts - savings targets incorporated from the Improving Together Programme
- Known Cost Pressures: - Adjustments for anticipated increases (e.g. SLA uplifts, inflation, pay awards)
- Vacancy Management: - Assumptions around recruitment timelines and vacancy savings

The total of these will provide an organisational year-end forecast which is more robust than the current process.

Month 7 Year to Date Financial Position

The adverse variance at Month 7 is due to three issues:

- Additional unplanned expenditure in the first 7 months which was not included in the financial plan
- a reduction in funding from SG from what was originally anticipated
- YTD savings target underachieved by £0.194m (excluding the unachieved IJB savings target).

Graph 1 illustrates the financial plan trajectory compared to the actual monthly results after six months of the 2025/26 financial year.

Graph 1: Year to Date Run Rate vs Planned Run Rate

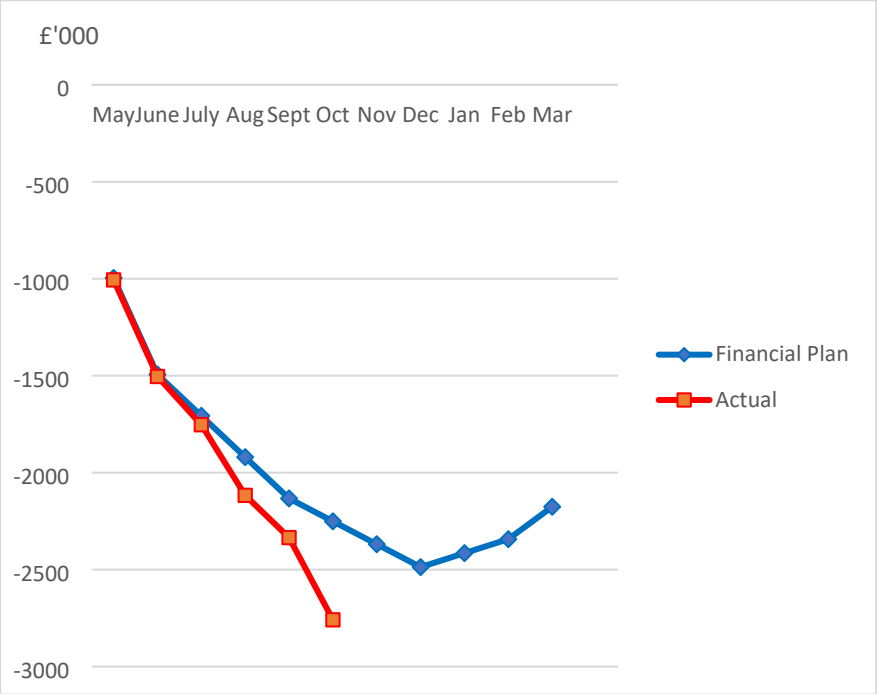


Table 1: Summary Month 7 Position

Level 4 Cost Category	Annual Budget	YTD Period Budget	YTD Actuals	Variance	Period Budget	Actuals	Period Variance
Income							
Health Board Income	(1,017)	(596)	(653)	57	(84)	(147)	63
Other	(491)	(286)	(704)	418	(41)	(63)	22
Primary Care Patient Charges	(375)	(239)	(211)	(28)	(33)	(33)	1
Total Income	**(1,883)**	**(1,121)**	**(1,569)**	**447**	**(158)**	**(244)**	**86**
Expenditure							
Pay							
Medical & Dental	9,268	5,406	7,226	(1,820)	772	1,043	(271)
Nursing & Midwifery	16,970	9,882	9,338	544	1,420	1,356	64
Other Staff Costs	27,856	16,313	13,134	3,179	2,387	1,899	487
Total Pay	**54,094**	**31,601**	**29,699**	**1,903**	**4,579**	**4,299**	**280**
Non-Pay							
Drugs - Primary Care	4,902	2,859	2,776	83	408	395	13
Drugs - Secondary Care	3,558	2,075	1,838	237	296	213	84

General Dental Services	1,009	643	647	(5)	106	111	(5)
General Medical Services	5,251	3,063	3,212	(149)	438	456	(18)
General Ophthalmic Services	316	181	181	(0)	26	26	(0)
Medical Supplies	1,594	930	1,061	(131)	133	220	(87)
Other Expenditure	9,278	5,330	10,357	(5,027)	694	1,425	(731)
Pharmaceutical Services	1,017	616	637	(21)	78	80	(2)
Resource Transfer	2,334	1,362	1,370	(8)	195	195	(0)
SLA's & UNPACs	10,033	5,853	5,941	(88)	836	880	(44)
Total Non-Pay	**39,292**	**22,911**	**28,020**	**(5,109)**	**3,211**	**4,001**	**(790)**
Total Expenditure	**93,386**	**54,512**	**57,719**	**(3,207)**	**7,790**	**8,301**	**(510)**
Total	**91,503**	**53,391**	**56,150**	**(2,759)**	**7,633**	**8,057**	**(424)**

Improvement Programme

NHS Orkney has an integrated improvement function which is responsible for driving savings delivery within the organisation. £3.800m of savings are required to be achieved during 2025/26 to deliver the £2.176m deficit plan (before Transitional Funding Support £2m).

The Board has achieved £1.041m after 7 months against a trajectory of £1.235m.

At M5 the Improvement Programme reported a forecast delivery of £3.326m with additional pipeline schemes being scoped and progressed to implementation stage. At Month 5 £1.95m had been highlighted as medium or high risk to deliver.

A further review of all schemes was undertaken during M6 and the savings forecast was updated to reflect progress made to date in the implementation of schemes. As part of the process a further exercise has undertaken to focus on schemes that will reduce NHS Orkney's run rate this financial year.

Schemes that do not reduce the run-rate i.e. budget efficiencies, cost avoidance or savings that are caused by increased expenditure have been removed from the savings forecast. Only schemes impacting the run rate will be considered going forwards as part of the forecast. Based on current schemes in place, the Improving Together Programme **will deliver cash releasing savings of £1.3M** of which £1.1M are already in the forecast run rate.

Following the update of the savings forecast in line with these amendments the current savings gap to close for the remainder of 25/26 is £2.5m.

Overview: Month 7 Financial Position (Core RRL)

The overview at Month 7 is summarised in Table 2, with further detail provided in Appendix 1. Estates, Facilities and IT were moved under the Finance Directorate in Month 7.

Table 2 – Core RRL by Area

Directorate		Annual Budget	YTD Period Budget	YTD Actuals	Variance	Period Budget	Actuals	Period Variance
Acute Services Directorate	Income	(235)	(137)	(199)	63	(20)	(69)	49
	Pay	17,321	10,104	11,454	(1,350)	1,446	1,643	(197)
	Non Pay	2,188	1,276	1,277	(1)	182	269	(87)
Acute Services Directorate	**Total**	**19,274**	**11,243**	**12,531**	**(1,288)**	**1,609**	**1,843**	**(234)**
Chief Executive Directorate	Income	0	0	(6)	6	0	(3)	3
	Pay	2,822	1,720	1,480	240	249	195	55
	Non Pay	167	147	111	36	4	(2)	5
Chief Executive Directorate	**Total**	**2,988**	**1,867**	**1,585**	**282**	**253**	**190**	**63**
Chief Officer Integration Board	Income	(528)	(308)	(362)	54	(44)	(59)	15
	Pay	17,055	9,930	9,142	788	1,474	1,327	147
	Non Pay	15,701	9,177	10,718	(1,541)	1,297	1,481	(185)
Chief Officer Integration Board	**Total**	**32,227**	**18,799**	**19,498**	**(699)**	**2,727**	**2,750**	**(23)**
Directorate of Human Resources	Income	(43)	(25)	(51)	26	(4)	(6)	3
	Pay	1,413	824	644	181	118	89	29
	Non Pay	333	194	140	54	28	32	(4)
Directorate of Human Resources	**Total**	**1,704**	**994**	**733**	**261**	**142**	**114**	**28**
Finance Directorate	Income	(572)	(334)	(590)	257	(48)	(53)	5
	Pay	9,163	5,347	3,533	1,814	763	511	253
	Non Pay	1,927	1,063	5,149	(4,086)	113	699	(586)
Finance Directorate	**Total**	**10,517**	**6,076**	**8,092**	**(2,016)**	**828**	**1,156**	**(328)**
Medical Directorate	Income	(196)	(118)	(141)	23	(16)	(22)	7
	Pay	3,488	2,024	1,903	120	293	316	(23)
	Non Pay	16,562	9,572	9,163	408	1,370	1,292	79
Medical Directorate	**Total**	**19,853**	**11,478**	**10,926**	**551**	**1,648**	**1,585**	**63**
Performance And Transformation	Income	0	0	(8)	8	0	(1)	1
	Pay	1,711	998	907	92	143	128	15
	Non Pay	(1)	(0)	44	(44)	(0)	17	(17)

Performance And Transformation	**Total**	**1,711**	**998**	**942**	**56**	**143**	**144**	**(2)**
Public Health Directorate	Income	(66)	(39)	(45)	6	(6)	(4)	(1)
	Pay	1,122	654	636	19	93	92	2
	Non Pay	183	107	38	69	15	7	9
Public Health Directorate	**Total**	**1,239**	**723**	**629**	**94**	**103**	**94**	**9**
	Total	**89,514**	**52,178**	**54,937**	**(2,759)**	**7,453**	**7,877**	**(424)**

Appendix 1 provides high level performance detail of each area.

Significant Areas of Concern

Medical Staffing Costs

During the first 7 months of the 2025/26 financial year, medical staffing costs have remained high, with costs £1.284m higher than 2024/25, thereby continuing to represent a significant area of financial pressure. This cost category is a key focus within the Board's grip and control measures, with targeted actions being implemented through the Improvement Programme to reduce expenditure over the remainder of the year. Review of locum and agency rates is being undertaken to reduce costs.

Agency Spend

Agency spend in nursing has reduced in Q2 (compared to Q1) due to successful recruitment to vacant posts both within Acute and Community services. However, nurse agency costs have however remained above what was planned in the first 6 months of the financial year and have risen again in month 7. These areas will be closely monitored, with plans in place to reduce reliance on high-cost agency staffing wherever possible.

Primary Care Prescribing

Primary Care prescribing costs continue to be lower than those anticipated during the budget setting process. Funding of £0.079m was removed by SG this year to fund the tariff transfer to non-discretionary expenditure which has had a negative impact on the position. This was not part of the assumptions provided to Boards as part of the financial planning process and was therefore not included in the financial plan.

Other areas

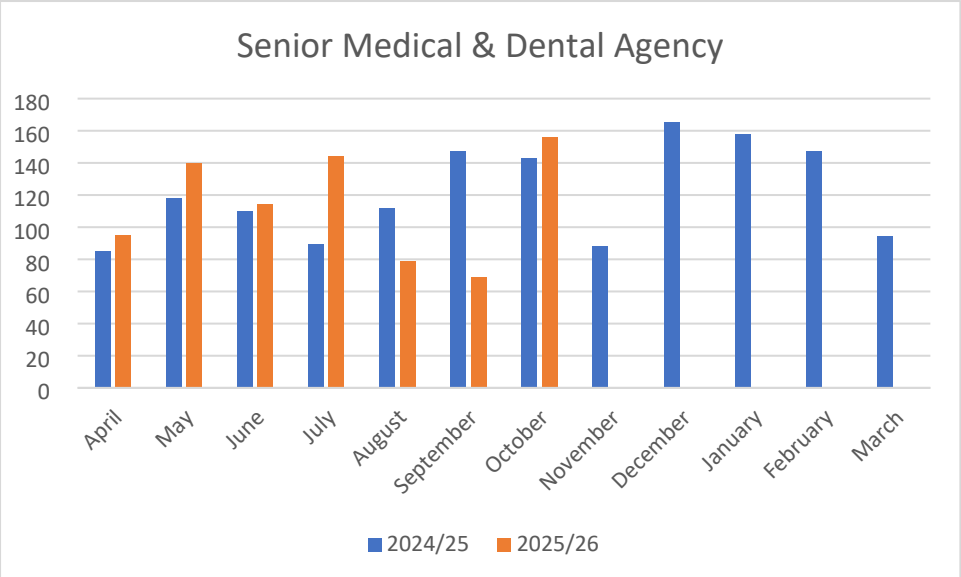
The most significant factor affecting the Board's overall financial position at this stage is the unachieved savings target. Addressing this gap must be a key organisational

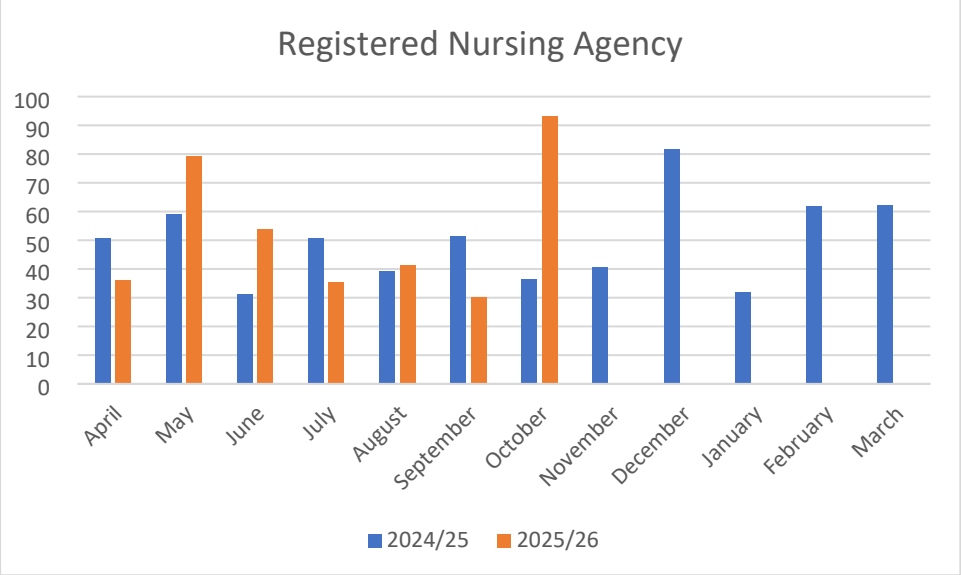
priority to ensure the financial plan outturn is achieved and to meet the conditions of the Transitional Funding Support agreement.

Key Costs - Spend

Pay

High-cost agency continues to be a significant area of concern for the Board, with some reductions being seen in 2024/25 and into 2025/26 in AHPs and Healthcare Sciences. Nursing and Senior Medical, however, continue to rely on high-cost agency, usage remains at higher levels for the first four month of 2025/26 compared with 2024/25, although there has been some improvement in the position at Month 6:

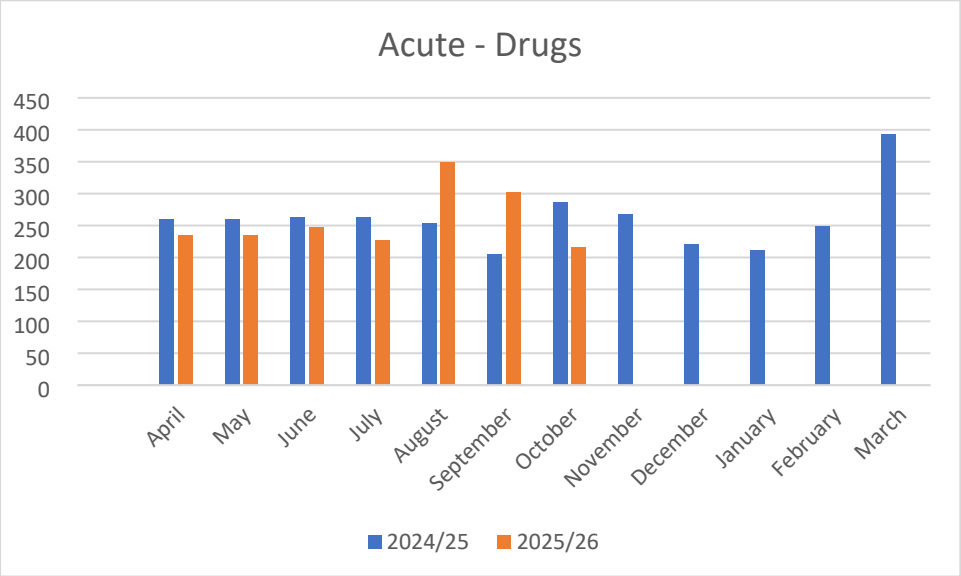


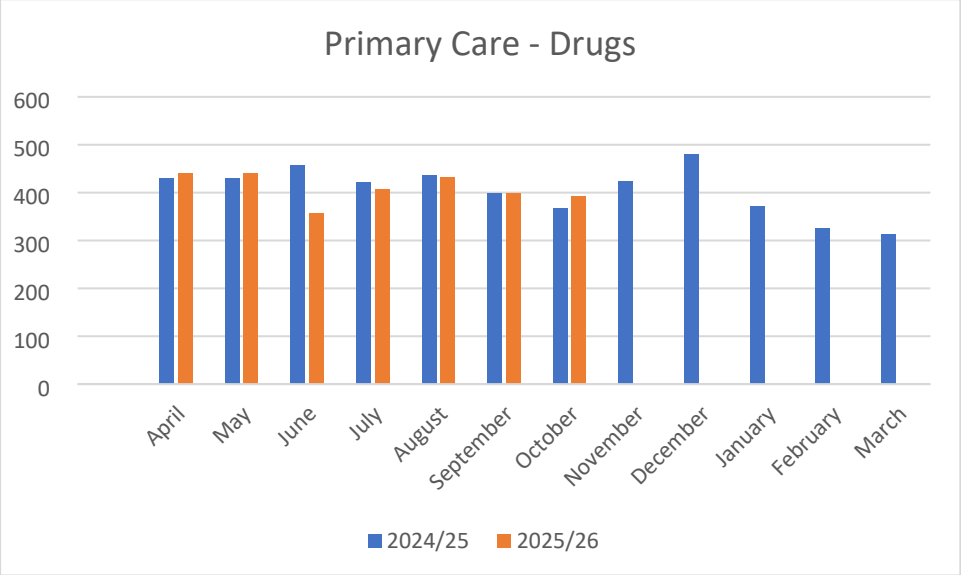


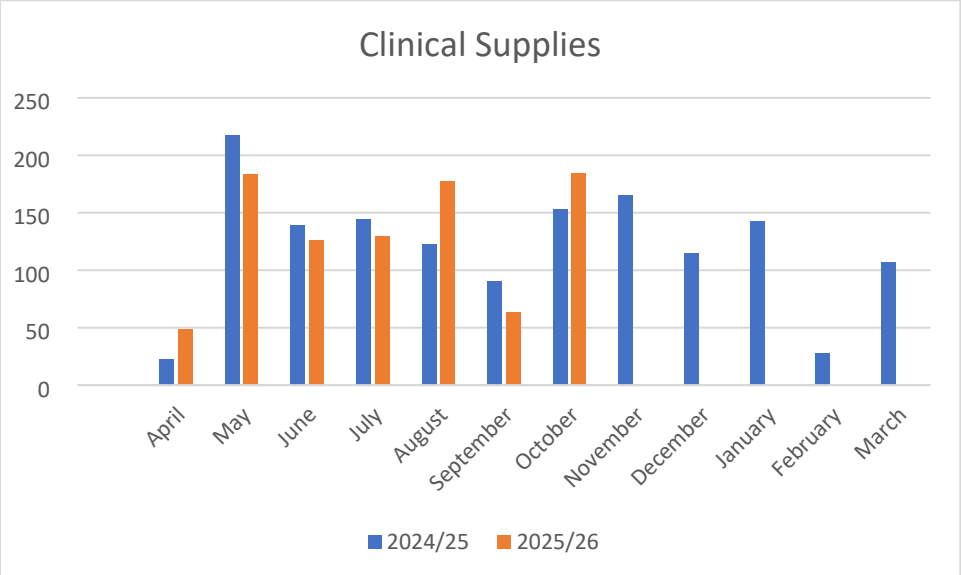
Non-Pay

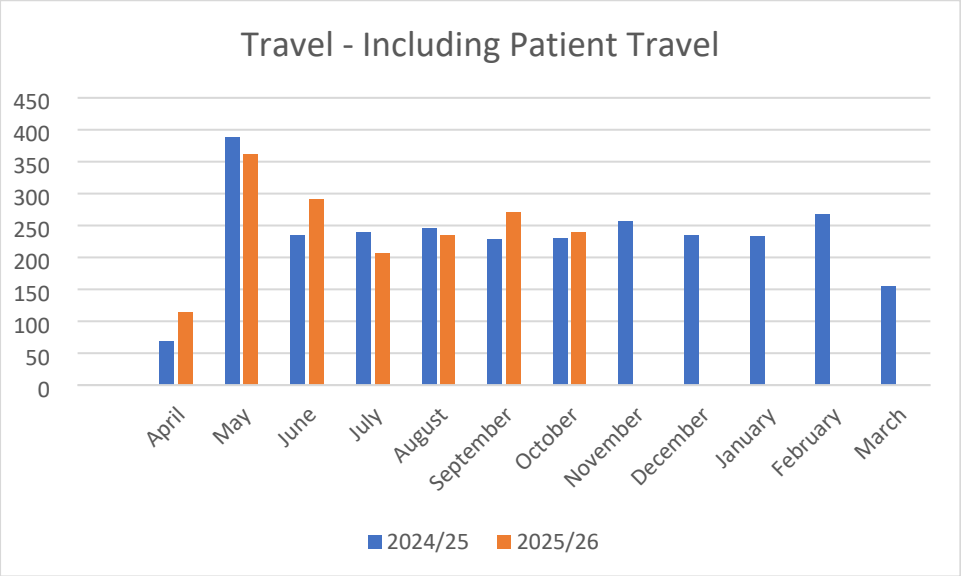
There are several high-spending non-pay areas that are monitored through the Improvement Programme for 2025/26 with targeted work via the Procurement, Diagnostics, Outpatient and Pharmacy Workstreams. As at Month 7 there have been a reduction in spend across Primary Care Drugs compared with the same period last year. These are volatile to changes in price and availability so risks remain that these costs will increase during the remainder of the year.

Travel (including patient and staff travel) saw another increase in Month 7 despite a reduction in staff travel, in line with grip and control measures, due to increased patient travel costs. Inflationary increases of 3.8% will be charged from 1 December on flights which will have an impact of the final 4 months of the year. The financial plan assumed a 2.2% increase in the cost of flights.









Year-End Forecast

As of Month 7, we have undertaken a detailed expenditure forecast and outlined a range of potential outcomes. These will be updated each month.

We are currently aware of a £165k reduction in the 2025/26 allocation from the Scottish Government. This is made up of £79k for Primary Care Drugs, £47k for New Medicines and £39k for Sustainability.

Additional YTD cost pressures for developments not included in the financial plan have also arisen. This is made up of £134k for Windows 11 and £18k for RIS Integration for Radiology.

In addition, there are several cost pressures that have not been quantified yet but will have an impact on the year-end forecast:

- NHS Lothian have confirmed they will move to a 2-year average to calculate activity data for their SLA's. This is likely to result in additional costs to NHSO as the removal of 2021/22 data from the calculation will result in a higher average activity
- The overarching SLA uplift has initially been agreed at 4.33% but that is subject to change in the event of further changes to the pay this year. NHSO internal modelling originally calculated the increase likely to be in the region of 5.5% - 6.0%. The financial plan assume an increase of 3%, thereby adding an addition 3% cost pressure. The total estimated increase above the plan estimated to be in the region of £400k.
- It is anticipated that there will be a couple of high costs medicines approved this financial year with high patient numbers for NHSO – internal modelling for GLP1-RA suggests a full year cost of around £1m for NHSO
- There are currently 48 submissions through the national portal for the band 5/ band 6 review. There is a potential for further impact to the outturn position if the settled claims exceed the provision that is currently being made for agenda for change reform costs.

In the worst-case scenario, further cost pressures, unaccounted for during initial financial planning, and reduced savings delivery could lead to a significantly increased overspend of between £4.3m and £6.2m at year end. Should this occur, the Board would fail to meet the conditions for transitional funding support. It would result in the Board receiving a qualified external audit opinion.

Forecast Summary	Financial Plan	Updated Forecast at Month 6		
		Best Case	**Likely Case**	**Worst Case**
	£'000	**£'000**	**£'000**	**£'000**
Net Gap as per Financial Plan	**5.776**	**5.776**	**5.776**	**5.776**
Any Emerging Pressures		**1.500**	**1.500**	**1,500**
Reduction in Run-Rate		**(4,150)**	**(1,855)**	**(165)**
Any New Funding				
Reduction in Funding		**165**	**165**	**165**
Net Gap	**5,776**	**3.291**	**5.586**	**7,276**
CIPs - Recurring	**-2,800**	**-1,000**	**-1,000**	
CIPs – Non Recurring	**-1,000**	**-300**	**-300**	**-1.300**
Service Development Commitments	**200**	**0**	**0**	**200**
25/26 Out-Turn	**2,176**	**2,000**	**4,286**	**6,176**
Transitional Funding	**-2,000**	**-2,000**	**0**	**0**
2025/26 Out-Turn	**176**	**0**	**4,286**	**6,176**

Capital

The Capital formula allocation for 2025/26 is £1.078m, there are several earmarked allocations anticipated in year for National Infrastructure Board (£202k), Decontamination (£282k), Solar Panels & Batteries (£109k) and Fleet Funding (£4k). Bids for unallocated capital budgets are reviewed and approved through the monthly Capital and Property Strategy Group. There is £613k of unallocated capital funding at the end of Month 6.

Currently there is no risk to any of the projects delivering. A final review of proposals for the unallocated capital funding will be undertaken during Month 7 and thereafter an action plan will be developed to utilise any unallocated budget.

Capital Projects		Total Approved Budget	YTD Actual	Forecast Remaining Expenditure	Variance	Notes
		£'000	£'000	£'000	£'000	
Formula Capital Projects		265	13	252	0	Approved Estates Projects 25/26
Earmarked Allocations	NIB Funding	202		202	0	Replacement of medical equipment 25/26
	Decontamination Funding	282		282	0	Replacement of CDU equipment 25/26
	Fleet Funding	4		4	0	Replacement Electric Vehicle Charging points 25/26
	Solar Panels & Batteries	109		109	0	Funding agreed for additional solar panels and batteries
Unallocated Budget		813		200	613	£200k for survey works for demolition of the old Balfour
Capital Receipts						
Total		1,675	13	1,049	613	

Transitional Funding

In April 2024, the Board accepted the offer from the Scottish Government for Transitional Funding Support totalling £5m of additional, non-repayable funding from 2025/26 to 2028/29:

2025/26	2026/27	2027/28	2028/29	Total
£2 million	£1.5 million	£1 million	£0.5 million	£5 million

The Board accepted the funding support and several key conditions that are required to be met to receive the funding, these are:

1. An outturn of under 1% deficit against core RRL must be delivered in 2025/26 (if this condition is not met, this transitional funding arrangement will be removed).
2. Financial balance must be reached by 2028/29 at the latest.
3. The savings programme as detailed in our Financial Plan must be delivered in full across all years.
4. External support funding will be kept under very careful review (aligned to delivery and impact), with a view to this ceasing entirely by 2027/28.

In addition, Scottish Government will require evidence through regular reporting of the impact of our improvement work, including via NHS Orkney's Financial Escalation Board.

Specifically, they expect the following workstreams delivered by 31 March 2026:

5. Workforce reductions of at least 20 WTE in 2025/26 and fully developed plans to further reduce workforce in 2026/27 to a similar level.
6. Evidence of banding reductions where opportunities have presented.
7. The final report from the Clinical Service Review to be presented to Scottish Government in Quarter 3 of 2025/26 outlining the scale of transformation opportunities.
8. Improve productivity and efficiency including increasing Near Me virtual appointments by at least 10% and demonstrating efforts to increase theatre utilisation.
9. Address substantive medical recruitment gaps by reducing the long-standing reliance on locum spend.

Where these conditions are not met, future years' payments will be paused, and further discussions will be held regarding NHS Orkney's position on the NHS Scotland Support and Intervention Framework.

Transitional funding will not be allocated against the year-to-date position and progress against the conditions will be closely monitored throughout the year.

Risks remain around meeting conditions 1, 2,3 and 5. These are being monitored through the Finance and Performance Committee,

NHS Scotland Support and Intervention Framework

Following the removal of brokerage from 1 April 2025, the NHS Scotland Support and Intervention Framework has been revised to include a two-stage assessment process.

The first stage is to assess the in-year deficit and cumulative level oof historic brokerage since 2019/20 as a proportion of the Board's total revenue resource limit.

In 2025/26, the 12-month Core RRL from 2024/25 will be used for this assessment. For NHS Orkney, the 2024/25 Core RRL is £89.019m. NHS Orkney received £5.156m of brokerage in the 2023/24 financial year and a further £3.874m in the 2024/25 financial year. This is a total of 10.1% of the 2024/25 Core RRL and the in-year brokerage of £3.874m for 2024/25 was 4.3%.

Board Financial Position	Indicative level
10% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 25% core RRL	5
6% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 15% core RRL	4
4% of core RRL in year brokerage AND cumulative brokerage of over 8% core RRL	3
2% of core RRL in year brokerage OR cumulative brokerage of over 4% core RRL	2
No brokerage or below criteria above	1

The second stage is a qualitive assessment of the Board's governance, financial management and internal controls. The assessment will be undertaken by either a senior member from the Scottish Government Health Finance Team or an independent party. The assessment will take account of, but not be limited to, the following factors:

- Quality, timeliness and reliability of financial reporting and engagement between Scottish Government Health Finance and the Board Director of Finance and senior finance team,
- Recommendations from internal audit reports, with a particular focus on governance, internal financial controls and stewardship of financial resources, and progress with implementation thereof,
- Findings and conclusions from external audit reports, and corresponding implementation of recommendations, with a focus on governance, financial controls and financial sustainability,
- Historical financial performance and evidence of delivery of agreed savings plans (including performance in relation to 3% recurring target) and effective mitigation of in year cost pressures whilst balancing performance and quality/safety,
- Proactive engagement with respective IJBs in relation to assessing financial plans, performance and risk share,

- Evidence of effective use of data, benchmarking and external support to drive improvements and the Board's engagement in using this support to develop its own internal delivery plan and
- Evidence of responsibility for improvement actions across the executive team and effectiveness of Board oversight and governance in relation to best use of resources and delivery against agreed plans.

The outcome of the qualitive assessment paired with the first stage assessment will determine the recommendation of any escalation and the level of escalation.

Following this two-stage assessment NHS Orkney remains at Level 3 escalation as confirmed within our Quarter 1 review letter from Scottish Government.

The Scottish Government have reiterated that there will be no brokerage available to Boards in 2025/26. Should financial balance not be achieved, this will be shown as an overspend in the financial statements, leading to potential qualification of accounts.

Delivery of the 2025/26 Financial Plan of a deficit of £2.176m and meeting the terms and conditions for the transitional funding should result in NHS Orkney remaining at Level 3 Escalation in this current financial year and should mitigate the financial risk of qualification of our financial statements. However, as outlined in this paper, the Month 6 position is adverse to plan and if this continues the risk of Level 4 or Level 5 Escalation increases, along with the risk of qualified accounts.

Conclusion and Next Steps

The year-to-date financial position after the first six months of the 2025/26 financial year shows an adverse variance to plan, with a reported deficit of **£2.759m,** against the trajectory overspend of £2.251m, giving an overall adverse variance of **£0.508m** 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 £2.5m will not be delivered in this financial year.

Reduction of the run rate will be essential to achieving the planned year-end deficit of £2.176m and the Board is reviewing options to achieve that.

Appendix 1 –Performance summary

Acute Services - £1.288m overspend

- *Hospital Medical Staff, £1.529m overspend*

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend to cover vacant posts in anaesthesia, obstetrics, medicine and surgery. This remains an area of focus for the Improvement team.

- *Ambulatory Nurse Manager, £0.132m overspend*

All services are overspending at the end of month 7. Theatres is overspent by £57k, OPD by £43k and Dialysis by £32k to month 7 mainly due to unfunded bank usage however Theatres is also overspent on surgical supplies.

- *Clinical Nurse Manager, £91k underspend*

Inpatients 1 (£179k overspend) and Inpatients 2 (£49k overspend) are both reporting overspends at month 7 which are being offset by underspends in HDU (£201k underspend), the Emergency Department (£85k underspend) and Macmillan Inpatient (£99k underspend). It was anticipated that the additional agency workers contracted in Q4 of 2024/25 would be removed in Q1 however, there continues to be some usage in month 7, plans are in place to remove all agency in Acute areas at the earliest opportunity.

- *Laboratories, £77k underspend*

Laboratories are reporting an underspend at month 7 due non-pay costs being down however the adverse movement in this month is due to higher than average supplies costs related to the managed service contract. The underspend in non-pay is offset by an overspend in pays due to agency usage to cover current vacancies.

Medical Director - £0.551m underspend

- *Pharmacy, £469k underspend*

New Medicines funding is currently underspent at month 7. Pharmacy are also carrying a number of vacancies which are impacting their overall position for 2025/26.

- *External Commissioning, £40k overspend*

External Commissioning including SLAs and visiting specialist has a combination of over and underspending areas. The Grampian Acute Services SLA is the largest single element within the commissioning budget at £6.7m.

- *Unplanned Activity £29k overspend*

Unplanned Activity is over spent to month 7 but it's variable by nature and is subject to significant potential movement throughout the year and at year end.

- *Patient Travel, £110k overspend*

Patient travel out with Orkney continues to overspend. It is anticipated that spend on patient travel will reduce over the remainder of the year in line with the savings programme related to patient travel.

IJB – Delegated Services - £0.699m overspend

The Delegated Services budgets report a net overspend of £0.699m, £0.701m operational underspend and £1.400m unachieved savings target (Table 1). Further detail on the operational areas is provided below:

- *Children's Services, £22k underspend*

The underspend in Children's services is in the main related to vacancies in Health Visiting and School Nurses.

- *Primary Care, £149k underspend*

Primary Care General Medical Services is currently overspending (£247k overspend at month 7) due in the main to locum and agency spend within this area. There are offsetting underspends in Primary Care Administration (£125k underspend), Community Nurses (£239k) and Specialist Nurses (£41k underspend).

- *Primary Care – Dental £62k underspend*

The dental underspends relate in the main to Senior Dental and Dental Nursing.

- *Health and Community Care, £216k underspend*

Mental Health Services has an underspend of £13k at month 7, this in the main is due to vacancies within this area. There are also underspends within the Health and Community Care Management Team (£68k underspend) and Intermediate Care Team (£21k underspend).

- *Primary Care Prescribing, £79k underspend*

The Prescribing Unified budget is currently showing an underspend of £41k at the end of period 7 while the position includes a reduction in funding from SG for tariff transfer (£79k for 25/26). This volatile cost area will continue to be closely monitored along with the accrual assumptions which are based on payments made 2-months in arrears. Vaccination and Immunisation budget is currently underspent by £36k at month 7.

Finance - £0.017m underspend

Finance is currently reporting an underspend of £0.017m, with spend broadly in line with the plan at month 7, a slight deterioration in the outturn due to reduced income in the period.

Estates and Facilities - £0.686m underspend

Estates and Facilities is reporting an underspend of £685k to date, in the main, the underspend is due to vacancies across a number of services and underspending non pay budgets in hospital maintenance contracts.

Chief Executive - £0.282m underspend

There are several vacancies across the portfolio impacting the month 7 position.

Public Health - £0.094m underspend

Currently reporting an underspend of £94k. There are various over and underspending services in this area.

Human Resources - £0.261m underspend

There are several underspending areas within the service impacting on the overall underspend, this includes vacancies across a number of areas.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Operational Improvement Plan – December 2025 update**
Responsible Executive/Non-Executive:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**
Report Author:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**

1 Purpose

This report is presented to the Board for **Assurance:**

Members are asked to:

i. **Receive** and **note** the current status of NHS Orkney progress against deliverables set out in the OIP.

This report relates to a:

- Corporate Strategy 2024/2028 - Performance
- Annual Delivery Plan 2024/25
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

The Operational Improvement Plan (OIP), published in March 2025, sets out immediate national priorities to relieve system pressures and improve outcomes across NHS Scotland.

The OIP was positioned as the first of four Scottish Government strategic documents to be followed by a Population Health Framework, the Health and Social Care Renewal Framework and the Public Sector Reform Strategy al published in June 2025. The OIP is underpinned by the Board Annual Delivery Plans (ADP), meaning NHS Orkney's strategic direction is reflected in its development.

NHS Orkney assessed the implications of the OIP and determined how national expectations align with our Corporate Strategy 2024-28 strategic objectives, ADP and current position, particularly in

relation to access, balance of care, workforce and digital transformation. This was previously presented to Board in June and August 2025.

2.2 Background

The OIP builds on all 2025/26 ADP's submitted by NHS Boards and reflects key national commitments to:

- Reducing waiting times, with no one waiting more than 52 weeks by March 2026.
- Shift the balance of care from acute settings into communities.
- Expand digital access and innovation in service delivery.
- Focus on prevention and early intervention to improve population health.

NHS Orkney's Year 2 Corporate Strategy and ADP are already closely aligned with these ambitions. However, the application of national models (such as specialist community pathways) requires local interpretation given our island geography, workforce profile and service configuration.

2.3 Assessment

The table below provides an assessment of NHS Orkneys progress against the deliverables set out in the OIP at the end of November 2025. Not all deliverables are applicable to all Health Boards but have been included as part of this table for information.

Deliverable	Due Date	RAG Status
Reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient-day-case procedure	**31/03/2026**	**Green**
Increasing capacity: deliver over 150,000 extra appointments and procedures in 2025/26; increase capacity in NTCs to well over 30,000 in 2025/26	**31/03/2026**	**NA**
National Treatment Centres (NTCs) will support additional procedures for 2025/26 increasing to well over 30,000 procedures	**31/03/2026**	**NA**
Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026	**31/03/2026**	**Green**
Rolling out a new Digital Dermatology Pathway to all GPs by Spring 2025	**30/09/2025**	**Red**
Expanding the Rapid Cancer Diagnostic Services: deliver population coverage for this service pathways	**31/05/2025**	**Green**
Reducing the pressure in our hospitals: free up capacity and reduce occupancy levels towards 85%	**31/03/2026**	**Green**
Clear Child and Adolescent Mental Health Services (CAMHS) backlogs, and meet the 18-week target nationally by December 2025	**31/12/2025**	**Green**
Hospital at home: H@H beds to at least 2,000 by December 2026	**31/12/2026**	**Green**
Frailty: we will deliver direct access to specialist Frailty teams in every Emergency Department by Summer 2025	**31/08/2025**	**Red**

Access to GPs and other primary and community care clinicians: increase the capacity in general practice and make GP services more consistent across Scotland	**31/03/2026**	**Amber**
Eyecare: deliver a new acute anterior eye condition service during 2025	**31/12/2025**	**NA**
Pharmacy: expand Pharmacy First Service	**31/03/2026**	**Green**
Dentistry: deliver a 7% increase in student numbers from September 2025	**31/03/2026**	**NA**
(Digital Front Door) A new online app for health and social care: roll this out from December 2025, starting in Lanarkshire	**31/03/2026**	**Amber**
Build on digital platforms to increase operating theatre capacity: By June 2025 complete a roll out plan for the theatre scheduling tool with the anticipated benefit of productivity increase of up to 20% for some specialties	**30/12/2025**	**Amber**
Adopt new innovations: Before the end of 2025/26, start using genetic testing for recent stroke patients and newborn babies with bacterial infections and support 3,000 people newly diagnosed with type 2 diabetes over the next three years	**31/03/2026**	**NA**

For those actions considered significantly off-track.

Digital Dermatology Action

- Work is ongoing through Service Level Agreement (SLA) discussions to progress this initiative.
- No confirmed completion timeline yet; dependency on SLA resolution.

Frailty Action

- Funding confirmed: 30 June 2025.
- Unable to commit substantive recurrent expenditure due to current fiscal risks facing the Board.

2.3.1 Patient Safety and Quality

The national focus on improving culture, learning and openness mirrors our governance refresh, new approach to clinical engagement, and quality improvement efforts across the system.

2.3.2 Workforce

The Workforce improvement workstream within the Improving Together Programme is well developed with 8 areas of focus. This includes sickness management, mandatory training and appraisals.

2.3.3 Financial

The Board remains at Level 3 of the Scottish Government's NHS Finance and Escalation Framework.

2.3.4 Risk Assessment/Management

Effective risk management is essential to ensuring the delivery of safe and high-quality patient care. Failure to proactively identify and address risks may compromise the Board's ability to deliver timely care, with potential adverse effects on patient outcomes and overall experience.

2.3.5 Equality and Diversity, including health inequalities.

Reducing health inequalities is a key priority as part of the Place strategic objective. Equality, diversity and inclusion are also central to the delivery of our People priorities, and our Corporate Strategy takes into consideration local, regional, and national policy. The Equality and Diversity Monitoring Report for 2024/25 was approved by the Senior Leadership Team on 1 May 2025.

2.3.6 Communication, involvement, engagement, and consultation

Discussions have taken place with Heads of Service in the development of this paper.

2.3.7 Route to the Meeting

The update was prepared for the Board meeting on 11 December 2025.

3. Recommendation(s)

Assurance - The Board is asked to:

ii. **Receive** and **note** the current status of NHS Orkney progress against deliverables set out in the OIP.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 11 December 2025**
Title:	**National Planning – Direction Letter Scottish Government**
Responsible Executive/Non-Executive:	**James Goodyear Chief Executive Officer**
Report Author:	**Tammy Sharp – Director of Performance and Transformation (and Deputy CEO)**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government issued DL(2025)25 on 13 November 2025, setting out a refreshed statutory approach to sub-national planning across NHS Scotland. The direction implements duties under the NHS (Scotland) Act 1978, Patient Rights (Scotland) Act 2011, and the Public Bodies (Joint Working) (Scotland) Act 2014, and is a core enabler of the Service Renewal Framework (2025–2035), the Population Health Framework, and wider public-service reform.

2.2 Background

The new model is designed to strengthen accountability for population-based planning, improve equity of access, and support the long-term transformation and sustainability of Scotland's health and care system. While individual Health Boards remain responsible and accountable for all statutory functions, DL(2025)25 recognises that the scale and complexity of modern healthcare require structured collaboration at sub-national level.

DL(2025)25 reinforces and builds on existing policy, including DL(2024)08 (Framework Document for NHS Boards) and DL(2024)31 (Renewed Approach to Population-Based Planning). It formally replaces HDL(2004)46 on regional planning. Current national and place-

based planning arrangements remain in place, with no changes to statutory functions or the Scottish Public Finance Model.

The direction introduces two new collaborative sub-national structures to replace the previous three-region model:

1. Scotland East: Borders, Fife, Grampian, Lothian, **Orkney**, Shetland and Tayside
2. Scotland West: Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Greater Glasgow & Clyde, Highland, Lanarkshire and Western Isles

Each area will establish a Sub-National Planning and Delivery Committee (SPDC), chaired by the designated NHS Board Chair, with representation from constituent Boards. Health Boards are expected to align planning resources and expertise to support the new arrangements and ensure coherence with community health services and nationally commissioned programmes.

The structures will focus on four shared priorities including MyCare.scot, orthopaedic TTG delivery, emergency healthcare services, and a Once for Scotland approach to business systems. Both sub-national groups are required to produce consolidated financial planning for 2026/27 and provide quarterly performance reporting to Ministers.

Implementation is effective immediately, with further operational detail to be developed collaboratively as the new sub-national arrangements mature.

2.3 Assessment

2.3.1 Quality/ Patient Care

The introduction of DL(2025)25 is expected to have a broadly positive impact on the quality of care by strengthening population-based planning, reducing unwarranted variation, and enabling more consistent clinical models across Scotland. The new sub-national structures should enhance equity of access, improve resilience in specialist and fragile services, and ensure that redesign is underpinned by strong clinical leadership and evidence-based practice. However, there are short-term risks during implementation, including potential delays to local service developments, temporary pathway misalignment, and increased pressure on clinical leaders as governance arrangements bed in. Close coordination across Boards and clear transition management will be essential to safeguard service quality during this period.

2.3.2 Workforce

DL(2025)25 is anticipated to bring several positive impacts for staff, including stronger collaborative working between Boards, reduced duplication, and greater clarity around strategic direction. The move towards more standardised “Once for Scotland” clinical and digital models should improve consistency and reduce operational variation. Staff—particularly clinical and planning leaders—may benefit from broader development opportunities through sub-national working, with the potential for more sustainable workloads over time if services and resources are more evenly distributed across regions.

However, the transition will generate short-term pressures, particularly for planning, finance, performance and clinical leadership teams who will need to support new governance structures and contribute to consolidated planning. There is also a risk of ambiguity while operational details are finalised, alongside possible coordination burdens and capacity challenges for

smaller Boards. Periods of change may impact staff wellbeing, and some teams may feel tension between local autonomy and wider regional alignment if local priorities appear deprioritised.

2.3.3 Financial

The financial impact of DL(2025)25 is expected to be broadly neutral in the immediate term, as the Direction does not change statutory financial responsibilities or the Scottish Public Finance Model. However, Boards will be required to contribute to the development of consolidated sub-national financial plans for 2026/27 and align planning resources to support the new structures, which may create short-term pressure on existing teams. Over time, the shift to population-based planning and collaborative investment decisions has the potential to improve financial sustainability through reduced duplication, more efficient service models and strengthened regional resilience. The extent to which these longer-term benefits are realised will depend on the effectiveness of implementation, clarity of financial governance across SPDCs, and the ability of Boards to balance local priorities with sub-national requirements.

2.3.4 Risk Assessment/Management

The implementation of DL(2025)25 carries a number of strategic and operational risks, particularly during the transition period. There is a risk of disruption or misalignment as Boards move from existing regional arrangements to the new sub-national structures, with potential delays in decision-making while new governance processes mature. Variability in Board capacity may impact the consistency and pace of implementation, and smaller Boards may experience pressure in releasing staff to support sub-national work without affecting local delivery. There is also a risk that increased coordination requirements and competing priorities create operational burden or dilute focus on local improvement programmes. If not carefully managed, tensions between local autonomy and sub-national alignment could emerge, alongside the risk of stakeholder uncertainty affecting staff wellbeing and organisational stability.

2.3.5 Equality and Diversity, including health inequalities

DL(2025)25 directly supports the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's own Equality Outcomes by strengthening population-based planning and embedding a more consistent, evidence-driven approach to service equity across Scotland. The creation of sub-national structures enables Boards to collaborate on addressing inequalities that are not solvable within single organisational boundaries, ensuring that decisions are informed by population need, demographic variation and the lived experience of vulnerable groups. For boards with island and ferry-linked communities, the Direction reinforces the requirement to consider access, geography and travel barriers explicitly within service design, ensuring that island populations have equitable pathways to care and are not disadvantaged by remoteness or transport dependency. The emphasis on shared clinical models, digital solutions and enhanced regional resilience also supports more inclusive access to specialist services, helping to reduce inequality of outcome for rural, remote and island residents.

2.3.6 Climate Change Sustainability

DL(2025)25 has the potential to support climate change and environmental sustainability objectives by encouraging more coordinated service planning across regions, reducing duplication, and enabling more efficient use of estate, digital solutions and shared infrastructure. The shift toward consistent "Once for Scotland" models and increased use of digital pathways, including MyCare.scot, may reduce unnecessary patient and staff travel, which is particularly

beneficial in remote and island settings. Over time, sub-national planning could also facilitate more strategic investment in low-carbon facilities and sustainable service models.

2.3.7 Other impacts

DL(2025)25 provides an opportunity to strengthen, rather than dilute, the voice of remote, rural and island communities within sub-national planning. The new structures place explicit emphasis on population-based decision-making, ensuring that service models and investment choices reflect geographical realities, access challenges and the specific needs of island and ferry-linked populations. To maintain parity of importance and influence, it will be essential that Scotland East and Scotland West SPDCs embed strong representation from rural and island Boards, supported by clear governance mechanisms that guarantee these perspectives shape clinical models, pathway redesign and resource allocation. This will help ensure that the distinct challenges of delivering care in remote settings—such as transport dependency, fragility of small services, and workforce sustainability—remain central to collective planning and that the benefits of collaboration are realised equitably across all parts of the region.

2.3.7 Communication, involvement, engagement and consultation

Effective communication of DL(2025)25 will be essential to ensure staff, partners and stakeholders understand the purpose of the new sub-national arrangements and the implications for local planning. Messaging will focus on clarity, transparency and reassurance, highlighting that statutory responsibilities remain unchanged while emphasising the benefits of strengthened collaboration and improved population-based planning. A phased communications approach will be required, combining executive briefings, targeted updates for planning, clinical and operational teams, and coordinated engagement with trade unions, Integration Joint Boards and partner agencies. Clear, consistent messaging will help maintain confidence during the transition and support staff through the change.

2.3.9 Route to the Meeting

DL(2025)25 was discussed at the NHS Orkney Board Development session on 27/12/25.

2.4 Recommendation

Discussion – Examine and consider the implications of DL(2025)25

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Implementation of Sub-National Planning: Co-operation and Planning Directions 2025

Dear Colleagues

IMPLEMENTATION OF SUB-NATIONAL PLANNING: CO-OPERATION AND PLANNING DIRECTIONS 2025

Purpose

1. This letter accompanies the Co-operation and Planning Directions 2025 (the Directions), given under section 2(5) of the National Health Service (Scotland) Act 1978 (the 1978 Act), section 11(2) of the Patient Rights (Scotland) Act 2011 (the 2011 Act) and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), which come into force on **13 November 2025.**

2. This letter, including the Guidance attached at **Annex A**, has been developed to support the implementation of the Directions. A copy of the Directions is attached at **Annex B**.

3. In order to comply with the Directions, Health Boards are encouraged to organise themselves in to two collaborative sub-national structures - Scotland East and Scotland West - through which they co-operate with each other in the planning and delivery of the objectives specified in the schedule to the Directions. These objectives deliver key aspects of the Health and Social Care Service Renewal Framework (2025–2035), the Population Health Framework, as well as wider ambitions related to public sector reform.

4. Following discussion, Scotland East and Scotland West will each be supported by a Sub-National Planning and Delivery Committee (SPDC), whose membership is representative of the respective Health Boards.

5. In anticipation of the Directions and the Guidance, Health Boards have also agreed that the SPDC for the East will be chaired by the Chair of NHS Lothian and for the West will be chaired by the Chair of NHS Greater Glasgow and Clyde, with the respective Chief Executives playing a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

DL(2025)25

13 November 2025

Addressees

For action
NHS Board Chief Executives
NHS Board Chairs

For information
Directors of Finance
Directors of Planning
Directors of HR
IJB Chairs/Chief Officers

Enquiries to:
Directorate of Chief Operating Officer

E-mail:
healthplanning@gov.scot

Context

6. Scotland's health service faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these, services must be planned at a scale that supports consistency, safety and value.

7. The Directions support a move from organisation level planning to population-based planning, building on **DL(2024)08** (*Framework Document for NHS Boards*) and **DL(2024)31 (***A Renewed Approach to Population Based Planning Across NHS Scotland*). The previous guidance on Regional Planning, HDL(2004)46, is superceded.

Co-operation and Planning

8. The Directions require Health Boards to (i) meet a specific objective (relating to the MyCare.scot service) and (ii) develop and submit plans detailing how certain other objectives (relating to the Treatment Time Guarantee for orthopaedic elective services; emergency healthcare services; Once for Scotland approach to Business Systems and the MyCare.scot service) will be achieved.

9. As detailed in the Directions, Health Boards must co-operate with each other (as provided for by section 12J of the 1978 Act) when exercising certain functions and otherwise, in complying with the Directions, consider entering into section 12K agreements with other Health Boards.

10. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27 and submitted to the COO with support from the NHS Scotland Finance Delivery Unit (FDU). Further detail is contained in Annex A. This will also support a shift back to balance across all areas and services.

Sub-National Plans

11. The plans referred to in paragraph 2(1)(b) and (c) of the Directions (the Plans) must:

(a) describe how capacity, workforce and infrastructure will be deployed;
(b) set measurable improvement trajectories; and,
(c) identify governance and assurance arrangements to monitor delivery and outcomes.

12. Health Boards are expected to work with SPDCs to ensure appropriate alignment of planning resources and expertise across Scotland East and Scotland West in support of these new sub-national structures, as well as coherence and alignment with community health and nationally commissioned health services.

13. Clinical leadership will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed.

Accountability and Assurance

14. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.

15. Statutory commissioning responsibilities remain unchanged and Health Boards are encouraged to explore entering into Section 12K agreements with each other, in complying with the Directions.

16. A quarterly sub-national performance report should be submitted to Ministers on behalf of Scotland East and Scotland West. These reports would form part of the national assurance arrangements to reflect the collective impact of joint planning and delivery.

17. Health Boards within Scotland East and Scotland West should make every effort to resolve disagreements relating to the development or implementation of their Plans through their respective SPDCs.

18. Failure to comply with the Directions may result in escalation under the NHS Scotland Support and Intervention Framework.

Action Required

19. Scotland East and Scotland West should now move immediately to establish the necessary support arrangements to implement the Directions and the development of Plans.

20. Once finalised and agreed, a single Plan should be submitted by the Chair of each SPDC to the COO by 31 March or 30 June 2026[1], for Ministerial approval, with quarterly reporting (see paragraph 16 above) following thereafter. A series of deadlines for drafts of the Plans will be agreed between the COO and the Health Boards.

21. Further Directions may be issued should these sub-national arrangements mature, and additional objectives are identified.

Yours sincerely

Christine McLaughlin
NHS Scotland Chief Operating Officer/Deputy Chief Executive

[1] The deadline for submitting Plans for Part 2 objectives is 31 March 2026. The deadline for submitting Plans for Part 3 objectives is 30 June 2026.

IMPLEMENTING THE CO-OPERATION AND PLANNING DIRECTION 2025: GUIDANCE FOR HEALTH BOARDS

Context

1. Over recent years, the Scottish Government has reinforced its expectation that health services move from organisation-level planning to true population-based planning - placing the health and wellbeing of defined populations at the centre of service design and delivery. In the DL(2024)08 'Framework Document for NHS Boards' the Scottish Government emphasised the need for collaborative planning arrangements that transcend traditional organisational boundaries and focus on cross-system delivery of care.

2. This was further developed in DL(2024)31 'A Renewed Approach to Population Based Planning Across NHS Scotland', which required Health Boards to work jointly in the development of sub-national plans, improve alignment with integration authorities and strengthen assurance arrangements through the national improvement architecture.

3. The Directions and this Guidance mark a significant shift from organisation-level planning to a model that places the health and wellbeing of defined populations at the centre of service design. It is a key enabler of the Health and Social Care Service Renewal Framework (2025–2035), the Population Health Framework, and the Programme for Government 2025–26. These frameworks collectively call for a transformation in how services are planned and delivered — emphasising prevention, equity and care that is person-centred and delivered closer to home.

4. This new approach strengthens accountability for population-based planning, improves service equity and supports the transformation of Scotland's health and care system. It recognises that while Health Boards remain legally responsible and accountable for their statutory functions, the scale and complexity of modern health services means that collaboration on a sub-national basis is essential to achieve optimum outcomes. A Scotland East and Scotland West model would provide an immediate mechanism to give effect to those expectations, supporting Health Boards to act at the appropriate scale for planning while preserving local accountability and responsiveness

5. Scotland East and Scotland West should work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new structures will replace the existing three-area regional planning groupings and will strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.

6. National and place-based planning will continue under current arrangements.

7. SPDCs should work closely with Health Boards, Special Health Boards, the Common Services Agency and Healthcare Improvement Scotland to ensure effective development and delivery of the Plans.

Guidance

8. This Guidance supports implementation of the Co-operation and Planning Directions 2025 given under Section 2(5) of the National Health Service (Scotland) Act 1978, Section 11(2) of the Patient Rights (Scotland) Act 2011 and Section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014. It explains expectations for collaborative sub-national planning through the Scotland East and Scotland West sub-national structures and provides recommended implementation options to assist planning at pace to deliver sustainable, safe, and effective health care services.

Definitions

9. For this Guidance:

- Chief Operating Officer (COO) means the NHS Scotland Chief Operating Officer.
- The Plans mean the Plans provided for at paragraph 2(1)(b) and (c) of the Directions.
- Sub-National Planning and Delivery Committees (SPDCs) means the committees Scotland East and Scotland West could each establish to lead strategic planning.
- Scotland East means a sub-national structure consisting of NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, and NHS Tayside.
- Scotland West means a sub-national structure consisting of NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire, and NHS Western Isles.

Priority Objectives and Sub-National Plans

10. The Directions set out the priority objectives. The Plans should set out how the objectives specified in the first column of the tables at Parts 2 and 3 of the schedule to the Directions will be achieved along with target milestones.

11. Paragraph 2(2) of the Directions specify that the Plans must:

(a) describe how capacity, workforce and infrastructure will be deployed;

(b) set measurable improvement trajectories; and,

(c) identify governance and assurance arrangements to monitor delivery and outcomes.

Governance and Delivery Arrangements

National Oversight

12. The COO will put in place arrangements which will provide single national oversight of Scotland East and Scotland West.

Community Health and Nationally Commissioned Services

13. The Directions and this Guidance do not in any way alter the statutory functions of Health Boards and integration authorities. In complying with the Directions and considering this Guidance, Health Boards should remain mindful of the need to ensure coherence and alignment with the provision of community health services and nationally commissioned health services.

Financial Planning

14. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers. This would allow review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model.

15. There is no change to the Scottish Public Finance Model and all Health Boards have a statutory responsibility to achieve financial balance on an annual basis. By year three of this approach (i.e. financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits. This will be discussed with individual Health Boards, as appropriate, in line with the relevant stage for finance within the NHS Scotland Support and Intervention Framework.

Support and Contact

16. Questions about the Directions, draft plans or reporting should be sent to healthplanning@gov.scot.

DIRECTIONS

NATIONAL HEALTH SERVICE SCOTLAND

The Co-operation and Planning Directions 2025

The Scottish Ministers give the following Directions in exercise of the powers conferred by section 2(5) of the National Health Service (Scotland) Act 1978[1], section 11(2) of the Patient Rights (Scotland) Act 2011[2] and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014[3] and all other powers enabling them to do so.

Citation, commencement and interpretation

1. (1) These Directions may be referred to as the Co-operation and Planning Directions 2025 and come into force as soon as they are made.

(2) These Directions are given to every Health Board.

(3) In these Directions—

"the 1978 Act" means the National Health Service (Scotland) Act 1978;

"the 2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"delegated function" means any function that a Health Board has been directed to carry out by an integration authority under section 26 of the 2014 Act;

"Health Board" means a Health Board constituted by an order under section 2(1)(a) of the 1978 Act;

"Part 1 objective" means the objective specified in Part 1 of the schedule;

"Part 2 objective" means an objective specified in the first column of the table at Part 2 of the schedule;

"Part 3 objective" means an objective specified in the first column of the table at Part 3 of the schedule;

[1] 1978 c. 29. Section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19) and the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (asp 3).
[2] 2011 asp 5.
[3] 2014 asp 9.

"relevant date" means the date, relative to a Part 2 or Part 3 objective, specified in the corresponding entry in the second column of the table at Part 2 or Part 3 of the schedule;

"retained function" means any function carried out by a Health Board which is not a delegated function.

Co-operation and Planning with other Health Boards

2 (1) The Scottish Ministers direct Health Boards—

(a) to achieve the Part 1 objective by 31 March 2026;

(b) to develop and submit a plan or plans by 31 March 2026 detailing how each Part 2 objective will be achieved by the relevant date;

(c) to develop and submit a plan or plans by 30 June 2026 detailing how each Part 3 objective will be achieved by the relevant date;

(d) to co-operate with other Health Boards, as provided for by section 12J of the 1978 Act, when exercising retained functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph;

(e) to consider entering into and where considered appropriate to do seek to enter into, agreements with other Health Boards, as provided for by section 12K of the 1978 Act, when exercising retained and delegated functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph.

(2) The plans referred to in sub-paragraph (1)(b) and (c) above must—

(a) describe how capacity, workforce and infrastructure will be deployed;

(b) set measurable improvement trajectories;

(c) identify governance and assurance arrangements to monitor delivery and outcomes.

Cabinet Secretary for Health and Social Care

St Andrew's House
Edinburgh
13th November 2025

SCHEDULE

PART 1

MyCare.scot service

Organisational readiness, including local change processes, for implementation of the required interfaces and ways of working to enable the lawful sharing of personal information and delivery of digital services for the Digital Front Door Programme[4].

PART 2

Column 1: Objective	***Column 2: Relevant date***
Treatment Time Guarantee for Orthopaedic Elective Care Services The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011[5] and the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012[6] will be met in respect of all patients requiring orthopedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured.	31 March 2029
Emergency Healthcare Services Implementation of the recommendations contained in the Four Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024[7]. Otherwise, providing high-quality, financially sustainable emergency healthcare services, to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will involve the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.	31 March 2029

[4] MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland
[5] 2011 asp 5.
[6] S.S.I. 2012/110.
[7] A&E performance - Four Hour Emergency Access Standard: Expert Working Group recommendations report - gov.scot

Once for Scotland approach to Business Systems Full implementation of a "Once for Scotland" approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including— • investment of the appropriate level of resources necessary to fully deliver programme outcomes; • an appropriate scheme of delegation which ensures swift but well governed programme delivery; • effective engagement with stakeholders thus building support among stakeholder group; • regular assurance reviews.	1 October 2028

PART 3

Column 1: Objective	***Column 2: Relevant date***
MyCare.scot service Provide the necessary support to the Digital Front Door Programme to enable the rollout of digital communications and the opening up of required systems in line with the full national roadmap which is expected to be published in March 2026[8].	31 December 2027
MyCare.scot service Provide the necessary support and integration to enable the provision of an enhanced service featuring continuous enhancements and is further developed based on feedback and co-design.	31 December 2030

[8] A high-level summary of the road map is published at Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot .

NHS Orkney

Meeting:	**NHSO Board Meeting**
Meeting date:	**Thursday, 11 December 2025**
Title:	**Health and Social Care Surge Plan 2025/26**
Responsible Executive/Non-Executive:	**Sam Thomas, Executive Director of Nursing, Midwifery, AHP'S and Chief Officer Acute Services & Stephen Brown, Chief Officer IJB**
Report Author:	**Sam Thomas, Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services & Stephen Brown, Chief Officer IJB**

1 Purpose

This is presented to NHS Orkney Board for:

- Assurance

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Surge and Winter Preparedness in Health and Social Care Services: National Planning and Principles was published by Scottish Government on 13 November 2025. (Appendix 1) This document sets out the national planning priorities and principles for surge and winter preparedness in Scotland's health and social care services. It provides a framework to support local systems in developing robust operational plans to manage periods of increased demand, such as those typically experienced during winter or in response to unforeseen events.

2.2 Background

Purpose and Scope

The guidance aims to ensure that local health and social care services are prepared for surges in demand, maintaining high-quality, person-centred care even under pressure. It complements Scotland's strategic frameworks, emphasizing prevention, resilience, and collaborative leadership.

Definition of Surge

A surge is defined as a sudden, temporary increase in demand for health and social care services that exceeds normal capacity, often triggered by predictable (e.g., winter illnesses) or unpredictable (e.g., pandemics, extreme weather) events.

National Planning Priorities and Principles

Five core priorities underpin local surge and winter plans:

1. **Prioritise care for those most at risk** through integrated, person-centred planning.
2. **Utilise effective prevention** to keep people well and reduce avoidable admissions.
3. **Ensure the right care, in the right place, at the right time,** prioritising care at or close to home.
4. **Maximise system capacity and capability** by improving patient flow, reducing delays, and using real-time data.
5. **Support the mental health and wellbeing of the workforce** and unpaid carers, improving capacity and retention.

These are supported by three overarching principles: person-centred care, strong leadership and partnership, and implementation of proven actions.

Expectations for Local Systems

NHS Health Boards, Integration Authorities, and Local Government must:

- Align local plans with national priorities.
- Ensure strong governance, leadership, and accountability.
- Use data for proactive planning and early risk identification.
- Maintain clear escalation and decision-making pathways.
- Prioritise workforce wellbeing and capacity.
- Collaborate across all sectors and share learning for continuous improvement.

Operational Focus

Local plans should:

- Protect and prioritise community-based and preventative care.
- Maintain access to planned and established services.

- Support effective discharge and reduce hospital delays.
- Embed flexible, real-time workforce planning and escalation processes.

Continuous Improvement

The document encourages ongoing review and adaptation of local plans, learning from previous surges, and sharing best practices to strengthen system-wide resilience.

2.3 Assessment

Early planning and delivery on actions required to address Delayed Transfers of Care/Frailty Models/Hospital at Home Capacity/Acute site capacity will allow NHSO and Orkney Health and Care to embed service change and review /consider new ways of working to support operational resilience, surge planning and winter preparedness. Key to this is understanding our system and its functional capacity. Prevention and anticipation of demand on our services will allow us to address inconsistencies and peak times of system challenge, whilst maximising our capacity and service delivery in alignment with the national priorities set out in the NHS Scotland Operational Improvement Plan (OIP).

NHS Orkney and Orkney Health and Care:

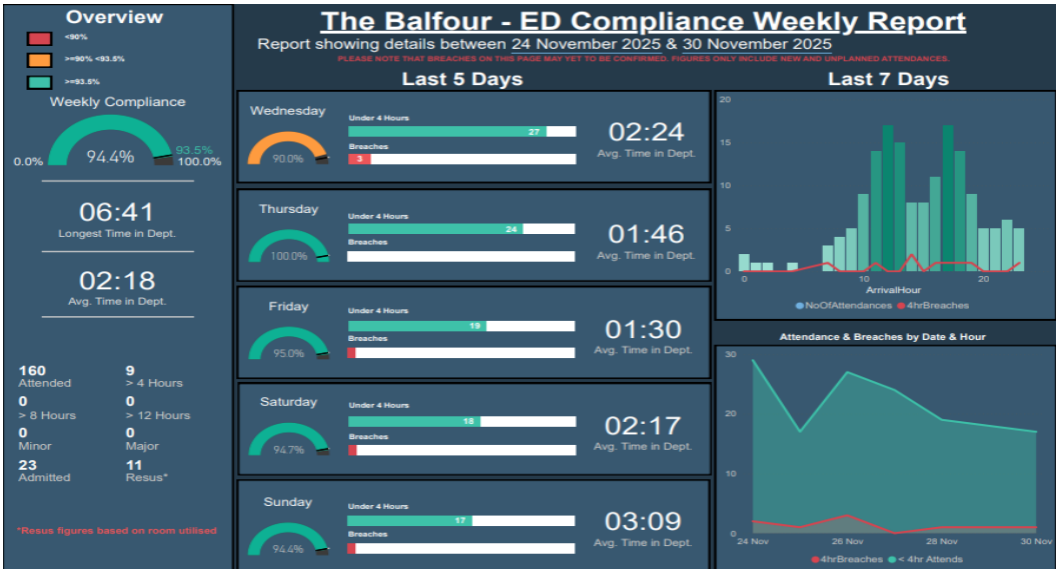
- We currently do not deliver a traditional Hospital at Home approach. Instead, our model reflects a rural and island-appropriate approach. Our priorities are focused on primary care transformation, local prescribing, virtual access, and integration with social care to enable people to remain safely at home and ambulatory care models.
- Commitments to reduce inpatient stays, improve discharge processes (particularly for ferry-linked islands), and continue engagement with GIRFE (Getting It Right for Everyone) to enhance anticipatory care and multi-agency working.
- Focused on those areas we currently require further investment to ensure sustainable service delivery specifically Comprehensive Geriatric Assessment, Home First principles of care and Front Door Frailty assessment to prevent admission.

Current position – November 2025

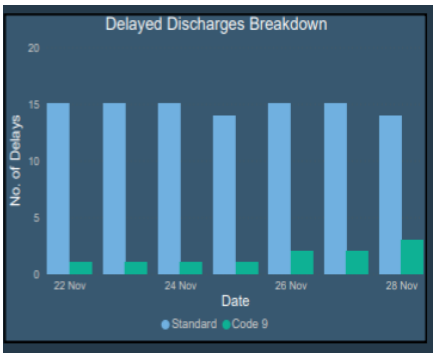
Unscheduled Care

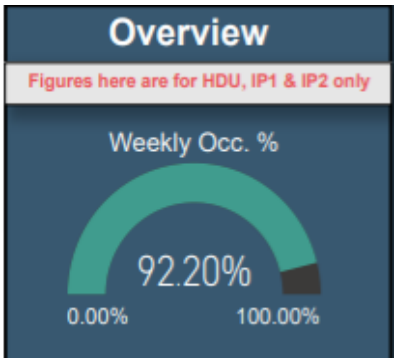
Although NHS Orkney remain in the top 3 performing boards across Scotland for Urgent / Unscheduled Care, with key performance indicators achieved consistently we are seeing an increase in system wide pressures affecting performance.

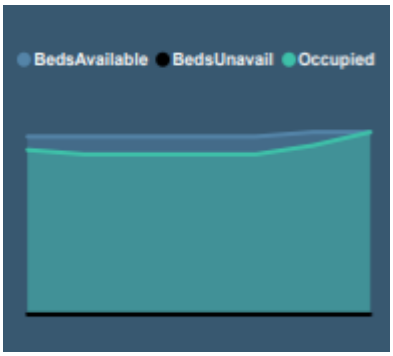
Urgent & Unscheduled Care Weekly Return		
Board:		
Week:		
	03/11/2025	10/11/2025
Measure	Week 32	Week 33
Board Weekly Reporting Measures		
Hospital at Home Average Occupied Beds per Night (No.)		
ED Occupancy (%)	8.57	8.57
Average Adult Acute Unscheduled Admissions per day (No.)	4	3
Adult (18+)Unscheduled Acute Average Length of Stay (Days)	3.3	4.1
Acute Adult Midnight Occupancy (%)	88.8%	86.6%
Average Daily Medicine Division Admissions (No.)	2	4
Medicine Division ALOS (Days)	3.7	4.8
Medicine Division ALOS > 65 year olds only (Days)	5.1	5.6
Medicine Division Midnight Occupancy (%)	88.8%	86.6%
Medical Assessment Unit Occupancy 8am (%)		
Total Reportable Delayed Discharges (Census No.)	12	14
Board Acute Delayed Discharge (Census No.)	12	14
PHS Weekly Reporting Measures		
Emergency Department Average Daily Attendances - unplanned + planned (No.)	24.3	20.8
Ambulance turnaround time - median (00:00)	00:16:45	0017:18
Ambulance turnaround time - 90th percentile (00:00)	00:28:41	00:28:46
4 Hour Performance (%)	97.1	93.8
8 hour delays (No.)	2.0	0.0
12 hour delays (No.)	0.0	0.0
ALOS in ED - non-admitted pathway (00:00)	02:04	01:54
ALOS in ED - admitted pathway (00:00)	03:38	03:52



Delayed Transfers of Care / Total Bed Occupancy Balfour site







Delayed Transfers of Care currently 17. Of these 6 are awaiting residential care, 1 code 9, 1 sheltered housing, 3 Home First. Longest wait for residential care 33 weeks, longest wait for care @ home 18 weeks.

The Surge plan and Target operating model (TOM) for the Balfour site (Appendix 2) sets out an approach that is system wide and includes capacity management.

Our plans should identify how the system functions optimally during winter and pulls in all the work that is already underway in order to overlay actions with areas of risk, this includes: occupied bed delays, reducing Emergency Department waits, protecting planned care, reducing delayed transfers of care, optimising the workforce, increasing capacity, achieving clinical ambulance times and reducing length of stay.

Prevention and anticipation of demand on our services will allow us to address inconsistencies and peak times of system challenge, whilst maximising our capacity and service delivery.

Current system utilisation will allow NHSO to hold current acute bed occupancy at 96%. Investment in Assess to Admit pathways incorporating Comprehensive Geriatric Assessment, cohesive discharge planning and alternatives to admission will not only maintain flow across the acute site and social care provision but also protect surgical/day case interventions and elective care pathways.

The current vacancy rates within the three Orkney Care Homes and Care at Home Service continues to present significant challenges. Despite numerous initiatives to improve recruitment, the vacancy rates remain highly challenging in meeting demand and ensuring safety to those already in receipt of services or currently resident in a care home. Whilst the utilisation of agency social care staff has continued to ensure that some of the workforce challenge is mitigated it does not bring the establishment levels to where they need to be.

Agreement has been reached to utilise some of the as yet unspent Unscheduled Care money via Scottish Government to invest in additional social care agency staffing over winter.

It is anticipated that this additional staffing will positively impact upon the delayed transfer of care numbers.

Under the Older People's Workstream, as part of the Clinical Services Review, work is already underway to review the patient/service user journey with the aim of more effectively avoiding hospital admission wherever possible, improving the hospital processes, and enhancing discharge planning.

Proposed Outcomes / Priorities set out below:

Outcomes

- A decrease in the overutilization of hospital services/community services.
- Optimised patient placement to ensure right care, in the right place, at the right time.
- Increased staff satisfaction, health, safety, and wellbeing.
- A targeted approach to service delivery that maximises the use of available capacity, maintains staff and patient safety and patient flow through the hospital and community setting.

Priorities

- Reduce and reshape demand on services.
- Reduce congestion and overcrowding in the Emergency Department and Inpatient wards.
- Optimise discharge and transfer of care pathways.
- Enhance resilience and responsiveness of social care.

Our plan identifies how the system functions optimally during winter and pulls in all the work that is already underway in order to overlay actions with areas of risk, this includes: occupied bed delays, reducing Emergency Department waits, protecting planned care, reducing delayed transfers of care, optimising the workforce, increasing capacity, achieving clinical ambulance times and reducing length of stay.

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2.3.1 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

This is a new paper prepared for the purposes of the NHS Orkney Board 11 December 2025.

2.3.2 Quality/ Patient Care

Proactively implementing a comprehensive surge plan, supported by robust system pressure management measures, will significantly strengthen our ability to respond to emerging system-

wide challenges. This approach ensures resilience across the care continuum, safeguarding both unscheduled and elective services, while maintaining quality, safety, and timely access for patients.

2.3.3 Workforce

Clear and timely communication around surge planning provides staff with confidence that robust modelling and risk mitigation have been thoroughly reviewed and that appropriate interventions are in place. This transparency fosters trust, supports operational readiness, and ensures that teams feel informed and prepared to respond effectively to system pressures.

2.3.3 Financial

Following submission of the Board Improvement Plan to the Scottish Government's Unscheduled Care Team, NHS Orkney received confirmation of funding on 30 June 2025. However, to date we have been unable to commit substantive recurrent expenditure against these funds due to the fiscal risks currently facing the Board. NHS Orkney was successful in securing funding of £703,659. £161,046 of this has now been baselined with the further £542,613 to be allocated based on delivery of key performance indicators for USC and Frailty and Respiratory/Out Patient Antibiotic Therapy provision under Hospital @ Home.

The Integration Joint Board has continued to bolster social care staffing levels to ensure that services can be maintained. This has led to overspends related to agency staffing costs but there are no plans to reduce the use of agency staffing over winter. In addition, approximately £120,000 of the Unscheduled Care money will be utilised to further enhance agency staffing from January through until March to create some additional Care at Home capacity to assist with facilitating quicker discharge.

2.3.4 Risk Assessment/Management

Risks associated with surge and winter planning will be systematically identified. Ensuring that all potential vulnerabilities are understood, and appropriate mitigation strategies are developed, agreed, and implemented. By embedding this proactive approach, we strengthen resilience, reduce operational risk, and maintain continuity of both unscheduled and elective care during periods of heightened system pressure.

2.3.5 Equality and Diversity, including health inequalities.

An impact assessment has not been completed. All priority workstreams have a QIA review prior to implementation.

2.3.6 Climate Change Sustainability

Increased system pressures during surge and winter periods will have wide-ranging impacts across health and social care. These pressures also carry implications for climate change and sustainability, as higher energy consumption, increased transport activity, and greater use of single-use resources can elevate the system's carbon footprint.

2.3.7 Other impacts

Increased system pressures during surge and winter periods are likely to have a significant impact across health and social care. Emergency Department (ED) function and patient flow may be compromised as demand rises, creating challenges in maintaining timely access and safe care. Concurrently, social care services will face heightened pressure to deliver Care at Home provision and sustain bed capacity within Care Homes, despite ongoing recruitment and retention challenges in these sectors. These interdependencies underscore the need for integrated planning, proactive workforce strategies, and collaborative approaches to ensure continuity of care and mitigate risks across the whole system.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Communications to be drafted on plan agreement

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3. Appendices

- **Appendix 1** - Surge and Winter Preparedness in Health and Social Care Services: National Planning and Principles
- **Appendix 2** - Tactical Operating Model & Surge Bed Plan for The Balfour

Embargoed Until Thursday, 13 November 2025 at 14:25

Surge and Winter Preparedness in Health and Social Care Services

National Planning Priorities and Principles

COSLA

Scottish Government
Riaghaltas na h-Alba

Embargoed Until Thursday, 13 November 2025 at 14:25

Table of Contents

Introduction

The number of people needing to access health and social care services varies naturally over time and our systems are flexible and often are able to meet these normal fluctuations in need. In recent years there has been sustained and growing demand for health and care services which has meant those with greater need have been prioritised. However, there are periods where this demand increases beyond the standard level that health and social care services plan to deliver and there is a surge in the number of people requiring care and treatment. Whilst the most common and predictable of these are the additional pressures that arise during winter periods, these surges can occur locally or nationally because of other triggers and at varying times of the year.

The scope of this document is focussed on setting out the national planning priorities and principles to support local health and social care services to develop their own operational surge and winter preparedness plans. Local systems are best placed to develop robust operational plans, shaped by their organisational needs and the needs of their communities; however, it is also important that these are aligned with nationally agreed planning priorities and principles.

This document is intended to complement and operationalise the strategic direction set out in Scotland's key health and social care frameworks, the *Health and Social Care Service Renewal Framework* (SRF)[1], *Population Health Framework 2025–2035* (PHF)[2], and the *2025-26 Operational Improvement Plan* (OIP)[3]. Together, these frameworks emphasise the importance of prevention, person-centred care, system resilience, and collaborative leadership. Embedding surge planning as a core sustainability tool ensures that local systems are not only prepared for periods of increased demand but are also consistently contributing to the long-term transformation and sustainability of health and social care services across Scotland.

The core priority when delivering health and care services during periods of pressure is to ensure that people remain central in the approach. It is critical to ensure that human rights are supported to the highest attainable standard of mental and physical health, and the right to live independently as part of a community are upheld and that every person in Scotland can continue to expect high quality care, regardless of any increased pressures on services. We have further strengthened and embedded a person-centred and person-led approach in the development of these national priorities and principles, building on the values set out in previous health and social care winter preparedness plans.

Local systems should embed these priorities and principles when developing their local winter and surge plans and implement them in a way that is most appropriate for their specific needs. Key to this is planning in a collaborative and whole system way; the delivery of services during periods of sustained pressure requires close partnership working across multiple agencies and organisations. Planning for the

[1] The Health and Social Care Service Renewal Framework
[2] Scotland's Population Health Framework 2025-2035
[3] NHS Scotland Operational Improvement Plan

safe management of demand and capacity across health and social care services should align with existing local resilience structures.

Whilst these national priorities and principles are intended to support surge planning in all contexts and health and social care systems should develop their local plans on that basis, it is recognised that the most common driver for increased demands on health and social care services is winter.

Whilst the core of winter preparedness lies with local systems planning in line with these national priorities and principle, there will also be additional national actions undertaken each year to help support Scotland wide preparedness which may vary from year to year depending on circumstances, and these will be set out separately ahead of each winter as necessary via a letter to system leaders.

It is also recognised that systems are operating within an extremely challenging fiscal climate, with increasing demand for services. NHS, Integration Authorities, and Local Authorities are responsible for planning and delivering services in line with available resources, ensuring those most at risk are able to access care when they need it.

Defining a surge in demand for health and social care services

A surge in demand for health and social care services refers to a sudden and temporary increase in need, that exceeds standard or anticipated levels. These surges typically occur over a short-time period – of days, weeks, or a few months – and place considerable strain on service capacity, workforce, and resources, requiring a coordinated and timely response across local systems and communities.

Surges will usually have a triggering factor which causes the increased demand. The most predictable of these is winter, where increases in respiratory viruses and weather-related injuries tend to result in more people accessing services. However, triggers for surges can happen all year, such as through the emergence of novel strains of viruses such as covid and rhinovirus, heat-related illnesses, and exacerbation of pre-existing conditions during heat waves, and major local events.

Identifying and understanding the underlying cause of a surge in demand may help to identify how long the surge period is likely to last and any additional mitigating actions that might be able to be taken to help inform the implementation of local surge plans. It may also assist local areas in future strategic planning, should the surge in demand resurface.

Surges represent time limited increases in service demand. Longer term factors such as demographic change are contributing towards an overall sustained increase in the number of people accessing health and social care services. Addressing this requires fundamental, longer-term shifts in how services are designed and delivered, and how we will achieve this is set out in the SRF, PHF and OIP.

Additionally, there are exceptional circumstances where a major incident, such as cyber-attacks, major accidents, or extreme weather may place exceptional short-

term pressure on services. The Scottish Government, the NHS, and Local Authorities all have comprehensive emergency resilience procedures in place which can be activated in those circumstances.

Ultimately, the assessment as to whether a system is experiencing a period of surge and how long it lasts will be a matter for local determination, using data and evidence of system pressures to inform decision making as to how and when to step up or down their surge response.

National Planning Priorities and Principles

Heath and social care systems already undertake surge and winter planning and preparedness, and collaborative whole system planning is the most effective way to ensure that operational surge plans are designed around local needs. However, it is important that there is consistency between the principles that underpin these plans across Scotland.

These five national planning priorities reflect the Scottish Government's and Local Government's shared commitments to delivering a more resilient, person-centred, and integrated health and social care system. They are aligned with the strategic direction set out in the SRF, PHF and OIP. Local systems are expected to embed these priorities in their surge and winter planning, supported by national oversight mechanisms such as the Collaborative Response and Assurance Group.

Scottish Government and COSLA are committed to supporting the health and social care system to continuously improve, including in planning for surge pressures, to ensure people are able to access the right care, in the right place, at the right time. We recognise that expectations around transformation and change may shift during periods of exceptional surge demand. Scottish Government and COSLA are working in partnership to progress whole system improvement across health and social care so that services are person-led and sustainable in the longer term.

This approach recognises that local plans should consider the interdependency of services, recognising that pressures in one system area can have a knock-on effect on another.

Local systems should also consider the three overarching principles in their surge and winter planning, to ensure the focus is retained on the individual regardless of pressures on services. These are:

- **Person centred and person led care** as embodied through the Getting it Right for Everyone (GIRFE) Principles, to support a personalised way to access care and ensure that people are at the centre of decisions that affect them.
- **Strong leadership and partnership working** across the whole Health and Social Care system.
- **Implement local and national actions that we know work**, to improve outcomes for individuals, such as the Discharge Without Delay principles.

Supporting these national principles are five priorities which the actions set out in local surge plans should ensure address.

- **Prioritise care for all people in our communities who need it the most**, enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning

- **Utilise effective prevention** to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns

- **Ensure people receive the right care, in the right place at the right time**, prioritising care at home, or as close to home as possible, where clinically appropriate

- **Maximise system capacity and capability** by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real-time decisions. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established services

- **Support the mental health and wellbeing of the health and social care workforce**, improve capacity, retention, and support unpaid carers

Expectation on NHS Health Boards and Integration Authorities

Responsibility for the delivery of effective surge and winter planning and preparedness sits firmly at a local level. NHS Health Boards and Integration Authorities and Local Government are expected to work together in the coordination, planning and implementation of surge response across their systems. This includes ensuring robust, integrated responses to periods of increased demand, grounded in local intelligence, collaboration, and alignment with the national priorities and principles and other key frameworks. Clear local leadership, accountability, and cross-sector coordination are essential to ensuring safe, person-centred care throughout the winter period and beyond.

Early planning for winter should also be recognised as a priority across the whole system. Learning from previous winters is most effective when captured through timely and structured debriefs, as immediate reflection adds significant value to future planning. It is also important to establish unified escalation processes so that all parts of the system are aware when pressures arise. A shared understanding of system pressures enables proactive support to be implemented quickly, helping to mitigate risks and maintain safe, effective services.

To ensure alignment with the national planning priorities and principles, local systems should:

- **Review and update existing winter and surge plans** to ensure alignment with the national planning priorities and principles
- **Ensure strong local governance and accountability** for delivery, with clear leadership across NHS Health Boards, Integration Authorities, Local Government
- **Include surge planning and response as a core part of ongoing service planning** and delivery, and regularly monitor its efficacy
- **Use local data and insights** to model expected demand and guide proactive planning, including early identification of risks
- **Ensure collaboration and integration across systems**, including planned, unscheduled, primary, community, mental health and social care services
- **Maintain clear escalation and decision-making pathways**, enabling timely response to rising system pressures
- **Prioritise workforce wellbeing and capacity planning**, effective workforce planning in line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019, supported by best practice in risk assessment and escalation, rota management, staff redeployment processes, access to wellbeing support, and workforce vaccination offers
- **Ensure that care remains person-led and value based**, including actively involving communities and implementing the GIRFE principles
- **Implement measures to support flow and reduce delayed discharges**, including coordination with local authorities, third sector and community partners
- **Use the whole system dashboard** to support monitoring, reporting, and performance discussions during winter and periods of surge
- **Participate in national assurance processes**, including regular engagement with governance forums
- **Capture and share learning** throughout the winter and periods of surge to support continuous improvement and system-wide resilience, including through existing governance groups

Prioritise care for all people in our communities who need it the most, enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning

Ensuring safe, effective person-centred community care packages through an integrated and coordinated approach is critical year-round, but particularly during periods of sustained pressure. Health and social care professionals, including social work and unpaid carers, alongside other community-based services, play a vital role in supporting people to stay well, flourish and live independent lives. These services undertake vital preventative work which reduces the pressure on hospital admissions and acute based care and ensures that individuals continue to receive the best possible care in a community setting.

Surge planning should ensure that, whilst recognising that some changes may need to be made to ensure continued delivery of high-quality services and to fulfil statutory duties, that there should remain an absolute commitment to enable people to live well with appropriate support.

The Scottish Government and COSLA recognise that, particularly during periods of surge pressure, thresholds for accessing care and support may need to shift in order to ensure those most at risk of harm or loss of independence are able to get the care they need. This should be continuously evaluated and HSCPs should seek to ensure that in the longer-term, resources are not narrowly focused on those with the most acute needs, and that individuals accessing care and support are able to do so with choice, control, and dignity.

Utilise effective prevention to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns

Prevention is key to mitigating the impact on surges in demand and ensuring that periods of surge are limited where possible. Whilst the nature of such prevention will to an extent depend on the trigger for the surge in demand, surge planning should encompass some key preventative measures which can be stepped up as necessary during periods of surges. The Scottish Government and COSLA's Population Health Framework sets out an ambitious national plan for improving public and population health through primary prevention – stopping people from becoming unwell in the first place. Surge planning requires a greater focus on secondary and tertiary prevention: early detection of a problem to reduce the level of harm (secondary), and minimising harm through careful management (tertiary).

Vaccination programmes and delivery should aim to protect those most at risk of severe illness, reduce transmission of infection and support the resilience of the health and care system, particularly during the winter. In addition, vaccination and infection prevention, as well as social connections, exercise and meaningful activity

are all vital for the wellbeing and quality of life of everyone, but in particular those living in a care home. Appropriate specialist advice should be sought via the Scottish Vaccination & Immunisation Programme (SVIP) and local Health Board immunisation teams as necessary regarding the most effective vaccination programmes.

Another key preventive measure to be embedded in surge planning and preparedness is to ensure effective communications, public messaging, and up to date information and advice on services. This will ensure that that people know how and where to access appropriate care services when they need it most, and whether there are any changes in place as a result of surges in demand. By increasing the awareness of other key sources of information, it will support people with their care needs and decrease emergency department admissions for treatment that can be provided more appropriately elsewhere in the system. Where it is determined that a national approach to communication is required, the Scottish Government and COSLA will work with system leaders to facilitate clear, national messaging.

Surge planning should encompass collaborative working across health boards, local authorities, primary care contractors, third and independent sector providers, carer centres and voluntary sector partnerships to consistently redirect and signpost people to the appropriate services for their needs, whether through national, regional or local communications. This includes whether that information is delivered in person by social workers, care home and care at home providers, community pharmacists or local GPs, via the telephone by NHS 24 / 111 call handlers, or digitally via NHS Inform, the NHS 24 online app, Care Information Scotland or local authority websites.

Ensure people receive the right care, in the right place at the right time, prioritising care at home, or as close to home as possible, where clinically appropriate

The principle that people should receive the right care, in the right place at the right time is one which underpins all our health and social care services at all times. It is important this is maintained during periods of surge in demand, not only because it is better for individuals, but also because maintaining effective patient flow to the right services helps manage overall demand.

For many, emergency departments may not be the best place for their healthcare needs and alternative routes to urgent care is required. A ‘home first’ approach is not only better for people but reduces pressure on acute and primary care services too. Surge planning should include avoiding unnecessary hospital admission wherever possible by reducing transport of people from care homes where it is clinically appropriate, continued focus on hospital at home services and discharge to assess where available.

The principle of right care, right place, right time does not just apply to health care however, we know that it is also important to apply this principle to social care and social work assessments, as assessments are most effective when completed in a person’s own home. Often during period of exceptional demand, individuals with

‘critical’ or ‘substantial’ social care needs are prioritised for support, but we know it is also important for people with lower or moderate levels of risk to be signposted to appropriate support as well. During these times, thresholds for accessing care and support may need to shift in order to ensure those most at risk of harm or loss of independence are able to get the care they need. This should be continuously evaluated and HSCPs should seek to ensure that resources are not narrowly focused on those with the most acute needs, and that individuals accessing care and support are able to do so with choice, control, and dignity. HSCPs should ensure strong collaboration with their local and national voluntary sector partners to promote access to lighter touch, preventative, community-based support.

During periods of surge, it is important to maintain the principle of parity between physical and mental health and ensure that those in need of emergency mental health care must receive support quickly, and wherever possible, close to home. Where appropriate, people presenting with stress and/or distress should be treated in a community setting that supports the patient instead of in hospital as default. This will also ensure that people seeking mental health support receive the right care, in the right place, at the right time, regardless of where, or what time of day they present.

Maximise system capacity and capability by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real-time decisions across the whole system. Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and protect access to planned care and established care services

There is a continuing focus on maximising system capacity and capability of our health and social care systems, and in the longer term this will be addressed through the reform and renewal actions set out in the SRF and PHF. However, during periods of surges in demand it is important that local planning is in place to maximise existing capacity to meet areas of increased demand whilst ensuring that other services are protected and maintained. It is recognised that it may not always be possible to meet increased demand without impacting on other areas; however, the core surge planning principle should be to protect services delivering care and treatment for people.

Actions and improvements to maximise system capacity are best and most sustainably delivered in an integrated and co-ordinated way across the health and social care system. There continues to be a national focus on addressing sustained pressures across the whole system and reducing levels of delay from hospital. These delays remain centred around ensuring the best possible care for that individual is delivered.

Reducing delayed discharges remains a key ministerial priority and a central focus of the OIP. The OIP sets out a range of national actions to reduce unnecessary hospital stays, including optimising alternatives to admission, improving discharge planning from the point of entry, and enhancing coordination across health and social care.

These actions are designed to support acute hospitals in achieving optimal occupancy levels and improving patient flow. Local surge and winter plans should reflect this national direction by embedding early discharge planning, multi-agency coordination, and proactive care transitions as core components of their approach. This alignment will help ensure that people receive the right care in the right setting, while also supporting system resilience during periods of increased demand.

There is a need to ensure that each discharge delayed is clinically assessed, and a decision made that hospital is not the best place for them to receive the ongoing care that they may need. If a person is kept in hospital longer than clinically necessary, their outcomes and overall health risk being negatively impacted.

There are many reasons a patient's discharge from hospital can be delayed, from lack of discharge planning, awaiting assessment, ensuring a suitable care package is in place, or legal challenges that may be experienced where an individual does not have the capacity to make decisions for themselves. This is worsened during periods of sustained pressure, where demand and admissions are high across the system.

It is also crucial that planned and established care services are protected, especially during periods of sustained pressures. If planned care is stepped down during periods of surge, people will be left waiting longer for the care they need. The longer someone waits for treatment or appropriate care services, the higher the risk of this requiring immediate care in emergency departments. Given the detrimental impact that cancelled or delayed appointments can have on patients themselves, the sustained delivery of planned and established care services ensures continued progress on reducing waits and delays and limits the flow of demand into unscheduled and emergency care**.**

Support the mental health and wellbeing of the health and social care workforce, improve capacity and retention, and support unpaid carers

Periods of surge for health and social care services can place particular pressure on those meeting that need, both the workforce and unpaid carers. Surge planning should focus on supporting workforce capacity and retention of staff, unpaid carers, and third sector partners, and ensuring the wellbeing of staff is supported at all points, particularly through challenging periods of high demand. In line with this, the OIP recognises that workforce capacity is one of the most significant factors influencing service delivery, performance and resilience.

In line with the requirements of the Health & Care (Staffing) (Scotland) Act 2019, partners should ensure appropriate levels of staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. Scottish Ministers have issued Statutory Guidance to support organisations in meeting requirements placed on them by the Act.

Sector partners, employers and trade unions should work together with the Scottish Government and COSLA to sure that our hard-working social care staff are central

to, and will have a voice in the direction of workforce planning in the Service Renewal Framework, that will ensure the future sustainability of the workforce.

In the context of health services, periodic application of the Common Staffing Method should inform workforce planning decisions at individual service level, whilst processes should be in place to enable the escalation of risks identified during real-time assessment of staffing levels. This real-time assessment is likely to be particularly valuable during surge periods. Whilst the use of agency staff across services remains a measure of last resort, Boards are encouraged to continue to prioritise the deployment of substantive staff or bank staff where additional flexibility is required during surge periods.

It is estimated that between 700,000 and 800,000 people provide unpaid care for a relative or friend at home and within other community or residential supports, and support for the wellbeing and support needs of these hugely valued unpaid carers should be embedded in surge planning to ensure carers are able to sustain their caring role with positive wellbeing. This could include support to allow unpaid carers to participate in education, training or employment alongside their caring responsibilities, should they wish to do so. During periods of surge, it is also vital to ensure that people continue to have choice and control over their care and support, through the effective implementation of Self-Directed Support for people who access this support, and their carers.

Undertaking local surge planning in alignment with these national priorities and principles

Agreeing and setting out this clear set of national planning priorities and principles means that surge and winter planning can be flexible enough to enable services to plan based on what best works for their local systems whilst ensuring consistency of the core underlying approach.

This should not represent a substantial change to existing local surge and winter planning; these principles are based on those previously agreed in support of winter planning and align with wider health and social care priorities which put people at the core of the approach.

Rather, the intention is that these priorities and principles provide a clear national benchmark against which local health and social care systems can review their existing surge planning arrangements to ensure that they are fully aligned. Robust local surge and winter planning aligned to national priorities and principles will ensure that people continue to receive the highest possible quality of care and treatment regardless of the pressures services are facing.

Tactical Operating Model & Surge Bed Plan for The Balfour

This document describes the principles and parameters the whole hospital site will adopt for its operational service delivery model.

This is underpinned by a winter preparedness plan that seeks to deliver the following outcomes:

- A decrease in the overutilization of hospital services
- Optimised patient placement to ensure the right care, in the right place, at the right time.
- Increased staff satisfaction, health, safety and wellbeing
- A targeted and efficient approach to service delivery that maximises the use of available capacity, maintains staff and patient safety and patient flow through the hospital setting.

These outcomes and this plan form part of the NHS Orkney response to demand recognising that the hospital operates as part of the local and regional health and care system.

Whilst the impact may be different for each service within the local system, there is an inherent co-dependence between services that requires a coordinated approach to ensure that actions are designed to work cohesively and don't, intentionally or unintentionally, destabilise any of the component parts.

The NHS Orkney has agreed to coalesce around 4 core priorities that aim to deliver the outcomes described above:

- Reduce and reshape demand on services.
- Reduce congestion and overcrowding of the hospital Emergency Department.
- Optimize discharge pathways.
- Enhance resilience and responsiveness of social care.

Key Principles & Parameters

The following principles and parameters underpin the operating model for the hospital:

- The Balfour will continue to provide the range of services commensurate with its rural district general hospital function.
- Safety and well-being of staff and patients is paramount. Patient placement will be guided by the National Infection Prevention and Control Manual (NIPCM) and the NHS Orkney Patient Placement Tool.
- Focus will be on maintaining flow, rather than increasing capacity. Patient movement between wards will be minimised to enable MDTs to function as efficiently as possible with consistent processes.
- Patients requiring escalation for critical care beyond agreed ceilings of care that can be safely delivered at The Balfour will be transferred to Aberdeen on the appropriate clinical pathway.

Critical dependencies

The following factors will be of direct bearing on the success of The Balfour in delivering its outcomes:

- A staffed and resilient hospital that has the ability to adapt its configuration in response to increasing unscheduled demand.
- Compliance with PPE and self-isolation guidance as per national IPC manual and local NHSO measures.
- SAS and Transport – sufficient inter-hospital transfer and local transport capability and agility to re-direct patients' post-assessment to other appropriate locations of care
- Robust decision support arrangements are in place prior to any hospital admission.

Tactical Operating Model

Core functions to be prioritised pending further actions required:

- Critical and protected activity is to be maintained as far as possible.
- Routine inpatient and day case elective and outpatient activity maintained - predominantly Orthopaedics, General Surgical and Gynaecology.
- Emergency attendances, referrals and patient flows in the Emergency Department will be managed in line with the redesign of urgent care principles.
- Ambulatory pathways for medicine and surgery require review with a greater focus on Assessing to Admit and improved patient pathways.
- Delays in transitions of care are to be minimised and Care Home bed capacity is optimised to support patient flow.
- The Balfour senior leadership team (SLT) will join relevant system wide safety briefings/huddles and will pull in clinical/department leads as necessary.
- The twice daily Balfour site safety huddles will be the key touch points to review safe staffing, capacity, placement plans and for escalation of any other safety concerns.

Bed Configuration and Surge Plan

Principles

- Minimum safe staffing level exist in all areas and wards/areas are functioning safely as per proposed bed configuration plan.
- All Balfour site surge options have been considered and implemented where safe to do so before the request to Stabilise and Transfer out with board area is requested for capacity purposes.
- Ambulance cohorting will not be possible at The Balfour due to lack of suitable space in proximity to ED. Surge options detailed in this paper will support whole site flow and minimise waiting times for SAS handover to ED.

Adult in-patient bed configuration + DCU & Maternity

Ward / Department	Speciality	Staffed in-patient bed number	Maximum in-patient beds with surge capacity
In patients 1	Acute medicine, surgery and orthopaedics	20	22
HDU	High Dependency level 2 care	2	2
In patients 2	Assessment and Rehabilitation	12	16
Macmillan	Symptom Control/EOL Care	4	4
DCU	Day Case		8 – (4 beds 4 trolleys)
Maternity	Obstetrics		2
TOTAL Balfour in-patient beds		**38**	**54**

Options for surge capacity with embedded risk assessments (risk assessments to be undertaken and embedded)

Location	Key considerations / Risks	Indicative order of surge
In patients 1	• Staff to patient ratio (considering numbers, speciality mix and acuity)	1st
In Patient 2	• Staff to patient ratio (considering numbers, speciality mix and acuity)	2nd
Macmillan beds	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Impact on Macmillan services	3rd
Maternity surge beds	• Staff to patient ratio (considering numbers, speciality mix and acuity • Impact on Maternity services	4th
ED Care	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Impact on SAS turnaround times and response times	5th

	• Impact on ED flow and capacity	
Conversion of DCU to inpatient beds	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Cancellation of elective procedures and theatre activity • Increased waiting times	6th
Stabilise and Transfer- SG and regional request for support	• Impact on SAS turnaround times and response times • Poor patient journey with risk of deterioration during transfer	7th

Staff ratios – In patient 1
Ward ratios are as follows – Day shift 4 RN 3 HCSW
Night shift 3 RN 2 HCSW
To increase from 20 to 22 in-patients – NO additional staffing required.
To increase from 22 in-patients and utilise the 2 surge beds on Maternity 1 RN per day and night shift may be required dependent on patient acuity.

Staff ratios – Inpatient 2

Ward ratios are as follows: Day shift 3 RN, 2 HCSW
Night shift 2 RN, 2 HCSW
To increase from 12 to 16 inpatients: NO additional staffing required.

Staff ratios – Emergency Department
ED ratios are as follows – Day shift 1 ENP 2 RN 1 HCSW
Night shift 1 ENP 1 RN 1 HCSW
To accommodate patients overnight as in-patients 1 RN dayshift and 1 RN night shift will be required.

Staff ratios – Day Case Unit
To enable in patient capacity on the DCU 2 RN and 1 HCSW per day and night shift will be required. These staff will be a cohort of staff from IP1, IP2 and DCU requiring skill mix review and oversight from the Clinical Nurse Managers.

Maternity will **NOT** be considered as a surge capacity option past the 2 beds on the basis that:

- midwives are not dual-trained to care for adult speciality in-patients
- this would derogate the privacy, dignity and security of the maternity service at The Balfour beyond an acceptable level.

Alternative considerations in line with business continuity would be considered in the case of Major Incident declaration.

Key Risks

- Utilising surge areas requires comprehensive risk assessment in order to minimise IPC and other safety risks.

- Loss of any assessment function will have a detrimental impact on hospital flow.

- Availability of multi-professional staff to support the bed surge plan is currently not assured – this applies across all disciplines Nursing, Medical staffing, Physiotherapy, Occupational Therapy, Domestics, Pharmacy.

Sam Thomas
Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services

Finance and Performance Committee Minutes 23 September 2025 (Approved)

Attendance

Fiona Mackay (Chair – Non-executive Director), Melanie Barnes (Interim Director of Finance), Debs Crohn (Head of Improvement), Tammy Sharp (Director of Performance and Transformation), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services, Joanna Kenny (Non-Executive Director), Dr Anna Lamont (Medical Director), Joanna Kenny (Non-Executive Director), James GoodYear (Interim Chief Executive), Ryan Mclaughlin (Non-Executive Director - Employee Director), Jason Taylor (Non-Executive Director), Davie Campbell (Non-Executive Director – Interim Board Chair)

1. Cover Page

Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure that 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 that 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, welcomed members to the meeting, offering a warm welcome to James Goodyear (Interim Chief Executive).

Apologies received from Stephen Brown (Chief Officer IJB), Jean Stevenson (Non-Executive Director), Sharon Keyes (Head of Facilities and NPD Contract), Alan Scott (Head of estates)

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

Dr Anna Lamont advised they would be stepping out of the call at 10 am to chair another meeting.

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 31 July 2025 (Presenter: Chair)

The Chair asked for comments on the meeting held on 31 July 2025.

Decision/conclusion

The Minutes of the meetings held on 31 July 2025 were accepted as an accurate record of the meeting and approved.

5. Action Log

The Chair presented the Finance and Performance Committee Action Log 2025/26.

Decision/conclusion
The action log was reviewed, no outstanding issues (see action log for details).

6. Matters Arising (Presenter: Chair)

No matters arising were raised.

7. CHAIRS ASSURANCE REPORTS

7.1. Finance and Performance Committee Chair's Assurance Report - 2025 (Presenter: Chair)

The Committee Chair presented the Chairs Assurance report of the Finance and Performance Committee meeting held on 31 July 2025.

The Interim Board Chair asked for an update on the risk in relation to the Workforce Workstream not meeting its financial saving target which will be impacted by leadership changes within the People and Culture Team. The Interim Chief Executive advised that we do not have anyone from the People and Culture team to answer the question. The CEO asked if actions on the Chair's Assurance Report should be added to the action log to ensure actions are not lost.

The Medical Director advised that one of the challenges is around the ability to recruit medical consultants, this will impact on our ability to make the savings required.

The Interim Director of Finance advised that risks are being captured on the Improving Together Programme Risk Register, the medical recruitment workstream is one of the programmes highest risks. It is unlikely that the workforce workstream will meet its savings target this financial year, work is underway to look at how the savings target will be met.

The Interim Board Chair asked for clarity on the reduction in headcount and conditions of the transitional funding being met. The Interim Director of Finance advised that Scottish Government are more concerned with meeting with the saving target in totality rather than the reduction

The implementation for the roll-out of MORSE (Community EPR) will require a programme to be stood up to roll-out to all Community Services – this will be a cost pressure to the Board. Amendment to the Business Case for hosting MORSE will be considered by the DIOG on 24 September 2025. Members of the IJB have been asked to confirm their commitment to delivering the programme, but this will require full sign-up by all stakeholders. There are challenges with NHS Grampian, this is being worked through as the Board is dependent on NHS Grampian for delivery of the system.

The sale of King Street was approved at Board in August 2025, the Interim Director of Finance advised that we are optimistic this will sell this financial year.

Tenders are being produced for the demolition of the Old Board site – which is expected to take place in Quarter 1 2026/27. Nothing has been formally agreed or commissioned.

Decision/Conclusion
The committee noted the update.

Deborah Langan (Chief Finance Officer) joined the meeting at 09:55).

8. Update from National Directors of Finance Meeting (Presenter: Interim Director of Finance)

The Interim Director of Finance presented an update from the National Directors of Finance meeting. The key themes being discussed by all Board Directors of Finance is the focus on the Agenda for Change Reduced Working Week (RWW) – there is 6 months to identify the resources required, this will impact on our staffing resources, this remains a key focus for all Board Directors of Finance.

The Employee Director asked for clarity on the areas that cannot be reduced, which will still be required to pay overtime. The Interim Director of Finance advised that the first RWW SLWG will take place 23 September 2025, Scottish Government have not provided clarity on what funding will be available and the level of risk associated with backfill and part time hours. The EDoNMAHP advised that this may impact on delivery of services, patient quality and safety, releasing staff to lead and protected time for learning.

Decision/Conclusion
Members noted the update.

9. Corporate Risks aligned to the Finance and Performance Committee (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Corporate Risks aligned to the Finance and Performance Committee.

The top risk for Committee is lack of financial sustainability

A new risk has been added to the Corporate Risk Register in relation to the lack of project management capacity and capability, this was approved by the Senior Leadership Team.

The risk in relation to the shortfall in training budget requires further work between the EDoNMAHP and Head of Patient Safety, Quality and Risk.

J Taylor advised that the Audit and Risk Committee have asked that links be provided to Committees for additional assurance.

The Interim Board Chair asked for clarity on the risk in relation to fragile services and benchmarking against other remote and rural Health Boards.

Decision/Conclusion
Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register

10. Integrated Performance Report (IPR) Finance and Performance

The Director of Performance and Transformation presented the finance and operational standards chapters of the Integrated Performance Report up to the end of August 2025.

The refreshed chapters for operational standards, finance and performance are included, a new structured format has been introduced along with statistical control process, support and training are available should be required. Clear areas and actions for KPIs have been introduced for each section of the IPR.

Repatriation of prostate scanning for Orkney will impact on financial position and patient experience.

Unplanned expenditure remains averse to plan, vacancy and capacity challenges remain across our community services.

The Chair thanked the team for IPR and asked Committee to spend time looking at the areas off track.

The Interim Board Chair acknowledged that updates have been made, and asked what training was available for staff and NEDs. The Director of Performance and Transformation advised that informal training will be provided, this will include how the packs feed into the Performance Review Meetings (PRMs).

The Interim Board Chair asked for assurance on the number of Delayed Transfers of Care (DToC) given there are empty beds in the Community. The EDoNMAHP advised that work is underway with the IJB as part of the development of the Older Peoples strategy, recognising that social care remains a challenge as we approach winter. The EDoNMAHP advised that winter pressures for Orkney are usually January and February which require a system wide approach. The Interim Chief Executive recognised the importance of working with partners from Orkney Island Council (OIC), in relation to doing things differently with our system partners.

The Chief Finance Officer (IJB) advised that the situation at St Ragnvalds House is reviewed on a weekly basis to ensure patients are moving through the system.

J Taylor, asked for clarity on diagnostics and the backlog created by re-patriating services – the Radiology Team are working on a trajectory for reducing the backlog which will be shared with Committee.

J Taylor asked for clarity on the waiting times for Musco-Skeletal clinics and asked if additional clinics could be added to address the issue.

Decision/conclusion
Members took assurance on performance reporting as well as the performance itself.

11. PLACE

11.1. Chairs Assurance Report – Sustainability Steering Group – 15 September 2025 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report from the bi-annually Sustainability Steering Group held 15 September 2025.

The Interim Director of Finance advised that staff absences have impacted on the work of the group. Positive assurance provided in relation to solar panels at GP practices and EV Chargers. A proposal is being developed in relation to EV charging. Annual reports remain on track for delivery

The Interim Board Chair shared feedback from Cabinet Secretary congratulating the Board following the recent visit from MS S Robison.

Decision/conclusion
Members took assurance from the report.

12. PATIENT SAFETY, QUALITY AND EXPERIENCE – No papers were presented

13. PERFORMANCE

13.1. Month 5 Financial Results and Improving Together (efficiency) Programme Update (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the month 5 financial results and improving together (efficiency) programme update.

The Board is £197k adverse to our trajectory at Month 5, whilst the savings target was met, this equates to 15% of our target and an average of 450K per month is still required for the next 7 months to deliver our savings target.

High and medium risks were discussed in relation to the programme, the Interim Director of Finance and Director of Transformation and performance continue to review all planned savings.

Whilst Agency nursing costs have reduced, this remains above projections. Costs of prescribing continue to be above projections; clarity is still required on the SLA uplift costs.

There has been a change to the escalation framework, the Board remains at level 3, however there is a requirement for more qualitive data now required due to the removal of brokerage.

The worse case scenario is that we will not meet the financial target this year as this will result in a section 22 notice.

The Interim CEO advised that we have a really challenging position at this point in the year, as a result a rapid finance review will be undertaken by an experienced DOF from the English system to look at what additional grip and control measures are required which will inform conversations with Scottish Government and what additional support may be required.

J Taylor asked for clarity on the rapid finance review and if this will form part of the 6-month review agreed by the Financial Escalation Board. The Interim Director of Finance confirmed the review will include the request from the Financial Escalation Board.

J Taylor asked for clarity on the measures agreed by the SLT. The Interim Director of Finance advised that the ideas from the SLT are being taken forward as part of the Improving Together Programme Board Update later in the agenda.

The Employee Director asked for confirmation on the process for the review being undertaken. The Interim Director of Finance confirmed that procurement processes will be followed when commissioning the rapid finance review.

The Interim Board Chair asked for confirmation on timescales for Business cases to be brought to Committee and asked if the impact of energy costs is being addressed. Several CSR workshops have been undertaken and recognised the need for this work to move at pace.

The Interim Board Chair asked for confirmation of the costs and benefits of the rapid finance review advising that the rapid review will also be used to satisfy the requirements of

the Accountable Officer. The Interim CEO advised that the cost for rapid review will be in the range of £5 -10k. The Interim Director of Finance advised that conversations are taking place with Scottish Government to ascertain if funding may be available to support this work, but the Board have built the cost into our financial plan.

The Interim Director of Finance confirmed energy costs are being reviewed.

The Chair thanked the team for the paper recognising the challenges that the Board faces and the opportunities the Clinical Services Review presents, noting that savings have been backloaded to the end of the financial year.

Decision/conclusion
Members discussed and noted the update.

13.2. Scottish Government Quarter 1 Meeting (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update following the Scottish Government Quarter 1 meeting.

Decision/conclusion
Members noted the update and took assurance.

13.3. Finanical Improvement Plan (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on progress against the improvement plan for the finance team which brings together action plans, governance reviews and internal audit.

Whilst most of the actions have been delivered, due to absences within the team, the improvement plan will now be reviewed to ensure the plan is prioritised based on capacity within the team.

J Taylor confirmed that a recent internal audit has been undertaken, this will be brought to the next committee meeting along with the rapid finance review.

Decision/conclusion
Members welcomed and took assurance from the update.

13.4. Planned Care - 52 week waits and addressing longest waits (Presenter: Director of Peformance and Transformation)

The Director of Performance and Transformation presented an update on performance against the planned care – 52 week waits. The ask from SG is that there will be zero waits by 31 March 2026, the Board remains on track to deliver the target. There remains a focus through the weekly waiting times for all patients over 20 weeks. Mutual aid has been requested by North of Scotland Health Boards; we continue to work with NHS Grampian to look at our capacity to support.

The Interim Board Chair welcomed the update and asked what the picture is across Scotland and asked what support Orkney will receive from other Boards. The Director of Performance and Transformation advised that it is a mixed picture, the approach we are taking is not massively different, the Board remains in a strong position, quarterly meetings now take place with NHS Highland and NHS Grampian, due to our position we are able to offer support at this stage.

The Interim CEO took assurance on our current trajectory and asked where performance is monitored. The Director of Performance and Transformation advised that trajectories for actual performance are monitored by the monthly Planned Care Programme Board.

Decision/conclusion
Members discussed and took assurance on progress to date

13.5. Unscheduled Care Funding Submission (Presenter: EDoNMAHP)

No paper received.
Committee agreed that further discussions are required by the Board in relation to the unscheduled care funding proposal and that information be shared with members.

Decision/conclusion
Members noted no paper had been received due to the author being unaware a paper was required and asked that the EDoNMAHP arrange a meeting to discuss the longer-term costs associated with acceptance of the funding and the benefits this will bring to our patients. Committee asked that the EDoNMAHP draft a paper outlying the position statement with evidence of clinical engagement for discussion with the Executive team and that the paper be shared with Committee.

13.6. Improving Together Programme Board - Chair's Assurance Report 15 August 2025 (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented Improving Together Programme Board Chair's Assurance Report on 15 August 2025.

Areas of concern escalated to committee

- Adverse financial position
- Medical Recruitment

Additional grip and control meetings take place each week. Additional SLT meetings took place in July and August 2025 – viable opportunities have been incorporated into the savings plan.

A refreshed weekly delivery group is now in place focused on actions and putting in place recovery actions for actions which are off track.

Several Quality Impact Assessments have been reviewed and approved.

A new form has been introduced for agency and bank spend for Executives to monitor to spend – this will be reconciled by the finance team monthly.

Significant work has been undertaken to increase the uptake of Near Me consultations.

Project PIDs and plans will be developed by the Improvement Team with the aim of them all being in place ahead of the next Improving Together Programme Board.

The Interim Board Chair asked for clarity on overachieving savings and asked where and when transitional funding will be re-profiled. The Interim Director of Finance advised that the Quarter 2 meeting with Scottish Government will be the opportunity to discuss our credible plans.

The Interim CEO asked for clarity on overachieving schemes. The Director of Performance and Transformation advised that the improvement team is being asked to look at further areas of opportunities, recognising the impact of doing so.

The Chair asked for confirmation that people are taking ownership of the projects, recognising the importance of them being involved. The Interim Director of Finance advised that members of the delivery group are now engaged. The Interim CEO advised that feedback from the improvement team is that people are better engaged this year, evidence of this is available in SLT minutes.

The Medical Director advised that engagement with NHS Grampian is the key to moving forward with virtual consultations noting the resources required to do so.

Decision/conclusion
Members took assurance from the report.

13.7. Chairs Assurance Report Planned Care Programme Board - 20 August 2025 (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the Chair's Assurance report from the Planned Care Programme Board 20 August 2025. Key risks associated with sleep assesment patients are being worked through with NHS Grampian. Positive assurance provided on ophthalmology improvements and validation of inpatient and outpatient waiting lists.

Decision/conclusion
Members took assurance from the report.

13.8. Procurement Annual Report 2024/25 (Presenter: Interim Director of Finance)

The procurement lead presented the Procurement Annual Report 2024/25 following approval by the Senior Leadership Team 11 September 2025. A new strategy was approved in May 2025. Key highlights regulated spend in line with previous years, 2 additional procurements are currently underway.

We continue to collaborate with other Boards and OIC and other public sector organisations to look at joint services.

The Interim CEO asked for clarity on invoices paid within 30 days – The Interim Director of Finance advised that we are in a good position at 87%, a piece of work is underway to ensure invoices are receipted in a timely manner.

Decision/conclusion
Members took assurance from the report.

14. PEOPLE – No papers presented

15. POTENTIAL

15.1. Chair's Assurance Report Digital Information Operations Group (Presenter: Interim Head of Corproate Governance)

The Interim Head of Corporate Governance presented the Chair's Assurance Reports from the 28 July and 25 August 2025 Digital Information Operations Group.

Positive assurance provided

- The NHS Grampian eHealth team continues to provide valuable support to NHS Orkney, both locally and through national engagement.

Items of escalation

- NHS Grampian confirmed as a delivery partner for the deployment of MORSE (Community Electronic Patient Record. It remains unclear if any additional costs pressure will be associated with the implementation – paper to be presented to DIOG 24 September 2025 setting out the costs and risks.
- Support for Windows 10 ends in October 2025 creating financial risk if Windows 11 is not deployed across all Health Boards. Out-of-hours rollout and TOIL are approved, and communications to emphasize Windows 11 as an organisational priority.
- The roll-out, which includes all staff, adds pressure to digital services.
- Additional costs for RIS, DATIX and MORSE have been identified, and the Committee were asked to note that the costs are business costs and not digital costs.

Given absences within the digital services team, a prioritisation exercise has been undertaken, communications have been issued to the business as business as usual may be impacted by absences in the team.

Decision/conclusion
Members took assurance from the reports.

16. Items agreed for Chairs Assurance Report to Board (Presenter: Chair)

Members agreed on the following items for inclusion in the Chairs Assurance Report to the Board

- Areas of concern
  - Workforce workstream – impact of Reduced Working Week
  - Financial performance – review commissioned to return 20 November 2024
  - DTOCs remain off track
  - MORSE – Community Electronic Patient Record
- Major issues commissioned
  - Unscheduled care funding
- Positive assurance
  - 52 weeks remain on trajectory
  - A refreshed Improving Together Delivery Group has been established
  - Improvements to the IPR providing additional assurance to Committee
- Decisions made

  No decisions made

17. AOCB (Presenter: Chair)

No AOCB raised.

18. Key Items for Noting (Presenter: Chair)

Members noted the following papers

- Board Chief Executive Business - 15-box grid reporting.
- Scottish Government Quarter 1 Finance Meeting with Scottish Government slides
- 2025-26 – Quarter 1 Review Letter - 11 - NHS Orkney

- NHS Orkney response to SG letter - Q1 Financial Review Response - August 2025
- Letter from Director of Primary Care - NHS Board CEs - Community Glaucoma Scheme - 1 August 2025
- Community Glaucoma Scheme response Aug 25
- 2025-26 - DL (2025) 14 - Whole System Infrastructure Planning - June 2025
- Long COVID ME-CFS 4.5m funding letter to HB CEOs - Christine McLaughlin 28.8.25
- NHS Scotland energy efficiency and decarbonisation capital funding
- BCE Business - Finance Update - August 2025
- BCE Finance Update - 10 Sept 2025
- NHS Orkney - Additional Planned Care Funding - July Activity

18.1. Meeting Schedule 2025/26 (Presenter: Chair)

Committee noted the Finance and Performance Committee Timetable for Papers 2025/26.

The Interim Head of Corporate Governance advised that the next meeting of Committee is 20 November 2025

18.2. Evaluation of meeting (Presenter: Chair)

- The Medical Director welcomed the Chair and Interim CEO to the meeting
- The Interim Board Chair thanked members for stepping in to cover gaps on the agenda
- There is a need to look at duplication across Committees.

The Chair closed the meeting at 11.46

Timetable for Submitting Agenda Items and Papers 2025/26

Initial Agenda Planning Meeting[1]	Final Agenda Planning Meeting	Papers in final form[2]	Agenda & Papers	Meeting
With Chair, Chief Executive and Corporate Services Manager[3]	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) **at**
12:00 noon	**12:00 noon**	**17:00**	**16:00**	**09:30**
< 1 week after previous meeting >	*< 4 weeks before Date of Meeting >*	***< 9 days** before Date of Meeting >*	*< 1 week before Date of Meeting >*	*< Day of Meeting >*
	27 March 2025	15 April 2025	17 April 2025	**24 April 2025**
1 May 2025	29 May 2025	17 June 2025	19 June 2025	**26 June 2025 (Annual Accounts)**
3 July 2025	31 July 2025	19 August 2025	21 August 2025	**28 August 2025**
4 September 2025	2 October 2025	21 October 2025	23 October 2025	**30 October 2025**
6 November 2025	13 November 2025	2 December 2025	4 December 2025	**11 December 2025**
18 December 2025	29 January 2026	17 February 2026	19 February 2026	**26 February 2026**

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*