

NHS Orkney Board **25 June 2026**

Purpose of Orkney NHS Board

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

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

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

Place Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community

Patient safety, quality and experience Consistently deliver safe and high-quality care to our community

People Ensure NHS Orkney is a great place to work

Performance Within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively

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

Quorum:

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



Minute Public Board Meeting Thursday 30 April 2026

Present

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

In attendance

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

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

Observers

1. Cover page

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

2. **Welcome and Apologies (Presenter: Chair)**

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

No apologies were noted.

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

3. **Declarations of Interest (Presenter: Chair)**

No declaration of Interest to be recorded.

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

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

Dr Louise Wilson to be added to the minutes of the meeting.

5. **Matters Arising (Presenter: Chair)**

No matters arising were raised.

6. **Action Log (Presenter: Chair)**

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

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

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

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

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

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

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

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

National work continues with all Board Chairs and Chief Executives.

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

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

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

Decision / Conclusion

The Board noted the update provided.

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

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

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

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

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

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

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

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

Decision / Conclusion

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

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

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

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

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

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

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

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

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

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

Patient Safety, Quality and Experience.

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

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

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

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

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

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

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Operational Standards

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

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

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

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

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

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

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

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

Community

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

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

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

Population Health

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

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

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

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

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

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

Workforce

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

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

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

Appraisal rates remain static; all Executives now have a personal objective in relation to appraisal within their directorates. All people managers will also have an objective for staff appraisals this will be covered at Performance Review Meetings. The next round of PRM's in May 2026 will be used to benchmark performance.

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

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

Finance

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

Decision/conclusion

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

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

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

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

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

Decision/conclusion

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

11. CHAIR'S ASSURANCE REPORTS

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

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

Decision / Conclusion

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

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

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

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

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

Decision / Conclusion

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

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

The Chair of the Finance and Performance Committee shared Assurance Reports from the meetings on 25 February and 25 March 2026. The committee meets monthly, focusing on

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financial sustainability, DTOC, and the Robertssons contract. All areas are showing improvement, with ongoing attention to Near Me adoption, social care capacity, GLP1 usage, and advancing transformation initiatives.

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

Decision / Conclusion

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

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

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

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

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

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

Decision / Conclusion

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

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

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

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

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

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

Decision / Conclusion

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

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

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

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

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

Assurance provided from the Operational Peoples Group which is welcomed.

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

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

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

Decision / Conclusion

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

12. STRATEGIC OBJECTIVE - PLACE

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

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

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

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

J Kenny thanked the Chief Officer IJB for the report.

Decision/Conclusion

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

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

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

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

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

Decision/Conclusion

The Board noted the Community Planning Partnership Update.

13. STRATEGIC OBJECTIVE – PEOPLE

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

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

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

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

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

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

Decision/Conclusion

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

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

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

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

Decision/Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

Decision/Conclusion

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

13.4. Themes for Board Walkarounds (Presenter: Chair)

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

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

The Board Walkaround schedule was offered for discussion and approved.

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

Decision/Conclusion

The Board discussed and noted the update.

14. PATIENT SAFETY, QUALITY AND EXPERIENCE

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

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

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

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

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

Decision/Conclusion

The Board took assurance from the report.

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

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

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

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

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

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

Decision/Conclusion

The Board approved the Code of Corporate Governance

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

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

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

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

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

Decision/Conclusion

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

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

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

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

Decision/Conclusion

The Board welcomed and approved the Whistleblowing Champions Assurance Report.

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

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

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

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

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

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

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

Decision/Conclusion

The Board welcomed and noted the update.

15. STRATEGIC OBJECTIVE - PERFORMANCE

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

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

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

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

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

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

Decision/conclusion

The Board discussed and noted Month 11 financial performance.

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

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

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

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

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

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

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

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

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

The Interim Board Chair noted and welcomed the achievements

Decision/conclusion

The Board discussed and welcomed the update.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

18.1. Area Partnership Forum – 17 February 2026

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

18.2. Audit and Risk Committee – 2 December 2026

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

18.3. Finance and Performance Committee – 25 February 2026

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

18.4. Joint Clinical Care Governance Committee – 4 February 2026

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

19. ITEMS FOR INFORMATION

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

Members noted the meeting schedule 2025/26.

Item 4

Questions from the media

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

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

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

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

The Interim Board Chair closed the meeting at 12.41

Item 7

Board Chair and Chief Executive Report to the Board

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none">• James Goodyear, Interim Chief Executive• Davie Campbell, Board Chair
Report Author(s)	<ul style="list-style-type: none">• James Goodyear, Interim Chief Executive• Davie Campbell, Board Chair
Purpose of report	<ul style="list-style-type: none">• Assurance
Contribution to Strategic ambition	<ul style="list-style-type: none">• Corporate Strategy 2024-2028 – Place, Patient Safety, Quality and Experience, People, Performance and Potential strategic objectives• Operational Improvement Plan• Integrated Joint Board Strategic Plan• Financial Sustainability
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none">• Safe• Effective• Quality• Person Centred• Sustainability
Key points for consideration	<ul style="list-style-type: none">• This report has been provided to update the Board on our performance, operational standards, key external/internal events and activities from May – June 2026, including meetings with external stakeholders and partners.
Route to meeting	<ul style="list-style-type: none">• Prepared for NHS Orkney Board – 25 June 2026
Recommendation(s)	<ul style="list-style-type: none">• Assurance - For members assurance only

Item 7

Board Chair and Chief Executive Report to the Board

James Goodyear, Interim Chief Executive

Davie Campbell, Interim Board Chair

13/02/2026

1. Situation

1.1 This report has been provided to update the Board on our performance, operational standards stakeholders and partners.

2. Assessment

2.1 A summary of our overall performance

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

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

Diagnostics

At the end of April, diagnostic performance varies across modalities. Endoscopy six-week compliance has improved to 94.34% compared to previous position of 67.92%. Diagnostic imaging six week performance has declined to 56.67% mainly due to reliance on visiting staff and ongoing ultrasound and MRI challenges.

Emergency Department (ED)

Compliance with the A&E four-hour standard increased to 93.81% in April this was recorded at 89.91% in February 2026. This performance is indicative of increased patient acuity and ongoing system flow challenges, particularly those associated with delayed discharges.

Conversely, adherence to the 12-hour standard remains robust and for April performance was reported as 100% compared to 99.66% in February, providing assurance that extended waiting times continue to be effectively minimised.

Cancer Standards

Cancer performance in relation to the 31-day standard remains strong with 100% compliance. In terms of the 62-day standard, for the latest reporting period 3 out of 4 patients treated were within the standard, 1 patient was treated out-with the standard on day 66.

People & Culture

Sickness absence remains within acceptable Statistical Process Control (SPC) parameters.

Appraisal compliance is still low at 36.59% compared to 39.51% in the previous reported period, the risk is being actively addressed as a corporate risk.

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Finance

NHS Orkney's financial situation continues to be challenging. In terms of financial performance against plan, at the end of April 2026 the board is reporting £2,627,000 against a target of £2,176,000 however this is within the agreed transitional funding agreed with Scottish Government which brings the Board to a balanced financial position.

Efficiency performance was below target with £2,088,000 reported against a target of £3,800,000. However, the Board has secured recurring savings of £1,654,000 against a target of £1,190,000.

Patient Safety, Quality & Experience

Patient safety performance is strong, with core safety processes meeting standards. No inpatient-acquired pressure ulcers occurred for the reporting period ending April 2026.

Incident reporting and seven-day review compliance remain at 100%. Inpatient falls was 15 in April compared to 23 in February.

New Outpatients

At the end of April 2026, outpatient appointment waiting lists fell to 1,263 patients compared to 1,655 in April 2025, this was due to targeted investments and increased activity in key specialties.

Highlights are as follows

- ENT: Waiting list dropped from 333 to 184; >26 weeks waits reduced from 167 to 2. There were 0 waits > 52 weeks compared to 75 for the same period in 2025, with 2 patients waiting over 78 weeks in April 2025.
- Ophthalmology: Waiting list decreased from 309 to 115; >26 weeks waits cut from 163 to 6. There were 0 waits > 52 weeks compared to 79 for the same period in 2025, and 30 patients waiting over 78 in April 2025.

Treatment Time Guarantee

Compliance with the Treatment Time Guarantee remains below target at 53.63% but has improved compared to 48.99% in February 2026. This reflects downstream constraints, including theatre capacity, diagnostic availability and workforce pressures.

Delayed Transfers of Care

Delayed Transfers of Care (DTC) continue to affect hospital flow and capacity.
As of April 2026

- 64.29% of patients were discharged within two weeks compared to 20% at the previous reported period (target: 100%)
- 7 patients experienced delays at the census point compared to 19 at the end of February (target: 4)
- 219 bed days were lost to delayed discharge during the month, compared to 528 for the previous reporting period.

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

2.2.1 Board Chair - Davie Campbell

Discussions are ongoing with the Board Chairs Group regarding how, as strategic leaders, we can further the principles of the Service Renewal Framework and Population Health Framework. Part of this effort involves promoting a greater emphasis on prevention within our organisations, our communities and within the Community Planning Partnership.

On the 8 June 2026, facilitated by John Sturrock KC we held our first Public Service Review (PSR) development session took place bringing together Elected Members, NHS Orkney and Orkney Islands Council senior officers, and Board Members of the NHS and Integration Joint Board. Stephen Boyle, (Auditor General) and Jo Armstrong, Accounts Commission for Scotland, joined us remotely to provide attendees with a national context for Public Service Reform before our local discussions began.

Recruitment for a substantive Chief Executive Officer is now complete. Dave Harris, our Current Director of People and Culture will take up the role of CEO from September 2025. In the meantime, our Interim CEO will be working with Dave to ensure an effective handover. I am delighted to welcome Dave into the role of Chief Executive, being able to appoint someone who is already familiar with our processes and systems both in NHS Scotland and NHS Orkney is a real benefit to the organisation and I look forward to working more closely with Dave.

2.2.2 Interim Chief Executive – James Goodyear

National Priorities

Following the recent elections to the Scottish Parliament its worth reflecting on what the new government's priorities for the NHS will be. As the Scottish National Party (SNP) were returned as the largest group, we can expect a continued focus on improving access, reducing delays, and strengthening prevention across health and care. The commitments in their manifesto focused on tackling waiting times, improving hospital flow and discharge, and introducing earlier intervention through measures including heart and lung health checks and potential changes to cancer screening. Alongside this, there is a broader agenda around children and young people, rural access, maternity, neurodevelopmental support, social care capacity, and public health, supported by action on vaping, online harms, and community-based services. These areas mirror many of our local priorities in Orkney and we will continue to work closely with our local partners, and other health boards to make progress against them in the coming year.

I have continued to work with Chief Executives from East of Scotland health boards to further advance DL(2025)25 sub-national planning co-operation and directions for 2025. A draft plan has been developed which was shared with Scottish Government in late March 2026. More to follow on next steps shortly.

Public Service Reform

In early June, I joined national colleagues in Glasgow to discuss the future of Public Service Reform (PSR) in Scotland. The discussion, led by Cabinet Secretary for Public Service Reform Ivan McKee, alongside the First Minister John Swinney and Deputy First Minister Jenny Gilruth, focused on a shared recognition that we need to work differently to meet the needs of our patients and communities, both now and in the future.

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Encouragingly, the conversation highlighted strong alignment with the work we are doing in Orkney as part of our routemap to reform, which sets out our approach to more joined-up services, reducing duplication, and making the best use of public resources so that every pound of public money delivers maximum value.

Following the session, I updated the Cabinet Secretary for PSR on the progress being made in Orkney. Mr McKee encouraged us to continue moving forward at pace, shaping approaches that reflect the needs of our patients and communities. A key message from Ministers was that change does not need to wait, we were encouraged to challenge processes that do not add value, simplify decision-making where possible, and support one another to stay focused on what matters most for the people we serve.

At the same time as national discussions were taking place, senior leaders from across NHS Orkney, Orkney Islands Council and the Integration Joint Board were meeting locally to progress our routemap to reform in Orkney and our shared commitment to moving forward in a co-ordinated and practical way discussing opportunities for stronger collaboration of service delivery, better use of data and digital, workforce and succession planning, prevention and early intervention and streamlining our governance processes.

This is a significant opportunity for Orkney. By continuing to work together, focusing on what will make the greatest difference, and building on our collective strengths, we can help shape change in a way that reflects our values and supports our communities.

iMatter results 2025

Our iMatter results for 2025 are in with a remarkable 78% of colleagues taking part in the survey and sharing their views.

At an organisation level a couple of headlines stood out for me. Firstly, we have maintained our overall employee engagement score of 75 which is fantastic, as well as seeing an improvement in colleagues feeling they are treated fairly and with dignity and respect as well as having sufficient support to do their job well.

Local engagement

Since the last Board Meeting, I have met with colleagues and stakeholders throughout the Organisation.

In May 2026, I led a session with our Senior Leadership Team to discuss our approach to Equality, Inclusion and Human Rights. The session which was delivered by Public Service Delivery (PSD) Scotland made me pause and reflect on what this means to me as a leader and as colleague. It was valuable to hear a range of views of colleagues through respectful dialogue.

Our SLT discussed and recognised that it is about creating a working environment where people feel safe, valued and able to bring their whole selves to work, recognising that this directly affects wellbeing, morale and our ability to do our best for one another.

For the people and communities, we serve, embedding equality, inclusion and human rights is essential to reducing health inequalities, improving access and outcomes, and ensuring our services are designed around real need, lived experience and fairness. It is also fundamental to meeting our legal duties and living our NHS values in a meaningful way. I would ask you all to take a moment to reflect on what this means in your role and to consider the small, everyday actions we can each take to strengthen a culture of kindness, inclusion and respect across NHS Orkney.

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Over the past few weeks, I have met with my direct reports as part of our annual objective setting discussions. I have found these conversations valuable and a helpful reminder of how important appraisals and clear objectives are in supporting staff to do their best work and to feel valued and supported.

Appraisals are not just a tick box exercise. They are an opportunity to pause, reflect, be clear about priorities, and understand how individual objectives link to our shared purpose as an organisation. These conversations matter; it is important that staff have the time and space for it.

On 3 June 2026, our Senior Leadership Team met with senior clinical leaders from across the organisation to discuss how we continue to embed the requirements of the Health and Care Staffing (Scotland) Act in practice by using the optima and safe care systems.

The discussion highlighted the progress made to date, with best practice shared by our Pharmacy and Renal teams. This included how safer staffing is built into daily standard work and team huddles.

With thanks to Wendy Lycett (Interim Director of Pharmacy) and Cath Siderfin (Senior Charge Nurse – Dialysis) for sharing their Standard Operating Procedure and supporting senior leaders to learn from this approach.

Whilst there is more to do, there is a clear sense that implementation of the Act is becoming part of business as usual within NHS Orkney.

Embedding this work will strengthen assurance to the Board that we are meeting our legal duties. More importantly, it supports a consistent and sustainable approach to safe staffing and workforce planning, ultimately improving quality, safety, and the experience of care for our patients

I would like to highlight to the Board the work of our information governance team, as the National Information Governance Forum has recently confirmed that our performance in responding to Freedom of Information (FOI) requests is the best in Scotland.

For NHS Orkney, this matters because the Board has a legal duty to make information available where it can. Good FOI performance helps demonstrate that we are open, accountable and maintains public trust. It also gives assurance to the Board that our governance arrangements are working effectively.

Importantly this requires a real team effort and strong collaboration between the information governance team and everyone across the organisation who contributes by providing information requested. It's a good example of how strong teamwork supports good governance and helps us meet our obligations to the public we serve.

Area Clinical Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance Report from the Area Clinical Forum	Date of Meeting: 01 June 2026
Prepared By:	Frederick Pretorius	
Approved By:	Dr Kirsty Cole	
Presented By:	Dr Kirsty Cole	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Clinical Forum at its meeting on 01 June 2026		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Ongoing accommodation shortages across Orkney were identified as a significant strategic risk impacting recruitment and retention across multiple clinical groups, including general practice, AHPs and other services. The issue was noted to be causing delays in staff start dates and service capacity pressures. Persistent issues with ED discharge communication, particularly incomplete documentation of medication changes and delays in availability of discharge letters, were highlighted as a patient safety concern. These issues continue despite local education efforts and are compounded by system limitations within Track. Continued difficulty in re-establishing the Area Dental Committee was noted, with reliance on engagement from independent contractor practices presenting an ongoing dependency and risk to governance oversight. Digital system pressures and engagement challenges with eHealth were raised, with previous attempts at engagement unsuccessful and a need to agree clearer processes and support mechanisms. 	<ul style="list-style-type: none"> The Chair confirmed an intention to write to the Community Planning Partnership to raise accommodation challenges at system level and support a coordinated, cross-sector response. Work is progressing to establish the AMC interface group, with a focus on improving cross-system communication and addressing issues such as ED discharge processes. A July development session was commissioned, focusing on: <ul style="list-style-type: none"> Medicines management and pharmacy input A "day in the life" overview of general practice to improve system-wide understanding of primary care pressures Pharmacy colleagues will provide further guidance and shared advice on private healthcare and prescribing, to improve consistency and communication across services. Continued work is underway to improve community communication regarding access to private healthcare, with liaison ongoing with Wendy Lycett.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Significant improvement in Area Prescribing Committee (APC) attendance and engagement was reported, attributed to the introduction of hybrid meetings and structured educational sessions. Positive feedback was provided on educational input and external speakers, including sessions on AI in medicines safety and digital prescribing pathways, supporting wider clinical learning. Progress was noted in welfare proxy compliance (Section 47), with improving adherence and ongoing work to strengthen processes and training, including enabling appropriately trained nurses to undertake assessments. 	<ul style="list-style-type: none"> It was AGREED that examples of incomplete ED discharge documentation will be collated and used to support escalation through appropriate governance routes, including the interface group. It was AGREED that accommodation challenges should be escalated beyond NHS structures, including engagement with local authority and national forums. It was AGREED to progress planning and promotion of the July development session, with broad clinical engagement encouraged.

- Assurance was provided in relation to interim leadership arrangements within AHP services, including oversight of the interim Lead HP role and planned monitoring of the Associate Director and Children's HP posts.

- It was **AGREED** that concerns regarding stakeholder event representation will be followed up to ensure appropriate ACF and HP inclusion in future events.

Comments on Effectiveness of the Meeting

- The meeting was effective in identifying cross-cutting system risks, particularly accommodation and communication challenges, and in agreeing coordinated actions to address these.
- Strong engagement from committee representatives supported clear assurance reporting and identification of improvement actions, particularly in relation to governance interfaces and clinical communication.

Area Partnership Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Area Partnership Forum	Date of Meeting: 21 April 2026
Prepared By:	Jade Rosie	
Approved By:	James Goodyear, Chief Executive	
Presented By:	James Goodyear, Chief Executive	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Partnership Forum at its meeting on 21 April 2026.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> 2026/27 Savings Schemes While savings schemes have been designed and Executive Leads are in place, the Forum noted ongoing discussions to ensure that savings targets are accurate, expectations are realistic, and risks are appropriately adjusted. This remains a key financial risk requiring continued oversight. Capacity for Public Involvement in Sub-National Planning It was noted that identifying sufficient capacity to support public involvement in the next phase of Sub-National Planning has been challenging, presenting a potential risk to engagement and delivery of future phases of work. 	<ul style="list-style-type: none"> Sub-National Planning Phased implementation of the Sub-National Planning agenda is progressing, including development of a three-year Sub-National Transformation Plan. Feedback from Scottish Government is anticipated following the election period, with further work planned to support public involvement. Draft Estates Policies Three draft Estates policies have been reviewed, with feedback received from the Health & Safety Team. Further development and refinement will be undertaken, with the revised policies to return to a future Area Partnership Forum meeting for consideration. STAC Letter – On Call & Reduced Working Week Further discussions are to be progressed with the Employee Director, with a proposal and accompanying plan to be brought back to a future Area Partnership Forum meeting.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Quarter 4 Health & Safety Performance Quarter 4 Health & Safety performance was reported as overall positive, with an overall compliance rate of 75%, acknowledging that performance levels do fluctuate. Members noted the encouraging improvement and thanked the Health & Safety team for their continued efforts. 	<ul style="list-style-type: none"> Area Partnership Forum Annual Report The Area Partnership Forum APPROVED the Draft Annual Report following discussion. Health & Care Staffing Act Annual Report Members APPROVED the Health & Care Staffing Act Annual Report, noting improved assurance and ongoing embedding of the arrangements as business as usual.

- **Manual Handling Compliance**

Manual Handling compliance currently stands at **73%**, with evidence of improved practice and ongoing progress within the Health and Safety Team. Increased insight and assurance around compliance and practice were noted as positive developments.

- **Health & Care Staffing Act Assurance**

The Annual Health & Care Staffing Act Report demonstrated strong progress and high levels of engagement, with assurance improving from limited to reasonable. Appropriate mechanisms are in place to support continued embedding of this work as business as usual.

- **Reduced Working Week Implementation**

System-level changes associated with the Reduced Working Week have been implemented, with errors corrected. A total of 318 colleagues on part-time arrangements have retained their hours, and 71% of the overall reduction has been retained, with a formal review scheduled at month six.

Comments on Effectiveness of the Meeting

The Area Partnership Forum meeting was well attended, with constructive engagement from management and Staff Side representatives, supporting effective partnership working and open discussion across the agenda.

Area Partnership Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Area Partnership Forum	Date of Meeting: 19 May 2026
Prepared By:	Jade Rosie	
Approved By:	Ryan McLaughlin, Chief Executive	
Presented By:	Ryan McLaughlin, Chief Executive	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Partnership Forum at its meeting on 19 May 2026.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> The Draft Accommodation Policy requires further development following significant feedback, including potential substantive amendments and further engagement, delaying approval. 	<ul style="list-style-type: none"> Development of a People Delivery Plan, bringing together key workforce priorities including leadership, workforce planning, wellbeing, and recruitment/retention. Further work underway to improve workforce data quality and transparency, to support partnership working and informed decision-making.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Workforce Report highlighted Improved training compliance across the organisation Positive progress noted in reduction in long patient waits, with only a small number remaining above 52 weeks Strong commitment demonstrated from both management and Staff Side to collaborative partnership working and transparency moving forward. 	<ul style="list-style-type: none"> Agreement to progress individual discussions with staff exceeding mileage thresholds to inform next steps on pool car usage and travel costs. Local management to review public holiday concerns raised by Staff Side and report back as required Risk Assessment for Orkney Pride 2026 proposal to be provided at next meeting. Draft Accommodation Policy to be amended as per comments and brought back to next meeting.
Comments on Effectiveness of the Meeting	

The Area Partnership Forum meeting was well attended, with constructive engagement from management and Staff Side representatives, supporting effective partnership working and open discussion across the agenda.

Audit and Risk Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Audit and Risk Committee	Date of Meeting: 26 May 2026
Prepared By:	Debs Crohn, Head of Corporate Governance	
Approved By:	Jason Taylor, Chair Audit and Risk Committee	
Presented By:	Jason Taylor, Chair Audit and Risk Committee	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit and Risk Committee at its meeting on 26 May 2026 .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p>1. Financial sustainability - External Auditors raised a significant risk in relation to the Boards long term financial sustainability. This will continue to be monitored by the Executive Management Team with assurance being provided to Audit and Risk Committee.</p>	<p>1. Emergency Planning – Director of Public Health to arrange Emergency Planning training for Executives, confirmation to be provided at 1 December 2026 meeting.</p> <p>2. Draft NHS Orkney Annual Report and Accounts for year ended 31 March 2026 – Interim Director of Finance to present final report to Audit and Risk Committee 25 June 2026</p> <p>3. Health and Safety Implementation Internal Audit Report - Head of Corporate Governance to share H&S Implementation Internal Audit Report with Staff Governance Committee for cross Committee assurance. Interim CEO to lead a workshop with Senior Leadership Team with an update brought to 1 September 2026 Committee meeting.</p>
Positive Assurances to Provide	Decisions Made
<p>1. Committee noted and took assurance on the management of the Corporate Risk Register, acknowledging the progress on operational risk management arrangements.</p> <p>2.</p> <p>3. Assurance provided on Emergency Planning and Business Continuity Planning.</p> <p>4. Assurance taken on the Draft Directors Subsidiary Assurance Statement and Internal Control Self-assessment 2025/26</p> <p>5. Committee took assurance from the Orkney Health Board Endowment Funds Sub Committee Annual Governance Statement 2025/26</p>	<p>1. Audit and risk committee minute and Chair's Assurance Report 3 March 2026</p> <p>2. Senior Leadership Team Chair's Assurance Report to be submitted for noting only.</p> <p>3. Audit and Risk Committee Annual Report 2025/26 approved for onward submission to the Board.</p> <p>4. Audit and Risk Committee Governance Assurance Statement 2025/26 approved.</p> <p>5. The following Annual Reports approved for inclusion in the Annual Report 2025/26 and onward submission to the Board June 2026</p> <ul style="list-style-type: none"> • Area Clinical Forum Annual Report 2025/26

<p>6. Internal Audit Recommendations 2023/24: 17 actions closed, 9 in progress, 2024/25: 26 actions closed, 7 in progress and 3 not yet due</p> <p>7. Committee welcomed the Health and Safety – Implementation Internal Audit Report noting additional work is required with our Senior Leadership Team in relation to culture and ownership.</p> <p>8. Committee received and took assurance from the Internal Audit Progress Report 2025/26.</p>	<ul style="list-style-type: none"> • Area Partnership Forum Report 2025/26 • Finance and Performance Committee Annual Report - 2025/26 • Joint Clinical and Care Governance Committee - Annual Report 2025/26 • Remuneration Committee Annual Report 2025/26 • Staff Governance Committee Annual Report 2025/26 <p>4. Internal Audit 2024/25 actions closed</p> <ul style="list-style-type: none"> • Income and expenditure • Information Governance <p>5. Internal Audit 2025/26 actions closed</p> <ul style="list-style-type: none"> • Recruitment and staff records • Payroll
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<p>Comments on Effectiveness of the Meeting</p>	
<ul style="list-style-type: none"> • Committee welcomed the Audit and Risk Committee Annual Report, members found the report interesting and thanked the team for pulling the report together. 	



Finance and Performance Chair’s Assurance Report to Board

Title of Report:	Chair’s Assurance report from the Finance and Performance Committee	Date of Meeting: 29 April 2026
Prepared By:	Debs Crohn, Head of Corporate Governance	
Approved By:	Damien Reid, Interim Director of Finance	
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 29 April 2026		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. Month-12 financial position – At year end we have a positive closing position, noting the challenging position as we move into 2026/27 noting the increased pay costs. The Board remains at Level 3 of the Financial Escalation Framework, as our deficit support funding is removed over the next 2 years the Board must be a 3% saving year on year which was not achieved in 2025/26. 2. Picture Archiving Communication Systems (PACs) - Work on the PACS rollout is significantly off-track risk, resulting in the planned May 2026 deployment becoming unlikely due to challenges with the current provider. National Team is developing an options appraisal which will be shared with Boards shortly 3. Radiology Information System (RIS) - The move to a new RIS remains off-track resulting in the planned deployment becoming unlikely due to challenges with the current provider. Our Radiology Manager continues to work with colleagues in NHS Grampian, NHS Shetland and the national team to identify potential solutions. 4. Robertsons Facilities Management Contract - The Board continues to experience ongoing issues with the Robertsons contract, specifically related to staffing challenge and Planned Preventative Maintenance (PPMs). These concerns have been formally raised with RFM, Currie and Brown (External Advisors to the Board) are providing support in relation to contract management. 	<ol style="list-style-type: none"> 1. Interim Director of Finance to ensure Risks in relation to digital and Robertsons contract are included in the Corporate Risk Register update April 2026. 2. Isles Model of Care and Out of Hours GP’s Transformational Workstreams are currently off track, noting the significant savings attached to the workstreams, progress update to be brought to Committee 25 May 2026. 3. Medical Staff Workstream - The Medical Director to bring an update on the savings attached to the medical staffing workstream to the June 2026 meeting.
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register 2. Assurance provided on the finance, community and operational standards chapters of the Integrated Performance Report. 	<ol style="list-style-type: none"> 1. Minutes and Chair’s Assurance Report approved from meeting held 25 March 2026. 2. Finance and Performance Committee Annual Report 2025/26 approved for onward submissions to Audit and Risk Committee May 2026.



3. Assurance provided that our waiting lists are being validated by locally, nationally and clinically.
4. Pre-noon discharge target has been met for the first time
5. The number of Delayed Transfers of Care has decreased considerably as additional agency staff have been assigned to support hospital discharge.
6. Committee discussed and noted the local, regional and national position on the use of GLP1s (injectable weight loss medication) and took assurance on the report.
7. The Board has achieved a break-even financial position at year-end.
8. Assurance provided that a local plan for Orkney is being developed which includes the NHS Scotland Annual Operating and sub-national priorities
9. Monthly highlight reports for Older People/Frailty workstream provided assurance on progress being made.
10. Positive assurance provided that a Cost Improvement Programme for 2026/27 is in place.
11. Assurance provided via Chair's Assurance Reports on the following
 - Improving Together Programme Board on our Efficiency Savings Programme
 - Digital Information Operations Group on accelerating digital transformation.
 - Sustainability Steering Group
 - Capital and Property Strategic Group

Comments on Effectiveness of the Meeting

- Useful discussions, challenging but supportive.

Finance and Performance Chair's Assurance Report to Board

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

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. Month-12 financial results – At year end we have a positive closing position, noting this is adverse to our agreed financial saving target and the challenging position as we move into 2026/27 noting the increased pay costs. The Board remains at Level 3 of the Financial Escalation Framework, as our deficit support funding is removed over the next 2 years the Board must be a 3% saving year on year which was not achieved in 2025/26. 2. Transformation Priorities – Concerns were raised in relation to the pace of change required noting substantial savings are attached to this workstream. 3. Robertsons Facilities Management contract – Whilst some positive assurance was provided, Committee remained concerned in relation to Planned Maintenance at The Balfour. Mitigations against the risk are being managed by the Capital and Strategic Estates Group and the Corporate Risk Register. 4. Roll out of PACS - Work on the PACS rollout is significantly off-track risk, resulting in the planned go live moving to August 2026, with the potential for the last Board being live in March 2027. National Team is developing an options appraisal which will be shared with Boards shortly. 5. Roll out of Radiology Information System (RIS) - RIS is scheduled for upgrade on 11 September 2026, with two clinical systems set to launch shortly thereafter. The Radiology Manager will provide the Executive team with a comprehensive risk assessment concerning service delivery and patient impact, highlighting that this initiative forms part of a national programme. 6. Implementation of OneDrive (SharePoint) - Failing to allocate resources for the migration to OneDrive (SharePoint) presents a cybersecurity risk. It is recommended that appropriate consideration be given to resourcing this initiative, recognizing its advantages for the organisation, staff, and patients. 	<ol style="list-style-type: none"> 1. Financial Sustainability Risk - Interim Director of Finance to bring an update to Committee June 2026 in relation to scoring Financial Sustainability risk 2. Outpatient Travel Costs – Medical Director to bring an update on outpatient activity away from Orkney to Committee July 2026. 3. Medical Staffing Model Workstream – Executive Management Team continue to work through the medical staffing model including benchmarking with other Health Boards. Further update to be brought back to Committee in June 2026. 4. Capital Plan 2026/27 – Interim Director of Finance to work with Heads of Service to identify areas of flexibility to ensure all capital allocations are utilised. 5. Robertsons Facilities Management – Interim Director of Finance to provide an overview of the Key Performance Indicators (KPI's) for inclusion in the next update to Committee. 6. Corporate Risk Register – Head of Corporate Governance to discuss with Committee Chair frequency of Corporate Risk Register being presented to Committee.
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. Committee took assurance on the progress and mitigations presented on the latest Corporate Risks aligned to the Finance and Performance Committee. 	<ol style="list-style-type: none"> 1. Minutes and Chair's Assurance Report approved from meeting held 29 April 2026.

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| <ol style="list-style-type: none"> 2. Committee received an update following a planned Emergency Response Planning desktop exercise in June 2025 and a planned exercise later this year. 3. Positive assurance provided in relation to the Older Persons/Frailty Workstream and Out of Hours Transformational priorities. 4. Committee noted and welcomed national funding for replacement of our CT Scanner in 2026/27. 5. Committee noted an improvement in relation to a reduction in the number of Delayed Transfers of Care (DTCOs). 6. Assurance provided on the Integrated Emergency Planning update. 7. Assurance provided on the work underway in relation to oversight of our Contract Register/Service Level Agreements. 8. Assurance provided via Chair's Assurance Reports on the following <ul style="list-style-type: none"> • Improving Together Programme Board on our Efficiency Savings Programme 24 April 2026 • Digital Information Operations Group (DIOG) on accelerating digital transformation 27 April 2026 particularly the roll out of MORSE Community Electronic Patient Record. • Capital and Property Strategic Group 5 May 2026 – sale of King Street is now complete, funding secured from Scottish Government for the Old Balfour site. | <ol style="list-style-type: none"> 2. The Committee approved the Capital Plan for 2026/27 and agreed to receive quarterly progress updates. |
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Comments on Effectiveness of the Meeting

- Useful discussions, challenging but supportive.
- Committee discussed the frequency and effectiveness of meetings, with a suggestion that the transformational priorities be scheduled going forward.

Senior Leadership Team (SLT) Chair’s Assurance Report to Board

Title of Report:	Chair’s Assurance report from the Senior Leadership Team	Date of Meeting: 5 May 2026
Prepared By:	Debs Crohn, Head of Corporate Governance	
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 Tuesday 5 May 2026 .		
Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway
1. No matters of concern or key risks to escalate.		1. Equalities, Inclusion and Human Rights – After an interactive session with Public Delivery Scotland (PSD), SLT were invited to join the Short Life Working Group to support Equalities Outcomes 2026-2029 and provide feedback to the Director of People and Culture and Head of Corporate Governance.
Positive Assurances to provide		Decisions Made
1. Positive and focused conversations took place on our approach to embedding Equalities Inclusion and Human Rights across the Organisation including <ul style="list-style-type: none"> • understanding the issues through data (qualitative and quantitative) • amplifying voices from people in minority groups • Building in equity considerations when we're designing a change by better using our Equality Impact Assessment (EQIA) process • Being curious and meeting people where they are and understanding the context • Improve use of meeting templates to show how Equalities are addressed in report development. 2. SLT noted the following key documents <ul style="list-style-type: none"> • SLT ‘Think Tank; Workplan 2026/27. • Sub-national draft plan “Being ambitious for NHS Scotland” • NHSO Public Protection Policy. Final draft • Safeguarding Children Supervision Policy final draft 9.4.26 • Equality and Diversity Monitoring Report 2025/26 • NHS Orkney Equalities Outcomes 2026-2029. 		1. Minutes and Chair’s Assurance Report approved from meeting held on 1 April 2026.
Feedback about meeting		
- This was the first meeting of the new way of working for the Senior Leadership Team, members welcomed the new format which enabled		

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Senior Leadership Team (SLT) Chair’s Assurance Report to Board

Title of Report:	Chair’s Assurance report from the Senior Leadership Team	Date of Meeting: 03 June 2026
Prepared By:	Debs Crohn, Head of Corporate Governance	
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 Tuesday 03 June 2026 .		
Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway
1. No matters of concern or key risks to escalate.		1. Recognition that further work is now required to identify what safer staffing levels are in non-clinical areas. 2. iMatter action planning has now commenced, completion date for Line Manager action plans is 28 July 2026. July SLT meeting will focus on <ul style="list-style-type: none"> • What is the data telling us • What are we going to do with it?
Positive Assurances to provide		Decisions Made
1. SLT and clinical colleagues held positive, focused discussions on how to further embed our statutory duties under the Health and Care Staffing Act into everyday practice across the organisation. 2. Completion of the 2025 iMatter survey has increased to 75%, up from 68% in 2024. This feedback provides a valuable opportunity for meaningful discussion and action. 3. Clinical Services Review – SLT received an update on the work underway in relation to our transformational priorities 4. SLT noted the East of Scotland sub-regional plan and its future implications for service delivery. –Orthopaedics, Urgent Care, Business Systems and Mycare.scot 5. SLT noted the following key documents <ul style="list-style-type: none"> • Record of Attendance 2026/27 • Timetable for papers 2026/27 		1. Minutes and Chair’s Assurance Report approved from meeting held on 5 May 2026.
Feedback about meeting		
<ul style="list-style-type: none"> - This was the second meeting of the new way of working for the Senior Leadership Team, members welcomed the new format provides time and space for support, team working, collaboration and consistent messages 		

Staff Governance Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report to the Board	Date of Meeting 14 May 2026
Prepared By:	Debs Crohn, Head of Corporate Governance	
Approved By:	Joanna Kenny, Chair, Staff Governance Committee	
Presented By:	Joanna Kenny, Chair, Staff Governance Committee	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Staff Governance Committee at its meeting on 14 May 2026 .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> Director of People and Culture to raise concern with the Chair of Joint Local Negotiation Committee (JLNC) and Medical Director re lack of meetings and number of job plans outstanding. Update to be provided to Committee in August 2026. 	<ol style="list-style-type: none"> Corporate Risk Register – On 20 May 2026, the Director of People and Culture is scheduled to assess risks associated with Health and Safety, at the Risk Management Group meeting. Whistleblowing/Speaking up - Head of Patient Safety, Quality and Risk to discuss with Chief Officer IJB in relation to confidential contacts for Independent Contractors noting delegated authority - update to be included in Whistleblowing Quarter 1 Report. Medical Education Report - Head of Facilities to be asked to explore opportunities for medical and nursing students to "rent a room" in Orkney to address some of the concerns raised in relation to lack of accommodation. The Director of People and Culture is currently overseeing the development of a Business Case for the Education and Improvement Hub at The Balfour. Appraisal Improvement Plan - Head of People and Culture to bring appraisal Improvement plan to Committee 12 August 2026 for onward assurance to the Board. Your Employee Journey – Head of People and culture to bring draft People Delivery Plan to the August Committee
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> Assurance provided on the Corporate Risk and Assurance Report aligned to Staff Governance Committee Committee were assured of performance of People and Culture chapters presented in the Integrated Performance Report (IPR). Assurance provided to Committee via the Annual Whistleblowing Report noting this was presented to Board in April 2026. No whistleblowing concerns raised in Quarter 4. Committee received and took assurance from the Whistleblowing Assurance Report, Quarter 4 and Annual Whistleblowing Report 2025/26 	<ol style="list-style-type: none"> Minute and Chair's Assurance Report from meeting 12 February 2026 approved Staff Governance Committee Annual Report 2025/26 approved for onward submission to Audit and Risk Committee and the Board. Quarter 4 Whistleblowing Report 2025/26 approved for onward submission to INWO. Equality and Diversity Monitoring Report 2025/26 approved for onward submission to the Board June 2026.

6. The Whistleblowing Champion delivered assurance to the Committee through the Assura Annual Assurance Statement 2025/26.
7. Annual Medical Education Report 2025/26 well received and assurance on performance taken.
8. Area Partnership Forum and Remuneration Committee Annual Reports 2025/26 provided assurance of compliance with the Board's Code of Corporate Governance
9. Assurance provided via the Occupational Health, Safety and Wellbeing Committee Chair's Assurance Report.
10. Health and Safety Annual Report and Quarter 4 update provided assurance that the Board is meeting its duties in relation to Health and Safety
11. Face fit testing and life support training, manual handling and verbal interventions, compliance has improved since last meeting. This previous area of concern is showing significant progress in relation to completion of resuscitation training.
12. Assurance provided via the Workforce Review Report.
13. Committee noted and took assurance on the following key documents
 - Area Partnership Forum Chair's Assurance Reports
 - PCS(PH)2026-1 - Public Holiday for Opening Game of World Cup
 - Health Care (Staffing) Scotland Act Annual Report 2025/26
 - Equality and Diversity Monitoring Report 2025/26

Comments on Effectiveness of the Meeting

- The meeting was well attended with a good level of check and challenge from members
- Significant improvements have been made since previous meeting.

Integrated Performance Report (IPR) June 2026

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • James Goodyear, Interim Chief Executive Officer
Report Author(s)	<ul style="list-style-type: none"> • Carrie Somerville, Head of Planning, Performance and Information
Purpose of report	<ul style="list-style-type: none"> • Assurance
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Corporate Strategy 2024/28 • Annual Operational Plan • Emerging Issue • Government policy/directive • Legal requirement • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Safe • Effective • Quality
Key points for consideration	<ul style="list-style-type: none"> • Overall, the report demonstrates that while NHS Orkney continues to deliver strong performance in key safety and treatment areas, there are opportunities to address pressures impacting delivery of national standards. • While several metrics demonstrate stability or improvement, there are system pressures linked to capacity, workforce, and demand, which are impacting delivery against key national standards and trajectory expectations. • Actions are underway to address challenges, with a continued focus on capacity alignment, pathway improvement, and strengthening performance management processes to support sustainable recovery and improved outcomes.
Route to meeting	<ul style="list-style-type: none"> • The Integrated Performance Report has been approved by the Executive Team on 16 June 2026.

	<ul style="list-style-type: none"> • The Finance, Community and Operational chapters was presented to Finance and Performance Committee on 24 June 2026. • Patient Safety, Quality and Experience and Population Health chapters will be presented to the Joint Clinical Care and Governance Committee on 4 July 2026.
Recommendation(s)	<ul style="list-style-type: none"> • Assurance - For members assurance only

Integrated Performance Report (IPR) June 2026

Report Author – Carrie Somerville

11/06/2026

1. Situation

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

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

2. Background

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

3. Assessment

3.1 Analysis

The report provides an overview of organisational performance across patient safety, operational standards, workforce, community services, and finance. The period covered by the performance data is generally up to the end of April 2026. However, there are some measures with a data time lag either due to their nature or when the information is published by Public Health Scotland.

3.2 Current Position

Performance remains mixed, with strong delivery in safety, cancer and urgent care standards providing assurance, however this is offset by sustained challenges in planned care waiting times, system flow, and workforce compliance. These reflect underlying capacity constraints and require continued focused delivery of improvement actions to deliver trajectory recovery.

Areas for Celebration:

- Strong safety and governance performance
 - No inpatient-acquired pressure ulcers.
 - High compliance with complaints handling times and no upheld SPSO cases.
 - Robust screening performance across maternity indicators.
- Sustained delivery in key access standards
 - 100% achievement of 31-day cancer standard.
 - CAMHS and Psychological Therapies access targets consistently achieved.
- Urgent care resilience
 - 12-hour A&E performance and ambulance turnaround times meeting standards, indicating effective escalation processes.
- Positive workforce indicators
 - Sickness absence remains below national benchmark, reflecting relatively stable workforce wellbeing.
- Financial efficiencies delivery
 - Recurrent savings exceed plan, demonstrating grip on efficiency programme delivery.

Areas for Improvement

- Planned care waiting times
 - Opportunity to improve performance against 12-week standard and elimination of >52-week waits.
 - Limited progress against required reductions in waiting list size.
 - Diagnostics (particularly imaging) and MSK services showing access challenges.
- Delayed Discharges and flow
 - Performance against 2-week discharge target remains below expectation.
 - Elevated delayed bed days continue to constrain system capacity.
- Workforce compliance and culture metrics
 - Appraisal rates significantly below target.
 - Statutory/mandatory training not yet at required threshold.
 - Continued reliance on excess hours/overtime.
- Population health
 - Smoking cessation outcomes below trajectory.

- Marginal shortfalls in immunisation (MMR2) and newborn screening timeliness.
- Financial position (in-year sustainability)
 - Adverse variance to plan
 - Shortfall in 10-day invoice payments

3.3 Impact Assessment

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

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

Place	Equality and Diversity including health inequalities	Yes	Reducing health inequalities is a key priority as part of the Place strategic objective. Our Corporate Strategy takes into consideration local, regional, and national policy.
	Climate Change Sustainability	Yes	Specific metrics and objectives in relation to climate change and achieving our net zero targets are included in our corporate strategy under the Place strategic objective.

4. Recommendations

- 4.1 **Receive** the Integrated Performance Report (IPR) June 2026 and **note** where Key Performance Indicators (KPIs) are off track and the improvement actions in place to bring deliverables back on track.
- 4.2 **Assurance - For members assurance only**

5. List of Appendices

- 5.1 The following appendices are included with this report
 - i. **Appendix 1**, The Integrated Performance Report (IPR) June 2026



Integrated Performance Report

Interim Chief Executive:
James Goodyear

June 2026



HEALTH Intelligence

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

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

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

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

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

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

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

What is statistical process control (SPC)?






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

Key Facts about an SPC Chart

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




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

Variance

Icon	Description
	Common Cause Variation which indicates that there is no significant change in the process
	Special cause variation of concerning nature due to (H)igher values.
	Special cause variation of concerning nature due to (L)ower values.
	Special cause variation of improving nature due to (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	↑ ↓	Data Up To
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	↔	30/04/2026
2 Patient Safety, Quality, and Experience	Excellence in Care	Inpatient falls (an event which results in a person coming to rest unintentionally on the ground or floor or other lower level)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	15	Amber	↓	30/04/2026
5 Patient Safety, Quality, and Experience	Complaints	Number of complaints received.	Medical Director	0	10	Grey	↑	30/04/2026
6 Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 1 5 Working Day Response Compliance	Medical Director	100%	100.0%	Green	↑	30/04/2026
7 Patient Safety, Quality, and Experience	Complaints	Complaints Received - Stage 2 20 Working Day Response Compliance	Medical Director	100%	100.0%	Green	↑	31/03/2026
8 Patient Safety, Quality, and Experience	Complaints	Complaints upheld and partially upheld by SPSO	Medical Director	0	0	Green	↔	30/04/2026
9 Patient Safety, Quality, and Experience	Incident Reporting	Incident Reporting and 7 Working Day Review Compliance	Medical Director	100%	100%	Green	↔	31/03/2026
10 Patient Safety, Quality, and Experience	Significant Adverse Event Reviews	Significant Adverse Event Review Compliance (closed within target date)	Medical Director	100%	0.00%	Red	↓	31/03/2026
12 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	↑	31/01/2026
13 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	↑	31/01/2026
14 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%	95%	Green	↑	28/02/2026
15 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%	85%	Amber	↑	28/02/2026
16 Operational Standards	Planned Care	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	Medical Director	95%	53.63%	Red	↓	30/04/2026
17 Operational Standards	Planned Care	10% reduction in waiting times for Treatment Time Guarantee patients	Medical Director	-10%	0.46%	Red	↑	30/04/2026
18 Operational Standards	Planned Care	10% reduction in waiting times for New Outpatients	Medical Director	-10%	13.77%	Red	↑	30/04/2026
19 Operational Standards	Planned Care	95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	Medical Director	95%	55.36%	Red	↓	30/04/2026
21 Operational Standards	Planned Care	100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	94.34%	Red	↑	30/04/2026
22 Operational Standards	Planned Care	100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	56.67%	Red	↓	30/04/2026
23 Operational Standards	Planned Care	100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	Medical Director	100%	96.65%	Amber	↓	31/03/2026
24 Operational Standards	Planned Care	0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	0	7	Amber	↑	30/04/2026
25 Operational Standards	Cancer	90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	Medical Director	95%	75.0%	Green	↑	30/04/2026
26 Operational Standards	Cancer	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	Medical Director	95%	100%	Green	↔	30/04/2026
27 Operational Standards	Theatre	Theatre Utilisation	Medical Director	N/A	77.0%	Grey	↓	30/04/2026
29 Operational Standards	Inpatients	Pre-noon discharges	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	25.0%	22.0%	Amber	↑	30/04/2026
30 Operational Standards	Unscheduled Care	95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	95%	93.81%	Amber	↓	30/04/2026
31 Operational Standards	Unscheduled Care	Patients wait less than 12 hours to admission, discharge, or transfer from A&E	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	99.5%	100%	Green	↔	30/04/2026
32 Operational Standards	Unscheduled Care	Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	60:00	00:37:08	Green	↓	30/04/2026
33 Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	64.29%	Red	↑	30/04/2026
34 Operational Standards	Delayed Transfer of Care	Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	4	7	Red	↓	30/04/2026
35 Operational Standards	Delayed Transfer of Care	Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	56	219	Red	↓	30/04/2026
36 Operational Standards	Women and Children	90% of eligible patients to commence IVF treatment within 12 months of referral	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	90%	100%	Green	*	31/12/2025
37 Operational Standards	Women and Children	100% of women booking in a Board allocated to a primary midwife	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	100%	100%	Green	↔	30/04/2026
38 Operational Standards	Women and Children	50% of women receive care during the intrapartum period from the primary, buddy or member of the team who she has met.	Executive Director of Nursing, Midwifery, AHP's & Chief Officer Acute	50%	63.64%	Green	↓	31/01/2026
40 Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	24.02%	Red	↓	30/04/2026
41 Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led podiatry musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	12.50%	Red	↓	30/04/2026
42 Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led physiotherapy musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	25.16%	Amber	↑	30/04/2026
43 Community	National 4 week MSK target	At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led orthotics musculoskeletal services.	Chief Officer (Integration Joint Board)	90%	18.75%	Red	↓	30/04/2026
45 Community	Child and Adolescent Mental Health Service (CAMHS)	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	Chief Officer (Integration Joint Board)	90%	100%	Green	↔	31/03/2026
46 Community	Psychological Therapies	18 Week Referral to Treatment	Chief Officer (Integration Joint Board)	90%	95.45%	Green	↑	30/04/2026
47 Population Health	Promoting health and wellbeing outcomes	Increase smoking cessation active clients year-on-year	Director of Public Health	18	16	Red	↑	28/04/2026
48 Population Health	Promoting health and wellbeing outcomes	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)	Director of Public Health	26	17	Red	↓	31/01/2026
49 Population Health	Prevention of Disease	Immunisation uptake rate 6-in-1 primary Course by 12 months (rolling 3-month average)	Director of Public Health	95.0%	96.13%	Green	↓	31/12/2025
50 Population Health	Prevention of Disease	Immunisation uptake rate MMR2 by 6 years of age (rolling 3-month average)	Director of Public Health	95.0%	94.40%	Red	↑	31/12/2025
51 Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered trisomy screening no later than 20+0 weeks gestation.	Director of Public Health	100.0%	100.0%	Green	↑	30/04/2026
52 Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered haemoglobinopathies screening.	Director of Public Health	100.0%	100.0%	Green	↑	30/04/2026
53 Population Health	Promoting health and wellbeing outcomes	Pregnancy Screening - All eligible pregnant women are offered infectious diseases screening	Director of Public Health	100.0%	100.0%	Green	↑	30/04/2026
54 Population Health	Promoting health and wellbeing outcomes	Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	Director of Public Health	100.0%	92.3%	Red	↑	30/04/2026
55 Workforce	Sickness Absence	Monthly sickness absence rates below national average	Director of People and Culture	5.99%	4.41%	Green	↓	28/02/2026
56 Workforce	Sickness Absence	Monthly comparison for previous 12 months NHS Scotland and NHS Orkney	Director of People and Culture	6.40%	5.85%	Green	↓	28/02/2026
57 Workforce	Appraisals	Appraisal compliance rate over the previous 12 months	Director of People and Culture	60.00%	36.59%	Red	↓	30/04/2026
58 Workforce	Statutory/Mandatory Training	Statutory/Mandatory eLearning Compliance	Director of People and Culture	85.00%	83.59%	Amber	↑	30/04/2026
59 Workforce	Hours Utilised	Agency hours used vs. average.	Director of People and Culture		2030	Grey	↑	30/04/2026
60 Workforce	Hours Utilised	Bank hours used vs. average.	Director of People and Culture		5162	Grey	↑	30/04/2026
61 Workforce	Hours Utilised	Overtime hours used vs. average.	Director of People and Culture		737	Grey	↓	30/04/2026
62 Workforce	Hours Utilised	Excess hours used vs. average.	Director of People and Culture		1502	Grey	↑	30/04/2026
63 Finance	Finance	Financial performance against plan - YTD.	Director of Finance	£2,176,000	£2,627,000	Red	↓	31/03/2026
64 Finance	Finance	Financial performance against plan - Forecast.	Director of Finance	£2,176,000	£2,627,000	Red	↓	31/03/2026
65 Finance	Finance	Efficiency performance against plan - YTD.	Director of Finance	£3,800,000	£2,088,000	Red	↓	31/03/2026
66 Finance	Finance	Efficiency performance against plan - Forecast.	Director of Finance	£3,800,000	£2,088,000	Red	↓	31/03/2026
67 Finance	Finance	Efficiency programme recurrent savings against plan.	Director of Finance	£1,190,000	£1,654,000	Green	↑	31/03/2026
68 Finance	Finance	Capital performance against plan - YTD.	Director of Finance	£1,833,000	£1,695,000	Red	↑	31/03/2026
69 Finance	Finance	Capital performance against plan - Forecast.	Director of Finance	£4,336,000	£4,308,000	Red	↓	31/03/2026
70 Finance	Finance	75% of invoices to be paid within 10 days of receipt - local target	Director of Finance	75.00%	67.35%	Red	↓	30/04/2026
71 Finance	Finance	90% of invoices to be paid within 30 days of receipt - local target	Director of Finance	90.00%	93.96%	Green	↑	30/04/2026

Key Performance Indicators In-Progress

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



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

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

Patient Safety, Quality, and Experience

Section Lead(s):

Medical Director

Executive Director of Nursing, Midwifery, Allied Health Professionals & Chief Officer Acute

What's Going Well?

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

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

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

RAG Status Values

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

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

Areas of Concern

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

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

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

Patient Safety, Quality, and Experience

Complaints Received

Data Source
Patient Experience Officer

Latest Data
April 2026

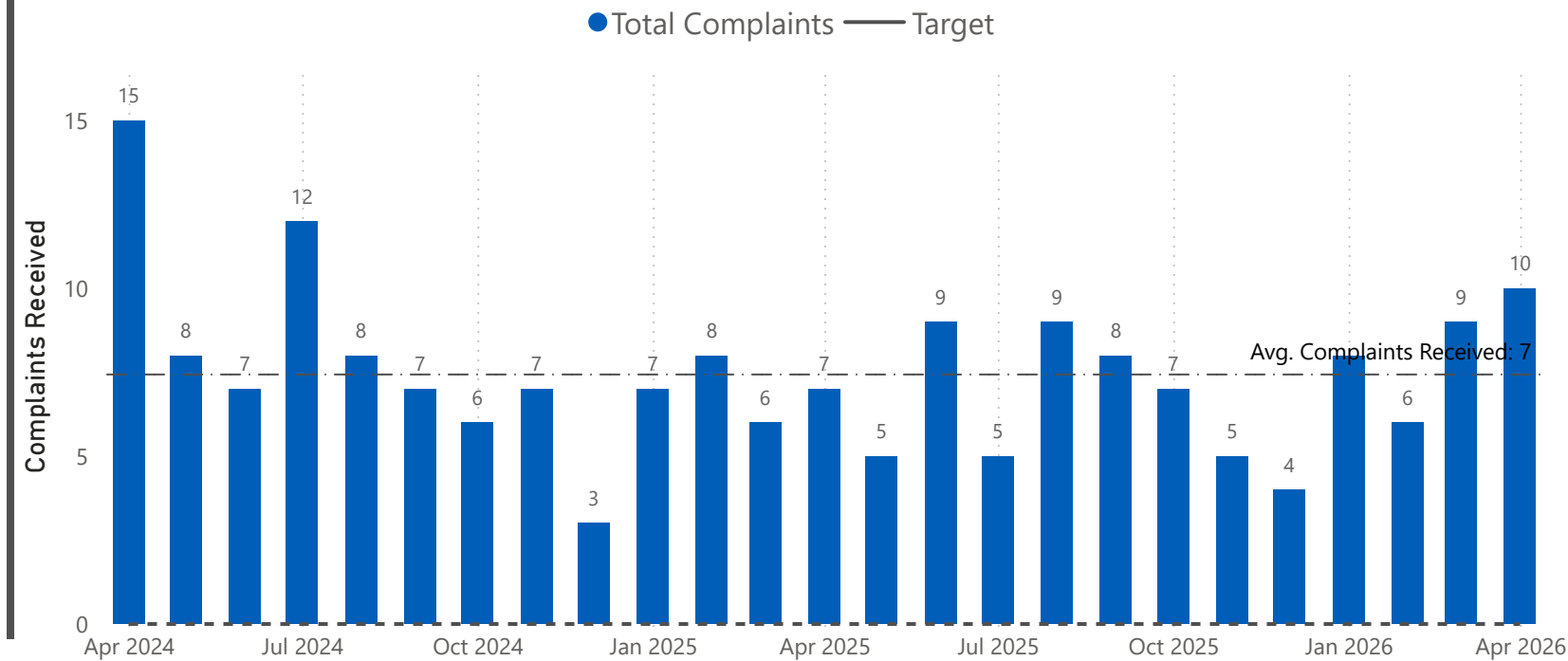
Compliance

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

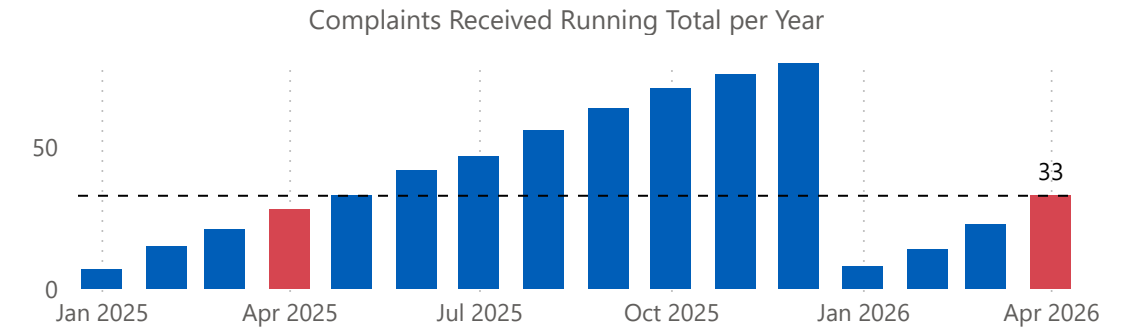
Action	Target Date	Owner	Status
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No target set, actions and target to be updated.

Total Complaints Received



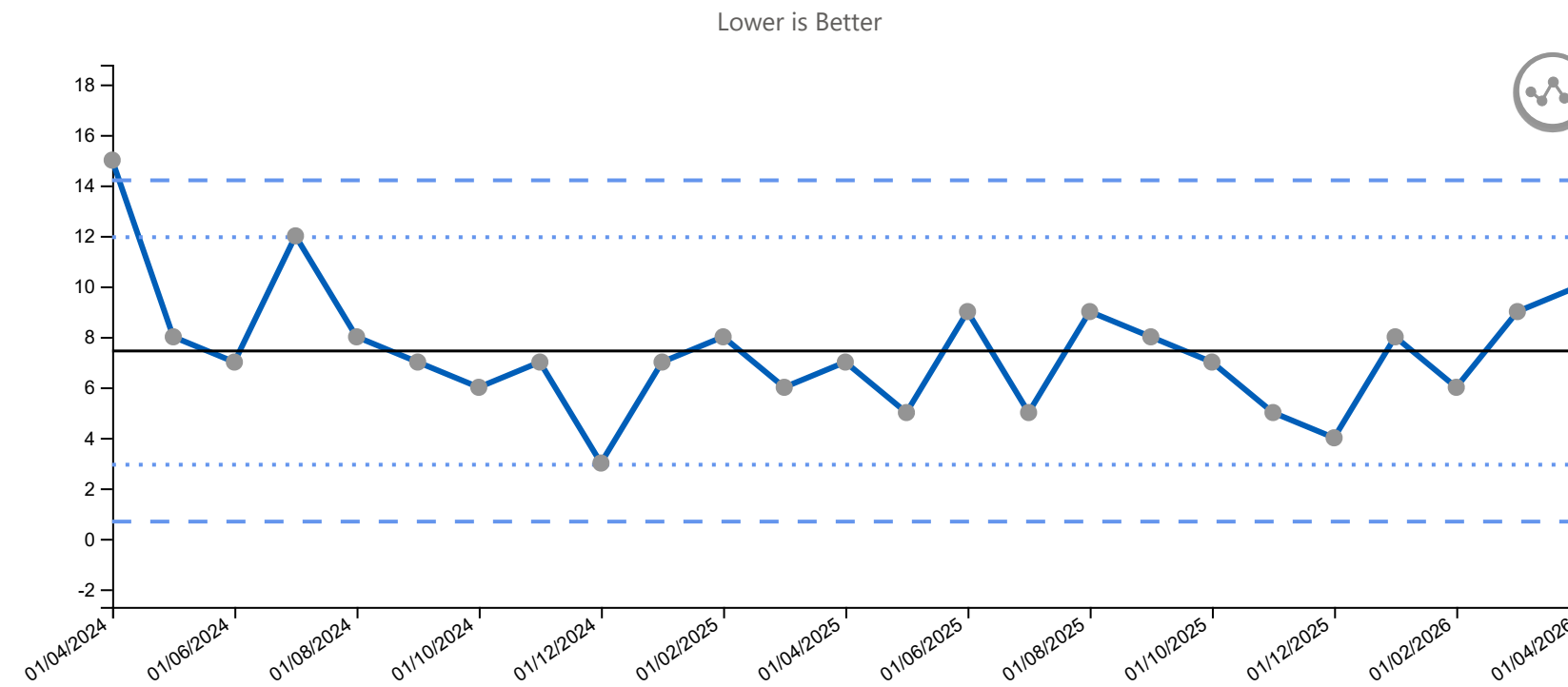
Complaints Received vs. Previous Years



Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	15	7	1	14	3	12	NONE
01/05/2024	8	7	1	14	3	12	NONE
01/06/2024	7	7	1	14	3	12	NONE
01/07/2024	12	7	1	14	3	12	NONE
01/08/2024	8	7	1	14	3	12	NONE
01/09/2024	7	7	1	14	3	12	NONE
01/10/2024	6	7	1	14	3	12	NONE
01/11/2024	7	7	1	14	3	12	NONE
01/12/2024	3	7	1	14	3	12	NONE
01/01/2025	7	7	1	14	3	12	NONE
01/02/2025	8	7	1	14	3	12	NONE
01/03/2025	6	7	1	14	3	12	NONE
01/04/2025	7	7	1	14	3	12	NONE
01/05/2025	5	7	1	14	3	12	NONE
01/06/2025	9	7	1	14	3	12	NONE
01/07/2025	5	7	1	14	3	12	NONE
01/08/2025	9	7	1	14	3	12	NONE
01/09/2025	8	7	1	14	3	12	NONE
01/10/2025	7	7	1	14	3	12	NONE
01/11/2025	5	7	1	14	3	12	NONE
01/12/2025	4	7	1	14	3	12	NONE
01/01/2026	8	7	1	14	3	12	NONE
01/02/2026	6	7	1	14	3	12	NONE
01/03/2026	9	7	1	14	3	12	NONE
01/04/2026	10	7	1	14	3	12	NONE

Total Complaints Received



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 One Complaints

Data Source
Patient Experience Officer

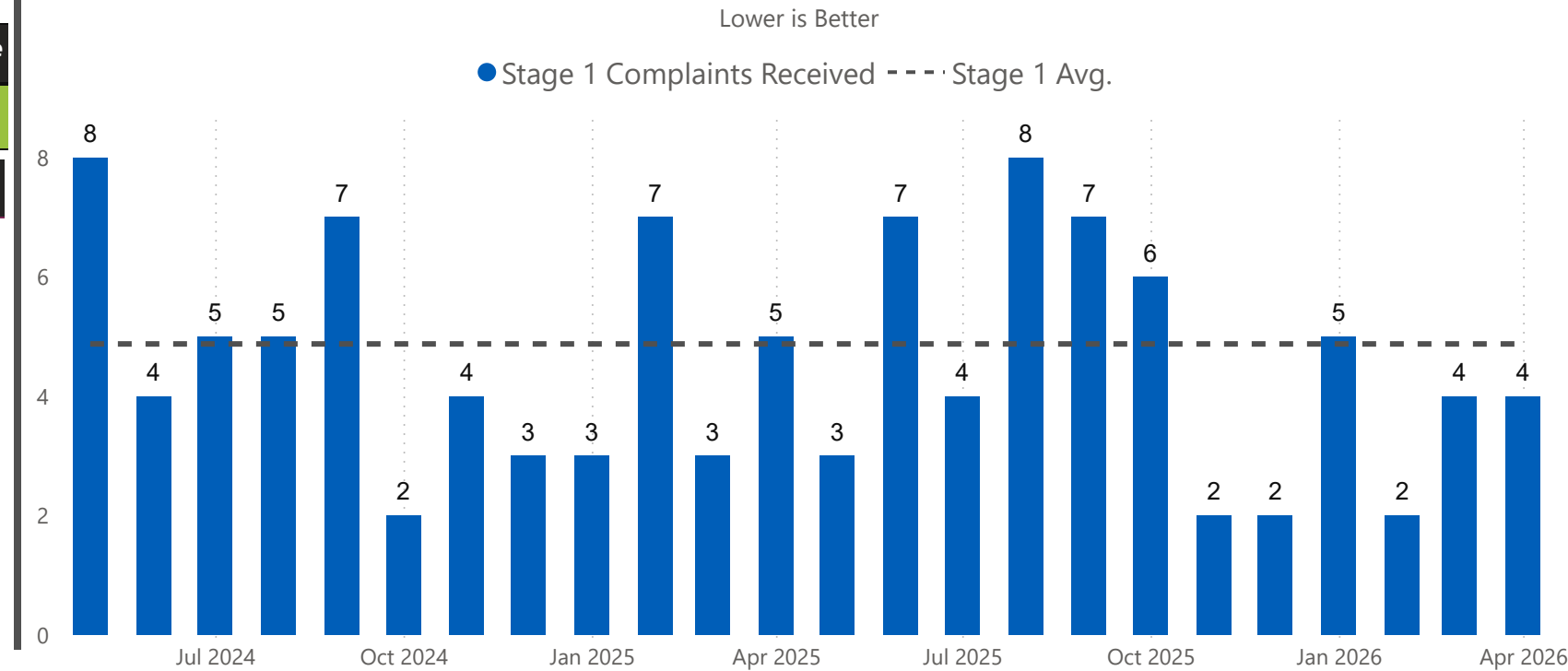
Latest Data
April 2026

Compliance

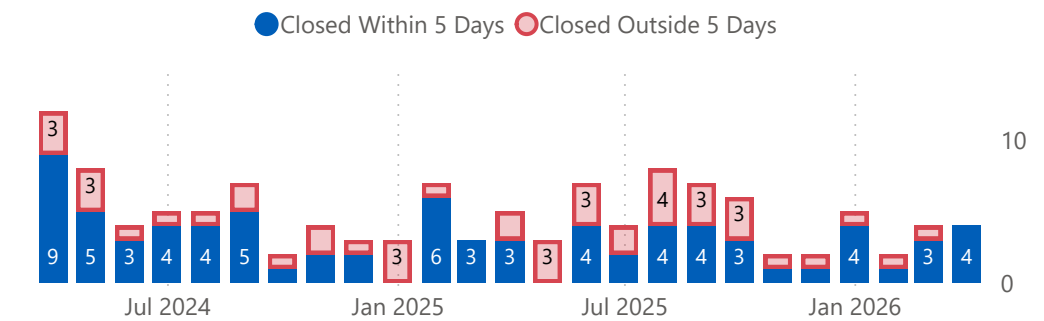
KPI	Target	Actual	RAG Value
Complaints Received - Stage 1 5 Working Day Response Compliance	100%	100.0%	Green

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

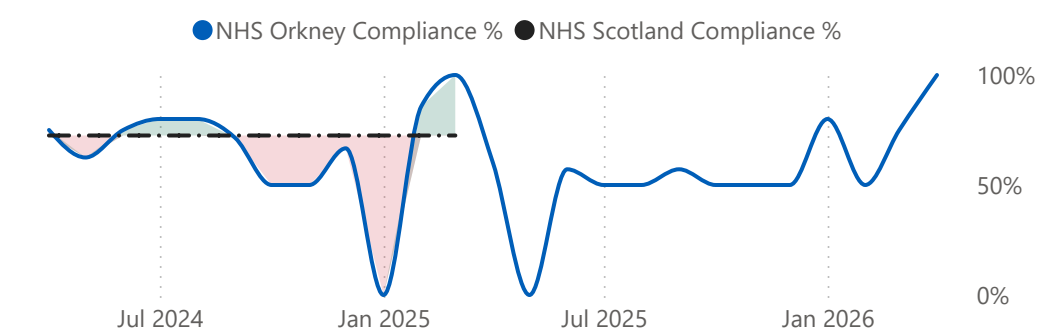
Stage One Complaints Received



Stage One Complaints Received



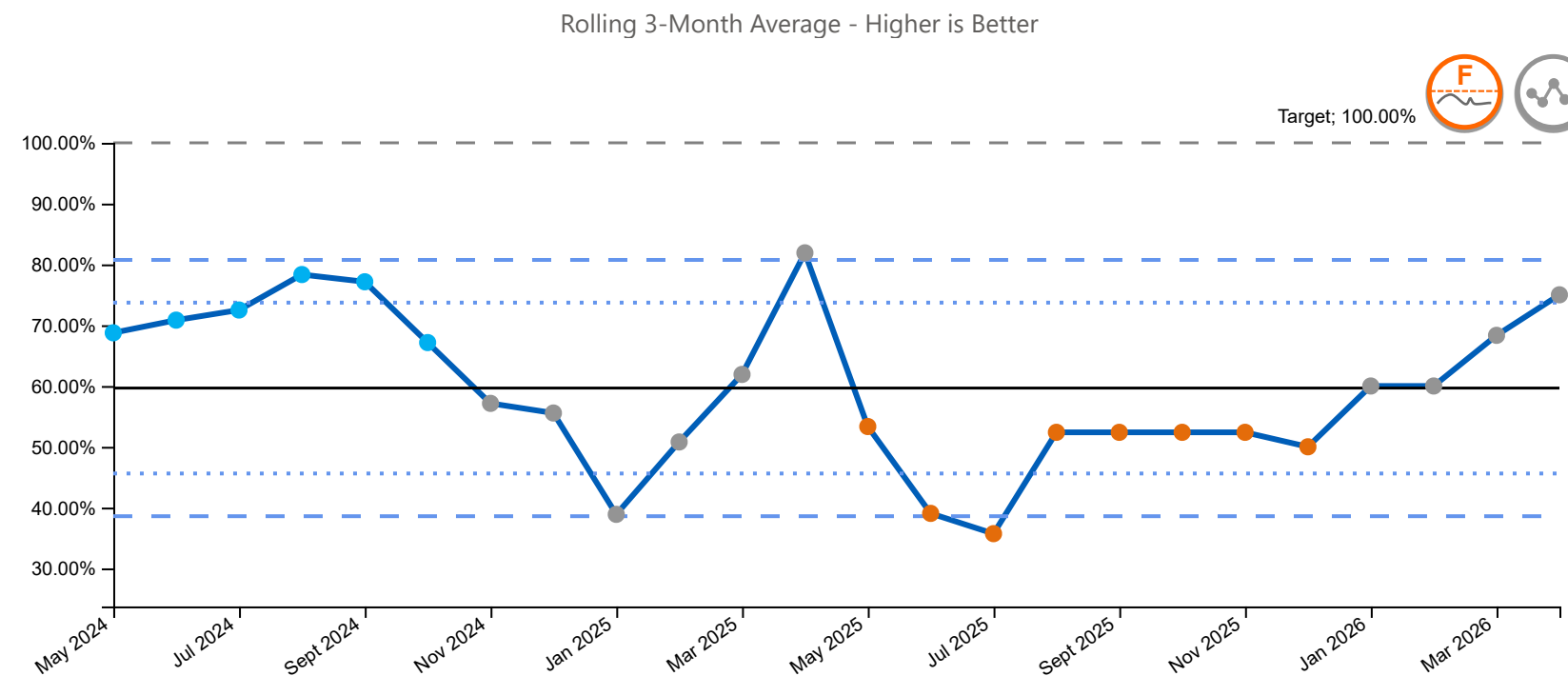
Stage One 5 Working Day Compliance vs. NHS Scotland



Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/05/2024	68.75	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/06/2024	70.83	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/07/2024	72.50	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/08/2024	78.33	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/09/2024	77.14	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/10/2024	67.14	59.66	38.58	80.74	45.61	73.71	IMPROVEMENT
01/11/2024	57.14	59.66	38.58	80.74	45.61	73.71	NONE
01/12/2024	55.56	59.66	38.58	80.74	45.61	73.71	NONE
01/01/2025	38.89	59.66	38.58	80.74	45.61	73.71	NONE
01/02/2025	50.79	59.66	38.58	80.74	45.61	73.71	NONE
01/03/2025	61.90	59.66	38.58	80.74	45.61	73.71	NONE
01/04/2025	81.90	59.66	38.58	80.74	45.61	73.71	NONE
01/05/2025	53.33	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/06/2025	39.05	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/07/2025	35.71	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/08/2025	52.38	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/09/2025	52.38	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/10/2025	52.38	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/11/2025	52.38	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/12/2025	50.00	59.66	38.58	80.74	45.61	73.71	DETERIORATION
01/01/2026	60.00	59.66	38.58	80.74	45.61	73.71	NONE
01/02/2026	60.00	59.66	38.58	80.74	45.61	73.71	NONE
01/03/2026	68.33	59.66	38.58	80.74	45.61	73.71	NONE
01/04/2026	75.00	59.66	38.58	80.74	45.61	73.71	NONE

Stage One Complaints - 5 Working Day Response Compliance



Comments From Executive Lead

There were two Stage One complaints recorded in February 2026. 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
April 2026

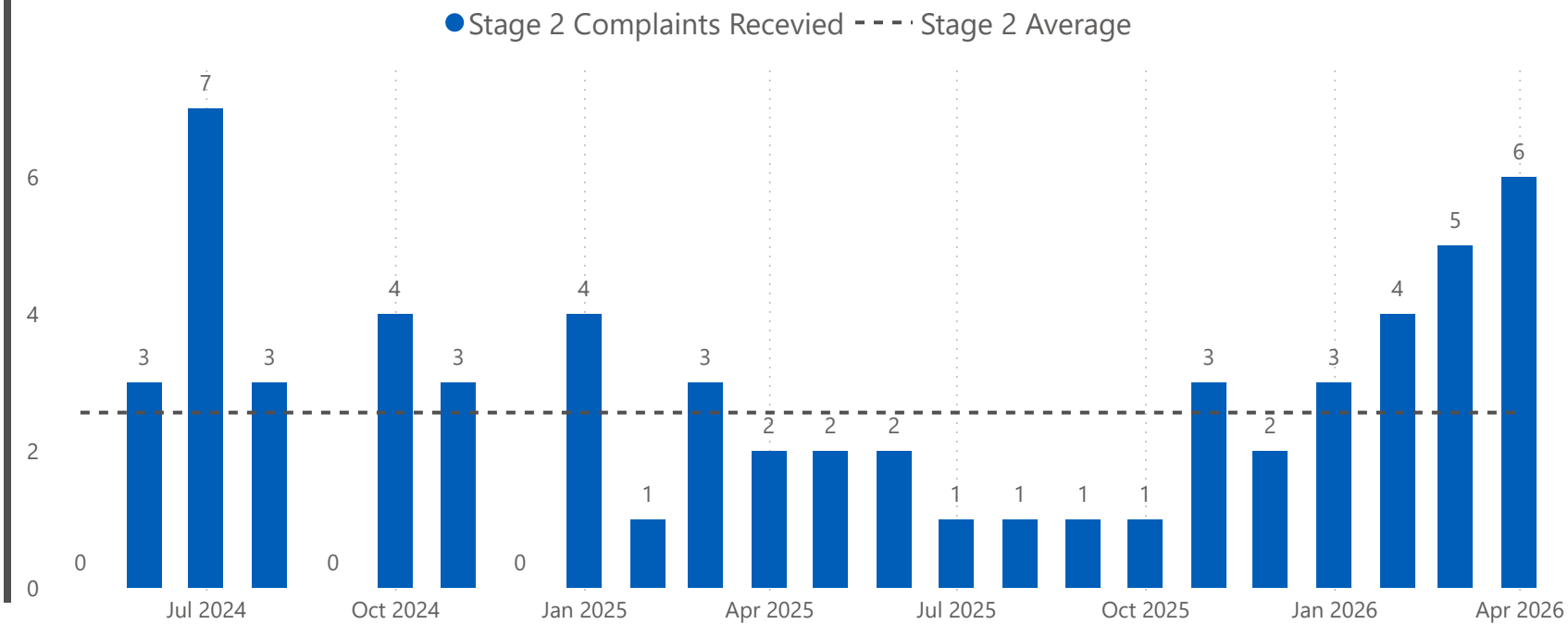
Compliance

KPI	Target	Actual	RAG Value
Complaints Received - Stage 2 20 Working Day Response Compliance	100%	100.0%	Green

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

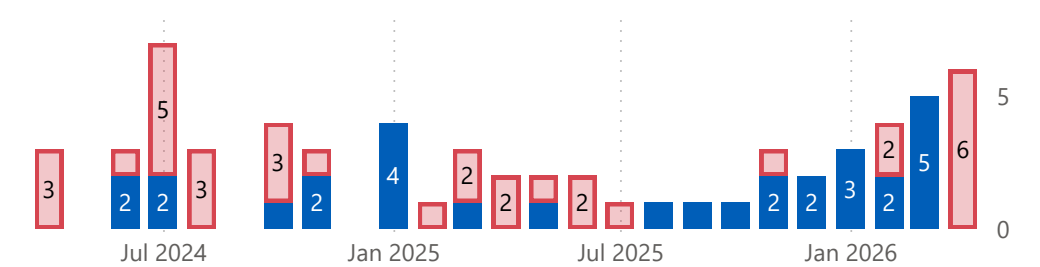
Stage Two Complaints Received

Lower is Better



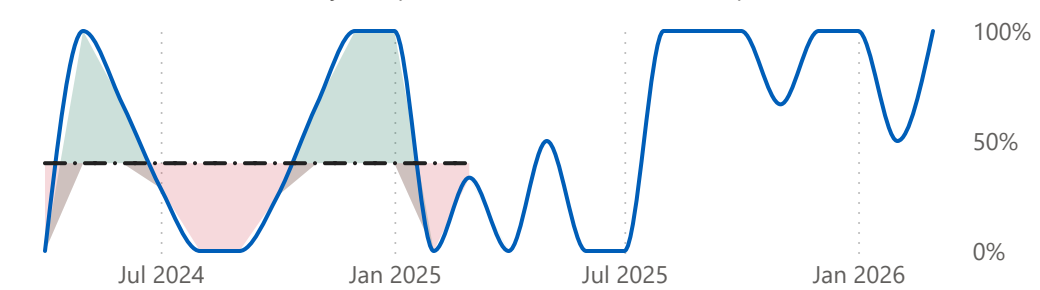
Stage Two Complaints Received

● Closed Within 20 Days ● Closed Outside 20 Days



Stage Two 20 Working Day Compliance vs. NHS Scotland

● NHS Orkney Compliance % ● NHS Scotland Compliance %

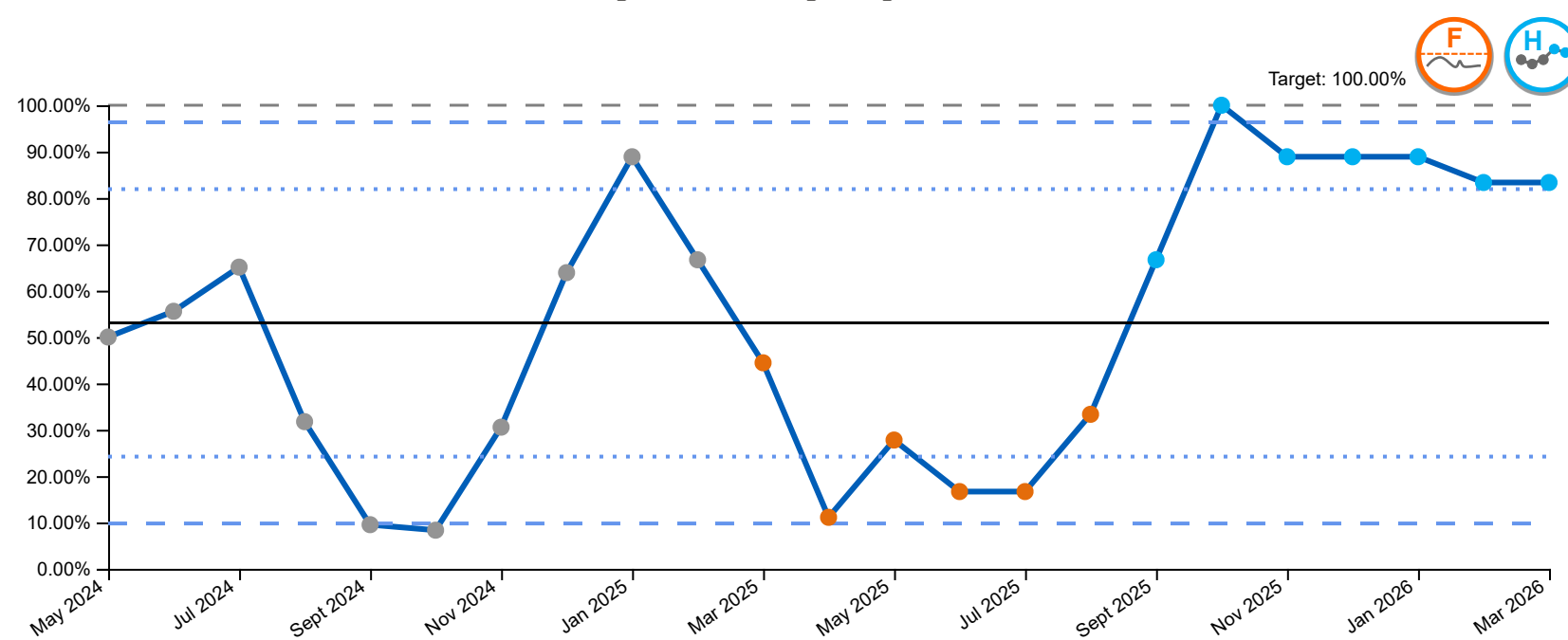


Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/05/2024	50.00	53.05	9.78	96.32	24.21	81.90	NONE
01/06/2024	55.56	53.05	9.78	96.32	24.21	81.90	NONE
01/07/2024	65.08	53.05	9.78	96.32	24.21	81.90	NONE
01/08/2024	31.75	53.05	9.78	96.32	24.21	81.90	NONE
01/09/2024	9.52	53.05	9.78	96.32	24.21	81.90	NONE
01/10/2024	8.33	53.05	9.78	96.32	24.21	81.90	NONE
01/11/2024	30.56	53.05	9.78	96.32	24.21	81.90	NONE
01/12/2024	63.89	53.05	9.78	96.32	24.21	81.90	NONE
01/01/2025	88.89	53.05	9.78	96.32	24.21	81.90	NONE
01/02/2025	66.67	53.05	9.78	96.32	24.21	81.90	NONE
01/03/2025	44.44	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/04/2025	11.11	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/05/2025	27.78	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/06/2025	16.67	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/07/2025	16.67	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/08/2025	33.33	53.05	9.78	96.32	24.21	81.90	DETERIORATION
01/09/2025	66.67	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/10/2025	100.00	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/11/2025	88.89	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/12/2025	88.89	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/01/2026	88.89	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/02/2026	83.33	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT
01/03/2026	83.33	53.05	9.78	96.32	24.21	81.90	IMPROVEMENT

Stage Two Complaints - 20 Working Day Response Compliance

Rolling 3-Month Average - Higher is Better



Comments From Executive Lead

The number of Stage Two complaints remains low, with a slight increase seen in the past four 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

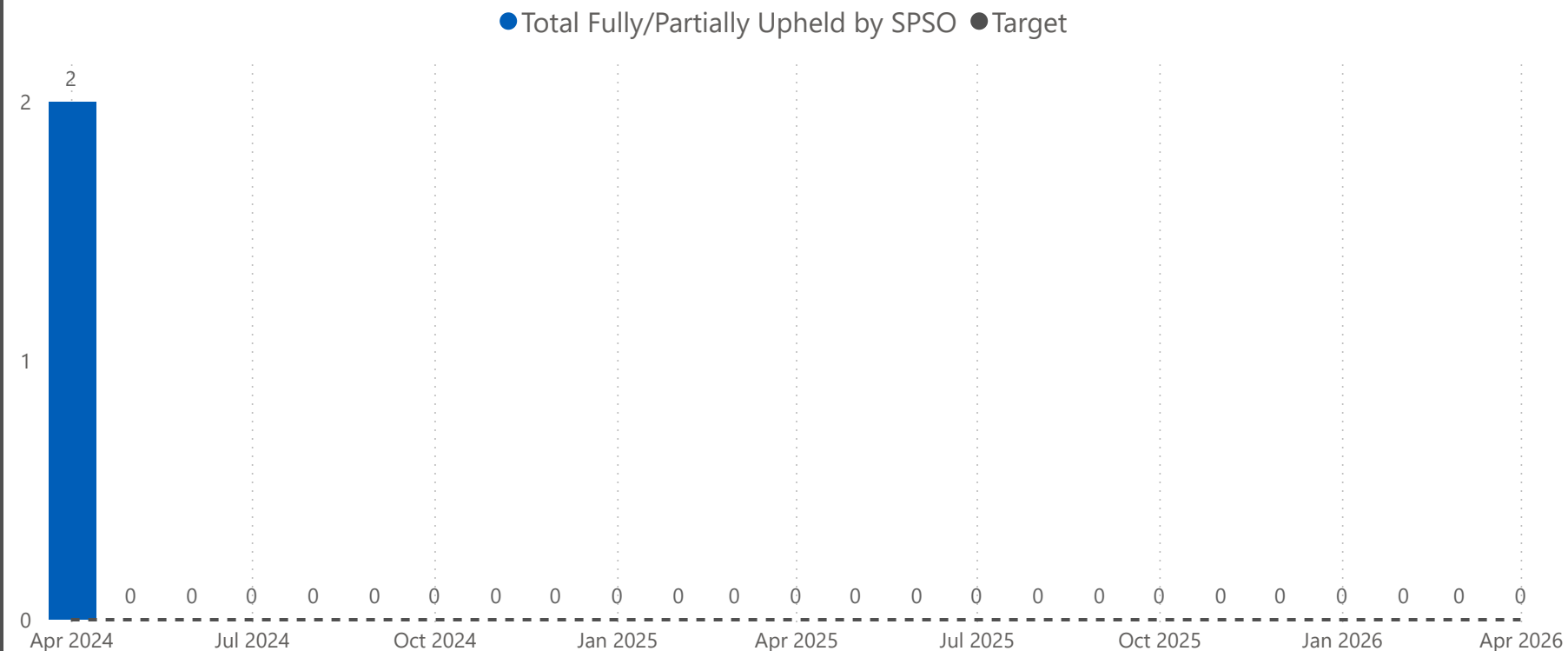
April 2026

Compliance

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

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

Total Complaints Upheld/Partially Upheld by SPSO



Comments From Executive Lead

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience

Inpatient Falls (Without Harm)

Data Source
Datix, Ward Documentation

Latest Data
April 2026

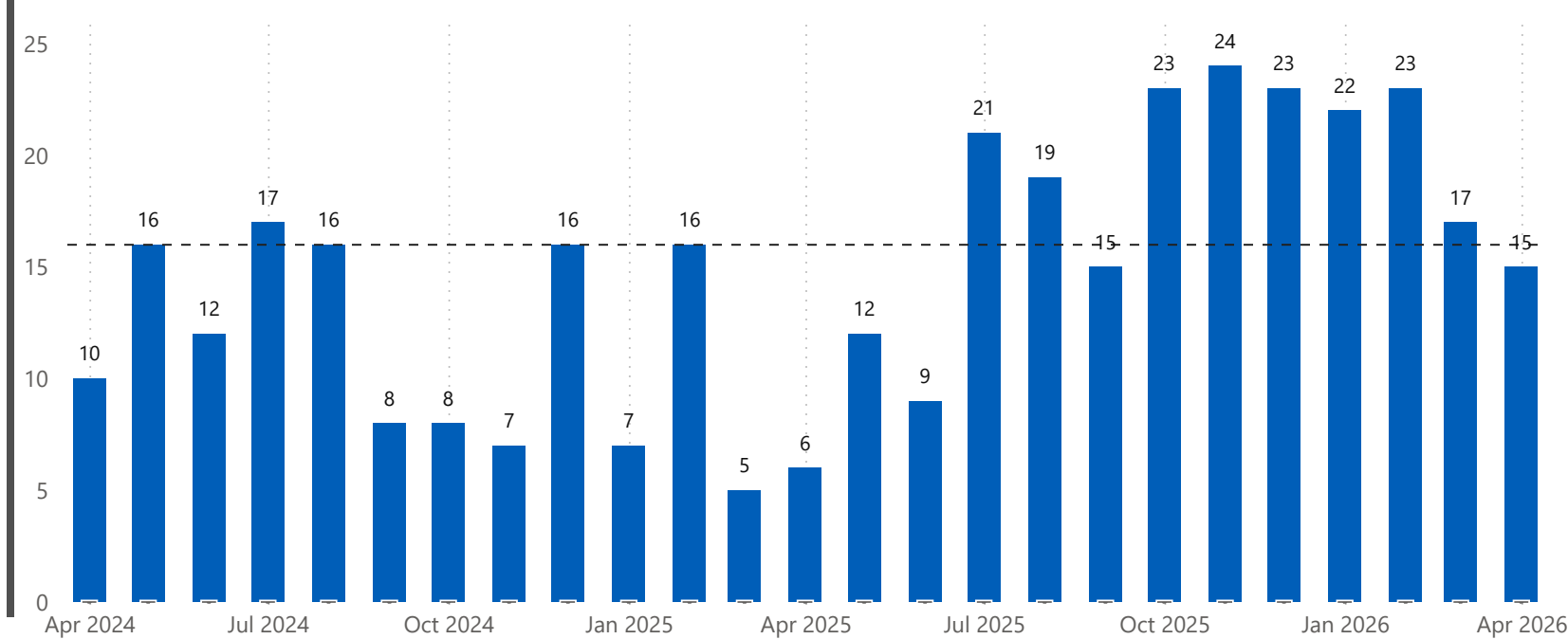
Compliance

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

Action	Target Date	Owner	Status
Deep dive data review of falls in the last 12 months	31/03/2026	S Thomas	Completed
Review of data presentation in the IPR for next Board meeting	29/05/2026	S Thomas	Off Track
Improvement work continues with close links with the Scottish Patient Safety Programme (SPSP) falls initiative.	30/06/2026	S Thomas	In Progress

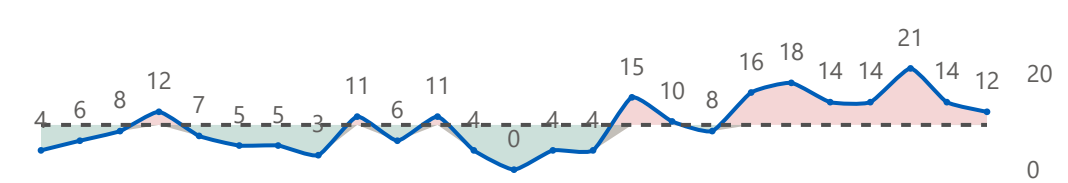
Inpatient Falls

Lower is Better - Values Above UCL Result In Investigation



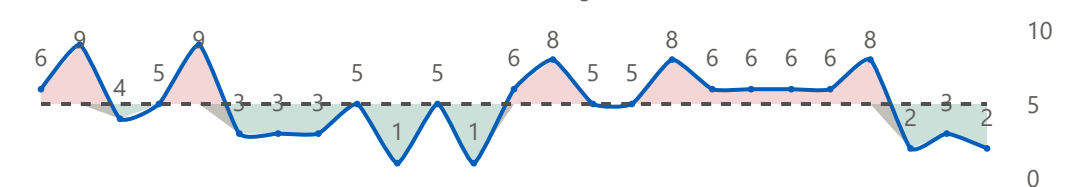
Inpatient 1

Dashed line shows average falls for area



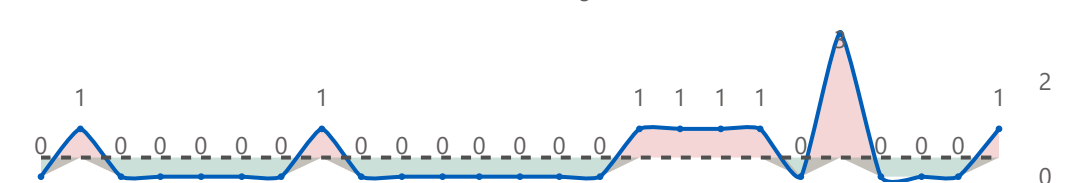
Inpatient 2

Dashed line shows average falls for area



Macmillan

Dashed line shows average falls for area

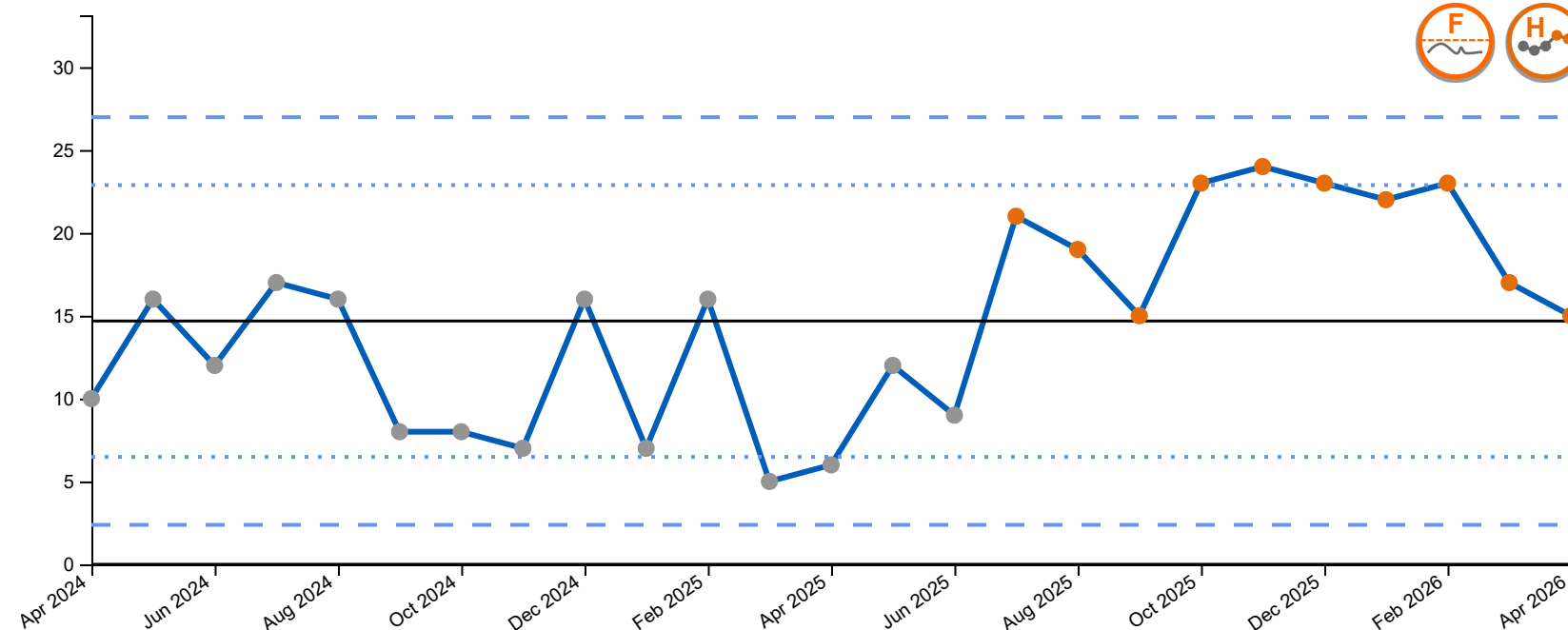


Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	10.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/05/2024	16.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/06/2024	12.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/07/2024	17.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/08/2024	16.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/09/2024	8.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/10/2024	8.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/11/2024	7.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/12/2024	16.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/01/2025	7.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/02/2025	16.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/03/2025	5.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/04/2025	6.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/05/2025	12.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/06/2025	9.00	14.68	0.00	2.38	26.98	6.48	22.88	NONE
01/07/2025	21.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/08/2025	19.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/09/2025	15.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/10/2025	23.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/11/2025	24.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/12/2025	23.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/01/2026	22.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/02/2026	23.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/03/2026	17.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION
01/04/2026	15.00	14.68	0.00	2.38	26.98	6.48	22.88	DETERIORATION

Inpatient Falls

Lower is Better



Comments From Executive Lead

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 with sustained improvement seen over the last two months. Whilst not shown in the data here, there were 11 falls in May 2026 demonstrating continued improvement.



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

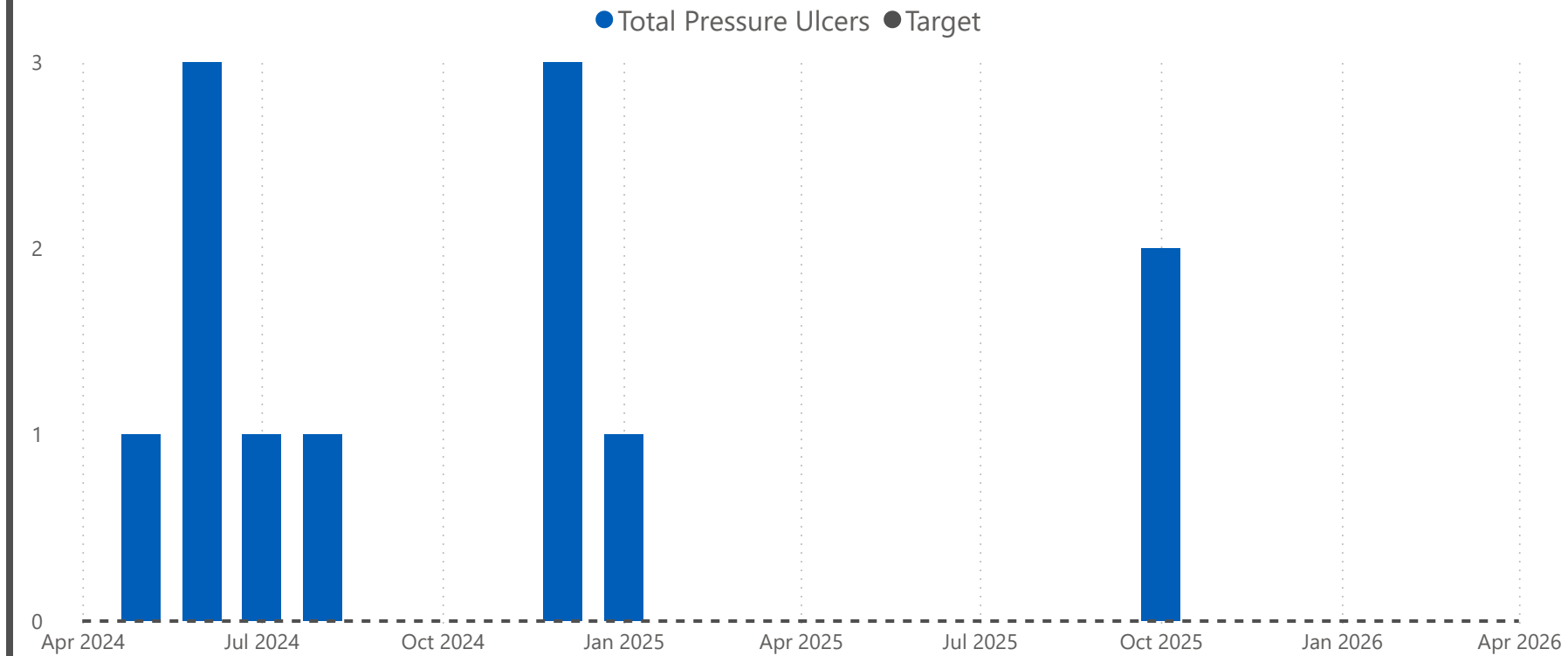
Latest Data
April 2026

Compliance

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

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

Inpatient Acquired Pressure Ulcers



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

March 2026

Compliance

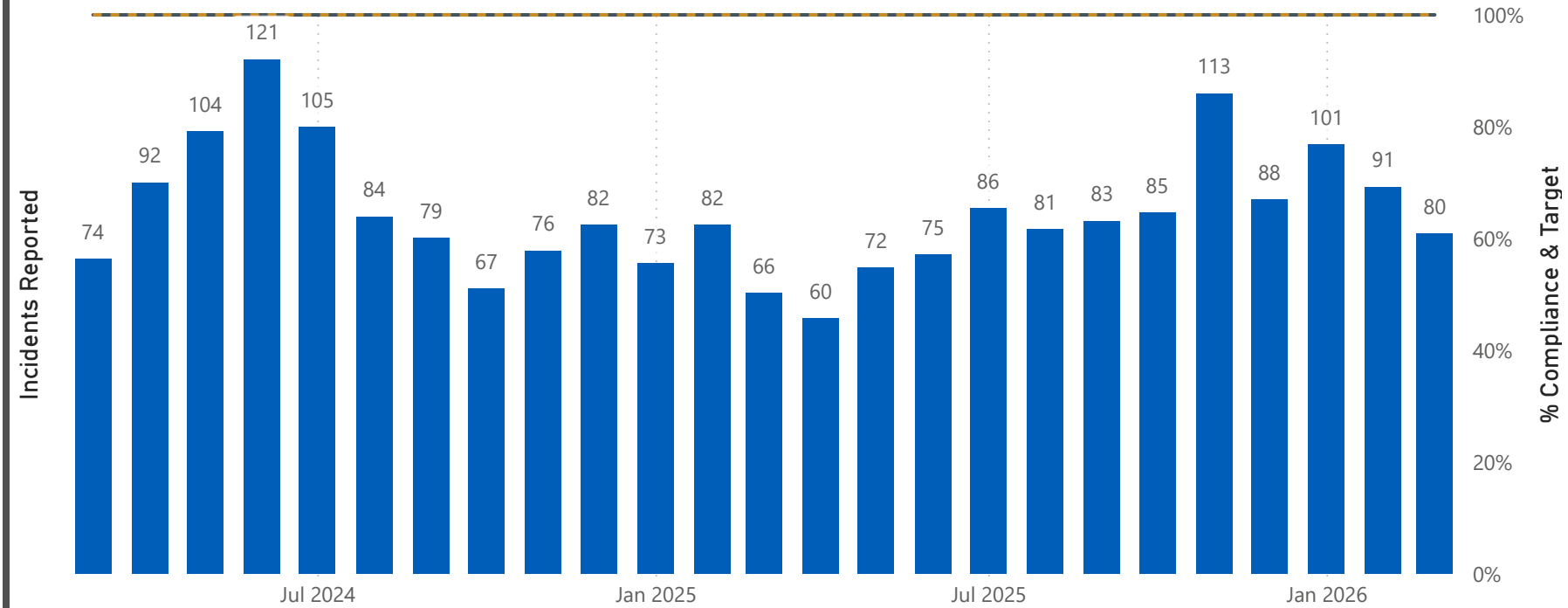
KPI	Target	Actual	RAG Value
Incident Reporting and 7 Working Day Review Compliance	100%	100%	Green

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

Incident Reporting - 7 Day Review Compliance

● Incidents Reported ● % Incidents Reviewed in 7 Days ● Target



Comments From Executive Lead

Dr Anna Lamont, Medical Director



Patient Safety, Quality, and Experience

Significant Adverse Event Reviews (SAERs)

Data Source

Datix

Latest Data

April 2026

Compliance

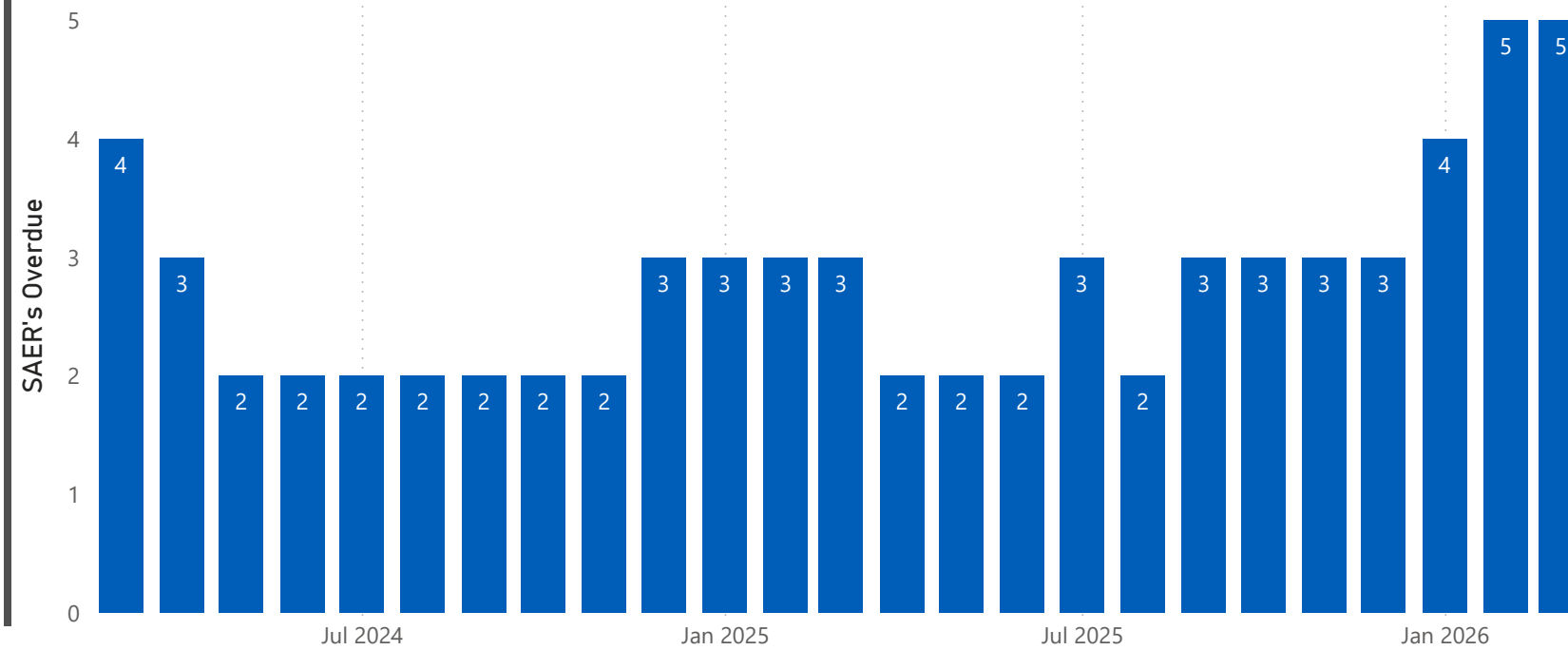
KPI	Target	Actual	RAG Value
Significant Adverse Event Review Compliance (closed within target date)	100%	0.00%	Red

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	Off Track

Monitor and support the timely closure of currently open SAERs via the Clinical Governance Group

31/12/2025 A Lamont Off Track

Significant Adverse Events - SAERs Overdue



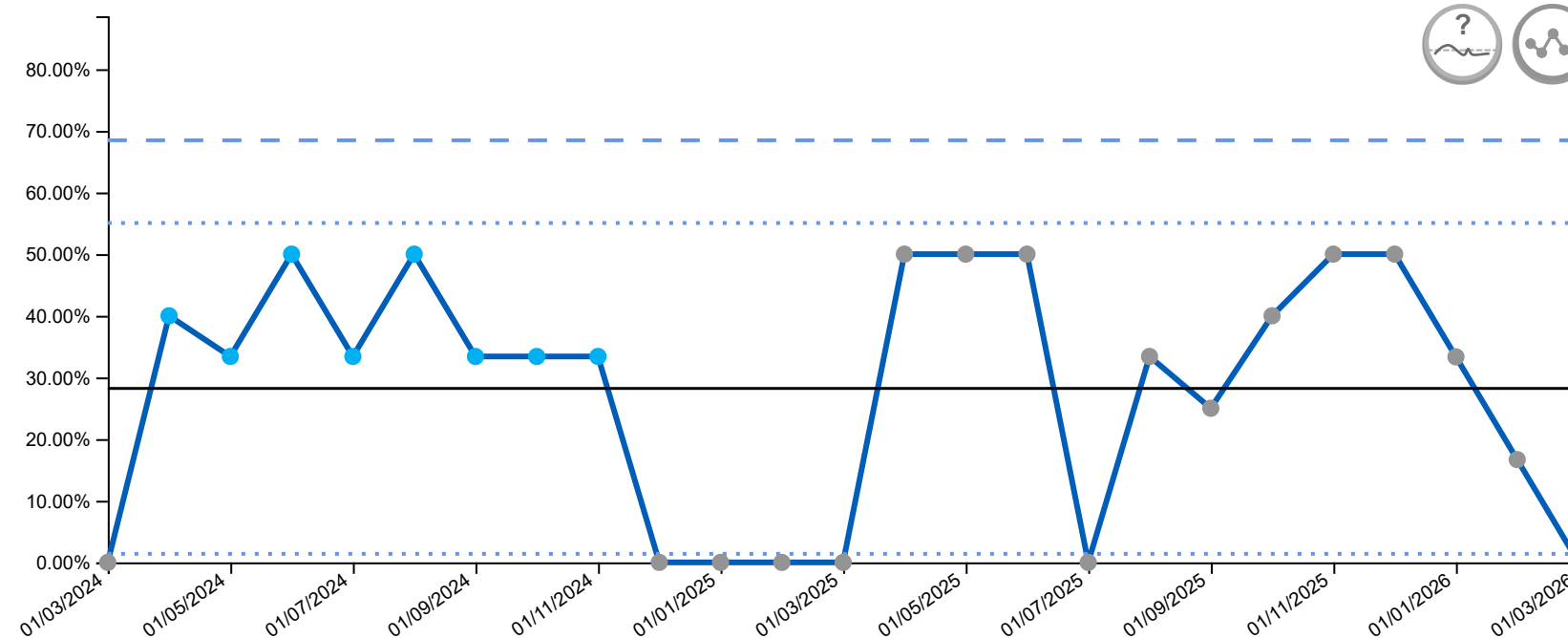
Month	SAER's commissioned	SAER's overdue	% SAER Compliance	Target
December 2024	0	3	0.00%	100.00%
January 2025	0	3	0.00%	100.00%
February 2025	0	3	0.00%	100.00%
March 2025	0	3	0.00%	100.00%
April 2025	2	2	50.00%	100.00%
May 2025	0	2	50.00%	100.00%
June 2025	0	2	50.00%	100.00%
July 2025	0	3	0.00%	100.00%
August 2025	0	2	33.40%	100.00%
September 2025	1	3	25.00%	100.00%
October 2025	1	3	40.00%	100.00%
November 2025	1	3	50.00%	100.00%
December 2025	0	3	50.00%	100.00%
January 2026	0	4	33.34%	100.00%
February 2026	0	5	16.67%	100.00%
March 2026	0	5	0.00%	100.00%

Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/03/2024	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/04/2024	40.00	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/05/2024	33.40	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/06/2024	50.00	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/07/2024	33.40	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/08/2024	50.00	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/09/2024	33.40	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/10/2024	33.40	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/11/2024	33.40	28.22	0.00	68.46	1.38	55.05	IMPROVEMENT
01/12/2024	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/01/2025	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/02/2025	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/03/2025	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/04/2025	50.00	28.22	0.00	68.46	1.38	55.05	NONE
01/05/2025	50.00	28.22	0.00	68.46	1.38	55.05	NONE
01/06/2025	50.00	28.22	0.00	68.46	1.38	55.05	NONE
01/07/2025	0.00	28.22	0.00	68.46	1.38	55.05	NONE
01/08/2025	33.40	28.22	0.00	68.46	1.38	55.05	NONE
01/09/2025	25.00	28.22	0.00	68.46	1.38	55.05	NONE
01/10/2025	40.00	28.22	0.00	68.46	1.38	55.05	NONE
01/11/2025	50.00	28.22	0.00	68.46	1.38	55.05	NONE
01/12/2025	50.00	28.22	0.00	68.46	1.38	55.05	NONE
01/01/2026	33.34	28.22	0.00	68.46	1.38	55.05	NONE
01/02/2026	16.67	28.22	0.00	68.46	1.38	55.05	NONE
01/03/2026	0.00	28.22	0.00	68.46	1.38	55.05	NONE

Significant Adverse Events - Review Compliance

Higher is Better



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
January 2026

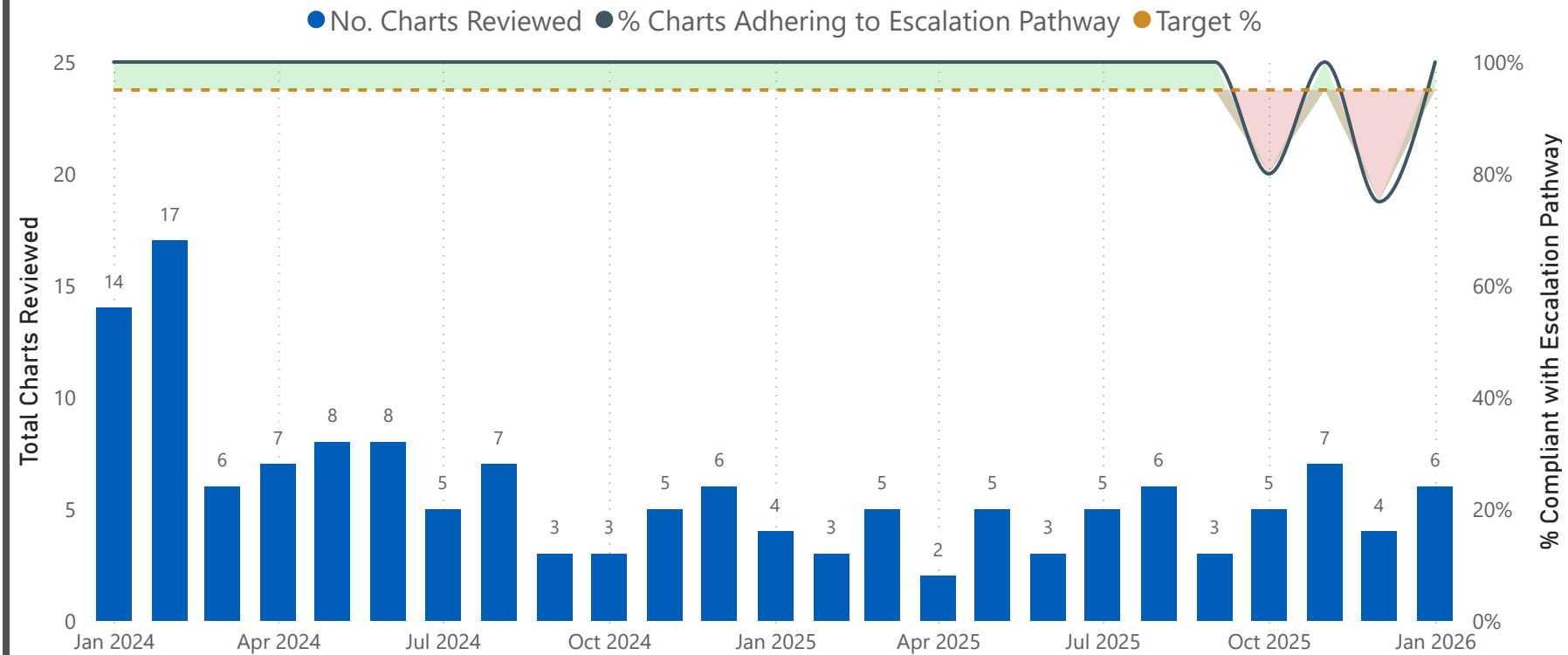
Compliance

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

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

Maternal Early Warning Score Observations



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

January 2026

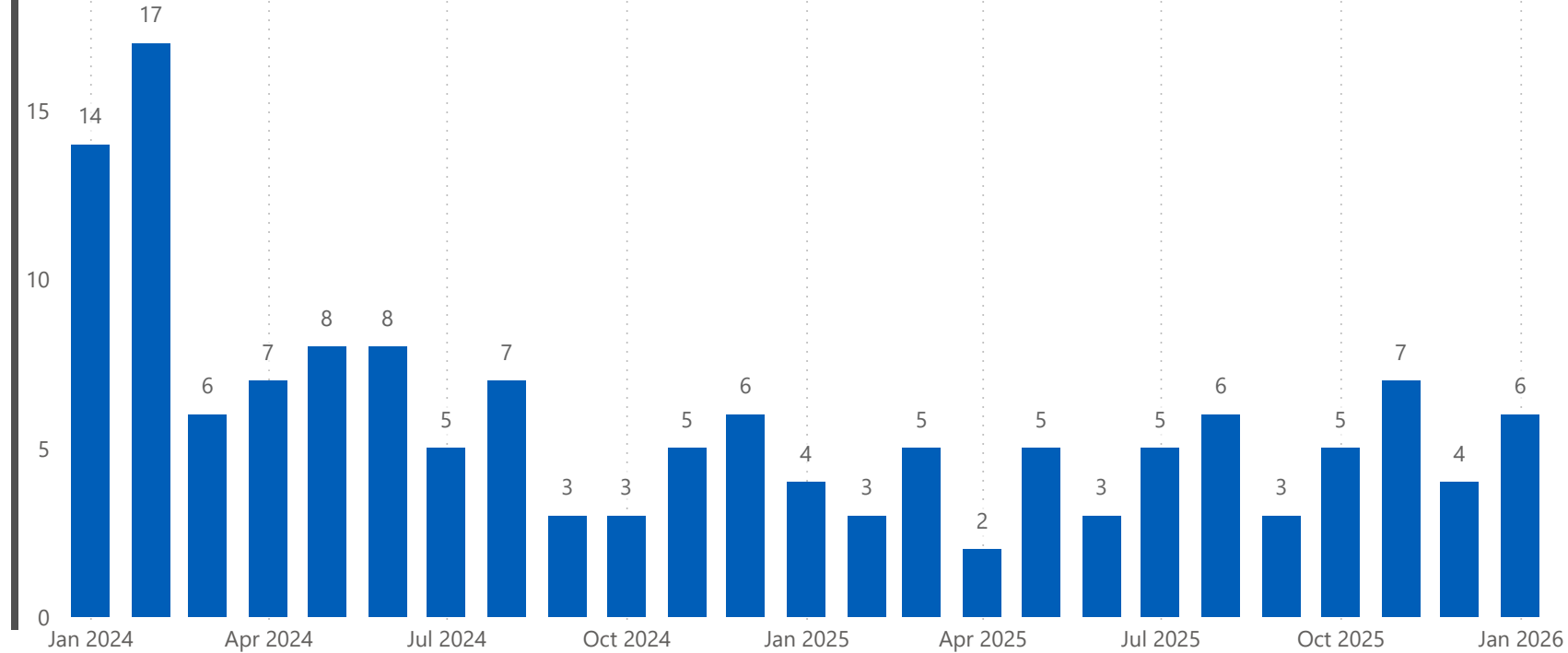
Compliance

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

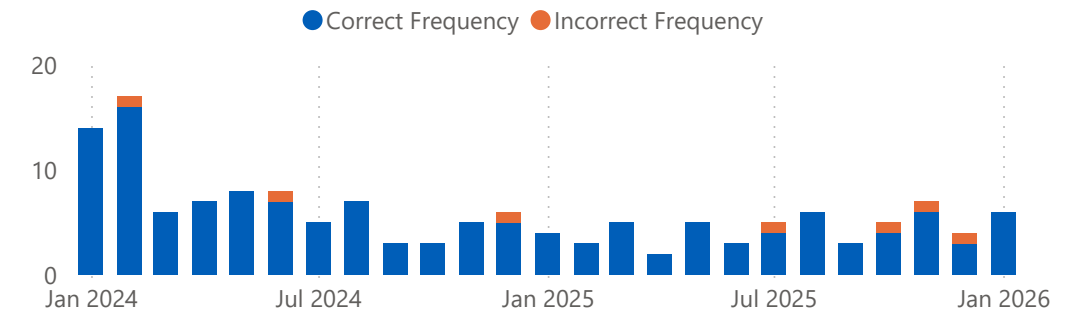
Action	Target Date	Owner	Status
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All current actions completed/closed.

Maternal Early Warning Scores - Charts Reviewed



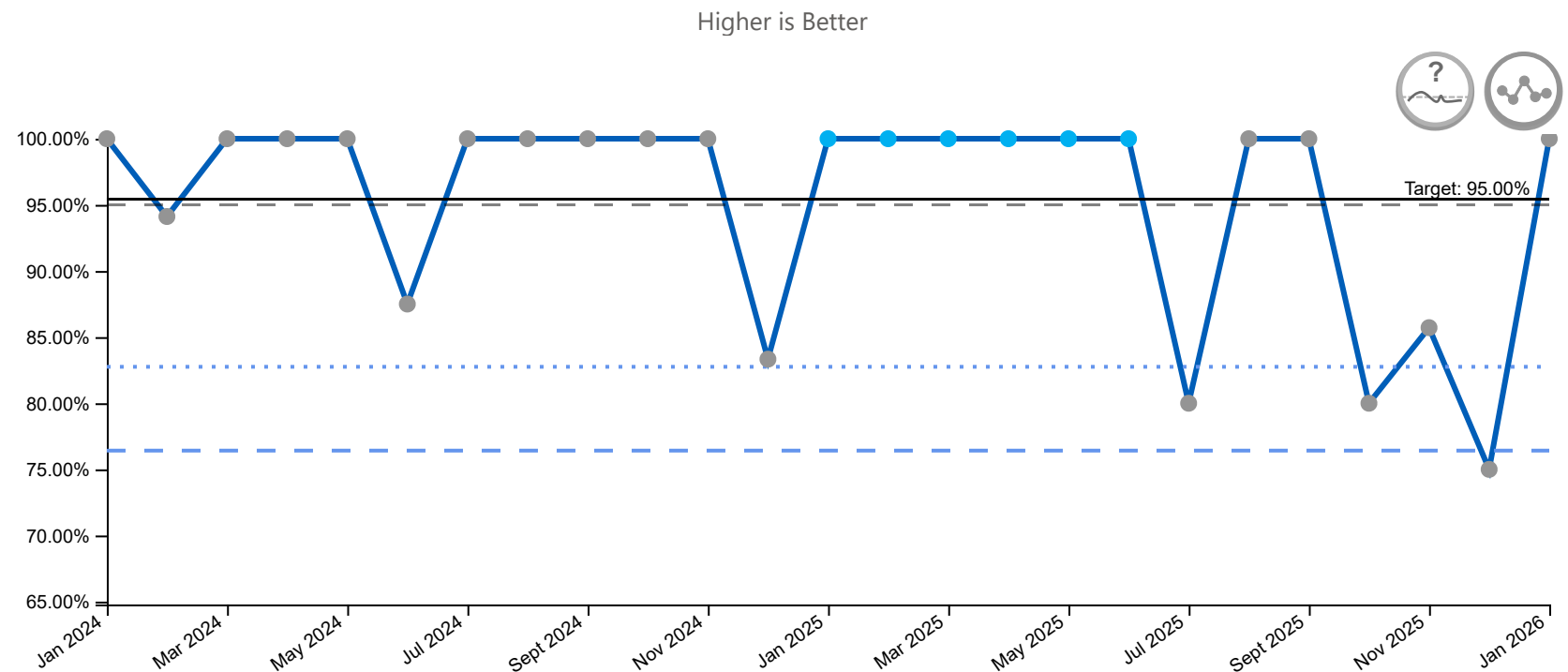
Maternal Early Warning Scores - Frequencies



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/01/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/02/2024	94.12	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/03/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/04/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/05/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/06/2024	87.50	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/07/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/08/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/09/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/10/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/11/2024	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/12/2024	83.33	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/01/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/02/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/03/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/04/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/05/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/06/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	IMPROVEMENT
01/07/2025	80.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/08/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/09/2025	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/10/2025	80.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/11/2025	85.71	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/12/2025	75.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE
01/01/2026	100.00	95.43	95.00	78.48	100.00	84.13	100.00	NONE

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

February 2026

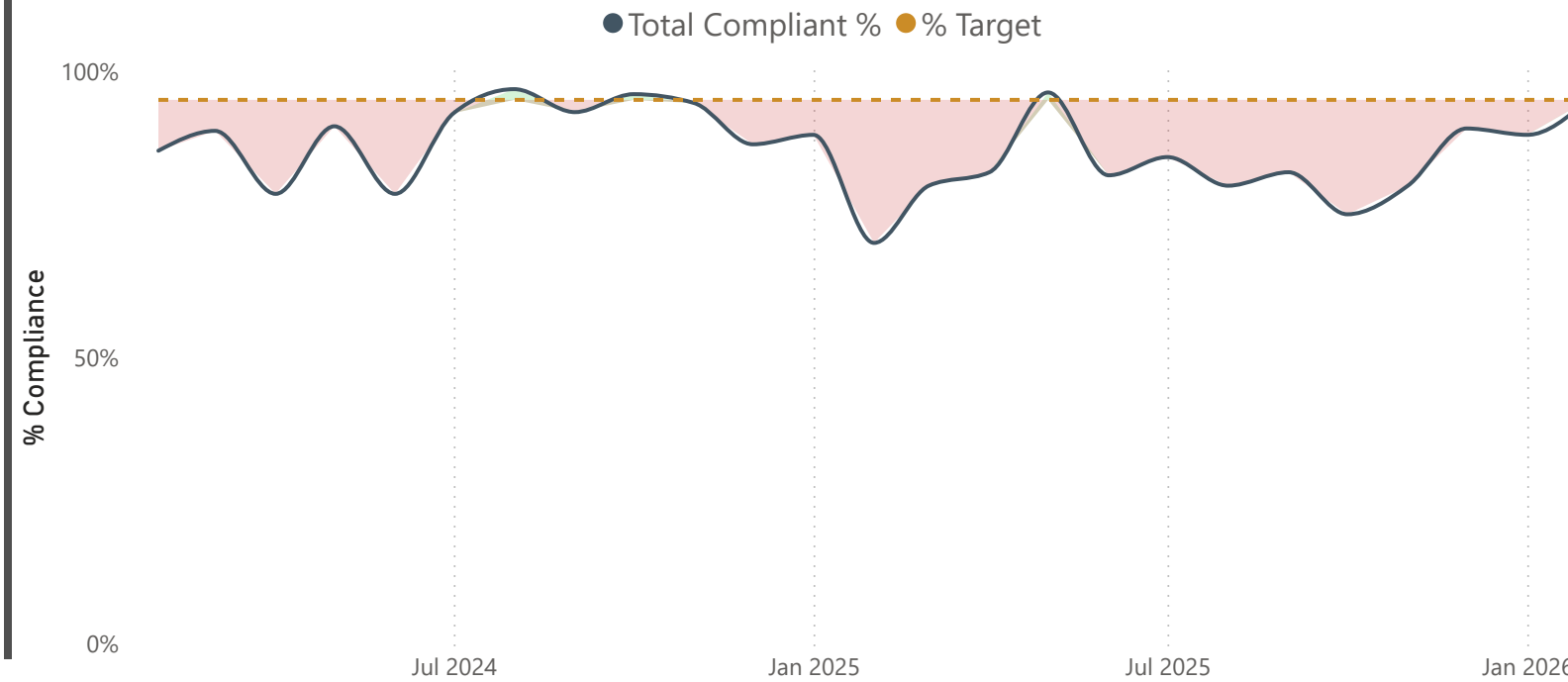
Compliance

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

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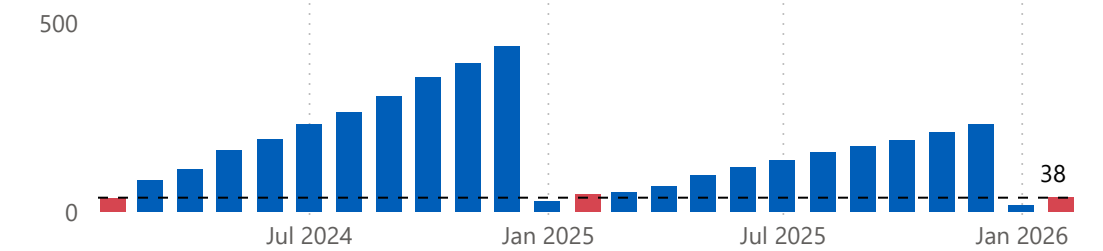
All current actions completed/closed.

Paediatric Early Warning Score Compliance (Age, Observation, Scoring)

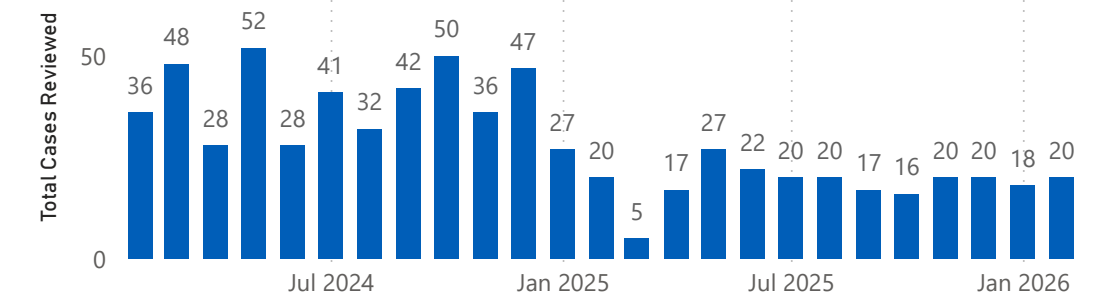


Paediatric Early Warning Scores Cases Reviewed

PEWS Cases Reviewed Running Total per Year



Paediatric Early Warning Score Cases Reviewed

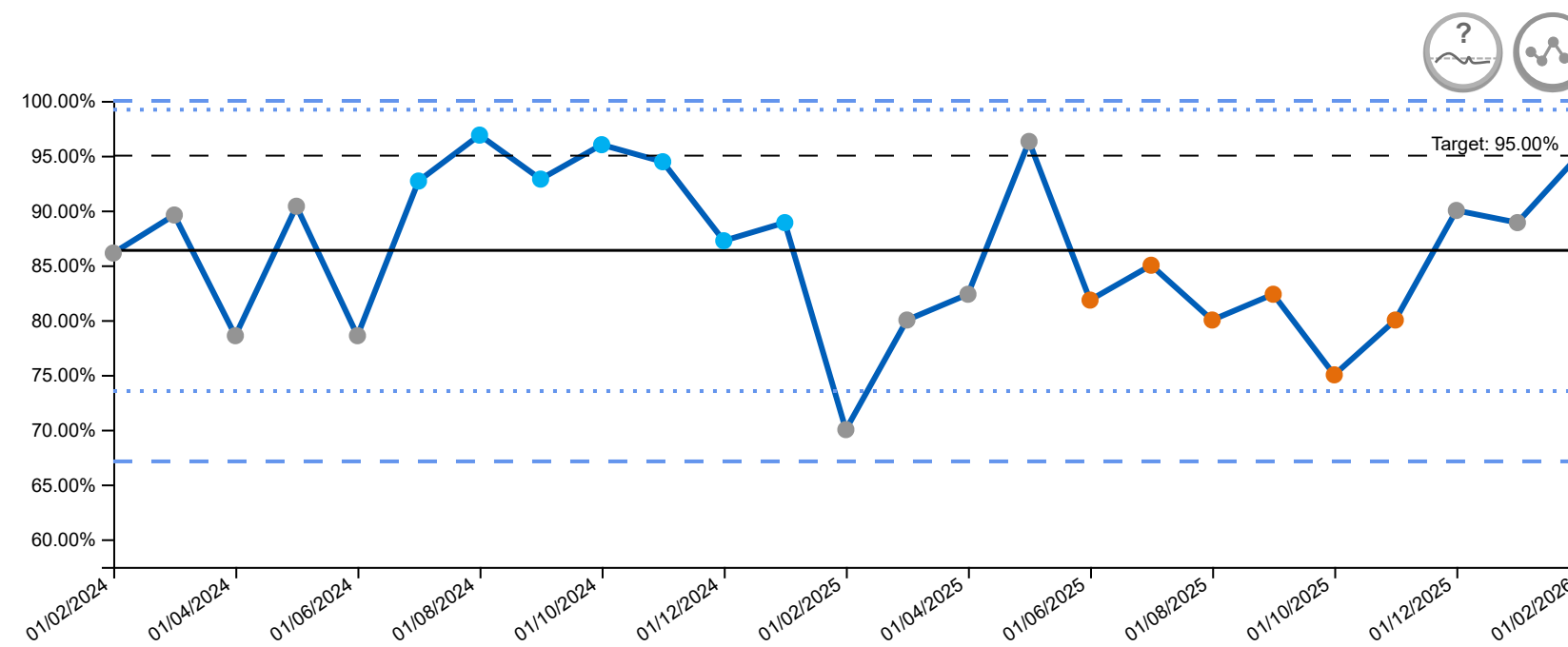


Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/02/2024	86.11	86.36	67.10	100.00	73.52	99.19	NONE
01/03/2024	89.58	86.36	67.10	100.00	73.52	99.19	NONE
01/04/2024	78.57	86.36	67.10	100.00	73.52	99.19	NONE
01/05/2024	90.38	86.36	67.10	100.00	73.52	99.19	NONE
01/06/2024	78.57	86.36	67.10	100.00	73.52	99.19	NONE
01/07/2024	92.68	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/08/2024	96.88	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/09/2024	92.86	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/10/2024	96.00	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/11/2024	94.44	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/12/2024	87.23	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/01/2025	88.89	86.36	67.10	100.00	73.52	99.19	IMPROVEMENT
01/02/2025	70.00	86.36	67.10	100.00	73.52	99.19	NONE
01/03/2025	80.00	86.36	67.10	100.00	73.52	99.19	NONE
01/04/2025	82.35	86.36	67.10	100.00	73.52	99.19	NONE
01/05/2025	96.30	86.36	67.10	100.00	73.52	99.19	NONE
01/06/2025	81.82	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/07/2025	85.00	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/08/2025	80.00	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/09/2025	82.35	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/10/2025	75.00	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/11/2025	80.00	86.36	67.10	100.00	73.52	99.19	DETERIORATION
01/12/2025	90.00	86.36	67.10	100.00	73.52	99.19	NONE
01/01/2026	88.89	86.36	67.10	100.00	73.52	99.19	NONE
01/02/2026	95.00	86.36	67.10	100.00	73.52	99.19	NONE

Paediatric Early Warning Score Compliance (Age, Observation, Scoring)

Higher is Better



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

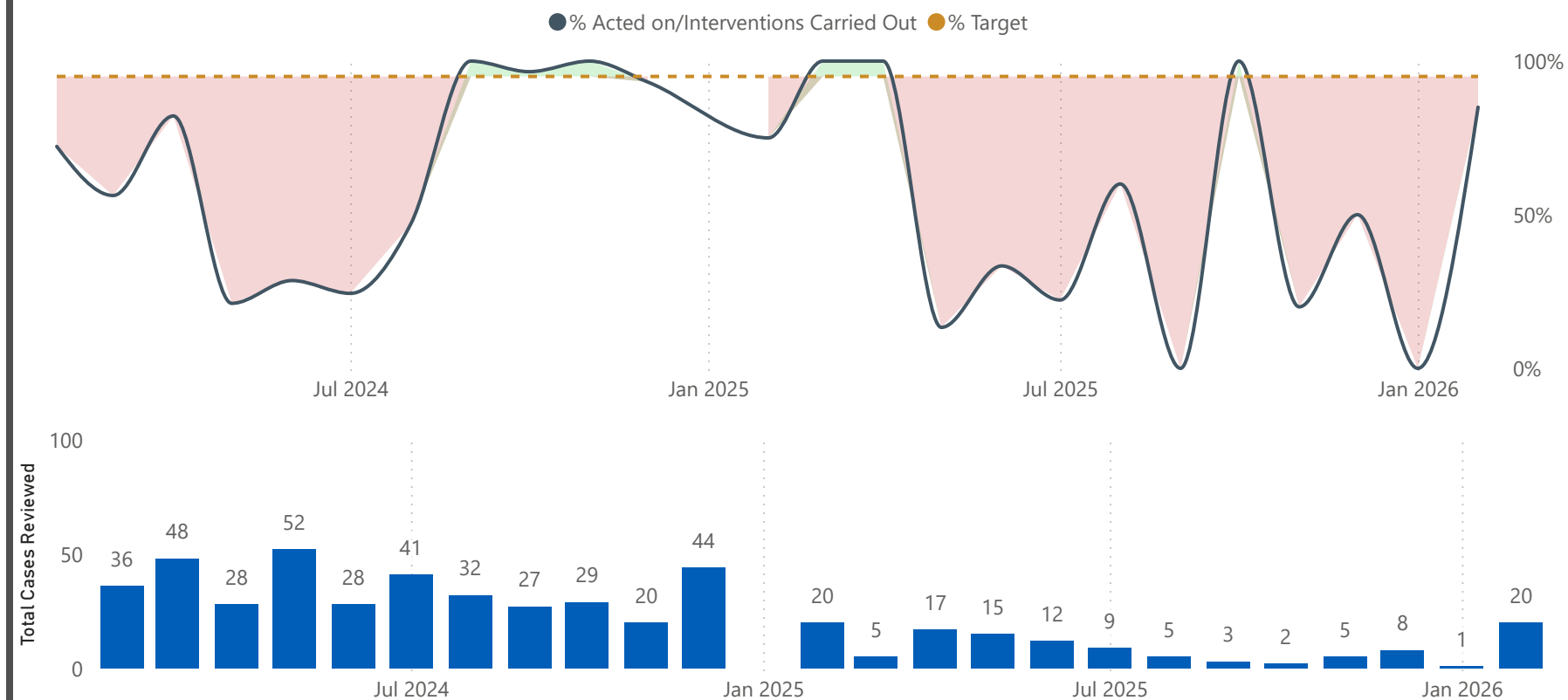
February 2026

Compliance

KPI	Target	Actual	RAG Value
Paediatric Early Warning Score (PEWs) - % 'at-risk' observations identified and acted upon	95%	85%	Amber

Action	Target Date	Owner	Status

Paediatric Early Warning Score 'At-Risk' Compliance



Comments From Executive Lead

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?

Diagnostic cardiology performance has improved significantly and is now close to the six-week standard, reflecting the impact of substantive staffing and improved local resilience, with reduced reliance on locums and patient travel.

Diagnostic imaging performance has recovered following the transfer of MRI waiting lists from NHS Grampian and continues to improve, supported by the development of local MRI provision which is reducing travel and pathway times.

New Outpatients performance, while below target, shows sustained improvement, with a marked reduction in very long waits, demonstrating effective targeting of additional capacity.

Cancer waiting times remain within standard overall, with strong performance against the 31-day measure.

RAG Status Values

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

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

Areas of Concern

New Outpatients remain materially off track against the 12-week standard, and progress remains fragile due to ongoing consultant workforce shortages and reliance on short-term external capacity.

Treatment Time Guarantee performance remains well below standard, with downstream constraints in theatres and access to National Treatment Centres limiting recovery, particularly as increased outpatient activity adds to treatment demand.

Diagnostic endoscopy performance is variable and below target due to reliance on visiting locum provision, with sustainability remaining a concern.

Cancer pathway compliance, particularly for the 62-day standard, is highly sensitive to small numbers, requiring continued case-level scrutiny and escalation.

Operational Standards Accident & Emergency 4-Hour Compliance

Data Source
PHS A&E Publication, TrakCare

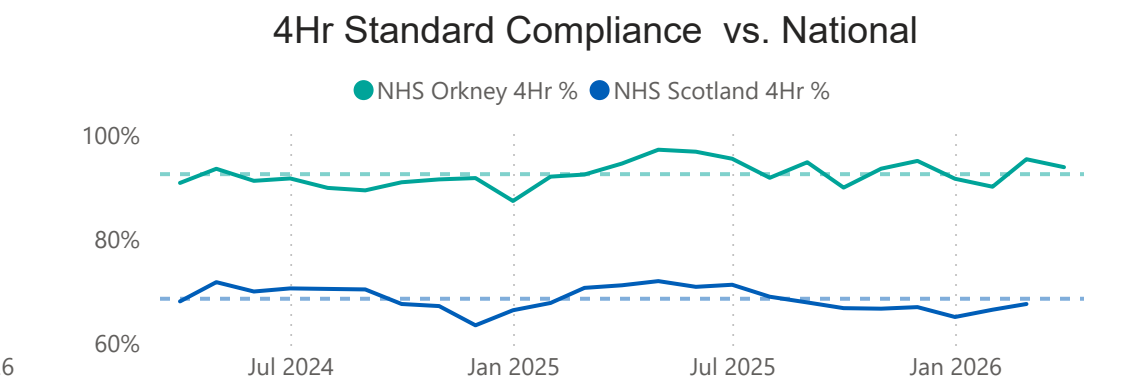
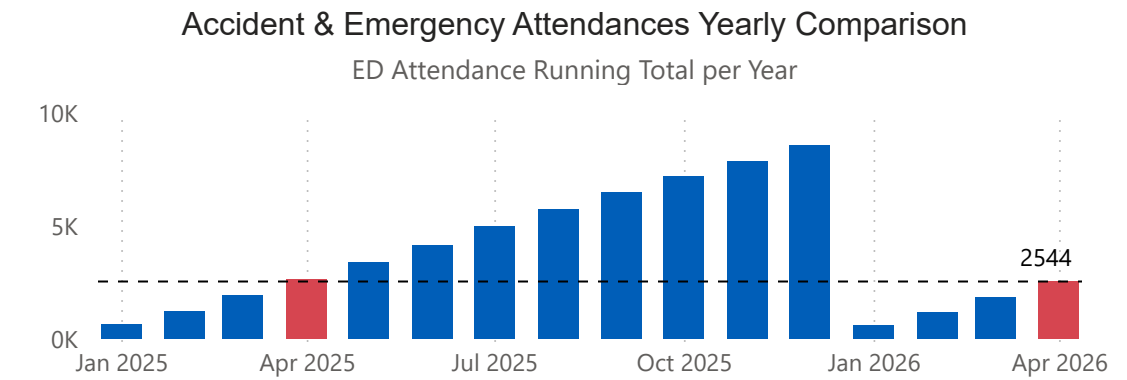
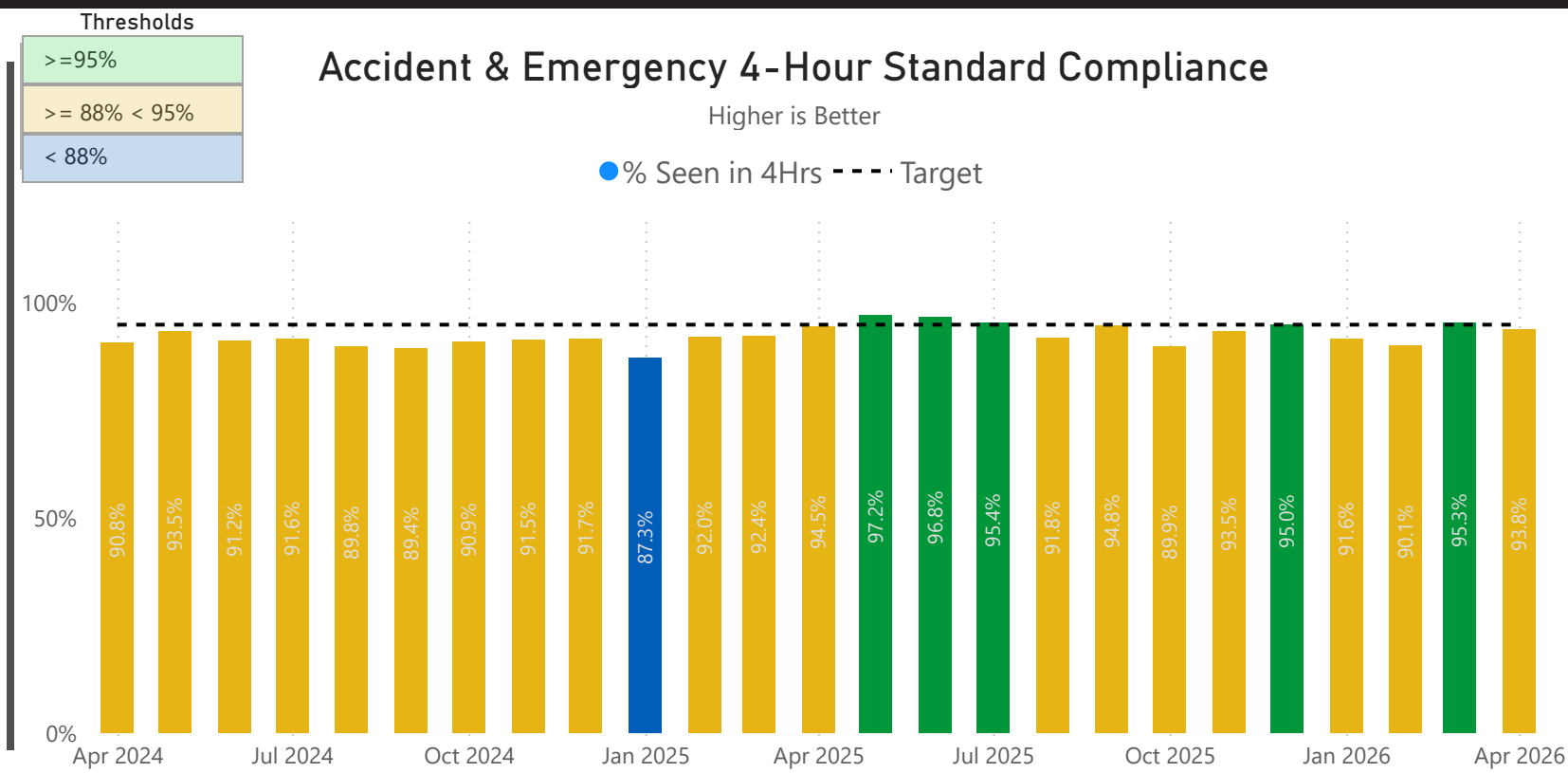
Latest Data
April 2026

Compliance

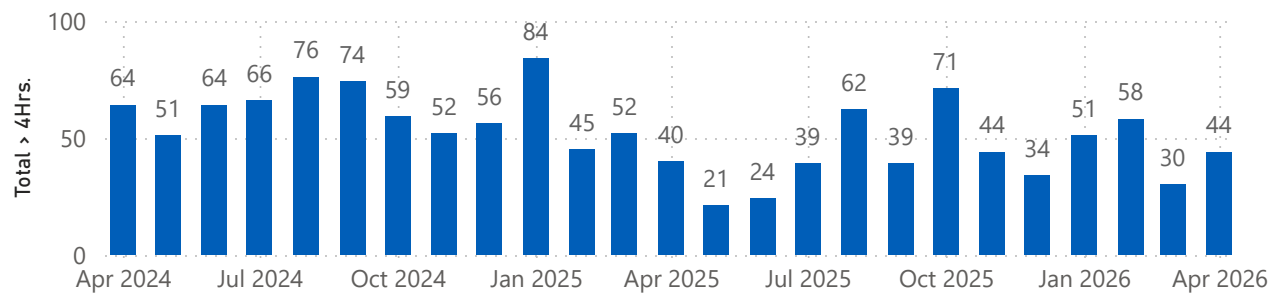
KPI	Target	Actual	RAG Value
95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Boards work towards 98%.	95%	93.81%	Amber

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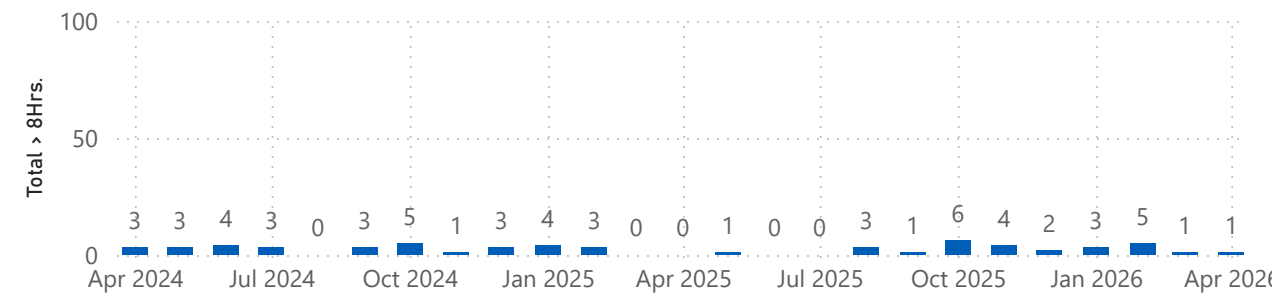
All current actions completed/closed.



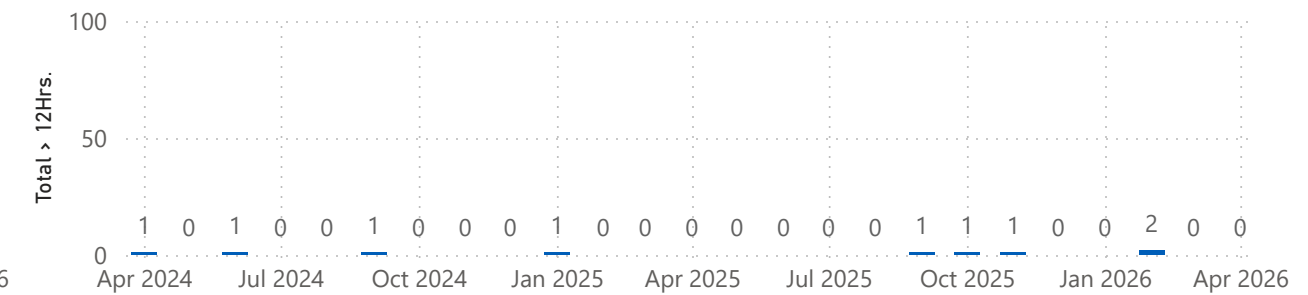
No. of Attendances > 4 Hours



No. of Attendances > 8 Hours



No. of Attendances > 12 Hours

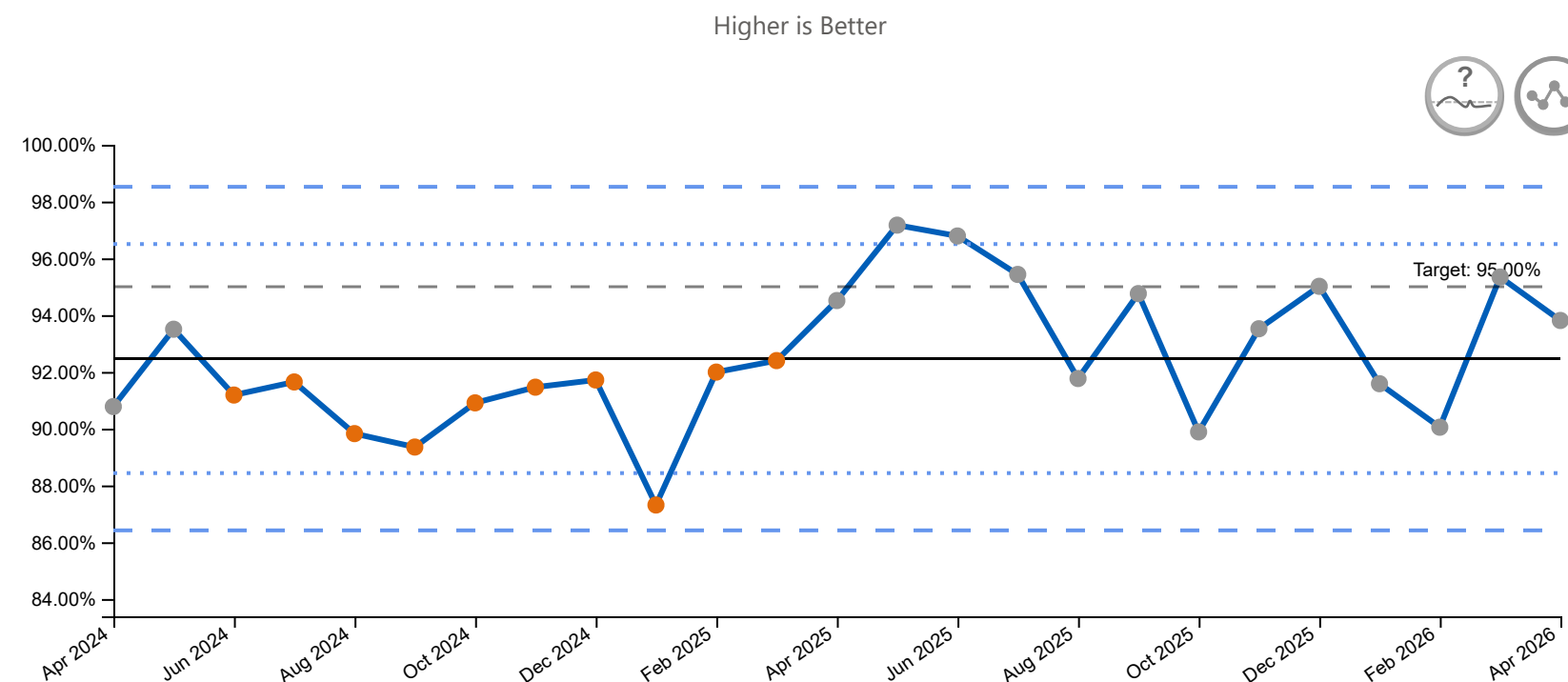


Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	90.78	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/05/2024	93.50	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/06/2024	91.18	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/07/2024	91.65	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/08/2024	89.83	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/09/2024	89.35	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/10/2024	90.91	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/11/2024	91.46	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/12/2024	91.72	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/01/2025	87.31	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/02/2025	91.99	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/03/2025	92.40	92.47	95.00	86.42	98.52	88.43	96.50	DETERIORATION
01/04/2025	94.51	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/05/2025	97.17	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/06/2025	96.79	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/07/2025	95.43	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/08/2025	91.77	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/09/2025	94.76	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/10/2025	89.89	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/11/2025	93.52	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/12/2025	95.01	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/01/2026	91.58	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/02/2026	90.05	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/03/2026	95.34	92.47	95.00	86.42	98.52	88.43	96.50	NONE
01/04/2026	93.81	92.47	95.00	86.42	98.52	88.43	96.50	NONE

Accident & Emergency 4-Hour Standard Compliance

Higher is Better



Comments From Executive Lead

Current ED performance has dipped below 95%. This has been due to the increased acuity of patients attending. Weekly review of data is undertaken and collaborative work with CfSD and SNE continues.

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

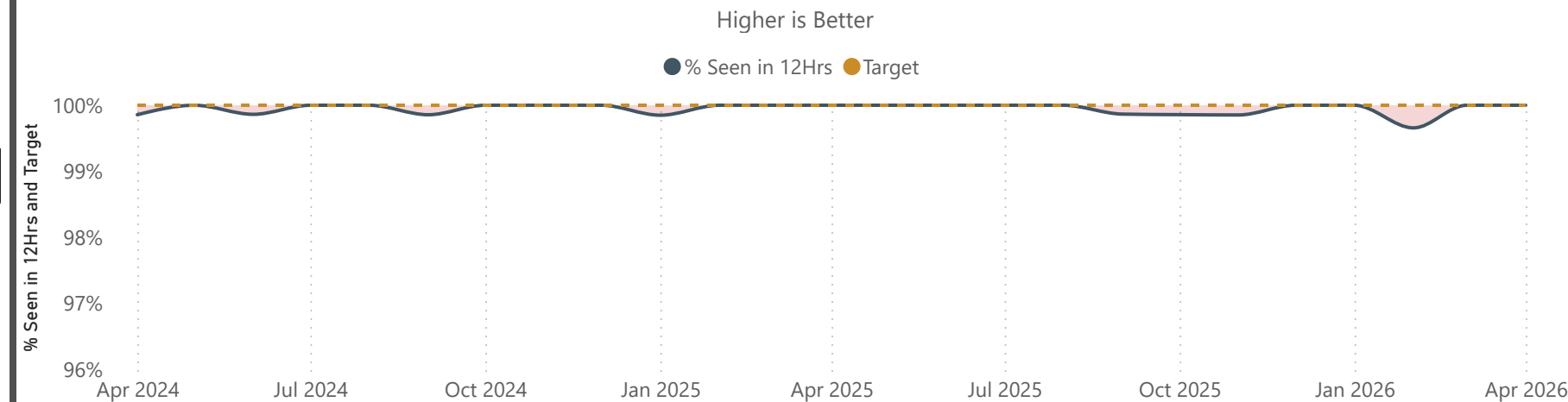
April 2026

Compliance

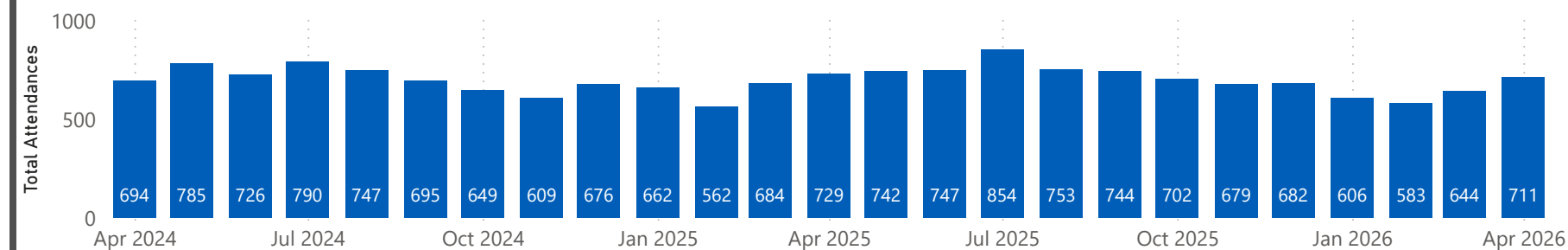
KPI	Target	Actual	RAG Value
Patients wait less than 12 hours to admission, discharge, or transfer from A&E	99.5%	100%	Green

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

Accident & Emergency 12-Hour Standard Compliance



Accident & Emergency Total Number of Attendances



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

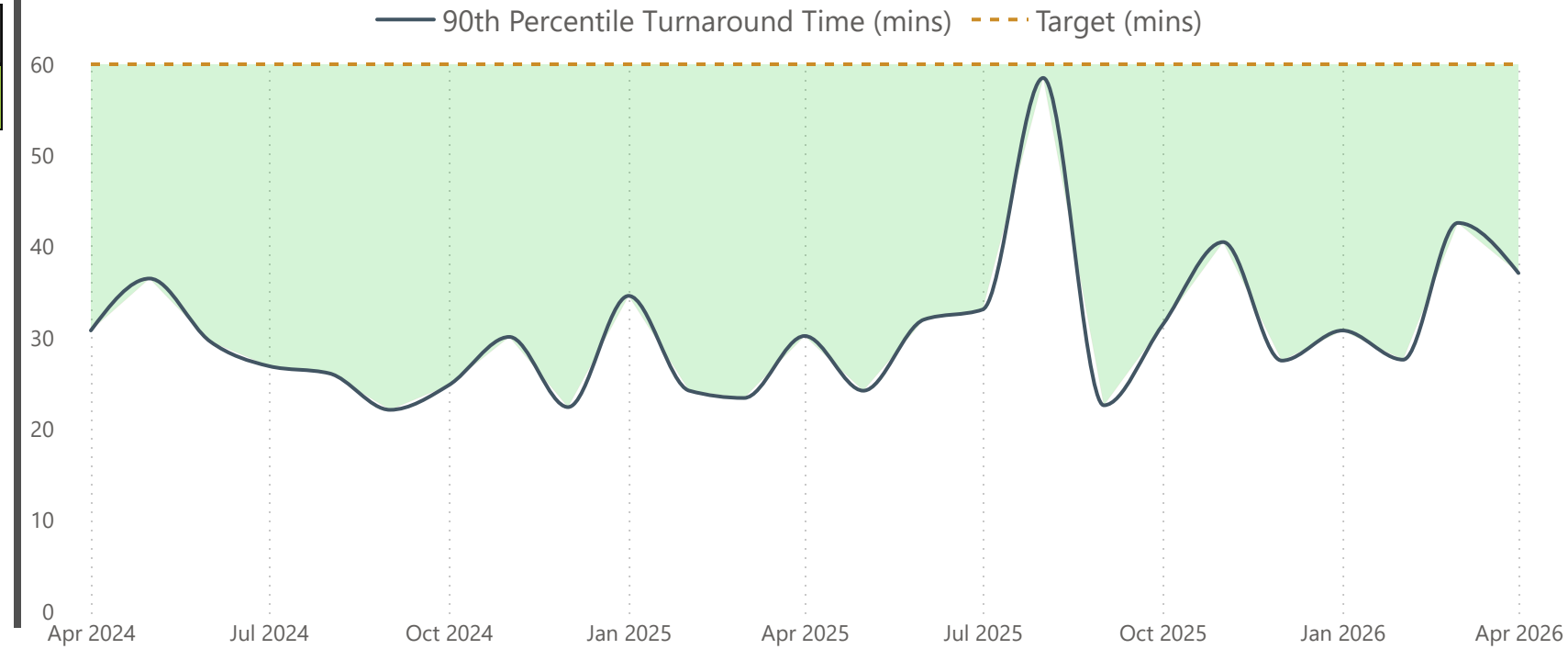
Latest Data
April 2026

Compliance

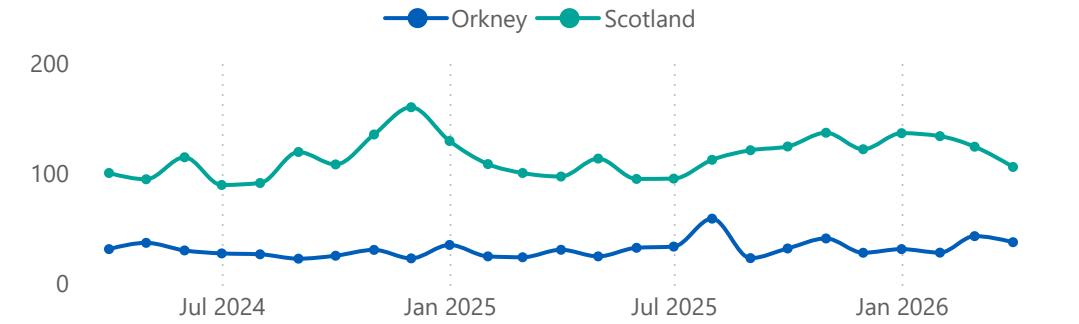
KPI	Target	Actual	RAG Value
Scottish Ambulance Service Turnaround Times - 90th percentile within 60 minutes	60:00	00:37:08	Green

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

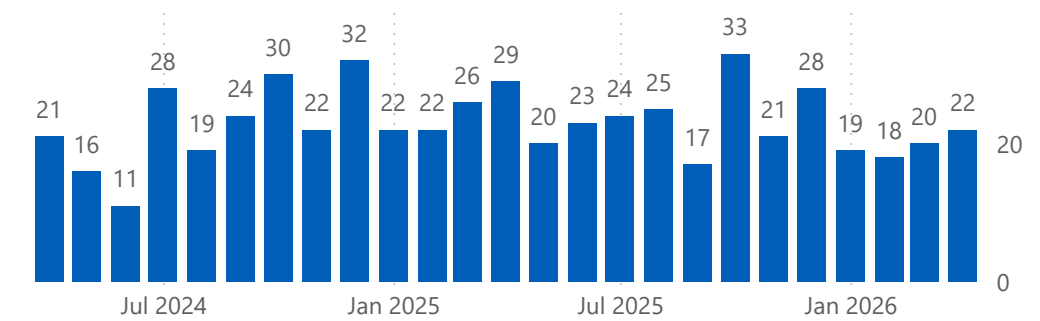
Scottish Ambulance Service - Turnaround Times



Scottish Ambulance Service - Turnaround Times (90th Percentile, mins)



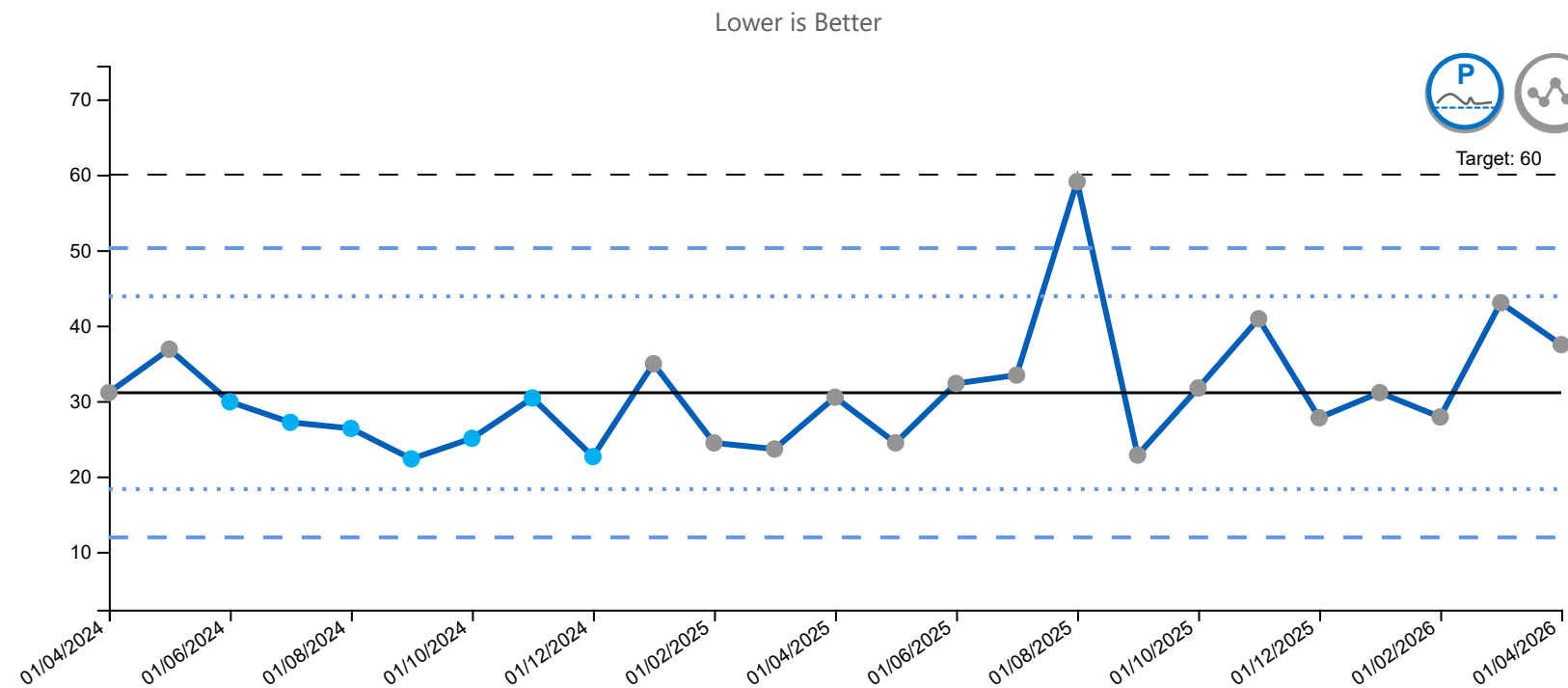
Scottish Ambulance Service - Incidents Conveyed (Orkney)



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	31	31	60	12	50	18	43	NONE
01/05/2024	37	31	60	12	50	18	43	NONE
01/06/2024	30	31	60	12	50	18	43	IMPROVEMENT
01/07/2024	27	31	60	12	50	18	43	IMPROVEMENT
01/08/2024	26	31	60	12	50	18	43	IMPROVEMENT
01/09/2024	22	31	60	12	50	18	43	IMPROVEMENT
01/10/2024	25	31	60	12	50	18	43	IMPROVEMENT
01/11/2024	30	31	60	12	50	18	43	IMPROVEMENT
01/12/2024	22	31	60	12	50	18	43	IMPROVEMENT
01/01/2025	35	31	60	12	50	18	43	NONE
01/02/2025	24	31	60	12	50	18	43	NONE
01/03/2025	23	31	60	12	50	18	43	NONE
01/04/2025	30	31	60	12	50	18	43	NONE
01/05/2025	24	31	60	12	50	18	43	NONE
01/06/2025	32	31	60	12	50	18	43	NONE
01/07/2025	33	31	60	12	50	18	43	NONE
01/08/2025	59	31	60	12	50	18	43	NONE
01/09/2025	23	31	60	12	50	18	43	NONE
01/10/2025	31	31	60	12	50	18	43	NONE
01/11/2025	41	31	60	12	50	18	43	NONE
01/12/2025	28	31	60	12	50	18	43	NONE
01/01/2026	31	31	60	12	50	18	43	NONE
01/02/2026	28	31	60	12	50	18	43	NONE
01/03/2026	43	31	60	12	50	18	43	NONE
01/04/2026	37	31	60	12	50	18	43	NONE

Scottish Ambulance Service - Turnaround Times (Mins)



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

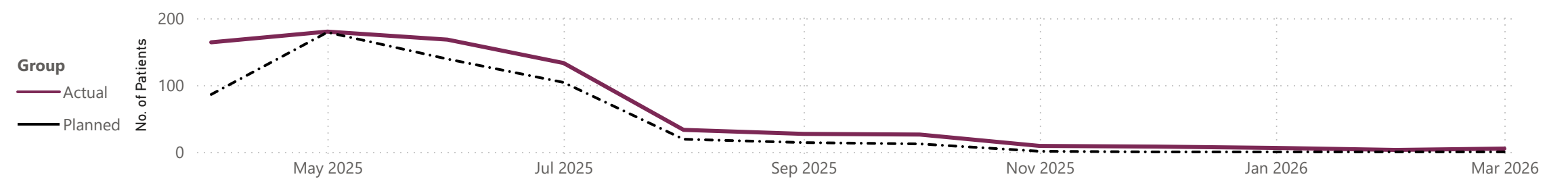
Latest Data
March 2026

Compliance

KPI	Target	Actual	RAG Value
0 patients waiting more than 52 weeks on a New Outpatient or Treatment Time Guarantee waiting list	0	7	Amber

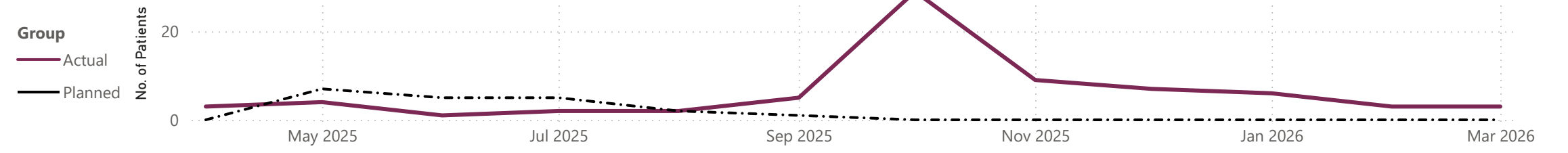
Action	Target Date	Owner	Status
Agree a plan to address identified demand and capacity gaps for 2026/27, covering the next 12 months.	30/06/2026	C Somerville	In Progress
External Capacity Review – Service Level Agreements being reviewed to ensure they meet demand and reduce delays	31/03/2027	C Somerville	In Progress
Internal Capacity Review – Theatre and Outpatient capacity reviews to ensure clinic/theatre utilisation maximised – consider additional or change to schedules	31/03/2027	C Somerville	In Progress
NECU Validation – results from validation to be clinical reviewed and acted on	31/03/2027	C Somerville	In Progress
Waiting Times meeting - review long waits, escalate and track progress	30/05/2027	C Somerville	In Progress

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	9	8	6	3	5
			+/-	78	1	29	29	14	13	14	8	8	6	3	5

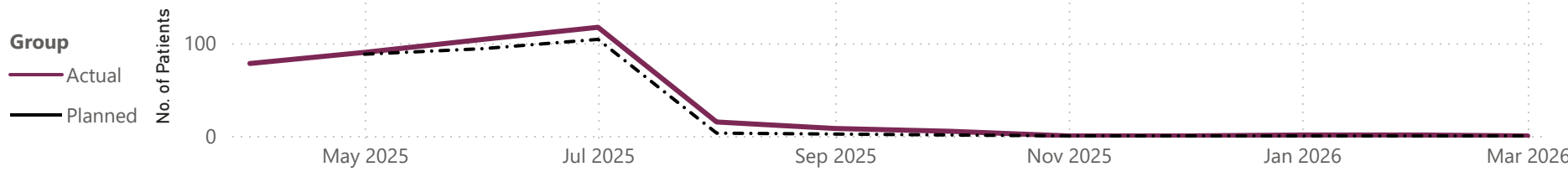
Treatment Time Guarantee



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	9	7	6	3	3
			+/-	3	-3	-4	-3	0	4	29	9	7	6	3	3

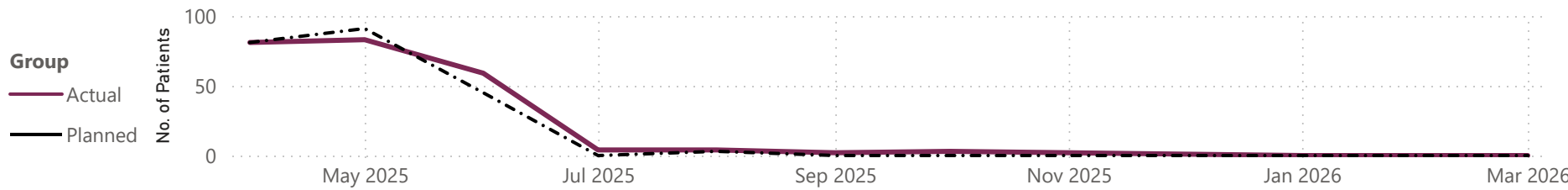
New Outpatients

Ear, Nose, and Throat 52-Week Waits



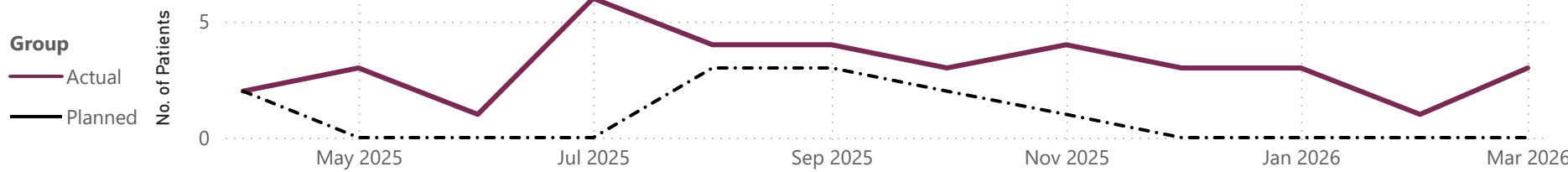
Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Ear, Nose, and Throat	Planned		88	94	104	3	2	1	0	0	0	0	0
	Actual	78	90	104	117	15	8	5	0	0	1	1	0
	+/-	78	2	10	13	12	6	4	0	0	1	1	0

Ophthalmology 52-Week Waits



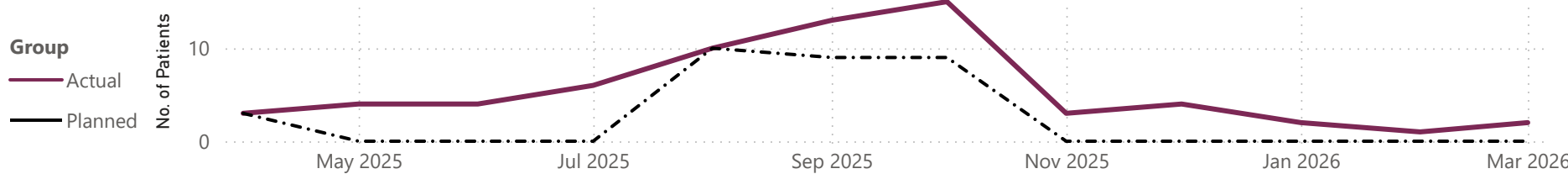
Specialty	Group	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025	Nov-2025	Dec-2025	Jan-2026	Feb-2026	Mar-2026
Ophthalmology	Planned	81	91	45	0	3	0	0	0	0	0	0	0
	Actual	81	83	59	4	4	2	3	2	1	0	0	0
	+/-	0	-8	14	4	1	2	3	2	1	0	0	0

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	4	3	3	1	3
	+/-	0	3	1	6	1	1	1	3	3	3	1	3

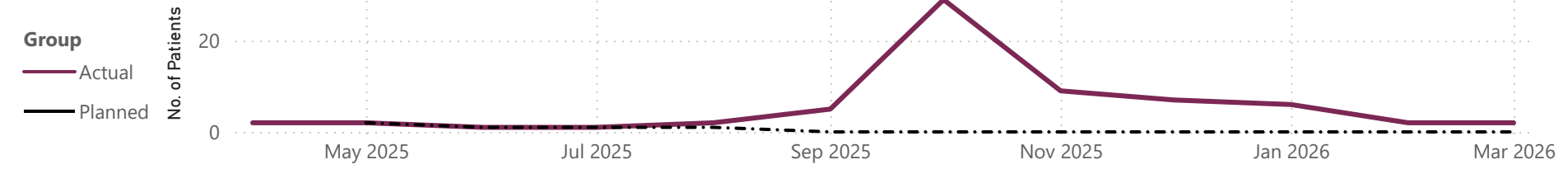
Trauma & Orthopaedic 52-Week Waits



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	3	4	2	1	2
	+/-	0	4	4	6	0	4	6	3	4	2	1	2

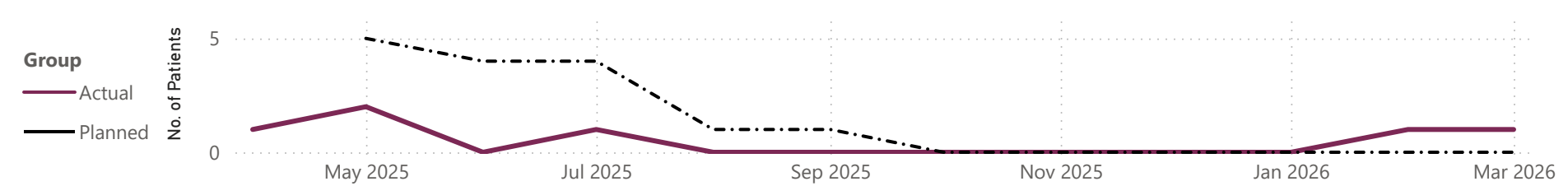
Treatment Time Guarantee

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	9	7	6	2	2
	+/-	2	0	0	0	1	5	29	9	7	6	2	2

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	0	0	0	1	1
	+/-	1	-3	-4	-3	-1	-1	0	0	0	0	1	1

Comments From Executive Lead

At the end of February, and in line with the national commitment to eliminate waits over 52 weeks, we were tracking six patients across all specialities. Targeted additional funding has enabled increased outpatient activity in Ophthalmology and ENT, leading to a substantially improved position in both areas. Ongoing collaboration with the Golden Jubilee continues to support access for the longest waiting Trauma and Orthopaedic TTG patients, with progress resulting in only one patient currently unavailable and awaiting appointment. Ophthalmology TTG patients continue to represent the largest cohort waiting over 52 weeks. There is also one Trauma and Orthopaedic patient, currently unavailable. For New Outpatients, three patients remain over 52 weeks, and appointments have been offered to all.

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



Operational Standards

New Outpatients (NOP) 12 Week Compliance

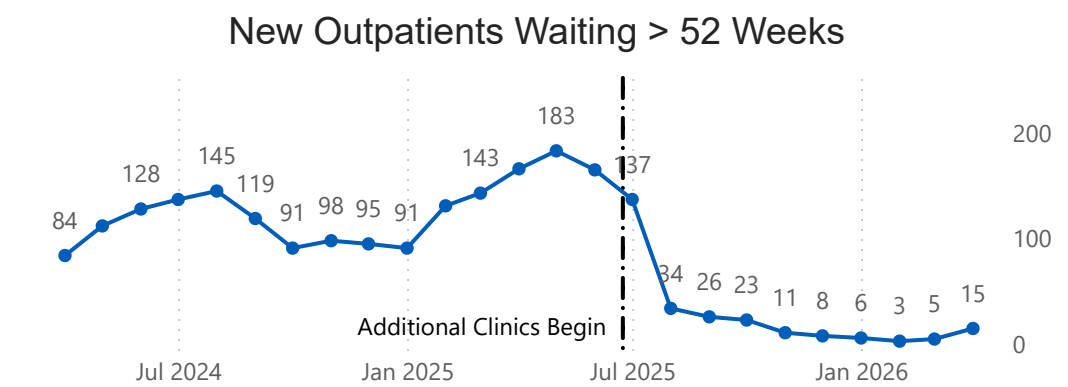
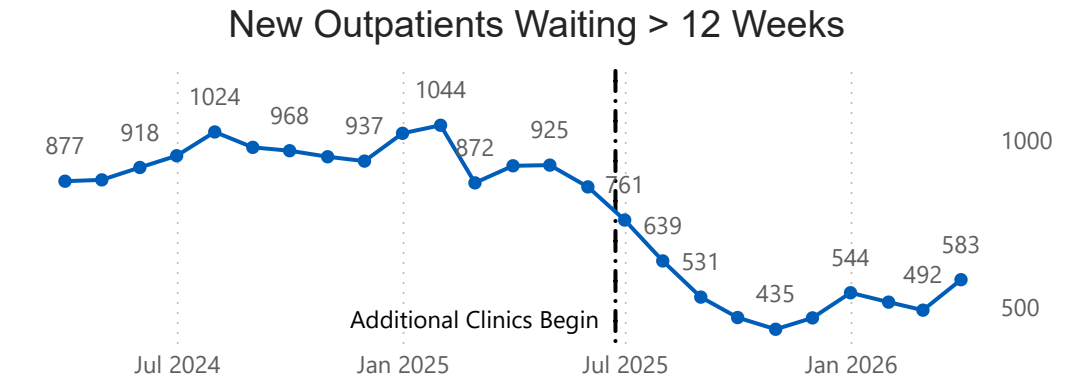
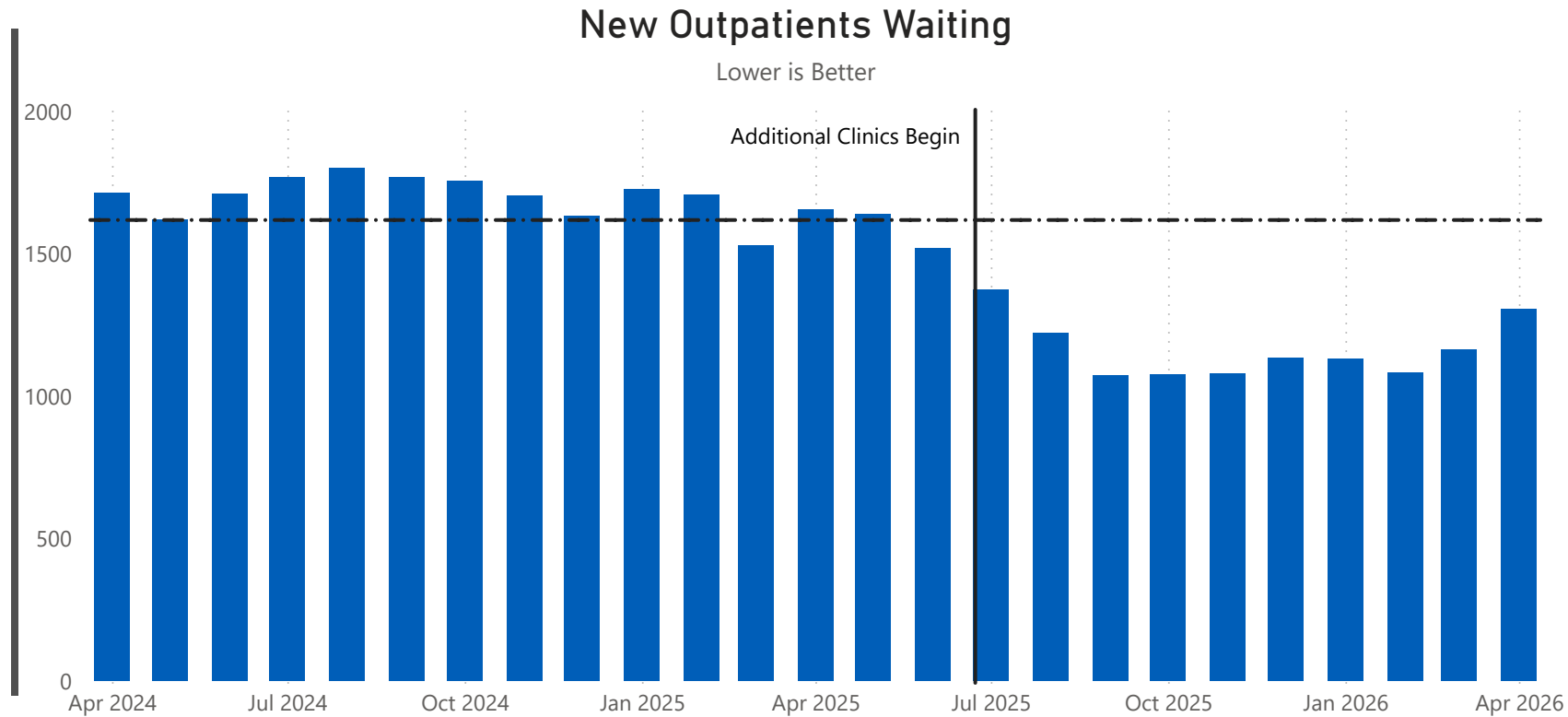
Data Source
OP Recovery Weekly Return

Latest Data
April 2026

Compliance

KPI	Target	Actual	RAG Value
95 per cent of patients wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%	95%	55.36%	Red

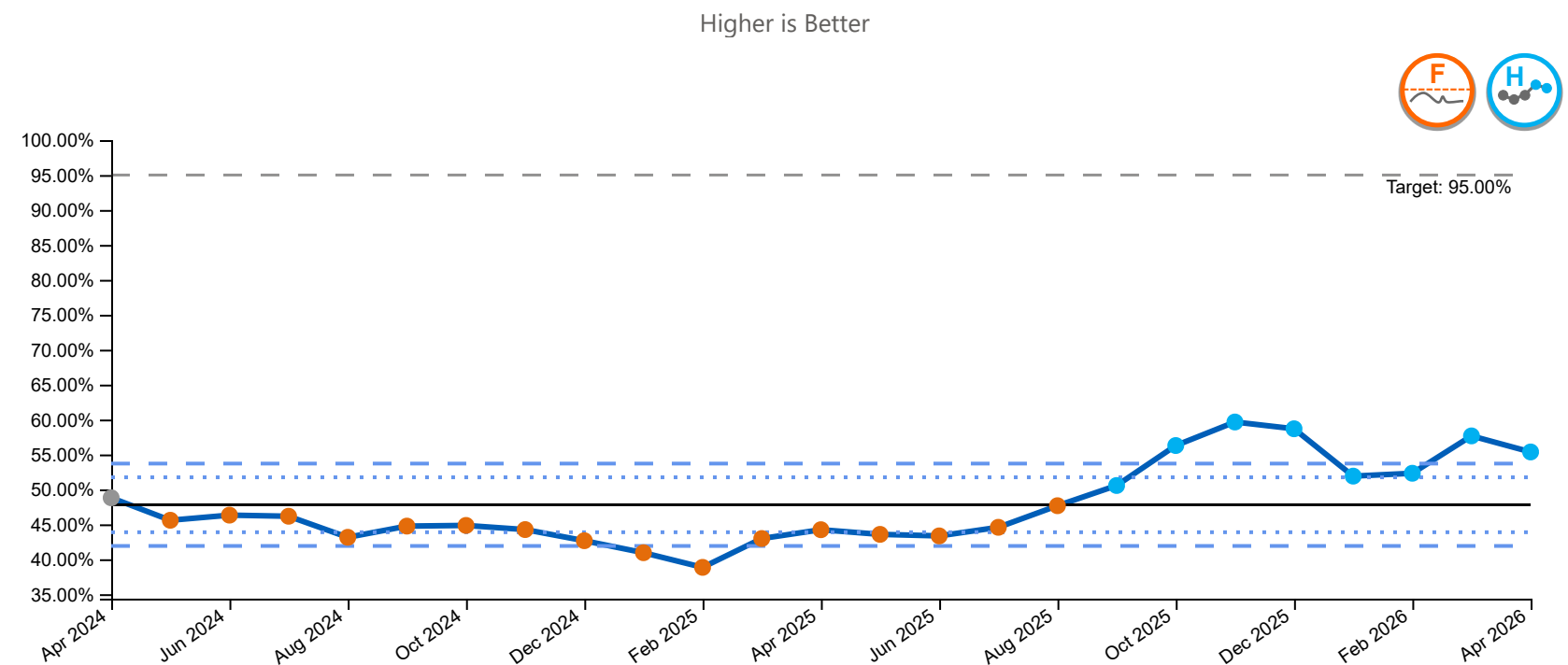
Action	Target Date	Owner	Status
Demand and Capacity Planning templates to be agreed and reviewed by speciality for 2026/27 activity.	30/05/2026	C Somerville	Completed
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	30/05/2026	C Somerville	In Progress
Agree additional capacity requirements for Q2 relating to Ophthalmology and Community Child Health and ENT	30/06/2026	C Somerville	In Progress
Explore a one stop cataract assessment clinic to free consultant capacity for specialist activity	30/06/2026	C Somerville	In Progress
SLA discussions and capacity planning across Community Child Health, Orthopaedics, Ophthalmology, Rheumatology, Dermatology and ENT	30/06/2026	C Somerville, K Francis	In Progress



Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	49	48	42	54	44	52	NONE
01/05/2024	46	48	42	54	44	52	DETERIORATION
01/06/2024	46	48	42	54	44	52	DETERIORATION
01/07/2024	46	48	42	54	44	52	DETERIORATION
01/08/2024	43	48	42	54	44	52	DETERIORATION
01/09/2024	45	48	42	54	44	52	DETERIORATION
01/10/2024	45	48	42	54	44	52	DETERIORATION
01/11/2024	44	48	42	54	44	52	DETERIORATION
01/12/2024	43	48	42	54	44	52	DETERIORATION
01/01/2025	41	48	42	54	44	52	DETERIORATION
01/02/2025	39	48	42	54	44	52	DETERIORATION
01/03/2025	43	48	42	54	44	52	DETERIORATION
01/04/2025	44	48	42	54	44	52	DETERIORATION
01/05/2025	44	48	42	54	44	52	DETERIORATION
01/06/2025	43	48	42	54	44	52	DETERIORATION
01/07/2025	45	48	42	54	44	52	DETERIORATION
01/08/2025	48	48	42	54	44	52	DETERIORATION
01/09/2025	51	48	42	54	44	52	IMPROVEMENT
01/10/2025	56	48	42	54	44	52	IMPROVEMENT
01/11/2025	60	48	42	54	44	52	IMPROVEMENT
01/12/2025	59	48	42	54	44	52	IMPROVEMENT
01/01/2026	52	48	42	54	44	52	IMPROVEMENT
01/02/2026	52	48	42	54	44	52	IMPROVEMENT
01/03/2026	58	48	42	54	44	52	IMPROVEMENT
01/04/2026	55	48	42	54	44	52	IMPROVEMENT

New Outpatients 12-Week Compliance



Comments From Executive Lead

At the end of April 2026, 1306 patients are waiting for new outpatient appointments. We have 16 patients waiting over 52 weeks, Paediatrics (Community Child Health) (13), Oral Surgery (2) and Orthopaedics (1). Oral Surgery and Orthopaedic patients have appointments booked or are unavailable.

In terms of over 26 week wait, we have 219 patients waiting for Dermatology (22), ENT (4), Ophthalmology (7), Oral and Maxillofacial (11), Oral Surgery (8), Paediatrics (1), Pain Management (6), Restorative Dentistry (1), Trauma and Orthopaedics (116), Paediatrics (Community Child Health) (39)

Whilst there are ongoing pressures within outpatient services, particularly in Orthopaedics and Community Child Health, there is operational grip over the longest-waiting patients through the Weekly Waiting Times meeting. Focus is now on sustained capacity improvement and trajectory delivery to reduce the >26 week cohort and prevent future long waits.

Dr Anna Lamont, Medical Director



Operational Standards

New Outpatients (NOP) Local Improvement Target

Data Source

OP Recovery Weekly Return

Latest Data

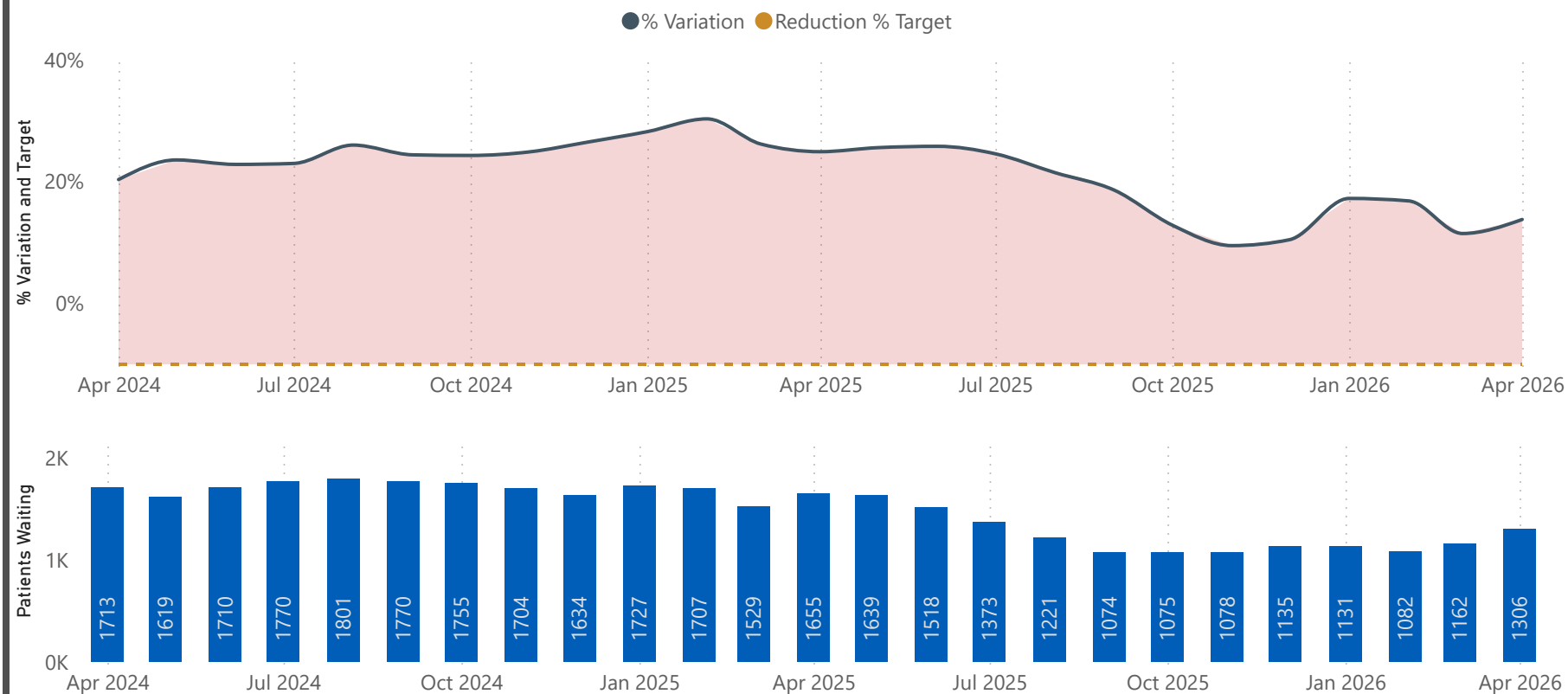
April 2026

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for New Outpatients	-10%	13.77%	Red

Action	Target Date	Owner	Status
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	30/05/2026	C Somerville	In Progress

New Outpatients - Local 10% Waiting Times Reduction Compliance



Comments From Executive Lead

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

Dr Anna Lamont, Medical Director



Operational Standards

Treatment Time Guarantee (TTG) 12 Week Compliance

Data Source

TTG Weekly Return

Latest Data

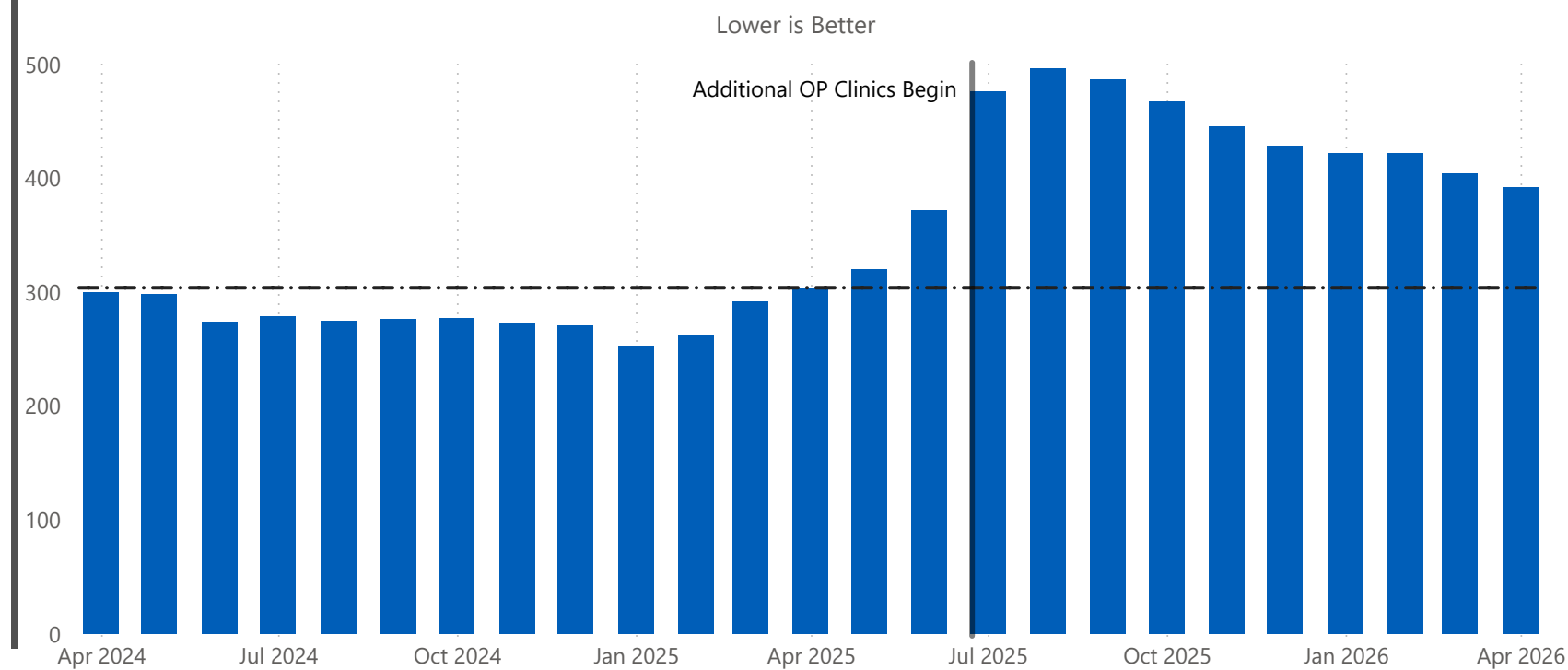
April 2026

Compliance

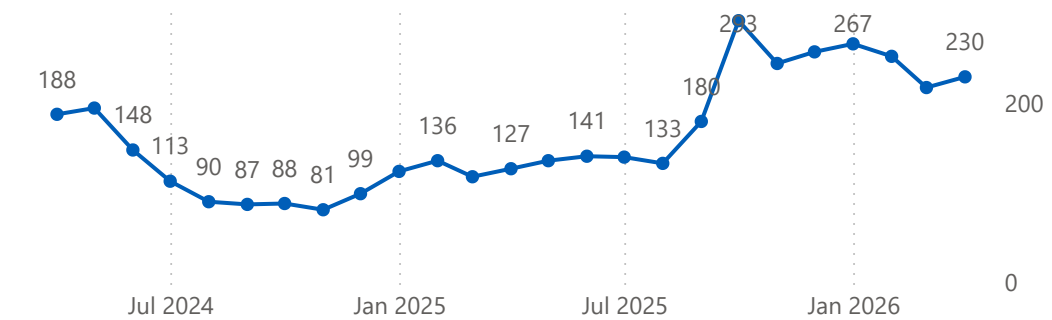
KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	95%	53.63%	Red

Action	Target Date	Owner	Status
Agree additional capacity requirements for Q2 relating to Ophthalmology and Community Child Health and ENT	30/06/2026	C Somerville	In Progress
Review the process for checking pre admission requirements, including pre operative assessment and biometry, to ensure patients are admission ready and allocated without delay.	30/06/2026	C Somerville	In Progress
SLA discussions and capacity planning across Community Child Health, Orthopaedics, Ophthalmology, Rheumatology, Dermatology and ENT	30/06/2026	C Somerville, K Francis	In Progress
Weekly Waiting Times meeting to capture performance and address challenges, escalating where necessary to Planned Care Programme Board	30/05/2026	C Somerville	In Progress

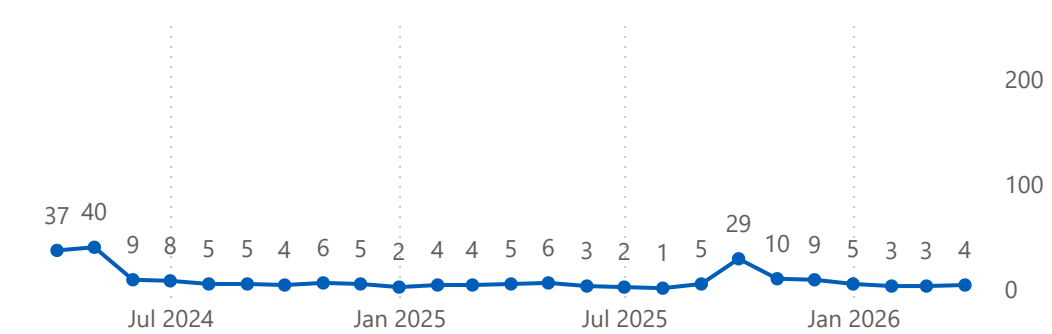
Treatment Time Guarantee Patients Waiting



TTG Patients Waiting > 12 Weeks



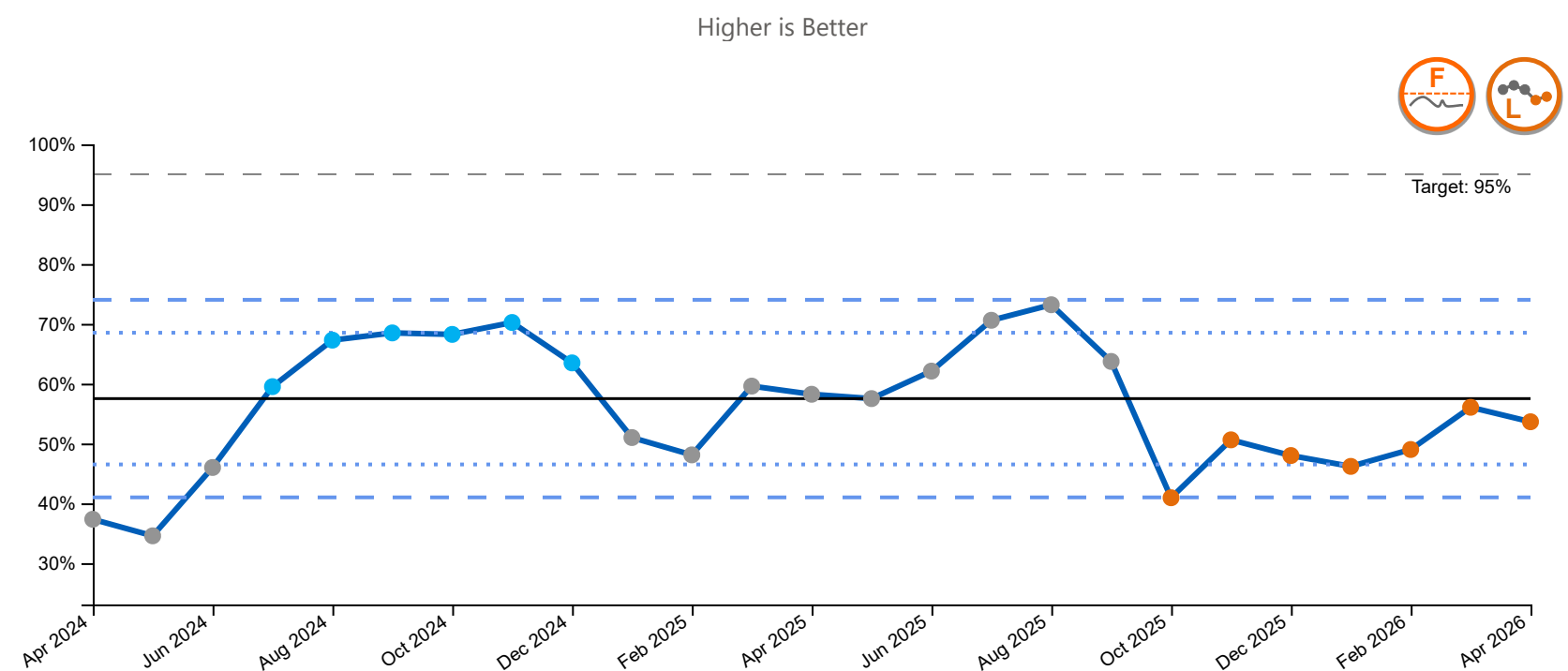
TTG Patients Waiting > 52 Weeks



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	37	57	95	41	74	46	69	NONE
01/05/2024	35	57	95	41	74	46	69	NONE
01/06/2024	46	57	95	41	74	46	69	NONE
01/07/2024	59	57	95	41	74	46	69	IMPROVEMENT
01/08/2024	67	57	95	41	74	46	69	IMPROVEMENT
01/09/2024	68	57	95	41	74	46	69	IMPROVEMENT
01/10/2024	68	57	95	41	74	46	69	IMPROVEMENT
01/11/2024	70	57	95	41	74	46	69	IMPROVEMENT
01/12/2024	63	57	95	41	74	46	69	IMPROVEMENT
01/01/2025	51	57	95	41	74	46	69	NONE
01/02/2025	48	57	95	41	74	46	69	NONE
01/03/2025	60	57	95	41	74	46	69	NONE
01/04/2025	58	57	95	41	74	46	69	NONE
01/05/2025	57	57	95	41	74	46	69	NONE
01/06/2025	62	57	95	41	74	46	69	NONE
01/07/2025	71	57	95	41	74	46	69	NONE
01/08/2025	73	57	95	41	74	46	69	NONE
01/09/2025	64	57	95	41	74	46	69	NONE
01/10/2025	41	57	95	41	74	46	69	DETERIORATION
01/11/2025	51	57	95	41	74	46	69	DETERIORATION
01/12/2025	48	57	95	41	74	46	69	DETERIORATION
01/01/2026	46	57	95	41	74	46	69	DETERIORATION
01/02/2026	49	57	95	41	74	46	69	DETERIORATION
01/03/2026	56	57	95	41	74	46	69	DETERIORATION
01/04/2026	54	57	95	41	74	46	69	DETERIORATION

Treatment Time Guarantee 12-Week Compliance



Comments From Executive Lead

At end of April 2026, 392 patients are waiting for inpatient or day case procedures. We have 4 patients waiting over 52 weeks, Ophthalmology (2) and Orthopaedics (2). Those patients waiting are currently unavailable and, or have an appointment booked.

In terms of over 26 weeks waits, we have patients waiting for ENT (9), Ophthalmology (133), Orthopaedics (6) and Pain (1).

While the number of over 52 week long waits remains relatively low, sustained pressure within Ophthalmology presents a risk to recovery of the 26-week position without additional capacity interventions. Mitigating actions are in being worked through via non-recurring funding, and performance will be tracked closely through Waiting Times Meeting and Planned Care Programme Board to demonstrate improvement trajectory.

Dr Anna Lamont, Medical Director



Operational Standards

Treatment Time Guarantee (TTG) Local Improvement Target

Data Source

TTG Weekly Return

Latest Data

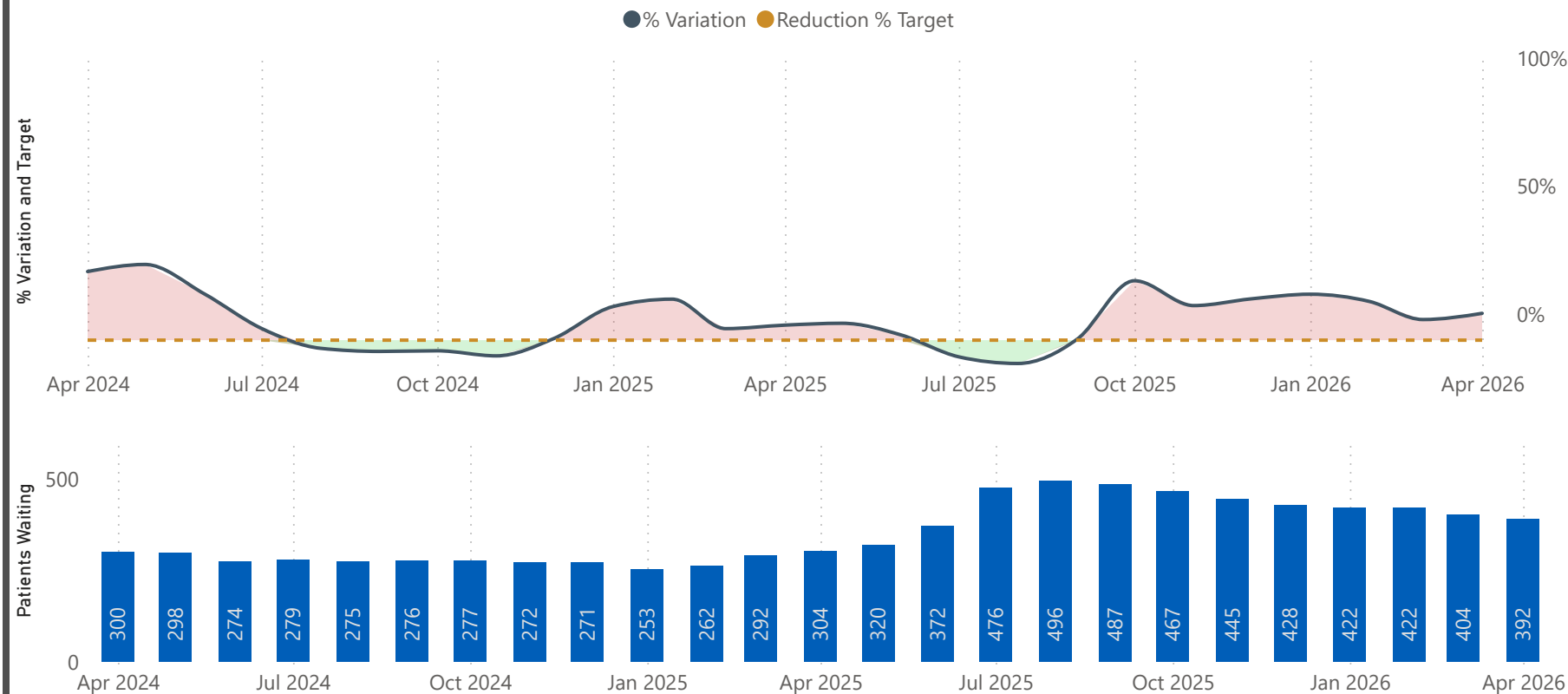
01/05/2026

Compliance

KPI	Target	Actual	RAG Value
10% reduction in waiting times for Treatment Time Guarantee patients	-10%	0.46%	Red

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

Treatment Time Guarantee - Local 10% Waiting Times Reduction Compliance



Comments From Executive Lead

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

Dr Anna Lamont, Medical Director



Operational Standards

Diagnostic Endoscopy 6 Week Compliance

Data Source
DMMI Monthly Return

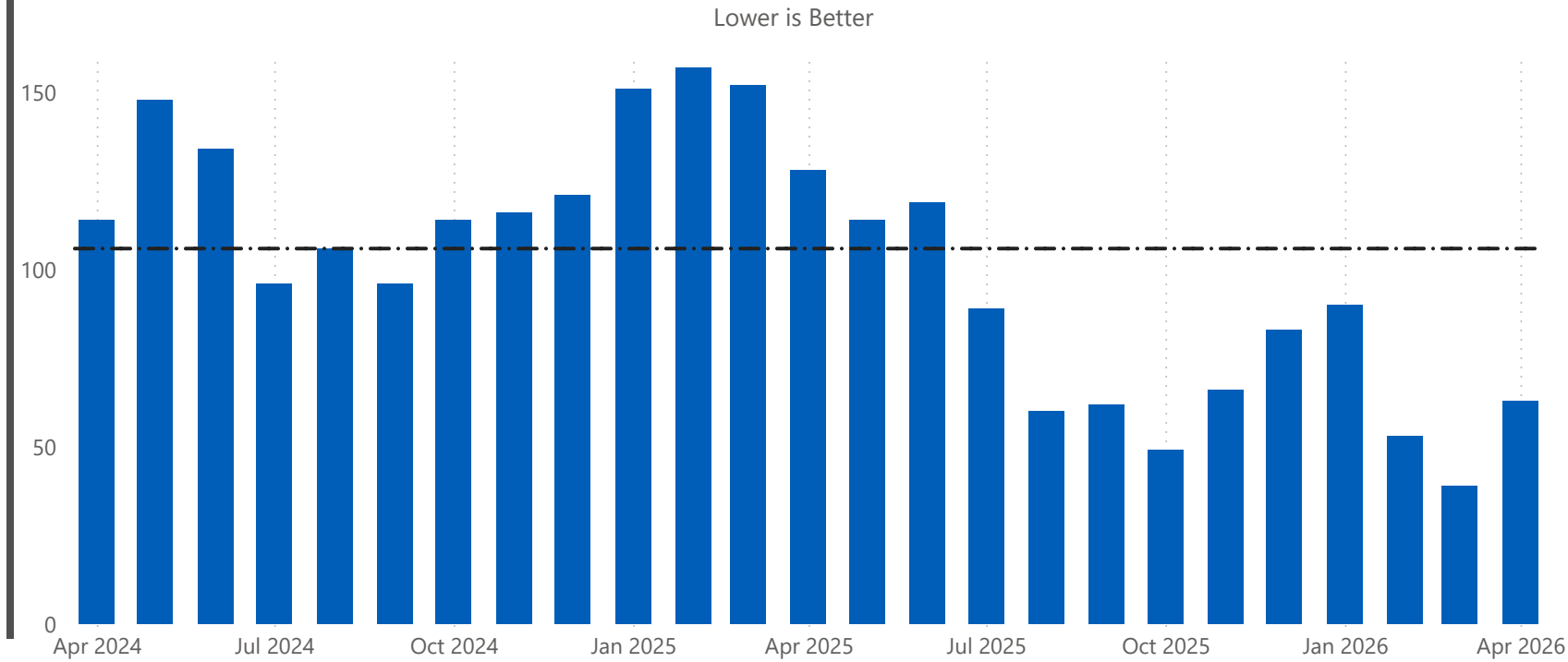
Latest Data
April 2026

Compliance

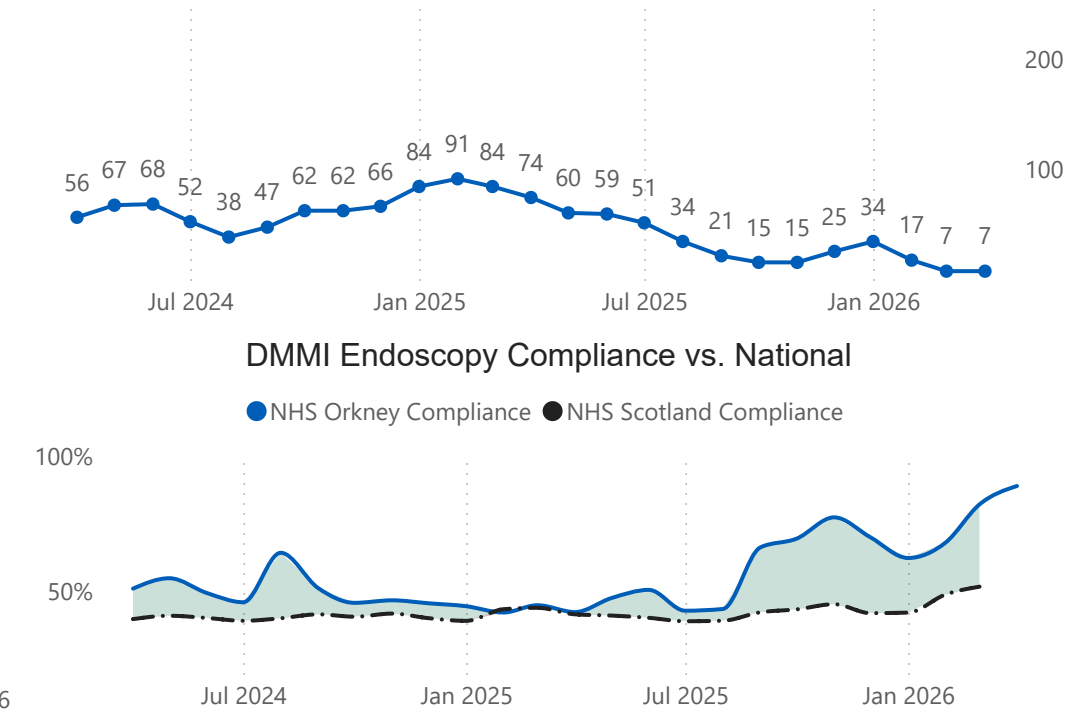
KPI	Target	Actual	RAG Value
100% of patients waiting for key endoscopy diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	94.34%	Red

Action	Target Date	Owner	Status
Agree capacity plans for Q2	30/06/2026	C Somerville	In Progress
All current actions completed/closed.			

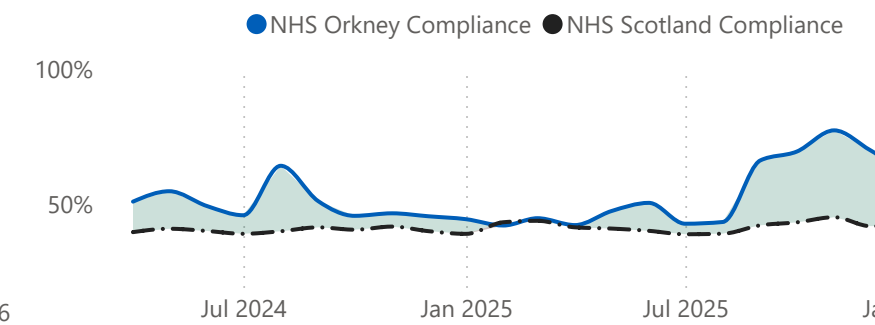
Diagnostic Endoscopy Patients Waiting



DMMI Endoscopy Patients Waiting > 6 Weeks



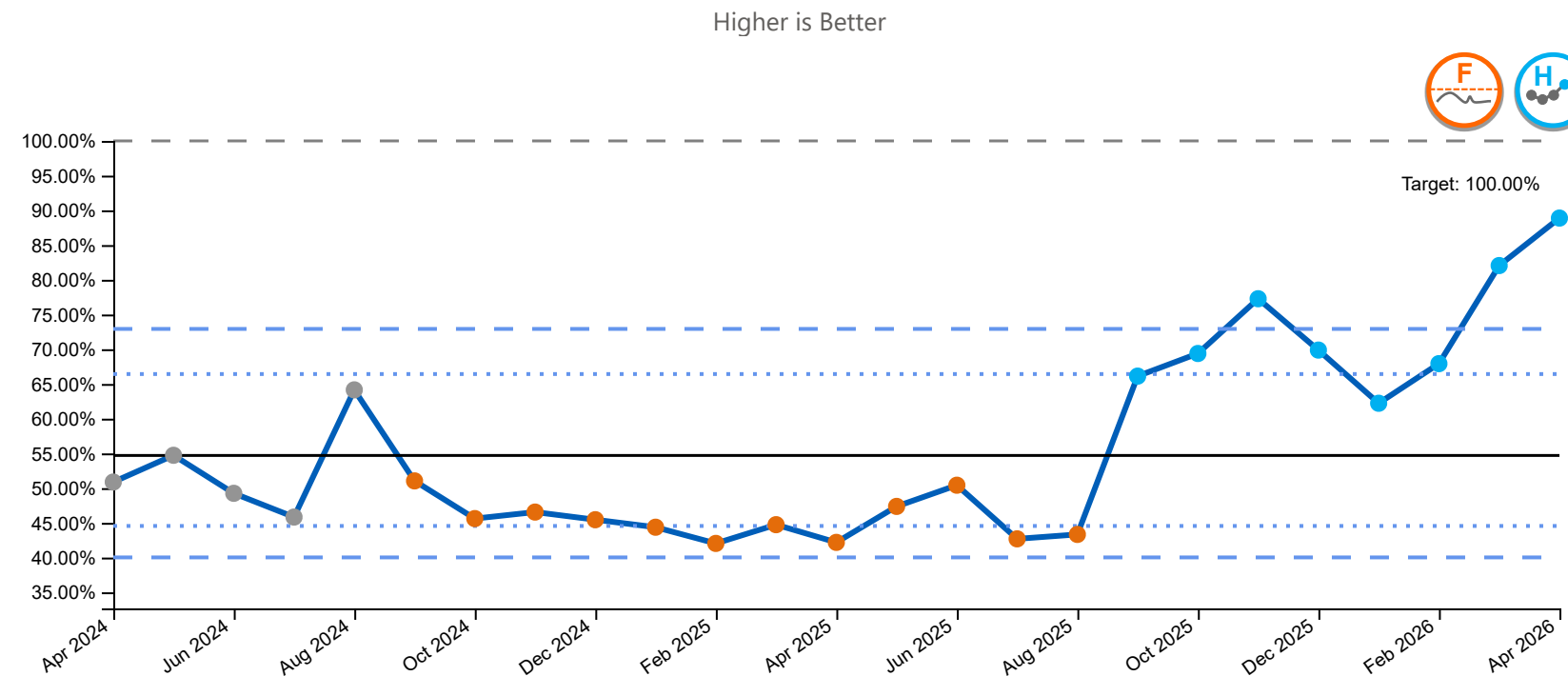
DMMI Endoscopy Compliance vs. National



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	50.88	54.70	100.00	40.02	72.93	44.55	66.43	NONE
01/05/2024	54.73	54.70	100.00	40.02	72.93	44.55	66.43	NONE
01/06/2024	49.25	54.70	100.00	40.02	72.93	44.55	66.43	NONE
01/07/2024	45.83	54.70	100.00	40.02	72.93	44.55	66.43	NONE
01/08/2024	64.15	54.70	100.00	40.02	72.93	44.55	66.43	NONE
01/09/2024	51.04	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/10/2024	45.61	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/11/2024	46.55	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/12/2024	45.45	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/01/2025	44.37	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/02/2025	42.04	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/03/2025	44.74	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/04/2025	42.19	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/05/2025	47.37	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/06/2025	50.42	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/07/2025	42.70	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/08/2025	43.33	54.70	100.00	40.02	72.93	44.55	66.43	DETERIORATION
01/09/2025	66.13	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/10/2025	69.39	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/11/2025	77.27	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/12/2025	69.88	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/01/2026	62.22	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/02/2026	67.92	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/03/2026	82.05	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT
01/04/2026	88.89	54.70	100.00	40.02	72.93	44.55	66.43	IMPROVEMENT

Diagnostic Endoscopy 6-Week Compliance



Comments From Executive Lead

At the end of April 2026, we have 20 patients waiting for Endoscopy diagnostic tests, of those patients all patients have appointments booked.

Dr Anna Lamont, Medical Director



Operational Standards

Diagnostic Imaging 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
April 2026

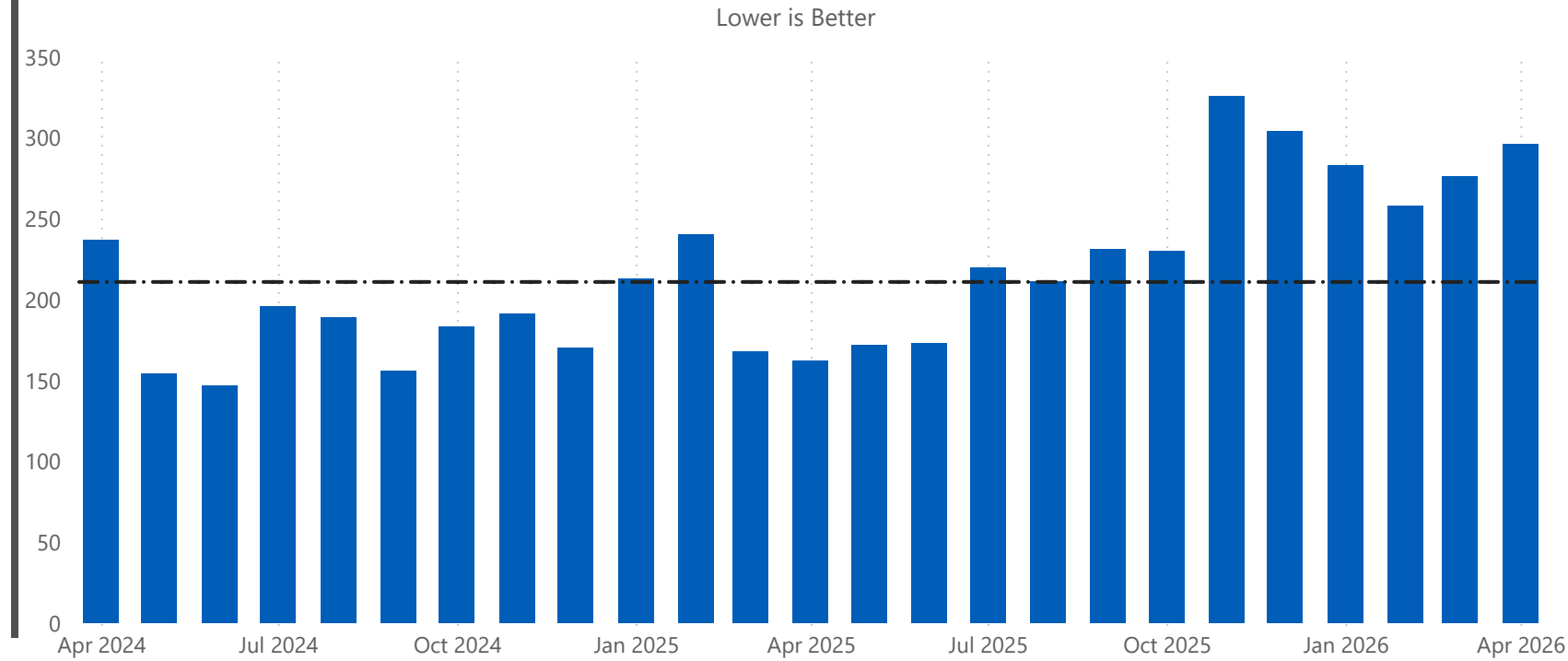
Compliance

KPI	Target	Actual	RAG Value
100% of patients waiting for key imaging diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	56.67%	Red

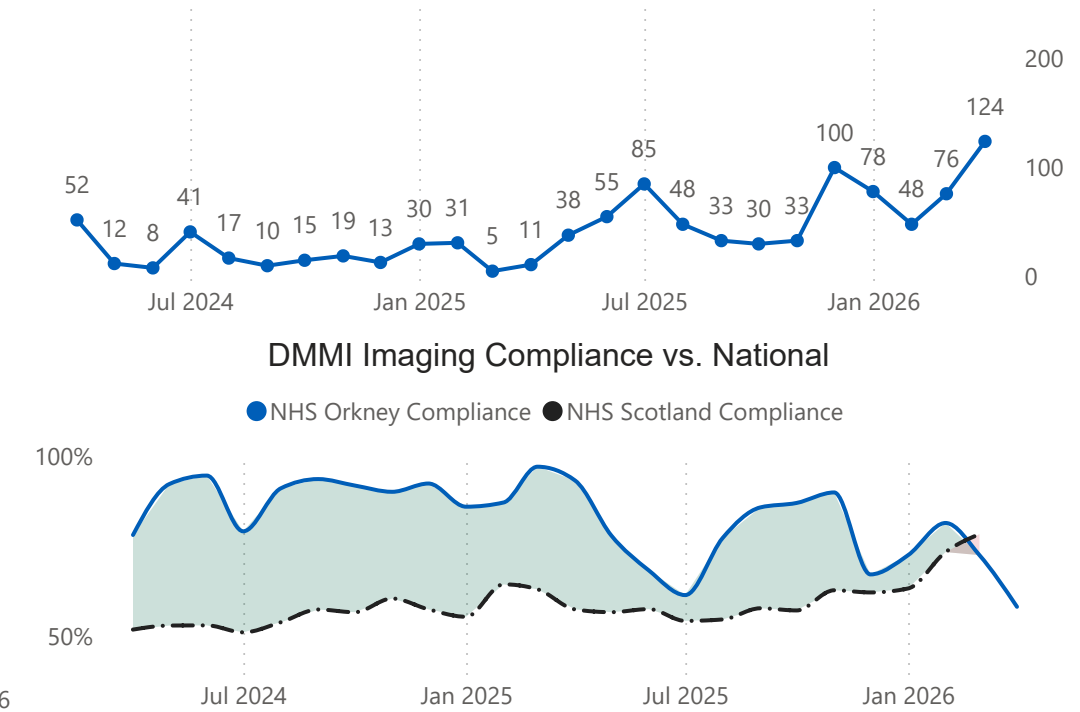
Action	Target Date	Owner	Status
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All current actions completed/closed.

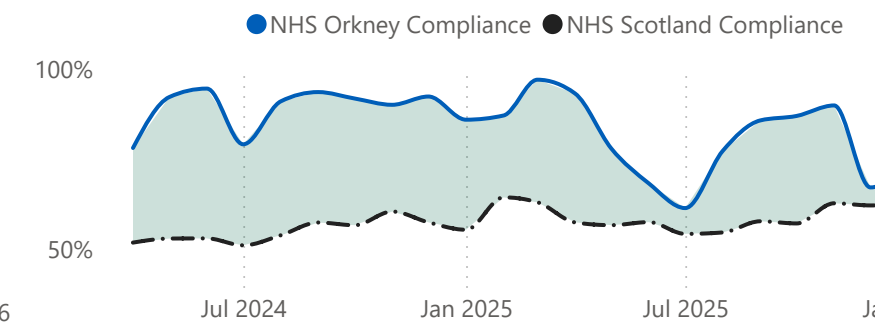
Diagnostic Imaging Patients Waiting



DMMI Imaging Patients Waiting > 6 Weeks



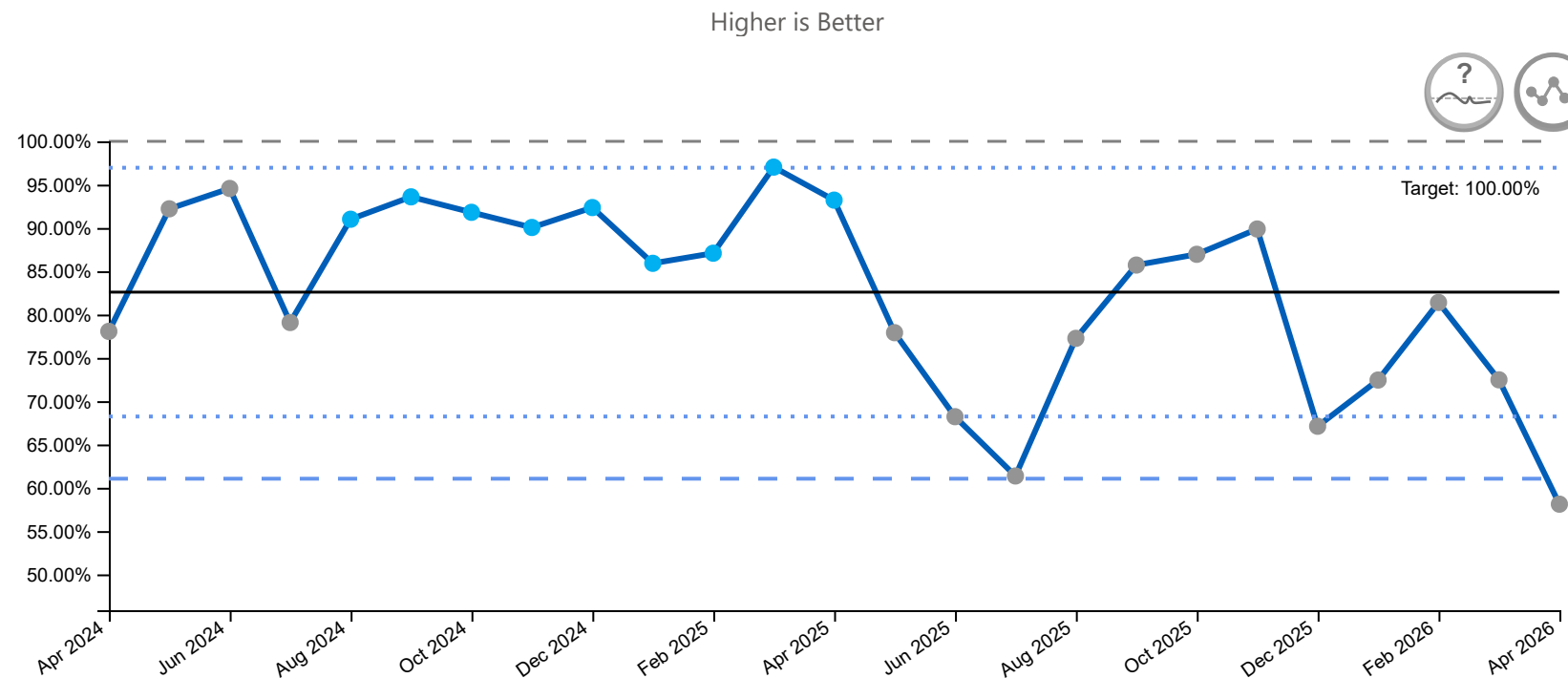
DMMI Imaging Compliance vs. National



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	78.06	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/05/2024	92.21	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/06/2024	94.56	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/07/2024	79.08	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/08/2024	91.01	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/09/2024	93.59	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/10/2024	91.80	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/11/2024	90.05	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/12/2024	92.35	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/01/2025	85.92	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/02/2025	87.08	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/03/2025	97.02	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/04/2025	93.21	82.59	100.00	61.05	104.13	68.23	96.95	IMPROVEMENT
01/05/2025	77.91	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/06/2025	68.21	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/07/2025	61.36	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/08/2025	77.25	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/09/2025	85.71	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/10/2025	86.96	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/11/2025	89.88	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/12/2025	67.11	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/01/2026	72.44	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/02/2026	81.40	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/03/2026	72.46	82.59	100.00	61.05	104.13	68.23	96.95	NONE
01/04/2026	58.11	82.59	100.00	61.05	104.13	68.23	96.95	NONE

Diagnostic Imaging 6-Week Compliance



Comments From Executive Lead

At the end of April 2026, 6 week compliance for Computer Tomography was at 100%.

MRI shows a compliance figure of 79% with 20 patients waiting over 6 weeks. A number of these are due to unavailability.

Ultrasound dropped to 41% seen within 6 weeks, mainly due to staffing challenges although this has seen improvement throughout May 2026. Overall waits for ultrasound scans have dropped from 175 in April to 29 at the end of May 2026, with 6 week compliance increasing to 72%.

Dr Anna Lamont, Medical Director



Operational Standards

Diagnostic Cardiology 6 Week Compliance

Data Source
DMMI Monthly Return

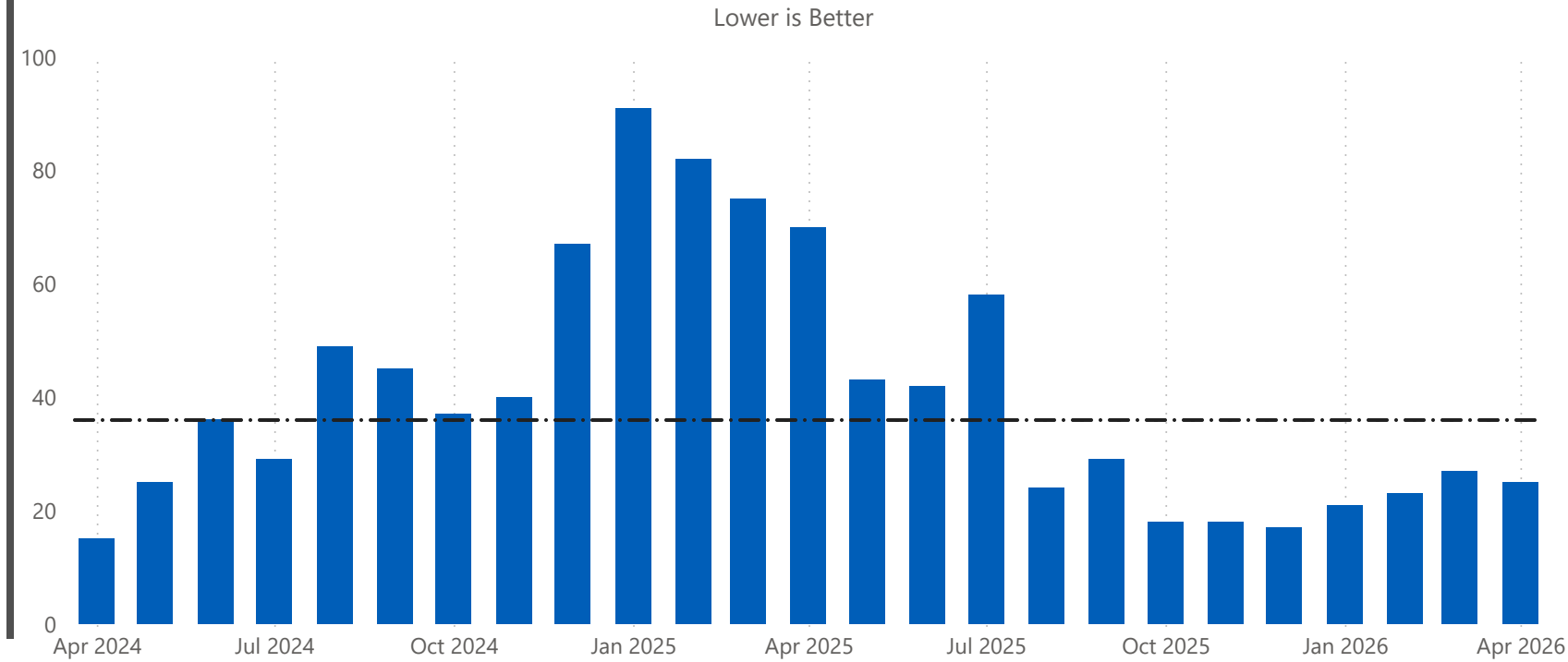
Latest Data
April 2026

Compliance

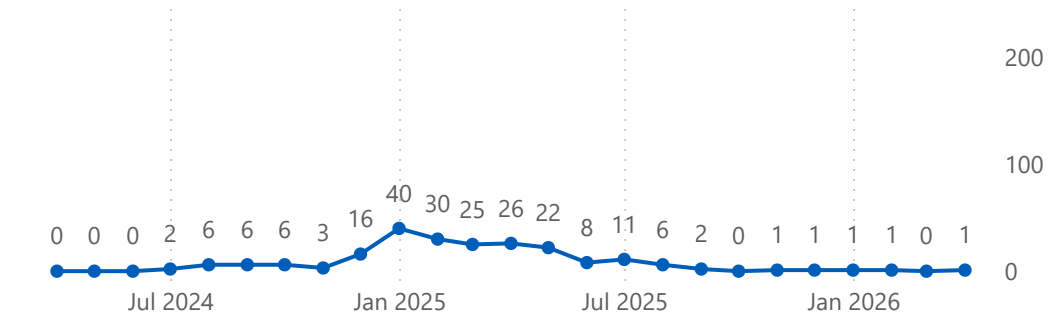
KPI	Target	Actual	RAG Value
100% of patients waiting for key cardiology diagnostic tests and investigations should wait no longer than six weeks (42 days).	100%	96.65%	Amber

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

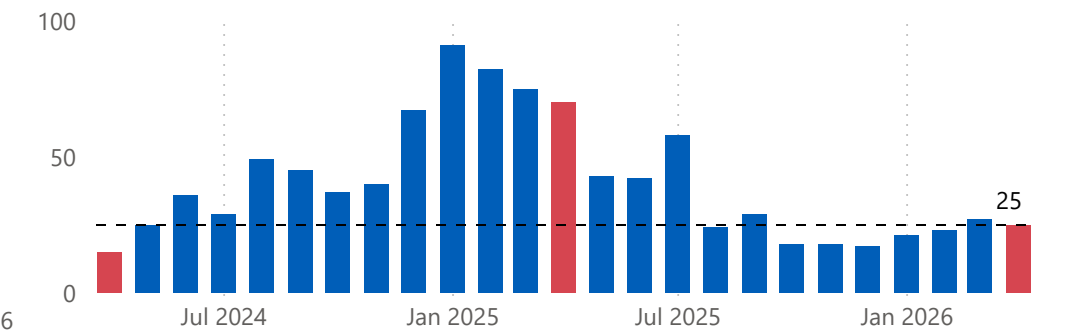
Diagnostic Cardiology Patients Waiting



DMMI Cardiology Patients Waiting > 6 Weeks



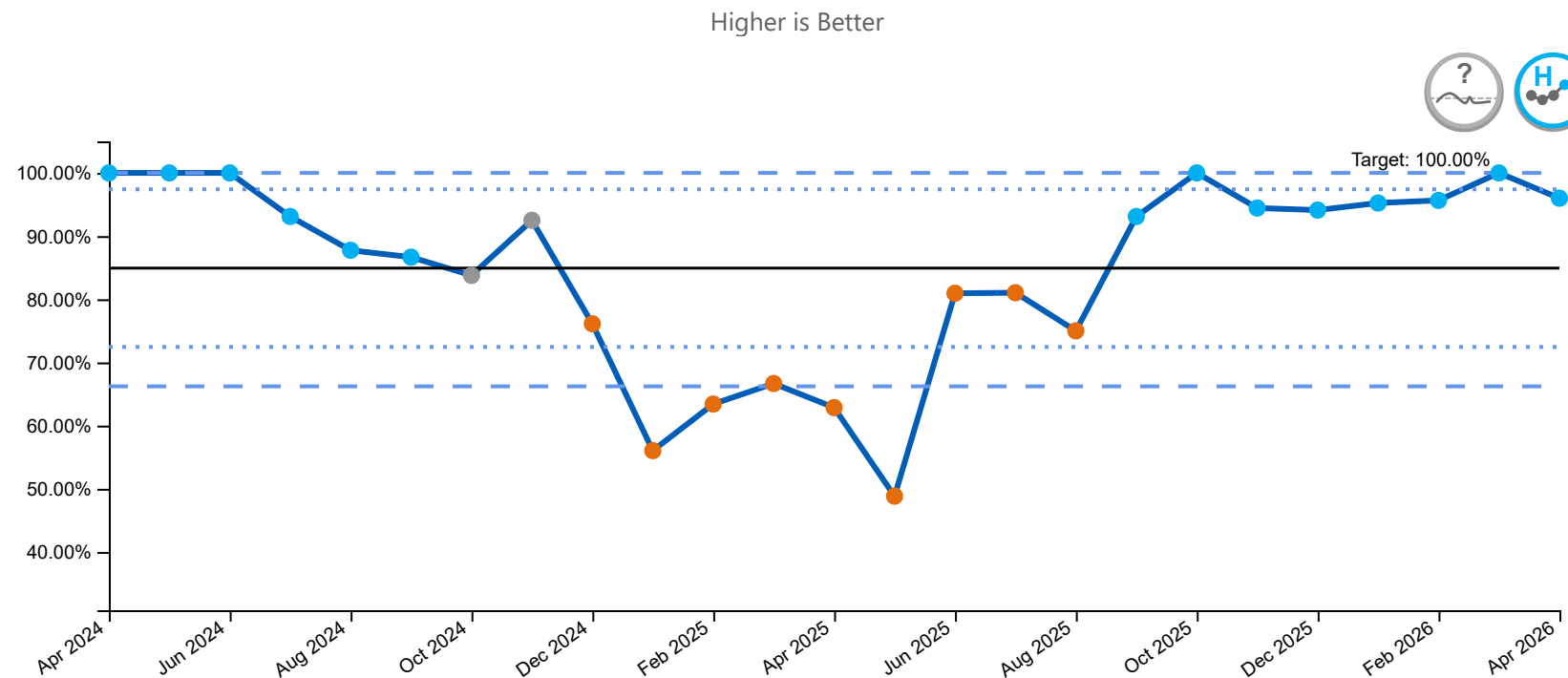
DMMI Cardiology Patients Waiting vs. Previous Year



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	100.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/05/2024	100.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/06/2024	100.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/07/2024	93.10	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/08/2024	87.76	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/09/2024	86.67	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/10/2024	83.78	84.93	100.00	66.22	103.64	72.46	97.40	NONE
01/11/2024	92.50	84.93	100.00	66.22	103.64	72.46	97.40	NONE
01/12/2024	76.12	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/01/2025	56.04	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/02/2025	63.41	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/03/2025	66.67	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/04/2025	62.86	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/05/2025	48.84	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/06/2025	80.95	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/07/2025	81.03	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/08/2025	75.00	84.93	100.00	66.22	103.64	72.46	97.40	DETERIORATION
01/09/2025	93.10	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/10/2025	100.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/11/2025	94.44	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/12/2025	94.12	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/01/2026	95.24	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/02/2026	95.65	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/03/2026	100.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT
01/04/2026	96.00	84.93	100.00	66.22	103.64	72.46	97.40	IMPROVEMENT

Diagnostic Cardiology 6-Week Compliance



Comments From Executive Lead

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

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

Dr Anna Lamont, Medical Director



Operational Standards

Cancer Waiting Times 31-Day Standard

Data Source

Discovery

Latest Data

April 2026

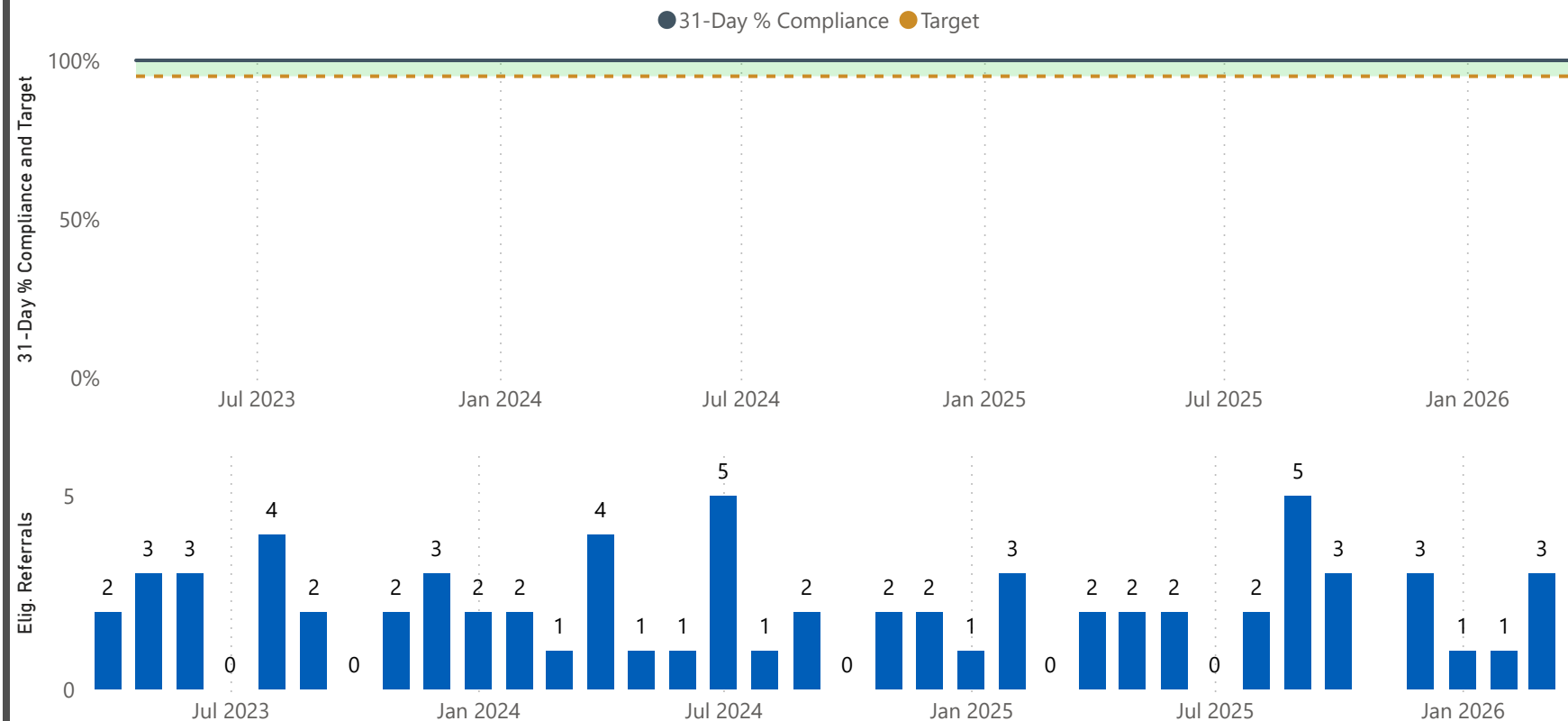
Compliance

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

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

KPI on target, no actions required at this time.

Cancer Waiting Times - 31 Day Standard



Comments From Executive Lead

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

Dr Anna Lamont, Medical Director



Operational Standards

Cancer Waiting Times 62-Day Standard

Data Source

Discovery

Latest Data

April 2026

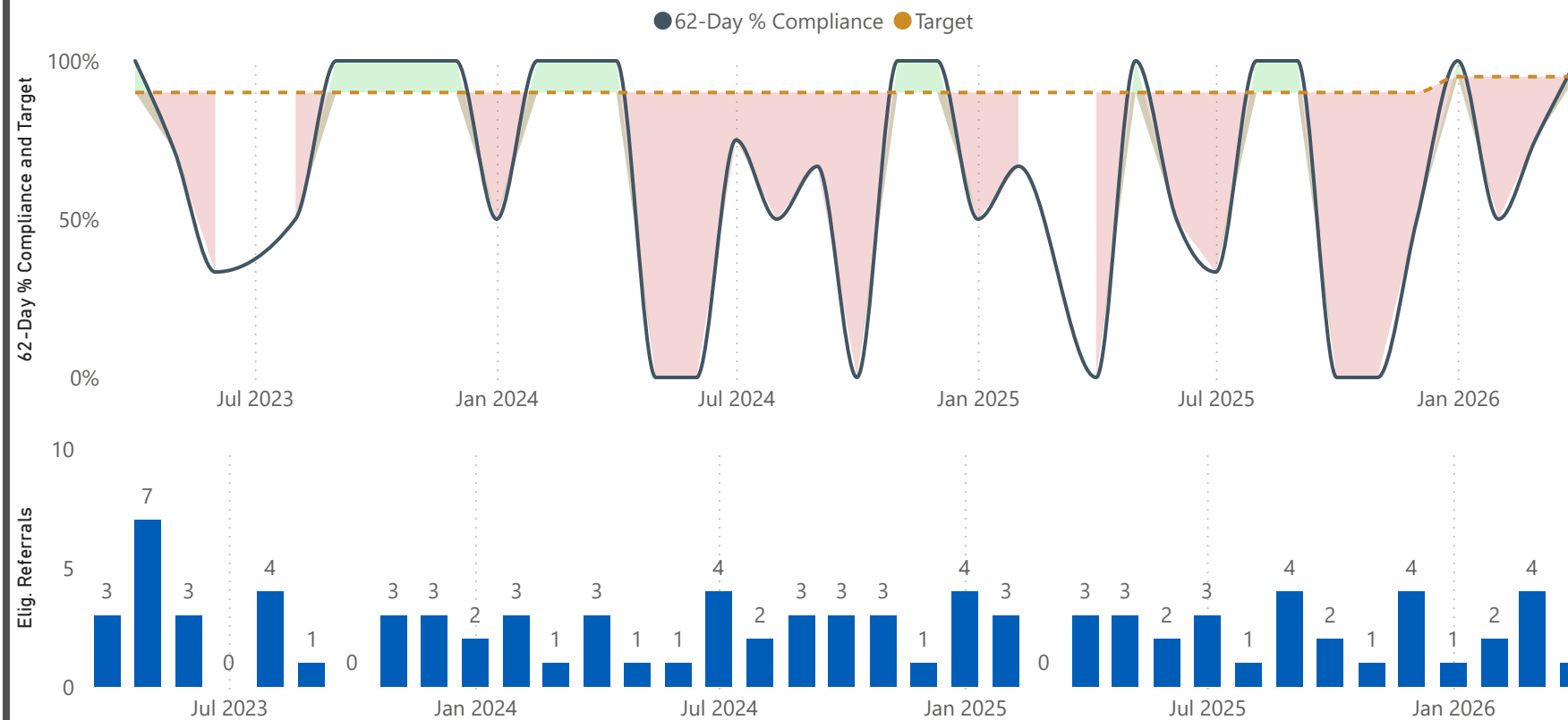
Compliance

KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	95%	75.0%	Green

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

Cancer Waiting Times - 62 Day Standard



Comments From Executive Lead

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

Dr Anna Lamont, Medical Director



Operational Standards

Inpatient Pre-Noon Discharges

Data Source

TrakCare

Latest Data

April 2026

Compliance

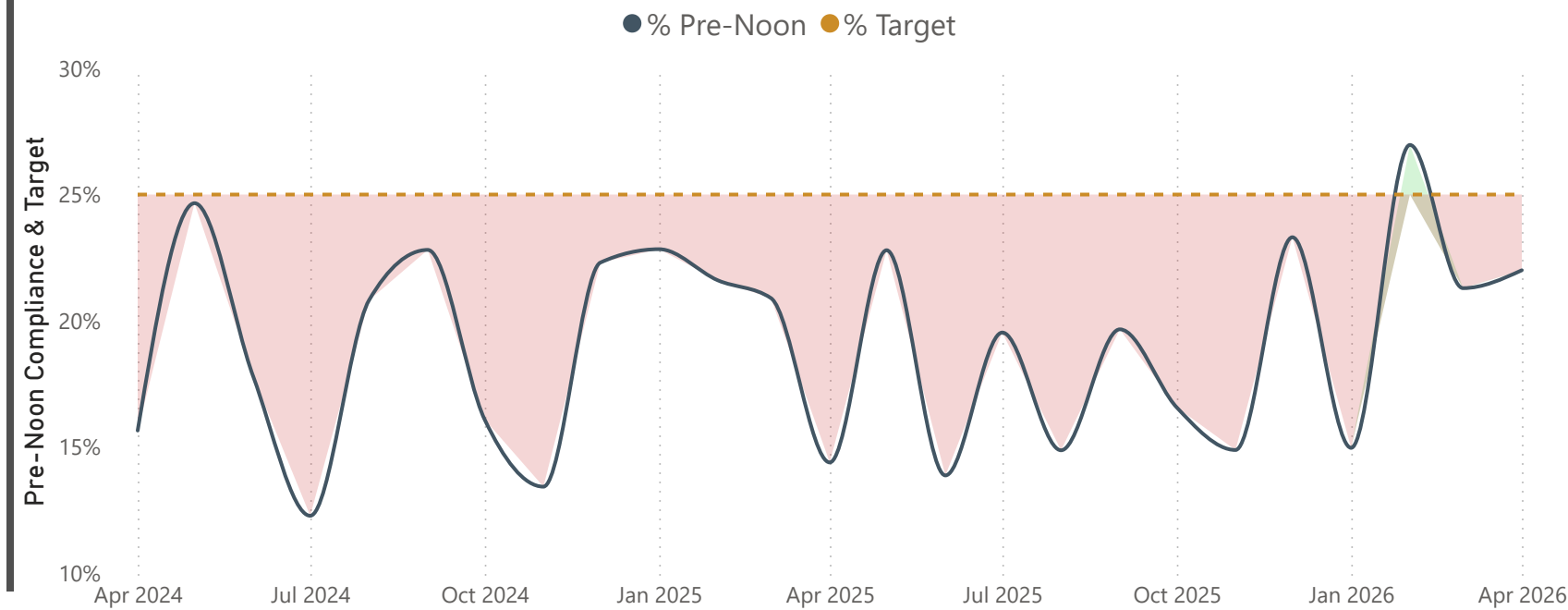
KPI	Target	Actual	RAG Value
Pre-noon discharges	25.0%	22.0%	Amber

Action	Target Date	Owner	Status
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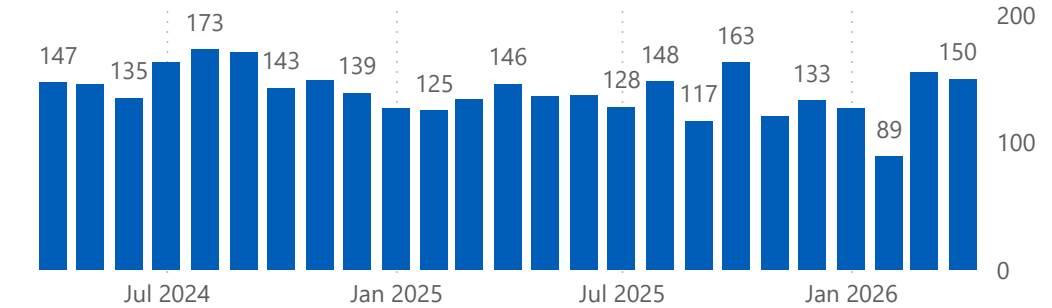
KPI off-target, actions to be updated.

Inpatient Discharges - Pre-Noon Compliance

Compliance for Inpatient 1 & Inpatient 2 Only



Number of Inpatient Discharges



Pre-Noon Discharges - Last 6 Months

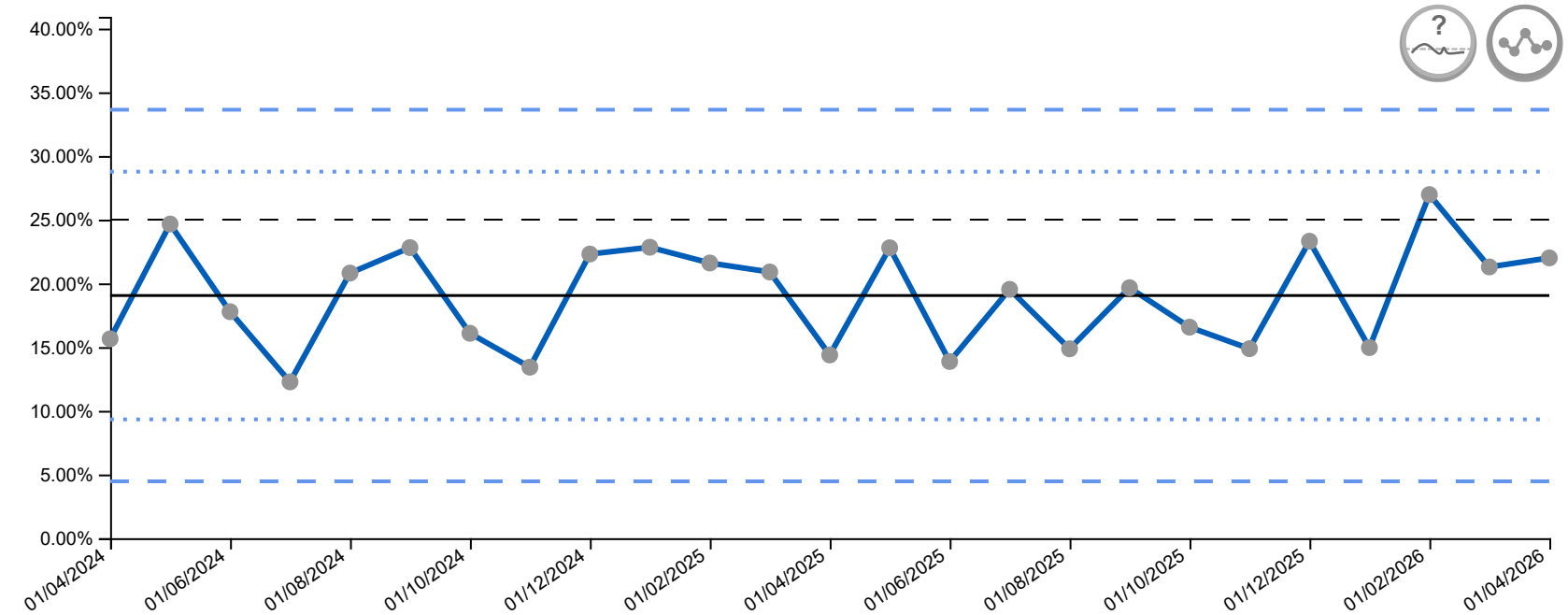
Month	Discharges	% Pre-Noon	RAG Value
November 2025	121	14.88%	Red
December 2025	133	23.31%	Amber
January 2026	127	14.96%	Red
February 2026	89	26.97%	Green
March 2026	155	21.29%	Amber
April 2026	150	22.00%	Amber

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	15.65	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/05/2024	24.66	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/06/2024	17.78	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/07/2024	12.27	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/08/2024	20.81	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/09/2024	22.81	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/10/2024	16.08	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/11/2024	13.42	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/12/2024	22.30	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/01/2025	22.83	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/02/2025	21.60	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/03/2025	20.90	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/04/2025	14.38	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/05/2025	22.79	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/06/2025	13.87	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/07/2025	19.53	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/08/2025	14.86	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/09/2025	19.66	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/10/2025	16.56	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/11/2025	14.88	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/12/2025	23.31	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/01/2026	14.96	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/02/2026	26.97	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/03/2026	21.29	19.05	25.00	4.46	33.63	9.33	28.77	NONE
01/04/2026	22.00	19.05	25.00	4.46	33.63	9.33	28.77	NONE

Inpatient Discharges - Pre-Noon Compliance

Compliance for Inpatient 1 & Inpatient 2 Only



Comments From Executive Lead

Discharge without delay planning remains a key focus over the next quarter with PDD setting and compliance with red, amber, green pathway documentation.

System wide review of discharge planning is closely linked to the older persons and frailty workstream with clinical teams working together to ensure best practice guidance embedded.

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



Operational Standards

Delayed Transfers of Care Discharge Compliance

Data Source
Delayed Discharges Monthly Return

Latest Data
April 2026

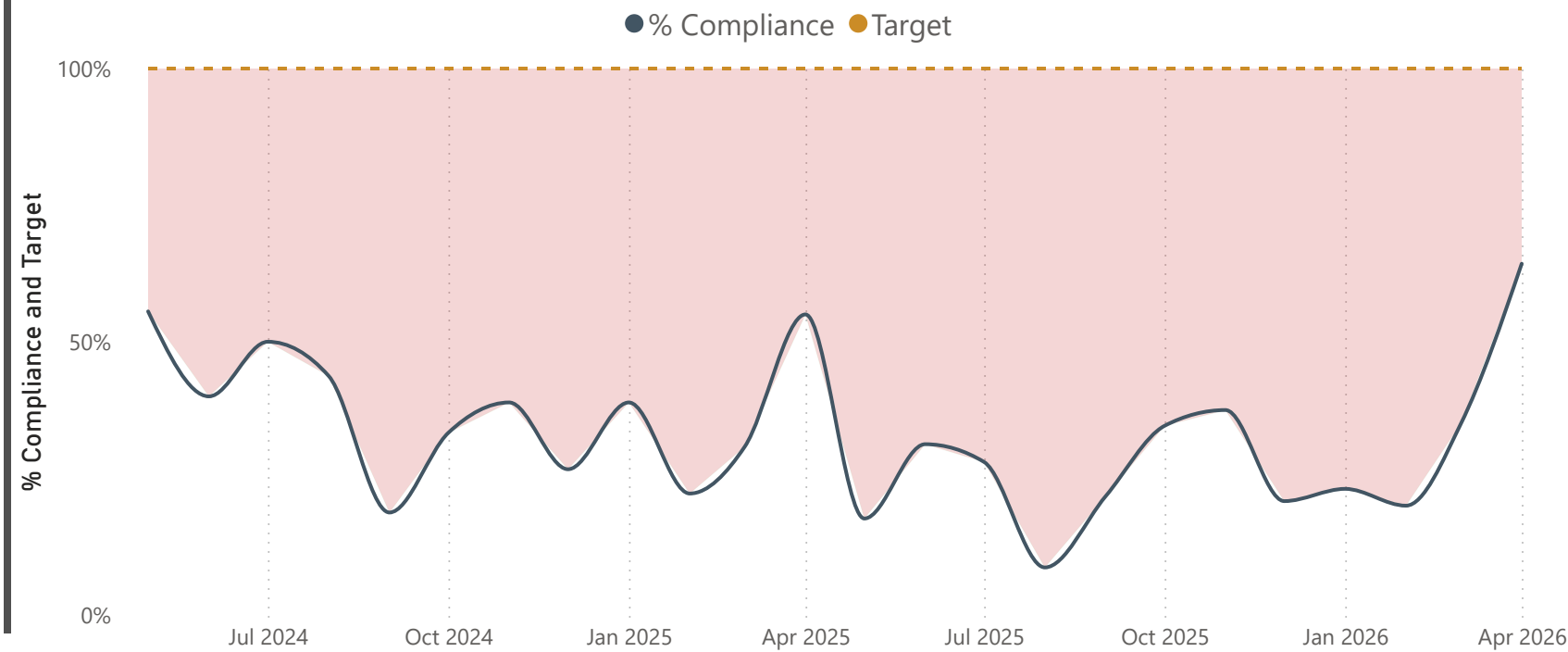
Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	64.29%	Red

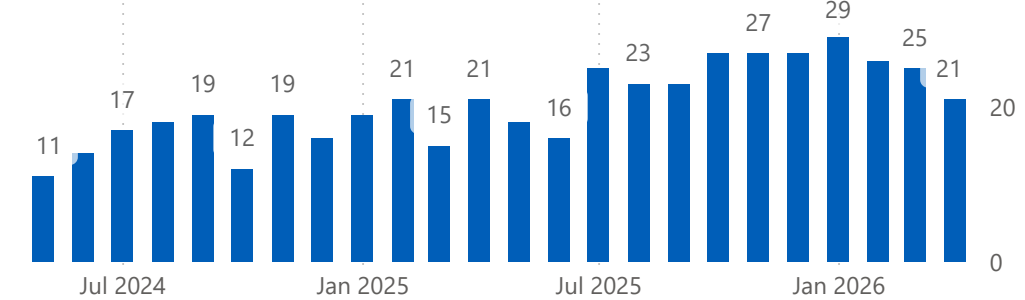
Action	Target Date	Owner	Status
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All current actions completed/closed.

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



Number of Delayed Transfers of Care



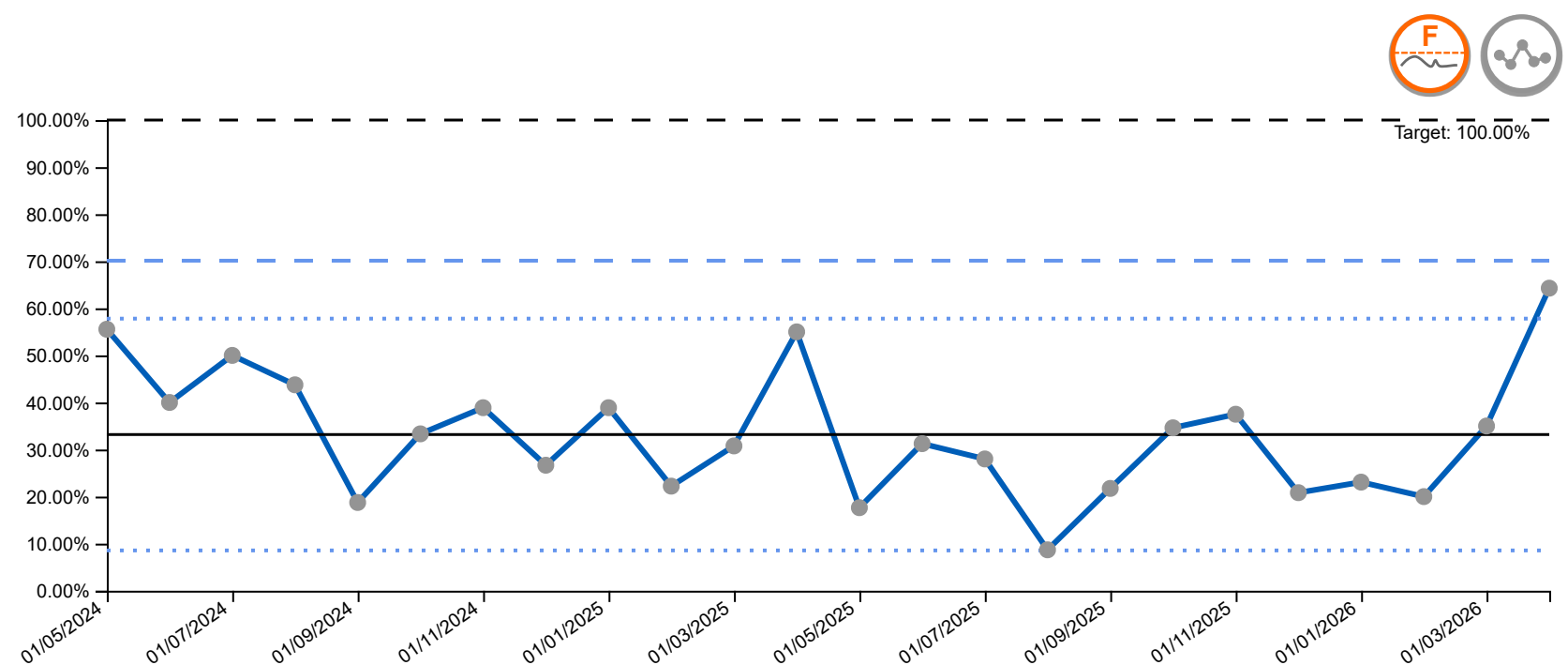
DToc 2 Week Discharge Compliance - Last 6 Months

Month	Total Delays	Delayed >2Wks.	% Compliance	RAG Value
November 2025	27	15	37.50%	Red
December 2025	27	19	20.83%	Red
January 2026	29	20	23.08%	Red
February 2026	26	20	20.00%	Red
March 2026	25	13	35.00%	Red
April 2026	21	5	64.29%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/05/2024	55.56	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/06/2024	40.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/07/2024	50.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/08/2024	43.75	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/09/2024	18.75	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/10/2024	33.33	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/11/2024	38.89	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/12/2024	26.67	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/01/2025	38.89	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/02/2025	22.22	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/03/2025	30.77	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/04/2025	55.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/05/2025	17.65	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/06/2025	31.25	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/07/2025	28.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/08/2025	8.70	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/09/2025	21.74	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/10/2025	34.62	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/11/2025	37.50	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/12/2025	20.83	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/01/2026	23.08	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/02/2026	20.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/03/2026	35.00	33.19	100.00	0.00	70.12	8.56	57.81	NONE
01/04/2026	64.29	33.19	100.00	0.00	70.12	8.56	57.81	NONE

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



Comments From Executive Lead

As of 11th June there were 5 delayed transfers of care. Whilst not necessarily complex there are 3 patients without capacity and no legal ability at present to facilitate a move. The work required is underway in respect of these individuals.



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

Operational Standards

Delayed Transfers of Care at Census Date

Data Source
Delayed Discharges Monthly Return

Latest Data
April 2026

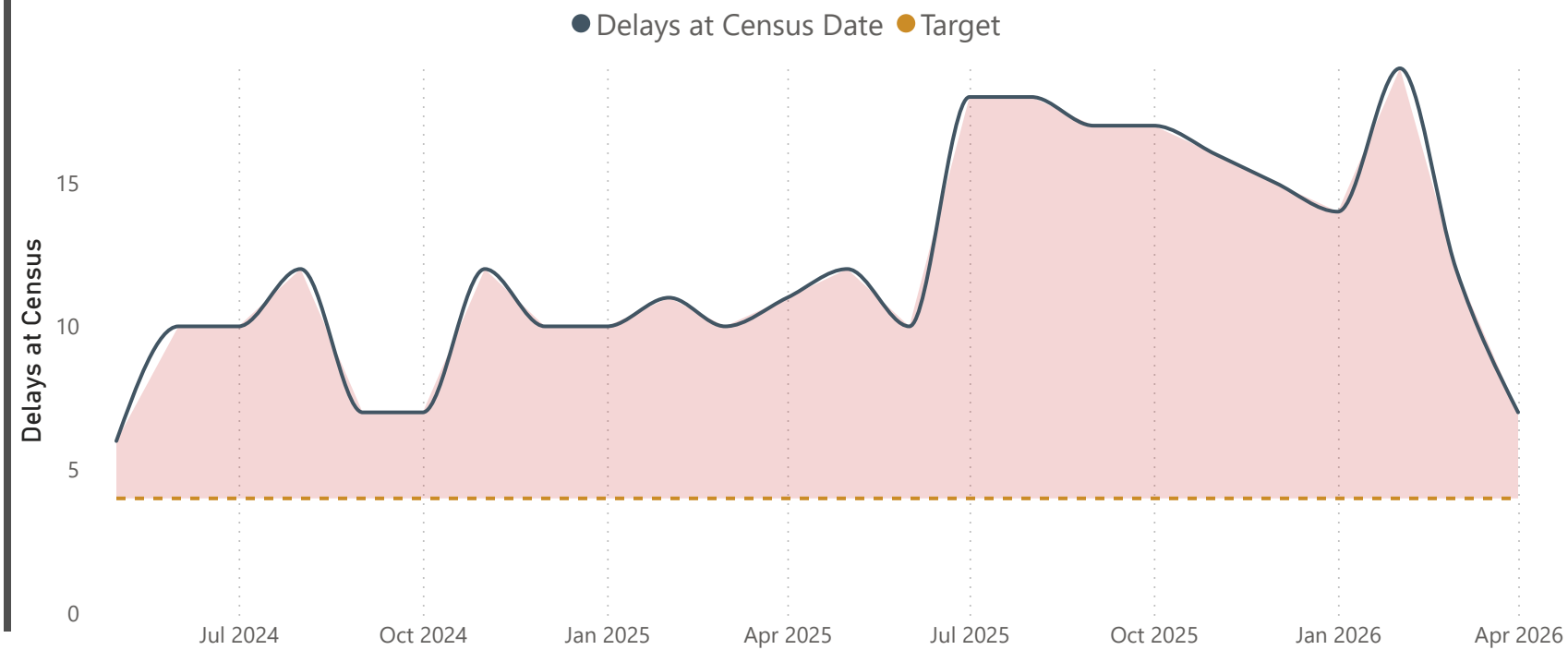
Compliance

KPI	Target	Actual	RAG Value
Number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point	4	7	Red

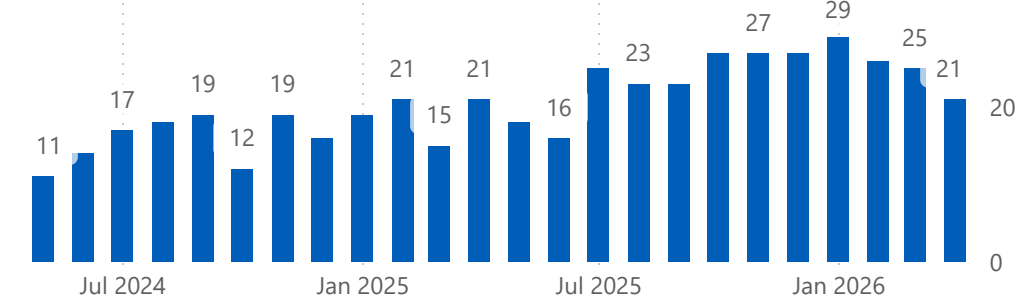
Action	Target Date	Owner	Status
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All current actions completed/closed.

Delayed Transfers of Care - Delays at Census Date



Number of Delayed Transfers of Care



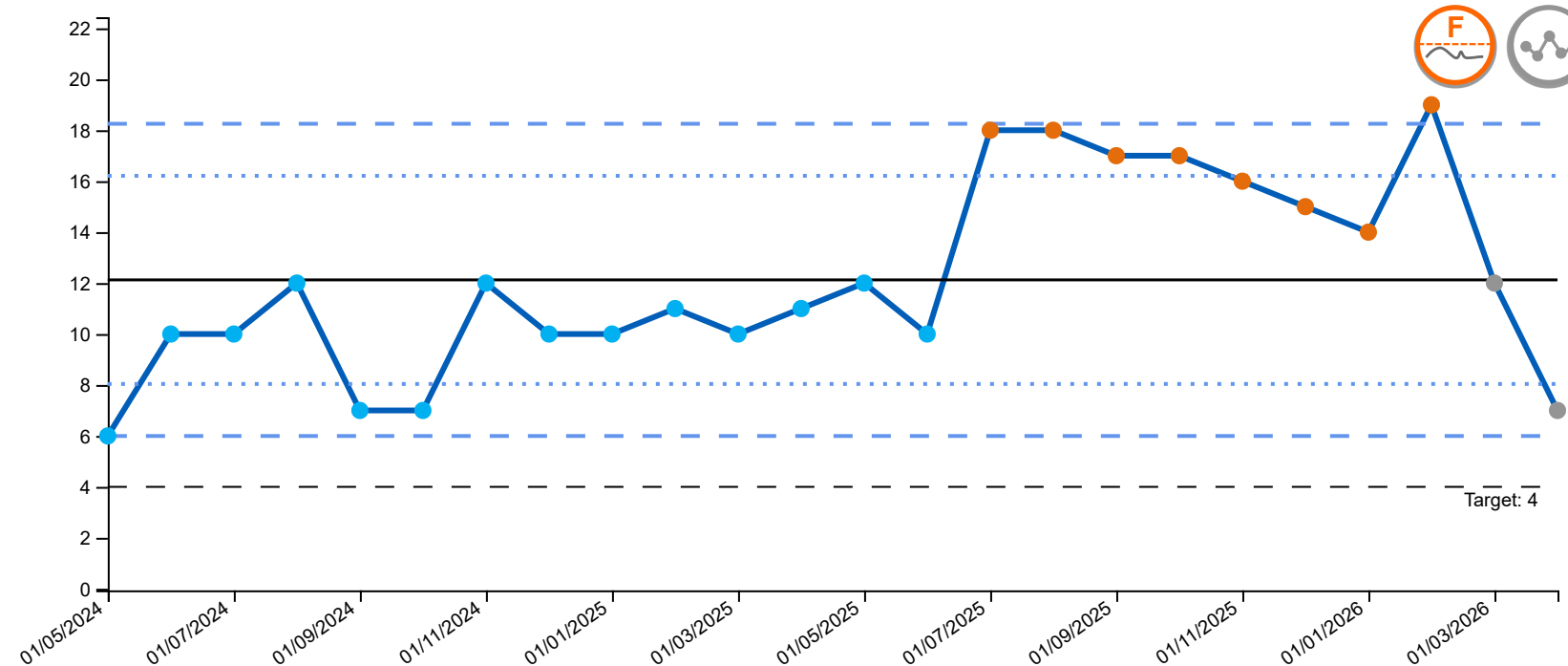
DToC 2 Week Discharge Compliance - Last 6 Months

Month	Total Delays	Census Delays	Target	RAG Value
November 2025	27	16	4	Red
December 2025	27	15	4	Red
January 2026	29	14	4	Red
February 2026	26	19	4	Red
March 2026	25	12	4	Red
April 2026	21	7	4	Red

Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/05/2024	6	12	6	18	8	16	IMPROVEMENT
01/06/2024	10	12	6	18	8	16	IMPROVEMENT
01/07/2024	10	12	6	18	8	16	IMPROVEMENT
01/08/2024	12	12	6	18	8	16	IMPROVEMENT
01/09/2024	7	12	6	18	8	16	IMPROVEMENT
01/10/2024	7	12	6	18	8	16	IMPROVEMENT
01/11/2024	12	12	6	18	8	16	IMPROVEMENT
01/12/2024	10	12	6	18	8	16	IMPROVEMENT
01/01/2025	10	12	6	18	8	16	IMPROVEMENT
01/02/2025	11	12	6	18	8	16	IMPROVEMENT
01/03/2025	10	12	6	18	8	16	IMPROVEMENT
01/04/2025	11	12	6	18	8	16	IMPROVEMENT
01/05/2025	12	12	6	18	8	16	IMPROVEMENT
01/06/2025	10	12	6	18	8	16	IMPROVEMENT
01/07/2025	18	12	6	18	8	16	DETERIORATION
01/08/2025	18	12	6	18	8	16	DETERIORATION
01/09/2025	17	12	6	18	8	16	DETERIORATION
01/10/2025	17	12	6	18	8	16	DETERIORATION
01/11/2025	16	12	6	18	8	16	DETERIORATION
01/12/2025	15	12	6	18	8	16	DETERIORATION
01/01/2026	14	12	6	18	8	16	DETERIORATION
01/02/2026	19	12	6	18	8	16	DETERIORATION
01/03/2026	12	12	6	18	8	16	NONE
01/04/2026	7	12	6	18	8	16	NONE

Delayed Transfers of Care - Delays at Census Date



Comments From Executive Lead

As of 11th June there were 5 delayed transfers of care. Whilst not necessarily complex there are 3 patients without capacity and no legal ability at present to facilitate a move. The work required is underway in respect of these individuals.

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
April 2026

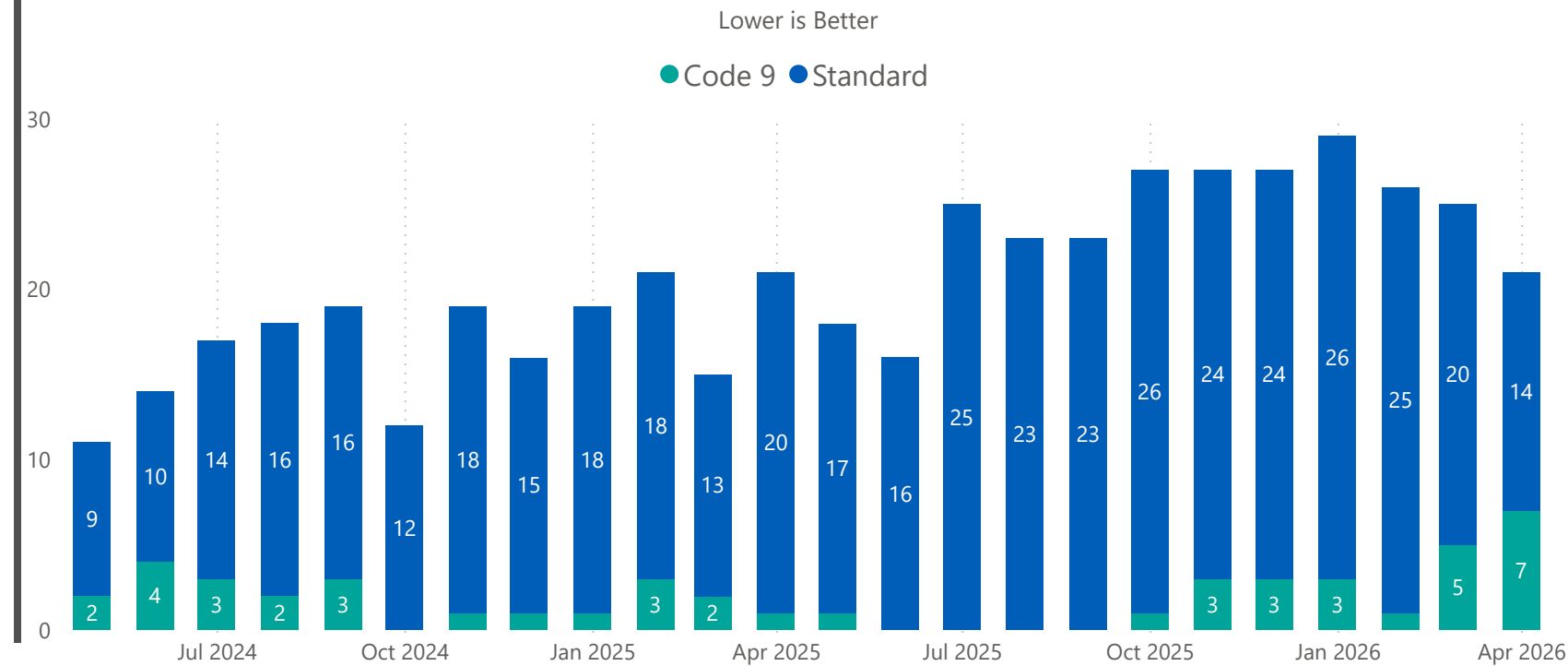
Compliance

KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	56	219	Red

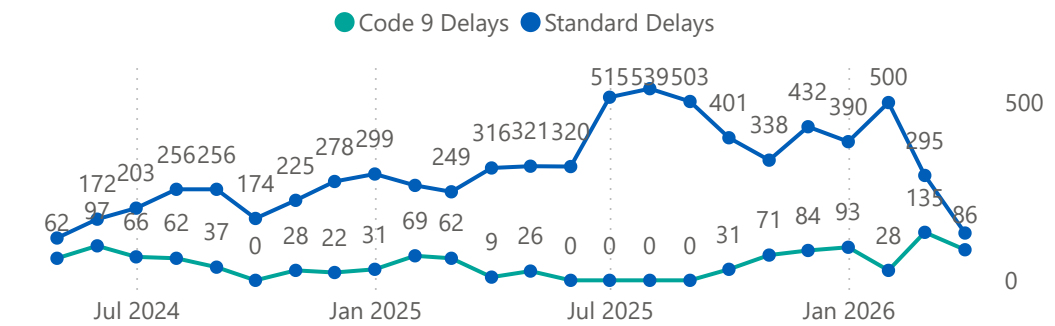
Action	Target Date	Owner	Status
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All current actions completed/closed.

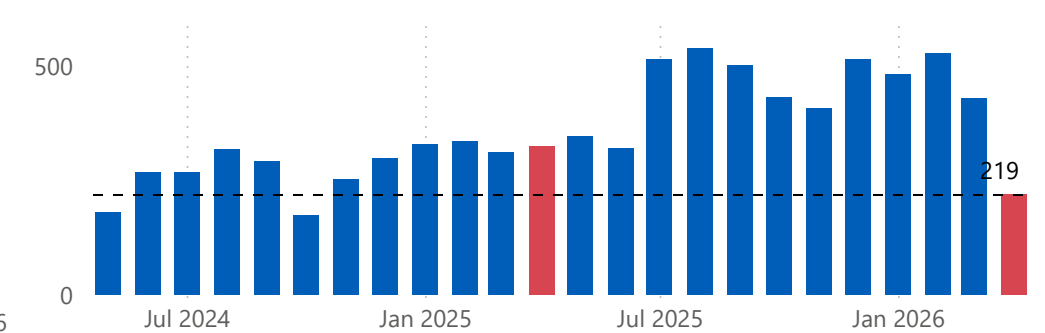
Delayed Transfers of Care - Delays by Type & Month



DToC Bed Days By Delay Type



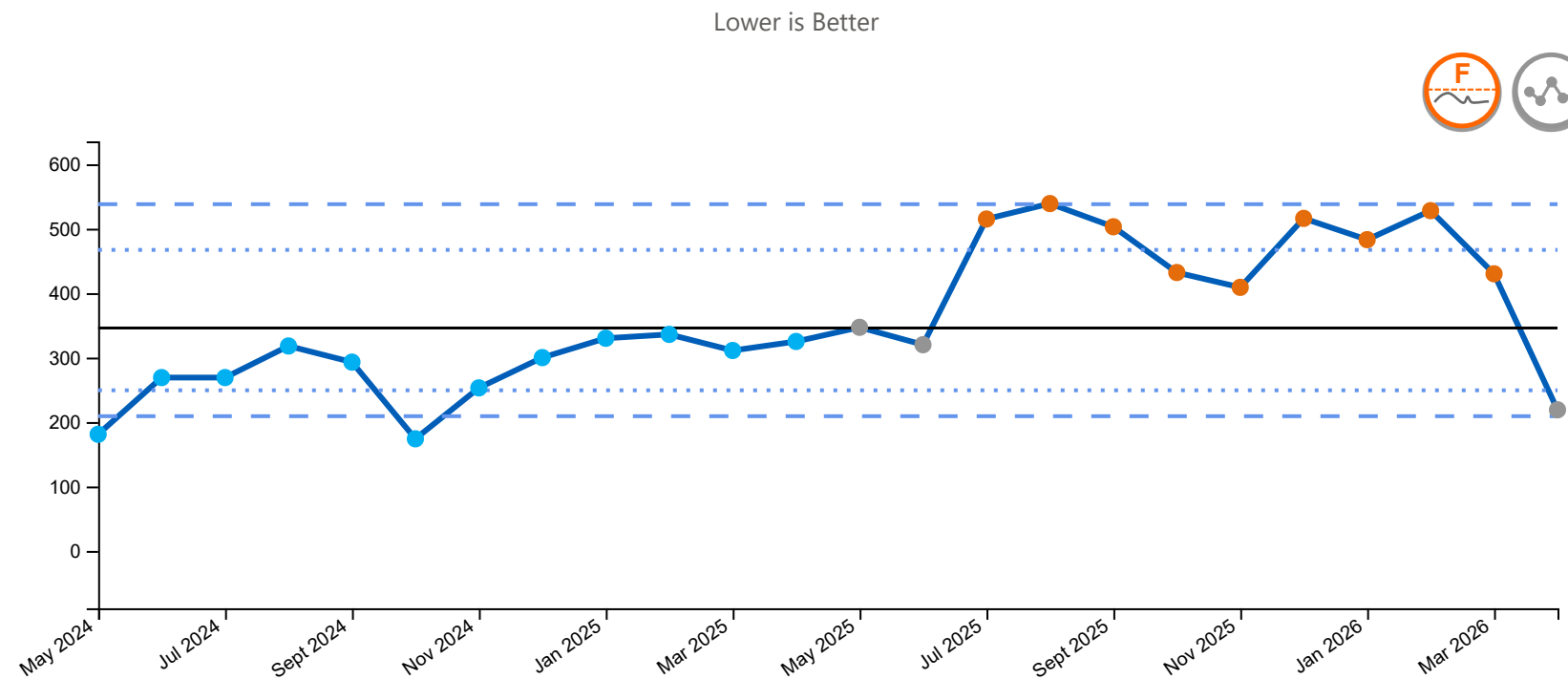
DToC Occupied Bed Days vs. Previous Year



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/05/2024	181	346	56	223	511	260	451	IMPROVEMENT
01/06/2024	269	346	56	223	511	260	451	IMPROVEMENT
01/07/2024	269	346	56	223	511	260	451	IMPROVEMENT
01/08/2024	318	346	56	223	511	260	451	IMPROVEMENT
01/09/2024	293	346	56	223	511	260	451	IMPROVEMENT
01/10/2024	174	346	56	223	511	260	451	IMPROVEMENT
01/11/2024	253	346	56	223	511	260	451	IMPROVEMENT
01/12/2024	300	346	56	223	511	260	451	IMPROVEMENT
01/01/2025	330	346	56	223	511	260	451	IMPROVEMENT
01/02/2025	336	346	56	223	511	260	451	IMPROVEMENT
01/03/2025	311	346	56	223	511	260	451	IMPROVEMENT
01/04/2025	325	346	56	223	511	260	451	IMPROVEMENT
01/05/2025	347	346	56	223	511	260	451	NONE
01/06/2025	320	346	56	223	511	260	451	NONE
01/07/2025	515	346	56	223	511	260	451	DETERIORATION
01/08/2025	539	346	56	223	511	260	451	DETERIORATION
01/09/2025	503	346	56	223	511	260	451	DETERIORATION
01/10/2025	432	346	56	223	511	260	451	DETERIORATION
01/11/2025	409	346	56	223	511	260	451	DETERIORATION
01/12/2025	516	346	56	223	511	260	451	DETERIORATION
01/01/2026	483	346	56	223	511	260	451	DETERIORATION
01/02/2026	528	346	56	223	511	260	451	DETERIORATION
01/03/2026	430	346	56	223	511	260	451	DETERIORATION
01/04/2026	219	346	56	223	511	260	451	NONE

Delayed Transfers of Care - Occupied Bed Days



Comments From Executive Lead

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

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

December 2025

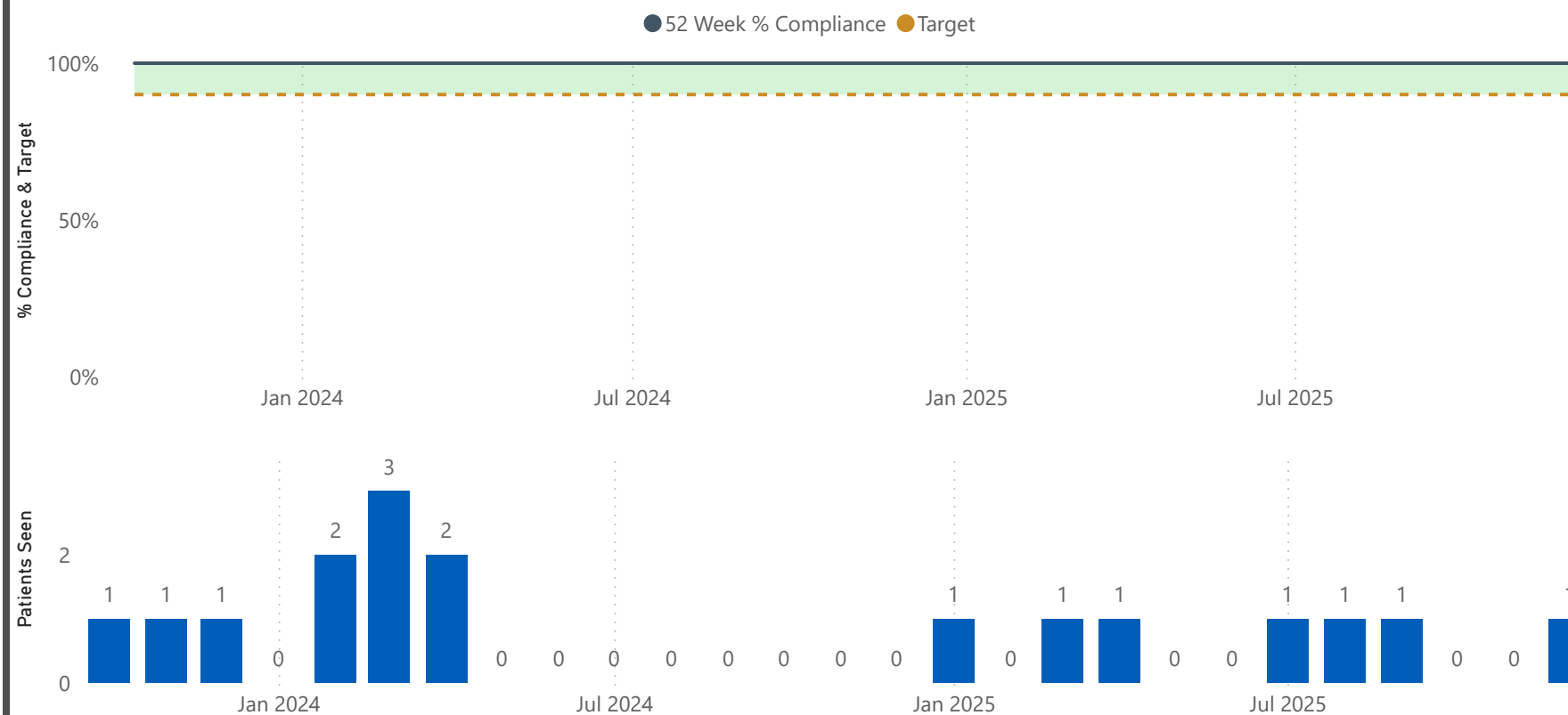
Compliance

KPI	Target	Actual	RAG Value
90% of eligible patients to commence IVF treatment within 12 months of referral	90%	100%	Green

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

KPI on target, no actions required at this time.

In Vitro Fertilisation (IVF) 52 Week Screening Compliance



Comments From Executive Lead

100% Although reached budget ceiling for IVF 2025/26, there were no new referrals received and therefore no delays in access to treatment.

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



Operational Standards

Women Booked to Named Midwife

Data Source

Maternity Staff

Latest Data

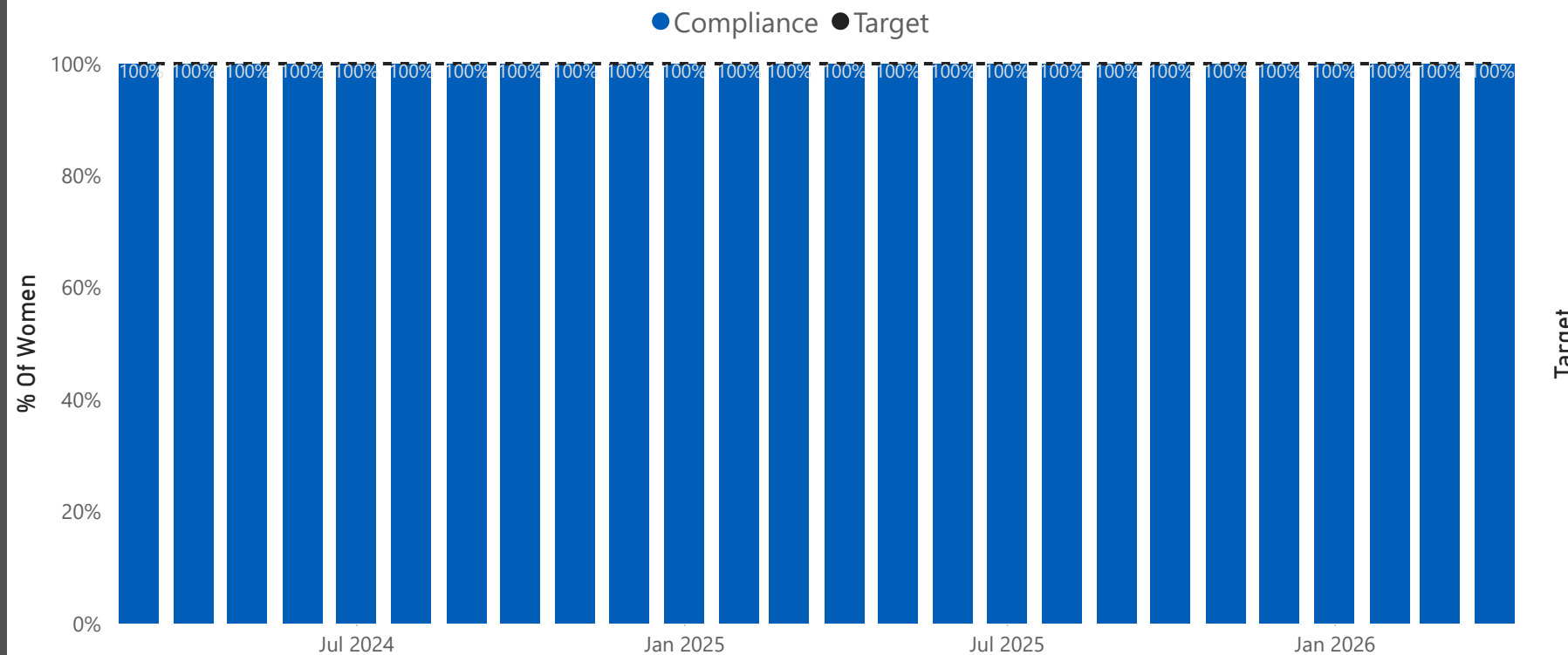
January 2026

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.			

Antenatal Care Appointment Delivery - Primary/Buddy Midwife %



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 part time Associate Specialist Doctor post recruited to work on Neurodiversity diagnosis for children commenced in April 2026.

The Band 7 Lead for the All Age Nurse Led Psychiatric Liaison Team commenced on 3 November 2025 with other posts in that service now out to advert. 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.

A draft Neurodevelopmental pathway has now been developed.

Additional capacity in Care at Home, funded via unscheduled care money, has seen delayed discharges reduce from 20 to 6 over the last three weeks.

Progress with PHIO and reduction in waiting times for the AHP led MSK services.

RAG Status Values

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

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

Areas of Concern

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

Community Child & Adolescent Mental Health 18 Week Compliance

Data Source
CAMHS Monthly Return

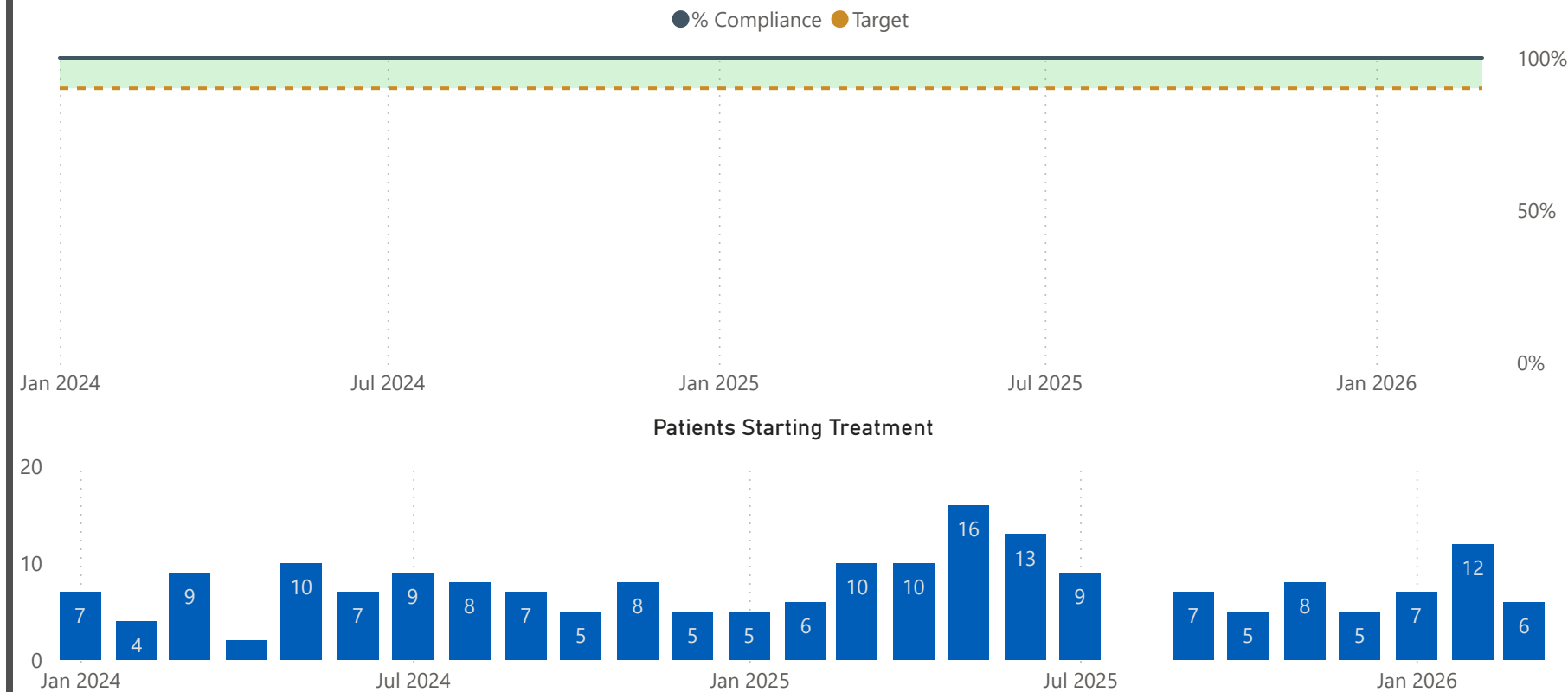
Latest Data
March 2026

Compliance

KPI	Target	Actual	RAG Value
90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	90%	100%	Green

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

Child & Adolescent Mental Health - 18 Week Compliance



Comments From Executive Lead

This is met consistently however due to the small size of team there remains a risk due to unexpected staff absence.

Stephen Brown, Chief Officer of the Integration Joint Board



Community Psychological Therapies 18 Week Compliance

Data Source
PT Monthly Return

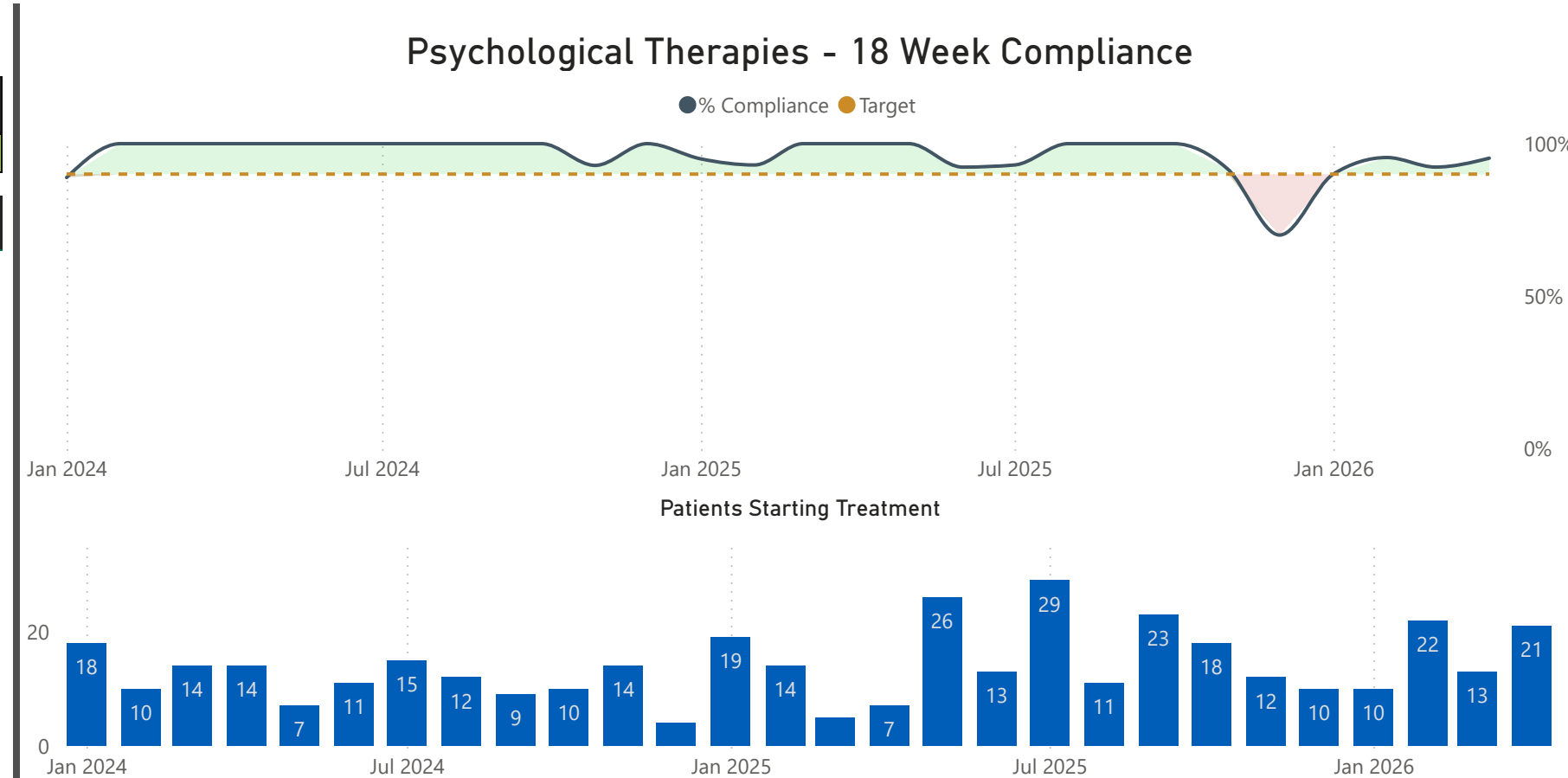
Latest Data
April 2026

Compliance

KPI	Target	Actual	RAG Value
18 Week Referral to Treatment	90%	95.45%	Green

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

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

TrakCare

Latest Data

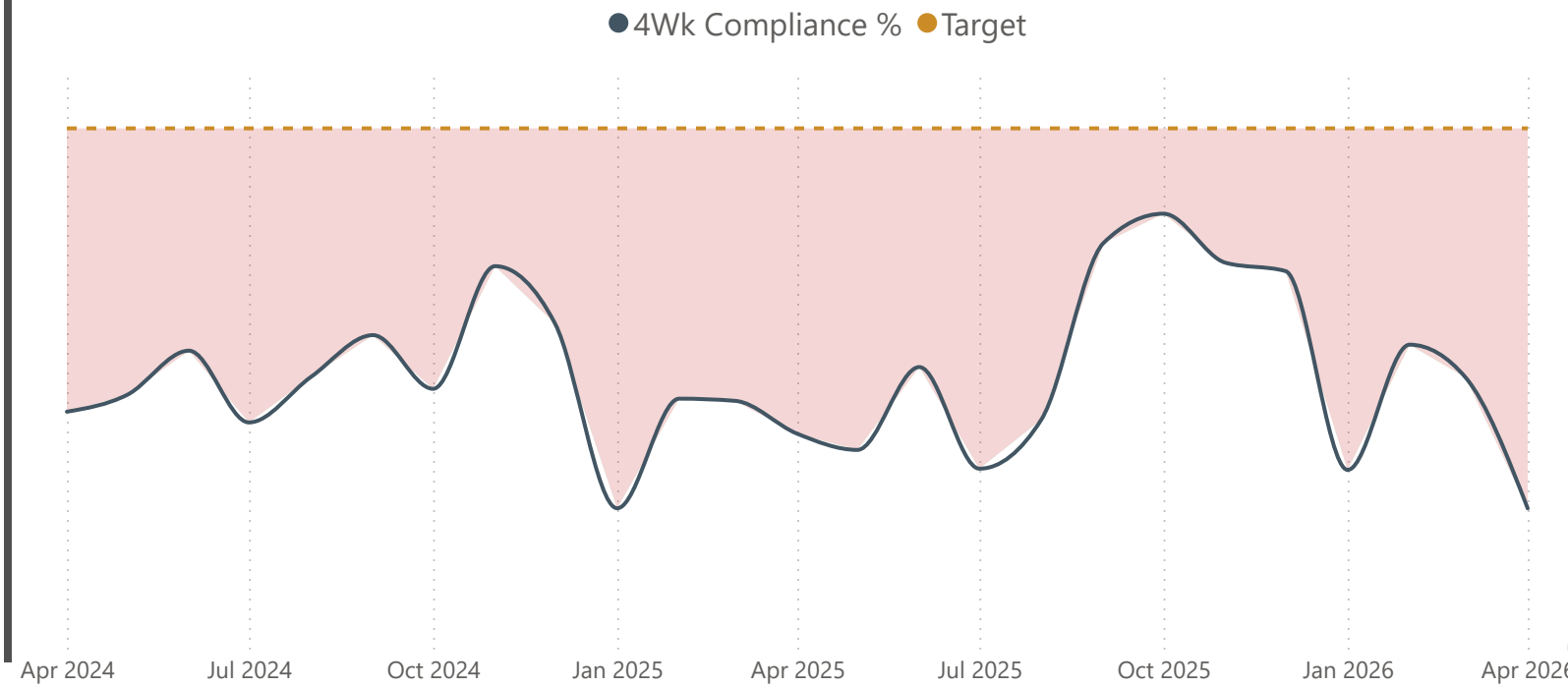
April 2026

Compliance

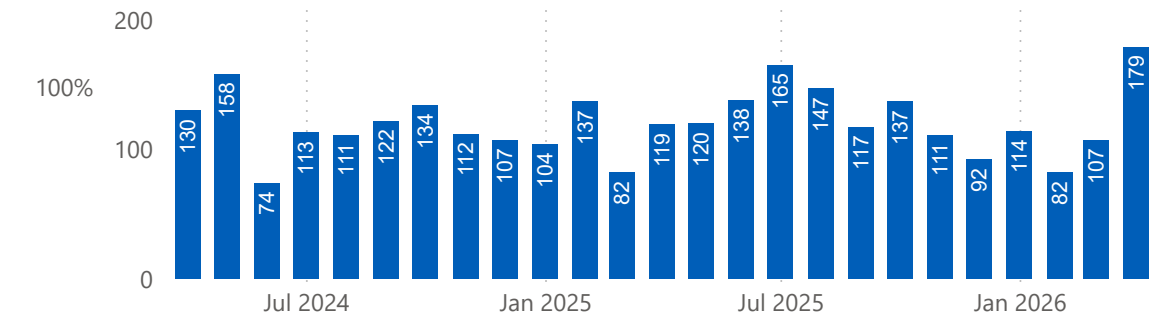
KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led musculoskeletal services.	90%	24.02%	Red

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

AHP MSK All Specialties - 4 Week Compliance



AHP MSK All Specialties - Patients Seen



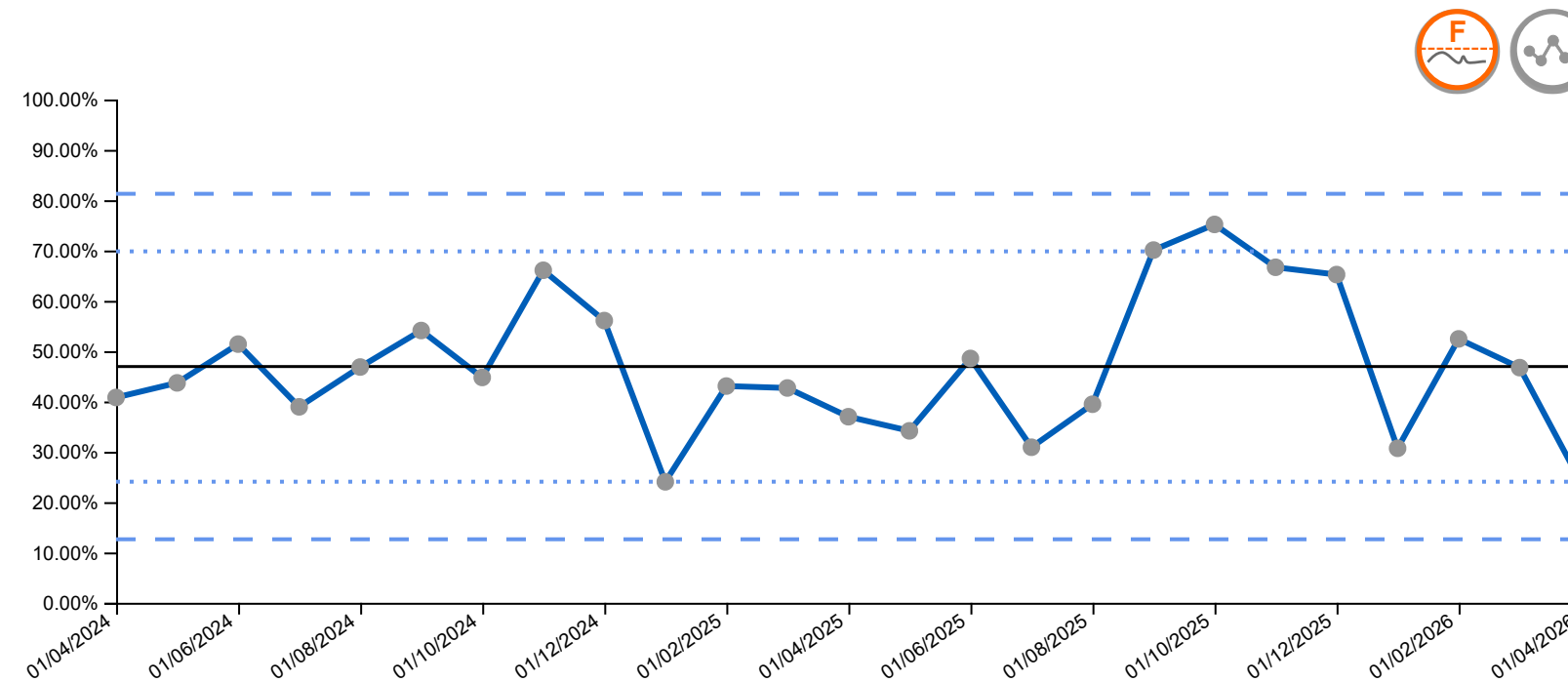
AHP MSK All Specialties - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
November 2025	111	66.67%	90.00%	Red
December 2025	92	65.22%	90.00%	Red
January 2026	114	30.70%	90.00%	Red
February 2026	82	52.44%	90.00%	Red
March 2026	107	46.73%	90.00%	Red
April 2026	179	24.02%	90.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	40.80	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/05/2024	43.70	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/06/2024	51.40	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/07/2024	38.94	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/08/2024	46.85	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/09/2024	54.10	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/10/2024	44.78	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/11/2024	66.07	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/12/2024	56.07	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/01/2025	24.04	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/02/2025	43.07	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/03/2025	42.68	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/04/2025	36.97	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/05/2025	34.17	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/06/2025	48.55	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/07/2025	30.91	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/08/2025	39.46	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/09/2025	70.09	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/10/2025	75.18	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/11/2025	66.67	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/12/2025	65.22	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/01/2026	30.70	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/02/2026	52.44	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/03/2026	46.73	46.94	90.00	12.62	81.27	24.06	69.83	NONE
01/04/2026	24.02	46.94	90.00	12.62	81.27	24.06	69.83	NONE

AHP MSK All Specialties - 4 Week Compliance



Comments From Executive Lead

Performance has worsened since the last reporting period due to reductions in staffing in key modalities

Stephen Brown, Chief Officer of the Integration Joint Board



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

Data Source

TrakCare

Latest Data

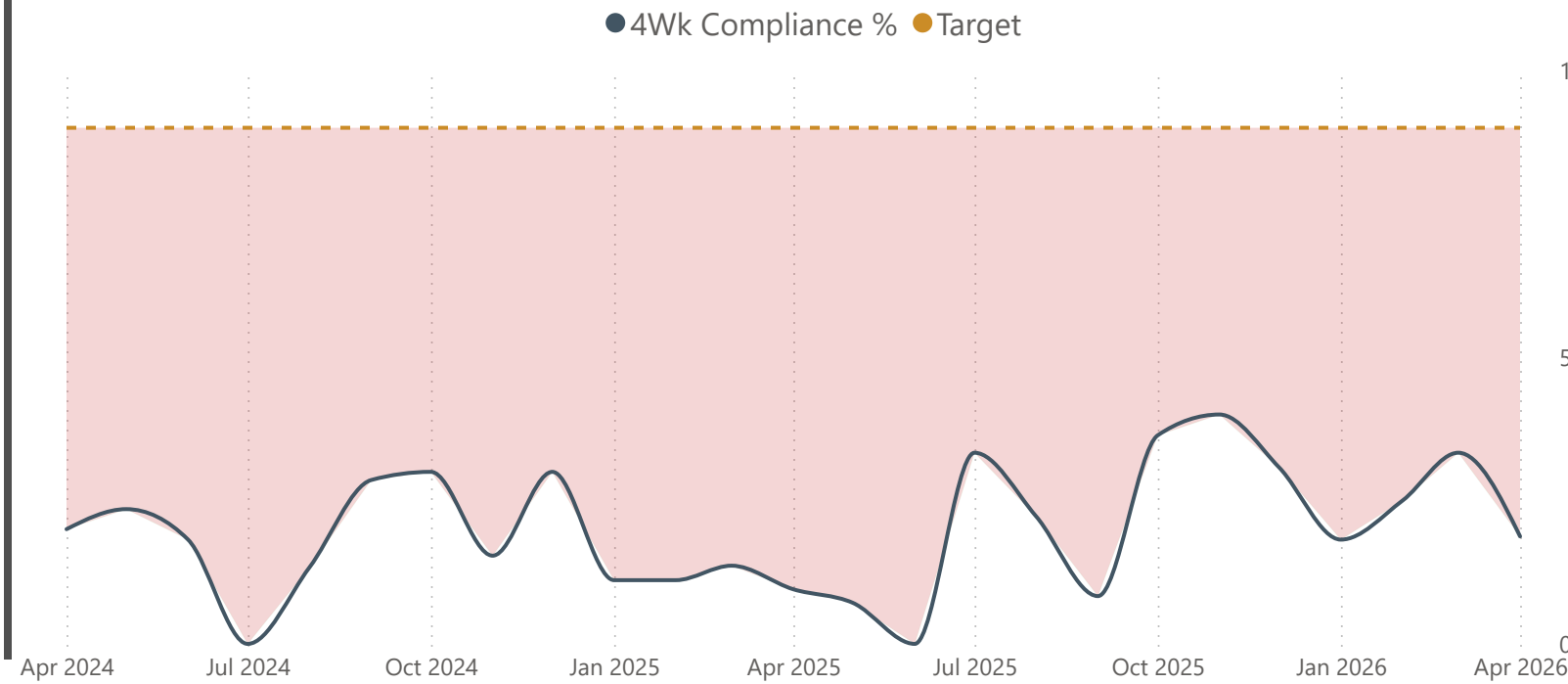
April 2026

Compliance

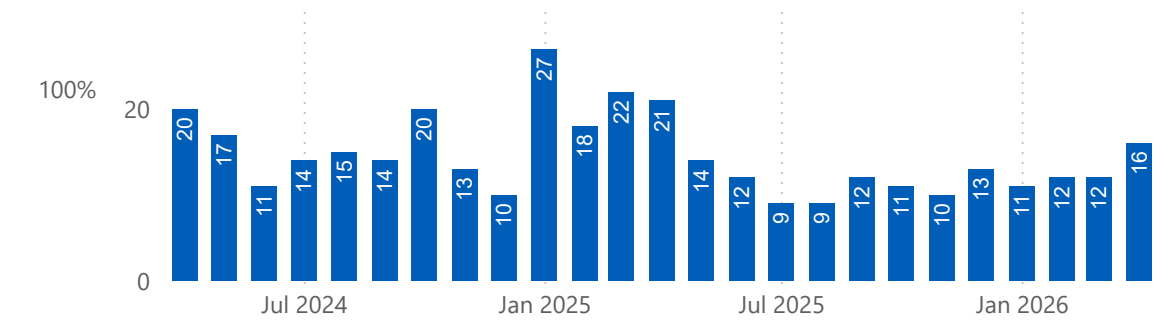
KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led orthotics musculoskeletal services.	90%	18.75%	Red

Action	Target Date	Owner	Status
Monitor referral numbers and performance	31/12/2025	R Lea	Off Track

AHP MSK Orthotics - 4 Week Compliance



AHP MSK Orthotics - Patients Seen



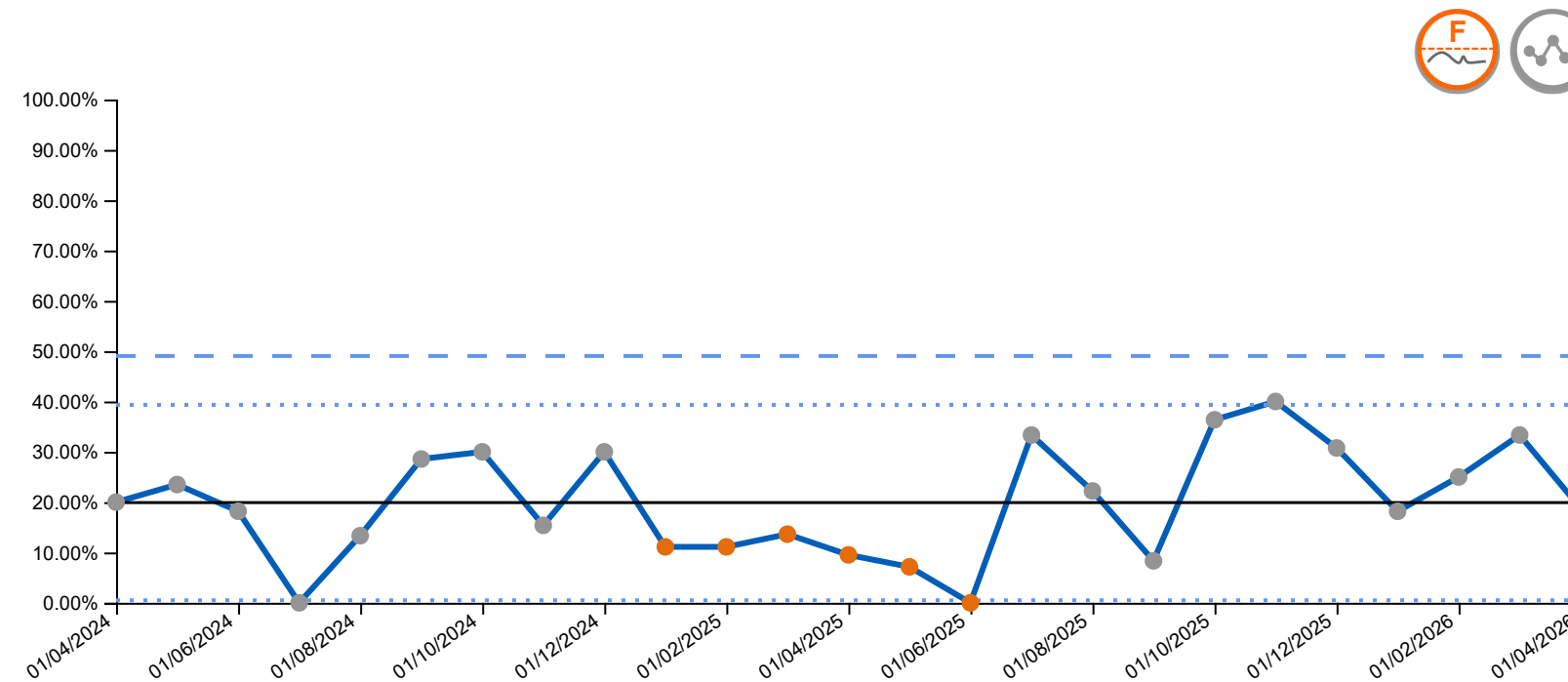
AHP MSK Orthotics - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
November 2025	10	40.00%	90.00%	Red
December 2025	13	30.77%	90.00%	Red
January 2026	11	18.18%	90.00%	Red
February 2026	12	25.00%	90.00%	Red
March 2026	12	33.33%	90.00%	Red
April 2026	16	18.75%	90.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	20.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/05/2024	23.50	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/06/2024	18.20	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/07/2024	0.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/08/2024	13.33	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/09/2024	28.57	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/10/2024	30.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/11/2024	15.38	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/12/2024	30.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/01/2025	11.11	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/02/2025	11.11	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/03/2025	13.64	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/04/2025	9.52	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/05/2025	7.14	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/06/2025	0.00	19.91	90.00	0.00	49.04	0.49	39.33	DETERIORATION
01/07/2025	33.33	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/08/2025	22.22	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/09/2025	8.33	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/10/2025	36.36	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/11/2025	40.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/12/2025	30.77	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/01/2026	18.18	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/02/2026	25.00	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/03/2026	33.33	19.91	90.00	0.00	49.04	0.49	39.33	NONE
01/04/2026	18.75	19.91	90.00	0.00	49.04	0.49	39.33	NONE

AHP MSK Orthotics - 4 Week Compliance



Comments From Executive Lead

Targets are not currently being met. The contract is due for review, and there is a plan to request additional sessions (currently 6 per month) to address the waiting list. We hope this can be adjusted according to service demand

Stephen Brown, Chief Officer of the Integration Joint Board



Community

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

Data Source

TrakCare

Latest Data

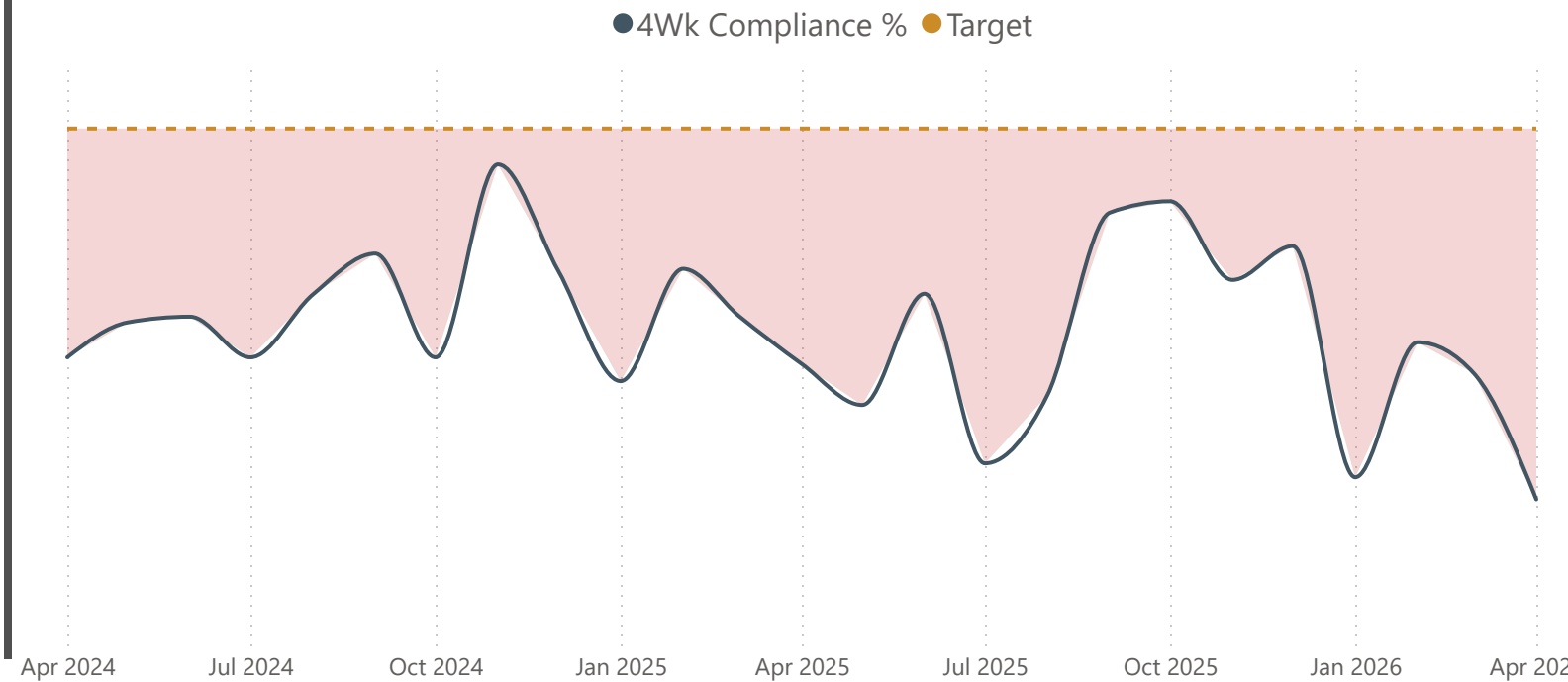
April 2026

Compliance

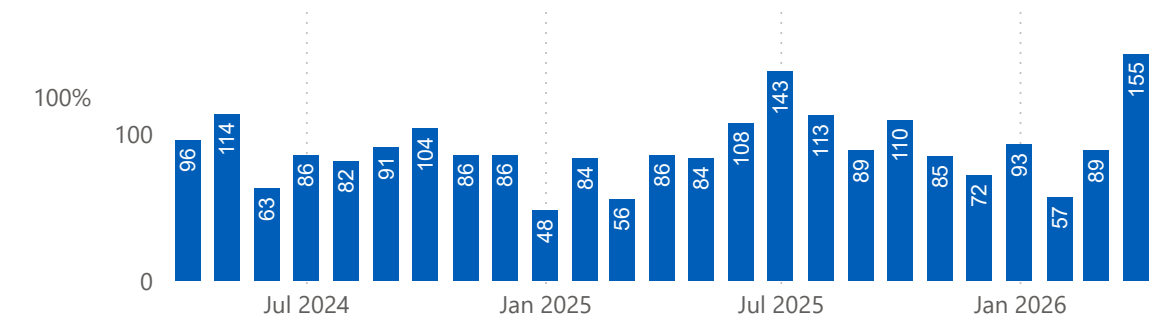
KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led physiotherapy musculoskeletal services.	90%	25.16%	Amber

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

AHP MSK Physiotherapy - 4 Week Compliance



AHP MSK Physiotherapy - Patients Seen



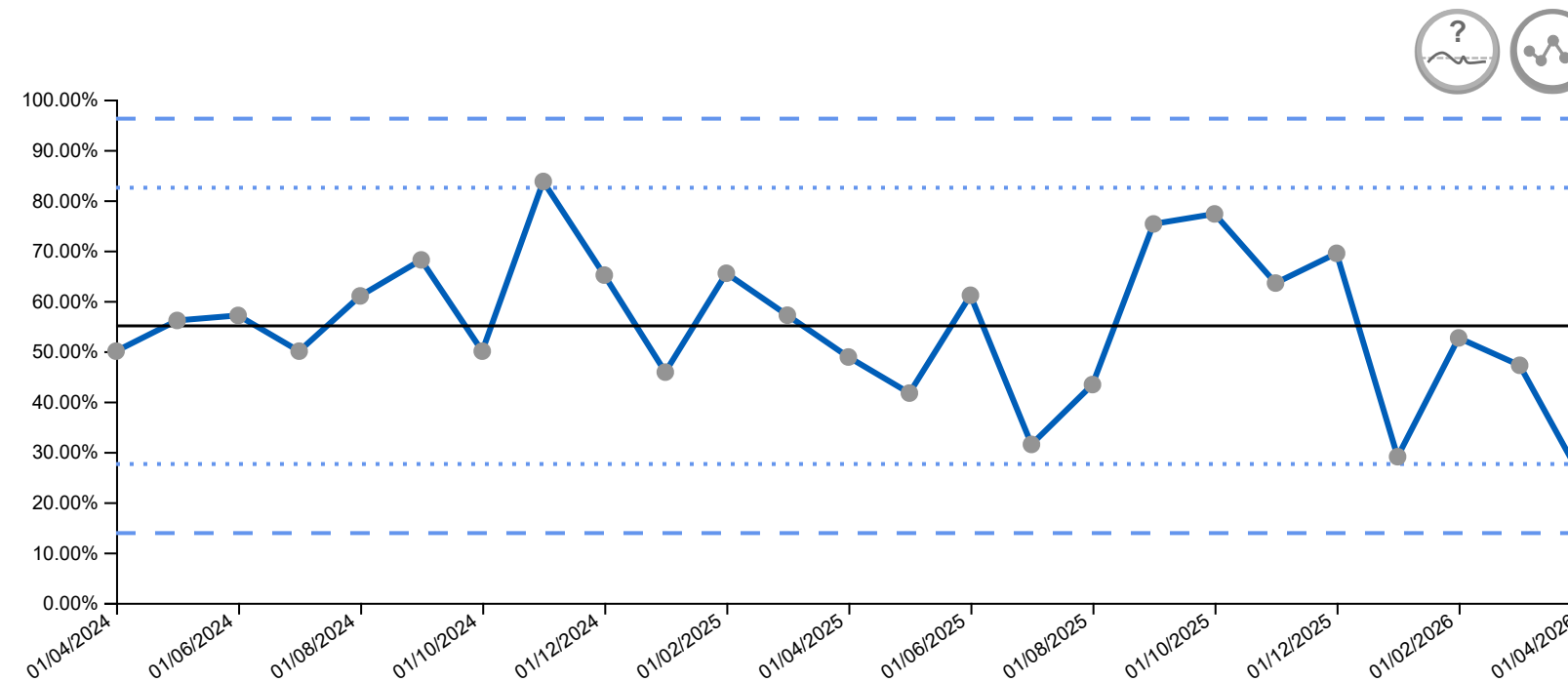
AHP MSK Physiotherapy - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
November 2025	85	63.53%	90.00%	Red
December 2025	72	69.44%	90.00%	Red
January 2026	93	29.03%	90.00%	Red
February 2026	57	52.63%	90.00%	Red
March 2026	89	47.19%	90.00%	Red
April 2026	155	25.16%	90.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	50.00	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/05/2024	56.10	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/06/2024	57.10	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/07/2024	50.00	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/08/2024	60.98	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/09/2024	68.13	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/10/2024	50.00	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/11/2024	83.72	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/12/2024	65.12	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/01/2025	45.83	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/02/2025	65.48	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/03/2025	57.14	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/04/2025	48.84	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/05/2025	41.67	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/06/2025	61.11	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/07/2025	31.47	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/08/2025	43.36	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/09/2025	75.28	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/10/2025	77.27	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/11/2025	63.53	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/12/2025	69.44	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/01/2026	29.03	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/02/2026	52.63	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/03/2026	47.19	55.02	90.00	13.85	96.20	27.57	82.47	NONE
01/04/2026	25.16	55.02	90.00	13.85	96.20	27.57	82.47	NONE

AHP MSK Physiotherapy - 4 Week Compliance



Comments From Executive Lead

The department is currently off target. Previously, the MSK specialty operated above establishment, which improved waiting times, but these additional hours have now reduced. As MSK receives over 50% of its referrals from GPs, the loss of PCIP funding will negatively impact waiting times

Stephen Brown, Chief Officer of the Integration Joint Board



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

Data Source

TrakCare

Latest Data

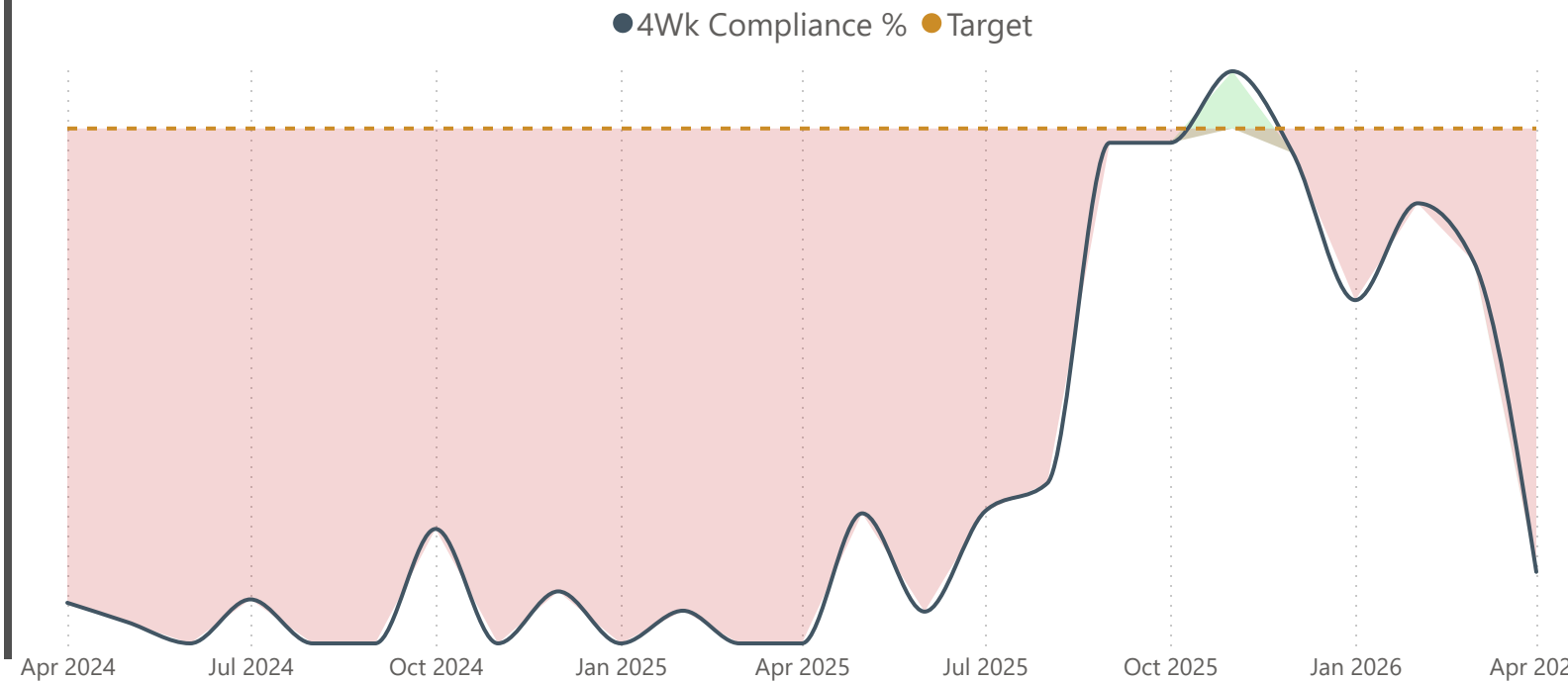
April 2026

Compliance

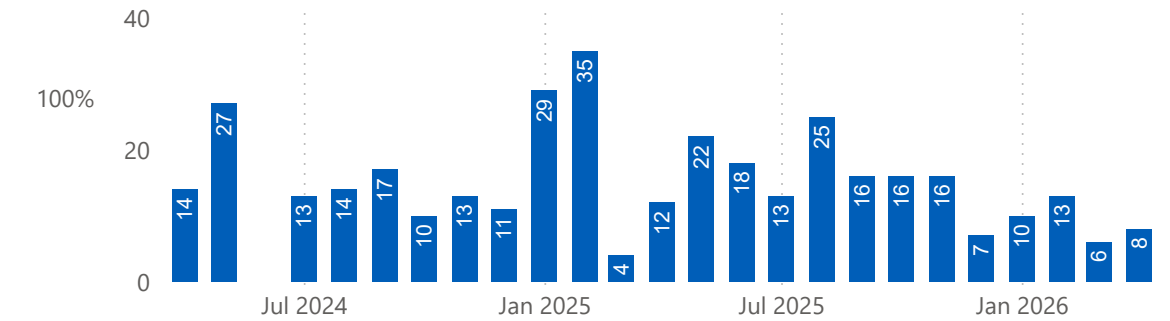
KPI	Target	Actual	RAG Value
At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at allied health professional led podiatry musculoskeletal services.	90%	12.50%	Red

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

AHP MSK Podiatry - 4 Week Compliance



AHP MSK Physiotherapy - Patients Seen



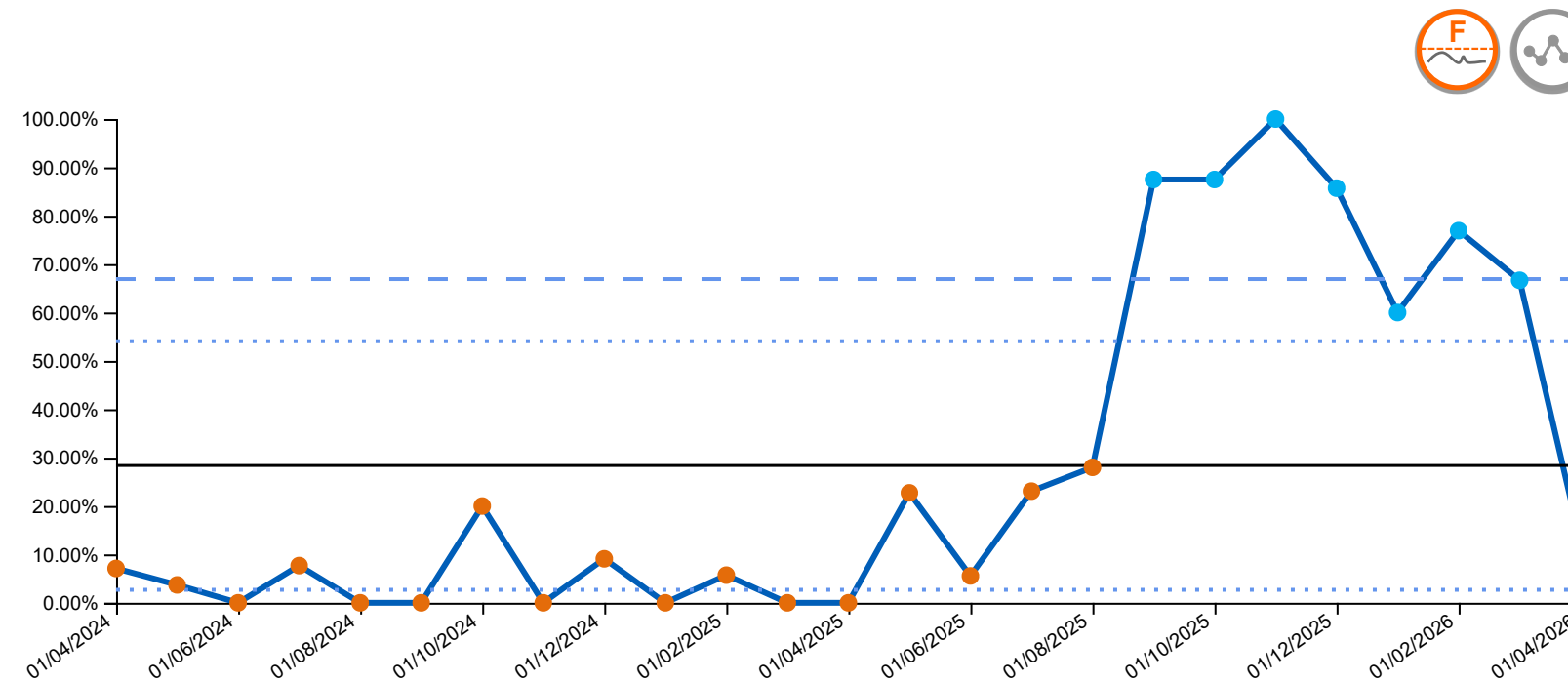
AHP MSK Physiotherapy - Last 6 Months

Month	Patients Seen	0 - 4 weeks (%)	Target	RAG Value
November 2025	16	100.00%	90.00%	Green
December 2025	7	85.71%	90.00%	Amber
January 2026	10	60.00%	90.00%	Red
February 2026	13	76.92%	90.00%	Red
March 2026	6	66.67%	90.00%	Red
April 2026	8	12.50%	90.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	7.10	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/05/2024	3.70	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/06/2024	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/07/2024	7.69	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/08/2024	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/09/2024	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/10/2024	20.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/11/2024	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/12/2024	9.09	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/01/2025	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/02/2025	5.71	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/03/2025	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/04/2025	0.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/05/2025	22.73	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/06/2025	5.56	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/07/2025	23.08	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/08/2025	28.00	28.38	90.00	0.08	56.68	9.51	47.25	DETERIORATION
01/09/2025	87.50	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/10/2025	87.50	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/11/2025	100.00	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/12/2025	85.71	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/01/2026	60.00	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/02/2026	76.92	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/03/2026	66.67	28.38	90.00	0.08	56.68	9.51	47.25	IMPROVEMENT
01/04/2026	12.50	28.38	90.00	0.08	56.68	9.51	47.25	NONE

AHP MSK Physiotherapy - 4 Week Compliance



Comments From Executive Lead

The team is currently 3.6 WTE, with a 0.6 WTE vacancy. This has impacted this modality, as it is clinically less urgent than other areas of work."

Stephen Brown, Chief Officer of the Integration Joint Board



Population Health

Section Lead:
Director of Public Health

What's Going Well?

Childhood immunisation uptake of 6-in-1 remains high.

Maternity screening metrics show 100% compliance for Haemoglobinopathies, Trisomy and Infectious Diseases. Bloodspot screening uptake rates were slightly under 100% because of patient choice.

Over 107 referrals to the smoking cessation over the year.

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.

LDP target quits for smoking cessation remain significantly off track and the level of active smoking cessation clients remains low, despite increasing. This is due to low level of referrals into the service. Work continues to increase referrals. Clinic appointment letters for a range of services across the Bafour will now include information on the Smokefree Site Policy and Quit Your Way service information.

Population Health

Immunisation Uptake Rate MMR by 6 Years of Age

Data Source

PHS Childhood Immunisation Publication

Latest Data

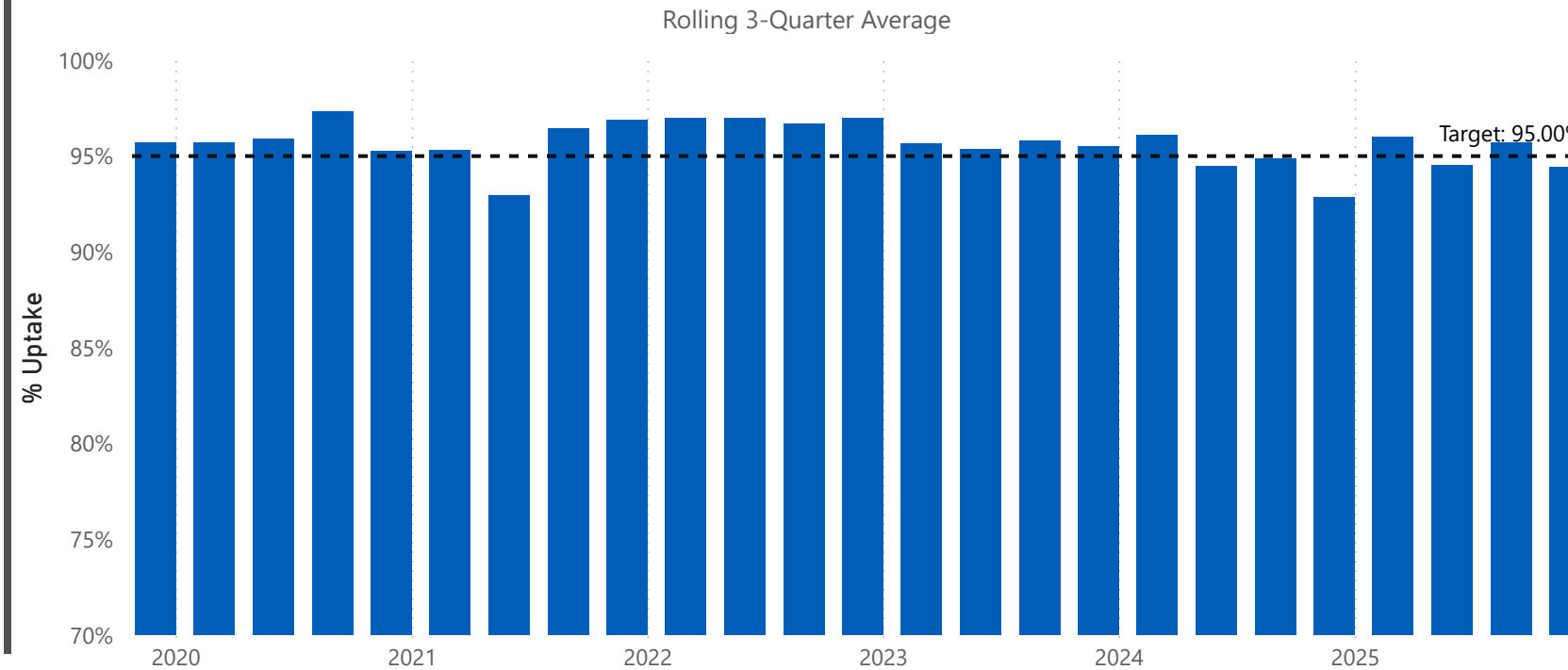
December 2025

Compliance

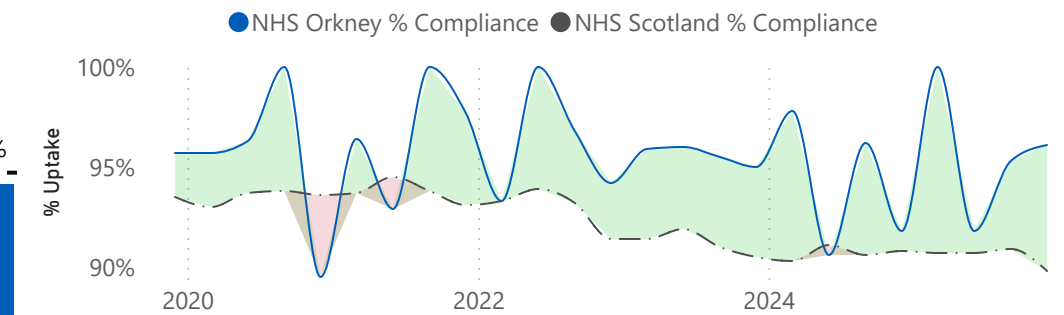
KPI	Target	Actual	RAG Value
Immunisation uptake rate MMR2 by 6 years of age (rolling 3-month average)	95.0%	94.40%	Red

Action	Target Date	Owner	Status
Continue ongoing immunisation uptake monitoring through the Vaccination Management Group, with a particular focus on potential impact of the Child Health IT system update and follow-up of children who miss scheduled appointments.		E Garcia	In Progress
Review of process for children who do not attend vaccination appointments with health visiting team.	31/05/2026	E Garcia	In Progress

Immunisation Uptake - MMR by 6 Years of Age Compliance



Immunisation Uptake - MMR by 6 Years of Age Compliance vs. Scotland



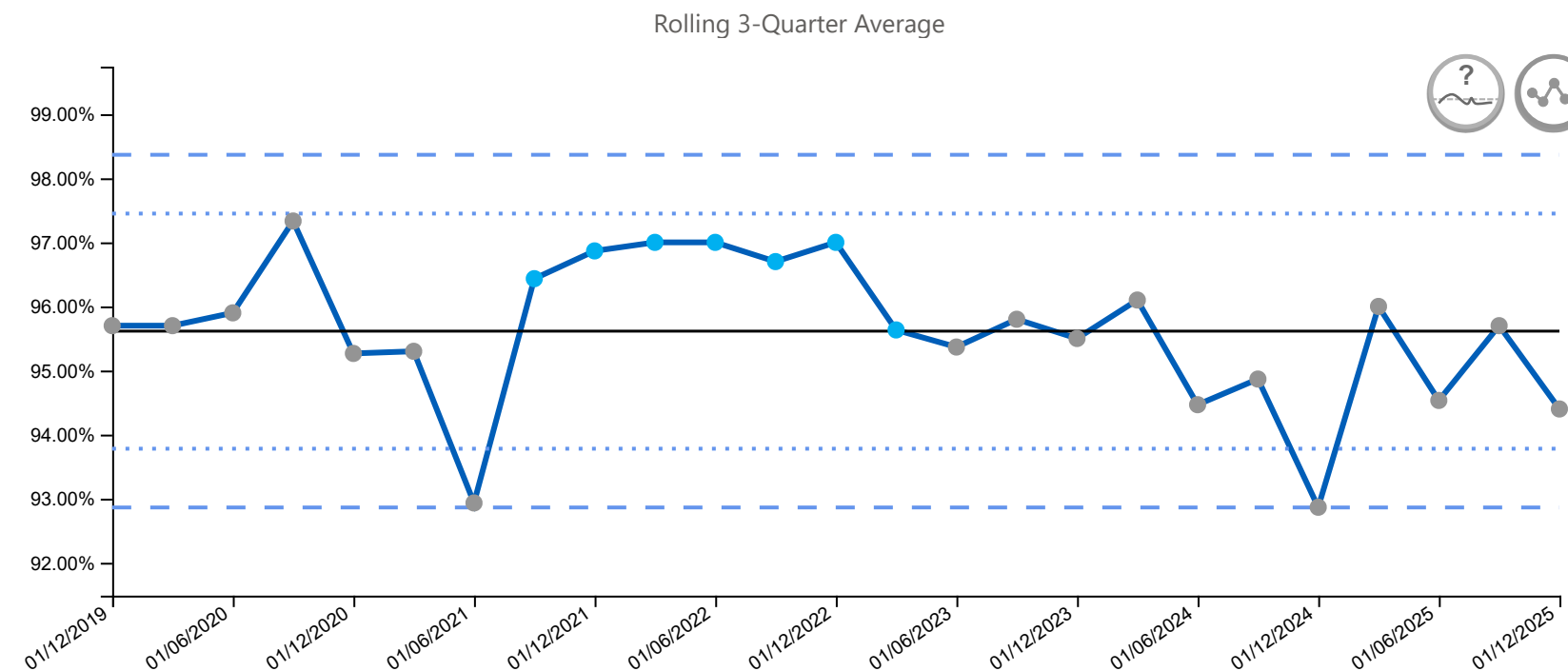
MMR Immunisation Uptake - Last 6 Quarters

End Of Quarter	Orkney	3-Quarter Avg.	Target	RAG Value
September 2024	96.20%	94.87%	95.00%	Red
December 2024	91.80%	92.87%	95.00%	Red
March 2025	100.00%	96.00%	95.00%	Green
June 2025	91.80%	94.53%	95.00%	Red
September 2025	95.30%	95.70%	95.00%	Green
December 2025	96.10%	94.40%	95.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/12/2019	95.70	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/03/2020	95.70	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/06/2020	95.90	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/09/2020	97.33	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/12/2020	95.27	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/03/2021	95.30	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/06/2021	92.93	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/09/2021	96.43	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/12/2021	96.87	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/03/2022	97.00	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/06/2022	97.00	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/09/2022	96.70	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/12/2022	97.00	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/03/2023	95.63	95.61	95.00	92.86	98.37	93.78	97.45	IMPROVEMENT
01/06/2023	95.37	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/09/2023	95.80	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/12/2023	95.50	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/03/2024	96.10	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/06/2024	94.47	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/09/2024	94.87	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/12/2024	92.87	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/03/2025	96.00	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/06/2025	94.53	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/09/2025	95.70	95.61	95.00	92.86	98.37	93.78	97.45	NONE
01/12/2025	94.40	95.61	95.00	92.86	98.37	93.78	97.45	NONE

Immunisation Uptake - MMR by 6 Years of Age Compliance



Comments From Executive Lead

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

Dr. Louise Wilson, Director of Public Health



Population Health

6-in-1 Immunisation Uptake

Data Source

PHS Childhood Immunisation Publication

Latest Data

December 2025

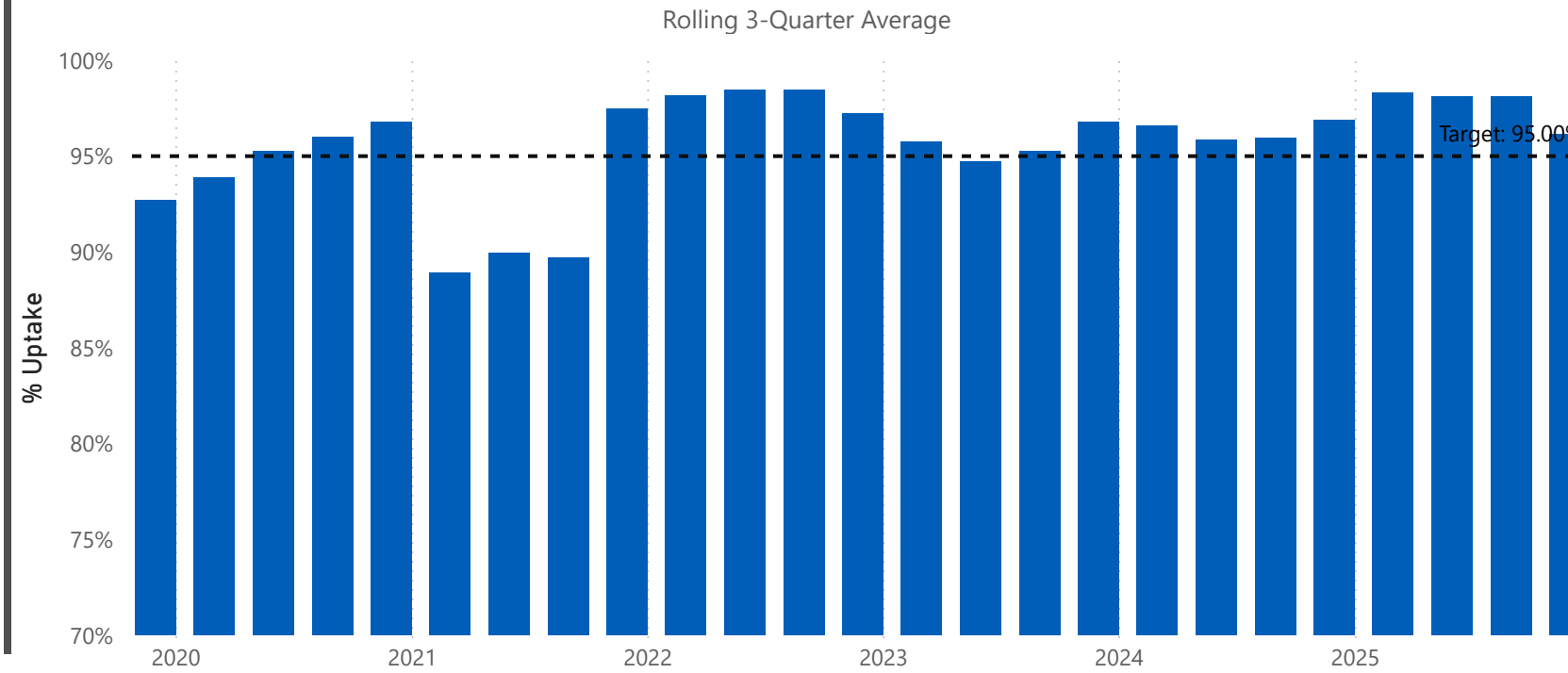
Compliance

KPI	Target	Actual	RAG Value
Immunisation uptake rate 6-in-1 primary Course by 12 months (rolling 3-month average)	95.0%	96.13%	Green

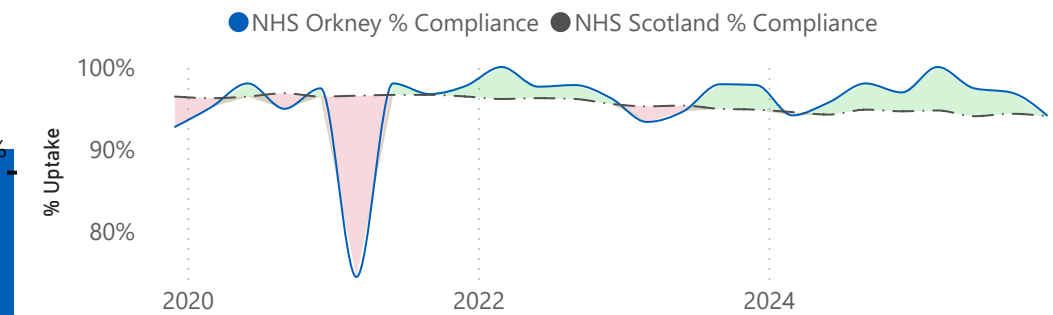
Action	Target Date	Owner	Status
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KPI on target, no actions required at this time.

Immunisation Uptake - 6 in 1 by 12 Months Compliance



Immunisation Uptake - 6 in 1 by 12 Months Compliance vs. Scotland



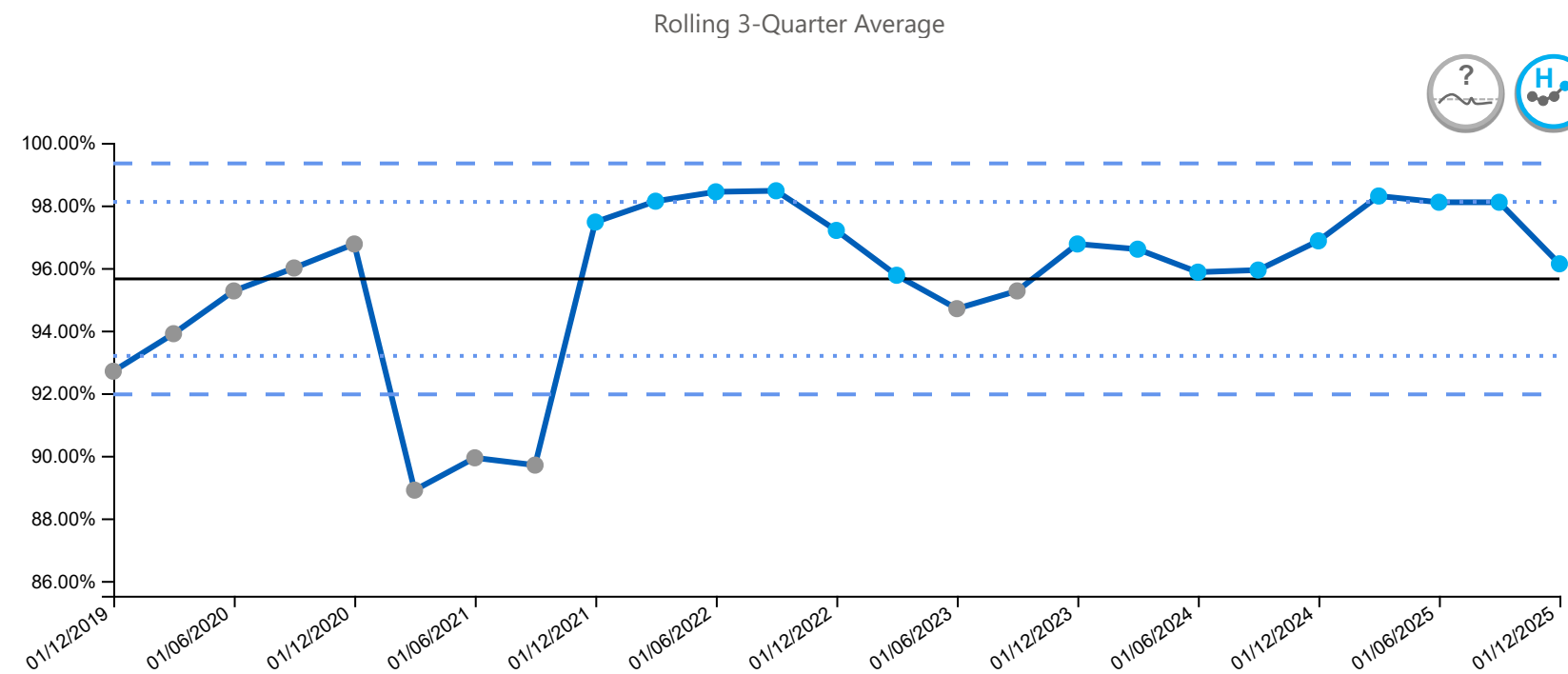
6-in-1 Immunisation Uptake - Last 6 Quarters

End Of Quarter	Orkney	3-Quarter Avg.	Target	RAG Value
September 2024	98.00%	95.93%	95.00%	Green
December 2024	96.90%	96.87%	95.00%	Green
March 2025	100.00%	98.30%	95.00%	Green
June 2025	97.40%	98.10%	95.00%	Green
September 2025	96.90%	98.10%	95.00%	Green
December 2025	94.10%	96.13%	95.00%	Green

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/12/2019	92.70	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/03/2020	93.90	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/06/2020	95.27	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/09/2020	96.00	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/12/2020	96.77	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/03/2021	88.90	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/06/2021	89.93	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/09/2021	89.70	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/12/2021	97.47	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/03/2022	98.13	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/06/2022	98.43	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/09/2022	98.47	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/12/2022	97.20	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/03/2023	95.77	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/06/2023	94.70	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/09/2023	95.27	95.65	95.00	91.96	99.34	93.19	98.11	NONE
01/12/2023	96.77	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/03/2024	96.60	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/06/2024	95.87	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/09/2024	95.93	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/12/2024	96.87	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/03/2025	98.30	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/06/2025	98.10	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/09/2025	98.10	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT
01/12/2025	96.13	95.65	95.00	91.96	99.34	93.19	98.11	IMPROVEMENT

Immunisation Uptake - 6 in 1 by 12 Months Compliance



Comments From Executive Lead

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

Dr. Louise Wilson, Director of Public Health



Population Health

Smoking Cessation Active Clients

Data Source

Public Health Team

Latest Data

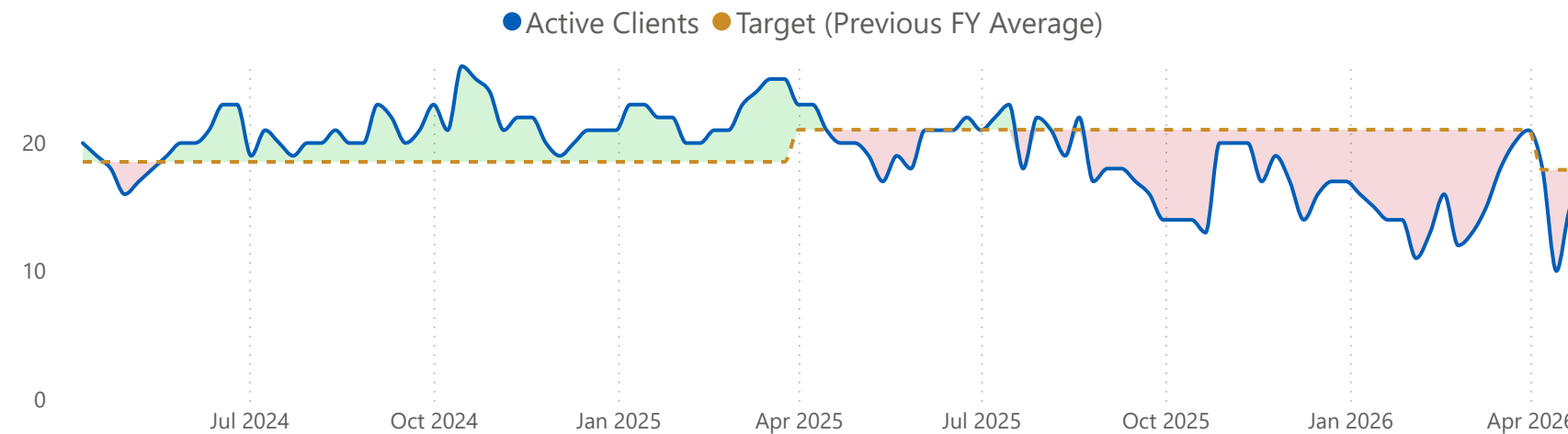
28/04/2026

Compliance

KPI	Target	Actual	RAG Value
Increase smoking cessation active clients year-on-year	18	16	Red

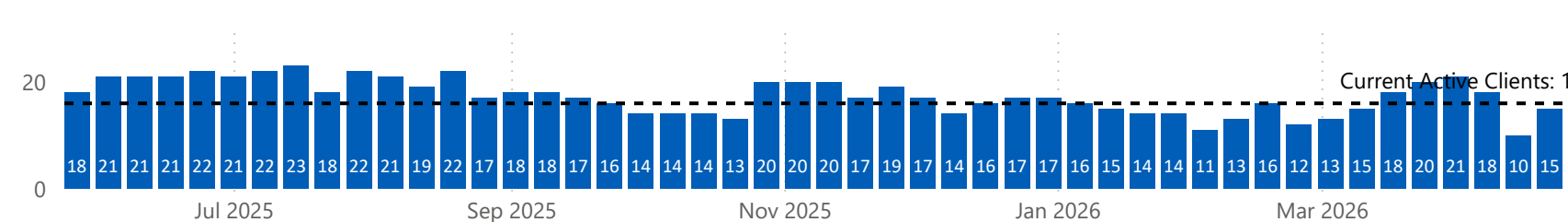
Action	Target Date	Owner	Status
Engagement work with wards	01/05/2026	J Strawson	Completed
Continued delivery of a sustainable model for specialist stop smoking service (Quit Your Way Orkney)	01/06/2026	J Strawson	Completed
Very brief intervention training delivered to staff groups in Orkney	01/06/2026	J Strawson	Completed
In 2026/27, we will ensure the focus of the smoking cessation service delivery is on priority groups (pregnancy and early years, mental health, hospitalised patients and deprived populations). We will achieve this through engagement work with partners who work primarily with these priority groups.	31/03/2027	J Strawson	In Progress

Smoking Cessation - Weekly Active Clients vs. Average



Smoking Cessation - Weekly Active Clients

Red Shows Same Period 12 months Previous



Comments From Executive Lead

Active clients increased to 16 (target is 17). This is currently limited by the level of referrals despite considerable work to promote the service. Further promotional work is planned for 26/27, including targeting at risk groups.

Dr. Louise Wilson, Director of Public Health



Population Health

Smoking Cessation 12-Week Quits

Data Source

Public Health Team

Latest Data

January 2026

Compliance

KPI	Target	Actual	RAG Value
NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)	26	17	Red

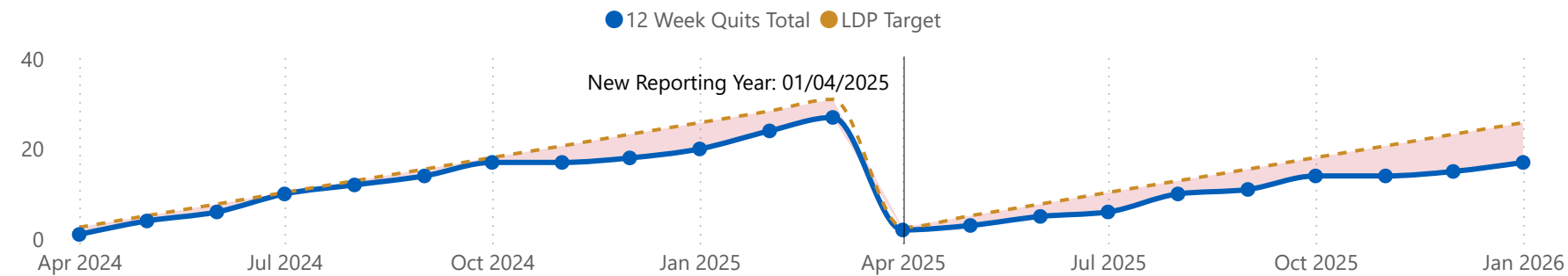
Action	Target Date	Owner	Status
Continued delivery of a sustainable model for specialist stop smoking service (Quit Your Way Orkney)	01/06/2026	J Strawson	Completed
Engagement work with wards	01/05/2026	J Strawson	Completed
Very brief intervention training delivered to staff groups in Orkney	01/06/2026	J Strawson	Completed

We will ensure public and professional awareness of stop smoking support locally and how to access this through development of communications plan which includes client and advisor voices to personalise the service.

31/03/2027 J Strawson In Progress

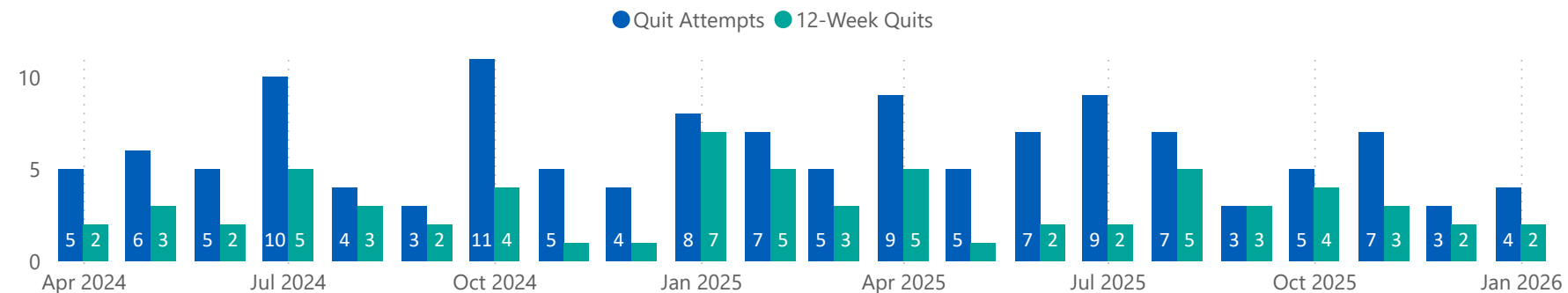
Smoking Cessation - 12-Week Quits vs. Local Delivery Plan (LDP)

Data Relates to SIMD Areas 1, 2 & 3. Data Only Available 12 Weeks After Each Month End.



Smoking Cessation - Total Quit Attempts & 12 Week Quits

Data Only Available 12 Weeks After Each Month End



Comments From Executive Lead

The smoking cessation LDP target continues to be a challenging target for the majority of health boards across Scotland and is being reviewed at national level. The attrition rate to successful quits for the Orkney service is one of the highest in Scotland but referrals remain a limiting factor. The team have introduced 12 month follow ups, which drives referrals from those who have reverted to smoking, but also demonstrates long term successes of the service with a number of clients remaining smokefree at 12 months.

Dr. Louise Wilson, Director of Public Health



Population Health Pregnancy Screening - Haemoglobinopathies

Data Source

Maternity Team

Latest Data

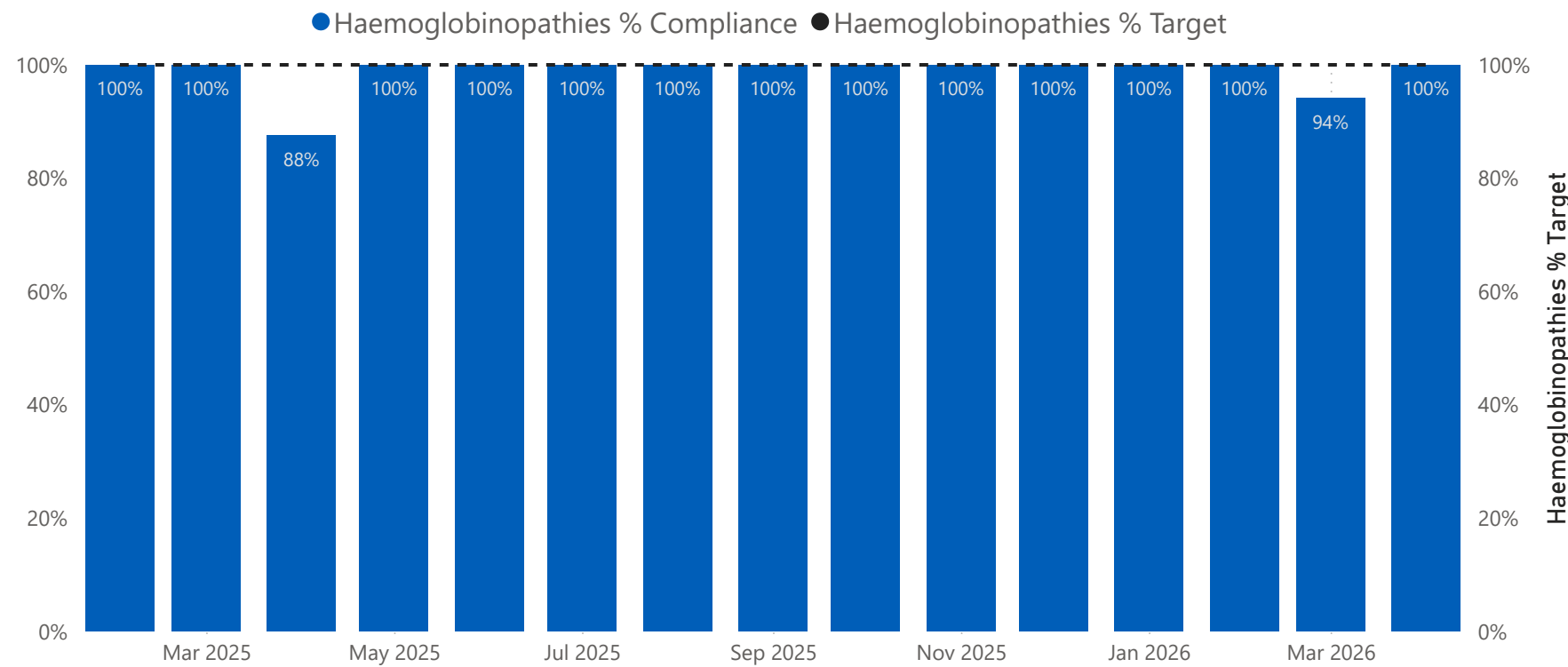
April 2026

Compliance

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

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

Pregnancy Screening - Haemoglobinopathies Screening Offered



Comments From Executive Lead

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

Dr. Louise Wilson, Director of Public Health



Population Health Pregnancy Screening - Infectious Diseases

Data Source

Maternity Team

Latest Data

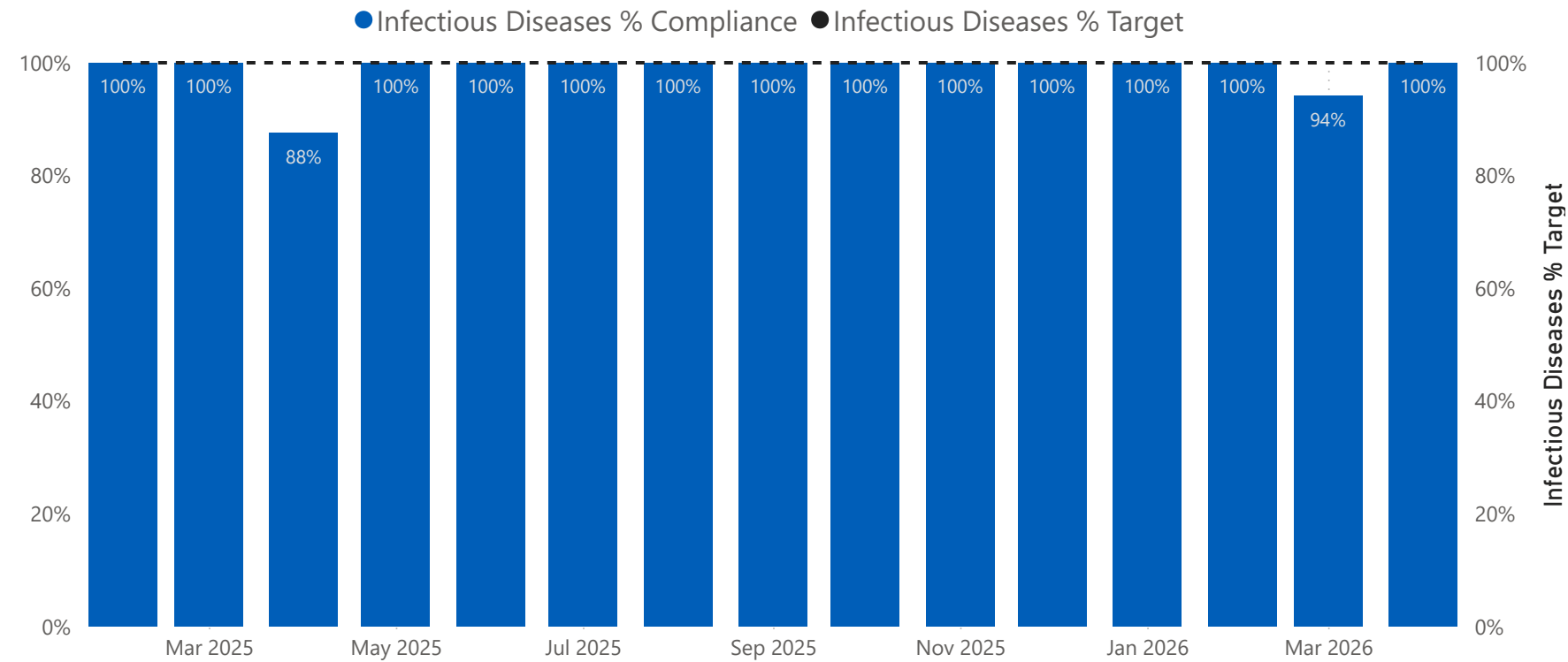
April 2026

Compliance

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

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

Pregnancy Screening - Infectious Diseases Screening Offered



Comments From Executive Lead

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

Dr. Louise Wilson, Director of Public Health



Population Health Pregnancy Screening - Trisomy

Data Source

Maternity Team

Latest Data

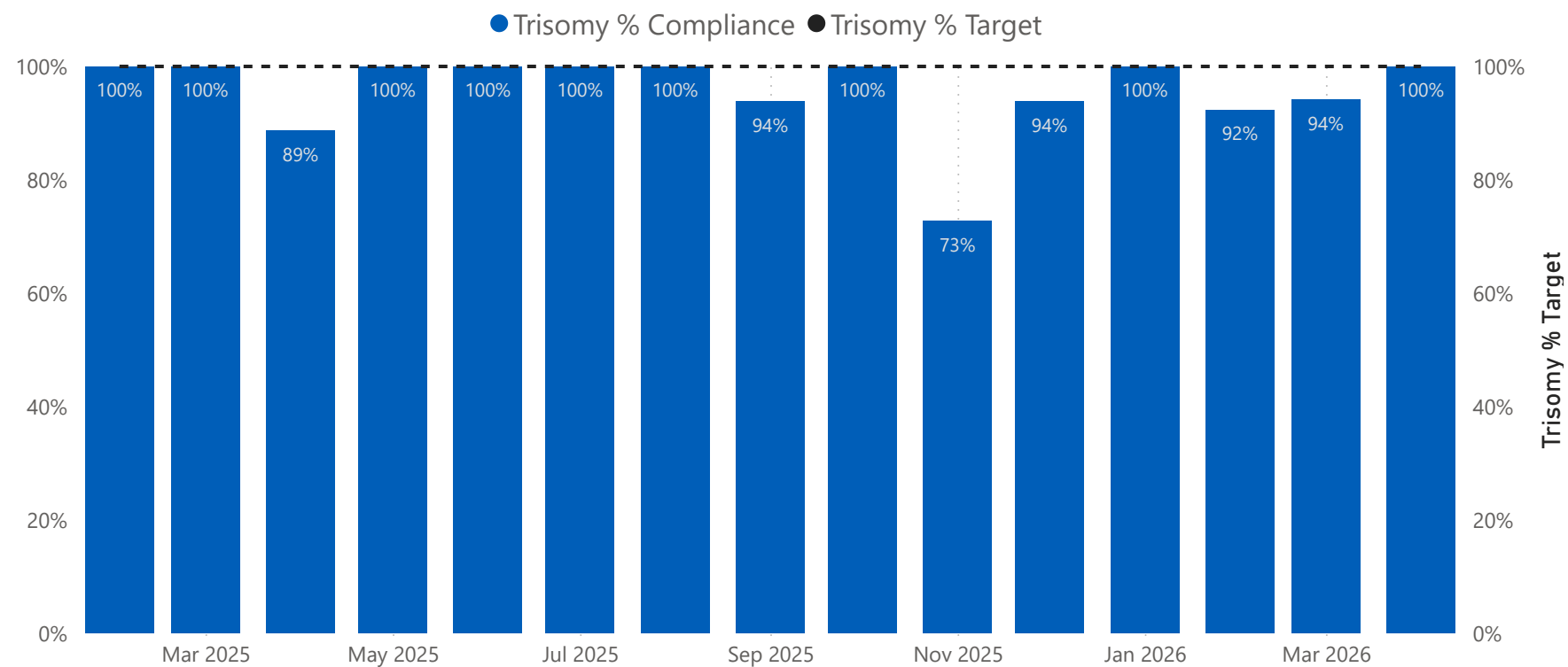
April 2026

Compliance

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

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

Pregnancy Screening - Trisomy Screening Offered Within 20+0 Weeks



Comments From Executive Lead

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

Dr. Louise Wilson, Director of Public Health



Population Health Blood Spot Screening Compliance

Data Source

Maternity Team

Latest Data

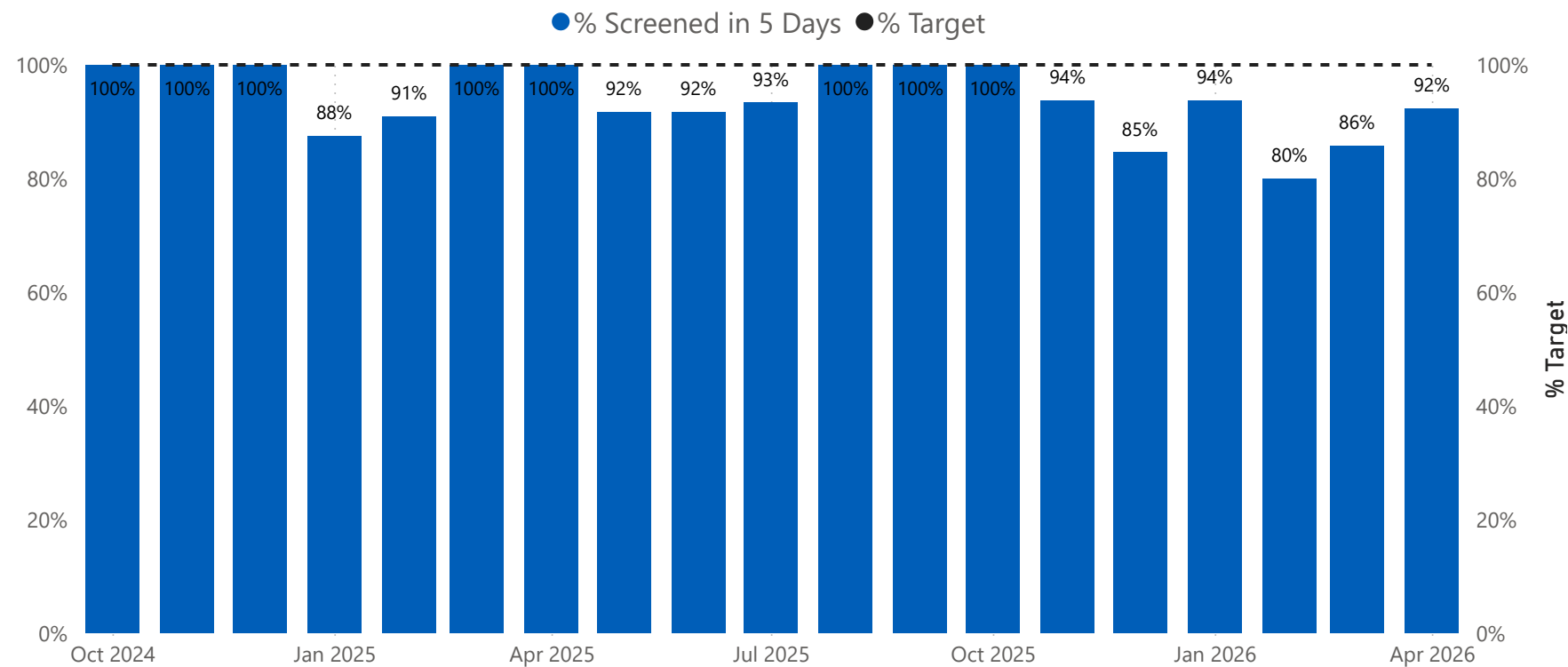
April 2026

Compliance

KPI	Target	Actual	RAG Value
Bloodspot Screening - 100% of newborn babies have bloodspot Screening completed by day 5	100.0%	92.3%	Red

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

Blood Spot Screening Completed by Day 5



Comments From Executive Lead

Uptake is slightly below 100%, largely reflecting individual patient choice rather than systemic failure. Performance is monitored routinely via Pregnancy and Newborn Screening Oversight Group

Dr. Louise Wilson, Director of Public Health



People & Culture

Section Lead(s):
Director of People and Culture

What's Going Well?

Business as Usual People Services continue to be delivered alongside support for transformational change. The Reduction in Working Week changes have been implemented. All existing people initiatives are being brought into one People Delivery Plan, set within the Staff Governance Standards. Sick Absence rates have reduced. An upgraded Occupational Health system is being procured which should lead to improved visibility on service delivery and patterns of attendance and illness.

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

Appraisal rates continue to be below expectations. Specific actions are being taken to address this. More generally there is a concern that as the transformational work starts to take hold there will be a lack of capacity to support business as usual and the implementation of sustainable change. This risk is being addressed via a proposal for short-term increase in change capability.

People & Culture

NHS Orkney Sickness Absence

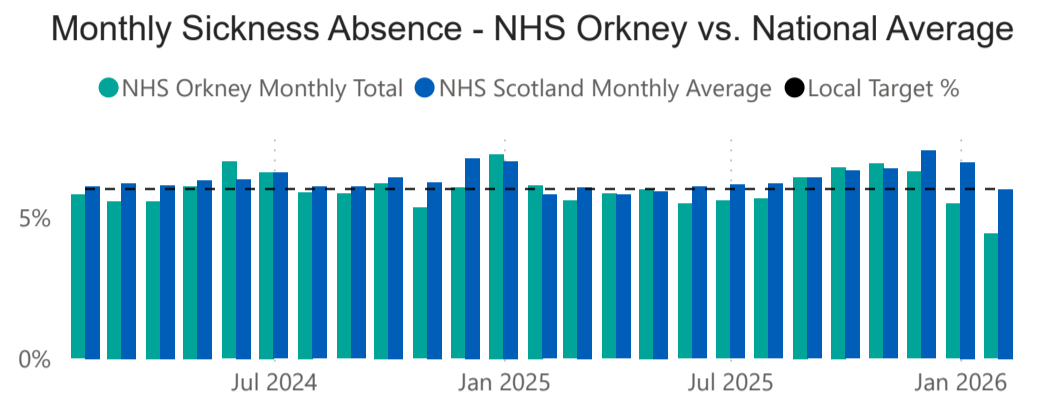
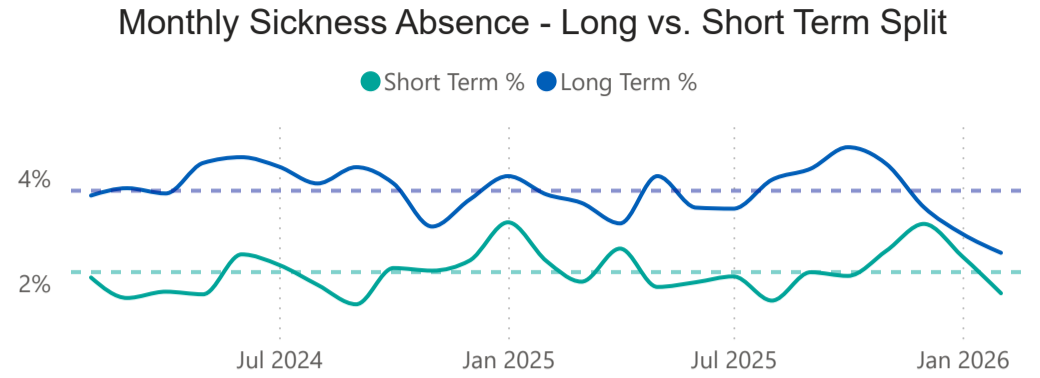
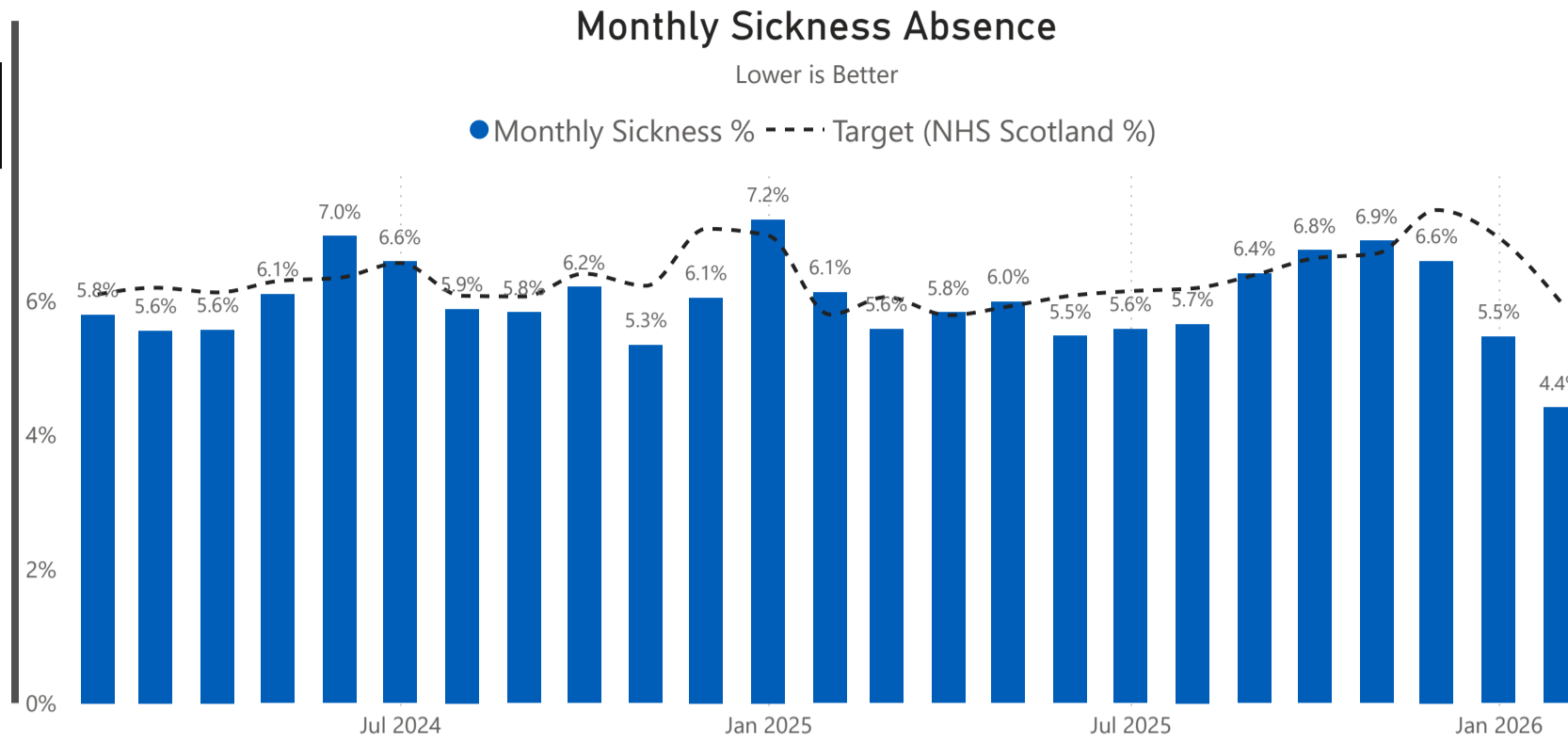
Data Source
SSTS/eESS National

Latest Data
February 2026

Compliance

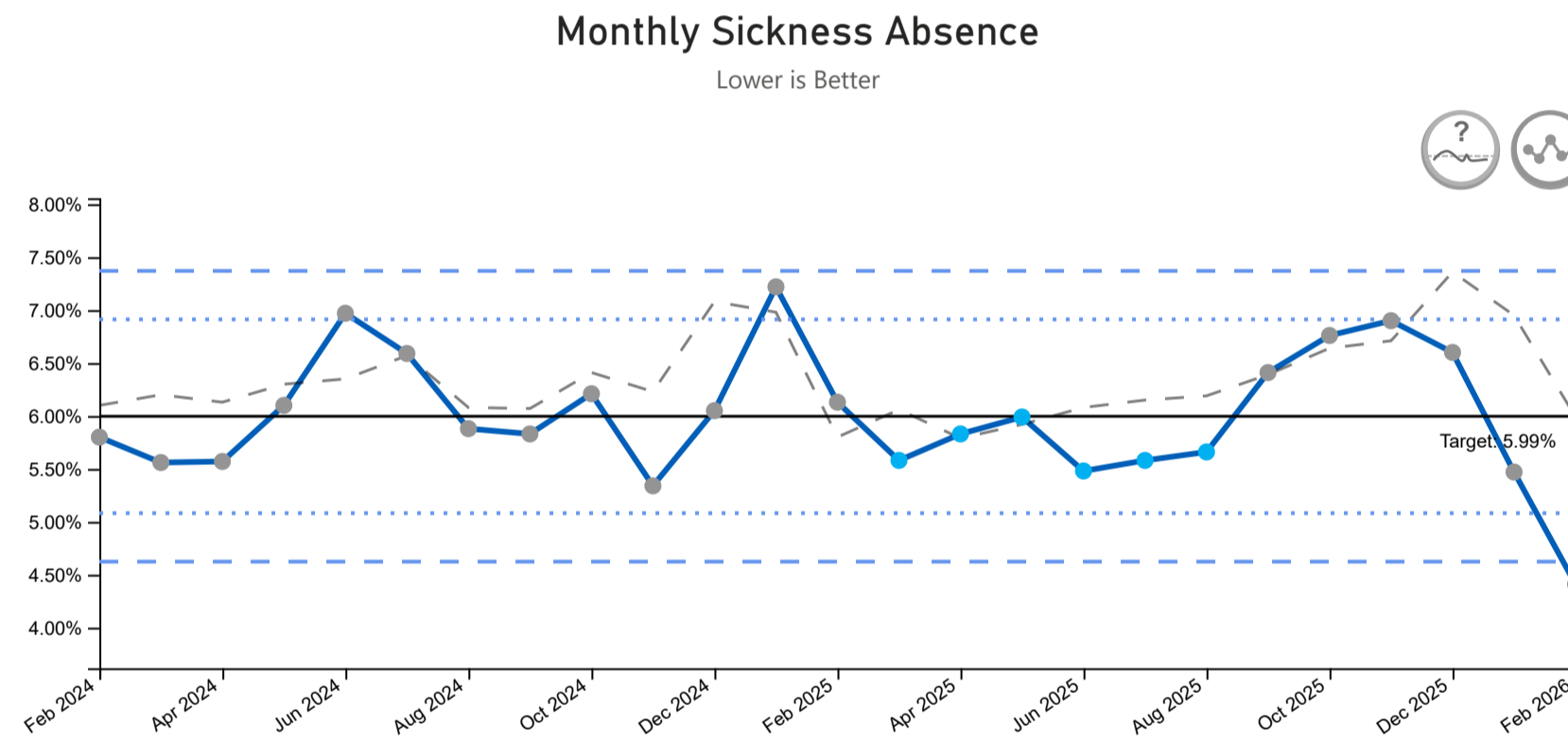
KPI	Target	Actual	RAG Value
Monthly sickness absence rates below national average	5.99%	4.41%	Green

Action	Target Date	Owner	Status
Heads of Service will be held accountable for sickness rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	31/05/2026	Heads of Service	In Progress
Sickness absence is being scrutinised and discussed with Heads of Department at the People Operational People Group.	30/06/2026	Head of People and Culture	In Progress
The People and Culture team continue to support managers across the organisation in sickness management, in line with the Once for Scotland Workforce Policy. The Occupational Health Nurse Manager has been engaging with managers to assist them in helping individuals return to work	30/06/2026	Head of People and Culture, OH Manager	In Progress



Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/02/2024	5.80	6.00	6.10	4.62	7.37	5.08	6.91	NONE
01/03/2024	5.56	6.00	6.20	4.62	7.37	5.08	6.91	NONE
01/04/2024	5.57	6.00	6.13	4.62	7.37	5.08	6.91	NONE
01/05/2024	6.10	6.00	6.30	4.62	7.37	5.08	6.91	NONE
01/06/2024	6.97	6.00	6.35	4.62	7.37	5.08	6.91	NONE
01/07/2024	6.59	6.00	6.57	4.62	7.37	5.08	6.91	NONE
01/08/2024	5.88	6.00	6.08	4.62	7.37	5.08	6.91	NONE
01/09/2024	5.83	6.00	6.07	4.62	7.37	5.08	6.91	NONE
01/10/2024	6.21	6.00	6.41	4.62	7.37	5.08	6.91	NONE
01/11/2024	5.34	6.00	6.23	4.62	7.37	5.08	6.91	NONE
01/12/2024	6.05	6.00	7.08	4.62	7.37	5.08	6.91	NONE
01/01/2025	7.22	6.00	6.98	4.62	7.37	5.08	6.91	NONE
01/02/2025	6.13	6.00	5.80	4.62	7.37	5.08	6.91	NONE
01/03/2025	5.58	6.00	6.06	4.62	7.37	5.08	6.91	IMPROVEMENT
01/04/2025	5.83	6.00	5.79	4.62	7.37	5.08	6.91	IMPROVEMENT
01/05/2025	5.99	6.00	5.92	4.62	7.37	5.08	6.91	IMPROVEMENT
01/06/2025	5.48	6.00	6.08	4.62	7.37	5.08	6.91	IMPROVEMENT
01/07/2025	5.58	6.00	6.15	4.62	7.37	5.08	6.91	IMPROVEMENT
01/08/2025	5.66	6.00	6.19	4.62	7.37	5.08	6.91	IMPROVEMENT
01/09/2025	6.41	6.00	6.39	4.62	7.37	5.08	6.91	NONE
01/10/2025	6.76	6.00	6.64	4.62	7.37	5.08	6.91	NONE
01/11/2025	6.90	6.00	6.71	4.62	7.37	5.08	6.91	NONE
01/12/2025	6.60	6.00	7.36	4.62	7.37	5.08	6.91	NONE
01/01/2026	5.47	6.00	6.95	4.62	7.37	5.08	6.91	NONE
01/02/2026	4.41	6.00	5.99	4.62	7.37	5.08	6.91	NONE



Comments From Executive Lead

Recent months have seen an improved position.

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. Heads of Service will be held accountable for sickness rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.

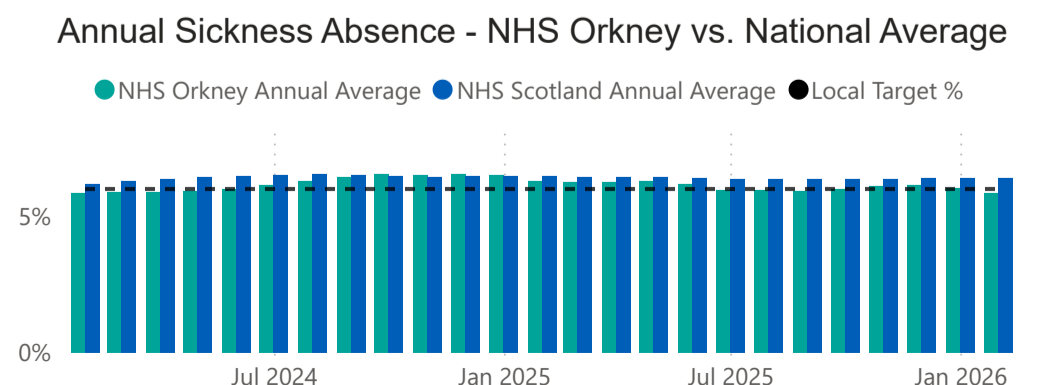
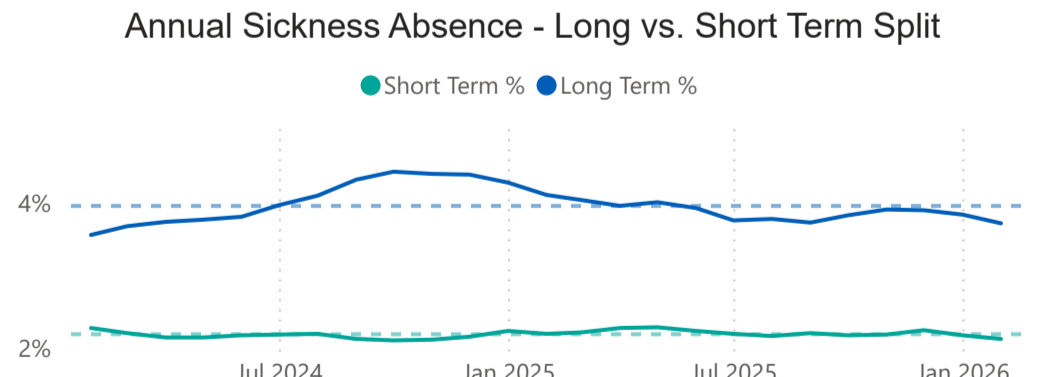
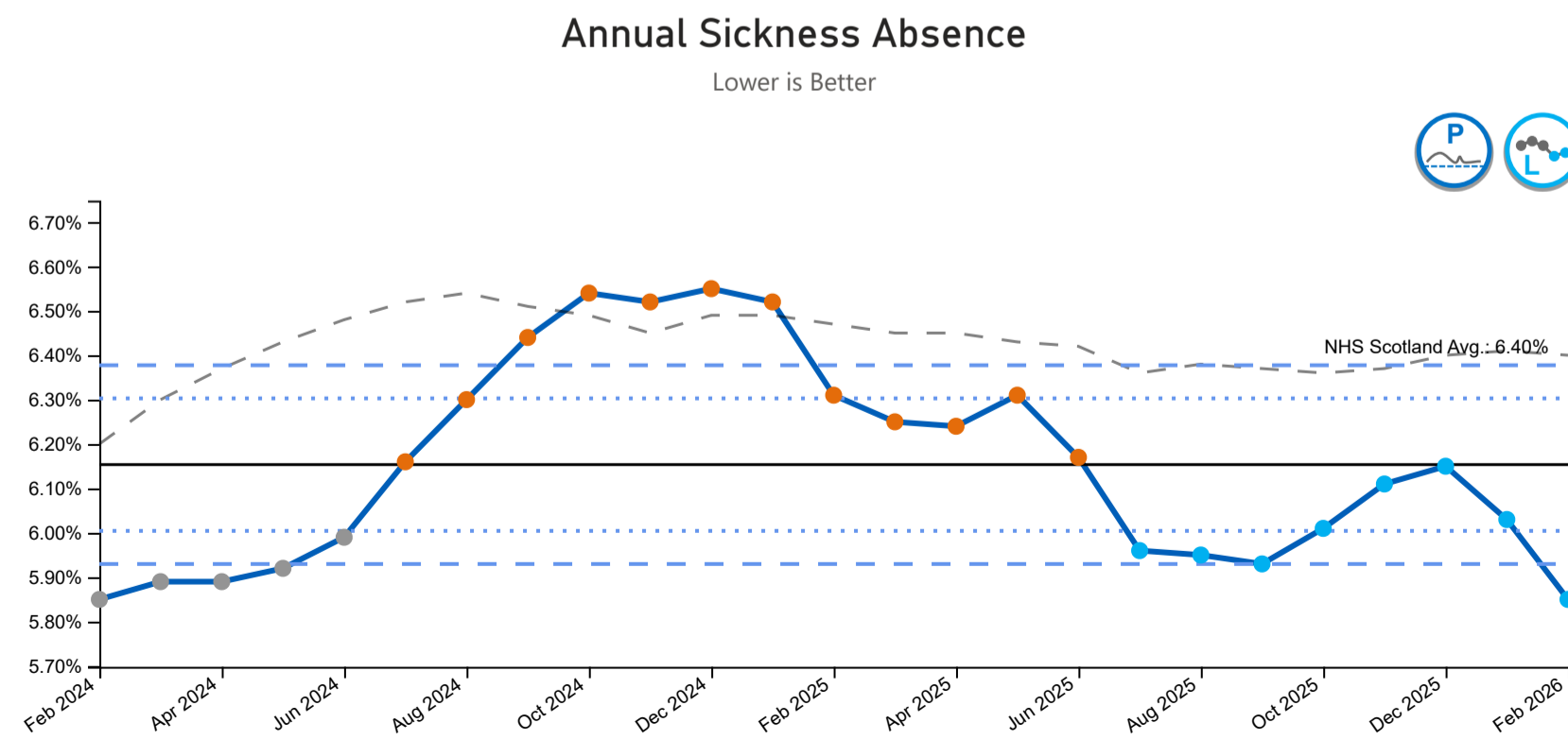
Due to the significant reduction in February 2026, it has been requested that managers/SSTS authorisers review their sickness absence/roster data.



Dave Harris, Director of People and Culture

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/02/2024	5.85	6.15	6.20	5.93	6.38	6.00	6.30	NONE
01/03/2024	5.89	6.15	6.30	5.93	6.38	6.00	6.30	NONE
01/04/2024	5.89	6.15	6.37	5.93	6.38	6.00	6.30	NONE
01/05/2024	5.92	6.15	6.43	5.93	6.38	6.00	6.30	NONE
01/06/2024	5.99	6.15	6.48	5.93	6.38	6.00	6.30	NONE
01/07/2024	6.16	6.15	6.52	5.93	6.38	6.00	6.30	DETERIORATION
01/08/2024	6.30	6.15	6.54	5.93	6.38	6.00	6.30	DETERIORATION
01/09/2024	6.44	6.15	6.51	5.93	6.38	6.00	6.30	DETERIORATION
01/10/2024	6.54	6.15	6.49	5.93	6.38	6.00	6.30	DETERIORATION
01/11/2024	6.52	6.15	6.45	5.93	6.38	6.00	6.30	DETERIORATION
01/12/2024	6.55	6.15	6.49	5.93	6.38	6.00	6.30	DETERIORATION
01/01/2025	6.52	6.15	6.49	5.93	6.38	6.00	6.30	DETERIORATION
01/02/2025	6.31	6.15	6.47	5.93	6.38	6.00	6.30	DETERIORATION
01/03/2025	6.25	6.15	6.45	5.93	6.38	6.00	6.30	DETERIORATION
01/04/2025	6.24	6.15	6.45	5.93	6.38	6.00	6.30	DETERIORATION
01/05/2025	6.31	6.15	6.43	5.93	6.38	6.00	6.30	DETERIORATION
01/06/2025	6.17	6.15	6.42	5.93	6.38	6.00	6.30	DETERIORATION
01/07/2025	5.96	6.15	6.36	5.93	6.38	6.00	6.30	IMPROVEMENT
01/08/2025	5.95	6.15	6.38	5.93	6.38	6.00	6.30	IMPROVEMENT
01/09/2025	5.93	6.15	6.37	5.93	6.38	6.00	6.30	IMPROVEMENT
01/10/2025	6.01	6.15	6.36	5.93	6.38	6.00	6.30	IMPROVEMENT
01/11/2025	6.11	6.15	6.37	5.93	6.38	6.00	6.30	IMPROVEMENT
01/12/2025	6.15	6.15	6.40	5.93	6.38	6.00	6.30	IMPROVEMENT
01/01/2026	6.03	6.15	6.41	5.93	6.38	6.00	6.30	IMPROVEMENT
01/02/2026	5.85	6.15	6.40	5.93	6.38	6.00	6.30	IMPROVEMENT



People & Culture

NHS Orkney Appraisal Rates

Data Source
Workforce Systems

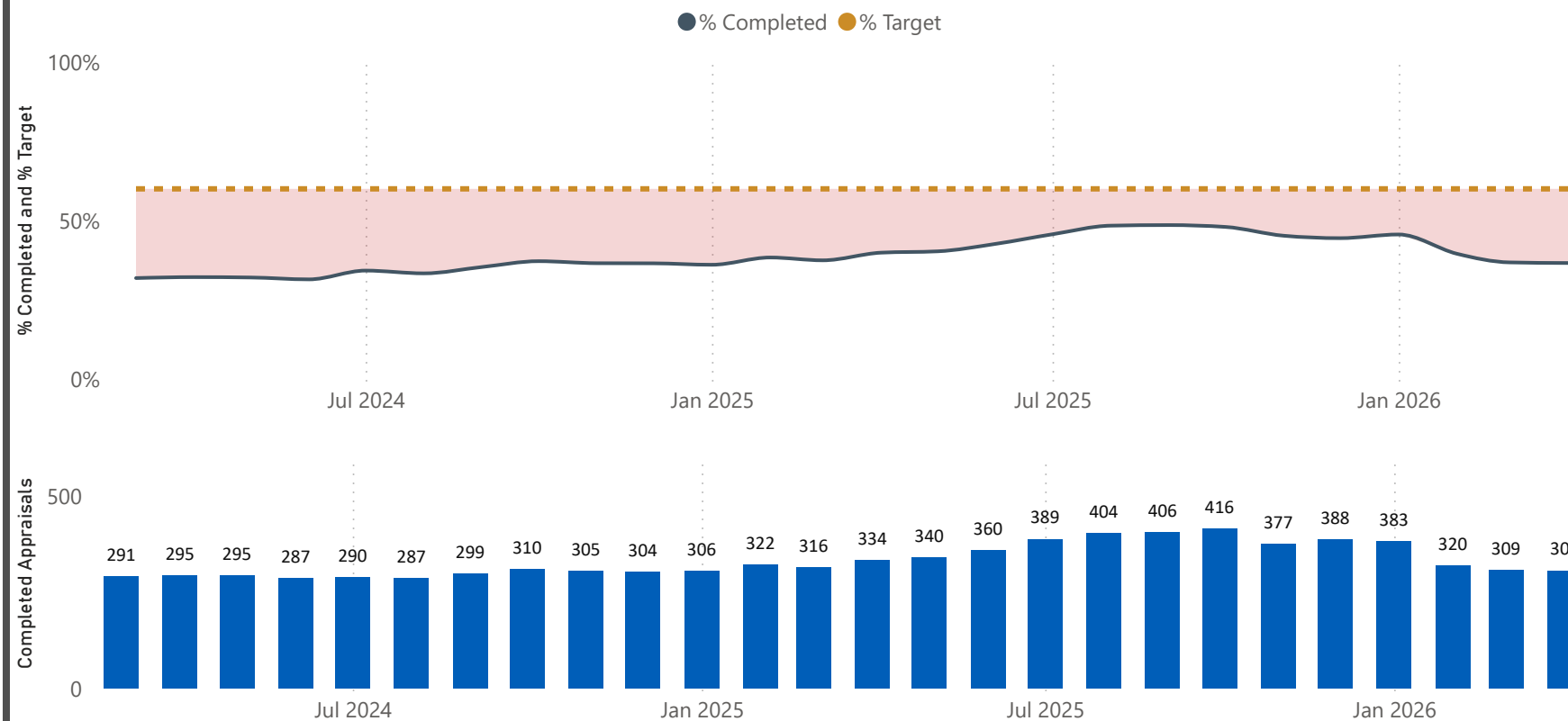
Latest Data
April 2026

Compliance

KPI	Target	Actual	RAG Value
Appraisal compliance rate over the previous 12 months	60.00%	36.59%	Red

Action	Target Date	Owner	Status
Executive Directors to be set appraisal objective which includes achieving improved performance for appraisals.	31/05/2026	Interim CEO	In Progress
Heads of Service will be held accountable for appraisal rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	31/05/2026	Heads of Service	In Progress
Other improvement actions being explored by the Operational People Group include changing to an organisational window for completion rather than individual annual cycles and line managers being given an appraisal objective on being an effective manager, which includes ensuring appraisals are completed.	30/06/2026	Head of People and Culture	In Progress

Completed Appraisal Rates



Comments From Executive Lead

Performance is not where the organisation expects it to be. A renewed focus on appraisals will continue over the coming year. Actions include:

Executive Directors will be held accountable for appraisal rates within their directorates as part of their own appraisal objectives.

Performance Review Meetings will ask each Head of Service to account for appraisal rates in their area and, where appropriate, provide details on improvement actions.

Other improvement actions being explored by People Operations Group include changing to an organisational window for completion rather than individual annual cycles and line managers being given an appraisal objective on being an effective manager, which includes ensuring appraisals are completed.

Dave Harris, Director of People and Culture



People & Culture

NHS Orkney Statutory/Mandatory eLearning Compliance

Data Source
Workforce Systems

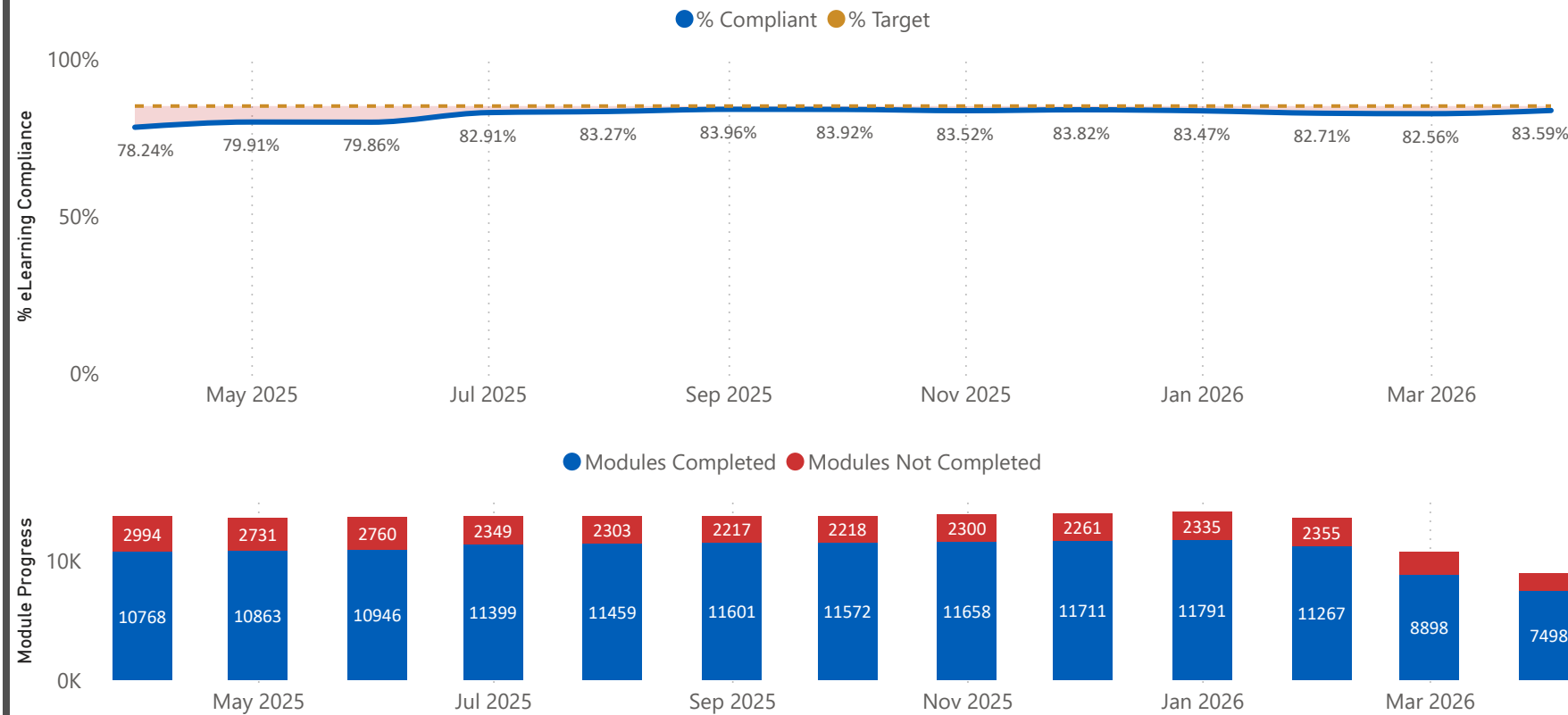
Latest Data
April 2026

Compliance

KPI	Target	Actual	RAG Value
Statutory/Mandatory eLearning Compliance	85.00%	83.59%	Amber

Action	Target Date	Owner	Status
Heads of Service will be held accountable for eLearning compliance rates at the Performance Review Meetings and, where relevant, asked to provide details on improvement actions.	31/05/2026	Heads of Service	In Progress

Statutory/Mandatory eLearning Compliance



Comments From Executive Lead

Dave Harris, Director of People and Culture



People & Culture

Agency Hours Utilised

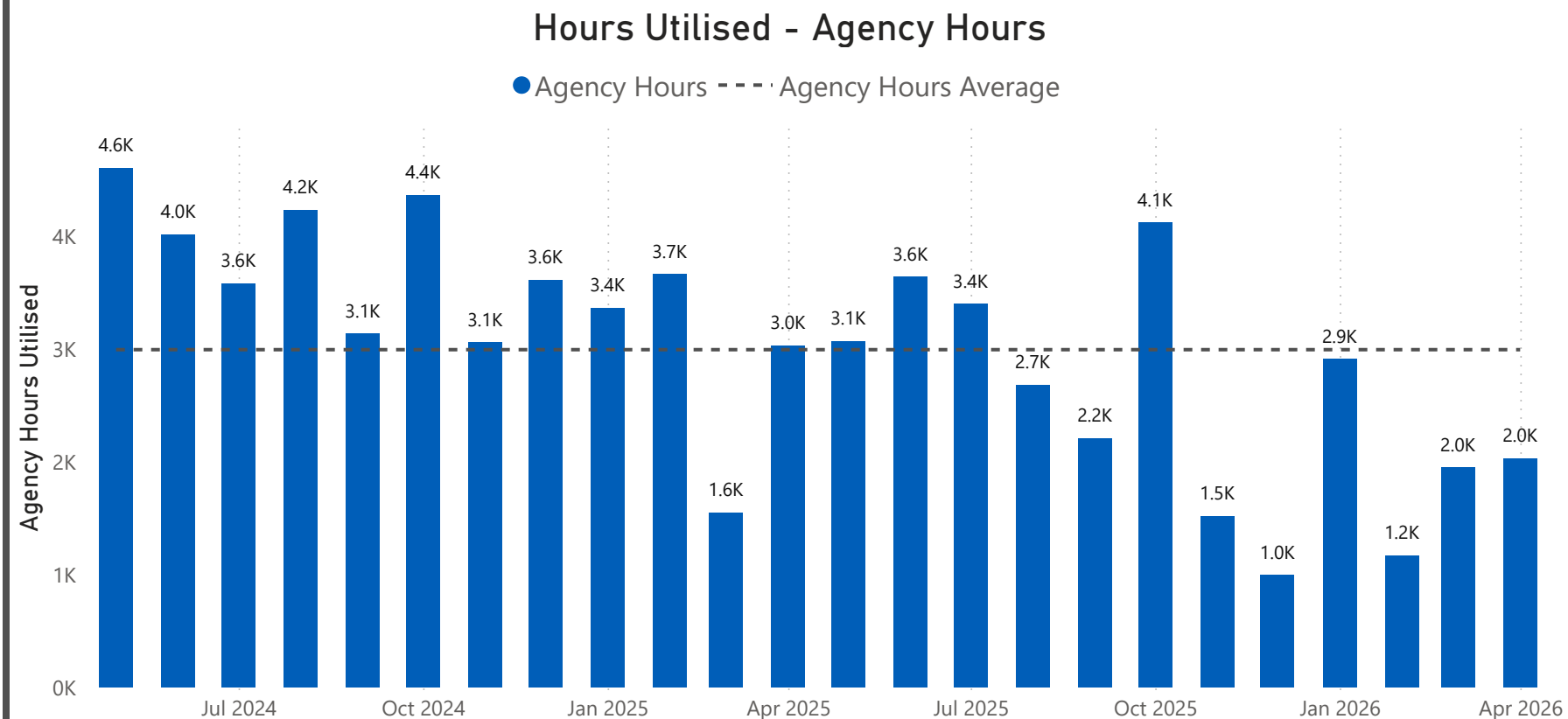
Data Source
Plus Us MI Report

Latest Data
April 2026

Compliance

KPI	Target	Actual	RAG Value
Agency hours used vs. average.		2030	Grey

Action	Target Date	Owner	Status
Reduce use of NMAHP agency use, where indicated utilise on framework rates.	31/05/2026	S Thomas	Completed



Comments From Executive Lead

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

Dave Harris, Director of People and Culture



People & Culture

Bank Hours Utilised

Data Source
Workforce Systems

Latest Data
April 2026

Compliance

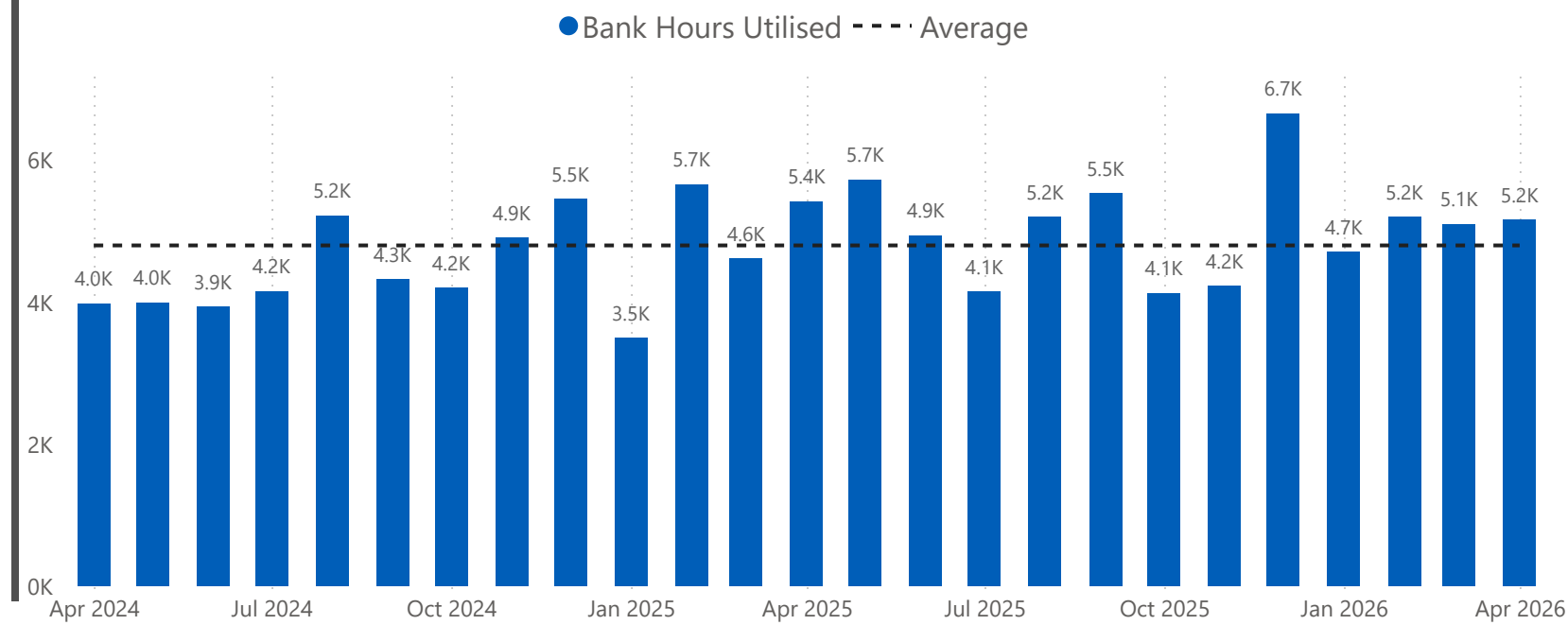
KPI	Target	Actual	RAG Value
Bank hours used vs. average.		5162	Grey

Action	Target Date	Owner	Status
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No target set, actions and target to be updated.

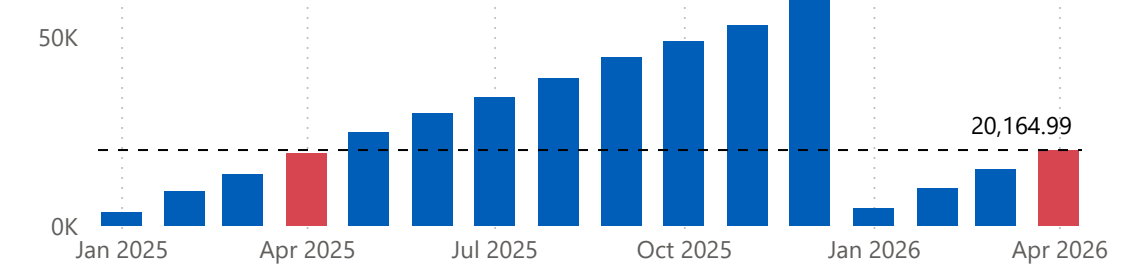
Bank Hours Utilised

Lower is Better



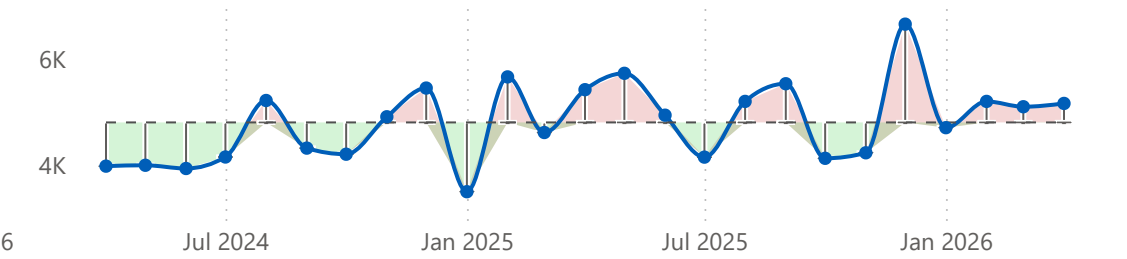
Hours Utilised - Bank Hours vs. Previous Year

Bank Hours Running Total per Year



Hours Utilised - Bank Hours vs. Average

Bank Hours Average Bank Hours Utilised

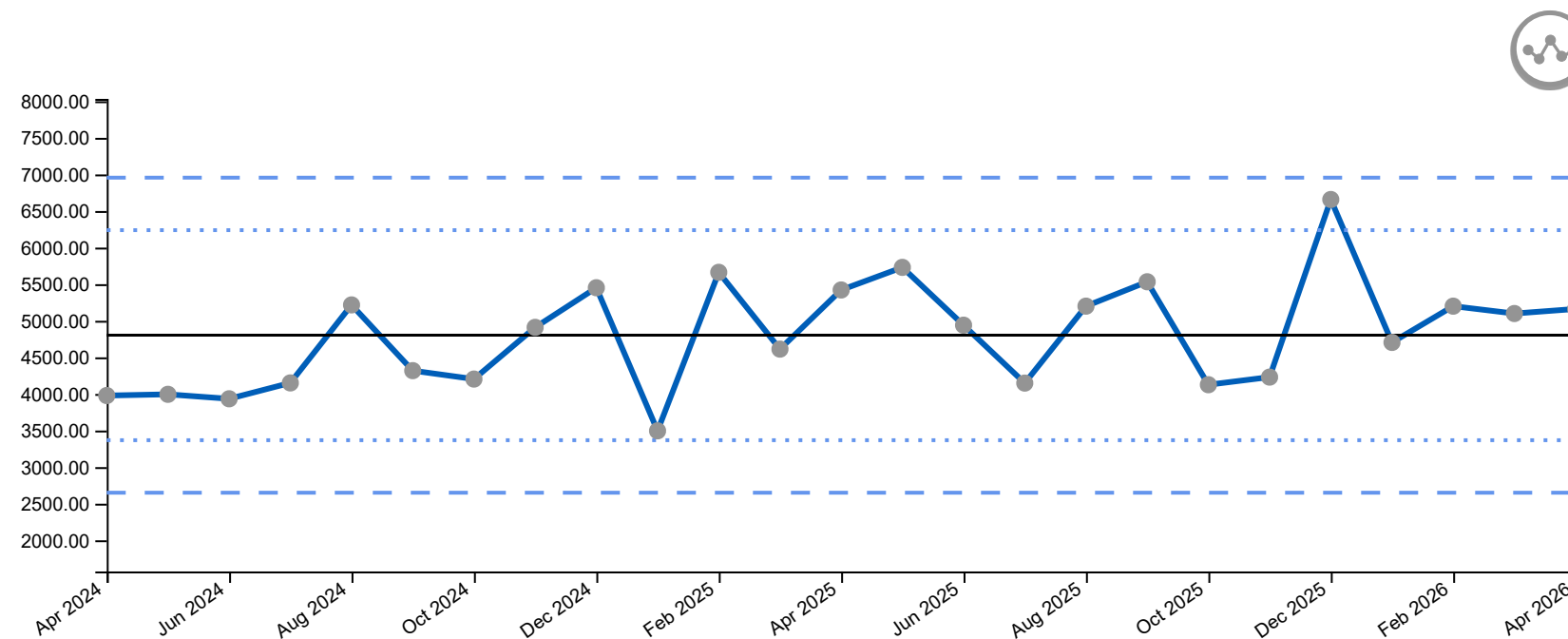


Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	3978.42	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/05/2024	3994.97	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/06/2024	3934.05	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/07/2024	4150.83	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/08/2024	5217.01	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/09/2024	4318.52	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/10/2024	4203.55	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/11/2024	4910.18	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/12/2024	5451.71	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/01/2025	3496.18	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/02/2025	5662.32	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/03/2025	4612.93	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/04/2025	5421.05	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/05/2025	5729.95	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/06/2025	4939.92	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/07/2025	4148.52	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/08/2025	5200.02	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/09/2025	5533.22	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/10/2025	4126.30	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/11/2025	4230.32	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/12/2025	6657.52	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/01/2026	4704.16	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/02/2026	5199.89	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/03/2026	5099.20	4803.30	2650.52	6956.08	3368.11	6238.49	NONE
01/04/2026	5161.74	4803.30	2650.52	6956.08	3368.11	6238.49	NONE

Bank Hours Utilised

Lower is Better



Comments From Executive Lead

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

Dave Harris, Director of People and Culture



People & Culture

Overtime Hours Utilised

Data Source

Workforce Systems

Latest Data

April 2026

Compliance

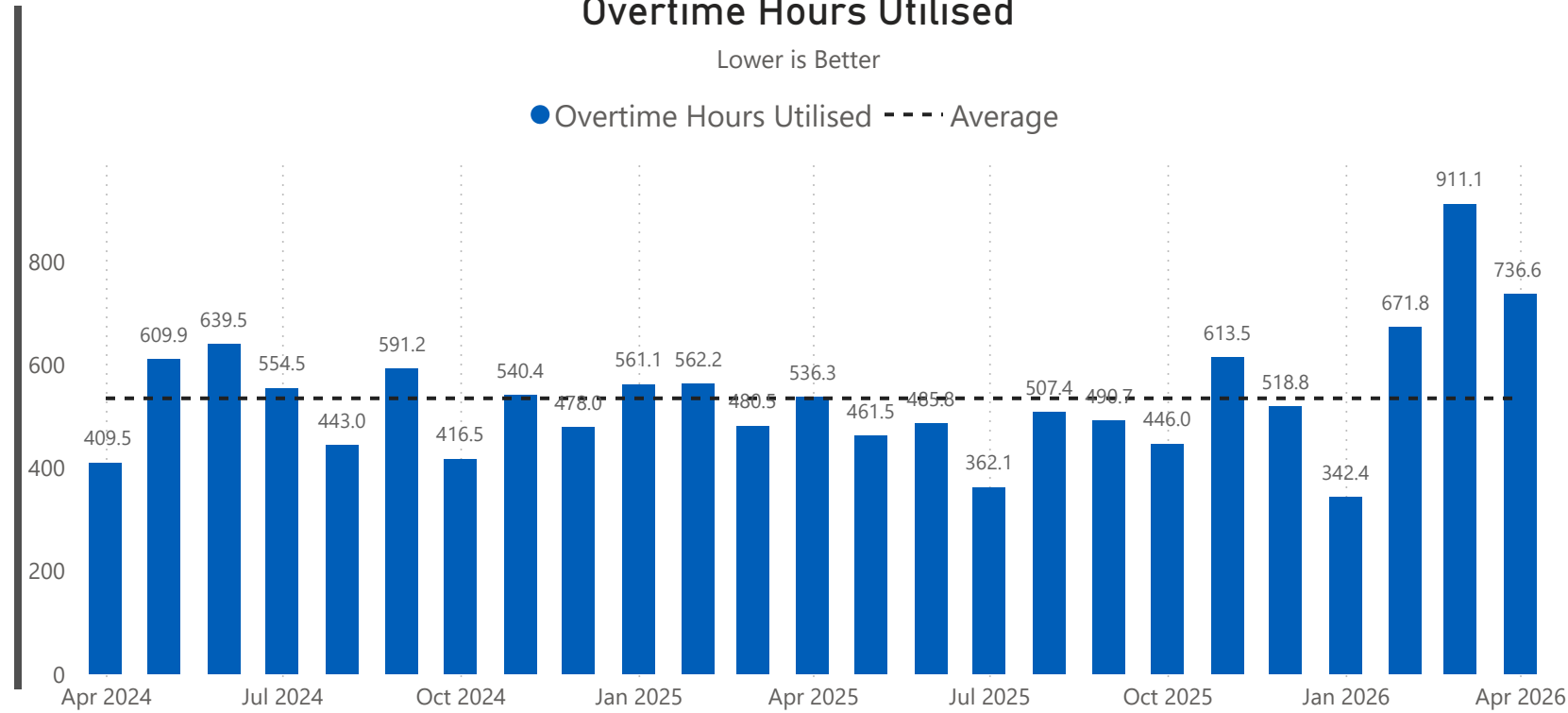
KPI	Target	Actual	RAG Value
Overtime hours used vs. average.		737	Grey

Action	Target Date	Owner	Status
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No target set, actions and target to be updated.

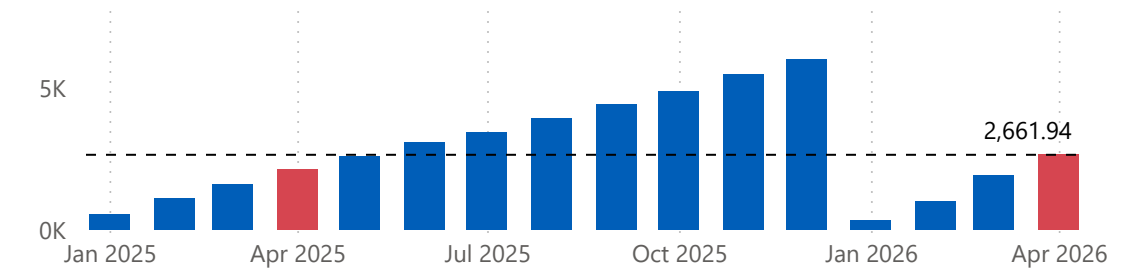
Overtime Hours Utilised

Lower is Better

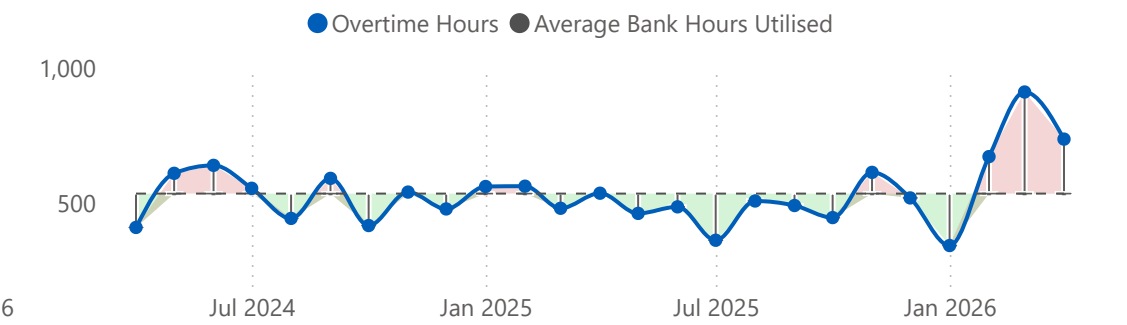


Hours Utilised - Overtime Hours vs. Previous Year

Overtime Hours Running Total per Year



Hours Utilised - Overtime Hours

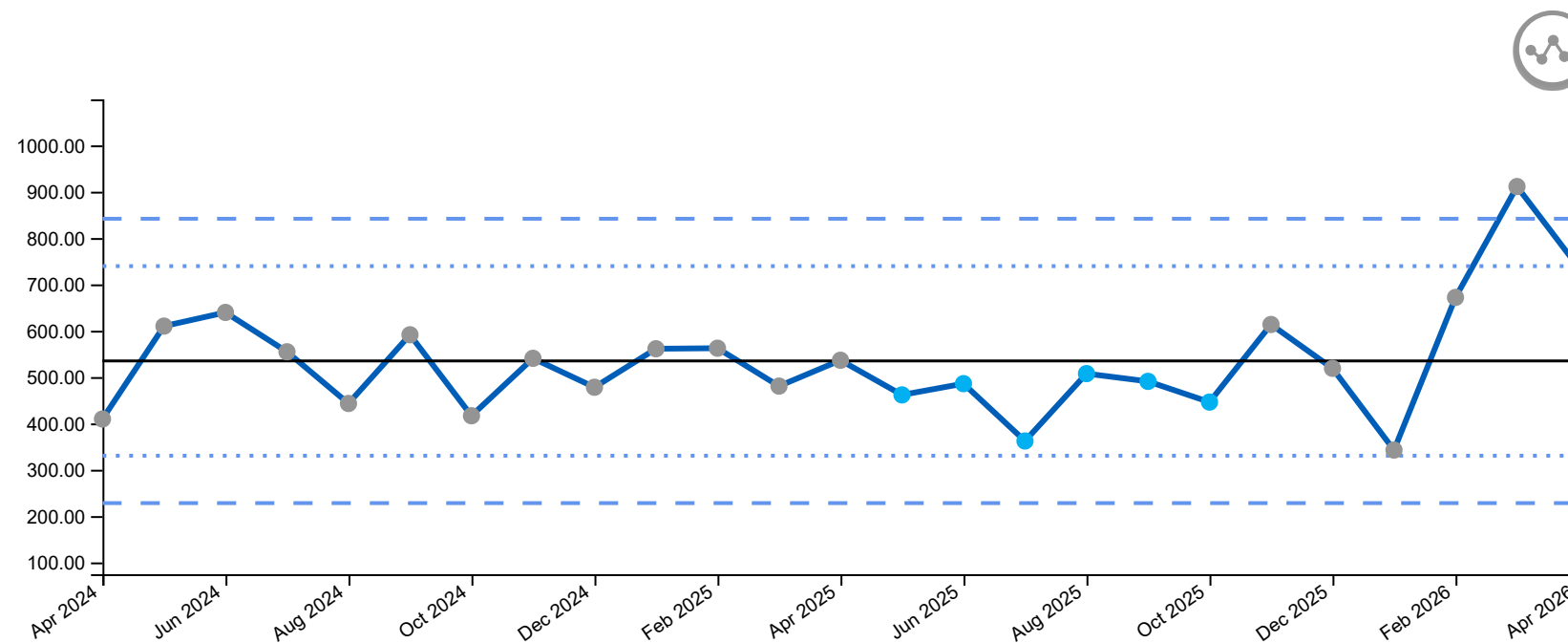


Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	409.50	534.81	228.01	841.61	330.28	739.35	NONE
01/05/2024	609.92	534.81	228.01	841.61	330.28	739.35	NONE
01/06/2024	639.45	534.81	228.01	841.61	330.28	739.35	NONE
01/07/2024	554.54	534.81	228.01	841.61	330.28	739.35	NONE
01/08/2024	443.00	534.81	228.01	841.61	330.28	739.35	NONE
01/09/2024	591.23	534.81	228.01	841.61	330.28	739.35	NONE
01/10/2024	416.50	534.81	228.01	841.61	330.28	739.35	NONE
01/11/2024	540.44	534.81	228.01	841.61	330.28	739.35	NONE
01/12/2024	478.00	534.81	228.01	841.61	330.28	739.35	NONE
01/01/2025	561.09	534.81	228.01	841.61	330.28	739.35	NONE
01/02/2025	562.24	534.81	228.01	841.61	330.28	739.35	NONE
01/03/2025	480.50	534.81	228.01	841.61	330.28	739.35	NONE
01/04/2025	536.28	534.81	228.01	841.61	330.28	739.35	NONE
01/05/2025	461.51	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/06/2025	485.75	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/07/2025	362.08	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/08/2025	507.42	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/09/2025	490.67	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/10/2025	446.00	534.81	228.01	841.61	330.28	739.35	IMPROVEMENT
01/11/2025	613.46	534.81	228.01	841.61	330.28	739.35	NONE
01/12/2025	518.80	534.81	228.01	841.61	330.28	739.35	NONE
01/01/2026	342.44	534.81	228.01	841.61	330.28	739.35	NONE
01/02/2026	671.82	534.81	228.01	841.61	330.28	739.35	NONE
01/03/2026	911.09	534.81	228.01	841.61	330.28	739.35	NONE
01/04/2026	736.59	534.81	228.01	841.61	330.28	739.35	NONE

Overtime Hours Utilised

Lower is Better



Comments From Executive Lead

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

Dave Harris, Director of People and Culture



People & Culture

Excess Hours Utilised

Data Source

Workforce Systems

Latest Data

April 2026

Compliance

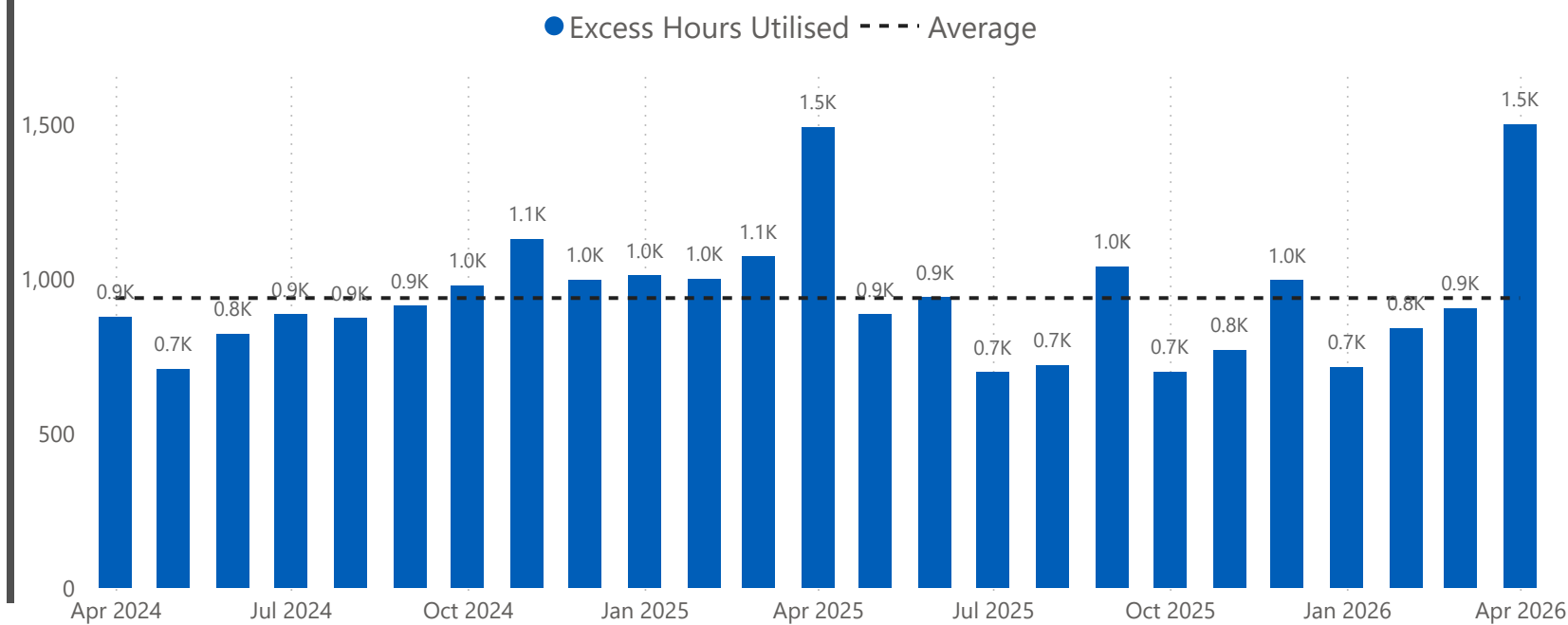
KPI	Target	Actual	RAG Value
Excess hours used vs. average.		1502	Grey

Action	Target Date	Owner	Status
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No target set, actions and target to be updated.

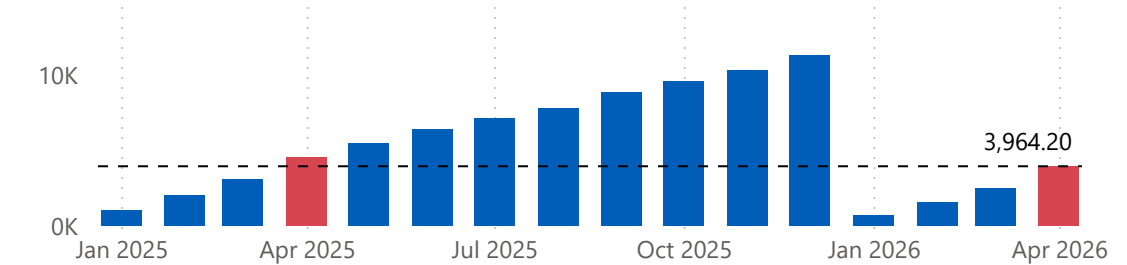
Excess Hours Utilised

Lower is Better



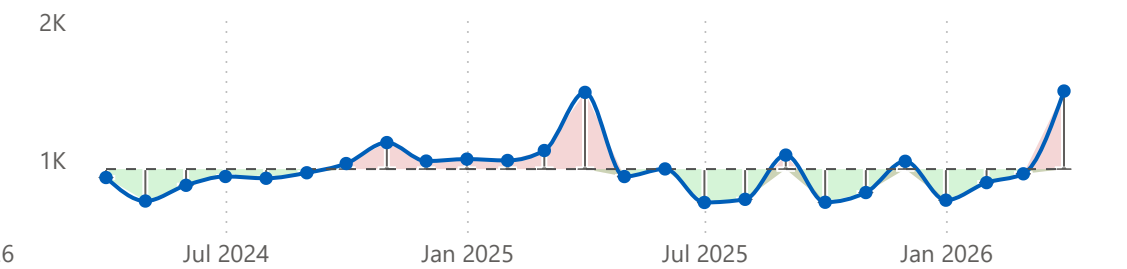
Hours Utilised - Excess Hours vs. Previous Year

Excess Hours Running Total per Year



Hours Utilised - Excess Hours

Excess Hours Average Excess Hours Utilised

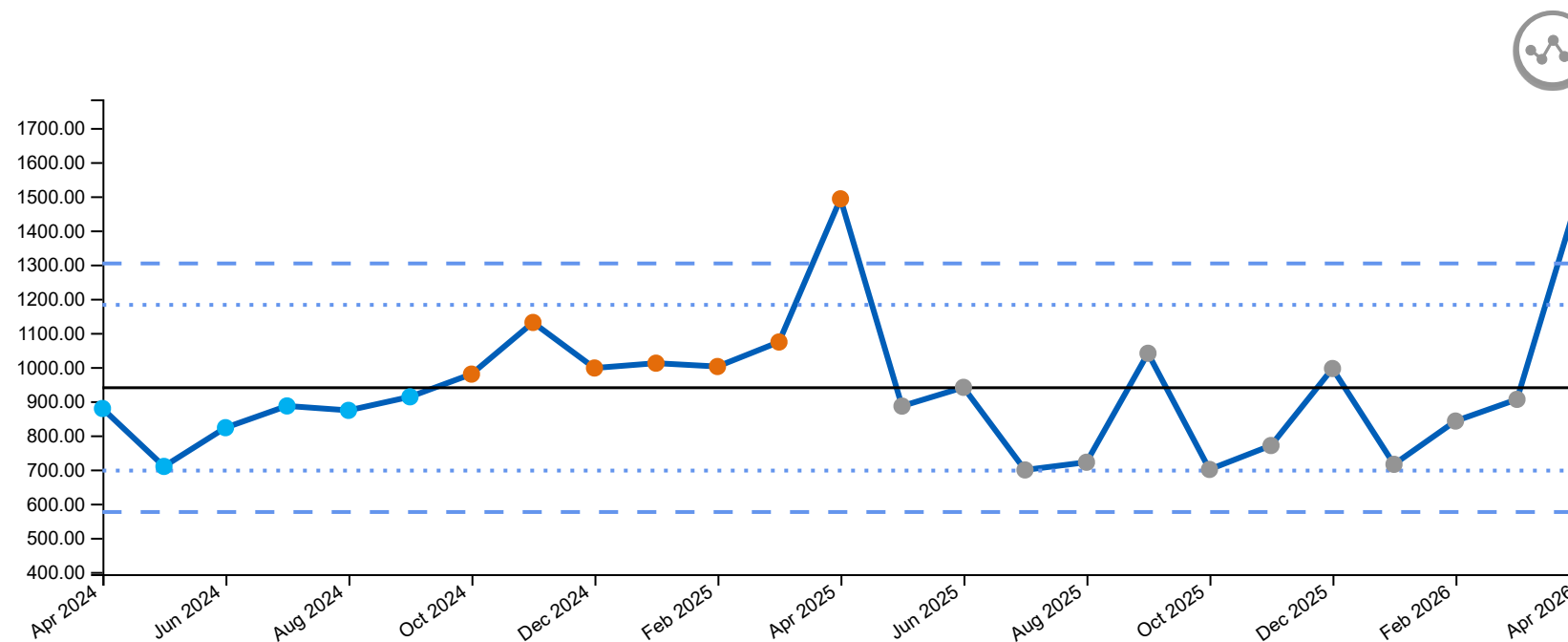


Statistical Process Control

DATE	VALUE	TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	878.47	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/05/2024	708.88	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/06/2024	822.30	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/07/2024	885.97	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/08/2024	873.00	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/09/2024	912.73	939.27	575.41	1303.13	696.69	1181.84	IMPROVEMENT
01/10/2024	979.15	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/11/2024	1130.39	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/12/2024	997.03	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/01/2025	1011.16	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/02/2025	1001.39	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/03/2025	1073.14	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/04/2025	1492.39	939.27	575.41	1303.13	696.69	1181.84	DETERIORATION
01/05/2025	885.48	939.27	575.41	1303.13	696.69	1181.84	NONE
01/06/2025	940.41	939.27	575.41	1303.13	696.69	1181.84	NONE
01/07/2025	698.58	939.27	575.41	1303.13	696.69	1181.84	NONE
01/08/2025	721.14	939.27	575.41	1303.13	696.69	1181.84	NONE
01/09/2025	1040.17	939.27	575.41	1303.13	696.69	1181.84	NONE
01/10/2025	700.06	939.27	575.41	1303.13	696.69	1181.84	NONE
01/11/2025	770.10	939.27	575.41	1303.13	696.69	1181.84	NONE
01/12/2025	995.52	939.27	575.41	1303.13	696.69	1181.84	NONE
01/01/2026	715.06	939.27	575.41	1303.13	696.69	1181.84	NONE
01/02/2026	841.75	939.27	575.41	1303.13	696.69	1181.84	NONE
01/03/2026	905.24	939.27	575.41	1303.13	696.69	1181.84	NONE
01/04/2026	1502.15	939.27	575.41	1303.13	696.69	1181.84	NONE

Excess Hours Utilised

Lower is Better



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



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 11 position is £98k adverse to trajectory, driven by additional expenditure along with a reduction in allocated funding by SG. The savings programme is also £0.609m adverse to trajectory.

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

The financial position has improved over the past 3 months and the Year End Forecast is anticipated to be a deficit of £2.7m. Additional deficit support funding has been received which will mitigate the risk of a Section 22 Qualification for 2025/26.

Finance

Financial Position Summary

Data Source

Finance Performance Report

Latest Data

February 2026

Group	Full Year Budget	Year To Date Budget	Year To Date Actual	Year To Date Variance	Current Month Budget	Current Month Actual	Current Month Variance
Income							
Health Board Income	-1,255	-1,255	-1,632	377	-234	-505	271
Other	-491	-491	-1,197	706	-41	-66	25
Primary Care Patient Charges	-431	-431	-377	-54	-38	-35	-3
Total Income	-2,176	-2,176	-3,206	1,030	-313	-606	292
Expenditure							
Pay							
Medical & Dental	9,345	9,345	12,294	-2,948	850	853	-4
Nursing & Midwifery	17,218	17,218	16,185	1,032	1,635	1,456	179
Other Staff Costs	27,942	27,942	23,069	4,873	2,143	2,016	127
Total Pay	54,505	54,505	51,548	2,957	4,629	4,326	303
Non Pay							
Drugs - Primary Care	4,871	4,871	4,747	124	378	275	103
Drugs - Secondary Care	3,694	3,694	3,275	419	305	267	38
General Dental Services	1,165	1,165	1,165	0	88	88	0
General Medical Services	5,244	5,244	5,277	-33	437	479	-42
General Ophthalmic Services	312	312	313	-1	28	29	-1
Medical Supplies	1,624	1,624	1,753	-129	163	50	114
Other Expenditure	12,959	12,959	16,848	-3,888	3,910	2,004	1,906
Pharmaceutical Services	1,057	1,057	1,093	-36	86	119	-33
Resource Transfer	2,799	2,799	3,008	-209	659	875	-215
SLA's & UNPACs	10,084	10,084	10,145	-61	887	737	150
Total Non-Pay	43,810	43,810	47,623	-3,814	6,942	4,923	2,019
Total	96,139	96,139	95,965	173	11,257	8,643	2,614

Figures shown in the above table represent £000s

Finance

Financial Performance Against Plan

Data Source

Finance Performance Report

Latest Data

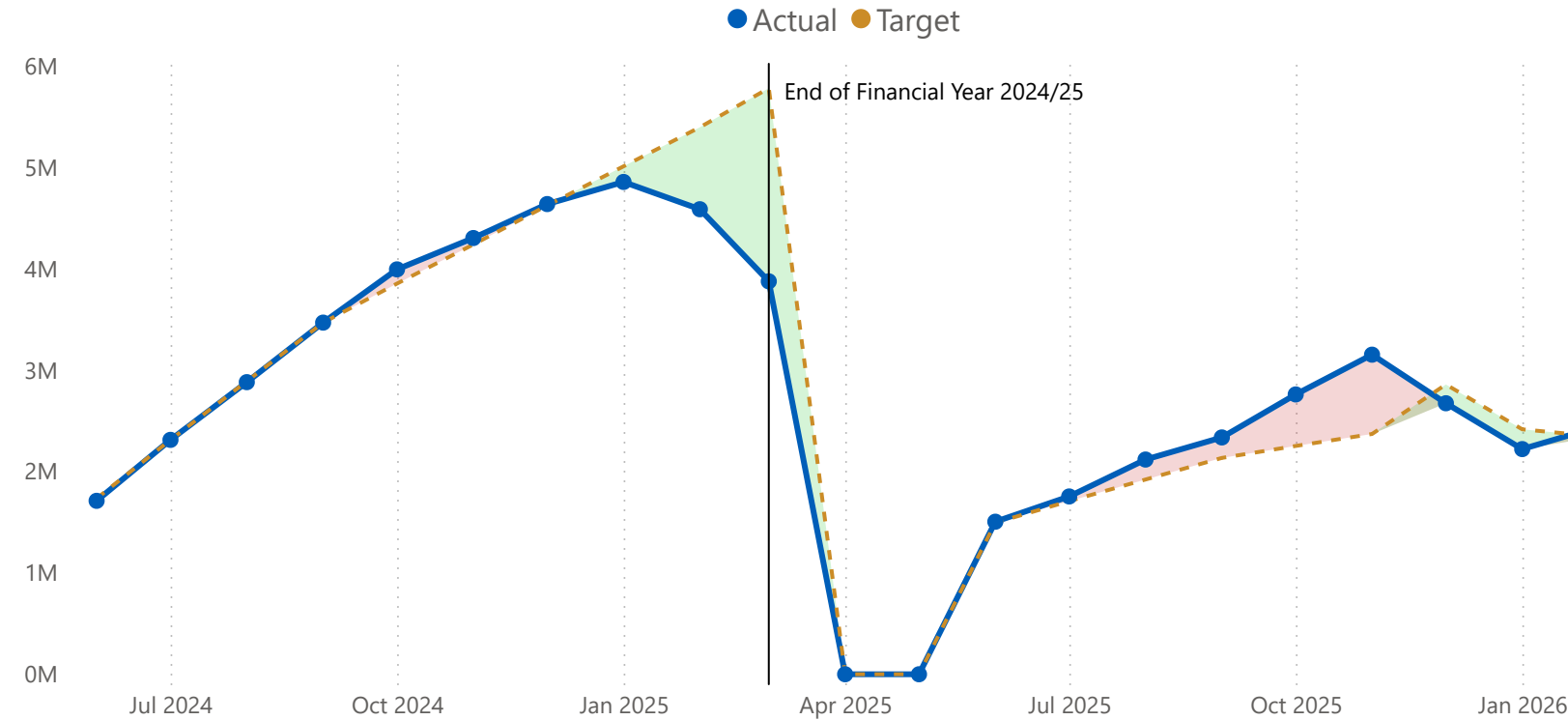
March 2026

Compliance

KPI	Target	Actual	RAG Value
Financial performance against plan - YTD.	£2,176,000	£2,627,000	Red

Action	Target Date	Owner	Status
Review of IJB reserves undertaken to determine whether there is scope for any release	31/01/2026	M Barnes	Completed
Review of accruals/outstanding income to ensure all assumptions are valid and values within the financial ledger are correct	28/02/2026	M Barnes	Completed
Ongoing meetings with budget holders to identify cost reduction measures and ensure proper budget control	31/03/2026	M Barnes	Completed
Ensure all outstanding budget holders undertake training in budget management	31/12/2026	M Barnes	In Progress

Financial Performance Against Plan



Comments From Executive Lead

The Month 11 financial position is an improved position, albeit still adverse against the planned trajectory. The reporting position is £0.098m higher than the planned overspend of £2.343m.

Damian Reid, Director of Finance



Finance

Accounts Payable 10-Day Performance

Data Source
AP Performance Report

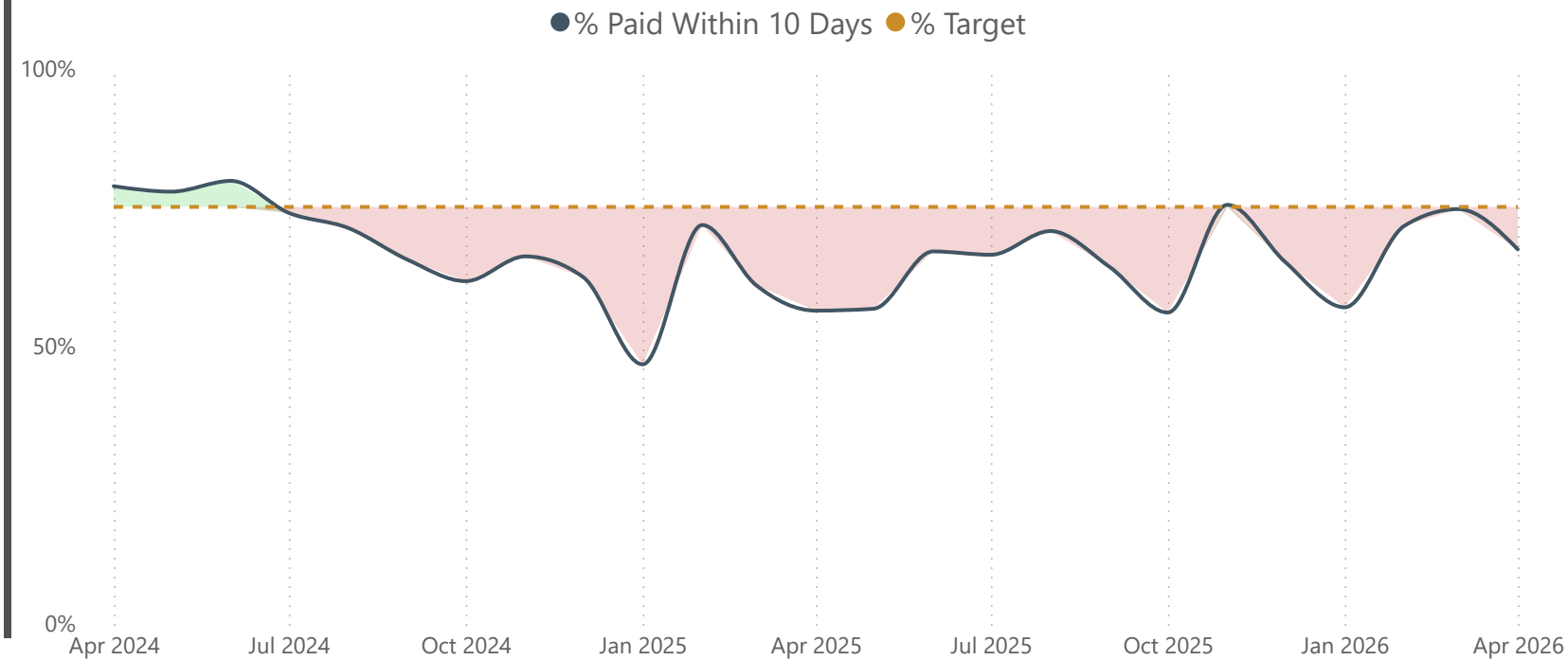
Latest Data
April 2026

Compliance

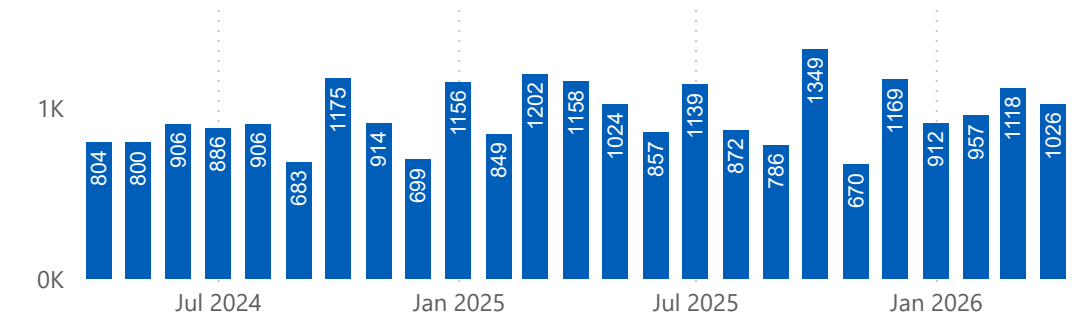
KPI	Target	Actual	RAG Value
75% of invoices to be paid within 10 days of receipt - local target	75.00%	67.35%	Red

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

Accounts Payable - Invoices Paid Within 10 Days of Receipt



Accounts Payable - Invoices Received



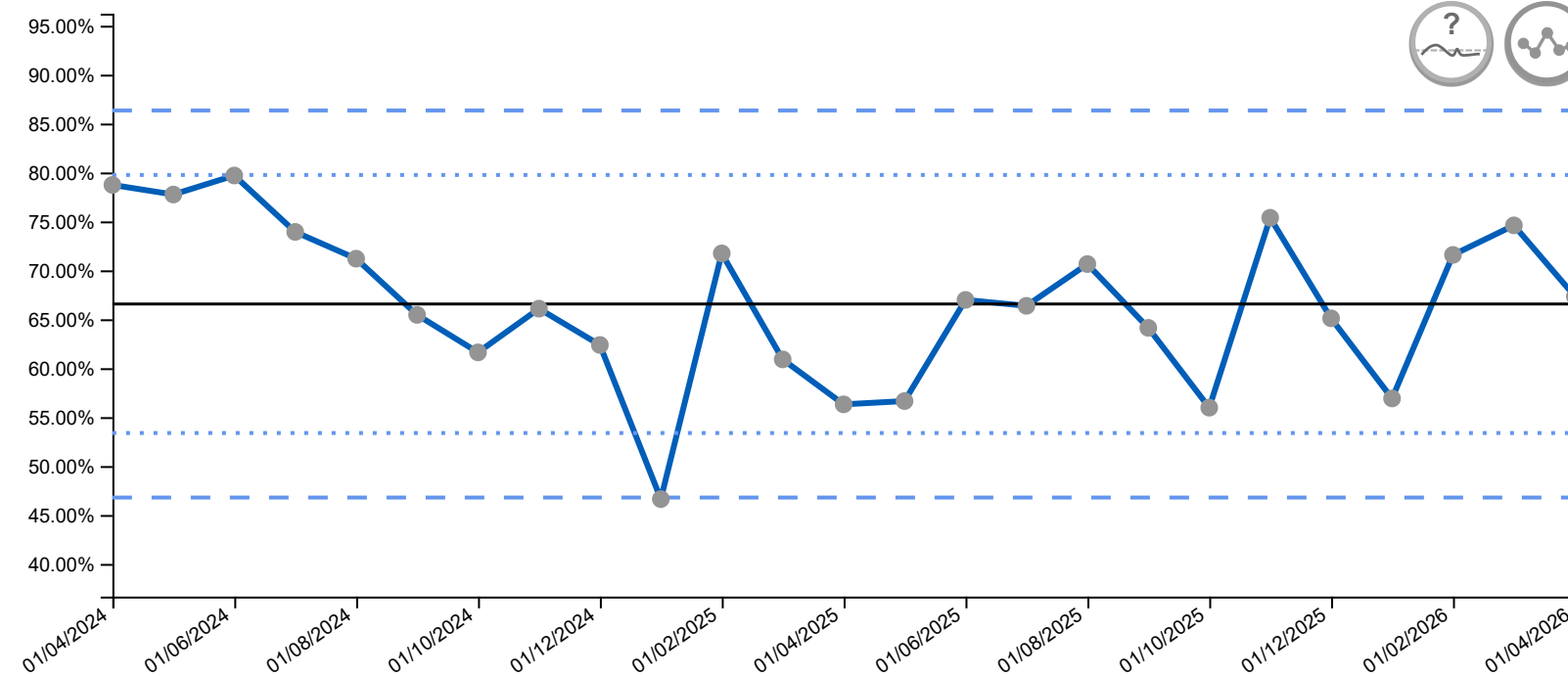
Accounts Payable 10-Day Target - Last 6 Months

Month	Received	Paid <= 10 Days	% <= 10 Days	Target	RAG Value
November 2025	670	505	75.37%	75.00%	Green
December 2025	1169	761	65.10%	75.00%	Red
January 2026	912	519	56.91%	75.00%	Red
February 2026	957	685	71.58%	75.00%	Red
March 2026	1118	834	74.60%	75.00%	Red
April 2026	1026	691	67.35%	75.00%	Red

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	78.73	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/05/2024	77.75	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/06/2024	79.69	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/07/2024	73.93	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/08/2024	71.19	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/09/2024	65.45	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/10/2024	61.62	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/11/2024	66.08	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/12/2024	62.37	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/01/2025	46.63	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/02/2025	71.73	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/03/2025	60.90	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/04/2025	56.30	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/05/2025	56.64	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/06/2025	66.98	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/07/2025	66.37	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/08/2025	70.64	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/09/2025	64.12	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/10/2025	55.97	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/11/2025	75.37	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/12/2025	65.10	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/01/2026	56.91	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/02/2026	71.58	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/03/2026	74.60	66.56	75.00	46.78	86.34	53.37	79.75	NONE
01/04/2026	67.35	66.56	75.00	46.78	86.34	53.37	79.75	NONE

Accounts Payable - Invoices Paid Within 10 Days of Receipt



Comments From Executive Lead

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

Damian Reid, Director of Finance



Finance

Accounts Payable 30-Day Performance

Data Source
AP Performance Report

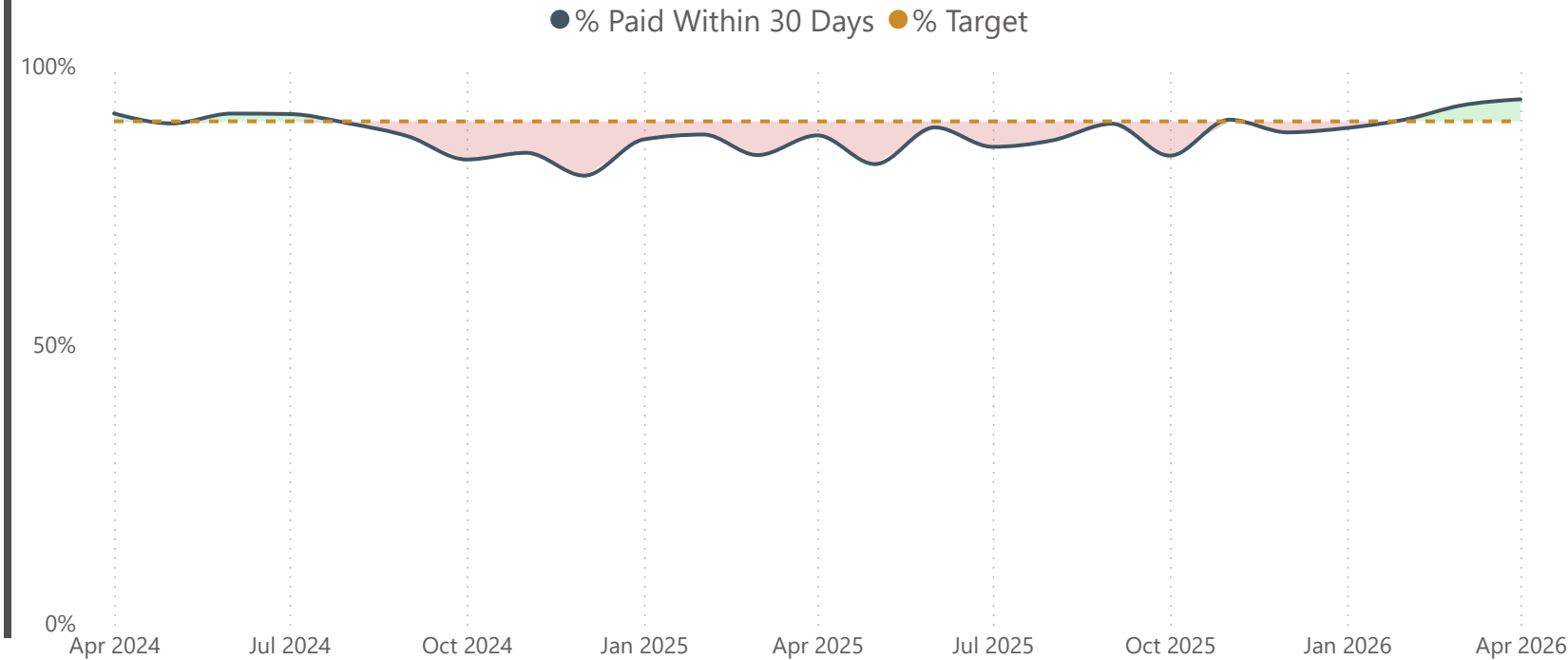
Latest Data
April 2026

Compliance

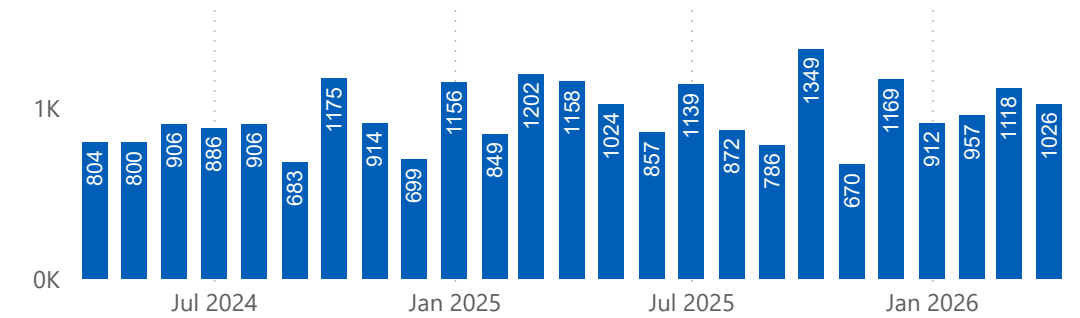
KPI	Target	Actual	RAG Value
90% of invoices to be paid within 30 days of receipt - local target	90.00%	93.96%	Green

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

Accounts Payable - Invoices Paid Within 30 Days of Receipt



Accounts Payable - Invoices Received



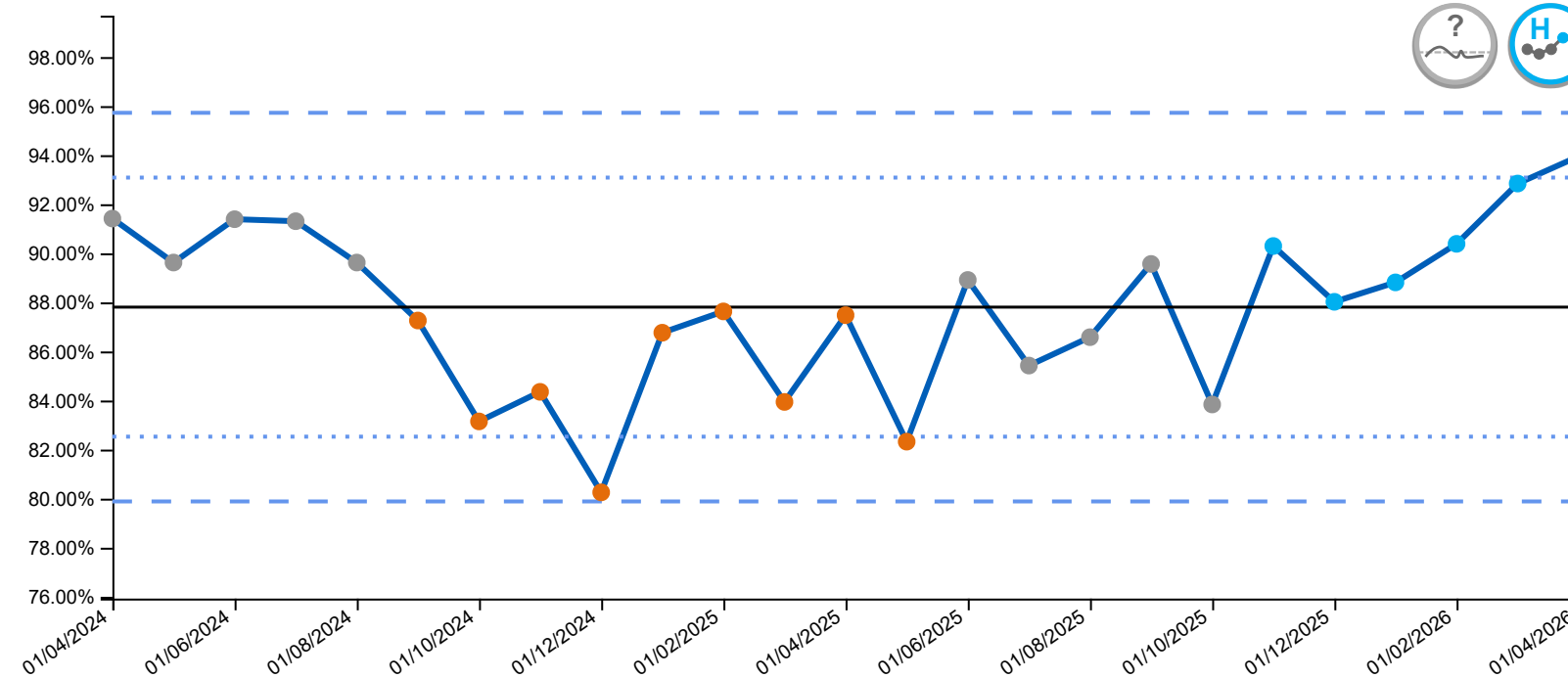
Accounts Payable 30-Day Target - Last 6 Months

Month	Received	Paid <=30 Days	% <=30 Days	Target	RAG Value
November 2025	670	605	90.30%	90.00%	Green
December 2025	1169	1029	88.02%	90.00%	Red
January 2026	912	810	88.82%	90.00%	Red
February 2026	957	865	90.39%	90.00%	Green
March 2026	1118	1038	92.84%	90.00%	Green
April 2026	1026	964	93.96%	90.00%	Green

Statistical Process Control

DATE	VALUE	TARGET	ALT. TARGET	LL 99%	UL 99%	LL 95%	UL 95%	SHIFT
01/04/2024	91.42	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/05/2024	89.63	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/06/2024	91.39	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/07/2024	91.31	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/08/2024	89.62	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/09/2024	87.26	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/10/2024	83.15	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/11/2024	84.35	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/12/2024	80.26	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/01/2025	86.76	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/02/2025	87.63	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/03/2025	83.94	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/04/2025	87.48	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/05/2025	82.32	87.81	90.00	79.89	95.73	82.53	93.09	DETERIORATION
01/06/2025	88.91	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/07/2025	85.43	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/08/2025	86.58	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/09/2025	89.57	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/10/2025	83.84	87.81	90.00	79.89	95.73	82.53	93.09	NONE
01/11/2025	90.30	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT
01/12/2025	88.02	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT
01/01/2026	88.82	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT
01/02/2026	90.39	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT
01/03/2026	92.84	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT
01/04/2026	93.96	87.81	90.00	79.89	95.73	82.53	93.09	IMPROVEMENT

Accounts Payable - Invoices Paid Within 30 Days of Receipt



Comments From Executive Lead

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

Damian Reid, Director of Finance



Integration Joint Board (IJB) Key Messages and Decisions

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/ Non-Executive	<ul style="list-style-type: none"> • Stephen Brown, Chief Officer IJB
Report Author(s)	<ul style="list-style-type: none"> • Stephen Brown, Chief Officer IJB.
Purpose of report	<ul style="list-style-type: none"> • Assurance
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Government policy/directive • Local policy • NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Safe • Effective • Person Centred
Key points for consideration	<ul style="list-style-type: none"> • The report gives a brief overview of the agenda and discussion at the Integration Joint Board Meeting on 17 June 2026.
Route to meeting	<ul style="list-style-type: none"> • Not applicable.
Recommendation(s)	<ul style="list-style-type: none"> • Assurance - For members assurance only

Integration Joint Board (IJB) Key Messages and Decisions

Stephen Brown, Chief Officer
17/06/2026

1. Situation

- 1.1 NHS Orkney receives Directions from the Orkney Integration Joint Board in relation to a range of delegated services. There are three Non-Executive Directors of the NHS Orkney Board who are also voting members of the Integration Joint Board.

2. Background

- 2.1 Integration Joint Boards arose from the Public Bodies (Joint Working) (Scotland) Act 2014 which required integration of certain aspects of adult health and social services. As well as prescribed functions that had to be delegated additional functions could be included and these are captured in the [Integration Scheme](#).
- 2.2 Since the last report there has been a meeting of the Integration Joint Board on 17 June 2026.

3. Assessment

3.1 Key Points from the 17 June 2026 meeting include:

- i The Integration Joint Board approved the appointment of two Service User Representatives to the Board, following the resignation of the previous long standing Service User Representative. It was also agreed to establish a Service User Group to support the new members. The Board further noted the reappointments of the Council Voting and Proxy Members for the period until May 2027, with Councillor Rachael King remaining as Vice Chair for the period.
- ii The Board noted the draft Revenue Expenditure Outturn report for the financial year 2025/26. The draft position showed an overspend of £0.630 million against the Board approved budget of £69.129 million, with the draft outturn spend of £69.759 million. For NHS Orkney commissioned service, there was underspend of £1.350 million underspend following the removal of the £2.4 million savings target.
- iii Members scrutinised, and approved, the revised Risk Register. Following discussion, it was agreed that a paper would be presented in November 2026 in

relation to Analogue to Digital to provide assurance on the transition position and ability to meet the deadline.

- iv The Board approved the reappointment of the Standards Officer to the Board, Gavin Mitchell, and the Depute Standards Officer, Hazel Flett, for a further three years.
- v Board Members were advised that Public Health Scotland would only be able to issue some final data which must be included in the Annual Performance Report after 7 July 2026 and that the Annual Performance Report must be submitted to Scottish Government, and published locally, by 30 July 2026. Due to this, the Board approved the delegation of approval of the Annual Performance Report to the Chief Officer, in consultation with the Chair and Vice Chair, for submission and publication as per statutory requirements, with a clear message on the issues of timings. The report will thereafter be formally discussed at the next Board meeting in September.
- vi The Clinical Services Review – Older Persons and Frailty Workstream report was presented to update Members on the work currently being undertaken. Members welcomed the information in the report which resulted in much discussion.
- vii The second Third Sector Update report was presented which provided updates from the following organisations:
 - Orkney Blide Trust.
 - Crossroads Care Orkney and Orkney Young Carers.
 - Relationship Scotland Orkney.
 - THAW Orkney.
 - Women’s Aid Orkney.
 - Home-Start Orkney.
 - Advocacy Orkney.
 - Orkney Foodbank.
 - Age Scotland Orkney.
 - Connect Project.
 - Orkney Rape and Sexual Assault Service.
- viii The Integration Joint Board received a report in private in relation to the Primary Care Improvement Plan following the discussion at the February 2026 Committee meeting. A substantive decision was made in relation to future funding arrangements.

3.2 Impact Assessment

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

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	The Integration Joint Board aims to improve quality of care through joined up provision of services.
People	Workforce	No	There are no workforce implications directly arising as a result of this report.
Performance	Finance	No	There are no financial implications directly arising as a result of this report. There are close links between NHS Orkney's finance department and the Chief Officer and Chief Finance Officer.
Potential	Risk Management	No	There are no risk implications directly arising as a result of this report.
	Digital	No	There are no digital implications directly arising as a result of this report.
Place	Equality and Diversity including health inequalities	No	There are no equality or diversity implications directly arising as a result of this report.
	Climate Change Sustainability	<i>No</i>	There are no climate change implications directly arising as a result of this report.

4. Recommendation

- i **Assurance** – For Members' assurance only.

5. Appendices

There are no appendices included with the report

Orkney Integration Scheme

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • Stephen Brown, Chief Officer IJB
Report Author(s)	<ul style="list-style-type: none"> • Stephen Brown, Chief Officer
Purpose of report	<ul style="list-style-type: none"> • Discussion
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Legal requirement
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Safe • Effective • Quality • Person Centred
Key points for consideration	<ul style="list-style-type: none"> • The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2025 Amendment Order will come into effect on 1 September 2026 which extends the voting rights to the third sector, service user and carer representatives on the Integration Joint Board. • The Orkney Integration Scheme has had to be updated to reflect these legal changes. • NHS Orkney and Orkney Islands Council must approve the amended Orkney Integration Scheme which will then be submitted to Scottish Ministers to ensure Orkney is compliant in its statutory requirement.
Route to meeting	<ul style="list-style-type: none"> • N/A.
Recommendation(s)	<ul style="list-style-type: none"> • Decision - Reaching a conclusion considering the options

Orkney Integration Scheme

Stephen Brown, Chief Officer.

16/06/2026

1. Situation

- 1.1 The Board is invited to approve the revised Orkney Integration Scheme, attached as Appendix 1 to this report, in so far as it relates to NHS Orkney for submission to Scottish Government.

2. Background

- 2.1 There is a requirement for the Orkney Integration Scheme to be reviewed at least every five years.
- 2.2 The Orkney Integration Scheme was improved in 2016. The first review was due in 2021.
- 2.3 The approved Orkney Integration Scheme, following approval by NHS Orkney on 7 October 2021 and the Council on 7 December 2021, was submitted to Scottish Ministers in December 2021.
- 2.4 Scottish Ministers formally approved the Orkney Integration Scheme in May 2022.
- 2.5 The next review of the Orkney Integration Scheme is due no later than 2026. However, locally it has been agreed to postpone a full review in light of ongoing work in respect of the Public Service Reform.
- 2.6 Currently, voting members of the Integration Joint Board are restricted to Elected Members and NHS Orkney Non Executives. However, Scottish Government have extended the voting rights to third sector, service user and carer representatives which will commence on 1 September 2026. This requires an amendment to the Orkney Integration Scheme.

3. Assessment

3.1 Summary of Key Changes

- 3.2 The Chief Officer, the Service Manager (Legal Services) and the Service Manager (Governance) met on 4 June 2026 to discuss the imminent legal requirement to extending voting rights to the third sector, service user and carer representatives. It was agreed that to ensure Orkney was compliant with statutory requirements that a revised Orkney Integration Scheme would

be presented to the Board of NHS Orkney on 25 June 2026 and the General Meeting of the Council on 30 June 2026.

3.3 The changes are limited to the following:

- Section 1.2.1. Reference to the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2025 which extends voting rights.
- Section 2.3.1. The third sector, service user and carer representatives being included as voting members rather the Co-opted Non-Voting Members.

3.4 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	There are no patient safety, quality or experience implications directly arising as a result of the recommendations of this report.
People	Workforce	No	There are no workforce implications directly arising as a result of this report.
Performance	Finance	No	There are no financial implications directly arising from the recommendations of this report which relates to an amendment to the Orkney Integration Scheme.
Potential	Risk Management	Yes	There is a risk that Orkney fails to comply with statutory requirements.
	Digital	No	There are no digital implications directly arising as result of this report.
Place	Equality and Diversity including health inequalities	No	There are no equality or diversity implications directly arising as a result of this report.
	Climate Change Sustainability	No	There are no climate change implications directly arising as a result of this report.

4. Recommendations

4.1 Decision - Reaching a conclusion considering options

5. List of Appendices

- The following appendices are included with this report
- Appendix 1:** Orkney Integration Scheme.



Orkney Integration Scheme

Between

Orkney Islands Council

And

NHS Orkney

Date.	Issue.	Sections revised.	Status.	Distribution.
02.02.15.	V1.		Consultation.	Public Consultation.
16.03.15.	V2.		Final draft.	Integrated Programme Board.
24.03.15.	V3.		Consultation feedback.	Orkney Islands Council.
26.03.15.	V3.		Consultation feedback.	NHS Orkney.
31.03.15.	V4.		OIC/NHSO amendments.	OIC/NHSO.
15.05.15.	V5.		Amendments (GM) following feedback from Scot Gov.	OIC/NHSO.
23.07.15.	V6.		Amendments (CC) to update outstanding text and to redraft care and clinical governance section.	OIC/NHSO.
27.07.15.	V7.		Review of draft (GM, CG, CS and CC) presented to Integration Programme Board (23.7.15).	OIC/NHSO.
30.07.15.	V8.		Final updated draft (CC).	GM/JT/CG/CS/LW.
10.08.15.	V8(2).		Version with proposed amendment from AB at 9.3.	GM/AB/CC/CS (not yet agreed by NHS Orkney).
16.09.15.	V9.		Version with added finance (acute set aside) budget.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
29.09.15.	V10.		Version with amendments received from Govt colleagues.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
13.10.15.	V11.		Updated.	CC (to be agreed by OIC delegated to Convener

Date.	Issue.	Sections revised.	Status.	Distribution.
				and CEO and to be agreed by NHS Orkney).
19.10.15.	V12.		Updated.	CC and GM (agreed by both OIC and NHS Orkney).
12.01.18.	V13.	Annex 1 and Annex 2.	Updated.	CEO NHS Orkney and CEO OIC.
12.04.21.	V14.	5 year statutory review – general revision.	Updated.	All NHS Orkney / OIC leads.
27.04.21.	V15.	Track-changed version for informal consultation with the Scottish Government.	Updated.	Paul Richardson, Iain MacAllister, Glen Deakin. (Scottish Government).
17.08.21.	V16.	Changes following consultation with the Scottish Government.	Updated.	OIC/NHSO.
	V17	5 year statutory review to incorporate changes to voting rights	Updated	OIC/NHSO

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1. Introduction and Background

1.1. Foreword

1.1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards (constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978) and local authorities to integrate planning for, and delivery of certain adult health and social care services. These parties can also choose to integrate planning and delivery of other services including additional adult health and social care services beyond the minimum prescribed by Scottish Ministers and children's health and social care services.

1.1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires health boards and local authorities to prepare, agree and consult on an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this:

- The Health Board and local authority (both as defined in section 1.2 below) delegate the responsibility for planning, resourcing and operational oversight of integrated health and social care services to a third body called an integration authority or integration joint board under section 1(4) (a) of the Act. This integration model is commonly referred to as a body corporate arrangement.
- The Health Board or local authority takes the lead responsibility for planning, resourcing and delivery of integrated health and social care services (under section 1 (4) (b) (c) and (d) of the Act. This integration model is commonly referred to as a lead agency arrangement.

1.1.3. In Orkney, NHS Orkney and Orkney Islands Council have opted to delegate functions to an integration joint board. This board is a separate legal entity.

1.1.4. The original Scheme as defined in section 1.2 below was approved by the Scottish Ministers in February 2016 and the Board (which has a distinct legal personality) was established by an Integration Joint Board Order of the Scottish Ministers as defined in section 1.2.

1.1.5. As a separate legal entity, an integration joint board has full autonomy to act on its own behalf and can accordingly make decisions in regard to its responsibilities and functions as it sees fit. However, the legislation that underpins the board requires that its voting members are appointed by the Health Board and Local Authority and whilst serving on the integration joint board its members must carry out their functions under the Act on behalf of the integration joint board itself, and not as members of the Health Board or Local Authority. It is therefore important that because the same individuals sit on the Integration Joint Board and the Health Board or Local Authority, accurate recording keeping and minute taking are essential for transparency and accountability purposes.

1.1.6. The Integration Joint Board is responsible for the strategic planning and oversight of functions delegated to it and for ensuring the delivery of these functions through its chief officer and Local Operational Delivery Arrangements as set out within section 3 of this Scheme. However, the Act provides that the Health Board and the Local Authority, acting jointly, can require an Integration Joint Board to

replace their Strategic Plan (as defined in section 1.2) in certain circumstances on the basis that they are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable service for Orkney in the long term.

1.2. Definitions and Interpretation

1.2.1. In this Scheme, the following terms shall have the following meanings:

- “Board” means the Integration Joint Board as established by Order under section 9 of the Act.
- “Chair” means the Chair of the Integration Joint Board.
- “Chief Finance Officer” means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under section 95 of the Local Government (Scotland) Act 1973.
- “Chief Officer” means the Chief Officer of the Integration Joint Board whose role is defined in section 6 of this Integration Scheme.
- “Health Board” means the Orkney Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its offices at The Balfour, Forelands Road, Kirkwall, Orkney, KW15 1NZ.
- “Integration Joint Board Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 [as amended by the Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2025](#).
- “Integrated Services” means those services listed in both Annex 1 Part 2 and Annex 2 Part 2.
- “Local Authority” means Orkney Islands Council established under the Local Government (Scotland) Act 1994 and having its offices at School Place, Kirkwall, Orkney KW15 1NY.
- “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- “Parties” means Orkney Islands Council and Orkney Health Board (which may also be referred to as NHS Orkney).
- “Scheme” means this integration scheme.
- “Strategic Plan” means the plan which the Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.3 Aims and Outcomes of the Integration Scheme

1.3.1. This Scheme is a legally binding contract between the Local Authority and the Health Board. This Scheme has established a body corporate arrangement as set out in section 1(4)(a) of the Act.

1.3.2. The purpose of the Board is to plan, resource and oversee the delivery of high quality health and social care services for and with the people of Orkney.

1.3.3. The main purpose of integration is to improve the health and wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. This Scheme is intended to achieve the Outcomes, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

1.3.4. The national outcome for children is:

- We grow up loved, safe and respected so that we realise our full potential.

1.3.5. The national outcomes and standards for social work services in the criminal justice system are:

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.

1.4. Our Vision and Values

1.4.1. Community Planning Vision and Values

1.4.1.1. The Local Authority, the Health Board and the Board are all members of the Partnership Board of Orkney's Community Planning Partnership and share the same values.

“To strengthen and support Orkney's communities by enabling those developments which will have a positive and substantiable socio-economic impact, and utilise locally-available resources, whilst striving to preserve and enhance the rich natural and cultural heritage assets upon which Orkney's economy and society depends”.

1.4.1.2. The shared mission is: “Working together for a better Orkney” and the seven key values are:

- Resilience.

- Enterprise.
- Equality.
- Fairness.
- Innovation.
- Leadership.
- Sustainability.

The Orkney Partnership focuses its collective resources of the Partnership on a small number of strategic priorities at one time. At present, the strategic priorities are strong communities, living well and a vibrant economy.

The Board contributes to all of these priorities.

1.4.1.3. The Orkney Health and Care Partnership – the delivery arm of the Board, agreed its own mission statement in the first year of the formation of the Board. It is: “Working together to make a real difference”.

1.4.2. Board Vision and Values

1.4.2.1. The Board approved its Strategic Plan 2019 – 2022 in 2019, which sets out the Board’s visions as “Getting it right for Orkney” and the Board’s values as ‘person-centred, enabling, caring and empowering’.

2. Integration Scheme

2.1. The Parties

2.1.1.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

2.1.1.1. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for Orkney, namely the delegation of functions by the Parties to a body corporate that is to be established by order under section 9 of the Act ‘an integration joint board’. This Scheme came into effect in April 2016, as set out in the Integration Joint Board Order which established the Board.

2.2. Local Governance Arrangements

2.2.1. In accordance with the Act, the Board has a legal personality distinct from the Parties, and the consequent authority to manage itself to:

- Prepare and implement a Strategic Plan in relation to the provision of health and social care services in accordance with the Act.
- Oversee the delivery of services delegated by the Parties in pursuance of the Strategic Plan.
- Allocate and manage the delegated budget in accordance with the Strategic Plan.

2.2.2. There is no role for either Party to independently sanction or veto decisions of the Board. However, the Act provides for the Health Board and the Local Authority, acting jointly, to require the Board to replace their Strategic Plan in certain circumstances given the Parties are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable services for Orkney in the long term.

2.3. Membership of the Board

2.3.1. Voting Members

- Three elected members of the Local Authority.
- [Three non-executive directors of the Health Board, although article 3\(5\) of the Integration Joint Board Order permits otherwise if necessary.](#)
- [A patient/service user representative.](#)
- [A carer's representative.](#)
- [A representative of the third sector](#)

2.3.2. Co-opted Non-voting Members

- The Chief Officer of the Board.
- The Chief Finance Officer of the Board.
- Senior clinicians including:
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under [section 17P](#) of the [National Health Service \(Scotland\) Act 1978](#).
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
 - A registered medical practitioner employed by the Health Board and not providing primary medical services.
- The Local Authority's Chief Social Work Officer.
 - [A patient/service user representative.](#)
 - [A carer's representative.](#)
 - [A representative of the third sector.](#)
- A staff representative from each of the Parties.

2.3.3. Chair and Vice-chair

2.3.3.1. An elected member of the Local Authority will be appointed to the role of Chair/Vice Chair by the Local Authority and be one of the elected members on the Board.

2.3.3.2. A non-executive member of the Health Board will be appointed to the role of the Chair/Vice Chair by the Health Board and be one of the non-executive Health Board members on the Board.

2.3.4. Period of Office

2.3.4.1. The Chair and Vice Chair rotate every two years in May, to enable the appointments of Chair and Vice Chair to rotate equally between the Local Authority and the Health Board. The Chair does not have a casting vote. All other appointments with the exception of the Chief Officer, Chief Finance Officer of the Board and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

2.3.4.2. In addition, individual Board appointments will be made as required when a position becomes vacant for any reason. Any member of the Board can be appointed for a further term.

2.3.4.3. The standing orders of the Board set out the dispute resolution mechanism to be used in the case of an equality of votes cast in relation to any decision put to a meeting of the Board.

2.4. Delegation of Functions

2.4.1. The functions that are delegated by the Health Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are delegated by the Health Board and which are to be integrated are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1.

2.4.2. The functions that are delegated by the Local Authority to the Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are delegated by the Local Authority and which are to be integrated are set out in Part 2 of Annex 2.

2.4.3. Both adult and children's services are included within this Scheme.

2.4.4. In exercising its functions, the Board must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities and formal decision making roles.

3. Local Operational Delivery Arrangements

3.1. Responsibilities of the Board on behalf of the Parties

3.1.1. The Board has the responsibility for the planning of Integrated Services. This is achieved through the Strategic Plan.

3.1.2. The Board has responsibility for the operational oversight of Integrated Services.

3.1.3. In this regard the Health Board and the Local Authority will support the Board to fulfil its operational oversight role whilst remaining accountable for the operational delivery of health and care services which will be through the Chief Officer who in this regard is also responsible to the Board. The Chief Officer is line managed by the Chief Executives of both Parties.

3.1.4. The Board is responsible for the planning of those limited acute hospital services delegated to it. The Health Board is responsible for the operational delivery and management of all acute services. The Chief Officer and the senior manager responsible for the delivery and management of hospital services will ensure joint arrangements are in place to enable effective working relationships across the whole health and care system. The Health Board is responsible for providing information on a regular basis to the Board on the operational delivery of all acute services and associated spend.

3.1.5. The Chief Officer will continue to be a member of the senior management teams of both the Health Board and the Local Authority to ensure strategic links are maintained for the purposes of overall planning and policy development.

3.1.6. The Parties will continue to support the Board to work closely with Orkney's Community Planning Partnership Board to help contribute to the delivery of the wider community planning objectives notably addressing inequalities.

3.2 Corporate Support Services

3.2.1. The Parties will continue to provide appropriate corporate support to the Board as required and negotiated between the Board and the Parties. The detail of the agreement between the Parties and the Board in this regard will be set out in supplementary documentation to this Scheme. The agreement will include, but not be limited to the following service areas:

- Finance.
- HR/Personnel.
- IT.
- Administrative support.
- Performance reporting including risk management.
- Legal Services.
- Internal Audit.

3.2.2. Corporate Support Services arrangements will be reviewed annually as part of the budget setting and planning processes of the Parties and the Board. This will be achieved through discussion at the senior management teams of the Parties and through the regular accountability meetings with the Chief Executives and Chief Officer.

4. Strategic Plan

4.1. The Parties will continue to provide support for strategic planning through their respective strategic planning and Corporate Support Services systems. The Health Board will provide necessary activity and financial data for the planned use of

services provided by other Health Boards for strategic planning purposes; and the Council will provide necessary activity and financial activity for the planned use by other Local Authorities for strategic planning purposes. This support to the Board will ensure compliance with its duty under s30(3) of the Act.

4.2. The Parties will inform the Board where they intend to make a change to service provision which may have an impact on the delivery of the Strategic Plan.

4.3. When preparing the Strategic Plan, the Board must ensure that it is consistent with the need to operate within the Board budget and determine and allocate a budget amount to each function that is to be carried out by one or both Parties.

4.4. Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1. The Parties will identify a core set of indicators that relate to Integrated Services delegated to the Board as listed in Annexes 1 and 2 including the national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions will be collated in an 'integration dashboard' known as the performance system.

4.4.2. The Parties will be responsible for sharing all performance information, targets and indicators with the Board. The improvement measures will be a combination of existing and new measures to allow assessment at a local level. The performance targets and improvement measures will be linked to the national and local Outcomes and will provide analysis to inform change and chart performance.

4.4.3. The dashboard/performance system once established will state where the responsibility for each measure lies. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Local Authority this will be taken into account by the Board when preparing the Strategic Plan.

4.4.4. The Parties are obliged to meet targets for functions which are not delegated to the Board but which are affected by the performance and funding of integration functions. The Parties also set a number of local targets which may similarly be affected. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details provided to the Board for consideration when preparing the Strategic Plan. These targets are currently available and set out in the Local Authority's Council Plan monitoring report and the Health Board's Annual Operational Plan and in Performance Management Reports both to the Local Authority and to the Health Board.

4.4.5. Community Planning Outcome Targets are set out in the Local Outcomes Improvement Plan (LOIP).

5. Clinical and Care Governance

5.1. The detailed clinical and care governance arrangements have been approved taking account of the Scottish Government's Clinical and Care Governance Framework published in December 2014. These arrangements are set out below.

5.2. The Parties established a joint Clinical and Care Governance Committee ('CCGC') which replaced existing arrangements. The CCGC includes members of the Board and representatives of the relevant professional groups for all health and social care professions. Details of the membership of the CCGC are set out in the terms of reference of the CCGC.

5.3. The CCGC will ensure that there is appropriate assurance for both the Board and the Health Board on the standards of health and care services provided.

5.4. The CCGC will fulfil the role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services delegated to the Board. The CCGC will also oversee the care governance arrangements for all social care services provided or purchased by the Local Authority delegated to the Board.

5.5. The CCGC will provide advice and information through direct reporting to the Parties and to the Board as necessary and required including input and advice from professional advisory groups, for example, Area Clinical Forum, Public Protection Committee and from professional lead officers working both in the Health Board and the Local Authority (social care services). The Chief Officers' Group (COG) will provide a report annually on the work of the Public Protection Committee and the implications for the local authority area to the CCGC.

5.6. Reports to the Parties and the Board will cover the quality of service delivery, continuous improvement, organisational and individual care risks, clinical and professional standards and the compliance with legislation and guidance.

5.7. The Board will be responsible for ensuring the Strategic Plan is consistent with good Clinical and Care Governance and is appropriately informed on the relevant clinical and care standards and will be guided on this by the CCGC.

5.8. The CCGC will provide advice as necessary to the Strategic Planning Group and localities.

5.9. The Parties, as the bodies employing the staff and being directed to provide the services, will be responsible for ensuring the clinical and care governance standards are delivered. This will apply to services provided directly by the Parties or purchased from other health boards, local authorities, and third and independent sector providers.

5.10. The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the third and independent sectors and ensure that the services are delivered in accordance with the Strategic Plan.

5.11. The Chief Officer manages the Integrated Services and is accountable for these through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these Integrated Services i.e. ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

5.12. Working alongside the Chief Officer the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff, Local Authority staff or both and will promote best practice, cohesive working and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

5.13. The clinical and care governance arrangements require appropriate oversight of professional standards. A number of professional lead officer roles are in place across the Local Authority and the Health Board e.g. Medical Director, Director of Nursing, Midwifery and Allied Health Professions, Chief Social Work Officer (CSWO), Director of Public Health and Chief Pharmacist. The professional lead officers have statutory functions relating to professional regulatory bodies and a legal duty to their respective regulatory authorities to ensure that professional standards are maintained.

5.14. The professional lead officer can provide professional advice to, or raise issues directly with, the Board, in writing, or through the representatives on the Board. The Parties would expect the Board to respond in writing to issues raised in this way. In addition, the professional lead officers will be responsible for reporting directly to the Local Authority (CSWO) or the Health Board (Medical, Nurse, Dental, Pharmacy and Public Health Directors).

5.15. The Parties and the Board will continue to support the Chief Officer and the professional lead officers to liaise and communicate regularly to ensure that their respective roles in relation to professional standards are met.

5.16. The members of the Board will continue to actively promote through its planning and commissioning role an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

6. Chief Officer

6.1. The Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

6.2. The Chief Officer reports directly to both the Chief Executive of the Local Authority and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Local Authority and the Health Board.

6.3. The management structure for operational delivery of the Integrated Services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in supplementary documentation to the Scheme. The management structure and levels of authority including the management of services in localities are summarised in supplementary documentation to the Scheme.

6.4. The Chief Executives of the Local Authority and the Health Board, at the request of the Board and in conjunction with the Chief Officer where appropriate, are responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

6.5. The Chief Officer and the senior manager for acute services both sit on the Health Board senior management team, and will continue with joint arrangements to ensure effective working relationships across the whole health and care system.

7. Workforce

7.1. The Parties will continue to ensure that there is an effective joint staff forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed. The structure and membership of groups are set out in supplementary documentation to the Scheme.

7.2. A workforce development strategy and action plan will continue to be maintained by the staff supporting the HR strategic management of the delivery of the Integrated Services that is under the direction of the Chief Officer including services delivered in localities.

7.3. A training plan agreed by the Parties and agreed with the Board will be maintained as part of the supplementary documentation to the Scheme. Training support functions will be provided by the Parties to the integrated services managed by the Chief Officer. The training plan will be refreshed annually.

8. Finance

8.1. General Principles – Financial Governance

8.1.1. The Board shall continue to determine its own internal financial governance arrangements in line with Scottish Government guidance. The Chief Finance Officer will continue to respond to the decisions of the Board and the principles of financial governance that have been set out in this Scheme.

8.1.2. The Board will continue to have no cash transactions and, until directed otherwise, will not directly engage or provide grants to third parties.

8.1.3. The Local Authority and the Health Board will ensure their payments to the Board are sufficient to fund the delegated functions. The Local Authority and the Health Board will continue to provide an integrated budget for the Board and the Chief Executives of the Health Board and the Local Authority through the Officer appointed pursuant to section 95 of the Local Government (Scotland) Act 1973 will continue to hold the Chief Finance Officer of the Board to account for the use of the financial resources allocated to the Board for the delegated functions that shall be managed by the Chief Officer. Both Partners agree to make a revenue contribution to the Board representing the level of resources available for the service areas delegated to the Partnership.

8.1.4. The Board will continue to monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant financial information on its financial position. The Board, the Local Authority and the Health Board will share financial information to ensure all Parties have a full understanding of their current financial information and future financial challenges and funding streams.

8.1.5. The Board will maintain its own financial regulations. These will be reviewed periodically by the Chief Finance Officer and with a report on the review and proposed changes submitted to the Board.

8.2 Chief Finance Officer

8.2.1. The Board will continue to have regard to the current CIPFA guidance on the role of the Chief Finance Officer in local government and any Scottish Government or professional guidance on the operating parameters of the Chief Finance Officer and also on the appointment of a Chief Finance Officer.

8.3. Roles and Responsibilities – Finance

8.3.1. The Chief Finance Officer will continue to be responsible for preparing the Board accounts (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the Board ensuring compliance with statutory reporting requirements as a body under the relevant legislation, including the Annual Financial Statement.

8.3.2. The officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Accountable Officer (Chief Executive) are responsible for the resources that are allocated by the Board to their respective organisations for operational delivery.

8.3.3. The Chief Finance Officer will continue to work with the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Director of Finance to ensure both organisations work together to develop systems which allow the recording and reporting of the Board's financial transactions.

8.4. Resources Delegated to the Board

8.4.1. The Board's three year Strategic Plan will continue to incorporate a Medium Term Financial Plan for its resources. On an annual basis a financial statement will be prepared setting out the amount the Board intends to spend to implement its three year Strategic Plan. The Medium Term Financial Plan will be prepared for the Board following discussions with the Local Authority and the Health Board. The approved Plan will be supplied to the partner organisation in regard to plans on achieving efficiency savings and financial balance.

8.4.2. The Medium Term Financial Plan will be prepared to take account of the previous year payment as a baseline that will be adjusted to take account of:

- Activity changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- Cost inflation on pay and other costs.
- Efficiency savings that can be applied to budgets.
- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the set aside budget for hospital services.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

8.4.3. The funding available to the Board will be dependent on the funding available to the Local Authority and the Health Board and the corporate priorities of both. Both Parties will provide indicative three year allocations to the Board subject to annual approval through the respective budget setting processes. These indicative allocations will take account of changes in NHS funding and changes in local authority funding.

8.4.4. The budgets for the integrated services will be pooled by the Board under the direction of the Chief Officer supported by the Chief Finance Officer. The pooled budget envelope for each theme in the Strategic Plan will be prioritised and detailed budget allocations will be made for the services to be delivered by the Parties under the direction of the Board in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning document.

8.5. Financial Management of the Board

8.5.1. The Board is able to hold reserves. There is an expectation that they will achieve a break-even position each year unless there are clear plans to create/utilise reserves. The Board cannot budget for a position which would result in the reserves moving into a deficit.

8.5.2. The Local Authority will host the financial transactions specific to the Board.

8.5.3. The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As the Board does not operate a bank account, the net difference between payments into and out of the Board will result in a balancing cash payment between the Local Authority and the Health Board. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the directions from the Board. A final transfer will be made at the end of the financial year on closure of the annual accounts of the Board to reflect in-year budget adjustments agreed. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

8.6. In Year Variations in the Spending of the Board

8.6.1. Any potential deviation from a break even position should be reported to the Board, the Local Authority and the Health Board at the earliest opportunity.

8.6.2. Where it is forecast that an overspend will arise then the Chief Officer and Chief Finance Officer of the Board will identify the cause of the forecast overspend and in consultation with both Parties, prepare a recovery plan setting out how they propose to address the forecast overspend and return to a breakeven position. The Chief Officer and Chief Finance Officer of the Board will consult the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and Director of Finance of the Health Board in preparing the recovery plan as part of a one system approach. The recovery plan shall be approved by the Board.

8.6.3. A recovery plan will aim to bring the forecast expenditure of the Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved then any recovery plan that extends into later years should ensure that over the period of the strategic plan forecast expenditure does not exceed the resources made available. Any recovery plan extending beyond in year will require approval of the Local Authority and the Health Board in addition to the Board.

8.6.4 Where a recovery plan extends beyond the current year any shortfall (the amount recovered in later years) will be charged to reserves held by the Board.

8.6.5. Where such recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the partners will be required to make additional payments to the Board. Such arrangements should describe additional recovery plans and a clear formal agreement by the Board and the Parties to break even within a defined timescale.

8.6.6. Subject to there being no outstanding payments due to the partner bodies, the Board will retain any underspend to build up its own reserves and the Chief Finance Officer will update the reserves policy for the Board as and when required.

8.6.7. Redeterminations to payments made by the Local Authority and the Health Board to the Board would apply under the following circumstances:

- Additional one off funding is provided to the Partner bodies by the Scottish Government, or some other body, for expenditure within a service area delegated to the Board. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments to the Board should be adjusted to reflect the amount of these as they relate to the delegated services.
- The Parties agree that an adjustment to the payment is required to reflect changes to demand and activity levels.
- Where either Party requires to reduce the payment to the Board any proposal requires a justification to be set out and then agreed by both Parties and the Board.

8.6.8. Where payments by the Local Authority and the Health Board are agreed under paragraphs 8.4 to 8.6.7 above they should only be varied as a result of the circumstances set out in paragraph 8.6.7. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Local Authority or the Health Board requires a justification to be set out and the agreement of both Parties.

8.7. Financial Reporting to the Board

8.7.1. The responsibility for preparation of the annual accounts of the Board will continue to rest with the Chief Finance Officer of the Board. The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.

8.7.2. The Board is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973 (section 13). This will continue to require audited annual accounts to be prepared under the reporting requirements specified in the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirements for transparency and true and fair reporting in the public sector.

8.7.3. The Chief Finance Officer of the Board will agree a timetable for the preparation of the annual accounts with the external auditors, Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The timetable for production of the annual accounts of the Board will be set in accordance with guidance from the Scottish Government.

8.7.4. As part of the financial year-end procedures and in order to develop the year-end financial statements, the Chief Finance Officer of the Board will co-ordinate an exercise agreeing the value of balances and transactions with the Local Authority and the Health Board finance teams. Each of the Parties will submit to the Chief Finance Officer of the Board their recorded income, expenditure, receivable and payable balance with the Board. The Local Authority or Health Board respective finance representatives will then work to resolve any differences arising.

8.7.5. As part of the process of preparing the annual accounts of the Board the Chief Finance Officer will be responsible for agreeing balances between the Board, Local Authority and Health Board during the financial year. The Chief Finance Officer will also be responsible for provision of other information required by the Local Authority and the Health Board to complete their annual accounts including group accounts.

8.7.6. The Chief Finance Officer will ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions.
- Ensure an effective internal control environment over such transactions.
- Maintain a record of the income and expenditure of the Board.
- Enable reporting of the financial performance and position of the Board.

- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

8.7.7. Recording of all financial information in respect of the integrated services will be in the financial ledger of the Party which is delivering the services on behalf of the Board.

8.7.8. The Parties will provide the required financial administration to enable the transactions for delegated functions (e.g. payment of suppliers, payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer.

8.7.9. Throughout the financial year the Board will receive comprehensive financial monitoring reports, including for the sum set aside. The format and frequency (on at least a quarterly basis) of the reports will be agreed by the Chief Officer and the Chief Finance Officer in conjunction with the Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

8.7.10. Where any report to the Board has a significant financial implication for either of the Parties agreement of that Party is required before submission of the report to the Board.

8.8. Capital Expenditure and Non-Current Assets

8.8.1. The Board will not receive any capital allocations or grants nor will it own any property or other non-current assets. The Local Authority and the Health Board will:

- Continue to own any property or non-current assets used by the Board.
- Have access to sources of funding for capital expenditure.
- Manage and deliver any capital expenditure on behalf of the Board.

8.8.2. The Strategic Plan will inform the financial strategy of the Board and will provide the basis for the Board to present proposals to the Local Authority and the Health Board to influence the Parties' financial five year Plans.

8.8.3. The Chief Officer will work with the relevant officers in the Local Authority and the Health Board to prepare a bid for capital funding for property and other non-current assets used by the Board. This will be approved by the Board.

8.9. VAT

8.9.1 The Board will not be required to be registered for VAT, on the basis that it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the Board will continue to be the responsibility of the Local Authority and the Health Board.

9. Participation and Engagement

9.1. The review of the Scheme has involved consultation with the ‘standard consultees’ set out in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, which apply to preparing an integration scheme or revised integration schemes. These consultees are set out below:

- Health professionals.
- Users of health care.
- Carers of users of health care.
- Commercial providers of health care (if operating within the area to which the Scheme applies).
- Non-commercial providers of health care.
- Social care professionals.
- Users of social care.
- Commercial providers of social care (if operating within the area to which the Scheme applies).
- Non-commercial of social care.
- Staff of the Health Board and Local Authority who are not health professionals or social care professionals.
- Non-commercial providers of social housing.
- Third sector bodies carrying out activities to health or social care.

9.2. In the support that the Parties provide to the Board they will ensure they adhere to a person centred approach, ensuring compassion, respect, equality and fairness. Community and staff involvement and engagement remain crucial to supporting the Board in planning and implementing effective service change and service development, as well as supporting the Board in its commitment to realising continuous improvement in quality, effectiveness and efficiency in service delivery and outcomes.

9.3. The Parties will build on their existing solid foundations, to support the Board’s approach to participation and engagement. Further, the Parties will support the Board by taking a coproduction approach within communities and localities.

9.4. To inform this, the Parties will take account of current Statutory Guidance CEL 4 (2010) Informing, Engaging and Consulting with People in Developing Health and Community Care Services and the ‘National Standards for Community Engagement’ as incorporated in the Orkney Community Planning Partnership’s Consultation and Engagement Guidelines as adopted by the Local Authority and the Health Board.

9.5. The Parties, in supporting the Board, will establish a communications and engagement group. The group will be responsible for the development, implementation and monitoring of the communications and engagement strategy. The Group will be in place by September 2015 and the Strategy will be approved by March 2016. Feedback from communities and staff on their experiences of the Board’s services will help inform the development of the Strategy.

9.6. Whilst formal arrangements are essential for the Board, they need not be constraining. There is a history in Orkney of involving community representatives on review and project groups and using the co-chair model to advantage. The aim is to maintain this inclusive approach, keeping communities at the heart of the process, within the framework of robust organisational arrangements. Ongoing positive relationships with Voluntary Action Orkney, Orkney's community councils, specialist organisations, care groups, independent care providers, and other health and social care related community and voluntary groups will add richness to this inclusive approach.

10. Information Sharing and Confidentiality

10.1. The Chief Officer will ensure that the Information Sharing Protocol ('ISP') remains in place, and that the Scottish Accord on the Sharing of Personal Information ('SASPI') continues to be adopted. Information will continue to be shared in accordance with the Data Protection Act (2018) and Information Commissioner's Code of Practice on Data Sharing. The ISP will include procedures for the sharing of information and will be agreed with the Parties.

10.2. The ISP will remain focused on the purposes underlying the sharing of specific sets of information. It is intended for operational management and staff. It provides details of:

- The processes for sharing information.
- The specific purposes served.
- The people it impacts upon.
- The relevant legislative powers.
- What data is to be shared.
- The consent processes involved.
- Any required operational procedures and processes for review.

10.3. The ISP will be formally reviewed on a rolling three year basis unless changes in legislation or national policy indicate that this should be reviewed earlier.

10.4. The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Scottish Information Commissioner's Office.

10.5. All staff managed within Integrated Services are required to comply with the data protection policies of their employing organisations and the requirements of the ISP.

11. Complaints and compliments

11.1. Complaints provide valuable information which can be used to improve service provision and customer satisfaction. The set of applicable complaints handling procedures enable the Board and the delegated services to address a customer's dissatisfaction and may help to prevent the same problem from happening again, contributing to the continuous improvement of services. The three complaints procedures are: the Board's Complaint Handling Procedure 2021 which is for

complaints about the Board as a governance body; the Social Work Complaints Handling Procedure, which is for service users and carers who receive social work and social care services; and the Health Board's Complaints Handling Procedure, which is for service users who receive health care services. The requirement for separate policies reflect distinct statutory requirements, although all three procedures are based on the Scottish Public Services Ombudsman's Model Complaints Handling Procedure. There will remain a single administrative point of contact for complainants for each Party to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing prescribed elements of health and social work complaints processes are met. In the event that complaints are received by the Board or the Chief Officer, the Parties will work together to achieve, where possible a joint response identifying the lead Party in the process and confirming this to the individual raising the complaint.

11.2. All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services. The person making the complaint will always be informed which policies are being applied to their complaint. Both Parties are committed to ensuring that anyone making a complaint has a positive experience that takes account of the integrated arrangements. If the complaint remains unresolved by internal processes, the complainant may refer the matter to the Scottish Public Services Ombudsman through the relevant complaints handling procedure.

11.3. Compliments will also be recorded in line with the Parties' existing policies and processes.

11.4. Complaints management will be a standing item on the agenda of the Clinical and Care Governance Committee (referred to at 5.), the remit of which will include identifying learning from upheld complaints across all delegated functions. With the support of the Parties' complaints officers, the Chief Officer will report statistics on complaint outcomes and compliments to the Board and ensure information briefings are provided to staff so that integrated services are made aware of complaint findings and the learning for services.

12. Claims, Handling Liability and Indemnity

12.1. The Parties and the Board recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the Board.

12.2. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is agreeable between them.

12.3. So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.

12.4. Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

12.5. Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

12.6. In the event of any claim against the Board or in respect of which it is not clear which party should assume responsibility, the Chief Officer will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim.

13. Risk Management

13.1. A shared risk management strategy will remain in place and will include risk monitoring and a reporting process for the Parties and the Board. In maintaining, reviewing and monitoring this shared risk management strategy the Chief Officer will review the corporate/strategic risk registers of the Parties and the Board which will provide a list of risks to be incorporated into the Partnership's risk register and service risk registers. The Chief Officer will utilise the system of one of the Parties to avoid duplication.

13.2. The Chief Officer will lead the review of risk management arrangements of the Board with support from the risk management functions of the Parties. The Board will be required to regularly update and agree its approach to risk management and how it communicates strategic risks to the Parties by the Chief Officer. The Board in this regard will pay due regard to the corporate risks of the Parties.

13.3. Any agreement on the sharing of risk management across the Parties and the Board for significant risks that impact on integrated service provision will be set out in the risk management strategy and Board risk register.

14. Dispute Resolution Mechanism

14.1. In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act ('Dispute'), the provision of this section 14 will apply.

14.2. Either Party will give to the other written notice of the Dispute, setting out its nature and full particulars (a Dispute Notice), together with relevant supporting documents. The party giving the Dispute Notice will provide a copy to the Chair of the Board. On service of the Dispute Notice, the Chief Executives of the Parties will meet and attempt in good faith to resolve the Dispute.

14.3. Where the matter remains unresolved within 21 days of the service of the Dispute Notice the Parties will inform the Chair of the Board and may proceed to mediation with a view to resolving the issues. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of the Health Board and Leader of the Local Authority - costs will be met equally. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Leader of the Local Authority and Chair of the Health Board and notified to the Chair of the Board. If agreement cannot be reached a referral will be made to the President of The Law Society of Scotland inviting the President to appoint a mediator.

14.4. The Chair of the Board will inform Scottish Ministers in writing of the Dispute and agreed timetable to conclude the mediation process. During this time both

Parties will cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.

14.5. If the issue remains unresolved after following the steps outlined above, the Chair of the Board will inform Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.

14.6. Nothing in the Scheme will prevent either Party from seeking legal remedy or from commencing or continuing court proceedings in relation to a Dispute.

Annex 1. (Part 1). Functions that are to be delegated by the Health Board to the Board.

Functions delegated under section 1(6) of the Act

The National Health Service (Scotland) Act 1978(a).	
<p>All functions of Health Boards conferred by, virtue of, the National Health Service (Scotland) Act 1978.</p>	<p>Except functions conferred by or by virtue of:</p> <ul style="list-style-type: none"> • Section 2(7) (Health Boards). • Section 9 (local consultative committees). • Section 17A (NHS contracts). • Section 17C (personal medical or dental services). • Section 17J (Health Boards' power to enter into general medical services contracts). • Section 28A (remuneration for Part II services). • Section 48 (residential and practice accommodation). • Section 57 (accommodation and services for private patients). • Section 64 (permission for use of facilities in private practice). • Section 79 (purchase of land and moveable property). • Section 86 (accounts of Health Boards and the Agency). • Section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services). • Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act(Health Boards). <p>And functions conferred by —</p> <ul style="list-style-type: none"> • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000. • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001.

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004. • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 . • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006. • The National Health Service (Discipline Committees) (Scotland) Regulations 2006. • The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009. • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. and • The National Health Service (General Dental Services) (Scotland) Regulations 2010.
<p>Disabled Persons (Services, Consultation and Representation) Act 1986. Section 7 (persons discharged from hospital).</p>	
<p>Community Care and Health (Scotland) Act 2002. All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003. All functions of Health Boards conferred by, or by virtue Except functions conferred by section 22 (approved of, the Mental Health (Care and Treatment) (Scotland) medical practitioners) Act 2003.</p>	
<p>Education (Additional Support for Learning) (Scotland) Act 2004. Section 23 (other agencies etc. to help in exercise of functions under this Act).</p>	
<p>Public Health, etc. (Scotland) Act 2008. Section 2 (duty of Health Boards to protect public health); Section 7 (joint public health protection plans).</p>	
<p>Public Services Reform (Scotland) Act 2010. All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010; Except functions conferred by — section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).</p>	

Patient Rights (Scotland) Act 2011.

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.

Children and Young People (Scotland) Act 2014

All functions of Health Boards conferred by, or by virtue of, [Part 4](#) (provision of named persons) and [Part 5](#) (child's plan) of the [Children and Young People \(Scotland\) Act 2014](#).

Carers (Scotland) Act 2016.

Section 12 (Duty to prepare young carer statement); Section 31 (Duty to prepare local carer strategy).

Functions delegated under section 1(8) of the Act

The [National Health Service \(Scotland\) Act 1978](#)

Except functions conferred by or by virtue of—

- [section 2\(7\)](#) (Health Boards);
- [section 2CB1](#) (functions of Health Boards outside Scotland);
- [section 9](#) (local consultative committees);
- [section 17A](#) (NHS contracts);
- [section 17C](#) (personal medical or dental services);
- [section 17I](#) (use of accommodation);
- [section 17J](#) (Health Boards' power to enter into general medical services contracts);
- [section 28A](#) (remuneration for [Part II](#) services);
- [section 38](#) (care of mothers and young children);
- [section 38A](#) (breastfeeding);
- [section 39](#) (medical and dental inspection, supervision and treatment of pupils and young persons);
- [section 48](#) (residential and practice accommodation);
- [section 55](#) (hospital accommodation on part payment);
- [section 57](#) (accommodation and services for private patients);

	<ul style="list-style-type: none"> • section 64 (permission for use of facilities in private practice); • section 75A (remission and repayment of charges and payment of travelling expenses); • section 75B (reimbursement of the cost of services provided in another EEA state); • section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); • section 79 (purchase of land and moveable property); • section 82 use and administration of certain endowments and other property held by Health Boards); • section 83 (power of Health Boards and local health councils to hold property on trust); • section 84A (power to raise money, etc., by appeals, collections etc.); • section 86 (accounts of Health Boards and the Agency); • section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); • section 98 (charges in respect of nonresidents); and • paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; • The National Health Service (Discipline Committees) (Scotland) Regulations 2006; • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; • The National Health Service (General Dental Services) (Scotland) Regulations 2010; and • The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
<p>Disabled Persons (Services, Consultation and Representation) Act 1986</p> <p>Section 7 (Persons discharged from hospital)</p>	
<p>Community Care and Health (Scotland) Act 2002</p> <p>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003</p>	
<p>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by—</p> <ul style="list-style-type: none"> • section 22 (approved medical practitioners); • section 34 (inquiries under section 33: co-operation); • section 38 (duties on hospital managers: examination, notification etc.); • section 46 (hospital managers' duties: notification); • section 124 (transfer to other hospital); • section 228 (request for assessment of needs: duty on

	<p>local authorities and Health Boards);</p> <ul style="list-style-type: none"> • section 230 (appointment of patient's responsible medical officer); • section 260 (provision of information to patient); • section 264 (detention in conditions of excessive security: state hospitals); • section 267 (orders under sections 264 to 266: recall); • section 281 (correspondence of certain persons detained in hospital);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The Mental Health (Safety and Security) (Scotland) Regulations 2005; • The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; • The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and • The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p>	
<p>Section 23 (other agencies etc to help in exercise of functions under this Act.</p>	
<p>Public Services Reform (Scotland) Act 2010</p>	
<p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by—</p> <ul style="list-style-type: none"> • section 31 (public functions: duties to provide information on certain expenditure etc.); and • section 32 (public functions: duty to provide information on exercise of functions).
<p>Patient Rights (Scotland) Act 2011</p>	

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/3623 .
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Annex 1 (Part 2). Services currently provided by Health Board which are to be integrated.

- Accident and emergency services provided in the Balfour Hospital for planning and operational oversight purposes with the Chief Officer working closely with Board staff responsible for operational management of hospital services.
- Inpatient hospital services/budgets provided within the Balfour Hospital and capacity in the delegated specialties used in other hospitals located in other Health Boards will form the set aside portion of the hospital budget.
- Macmillan palliative care services provided in the Balfour Hospital also includes cancer chemotherapy. It is proposed that the service is not split into hospital palliative and cancer care, however it is proposed to allocate a number of bed days (corresponding budget).
- Mental health services provided in a hospital – transfer bed budget to the IJB.
- Community mental health teams/service.
- Clinical Psychology Service.
- Substance misuse services (ADP budget).
- District nursing services.
- Health visiting.
- School nursing.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
- Public Dental Services.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
- Services providing primary medical services to patients during the out-of-hours period.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Continence services.
- Services provided by health professionals that aim to promote public health.
- Community Physiotherapy, speech and language, dietetic and OT services.
- Intermediate Care services.
- Family Health Service Prescribing.

- Resource Transfer, including Voluntary services.

Annex 2 (Part 1). Functions delegated by the Local Authority to the Board.

Set out below is the list of functions that must be delegated by the Local Authority to the Board, as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions, etc.) (Scotland) Regulations 2014. Following this, a second list of additional local authority functions is set out which are to be delegated by choice. These fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.

Part 1.

Functions which must be delegated by the Local Authority to the Board for the purposes of section 1(7) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc).	
The Disabled Persons (Employment) Act 1958.	
Section 3 (Provision of sheltered employment by local authorities).	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act).	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities).	So far as it is exercisable in relation to another integration function.
Section 8 (Research).	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc for social work).	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities).	Except insofar as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs).	So far as it is exercisable in relation to another integration function.
Section 28 (Burial or cremation of the dead).	So far as it is exercisable in relation to persons cared for or assisted under another integration function.

Enactment conferring function.	Limitation.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals).	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision).	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly).	
Disabled Persons (Services, Consultation and Representation) Act 1986(5).	
Section 2 (Rights of authorised representatives of disabled persons).	
Section 3 (Assessment by local authorities of needs of disabled persons).	
Section 7 (Persons discharged from hospital).	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer).	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000.	
Section 10 (Functions of local authorities).	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed).	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed).	Only in relation to residents of establishments which are managed under integration functions.

Enactment conferring function.	Limitation.
Section 41 (Duties and functions of managers of authorised establishment).	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account).	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs).	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment).	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation, etc.).	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001.	
Section 92 (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002.	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland).	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions).	
The Mental Health (Care and Treatment) (Scotland) Act 2003.	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission).	
Section 25 (Care and support services, etc.).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire).	

Enactment conferring function.	Limitation.
Section 34 (Inquiries under section 33: Co-operation).	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards).	
Section 259 (Advocacy).	
The Housing (Scotland) Act 2006.	
Section 71(1)(b) (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007.	
Section 4 (Council's duty to make inquiries).	
Section 5 (Co-operation).	
Section 6 (Duty to consider importance of providing advocacy and other).	
Section 11 (Assessment Orders).	
Section 14 (Removal orders).	
Section 18 (Protection of moved person's property).	
Section 22 (Right to apply for a banning order).	
Section 40 (Urgent cases).	
Section 42 (Adult Protection Committees).	
Section 43 (Membership).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 5 (Choice of options: adults).	
Section 6 (Choice of options under section 5: assistances).	
Section 7 (Choice of options: adult carers).	
Section 9 (Provision of information about self-directed support).	
Section 11 (Local authority functions).	
Section 12 (Eligibility for direct payment: review).	

Enactment conferring function.	Limitation.
Section 13 (Further choice of options on material change of circumstances).	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery).	
Section 19 (Promotion of options for self-directed support).	
Carers (Scotland) Act 2016.	
Section 6 (Duty to prepare adult carer support plan).	
Section 21 (Duty to set local eligibility criteria).	
Section 24 (Duty to provide support).	
Section 25 (Provisions of support to carers: breaks from caring).	
Section 31 (Duty to prepare local carer strategy).	
Section 34 (Information and advice services for carers).	
Section 35 (Short breaks services statements).	

Part 2

Functions which are conferred by an enactment and are delegated by the Local Authority to the Board pursuant to section 1(5)(a) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 45 (Recovery in cases of misrepresentation or non-disclosure).	
Matrimonial Proceedings (Children) Act 1958.	
Section 11 (Reports as to arrangements for future care and upbringing of children).	
The Social Work (Scotland) Act 1968.	
Section 5 (Powers of Secretary of State).	

Enactment conferring function.	Limitation.
Section 6B (Local authority inquiries into matters affecting children.).	
Section 27 (Supervision and care of persons put on probation or released from prisons, etc.).	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred).	
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions).	
Section 81 (Provisions as to decrees for ailment).	
Section 83 (Variation of trusts).	
Section 86 (Adjustment between authority providing accommodation, etc. and authority of area of residence).	
The Children Act 1975.	
Section 34 (Access and maintenance).	
Section 39 (Reports by local authorities and probation officers).	
Section 40 (Notice of application to be given to local authority).	
Section 50 (Payments towards maintenance of children).	
Health and Social Services and Social Security Adjudications Act 1983.	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets).	
Section 22 (Arrears of contributions charged on interest in land in England and Wales).	
Section 23 (Arrears of contributions secured over interest in land in Scotland).	
Foster Children (Scotland) Act 1984.	
Section 3 (Local authorities to ensure well-being of and to visit foster children).	

Enactment conferring function.	Limitation.
Section 5 (Notification by persons maintaining or proposing to maintain foster children).	
Section 6 Notification by persons ceasing to maintain foster children).	
Section 8 (Power to inspect premises).	
Section 9 (Power to impose requirements as to the keeping of foster children).	
Section 10 (Power to prohibit the keeping of foster children).	
The Children (Scotland) Act 1995.	
Section 17 (Duty of local authority to child looked after by them).	
Section 20 (Publication of information about services for children).	
Section 21 (Co-operation between authorities).	
Section 22. (Promotion of welfare of children in need).	
Section 23 (Children affected by disability).	
Section 25 (Provision of accommodation for children, etc.).	
Section 26 (Manner of provision of accommodation to child looked after by local authority).	
Section 26A (Provision of continuing care: looked after children).	
Section 27 (Day care for pre-school and other children).	
Section 29 (Aftercare).	
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures, etc.).	
Section 31 Review of case of child looked after by local authority).	

Enactment conferring function.	Limitation.
Section 32 (Removal of child from residential establishment).	
Section 36 (Welfare of certain children in hospitals and nursing homes, etc.).	
Section 38 (Short term refuges for children at risk of harm).	
Section 76 (Exclusion orders).	
Criminal Procedure (Scotland) Act 1995.	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports).	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
The Adults with Incapacity (Scotland) Act 2000.	
Section 40 (Supervisory bodies).	
The Community Care and Health (Scotland) Act 2002.	
Section 6 (Deferred payment of accommodation costs).	
Management of Offenders, etc. (Scotland) Act 2005.	
Sections 10 (Arrangements for assessing and managing risks posed by certain offenders).	
Section 11 (Review of arrangements).	
Adoption and Children (Scotland) Act 2007.	
Section 1 (Duty of local authority to provide adoption service).	
Section 5 (Guidance).	
Section 6 (Assistance in carrying out functions under sections 1 and 4).	
Section 9 (Assessment of needs for adoption support services).	
Section 10 (Provision of services).	
Section 11 (Urgent provision).	

Enactment conferring function.	Limitation.
Section 12 (Power to provide payment to person entitled to adoption support service).	
Section 19 (Notice under Section 18 local authorities duties).	
Section 26 (looked after children - adoption is not proceeding).	
Section 45 (Adoption support plans).	
Section 47 (Family member's right to require review of plan).	
Section 48 (Other cases where authority under duty to review plan).	
Section 49 (Re-assessment of needs for adoption support services).	
Section 51 (Guidance).	
Section 71 (Adoption allowance schemes).	
Section 80 (Permanence Orders).	
Section 90 (Precedence of certain other orders).	
Section 99 (Duty of local authority to apply for variation or revocation).	
Section 101 (Local authority to give notice of certain matters).	
Section 105 (Notification of proposed application for order.)	
The Adult Support and Protection (Scotland) Act 2007.	
Section 7 (Visits).	
Section 8 (Interviews).	
Section 9 (Medical examinations).	
Section 10 (Examination of records, etc.).	
Section 16 (Right to remove adult at risk)	
Children's Hearings (Scotland) Act 2011.	
Section 35 (Child assessment orders).	
Section 37 (Child protection orders).	

Enactment conferring function.	Limitation.
Section 42 (Parental responsibilities and rights directions).	
Section 44 (Obligations of local authority).	
Section 48 (Application for variation or termination).	
Section 49 (Notice of an application for variation or termination).	
Section 60 (Local authorities duty to provide information to Principal Reporter).	
Section 131 (Duty of implementation authority to require review).	
Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority).	
Section 145 (Duty where order requires child to reside in a certain place).	
Section 166 (Review of requirement imposed on local authority).	
Section 167 (Appeal to Sheriff Principal: section 166).	
Section 180 (Sharing of information: panel members).	
Section 183 (Mutual Assistance).	
Section 184 (Enforcement of obligations of health board under section 183).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 8 (Choice of options; children and family members).	
Section 10 (Provision of information; children under 16).	
Carers (Scotland) Act 2016.	
Section 12 (duty to prepare a young carer statement).	

Part 2.

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(5)(b) of the Act.

Enactment conferring function	Limitation
The Community Care and Health (Scotland) Act 2002.	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002.	
The Children's Hearings (Scotland) Act 2011	
Section 153 (Secure accommodation: regulations).	

Annex 2 (Part 2). Services currently provided by Orkney Islands Council which are to be integrated

The functions listed in part 1 of this annex relate to the following services:

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers and support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Aspects of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Respite provision.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.

Additional services, delegated by choice:

- Social work services for children and young people.
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Special Needs/Additional Support.
- Early Intervention.
- Through-care Services.
- Youth Justice Services.
- Social Work Criminal Justice Services.
- Services to Courts and Parole Board.
- Assessment of offenders.
- Diversions from Prosecution and Fiscal Work Orders.
- Supervision of offenders subject to a community based order.
- Through care and supervision of released prisoners.
- Multi Agency Public Protection Arrangements.

Healthcare Associated Infection Reporting Template

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • Sam Thomas, Executive Director Nursing, Midwifery, AHP's, Chief Officer Acute Services
Report Author(s)	<ul style="list-style-type: none"> • Sarah Walker, Head of Infection Prevention
Purpose of report	<ul style="list-style-type: none"> • Assurance
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Government policy/directive
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Safe • Effective • Quality • Person Centred
Key points for consideration	<ul style="list-style-type: none"> • No Updated LDP Standards have been received from the HAI Policy Unit to date • NHS Orkney Celebrated Global Hand Hygiene Day on the 5th May with over 100 interactions with staff. • Hand Hygiene for April and May is 95% • Domestic and Estates monitoring continues to achieve above the 90% target. Included in the national information for benchmarking.
Route to meeting	<ul style="list-style-type: none"> • Nil: this is a mandatory Board report
Recommendation(s)	<ul style="list-style-type: none"> • Assurance - For members assurance only

Healthcare Associated Infection Reporting Template

Sarah Walker, Head of Infection Prevention

22/05/2026

1. Situation

- 1.1 The Healthcare Associated Reporting Template (HAIRT) Report is presented to the Board for oversight, assurance and scrutiny

2. Background

- 2.1 This report provides an overview of the changes since the last report two months ago, and highlights areas that require mandatory reporting as well as local data capture.

3. Assessment

3.1 Analysis

The HAIRT report is attached as appendix one. Currently, as no updated Local delivery Standards have been received to date, the previously years targets have been carried over

Current Position

Mandatory National Surveillance:

- Quarter 1 case numbers are yet to validated with Antimicrobial Resistance and Healthcare Associated Infections Scotland

Staphylococcus aureus bacteraemia – One Healthcare Associated Infection – Local Delivery Standard is set at zero.

Clostridioides difficile Infection (CDI) – No cases to declare currently

Escherichia Coli Bacteraemia (ECB) – one case currently under investigation.

Domestic and Estates target- both met the 90% target with 97% for Domestic and 99% for Estates in April.

Work ongoing to reduce splash zone and reduce splash risk to patients.

3.2 Impact Assessment

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

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Robust management of investigation is undertaken for <i>Staphylococcus aureus</i> and <i>E.Coli</i> bacteraemia's and CDI cases. To reduce environmental risk to patients from splash zones work is ongoing to reduce the number of clinical hand wash sinks within the immediate patient area. Where this cannot be achieved then a risk remains on the corporate register
People	Workforce	No	
Performance	Finance	Yes	Meeting the IPC guidance across all healthcare settings would result in extensive financial impact to meet current recommendations.
Potential	Risk Management	Yes	Effectively addressing some of the current IPC risks to patients
	Digital	No	
Place	Equality and Diversity including health inequalities	No	
	Climate Change Sustainability	Yes	Reduction in water usage will be achieved with a reduction in hand wash sinks.

4. Recommendations

- 4.1 The Board are asked to review and scrutinise the information shared and raise any questions or clarification required.
- 4.2 Assurance - For members assurance only

5. List of Appendices

- 5.1 The following appendices are included with this report
 - i. **Appendix 1, HAIRT Report**

Healthcare Associated Infection Reporting Template

Mandatory National Surveillance

Local Delivery Plan (LDP) Standard for quarter 1 are ongoing and therefore yet to validated with ARHAI.

Staphylococcus aureus bacteraemia (SAB)

LDP Standard Target Quarters for LDP standard year 2026-27	Community Case	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	1*	
Q2 – Jul - Sep			
Q3 – Oct - Dec			
Q4 – Jan - Mar			

- * Quarter 1 case numbers are ongoing therefore not validated with Antimicrobial Resistance and Healthcare Associated Infections Scotland

Clostridioides difficile Infection (CDI)

LDP Standard Target Quarters for LDP standard year 2026-27	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	0	0
Q2 – Jul - Sep			
Q3 – Oct - Dec			
Q4 – Jan - Mar			

Escherichia Coli Bacteraemia (ECB)

LDP Standard Target Quarters for LDP standard year 2026-27	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q1 – Apr - Jun	0	0	0
Q2 – Jul - Sep			
Q3 – Oct - Dec			
Q4 – Jan – Mar			

Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment National Screening – Quarter 1 received (calendar quarter)

MRSA Uptake	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Orkney	86.7%	90.0%	86.7%	100.0%
Scotland	83.0%	84.8%	81.1%	81.7%

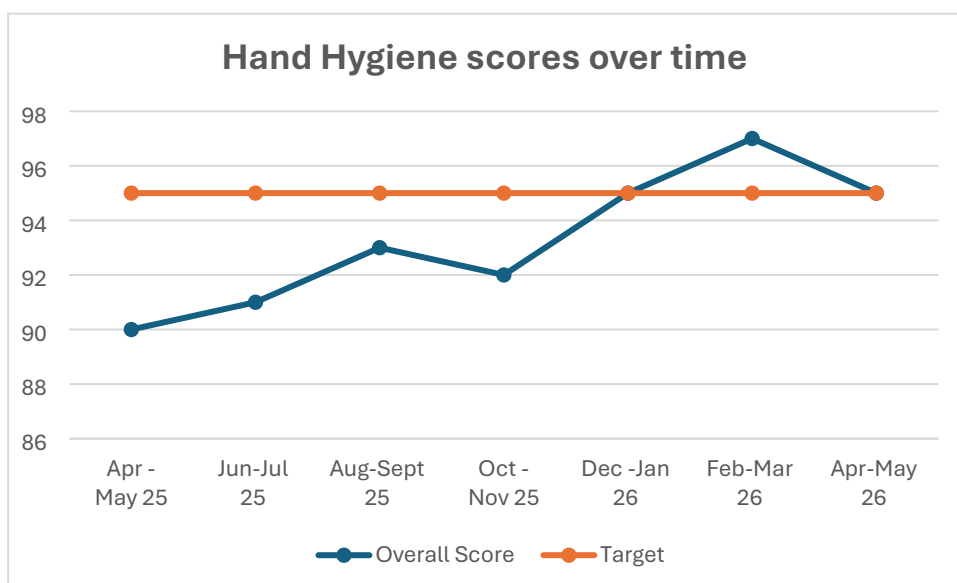
CPE Uptake	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Orkney	100.0%	100.0%	100.0%	100.0%
Scotland	85.4%	87.2%	85.7%	86.9%

Hand Hygiene

The Infection prevention Team celebrated Global Hand Hygiene Day on the 5th May with over a 100 interactions, lightbox work and quiz. The teams were asked to guess how many clinical hand wash sinks were within The Balfour. The answer was 200 and the winner was Nikki Coghill from Radiology with a guess of 204, with runners up also within Radiology Department.



The hand hygiene score for April to May 2026 is now **95%** which meets the national target.



Failed opportunities included moving removing PPE but failing to clean hands before donning fresh PPE between rooms and dress code.

Local Domestic and Estates Monitoring

Both Domestic and Estates monitoring tool remains above target.

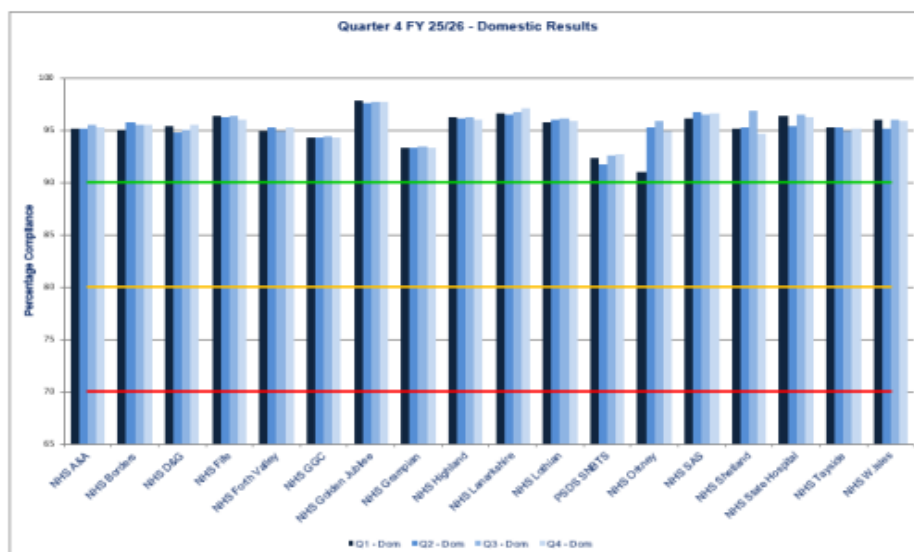
Annual Months	Domestics % score	Estates % score
Jun-25	92%	100%
Jul-25	95%	100%
Aug-25	96%	100%
Sep-25	95%	100%
Oct-25	97%	100%
Nov-25	97%	100%
Dec- 25	95%	100%
Jan-26	96%	100%
Feb -26	97%	100%
Mar-26	94%	99%
Apr -26	97%	99%
May -26	96	100

National Domestic and Estates Monitoring for Benchmarking

Domestic services monitoring - NHS board performance

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



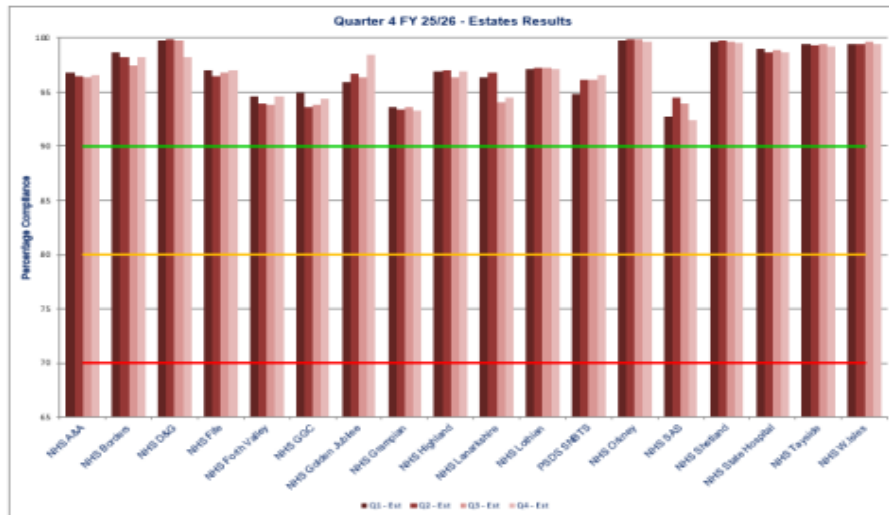
Estates

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 estates scores for NHS boards



IPC Team Update

The team have been given the opportunity to progress the work around the clinical hand wash basin to reduce risk of water splash. Robertson’s Facilities Management are working collaboratively to progress this work.

High Consequence Infectious Disease preparedness, remains challenging, with lack of national provision of PPE and management plans locally, this remains on the Corporate Risk Register. The ask is that Boards have plans in place by the 25th of August 2026.

Community

The Infection Prevention Practitioner has completed the majority of the GP Practice quality assurance audits, with just five left to complete. There are improvements in Practices and some commonalities of issues, just as environmental cleaning.

All audits are fed back at time and then formally followed up with areas of good practice and areas for improvement. An action plan is requested which is used for following up at the next visit.

Additionally, the Police Custody room has also received a visit, in combination with the Head of Primary Care.

Exception Reporting to ARHAI and Scottish Government.

No exception reporting

NHS Orkney Equality and Diversity Monitoring Report 2025

Meeting	<ul style="list-style-type: none"> • NHS Orkney Board
Meeting date	<ul style="list-style-type: none"> • Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • Dave Harris, Director of People and Culture
Report Author(s)	<ul style="list-style-type: none"> • Steven Phillips, Head of People and Culture
Purpose of report	<ul style="list-style-type: none"> • Decision
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Legal requirement
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Effective • Person Centred
Key points for consideration	<ul style="list-style-type: none"> • The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public sector organisations, including NHS Orkney, to report on equality duties, publish equality outcomes, assess policies, and provide transparency on pay gaps and equal pay statements. • This statutory report must be approved by the Health Board and made public on the NHS Orkney website, ensuring compliance with equality legislation and promoting the reduction of inequalities and discrimination
Route to meeting	<ul style="list-style-type: none"> • Approval by the Executive Management Team 06 May 2026 • Approval at Staff Governance Committee 14 May 2026
Recommendation(s)	<ul style="list-style-type: none"> • Decision - Reaching a conclusion considering the options

NHS Orkney Equality and Diversity Monitoring Report 2025

1. Situation

- 1.1 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public sector organisations effectively meet the general duty.
- 1.2 The key legal duties are:
 - Report on mainstreaming the equality duty
 - Publish equality outcomes and report progress
 - Assess and review policies and practices
 - Gather and use employee information
 - Publish gender pay gap information
 - Publish statements on equal pay
 - Consider award criteria and conditions in relation to public procurement

2. Background

- 2.1 These are Statutory Reports which, after Health Board approval, by law, must be posted on the NHS Orkney website to allow public scrutiny. It must also be made widely available to NHS Orkney staff. The main Regulatory body in this field is the Equality and Human Rights Commission for Scotland

3. Assessment

3.1 Analysis

The report ensures compliance with equality legislation and the underlying work aims to reduce health inequalities and related discrimination and foster good relations between people with different characteristics

3.2 Impact Assessment

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

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
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Patient Safety, Quality and Experience	Quality/Patient Care	Yes	NHS Orkney relies on its excellent reputation as a fair and equitable employer to attract and retain the staff required to provide the highest standards of healthcare. The Monitoring Report is an important tool for the Board to monitor if this reputation is being maintained and enhanced. It is also available to potential applicants for posts through the NHS Orkney website
People	Workforce	Yes	The Report also gives the NHS Orkney workforce reassurance that they are working in an environment free from prejudice and discrimination
Performance	Finance	Yes	High staff turnover creates costs and requires an increased expenditure on locum staff. Retaining a skilled and settled workforce enhances the quality of patient care and also helps to avoid unnecessary expenditures.
Potential	Risk Management	Yes	The report highlights actions planned for 2026-2029 to support good practices in equality and diversity and help ensure NHS Orkney is a good place to work.
	Digital	No	
Place	Equality and Diversity including health inequalities	Yes	This is a Statutory Report produced under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
	Climate Change Sustainability	No	

4. Recommendations

- 4.1 Approve the draft report at the NHS Orkney Board meeting, which will allow for the confirmed version to be published.
- 4.2 Decision - Reaching a conclusion considering options

5. List of Appendices

- 5.1 The following appendices are included with this report
 - i. **Appendix 1**, Equality and Diversity Monitoring Report 2025



EQUALITY AND DIVERSITY MONITORING REPORT

2025

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Introduction

NHS Orkney is committed to eliminating discrimination and improving equality of opportunity. This means improving the way we deliver our services and the way we employ our colleagues. We want to be amongst Scotland's best NHS Boards in our work to address health inequalities and as a welcoming, caring employer.

All data contained within this report covers the period of 01/01/2025 – 31/03/2025, 1,144 employees and bank workers were covered by the equality monitoring process in some capacity. In line with the Scottish Specific Equality Duties Regulations, listed public sector bodies, such as NHS Orkney, are required to gather information on the following:

- a) the composition of the authority's employees (if any); and
- b) the recruitment, development and retention of persons as employees of the authority, with respect to, in each year, the number and relevant protected characteristics of such persons.

This report, therefore, includes sections on ethnicity, disability, sex, sexual orientation, religion and age of the workforce and provides a similar breakdown for new employees within the year, promotions/regrades and leavers. Staff Bank data is included within the main tables in the report. The figures given are in headcount.

While equality monitoring for all new colleagues recruited to the organisation is in place, there remains a proportion of the workforce for which no such record exists because they have been employed by NHS Orkney for many years and prior to this data being collected on a routine basis. Also, only partial information is held on some colleagues; for example, we may hold data on ethnicity but not sexual orientation. Therefore, colleagues have been included where data is available, but the number of colleagues covered within different sections may vary depending on the metric. Finally, the report highlights some of the actions we will undertake within the organisation in 2026 to ensure equal opportunity for our colleagues and eliminate discrimination.

Change in Reporting Period

This Equality and Diversity Monitoring Report covers the period 01 January 2025 to 31 December 2025. The previous annual report was produced on a March – February period.

The move to a calendar-year reporting period has been implemented to improve alignment with workforce datasets, simplify year-on-year analysis within calendar periods, and support consistency with wider organisational and national statistical reporting cycles.

As a result of this change, direct comparison with reports covering financial-year periods should be interpreted with caution. Where trend commentary is provided, this reflects proportional representation within the 2025 calendar year rather than a direct like-for-like comparison with earlier reporting periods.

All data in this report has been extracted, filtered, and analysed strictly within the stated calendar-year timeframe and presented in headcount, with disclosure controls applied in line with NHS Scotland requirements.

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Section 1: Ethnic Profile

The following table illustrates the breakdown, by Job Family, of those employees covered by the ethnic monitoring process to date. It shows that, of those covered by the process, 92.66% of colleagues' ethnicity statuses have been completed. Incomplete status includes 'Don't Know' and 'Unknown'.

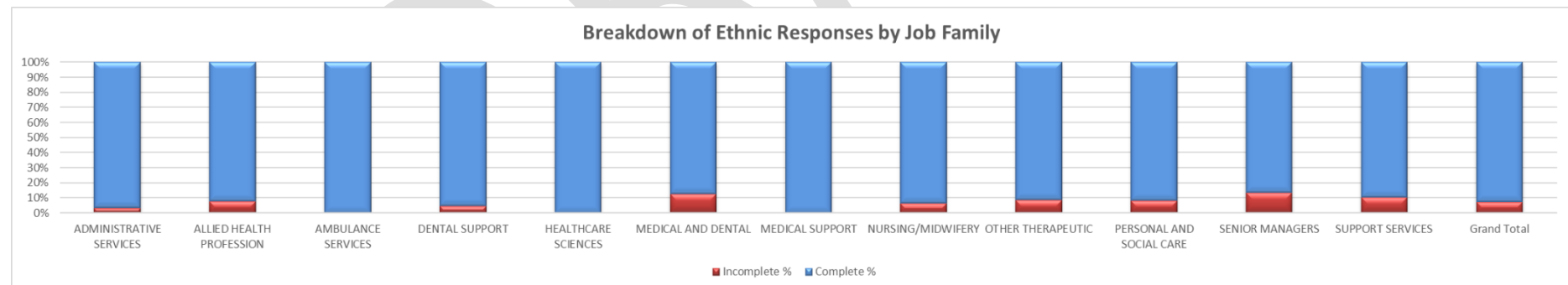
Table 1.1 Responses to ethnic monitoring by Job Family

	ADMINISTRATIVE SERVICES	ALLIED HEALTH PROFESSION	AMBULANCE SERVICES	DENTAL SUPPORT	HEALTHCARE SCIENCES	MEDICAL AND DENTAL	MEDICAL SUPPORT	NURSING & MIDWIFERY	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SENIOR MANAGERS	SUPPORT SERVICES	Grand Total
Incomplete	6	6		<5		22		29	<5	<5	<5	14	84
Incomplete %	3.21%	7.89%	0.00%	4.55%	0.00%	12.64%	0.00%	6.47%	8.57%	8.33%	13.33%	10.45%	7.34%
Complete	181	70	<5	21	21	152	19	419	32	11	13	120	1060
Complete %	96.79%	92.11%	100.00%	95.45%	100.00%	87.36%	100.00%	93.53%	91.43%	91.67%	86.67%	89.55%	92.66%

The above table shows the headcount of all employees and bank workers. A total of 1,060 NHS Orkney colleagues have completed their ethnicity status to date. The following chart shows the percentage of complete/incomplete ethnic statuses by Job Family

Chart 1: Overall Response rate by Job Family

The lowest completed ethnicity status responses are in Senior Managers, Medical and Dental and Support Services, and the highest response levels are in Healthcare Sciences, Medical Support and Ambulance Services.



Section 2: Job Family

The tables in this section are broken down using the National Census categories.

The following tables map the ethnicity within individual job family groups split into the census groupings within 'White', 'Ethnic Minority' and the numbers recorded as 'Incomplete' with a comparison between all three groups.

Table 2.1 Job Family by Ethnic Minority Group

Job Family	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	Ethnic Minority Total
ADMINISTRATIVE SERVICES		<5			<5	<5		<5			7
ALLIED HEALTH PROFESSION	<5	<5			<5						5
HEALTHCARE SCIENCES		<5									<5
MEDICAL AND DENTAL	5	<5	<5	<5	8		8	<5	<5	<5	31
MEDICAL SUPPORT		<5									<5
NURSING/MIDWIFERY	<5	15			<5	<5		<5			22
SUPPORT SERVICES								<5			<5
Grand Total	10	20	<5	<5	12	5	8	5	<5	<5	68
% of Total Employments	0.87%	1.75%	0.09%	0.09%	1.05%	0.44%	0.70%	0.44%	0.26%	0.26%	5.94%

Table 2.2 Job Family by White Ethnic Group

Job Family	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	Grand Total
ADMINISTRATIVE SERVICES	<5	8	37		118	166
ALLIED HEALTH PROFESSION		<5	14		45	62
AMBULANCE SERVICES			<5			<5
DENTAL SUPPORT		<5	5		12	18
HEALTHCARE SCIENCES	<5		5		14	20
MEDICAL AND DENTAL	5	17	50	<5	33	106
MEDICAL SUPPORT			<5		17	18
NURSING/MIDWIFERY	<5	23	60		294	380
OTHER THERAPEUTIC	<5	<5	7		20	31
PERSONAL AND SOCIAL CARE			<5		8	11
SENIOR MANAGERS	<5		<5		7	12
SUPPORT SERVICES		9	16		90	115
Grand Total	15	64	202	<5	658	940
% of Total Employments	1.31%	5.59%	17.66%	0.09%	57.52%	82.17%

Table 2.3 Job Family by Incomplete Ethnic Group

Job Family	Don't Know	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	6	8	14
ALLIED HEALTH PROFESSION	6	<5	9
DENTAL SUPPORT	<5	<5	<5
MEDICAL AND DENTAL	22	15	37
NURSING/MIDWIFERY	29	17	46
OTHER THERAPEUTIC	<5	<5	<5
PERSONAL AND SOCIAL CARE	<5		<5
SENIOR MANAGERS	<5	<5	<5
SUPPORT SERVICES	14	<5	18
Grand Total	84	52	136
% of Total Employments	7.34%	4.55%	11.89%

Note: 'Don't know' means that the employee has not provided the information

Table 2.4 Job Family by Total Ethnic Group

Job Family	BME Total	% BME Total	White Total	% White Total	Incomplete Total	% Incomplete	Grand Total
ADMINISTRATIVE SERVICES	7	10.29%	166	17.66%	14	10.29%	187
ALLIED HEALTH PROFESSION	5	7.35%	62	6.60%	9	6.62%	76
AMBULANCE SERVICES	0	0.00%	<5	0.11%	0	0.00%	<5
DENTAL SUPPORT	0	0.00%	18	1.91%	<5	2.94%	22
HEALTHCARE SCIENCES	<5	1.47%	20	2.13%	0	0.00%	21
MEDICAL AND DENTAL	31	45.59%	106	11.28%	37	27.21%	174
MEDICAL SUPPORT	<5	1.47%	18	1.91%	0	0.00%	19
NURSING/MIDWIFERY	22	32.35%	380	40.43%	46	33.82%	448
OTHER THERAPEUTIC	0	0.00%	31	3.30%	<5	2.94%	35
PERSONAL AND SOCIAL CARE	0	0.00%	11	1.17%	<5	0.74%	12
SENIOR MANAGERS	0	0.00%	12	1.28%	<5	2.21%	15
SUPPORT SERVICES	<5	1.47%	115	12.23%	18	13.24%	134
Grand Total	68	5.94%	940	82.17%	136	11.89%	1144

In the last Census ([SuperWEB2\(tm\) - Table View](#), 2022), White total in the Orkney Health Board area was 98.38% and Scotland-wide it was 92.87%. The total equivalent figures for Ethnic Minority were 0.94% in the Orkney Health Board area and 6.01% Scotland-wide. Based on the completed ethnic status within NHS Orkney, the percentage for White total is 82.17% and 5.94% for Ethnic Minority. Work will continue to be undertaken during 2026 to eradicate as far as possible the 11.89% incomplete recordings to allow a true comparison to be made between the ethnic status of the NHS Orkney workforce and the census figures for the Orkney area, and what further actions may be required.

Note: “Incomplete” includes ‘Don’t know’ and ‘Prefer not to say’

Table 2.5 Grade by Ethnicity Group - Nursing/Midwifery and Medical Support

Nursing/Midwifery and Medical Support by Banding	African - African, African Scottish or African British	African - Other	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Don't Know	Mixed or Multiple Ethnic Group	Prefer not to say	White - Irish	White - Other	White - Other British	White - Scottish	Ethnic Minority Total	White Total	Incomplete	Grand Total
Band 2		<5			5		<5	<5	<5	<5	22	<5	29	7	37
Band 3	<5			<5	10		<5		<5	9	76	<5	88	12	103
Band 4											<5		<5		<5
Band 5	<5	14	<5		8		8	<5	11	22	101	16	135	16	167
Band 6	<5				<5		5	<5	5	11	71	<5	88	7	96
Band 7					<5	<5			<5	13	35	<5	49	<5	54
Band 8A									<5	<5	<5		5		5
Band 8B		<5									<5	<5	<5		<5
Grand Total	<5	16	<5	<5	29	<5	17	<5	23	61	311	23	398	46	467
% of Nursing/Midwifery and Medical Support employments	0.64%	3.43%	0.21%	0.43%	6.21%	0.21%	3.64%	0.64%	4.93%	13.06%	66.60%	4.93%	85.22%	9.85%	100.00%

The table shows that 9.85% of the nursing workforce data is incomplete, indicating a need for improved data collection.

Table 2.6 Job Family by Religion

The table below shows a breakdown of religion by Job Family. The largest completed religion status (40.47%) is from those who declare no religion, followed by Church of Scotland (18.71%) and Christian Other (11.80%).

Job Family	Another Religion or Body	Buddhist	Christian - Other	Church of Scotland	Don't Know	Hindu	Jewish	Muslim	No Religion	None	Other	Prefer not to say	Roman Catholic	Grand Total
ADMINISTRATIVE SERVICES		<5	23	41	8	<5			94	<5	<5	14	<5	187
ALLIED HEALTH PROFESSION			9	17	9	<5			28		<5	7	<5	76
AMBULANCE SERVICES									<5					<5
DENTAL SUPPORT			<5	<5	<5				9		<5	<5	<5	22
HEALTHCARE SCIENCES			<5	<5					15			<5		21
MEDICAL AND DENTAL	<5	<5	22	7	26	8	<5	11	42	<5	<5	29	18	174
MEDICAL SUPPORT			<5	6					9			<5	<5	19
NURSING/MIDWIFERY		<5	55	108	53	<5	<5		166	<5	<5	31	24	448
OTHER THERAPEUTIC		<5	5	8	<5				16			<5		35
PERSONAL AND SOCIAL CARE			<5	<5					5		<5			12
SENIOR MANAGERS			<5	<5	<5				7			<5	<5	15
SUPPORT SERVICES		<5	9	17	21				71	<5	<5	7	<5	134
Grand Total	<5	9	135	214	125	15	<5	11	463	7	14	95	51	1144

Note: 'Don't know' means that the employee has not provided the information

Table 2.7 Job Family by Sexual Orientation

The table below shows the breakdown of sexual orientation by Job Family. Currently, there are 940 completed sexual orientation statuses out of a total headcount of 1,144. The largest completed response (71.15%) is from those who have declared heterosexual, followed by gay/lesbian (1.75%)

Job Family	Bisexual	Don't Know	Gay/Lesbian	Heterosexual	Other	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	<5	22	5	142	<5	14	187
ALLIED HEALTH PROFESSION		16	<5	51		7	76
AMBULANCE SERVICES				<5			<5
DENTAL SUPPORT		<5		16		<5	22
HEALTHCARE SCIENCES	<5	<5		17		<5	21
MEDICAL AND DENTAL	<5	24	<5	123		22	174
MEDICAL SUPPORT				18		<5	19
NURSING/MIDWIFERY	7	88	8	315	5	25	448
OTHER THERAPEUTIC	<5	5		24	<5	<5	35
PERSONAL AND SOCIAL CARE		<5		11			12
SENIOR MANAGERS		<5	<5	8		<5	15
SUPPORT SERVICES		38	<5	88	<5	6	134
Grand Total	15	204	20	814	9	82	1144

According to the Office of National Statistics (ONS) Annual Population Survey for 2024, the estimated percentage of people who identify as lesbian, gay or bisexual (LGB) has increased in the UK between 2020 and 2024. The proportion climbed from 3.1% to 3.7% in England, 3.0% to 4.2% in Scotland, 1.4% to 2.5% in Northern Ireland, and 2.9% to 3.6% in Wales. Within NHS Orkney, the number of colleagues identifying as LGB has increased from 3.01% to 3.09% over the previous year, which is less than the Scottish average of 4.2% reported by the ONS Annual Population Survey. However, 25.78% of the colleagues have not disclosed their status yet. In 2025/26, the organisation will work with colleagues to understand the reasons behind this high rate of non-disclosure and encourage them to provide relevant information to create an inclusive environment for everyone. (Source: ons.gov.uk)

Note: 'Don't know' means that the employee has not provided the information

Table 2.8 Job Family by Sex

Job Family	Female	% Female	Male	% Male	Grand Total
ADMINISTRATIVE SERVICES	149	13.02%	38	3.32%	187
ALLIED HEALTH PROFESSION	69	6.03%	7	0.61%	76
AMBULANCE SERVICES	<5	0.09%		0.00%	<5
DENTAL SUPPORT	21	1.84%	<5	0.09%	22
HEALTHCARE SCIENCES	14	1.22%	7	0.61%	21
MEDICAL AND DENTAL	78	6.82%	96	8.39%	174
MEDICAL SUPPORT	17	1.49%	<5	0.17%	19
NURSING/MIDWIFERY	406	35.49%	42	3.67%	448
OTHER THERAPEUTIC	30	2.62%	5	0.44%	35
PERSONAL AND SOCIAL CARE	11	0.96%	<5	0.09%	12
SENIOR MANAGERS	9	0.79%	6	0.52%	15
SUPPORT SERVICES	86	7.52%	48	4.20%	134
Grand Total	891	77.88%	253	22.12%	1144

The above table shows a predominantly female workforce of 77.88% compared with a male workforce of 22.12%. The greatest numbers of females are found within Nursing & Midwifery, with high numbers also in Administrative Services and Support Services.

Table 2.9 Grade by Sex - Nursing & Midwifery and Medical Support

AfC Bands	Female	Male	Female	Male	Total
Band 2	32	5	6.85%	1.07%	37
Band 3	93	10	19.91%	2.14%	103
Band 4	<5		0.43%	0.00%	<5
Band 5	153	14	32.76%	3.00%	167
Band 6	90	6	19.27%	1.28%	96
Band 7	46	8	9.85%	1.71%	54
Band 8A	5		1.07%	0.00%	5
Band 8B	<5	<5	0.43%	0.21%	<5
Grand Total	423	44	90.58%	9.42%	467

Section 3: Sex Profile

The tables below show the split of Sex across the characteristics of ethnicity, religion and sexual orientation.

Table 3.1: Gender by Ethnic Minority Group

	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	Ethnic Minority Total
Female	5	13	<5	<5	<5	<5	<5	<5	<5	<5	30
Male	5	7	<5	<5	8	<5	6	<5	<5	<5	38
Grand Total	10	20	<5	<5	12	5	8	5	<5	<5	68

Table 3.2: Sex by White Ethnic Group

	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	White Total
Female	6	51	144	<5	555	757
Male	9	13	58	<5	103	183
Grand Total	15	64	202	<5	658	940

Table 3.3: Sex by Incomplete Ethnic Group

	Don't Know	Prefer not to say	Incomplete Total
Female	62	42	104
Male	22	10	32
Grand Total	84	52	136

Table 3.4: Sex by Total Ethnic Group

	BME Total	% BME Total	White - Total	% White - Total	Incomplete Total	% Incomplete Total	Grand Total
Female	30	3.37%	757	84.96%	104	11.67%	891
Male	38	15.02%	183	72.33%	32	12.65%	253
Grand Total	68	5.94%	940	82.17%	136	11.89%	1144

Table 3.5: Sex by Religion

	Another Religion or Body	Buddhist	Christian - Other	Church of Scotland	Don't Know	Hindu	Jewish	Muslim	No Religion	None	Other	Prefer not to say	Roman Catholic	Grand Total
Female		<5	97	202	101	6	<5	<5	356	5	11	74	34	891
Male	<5	8	38	12	24	9	<5	9	107	<5	<5	21	17	253
Grand Total	<5	9	135	214	125	15	<5	11	463	7	14	95	51	1144

Table 3.6: Sex by Sexual Orientation

Row Labels	Bisexual	Don't Know	Gay/Lesbian	Heterosexual	Other	Prefer not to say	Grand Total
Female	10	163	12	635	9	62	891
Male	5	41	8	179		20	253
Grand Total	15	204	20	814	9	82	1144

Note: 'Don't know' means that the employee has not provided the information

Section 4: Demographic Profile

Table 4.1: Age Distribution by Job Family

This table shows that 42.57% of the workforce is over the age of 50. The proportion of our workforce over 50 is significant and considered in our workforce and service planning due to an ageing workforce.

Job Family	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
ADMINISTRATIVE SERVICES		8	13	28	24	19	23	19	24	20	9	187
ALLIED HEALTH PROFESSION		<5	5	8	13	13	8	11	12	<5	<5	76
AMBULANCE SERVICES							<5					<5
DENTAL SUPPORT	<5	<5		<5		<5	6	<5	<5	<5	<5	22
HEALTHCARE SCIENCES	<5	<5	<5	<5		<5	<5	6	<5	<5		21
MEDICAL AND DENTAL			5	12	14	13	17	25	31	31	26	174
MEDICAL SUPPORT		<5	<5	<5	<5	<5	<5	<5	<5			19
NURSING/MIDWIFERY	<5	34	35	54	59	49	49	54	60	38	13	448
OTHER THERAPEUTIC		<5	<5	6	7	<5	<5	<5	<5	<5	<5	35
PERSONAL AND SOCIAL CARE			<5	<5	<5	<5	<5	<5	<5	<5	<5	12
SENIOR MANAGERS				<5	<5	<5	<5	<5	<5	<5	<5	15
SUPPORT SERVICES	8	5	15	11	15	6	10	12	25	19	8	134
Grand Total	13	52	83	129	139	115	126	136	165	120	66	1144

The NHSScotland Workforce Policies allow us to offer flexibility for those colleagues who wish to retire and return. The Retirement Policy is promoted throughout the organisation to help us retain expertise and support the transfer of knowledge and expertise to others.

Table 4.2: Age Distribution by Sexual Orientation

Sexual Orientation	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Bisexual		<5	<5	<5	<5		<5	<5	<5	<5		15
Don't Know	<5	8	8	17	32	19	20	24	34	27	14	204
Gay/Lesbian			<5	6	5	<5			<5	<5		20
Heterosexual	8	40	71	103	91	83	91	95	114	78	40	814
Other		<5			<5	<5	<5		<5			9
Prefer not to say	<5	<5	<5	<5	6	8	12	15	11	10	12	82
Grand Total	13	52	83	129	139	115	126	136	165	120	66	1144

Table 4.3: Age Distribution by Religion

Religion	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Another Religion or Body			<5									<5
Buddhist			<5	<5	<5		<5	<5	<5	<5	<5	9
Christian - Other		<5	6	8	14	16	18	17	23	20	11	135
Church of Scotland	<5	7	9	14	22	33	32	16	36	33	11	214
Don't Know		5	<5	11	15	11	10	18	28	13	10	125
Hindu					<5		<5	<5	<5			15
Jewish									<5	<5		<5
Muslim				<5		<5	<5		<5	<5	<5	11
No Religion	11	36	55	79	60	39	41	54	42	27	19	463
None				<5		<5		<5		<5		7
Other			<5	<5			<5	<5	5	<5		14
Prefer not to say	<5	<5	<5	5	16	7	10	20	13	10	7	95
Roman Catholic			<5	6	7	6	5	5	9	6	5	51
Grand Total	13	52	83	129	139	115	126	136	165	120	66	1144

Section 5: Disability Profile

The table below shows those members of colleagues who, during the recruitment process or when updating their colleagues record, have declared themselves as having a disability when asked *“Do you have a physical or mental health disability that has a substantial effect on your ability to carry out day to day activities and has lasted or is expected to last 12 months or more?”*

Table 5.1 shows that a total of 20 individuals declared themselves as having a disability. The two areas having the largest workforce with a declared disability are Support Services and Administrative Services. In terms of the wider Orkney population, 23.83% of adults reported a limiting long term physical or mental health problem in 2022 and 24.1% in Scotland (Source: scotlandscensus.gov.uk).

Table 5.1: Employees who have declared themselves as having a Disability by Job Family

Job Family	Don't Know	No	Prefer not to say	Yes	Grand Total
ADMINISTRATIVE SERVICES	42	131	7	7	187
ALLIED HEALTH PROFESSION	18	55	<5		76
AMBULANCE SERVICES		<5			<5
DENTAL SUPPORT	9	13			22
HEALTHCARE SCIENCES	5	16			21
MEDICAL AND DENTAL	21	142	10	<5	174
MEDICAL SUPPORT	<5	16			19
NURSING/MIDWIFERY	110	318	17	<5	448
OTHER THERAPEUTIC	5	28	<5	<5	35
PERSONAL AND SOCIAL CARE	<5	9		<5	12
SENIOR MANAGERS	<5	11	<5	<5	15
SUPPORT SERVICES	35	91	<5	6	134
Grand Total	252	831	41	20	1144

Note: ‘Don’t know’ means that the employee has not provided the information

Table 5.2: Employees who have declared themselves as having a Disability by Sexual Orientation and Age

Sexual Orientation	25 - 29	35 - 39	40 - 44	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Bisexual		<5				<5		<5
Don't Know				<5	<5		<5	<5
Gay/Lesbian			<5		<5			<5
Heterosexual	<5		<5	<5	6	<5		13
Grand Total	<5	<5	<5	<5	8	<5	<5	20

Table 5.3: Employees who have declared themselves as having a Disability by Religion and Age

Religion	25 - 29	35 - 39	40 - 44	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Christian - Other					<5			<5
Church of Scotland		<5			<5			<5
Don't Know					<5			<5
No Religion	<5		<5	<5	<5	<5	<5	11
None				<5				<5
Other						<5		<5
Roman Catholic	<5							<5
Grand Total	<5	<5	<5	<5	8	<5	<5	20

Section 6: New Starts Profile

There was a total of 200 new starts during 2025, of which 77 were bank workers.

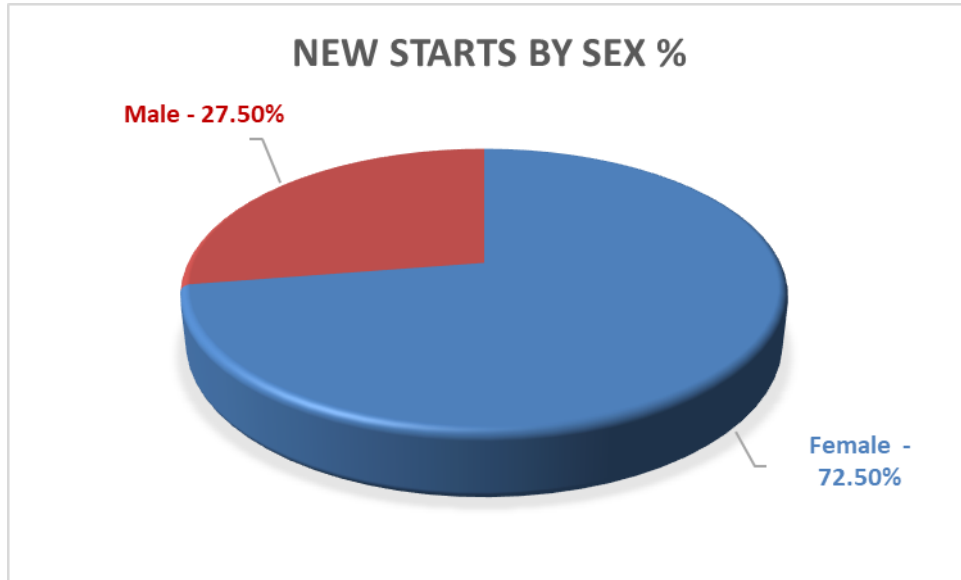
Table 6.1: Age for New Starts by Job Family

Job Family	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
ADMINISTRATIVE SERVICES		<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	23
ALLIED HEALTH PROFESSION		<5		<5	<5	<5	<5	<5	<5			10
DENTAL SUPPORT	<5	<5					<5					5
HEALTHCARE SCIENCES	<5							<5		<5		<5
MEDICAL AND DENTAL			9	8	<5	<5	<5	6	10	8	<5	52
MEDICAL SUPPORT							<5					<5
NURSING/MIDWIFERY	<5	9	6	10	9	<5	6	7	7	7		66
OTHER THERAPEUTIC		<5	<5	<5	<5	<5	<5	<5	<5	<5		12
SENIOR MANAGERS						<5				<5		<5
SUPPORT SERVICES	6	<5	<5		<5		<5	<5	<5	<5		25
Grand Total	10	19	24	25	21	11	19	20	27	20	<5	200

The highest proportion of new starts are within the 25-29, 30-34, 55-59 and 60-64 age categories but with variances across the Job Families.

Table 6.2: New Starts by Sex and Age

	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Grand Total
Female	7	18	15	18	16	8	18	12	19	12	<5	145
Male	<5	<5	9	7	5	<5	<5	8	8	8	<5	55
Grand Total	10	19	24	25	21	11	19	20	27	20	<5	200



The Sex Ratio within new starts is approximately 73:27 female to male; this compares to the 78:22 ratio for the existing workforce.

Table 6.3 New Start by Sex & Grade - Nursing/Midwifery and Medical Support

AfC Band	Female	Male	Grand Total
Band 3	15	<5	16
Band 4	6		6
Band 5	27	<5	31
Band 6	5	<5	6
Band 7	<5	<5	6
Band 8A		<5	<5
Band 8B		<5	<5
Grand Total	57	10	67

Table 6.4: New Starts by Religion

Religion	Headcount
Another Religion or Body	<5
Buddhist	<5
Christian - Other	30
Church of Scotland	22
Don't Know	21
Hindu	6
Muslim	6
No Religion	78
Other	<5
Prefer not to say	17
Roman Catholic	11
Grand Total	200

Table 6.5: New Starts by Sexual Orientation

Sexual Orientation	Headcount
Bisexual	6
Don't Know	30
Gay/Lesbian	<5
Heterosexual	150
Other	<5
Prefer not to say	10
Grand Total	200

Table 6.6: Ethnic Minority Group of New Starts by Job Family

Job Family	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	Grand Total
ADMINISTRATIVE SERVICES					<5						<5
ALLIED HEALTH PROFESSION					<5						<5
MEDICAL AND DENTAL		<5	<5	<5	<5	<5		<5	<5	<5	13
NURSING/MIDWIFERY	<5	6			<5		<5	<5			11
Grand Total	<5	7	<5	<5	5	<5	<5	<5	<5	<5	26

Table 6.7: White Ethnic Group of New Starts by Job Family

Job Family	White - Irish	White - Other	White - Other British	White - Scottish	Grand Total
ADMINISTRATIVE SERVICES	<5		7	11	19
ALLIED HEALTH PROFESSION		<5		6	7
DENTAL SUPPORT			<5	<5	<5
HEALTHCARE SCIENCES	<5		<5	<5	<5
MEDICAL AND DENTAL	<5	5	15	8	29
MEDICAL SUPPORT				<5	<5
NURSING/MIDWIFERY		5	13	32	50
OTHER THERAPEUTIC	<5	<5	<5	5	10
SENIOR MANAGERS			<5	<5	<5
SUPPORT SERVICES			5	18	23
Grand Total	<5	12	46	85	147

Table 6.8: Incomplete Ethnic Group of New Starts by Job Family

Job Family	Don't Know	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	<5		<5
ALLIED HEALTH PROFESSION	<5		<5
DENTAL SUPPORT	<5	<5	<5
MEDICAL AND DENTAL	8	<5	10
NURSING/MIDWIFERY	<5	<5	5
OTHER THERAPEUTIC	<5		<5
SUPPORT SERVICES	<5		<5
Grand Total	21	6	27

Table 6.9: Total Ethnic Group of New Starts by Job Family

Job Family	Ethnic Minority Total	% Ethnic Minority Total	White Total	% White Total	Incomplete Total	% Incomplete Total	Grand Total
ADMINISTRATIVE SERVICES	<5	3.85%	19	12.93%	<5	11.11%	23
ALLIED HEALTH PROFESSION	<5	3.85%	7	4.76%	<5	7.41%	10
DENTAL SUPPORT			<5	1.36%	<5	11.11%	5
HEALTHCARE SCIENCES			<5	2.72%			<5
MEDICAL AND DENTAL	13	50.00%	29	19.73%	10	37.04%	52
MEDICAL SUPPORT			<5	0.68%			<5
NURSING/MIDWIFERY	11	42.31%	50	34.01%	5	18.52%	66
OTHER THERAPEUTIC			10	6.80%	<5	7.41%	12
SENIOR MANAGERS			<5	1.36%			<5
SUPPORT SERVICES			23	15.65%	<5	7.41%	25
Grand Total	26	13.00%	147	73.50%	27	13.50%	200

In the year, the ethnicity of 13.50% of new starts was unspecified. However, 42.50% were identified as 'White Scottish'. The second highest group was 'White—Other British', which accounted for 23.00% of new starts. Ethnic Minority individuals made up 13.00% of the new starts.

Note: “Incomplete” includes ‘Don’t know’ and ‘Prefer not to say’

Section 7: Promotion/ Regrade

The following table identifies those colleagues who have been promoted or regraded (including temporary upgrades) in the year.

Table 7.1: Promotion/ Regrade Profile by Job Family and Ethnic Minority Group

Job Family	African - Other	Asian - Other	Grand Total
ADMINISTRATIVE SERVICES		<5	<5
HEALTHCARE SCIENCES	<5		<5
Grand Total	<5	<5	<5

Table 7.2: Promotion/ Regrade Profile by Job Family and White Ethnic Group

Job Family	White - Irish	White - Other	White - Other British	White - Scottish	Grand Total
ADMINISTRATIVE SERVICES		<5	<5	<5	9
ALLIED HEALTH PROFESSION		<5		<5	5
HEALTHCARE SCIENCES				<5	<5
MEDICAL SUPPORT				<5	<5
NURSING/MIDWIFERY	<5	<5	<5	17	20
OTHER THERAPEUTIC				<5	<5
Grand Total	<5	<5	5	31	40

Table 7.3: Promotion/ Regrade Profile by Job Family and Incomplete Ethnic Group

Job Family	Don't Know	Prefer not to say	Grand Total
NURSING/MIDWIFERY	<5	<5	<5
OTHER THERAPEUTIC		<5	<5
Grand Total	<5	<5	<5

Table 7.4: Promotion/ Regrade Profile by Job Family and Total Ethnic Group

Job Family	Ethnic Minority Total	% Ethnic Minority Total	White Total	% White Total	Incomplete Total	% Incomplete Total	Grand Total
ADMINISTRATIVE SERVICES	<5	50.00%	9	22.50%			10
ALLIED HEALTH PROFESSION			5	12.50%			5
HEALTHCARE SCIENCES	<5	50.00%	<5	5.00%			<5
MEDICAL SUPPORT			<5	7.50%			<5
NURSING/MIDWIFERY			20	50.00%	<5	66.67%	22
OTHER THERAPEUTIC			<5	2.50%	<5	33.33%	<5
Grand Total	<5	4.44%	40	88.89%	<5	6.67%	45

The total number of colleagues promoted or regraded in the last year was 45. Completed ethnic statuses were known for 42 colleagues. Based on the table above 68.89% of colleagues promoted/regraded were 'White Scottish'; Ethnic Minority colleagues represented 4.44% and incomplete were represented by 6.67%.

Note: "Incomplete" includes 'Don't know' and 'Prefer not to say'

Table 7.5: Promotion/ Regrade Profile by Job Family and Religion

Religion	Buddhist	Christian - Other	Church of Scotland	Don't Know	No Religion	Prefer not to say	Roman Catholic	Grand Total
ADMINISTRATIVE SERVICES	<5	<5	<5		<5	<5		10
ALLIED HEALTH PROFESSION			<5		<5		<5	5
HEALTHCARE SCIENCES		<5			<5			<5
MEDICAL SUPPORT		<5			<5			<5
NURSING/MIDWIFERY		<5	7	<5	8	<5	<5	22
OTHER THERAPEUTIC					<5	<5		<5
Grand Total	<5	6	11	<5	18	<5	<5	45

Table 7.6: Promotion/ Regrade Profile by Job Family and Sexual Orientation

Row Labels	Don't Know	Gay/Lesbian	Heterosexual	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	<5		6	<5	10
ALLIED HEALTH PROFESSION		<5	<5		5
HEALTHCARE SCIENCES			<5		<5
MEDICAL SUPPORT			<5		<5
NURSING/MIDWIFERY	<5	<5	16	<5	22
OTHER THERAPEUTIC			<5	<5	<5
Grand Total	5	<5	33	5	45

Note: 'Don't know' means that the employee has not provided the information

Section 8: Leavers

The following tables show the leavers' profiles. During the year, there were 127 leavers compared to 128 leavers in the same time period last year.

Table 8.1: Leavers by Job Family and Ethnic Minority Group– January 2025 to December 2025

Job Family	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	Other Ethnic Group - Other	Ethnic Minority Total
MEDICAL AND DENTAL	<5	<5	<5		<5	5
NURSING/MIDWIFERY				<5		<5
Grand Total	<5	<5	<5	<5	<5	6

Table 8.2: Leavers by Job Family and White Ethnic Group– January 2025 to December 2025

Job Family	White - Irish	White - Other	White - Other British	White - Scottish	Grand Total
ADMINISTRATIVE SERVICES		<5	<5	12	18
ALLIED HEALTH PROFESSION				5	5
DENTAL SUPPORT				<5	<5
HEALTHCARE SCIENCES				<5	<5
MEDICAL AND DENTAL	<5	<5	11	11	25
MEDICAL SUPPORT			<5		<5
NURSING/MIDWIFERY		<5	12	22	35
SENIOR MANAGERS		<5	<5	<5	<5
SUPPORT SERVICES			5	11	16
Grand Total	<5	8	33	66	108

Table 8.3: Leavers by Job Family and Incomplete Ethnicity

Row Labels	Don't Know	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	<5		<5
ALLIED HEALTH PROFESSION		<5	<5
MEDICAL AND DENTAL		<5	<5
NURSING/MIDWIFERY	<5	<5	6
SUPPORT SERVICES		<5	<5
Grand Total	6	7	13

Note: 'Don't know' means that the employee has not provided the information

Table 8.4: Leavers by Job Family and Total Ethnicity

Job Family	Ethnic Minority Total	% Ethnic Minority Total	White Total	% White Total	Incomplete Total	% Incomplete Total	Grand Total
ADMINISTRATIVE SERVICES			18	16.67%	<5	15.38%	20
ALLIED HEALTH PROFESSION			5	4.63%	<5	7.69%	6
DENTAL SUPPORT			<5	2.78%			<5
HEALTHCARE SCIENCES			<5	0.93%			<5
MEDICAL AND DENTAL	5	83.33%	25	23.15%	<5	15.38%	32
MEDICAL SUPPORT			<5	1.85%			<5
NURSING/MIDWIFERY	<5	16.67%	35	32.41%	6	46.15%	42
SENIOR MANAGERS			<5	2.78%			<5
SUPPORT SERVICES			16	14.81%	<5	15.38%	18
Grand Total	6	4.72%	108	85.04%	13	10.24%	127

Among all the leavers, 87.84% had a recorded ethnic status. Of these, 85.04% were classified as 'White', while 'Ethnic Minority' leavers represented 4.72%. The remaining 10.24% of leavers were categorised as Incomplete.

Note: "Incomplete" includes 'Don't know' and 'Prefer not to say'

Table 8.5: Leavers by Job Family and Religion

Job Family	Buddhist	Christian Other	Church of Scotland	Don't Know	Hindu	Muslim	No Religion	None	Other	Prefer not to say	Roman Catholic	Grand Total
ADMINISTRATIVE SERVICES		5	<5	<5			10			<5	<5	20
ALLIED HEALTH PROFESSION				<5			<5			<5	<5	6
DENTAL SUPPORT		<5	<5									<5
HEALTHCARE SCIENCES		<5										<5
MEDICAL AND DENTAL	<5	7	<5	<5	<5	<5	11			5	<5	32
MEDICAL SUPPORT							<5					<5
NURSING/MIDWIFERY		5	10	7			17			<5	<5	42
SENIOR MANAGERS		<5					<5		<5			<5
SUPPORT SERVICES		<5	<5				7	<5	<5	<5	<5	18
Grand Total	<5	23	16	11	<5	<5	51	<5	<5	12	5	127

Note: 'Don't know' means that the employee has not provided the information

Table 8.6: Leavers by Job Family and Sexual Orientation

Job Family	Bisexual	Don't Know	Gay/Lesbian	Heterosexual	Prefer not to say	Grand Total
ADMINISTRATIVE SERVICES	<5	<5		17		20
ALLIED HEALTH PROFESSION		<5		<5	<5	6
DENTAL SUPPORT				<5		<5
HEALTHCARE SCIENCES		<5				<5
MEDICAL AND DENTAL	<5	<5		23	7	32
MEDICAL SUPPORT	<5			<5		<5
NURSING/MIDWIFERY	<5	9	<5	30	<5	42
SENIOR MANAGERS			<5	<5	<5	<5
SUPPORT SERVICES	<5			15	<5	18
Grand Total	5	14	<5	94	12	127

Note: 'Don't know' means that the employee has not provided the information

Section 9: Job Train Equal Opportunity (Applications)

The applicant ethnicity data for the reporting period (1 January 2025 to 31 December 2025) provides a clear picture of the diversity of individuals seeking employment with NHS Orkney. The data shows a high level of ethnic diversity across the majority of job families, driven in large part by international candidates (both from within and outside the UK). This pattern is consistent with wider NHS Scotland recruitment trends.

Across all job families combined, Ethnic Minority applicants represent the largest proportion of total applications, accounting for approximately 86% of all applications. White applicants make up around 14%, while those choosing “Prefer not to say” make up less than 1% of applicants.

Nursing and Midwifery remains the dominant job family in terms of total applications, attracting over 3,100 applicants during the reporting period. This cohort alone contributes more than half of all Ethnic Minority applicants.

Similarly, Medical and Dental, Allied Health Professions, and Healthcare Sciences each show a very strong Ethnic Minority majority within their applicant pools.

By contrast, a small number of job families, particularly Support Services and Other Therapeutic roles, show a higher proportion of White applicants. This mirrors the demographic profile of Orkney’s resident population.

The number of applicants selecting “Prefer not to say” remains low across all job families. This is a positive indicator of trust in our recruitment processes and suggests candidates generally feel comfortable disclosing their ethnicity.

Overall, the data highlights a significantly diverse applicant pool, especially within clinical job families, reflecting the increased prevalence of recruiting international candidates within the health and care workforce. It also identifies areas where diversity is more limited.

Table 9.1: Job Train Applications by Job Family and Minority Ethnic Group

Job Family	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Bangladeshi Scottish or	Asian - Chinese, Chinese Scottish or	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or	Caribbean or Black	Caribbean or Black - Black, Black Scottish or Black British	Caribbean or Black - Caribbean, Caribbean Scottish or	Dual / Multiple Nationalities	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	Totals	Total %
Administrative Services	64	42	<5	<5	69	5	11	<5	<5	<5	<5	<5	<5	<5	196	3.46
Allied Health Professions	404	212	<5	<5	89	5	29	5	5	<5	<5	<5	<5	<5	756	13.34
Dental Support	9	8	<5	<5	7	<5	10	<5	<5	<5	<5	<5	<5	<5	38	0.67
Executive Level	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	6	0.11
Healthcare Sciences	61	45	<5	<5	53	11	12	<5	<5	<5	<5	<5	<5	<5	187	3.30
Medical and Dental	75	33	24	10	163	62	292	<5	<5	<5	<5	11	27	21	724	12.78
Nursing and Midwifery	1365	1213	<5	<5	134	44	30	37	17	<5	<5	<5	<5	14	2864	50.54
Other Therapeutic	<5	<5	<5	<5	8	<5	<5	<5	<5	<5	<5	<5	<5	<5	17	0.30
Personal and Social Care	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	7	0.12
Senior Managers	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Support Services	21	25	<5	<5	8	<5	<5	<5	<5	<5	<5	<5	<5	<5	63	1.11
Total	2004	1581	29	17	537	132	389	47	26	<5	<5	18	33	42	4858	
% of total Applications	35.36	27.90	0.51	0.30	9.48	2.33	6.86	0.83	0.46	0.02	0.04	0.32	0.58	0.74		85.72

Table 9.2: Job Train Applications by Job Family and White Ethnic Group

Job Family	White - Gypsy Traveller	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	Totals	Total %
Administrative Services	<5	<5	12	38	<5	68	122	2.15
Allied Health Professions	<5	<5	13	14	<5	49	78	1.38
Dental Support	<5	<5	5	6	<5	12	23	0.41
Executive Level	<5	<5	<5	<5	<5	10	17	0.30
Healthcare Sciences	<5	<5	5	10	<5	20	37	0.65
Medical and Dental	<5	<5	32	26	<5	23	84	1.48
Nursing and Midwifery	<5	6	37	50	<5	136	232	4.09
Other Therapeutic	<5	<5	<5	11	<5	24	39	0.69
Personal and Social Care	<5	<5	<5	<5	<5	<5	<5	0.04
Senior Managers	<5	<5	<5	<5	<5	<5	<5	0.04
Support Services	<5	<5	11	36	<5	83	134	2.36
Total	<5	15	122	197	8	426	770	
% of Total Applications	0.07	0.53	4.31	6.95	0.28	15.03		13.59

Table 9.3: Job Train Applications by Job Family, Prefer not to say (Ethnic Group)

Job Family	Prefer not to say	%
Administrative Services	<5	0.00
Allied Health Professions	<5	0.05
Dental Support	<5	0.02
Executive Level	<5	0.02
Healthcare Sciences	<5	0.04
Medical and Dental	17	0.30
Nursing and Midwifery	11	0.19
Other Therapeutic	<5	0.00
Personal and Social Care	<5	0.04
Senior Managers	<5	0.00
Support Services	<5	0.04
Totals	39	
% of Total Applications		0.69

Table 9.4: Job Train Applications by Job Family and Total Ethnic Group

Job Family	Ethnic Minority Total	Ethnic Minority %	White Total	White Total %	Prefer not to say Total	Prefer not to say Total %	Grand Totals
Administrative Services	196	3.46	122	2.15	<5	0.00	
Allied Health Professions	756	13.34	78	1.38	<5	0.05	
Dental Support	38	0.67	23	0.41	<5	0.02	
Executive Level	6	0.11	17	0.30	<5	0.02	
Healthcare Sciences	187	3.30	37	0.65	<5	0.04	
Medical and Dental	724	12.78	84	1.48	17	0.30	
Nursing and Midwifery	2864	50.54	232	4.09	11	0.19	
Other Therapeutic	17	0.30	39	0.69	<5	0.00	
Personal and Social Care	7	0.12	<5	0.04	<5	0.04	
Senior Managers	<5	0.00	<5	0.04	<5	0.00	
Support Services	63	1.11	134	2.36	<5	0.04	
Total applications	4858		770		39		5667
% of Total Applications		85.72		13.59		0.69	100.00

The job-offer data shows a clear shift in the ethnic profile of candidates who are successfully appointed to roles. While applications were highly diverse, the majority of job offers were made to white candidates. White applicants received 181 of 221 total offers (81.9%), compared with 36 offers to Ethnic Minority candidates (16.29%) and fewer than five offers were made to candidates selecting “prefer not to say”. Most job families follow this pattern. Nursing and Midwifery, and Medical and Dental show the highest offer volumes, but in both areas, white candidates receive substantially more offers than Ethnic Minority candidates.

Overall, the offer data suggests that although NHS Orkney attracts a diverse range of applicants, this diversity does carry through to final selection outcomes. Many applications are submitted for roles that are not eligible for sponsorship, which is reflected in our application data. This highlights that a significant proportion of Ethnic Minority applicants are unable to meet the eligibility criteria required for sponsorship, despite applying in large numbers.

Together, the application and offer data highlight both strengths and challenges in NHS Orkney's recruitment profile. The organisation is highly successful in attracting a diverse applicant pool, with Ethnic Minority candidates forming the majority of applications across most job families. This reflects wider national trends, and the strong contribution of international recruitment, particularly in Nursing, and Medical and Dental.

Table 9.5: Job Train Candidate Job Offers by Job Family and Ethnic Minority Group Category

Job Family	African - African, African Scottish or African British	African - Other	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black	Mixed or Multiple Ethnic Group	Ethnic Group - Arab, Arab Scottish or Arab	Other Ethnic Group - Other	Total Offers	Total %
Administrative Services	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.90
Allied Health Professions	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Dental Support	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Executive Level	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Healthcare Sciences	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Medical and Dental	<5	<5	<5	<5	<5	6	<5	<5	<5	<5	18	8.14
Nursing and Midwifery	10	<5	<5	<5	<5	<5	<5	<5	<5	<5	15	6.79
Other Therapeutic	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Personal and Social Care	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.45
Support Services	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0.00
Total Offers	10	<5	<5	7	<5	6	<5	<5	<5	<5	36	
% total of Offers	4.52	0.90	0.45	3.17	0.90	2.71	0.45	1.36	0.90	0.90		16.29

Table 9.6: Job Train Candidate Job Offers by Job Family and White Ethnic Group

Job Family	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	Total Offers	Total %
Administrative Services	<5	<5	6	<5	8	18	8.14
Allied Health Professions	<5	<5	<5	<5	9	16	7.24
Dental Support	<5	<5	<5	<5	<5	5	2.26
Executive Level	<5	<5	<5	<5	<5	<5	0.45
Healthcare Sciences	<5	<5	<5	<5	<5	<5	0.45
Medical and Dental	<5	5	14	<5	10	31	14.03
Nursing and Midwifery	<5	8	12	<5	43	65	29.41
Other Therapeutic	<5	<5	<5	<5	<5	<5	1.36
Personal and Social Care	<5	<5	<5	<5	<5	<5	0.90
Support Services	<5	<5	8	<5	28	39	17.65
Total Offers	8	19	49	<5	103	181	
% total of Offers	3.62	8.60	22.17	0.90	46.61		81.90

Table 9.7: Job Train Candidate Job Offers by Job Family, Prefer not to say (Ethnic Group)

Job Family	Prefer not to say	% Offers
Administrative Services	<5	<5
Allied Health Professions	<5	<5
Dental Support	<5	<5
Executive Level	<5	<5
Healthcare Sciences	<5	<5
Medical and Dental	<5	<5
Nursing and Midwifery	<5	<5
Other Therapeutic	<5	<5
Personal and Social Care	<5	<5
Support Services	<5	<5
Total Offers	<5	
% total of Offers		1.81

Table 9.8: Job Train Overall Analysis of Job Offers by Job Family and Ethnic Minority Group

Job Family	Ethnic Minority Total	Ethnic Minority Total %	White Total	White Total %	Prefer not to say Total	Prefer not to say Total %	Grand Totals
Administrative Services	<5	<5	18	8	<5	<5	
Allied Health Professions	<5	<5	16	7	<5	<5	
Dental Support	<5	<5	5	<5	<5	<5	
Executive Level	<5	<5	<5	<5	<5	<5	
Healthcare Sciences	<5	<5	<5	<5	<5	<5	
Medical and Dental	18	8	31	14	<5	<5	
Nursing and Midwifery	15	7	65	29	<5	<5	
Other Therapeutic	<5	<5	<5	<5	<5	<5	
Personal and Social Care	<5	<5	<5	<5	<5	<5	
Support Services	<5	<5	39	18	<5	<5	
Total applications	36		181		<5		221
% of Total Applications		16		82		<5	100

Section 10: Action Planning

In line with the General Duty of the Equality Act 2010, NHS Orkney's objectives are to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between different groups (i.e. people who share a protected characteristic and those who do not).
- foster good relations between different groups.

The purpose of gathering and publishing the information in this report is to support better performance of this duty. Beyond that, good practice in equality and diversity is vital in making NHS Orkney a good place to work.

Actions Planned for 2026 - 2029

Working across the organisation and in line with our Equality Outcomes for 2026-2029, the key actions will include the following:

Culture, Capability and Leadership

- Deliver anti-racism education for all staff, with an enhanced offer for leaders (including facilitated sessions and resources), and monitor completion/participation rates.
- Provide sexual harassment in the workplace training for managers and staff, including clear signposting to reporting routes and support services.
- Develop a comprehensive medium-term workforce plan to support the attraction, retention, and development of our colleagues.

Commitments, Communication and Engagement

- Publish and promote NHS Orkney's anti-racism commitments (including how colleagues can raise concerns, access support, and contribute to improvement work).
- Promote Once for Scotland's policies to assist colleagues who care for dependants, and continue promoting and training managers on reasonable adjustments.

Data, Insight and Staff Experience

- Lead a campaign across the organisation to encourage colleagues to update their protected characteristics on eESS with a particular focus on "Don't Know" responses
- Improve race-related staff experience reporting by reviewing data collection methods, strengthening confidentiality messaging, and increasing completion of relevant workforce equality fields.
- Continue to publish the Equal Pay Monitoring Report and Equal Pay Statement

Governance and Embedding in Core Planning

- Embed anti-racism planning into the Annual Delivery Plan cycle by agreeing actions, owners and measures, and reporting progress through established governance.
- Review and strengthen the Equality Impact Assessment (EQIA) process, including clearer guidance, quality assurance, and routine monitoring of completion and key actions arising from EQIAs.

Themes from Board Walkarounds between April 2026 – June 2026

Meeting	<ul style="list-style-type: none"> NHS Orkney Board
Meeting date	<ul style="list-style-type: none"> Thursday, 25 June 2026
Responsible Executive/ Non-Executive	<ul style="list-style-type: none"> Davie Campbell, Board Chair James Goodyear, Interim Chief Executive
Report Author(s)	<ul style="list-style-type: none"> Hazel Aim, Senior Corporate Governance Officer
Purpose of report	<ul style="list-style-type: none"> Decision - Reaching a conclusion considering options
Contribution to Strategic ambition	<ul style="list-style-type: none"> Corporate Strategy 2024-2028 - People Operational Improvement Plan Annual Delivery Plan Local Policy NHS Board/Integration Joint Board Strategy or Direction
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> Safe Effective Quality Person Centred
Key points for consideration	<ul style="list-style-type: none"> Board Walkarounds support the visibility of Board members and provide an important opportunity for staff across the organisation to be heard. This report summarises the main themes from walkarounds undertaken between April 2026 and June 2026 and highlights key areas for consideration. Since the previous update in April 2026, two Board Walkarounds have taken place: Outpatients and the Improvement Team. Following feedback from Board members, the Standard Operating Procedure (SOP) has been updated to strengthen ownership of feedback and ensure agreed actions are taken forward. The tracked changes are included at Appendix 1.
Route to meeting	<ul style="list-style-type: none"> Executive Management Team – 16 June 2026
Recommendation(s)	<ul style="list-style-type: none"> Discussion <p>The Board is asked to</p> <ul style="list-style-type: none"> Discuss feedback from the Board Walkarounds and note the refreshed process for owning and taking forward actions following a Board Walkaround

Themes from Board Walkarounds between April 2026 – June 2026

Hazel Aim, Senior Corporate Governance Officer
10/06/2026

1. Situation

- 1.1 Board Walkarounds are one of the ways we support the visibility of Board members and ensure staff across the organisation feel heard.
- 1.2 Two Board Walkarounds took place between April 2026 and June 2026: Outpatients and the Improvement Hub. Feedback from Board members is included at Appendix 1 and Appendix 2 and has been shared with staff. Feedback is shared with the Executive Team for information only and will not be shared at the Public Board.

2. Background

- 2.1 Board Walkarounds involve Executive Directors and Non-Executive Directors visiting different teams and departments across NHS Orkney to listen to staff experiences.
- 2.2 They provide an opportunity for Board members to listen, get to know staff, build relationships and hear first-hand what staff are proud of, as well as the challenges they face. This helps Board members consider how they can support teams to resolve or unblock issues.
- 2.3 The areas covered in conversations with our staff are as follows:
 - 1) What is going well in your team/service at the moment?
 - What are you most proud of working in this area?
 - 2) What do you consider to be the main challenges you face on a daily basis?
 - What feedback do people using this service give you?
 - If you could change one thing, what would it be?
 - What do you wish you had more time to do?
 - 3) How can the Board help?
 - Is there anything that you would find helpful to raise to the Board?
 - 4) What does patient safety look like in your area? (new question added in 2024/25 in Year 2 of our Board walkarounds)
 - Do you feel confident in reporting incidents or near misses?
 - Do you get enough feedback when you report incidents/near misses?
 - Do you feel there is enough support for you if you are involved in a patient safety incident?

5) Staff wellbeing: are colleagues aware of support available and have they been able to access that for staff as necessary?

2.4 Two Board Walkarounds took place between April 2026 and June 2026: Outpatients and the Improvement Hub.

2.5 Main themes from Board Walkarounds April – June 2026

Below is a summary of the feedback received from the most recent walkarounds.

2.5.1 Strengths highlighted by staff:

- Strong commitment from staff to delivering safe and effective care despite ongoing pressures.
- High level of teamwork and flexibility, with colleagues supporting each other to manage workload demands.
- Clear sense of pride in the breadth and sustainability of services provided.
- Demonstrated improvement in service delivery, notably a reduction in the micro-suction waiting list.
- Delivery of a wide range of improvement projects across the organisation, including collaboration on multiple workstreams.
- Effective use of team strengths, with flexibility and adaptability highlighted.
- Positive team culture supported by team-building activity and awareness of individual communication preferences.

2.5.2 Areas to be followed up by Executive Lead(s) following feedback from staff:

- Workforce challenges, including perceived staffing shortages, workload pressures, and lack of clarity around staffing establishment and budgets.
- Significantly limited access to training.
- Staff describe not feeling safe, particularly due to absence of a permanent anaesthetist.
- Communication issues, including staff not feeling valued or listened to and a perceived lack of action on concerns raised.
- Frequent changes in reporting lines.
- Concerns raised about changes in executive leadership and the uncertainty this has created.
- Difficulty balancing priorities across projects and the overall volume of work.
- Increasing difficulty identifying efficiencies.
- A clear message is needed about the role of the Improvement Hub, and the team needs to be informed about wider policy changes.

3. Assessment

3.1 Improvements to the Standard Operating Procedure for Board Walkarounds

Following a review of the current Standard Operating Procedure for Board Walkarounds, the process has been updated to ensure feedback from Board Walkarounds is actioned consistently (Appendix 1). The Board is asked to note the following process change.

The Executive Lead and Team Lead/Head of Service will meet after the walkaround to agree who will take forward actions and respond to the feedback received. An action plan should be completed and forwarded to the Corporate Governance Team for inclusion in the Board report and to ensure feedback is owned and actioned.

The Corporate Governance Team will draft the public Board report for the Chair and Chief Executive, summarising the themes from the walkarounds and areas for improvement. This will be discussed by the Executive Management Team before being presented to the Board.

3.2 Impact Assessment

In developing this report, the following areas have been assessed for their impact on delivery of the 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	Board Walkarounds are an opportunity for Board members to listen, to get to know staff and build relationships and hear firsthand what staff are proud of and any challenges they face.
	Workforce	Yes	
People	Finance	No	No impact.
Performance	Risk Management	Yes	No impact.
	Digital	No	No impact.
Potential	Equality and Diversity including health inequalities	No	No impact.
	Climate Change Sustainability	No	No impact.

4. Recommendation(s)

4.1 Decision - Reaching a conclusion considering options

4.2 The Board is asked to

- Discuss feedback from the Board Walkarounds and note the refreshed process for owning and taking forward actions following a Board Walkaround.

5. List of appendices

- i. **Appendix 1** -Refreshed Board Walkaround Standard Operating Procedure.

Board Walkarounds Standard Operating Procedure

Purpose of Board Walkarounds

Board walkarounds are one of the many ways in which we ensure the visibility of Board members and ensure staff across the organisation feel heard. They are an opportunity to listen, for Board members to get to know staff, build relationships and hear firsthand what staff are proud of and any challenges they face to enable Board members to offer support in resolving and unblocking issues.

They are also about ensuring feedback is acted on – both the quick wins and the broader themes that emerge from walkarounds – which must feed into our broader staff experience feedback.

Board walkarounds are undertaken by Executive Directors and Non-Executives visiting different teams and departments across NHS Orkney and listening to how it feels working here. Whilst the majority of Board walkarounds will be face to face in Departments, we recognise that sometimes it may be necessary to undertake conversations virtually, recognising the hybrid nature of our Board given our unique geography.

Standard Operating Procedure		Responsibility	Timeline
1.	Meeting invites sent to Departments	Corporate Governance Team	1 st April 2025
2.	Board members to identify lead notetaker ahead of the walkaround.	Executive Director/Non-Executive Director	Prior to walkaround
3.	Walkaround takes place following the 'Talk to Us' Walk rounds Information and Guide for Board members (Appendix 1).	Executive Director/Non-Executive Director	NA
4.	At the end of the walkaround, key messages/what Board members have heard should be summarised verbally and shared with the team before the write-up is sent to the Corporate Governance Team	Executive Director/Non-Executive Director	Same day as walkaround

5.	<p>Following the walkaround, a summary email should be sent to the meeting attendee saying, 'thank you'. This should include:</p> <ul style="list-style-type: none"> What was heard? (the positives and the areas for improvement/where support is needed) <p>(Appendix 2 – sample of email to send)</p>	Executive Director	Within 2 days of the walkaround
6.	<p>The summary, as agreed by the team, using the template we have agreed (Appendix 3 is a sample of good practice), will be sent to the meeting attendees, Board members who attended, the Executive Director lead for service area and the Team Lead/Head of Service, and cc to the Corporate Governance Team.</p> <p>Via a separate email, the template will be shared with the People and Culture team so this can be built into wider staff experience feedback.</p>	<p>Lead Executive</p> <p>Corporate Governance Team</p>	Within 5 days of the walkaround
7.	<p>The Executive Lead and Team Lead/Head of Service will speak after the walkaround to agree who will take forward the actions/respond to the feedback received. An action plan (Appendix 4) should be completed and forwarded to the Corporate Governance team for inclusion in the report to Board and to ensure that feedback is owned and actioned.</p> <p>The Executive Lead and Team Lead/Head of Service will speak after the walkabout and summary has been shared to agree who will take forward the actions/respond to the feedback received.</p>	<p>Executive Director lead & Team Lead/Head of Service</p> <p><u>Corporate Governance Team</u></p>	Within 2 weeks of the walkaround
8.	<p>The Corporate Governance Team will draft the public Board Report for the Chair and CEO summarising the themes from the walkarounds and learning/feedback <u>for discussion and agreement by the Executive Management Team before being presented to Board.</u></p>	Corporate Governance Team	2 weeks before the Board paper deadline

Appendix 1 – ‘Talk to Us’ Board Walkarounds Information and Guide for Board members.

Teams will be informed at least 2 weeks prior to their Walk rounds and given information to display in their area to inform staff.

Those Board members attending the Walk rounds should take every opportunity to speak to all (or as many as possible) staff colleagues available at the time of the visit.

Helpful to reiterate to the area of visit that the purpose of these visits is not inspection but to be more visible as Board members as this is what the organisations imatter survey is telling us and that as Board members we would find it helpful to gain an insight/deeper understanding into that particular team/area of work.

We should be up for sharing some information about ourselves as Board members (Exec and Non-Executives) why the role, how long we’ve been in post, areas of interest etc. and that we as a Board are interested in them and what they do.

What we want is to have good conversations, where staff colleagues feel that they are our focus and that we are keen to engage and learn about that particular area – it should be more about the staff on the ground and how it feels. It would be helpful to understand from colleagues the system in which they work in, and any challenges faced as well as providing an important opportunity for sharing success.

Questions		Response
1.	What is going well in your team/service at the moment?	

2.	What are you most proud of working in this area?	
3.	<p>What do you consider to be the main challenges you face on a daily basis? What feedback do people using this service give you?</p> <ul style="list-style-type: none"> • If you could change one thing, what would it be? • what do you wish you had more time to do? 	
4.	<p>How can the Board help?</p> <ul style="list-style-type: none"> • Is there anything that you would find helpful to raise to the Board? 	
5.	<p>What does patient safety look like in your area? (new question added in 2024/25 in Year 2 of our Board walkarounds)</p> <ul style="list-style-type: none"> • Do you feel confident in reporting incidents or near misses? • Do you get enough feedback when you report incidents/near misses? • Do you feel there is enough support for you if you are involved in a patient safety incident? 	
5.	Staff wellbeing: are colleagues aware of support available and have they been able to access that for staff as necessary?	

Appendix 2 – Example summary email to the meeting attendee saying, ‘thank you’

Dear XXXXSuzanne

On behalf of us both, thank you to you and your team for your time today and for the superb presentations.

Meghan and I enjoyed our time with you all and to learning more about the innovative and exciting improvement work you are leading.

It is clear there is much to be proud of, not least the experience of trainees, 18-week performance, digital developments as evidenced by the Near Me pilot and digital therapies, clinical supervision arrangements, the SLA you have in place with other island Boards, patient outcomes work and the health psychology post – to give just a few examples.

We also heard about the strong relationships you and your team have developed with a range of partners and stakeholders, including Scottish Government as well as the superb work you wanted us to raise with our Board about how remote working in your service has enhanced the digital therapies you can deliver to patients and team working for you all.

Please know we also heard the challenges you described today – including those relating to clinical space, the impact of not having electronic notes and the challenges of working in a small team when it comes to resilience.

We will send a fuller summary of our discussion in the days to come.

For now – thank you for your excellent leadership and to your team for all they do for our patients and communities. It was a pleasure to spend time with you all today (sorry we were not there in person).

Best wishes

Appendix 3 - Board Walkaround reflections

Board walkaround reflection

1. What were the strengths highlighted by the people you spoke with? What were you most impressed by?

2, What did you learn about the area/service/people you spoke to?

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Final NHS Orkney Annual Report and Accounts for year ended 31 March 2026

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • Damian Reid, Interim Director of Finance
Report Author(s)	<ul style="list-style-type: none"> • Debs Crohn, Head of Corporate Governance
Purpose of report	<ul style="list-style-type: none"> • Decision
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Corporate Strategy 2024-2028 • NHS Board/Integration Joint Board Strategy/Direction • Annual Financial Plan • Financial Sustainability • Legal requirement
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Safe • Effective • Quality • Person Centred • Sustainability
Key points for consideration	<ul style="list-style-type: none"> • The Board is required under Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare an Annual Report and Accounts. It is the role of the Audit and Risk Committee to consider the accounts and associated documents, and to recommend adoption of the accounts by the Board. • NHS Orkney's Annual Accounts are being prepared in accordance with the NHS Accounts Manual, which incorporates the Scottish Government's guidance on the application of the Financial Reporting Manual (FReM). FReM provides the technical accounting guidance for the handling of public funds that is to be followed in preparing Annual Accounts. • The final report, external audit report and letter of representation have been presented to the Audit and Risk Committee, which has reviewed the report and recommended approval by the Board for submission to the Scottish Government by 30 June 2026. •
Route to meeting	<ul style="list-style-type: none"> • Executive Management Team – 22 June 2026 • Audit and Risk Committee – 25 June 2026
Recommendation(s)	<ul style="list-style-type: none"> • Decision - Reaching a conclusion considering the options

Final NHS Orkney Annual Report and Accounts for year ended 31 March 2026

Debs Crohn, Head of Corporate Governance

05/06/2026

1. Situation

- 1.1 The Board is required under Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare an Annual Report and Accounts. It is the role of the Audit and Risk Committee to consider the accounts and associated documents, and to recommend adoption of the accounts by the Board.
- 1.2 NHS Orkney's Annual Accounts are being prepared in accordance with the NHS Accounts Manual, which incorporates the Scottish Government's guidance on the application of the Financial Reporting Manual (FReM). FReM provides the technical accounting guidance for the handling of public funds that is to be followed in preparing Annual Accounts.

2. Background

- 2.1 The format of the accounts is specified in the Financial Reporting Manual (FReM), which incorporates the Scottish Government's guidance on the accounting policies to be followed in the preparation of the accounts narrative and supporting financial statements.
- 2.2 In line with the Board's Code of Corporate Governance, FReM and the NHS Blueprint for Good Governance, the Board is required to set out in its Annual Report detailed assurance on the internal systems designed to ensure good financial control within the organisation. This includes a Corporate Governance Report, which sets out the following:
 - A statement of Health Board members' responsibilities in respect of the accounts.
 - An annual review of individual Governance Committee effectiveness.
 - A statement of the Chief Executive's responsibilities as the Accountable Officer of the Health Board.
- 2.3 The final report, external audit report and letter of representation have been reviewed and approved by the Audit and Risk Committee for final approval by the Board on 25 June 2026, prior to submission to the Scottish Government by 30 June 2026.

2.5 Publication of Annual Report and Accounts 2025/26

- 2.5.1 Members are reminded that the Annual Report and Accounts 2025/26, once adopted by the NHS Board, do not become public documents until they have been laid before the Scottish Parliament and clearance to publish has been received from the Scottish Government.

3. Assessment

3.1 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	No	There are no direct patient safety, quality and experience impacts.
People Performance	Workforce	No	There are no workforce impacts.
	Finance	No	There are no direct financial impacts.
Potential	Risk Management	No	There are no risk management impacts.
	Digital	No	There are no digital impacts.
Place	Equality and Diversity including health inequalities	No	There are no equality, diversity or health inequalities impacts.
	Climate Change Sustainability	No	There are no climate change or sustainability impacts.

4. Recommendations

4.1 Decision – reaching a conclusion after considering the options.

Members are asked to:

- **Approve** the Annual Report and Accounts for the year ended 31 March 2026, as recommended by the Audit and Risk Committee.

5. List of Appendices

5.1 There are no appendices included with this report.

Month 2 Financial Performance Report May 2026

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> • Damian Reid, Interim Director of Finance
Report Author(s)	<ul style="list-style-type: none"> • Damian Reid, Interim Director of Finance
Purpose of report	<ul style="list-style-type: none"> • Discussion
Contribution to Strategic ambition	<ul style="list-style-type: none"> • Corporate Strategy 2024/28 • Annual Operational Plan • Government policy/directive • Legal requirement
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> • Effective • Quality • Sustainability
Key points for consideration	<ul style="list-style-type: none"> • NHS Orkney remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance. • The approved 2026/27 financial plan forecasts a year-end overspend of £2.4m. • At Month 2, the reported overspend is £0.697m, which is £0.247m below the planned Month 2 trajectory of £0.944m. • Savings delivery is currently £0.189m adverse to the year-to-date target, highlighting the need to maintain focus on existing savings and identify further schemes. • Failure to achieve the forecast position may increase the risk of a Section 22 qualification on the 2026/27 accounts. • Any transformation or efficiency schemes will need appropriate Quality Impact Assessment and engagement with affected teams to manage quality, workforce and equality impacts.
Route to meeting	<ul style="list-style-type: none"> • Finance and Performance Committee 25 June 2026
Recommendation(s)	<ul style="list-style-type: none"> • Discussion - Consider the Implications of a matter

Month 2 Financial Performance Report May 2026

Damian Reid, Interim Director of Finance

24/06/2026

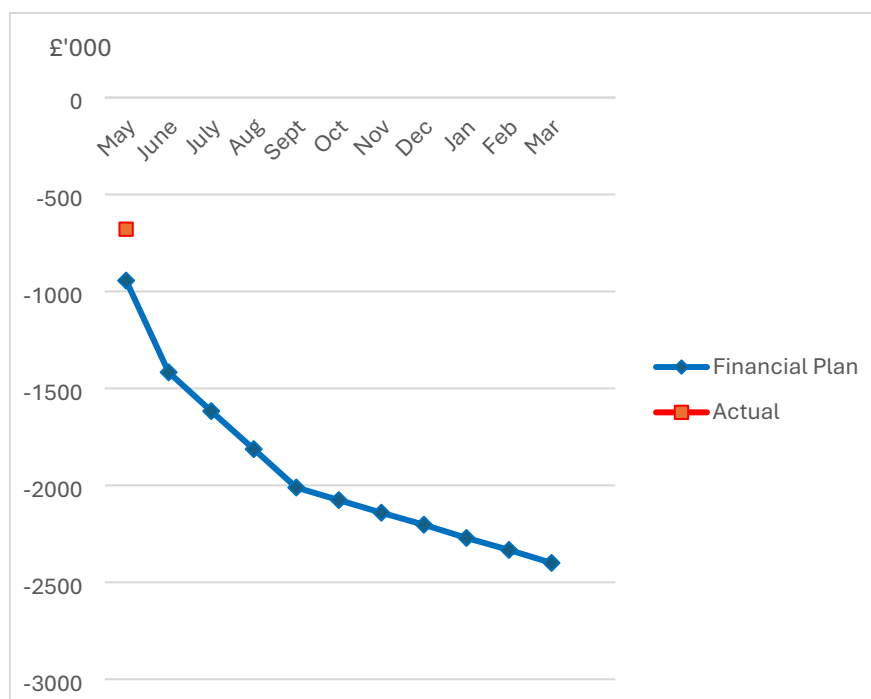
1. Situation

1.1 NHS Orkney remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance. The Board has an approved financial plan for 2026/27 which projects a £2.4m overspend for the year

2. Background

2.1 At the end of Month 2, the reported financial position is an overspend of **£0.697m**, which is £247k lower than the planned trajectory ant Month 2 of **£0.944**. The achieved savings at Month 2 is **£0.189m adverse** to the YTD target of **£0.100m**.

2.2 Whilst there is a slight improvement on the YTD position, compared to the financial plan, the year-end position still heavily relies on achieving the savings in the plan as well as identifying additional schemes.



2.2 If we fail to reach the forecasted position of £2.4m over spent then there is a risk that of risk of a Section 22 Qualification on our accounts for 2026/27.

3. Assessment

3.1 Analysis

Scottish Government have made it clear that they are expecting NHS Orkney to deliver as close to the approved financial plan as possible. The forecast deficit of £2.4m will require a continuing to review expenditure forecasts and savings schemes to help identify opportunities for reducing the year end deficit to as much as possible.

3.2 Current Position

At Month 2 we are still forecasting the £2.4m overspend at year end from the financial plan on the caveat that additional savings schemes can be identified between now and then

3.3 Impact Assessment

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

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Successful delivery of transformation ensures improved clinical outcomes and patient experience. Quality Impact Assessments are a pre-requisite of any identified efficiency/transformation scheme to ensure the best outcomes for patients as part of any scheme pursued in the delivery of the financial plan.
People	Workforce	Yes	<p>Delivery of the Board's financial plan is challenging, and it is recognised that successful delivery will have an impact on workforce.</p> <p>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.</p>
Performance	Finance	Yes	Failure to deliver against the 2024/25 financial plan outturn will have a significant impact on the Board and the ability to de-escalate from level 3 of the NHS Scotland Support and Intervention Framework. Monthly reporting allows the position to be monitored closely and corrective action to be taken timeously as required.
Potential	Risk Management	Yes	Risk that the Board cannot deliver on its statutory responsibility to deliver a financial balance. Monthly reporting to the Scottish Government to ensure they are aware of the most up to date position.
	Digital	Yes	Investment in digital technology may be required in order to deliver against some of the

			transformational savings schemes to ensure the most effective and efficient processes are in place. Additional investment if not captured appropriately during financial planning can have a detrimental impact on delivery of the forecast financial outturn.
Place	Equality and Diversity including health inequalities	Yes	Financial planning and performance along with the ongoing improvement work and savings schemes to ensure delivery against the Board's financial responsibilities has fairness and equality at the heart of ongoing improvement work as captured the QIA and developing a culture of continuous improvement
	Climate Change Sustainability	Yes	Several of the ongoing improvement/ savings schemes in place to deliver against the Board's financial plan incorporate schemes to reduce travel to and from Orkney with a number of additional schemes that look to reduce waste and overall the environmental impact

4. Recommendations

- 4.1 Discuss the Month 2 Financial Position
- 4.2 Discussion - Consider the Implications of a matter

5. List of Appendices

- 5.1 The following appendices are included with this report
 - i. **Appendix 1, Month 2 Financial Position**

Item 15.2.1

NHS Orkney

Financial Position – Month 2 2026/27

Introduction

NHS Orkney was escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance in October 2023 and the Board is focused on reducing its deficit and returning to financial balance in a short a timescale as possible.

The criteria for de-escalation have been agreed as:

NHS Orkney – Stage 3 – de-escalation criteria

Quantitative criteria

- Board reports a breakeven position after a maximum of £2.4 million deficit support funding in 2026-27.
- Identifying and delivering 3% recurring savings in line with the national target in 2026-27.
- Board presents a credible three-year financial plan from 2027-28 to 2029-30 that delivers an outturn within available funding and can be approved by Scottish Government.

Qualitative criteria

- Board develops a credible savings plan for 2027-28 with sufficient detail by Q3 of 2026-27. This must be in line with the approved financial plan that will meet deficit targets.
- The Board stays on track with financial plan throughout 2026-27 and 2027-28 without adverse swings in forecast outturn.
- Improved resilience within the finance team to provide adequate capacity to respond to emerging pressures. This includes upskilling finance colleagues to provide increased insight into spend and opportunities for improvement.
- Improved partnership working with the IJB.

The Board's financial plan for the next three years was approved in March 2026 and projected a full-year deficit of £2.4 million in 2026/27, £1.9 million in 2027/28 and £1.5m in 28/29. This was prior to the application of matching Deficit Support Funding agreed with the Scottish Government, with a target of achieving breakeven in 2029/30 without deficit support funding.

The target in the first year assumes the delivery of £3.8 million efficiencies.

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Year to Date Financial Position

After 2 months of the 2026/27 reporting period, the revenue position shows an **overspend of £0.697m**, which is **£0.247m lower** than the planned year-to-date overspend of **£0.944m**.

The achieved savings at Month 2 is **£0.289m** (£0.266m of which is cash releasing) and is **£0.189m favourable** to the year-to-date target of **£0.100m**. The trajectory of savings is geared towards the end of the financial year with **96.14%** planned to be delivered in the remaining 10 months.

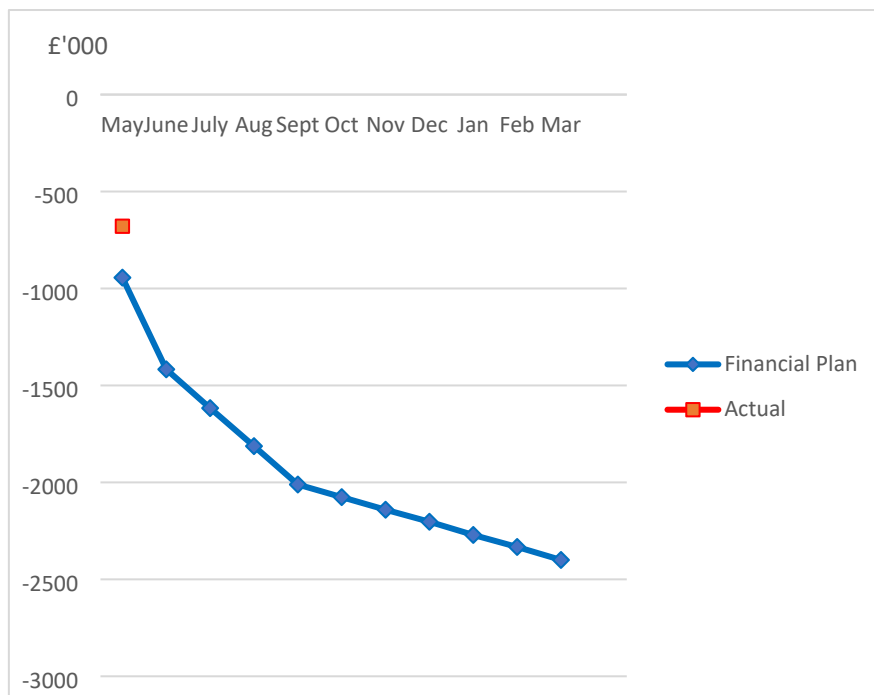
Month 2 Financial Position

The following events had an impact on our position this month:

- An increase in the use of internal locums has resulted in an increase of £83k against the average Hospital Medical pay costs from 2025/26 (once adjusted for inflation)
- Due to a lack of information from the supplier there the M2 position includes £188k of backdated Oil costs that were not accrued in 2025/26
- There is a £241k overspend against SLAs and UNPACS with other Health Boards due to non-recurring rebates in 2025/26 and nationally agreed uplifts to these contracts being higher than the funding received from SG.

Graph 1 illustrates the financial plan trajectory compared to the actual monthly results for the 2025/26 financial year.

Graph 1: Year to Date Run Rate vs Planned Run Rate



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Table 1: Summary Month 2 Position

Level 4 Cost Category	Annual Budget	YTD Period Budget	YTD Actuals	Variance
Income				
Health Board Income	-1,177	-196	-183	-13
Other	-491	-82	-185	103
Primary Care Patient Charges	-431	-117	-109	-8
Total Income	-2,098	-395	-476	81
Expenditure				
<u>Pay</u>				
Medical & Dental	9,601	1,600	2,253	-652
Nursing & Midwifery	17,412	2,902	2,877	25
Other Staff Costs	27,918	4,653	4,199	455
Total Pay	54,932	9,155	9,329	-173
<u>Non-Pay</u>				
Drugs - Primary Care	4,866	811	783	28
Drugs - Secondary Care	3,645	608	475	133
General Dental Services	1,165	281	281	0
General Medical Services	5,785	964	848	116
General Ophthalmic Services	312	63	63	0
Medical Supplies	1,630	272	345	-73
Other Expenditure	12,728	2,121	2,635	-513
Pharmaceutical Services	1,057	174	151	23
Resource Transfer	2,334	389	465	-76
SLA's & UNPACs	10,084	1,681	1,922	-241
Total Non-Pay	43,605	7,364	7,968	-604
Total Expenditure	4,866	811	783	28
Total	96,439	16,124	16,821	-697

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Improvement Programme

NHS Orkney had an integrated improvement function which is responsible for driving savings delivery within the organisation. £3.865m of savings are required to be achieved during 2026/27 to deliver the £2.400m deficit plan (before Transitional Funding Support).

The Board has achieved **£0.289m** after 2 months against a trajectory of **£0.100m**.

At M2 the Improvement Programme reported is forecasting a delivery of **£2.952m** with additional pipeline schemes being scoped and progressed to implementation stage. **£1.649m** has been highlighted as medium or high risk to deliver.

Cash releasing savings (i.e. excluding budget only reductions) are forecasted to be **£2.772m** in 2026/27.

Overview: Month 2 Financial Position (Core RRL)

The overview at Month 2 is summarised in Table 2, with further detail provided in Appendix 1.

Table 2 – Core RRL by Area

Directorate		Annual Budget	YTD Period Budget	YTD Actuals	Variance
Acute Services Directorate	Income	-120	-20	-60	40
	Pay	17,811	2,969	3,581	-612
	Non Pay	2,188	365	373	-9
Acute Services Directorate	Total	19,879	3,313	3,894	-581
Chief Executive Directorate	Income	0	0	-3	3
	Pay	2,415	402	438	-35
	Non Pay	47	8	19	-11
Chief Executive Directorate	Total	2,462	410	454	-44
Chief Officer Integration Board	Income	-731	-122	-110	-12
	Pay	17,761	2,960	2,872	89
	Non Pay	16,368	2,728	3,053	-326
Chief Officer Integration Board	Total	33,398	5,566	5,815	-249
Directorate of Human Resources	Income	-43	-7	-10	2
	Pay	1,547	258	187	71

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	Non Pay	333	56	45	10
Directorate of Human Resources	Total	1,837	306	223	84
Finance Directorate	Income	-572	-95	-122	27
	Pay	8,921	1,487	1,178	309
	Non Pay	5,762	960	1,260	-300
Finance Directorate	Total	14,111	2,352	2,316	36
Medical Directorate	Income	-269	-45	-64	19
	Pay	3,426	571	591	-20
	Non Pay	16,287	2,715	2,700	14
Medical Directorate	Total	19,444	3,241	3,227	14
Performance And Transformation	Income	0	0	0	0
	Pay	1,893	315	295	20
	Non Pay	14	2	5	-2
Performance And Transformation	Total	1,907	318	300	18
Public Health Directorate	Income	-66	-11	-13	2
	Pay	1,159	193	188	5
	Non Pay	183	31	11	19
Public Health Directorate	Total	1,276	213	186	26
	Total	94,314	15,719	16,416	-697

Appendix 1 provides high level performance detail of each area.

Significant Areas of Concern

Medical Staffing Costs

During the first 2 months of the 2026/27 financial year, medical staffing costs have increased, with costs £0.142m higher than the average for 2025/265 (adjusted for inflation), 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

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Agency spend in the first 2 months of the year is in line with the average for 2025/26 but will need to reduce if we hope to achieve our financial target in 2026/27.

Primary Care Prescribing

Primary Care prescribing costs are lower than those anticipated during the budget setting process but can be volatile so that may change as the year goes on.

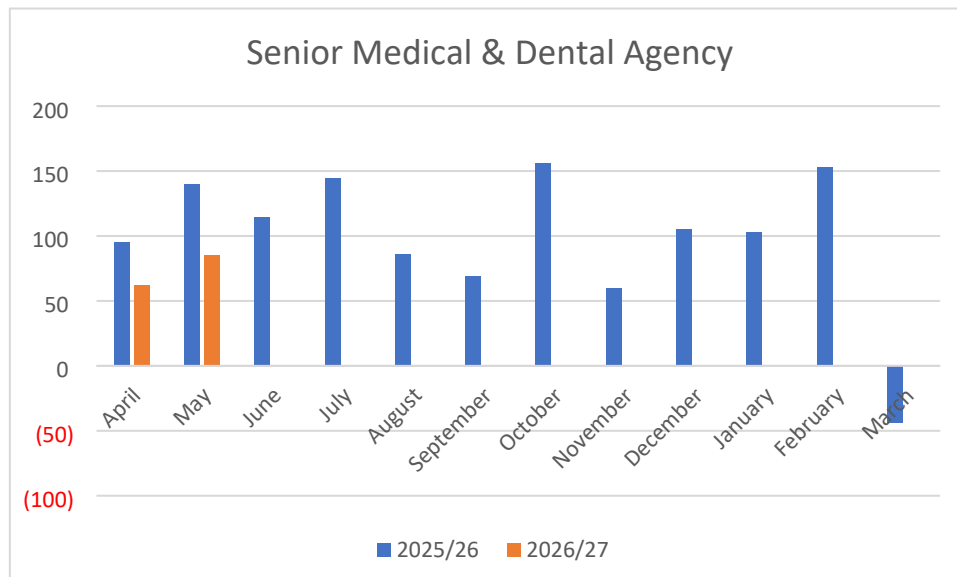
Other areas

The most significant risk to the Board's overall financial position is achievement of the savings target. Addressing the gap between the plan and those schemes in implementation must be a key organisational priority to ensure the financial plan outturn is achieved and to meet the conditions of the Transitional Funding Support agreement.

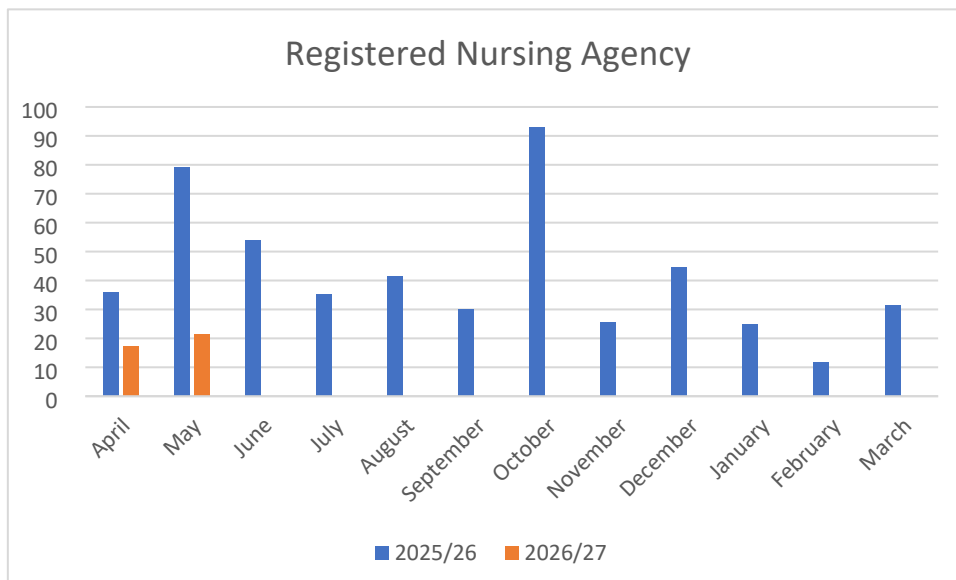
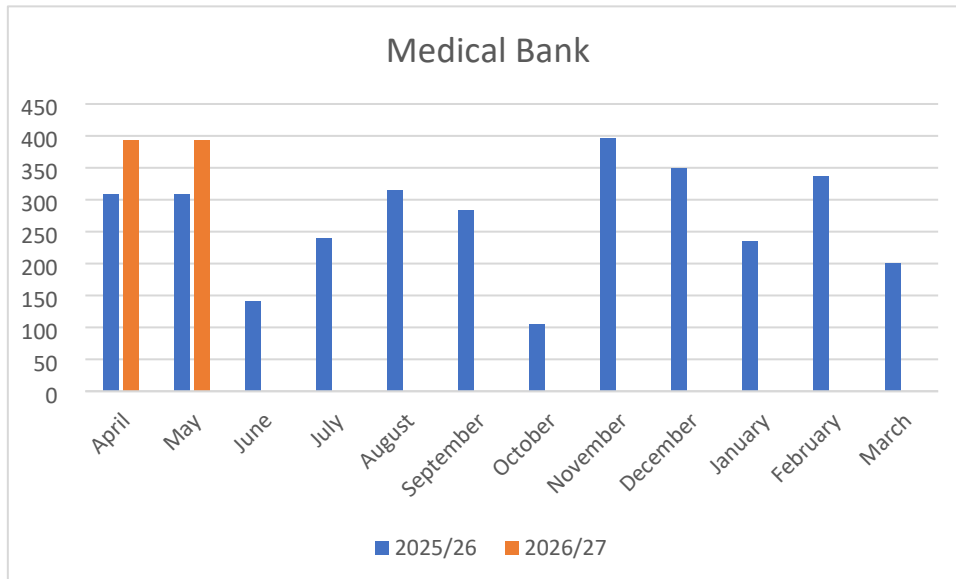
Key Costs - Spend

Pay

Agency costs continues to be a significant area of concern for the Board, with some reductions being seen in 2025/26 and into 2026/27 in AHPs and Healthcare Sciences. Community Nursing and Senior Medical, however, continue to rely on agency and usage remains high for the first 2 month of 2026/27:



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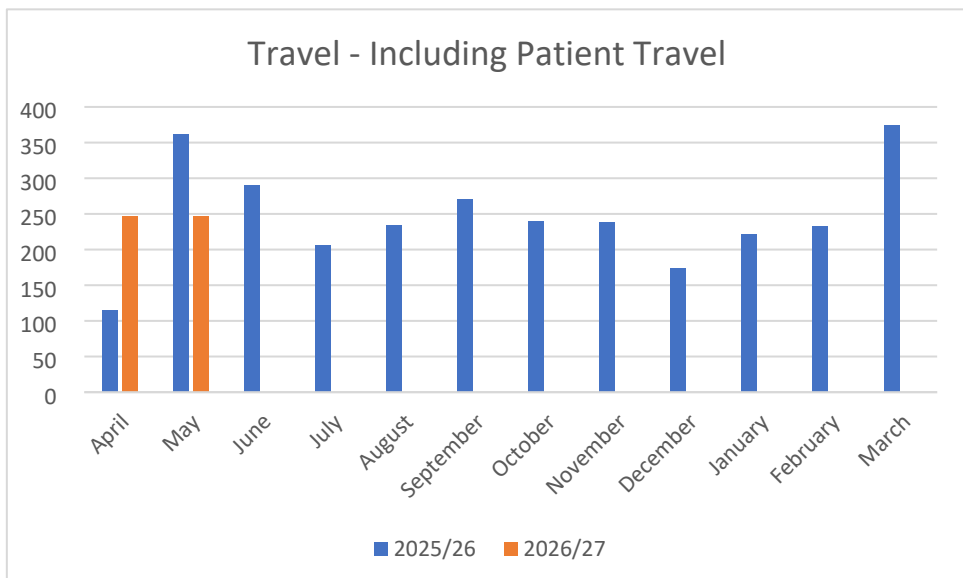
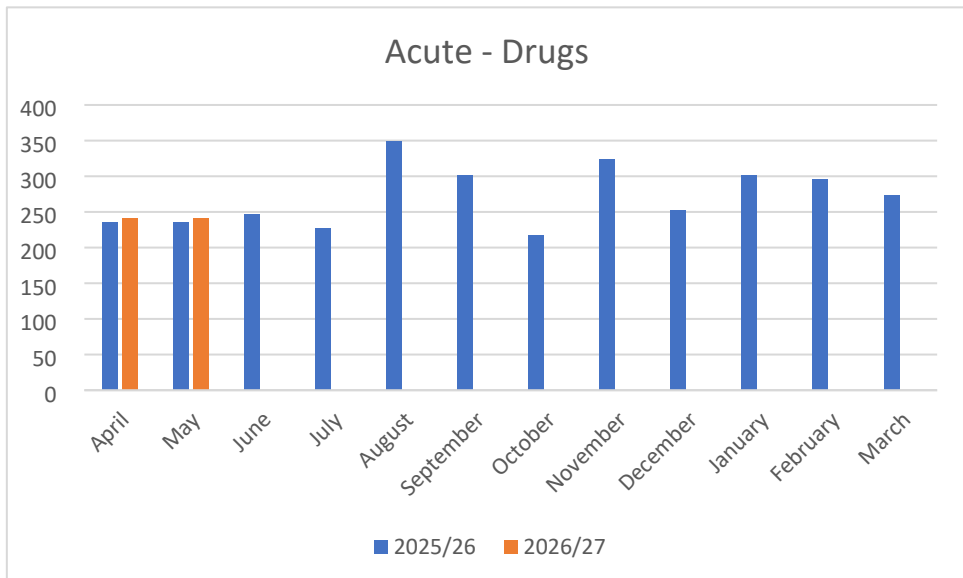
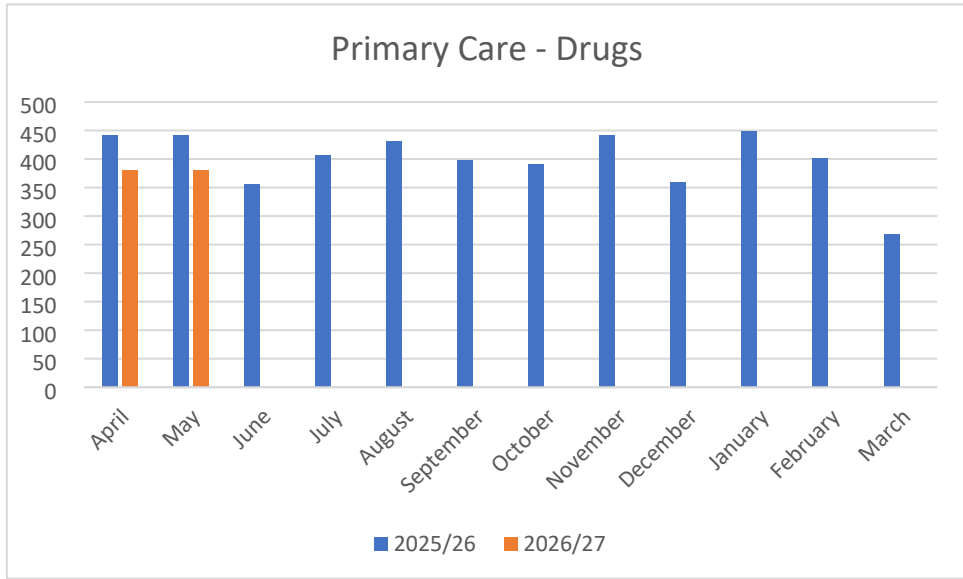


Non-Pay

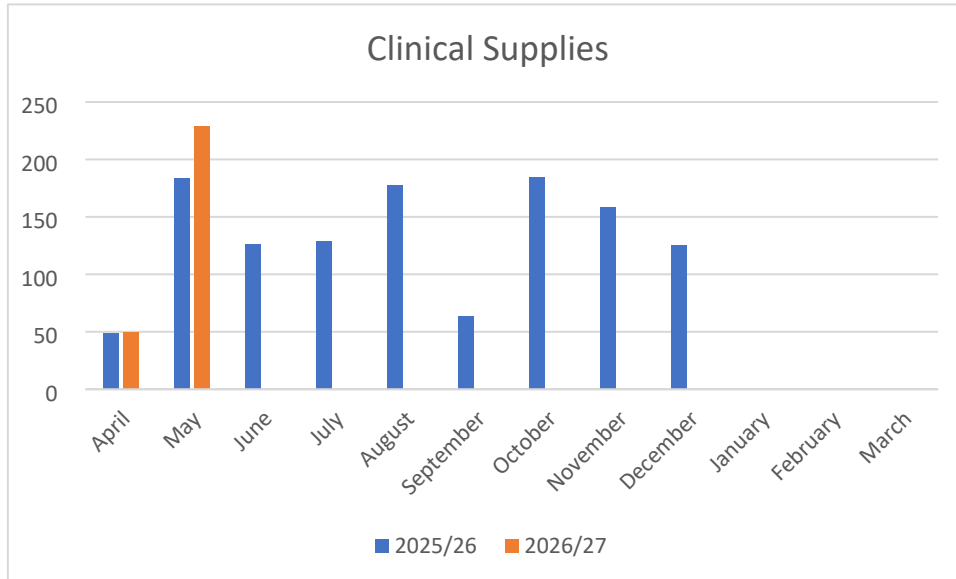
There are several high-spending non-pay areas that are monitored through the Improvement Programme for 2026/27 with targeted work via the Procurement, Diagnostics, Outpatient and Pharmacy Workstreams. There has been a reduction in spend across Primary Care Drugs compared with the same period last year.

Travel (including patient and staff travel) saw an increase in the first 2 months of this year mainly due to the inflationary increases of 3.8% that have been charged from 1 December on flights.

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Capital

The Capital formula allocation for 2026/27 in the financial plan is £1.078m.

Capital Projects		Total Approved Budget	YTD Actual	Forecast Remaining Expenditure	Variance	Notes
		£'000	£'000	£'000	£'000	
Formula Capital Projects		1,078	68	1,010	0	
Earmarked Allocations	NIB Funding	0	0	0	0	
Unallocated Budget		0	0	0	0	
Transfer to Revenue		0	0	0	0	
Capital Receipts						
Total		1,078	68	1,010	0	

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Conclusion and Next Steps

The year-to-date financial position after the first 2 months of the 2026/27 financial year shows an adverse variance to plan, with a reported deficit of **£0.697m**, against the trajectory overspend of **£0.944m**, giving an overall favourable variance of **£0.247m** 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 **£2.772m** will be delivered in this financial year.

Reduction of the run rate will be essential to achieving the planned year-end deficit of £2.400m and the Board is reviewing options to achieve that.

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Appendix 1 – Performance summary

Acute Services - £0.217m overspend (compared to 25/26)

- *Hospital Medical Staff, £0.080m 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, £0.017m overspend*

The main increase in costs in the first 2 months relates to Theatres (£14k) and is due to the cost of surgical supplies.

- *Clinical Nurse Manager, £0.070m overspend*

Inpatients 1 (£13k over), MacMillan Inpatient (£21k over) and ED (£42k over) are all reporting overspends compared to 2025/26 which is partly due to Band 6 arrears which will need to be dealt with.

- *Women's Health £0.025m overspend*

The main area of overspend is the Maternity Ward (£32k over) and most of it can be attributed to filling vacancies from 25/26.

- *Laboratories, £0.030m overspend*

Laboratories increase in spend is mainly due to higher-than-average supplies costs related to the managed service contract.

Medical Director - £0.226m overspend (compared to 25/26)

- *Pharmacy, £0.037m underspend*

Hospital Drug issues are lower than 2025/26 which is the reason for this reduction in costs.

- *External Commissioning, £0.204m overspend*

External Commissioning including SLAs and visiting specialist has a combination of over and underspending areas. The adverse movement in 26/27 is due to the non-recurring rebates that we received in 25/26

- *Unplanned Activity £0.016m underspend*

Unplanned Activity is variable by nature and is subject to significant potential movement from year to year.

IJB – Delegated Services - £0.249m overspend (compared to 25/26)

The Delegated Services budgets report a net overspend of £0.249m, £0.074m operational underspend and £0.117m unachieved savings target (Table 1). Further detail on the operational areas is provided below:

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- *Primary Care, £0.092m underspend*

This is mainly due to additional GMS funding received in 26/27 so we will need to be monitored against future spend.

- *Primary Care – Dental £0.026m overspend*

The increase in costs mainly relate to pay costs.

- *Health and Community Care, £0.068m overspend*

Mental Health Services has an increase in spend of £81k to non-recurring income that was received in 25/26.

- *Primary Care Prescribing, £0.037m underspend*

The Prescribing Unified budget is showing an reduction in spend of £37k. This is a volatile cost area and will continue to be closely monitored along with the accrual assumptions which are based on payments made 2-months in arrears.

Finance - £0.036m overspend (compared to 25/26)

The overspend is actually a reduction in UNPACS income which is variable in it's nature and it's timing.

Estates and Facilities - £0.126m overspend (compared to 25/26)

The increase in spend is mainly the result of the under accrued cost of oil in 25/26

Chief Executive - £0.099m overspend (compared to 25/26)

The increase in cost is the result of filling vacancies in 25/26

Public Health - £0.001m underspend (compared to 25/26)

Costs are in line with 25/26 spend.

Human Resources - £0.006m overspend (compared to 25/26)

The increase in costs is down to an increase in external non-pay recruitment costs.

Performance and Transformation - £0.007m overspend (25/26)

The increase in cost is the result of filling vacancies in 25/26

NHS Orkney Delivery Plan 2026/27

Meeting	NHS Orkney Board
Meeting date	Thursday, 25 June 2026
Responsible Executive/Non-Executive	<ul style="list-style-type: none"> Tammy Sharp, Director of Performance and Transformation
Report Author(s)	<ul style="list-style-type: none"> Tammy Sharp, Director of Performance and Transformation
Purpose of report	<ul style="list-style-type: none"> Decision
Contribution to Strategic ambition	<ul style="list-style-type: none"> Corporate Strategy 2024/28 Annual Operational Plan Government policy/directive
Alignment to NHS Scotland quality ambition(s)	<ul style="list-style-type: none"> Safe Effective Quality Person Centred Sustainability
Key points for consideration	<ul style="list-style-type: none"> Sets out NHS Orkney's Delivery Plan for 2026/27, aligning national, sub-national and local priorities into a focused and deliverable framework. Reflects a deliberate shift from broad ambition to prioritised transformation, concentrating capacity on a small number of high-impact areas to improve performance and sustainability. Provides the strategic and operational basis for delivery during Year 3 of the Corporate Strategy, informed by the Clinical Services Review and national planning expectations.
Route to meeting	Straight to Board 25 June 2026
Recommendation(s)	<ul style="list-style-type: none"> Decision - Reaching a conclusion considering the options

NHS Orkney Delivery Plan 2026/27

Tammy Sharp – Director of Performance and Transformation (and Deputy CEO)

04/06/2026

1. Situation

- 1.1 This paper presents NHS Orkney's Delivery Plan for 2026/27 for Board approval. The Delivery Plan sets out how the organisation will deliver national, sub-national and local priorities over the coming year, while responding to the specific challenges of delivering safe and sustainable services in a remote and island context.
- 1.2 The Plan reflects a deliberate shift from broad ambition to focused delivery, concentrating available capacity on a small number of high-impact priorities to support performance recovery, financial sustainability, and longer-term transformation

2. Background

- The national planning context for NHS Scotland has evolved significantly in recent years, with the introduction of the Service Renewal Framework (SRF), Population Health Framework (PHF), and Operational Improvement Plan (OIP). Collectively, these set clear expectations for NHS Boards to balance immediate performance recovery with longer-term reform, prevention, and system sustainability.
 - For 2026/27, national expectations place continued emphasis on reducing long waits, improving urgent and unscheduled care flow, expanding community-based alternatives to hospital care, strengthening productivity, and aligning local delivery with Reform and Renewal priorities.
Alongside national direction, the introduction of DL(2025)25 Sub-national Planning Direction has strengthened expectations for collaborative planning and delivery across NHS Boards, including participation in the East Sub-national Planning and Delivery Committee. This includes mandated regional priorities and specific work on rural and island healthcare.
- 2.3 Locally, the Delivery Plan represents Year 3 of the NHS Orkney Corporate Strategy 2024–2028. Years 1 and 2 focused on stabilisation, strengthening governance, and building the foundations for improvement. A key milestone was completion of the Clinical Services Review in 2025, which provided a robust evidence base to inform future service redesign.
 - 2.4 The 2026/27 Delivery Plan reflects learning from this work and responds to ongoing challenges including workforce fragility, reliance on temporary staffing,

rising demand, and financial sustainability. It therefore prioritises a small number of transformation areas where meaningful and deliverable change can be achieved.

3. Assessment

• Analysis

NHS Orkney operates within a constrained and complex operating environment. Workforce availability remains the primary constraint on delivery, with continued reliance on locum and agency staffing presenting risks to financial sustainability, continuity of care, and staff wellbeing.

The Clinical Services Review highlighted that several existing service models are increasingly unsustainable without redesign, particularly in Out of Hours services, island-based care, and elements of the medical workforce model. At the same time, national expectations for performance recovery and system productivity continue to increase.

The Delivery Plan responds to this by aligning national priorities with local strategic objectives and focusing delivery through the Improving Together Programme. Four transformation priorities have been identified:

- Out of Hours Model of Care
- Isles Model of Care
- Older Persons and Frailty
- Medical Staffing

These priorities are designed to improve access, flow, quality and sustainability while enabling care closer to home and making better use of digital, data and multidisciplinary working. Enabling infrastructure, particularly workforce and digital capability, is recognised as critical to successful delivery.

• Current Position

NHS Orkney has made progress in stabilising core services and strengthening organisational grip over the first two years of the Corporate Strategy. Governance arrangements, strategic alignment, and readiness for transformation have improved.

However, significant risks remain. Workforce fragility, financial pressures, and limited capacity to deliver improvement alongside day-to-day operational demand continue to constrain progress. Without a focused and prioritised approach, there is a risk that improvement activity becomes fragmented and insufficient to address underlying sustainability challenges.

The Delivery Plan seeks to mitigate these risks by providing clarity of focus, clear governance through the Improving Together Programme, and alignment between workforce, financial and operational planning.

- **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	Improved service sustainability, clearer pathways, and redesigned models of care are expected to improve safety, continuity, and patient experience, particularly for urgent care, older people, and island communities.
People	Workforce	Yes	The Plan prioritises workforce sustainability through redesigned models of care, reduced reliance on temporary staffing, and increased multidisciplinary working, supporting recruitment, retention and staff wellbeing.
Performance	Finance	Yes	Delivery of the Plan supports improved productivity, better alignment of capacity and demand, and mitigation of high-cost workforce models, contributing to improved financial sustainability.
Potential	Risk Management	Yes	The Plan addresses key system risks identified through the Clinical Services Review, with defined governance and oversight through the Improving Together Programme.
	Digital	Yes	Increased use of digital triage, remote consultation, telehealth and data-driven planning supports more efficient and accessible service delivery.
Place	Equality and Diversity including health inequalities	Yes	The Plan supports equitable access to services across Orkney, including ferry-linked islands, and aligns with place-based and population health approaches.
	Climate Change Sustainability	Choose an item.	Shifting care closer to home, reducing avoidable travel, and increased digital delivery support environmental sustainability objectives.

4. Recommendations

- The Board is asked to approve the NHS Orkney Delivery Plan 2026–27.
- The Board is asked to endorse the prioritised approach to delivery and transformation, focused on the four identified transformation priorities and enabling infrastructure.

5. List of Appendices

5.1 The following appendices are included with this report

- Appendix 1: NHS Orkney Delivery Plan 2026-27

NHS Orkney – Delivery Plan 2026-27

Introduction

This paper sets out NHS Orkney’s Delivery Plan for 2026/27, bringing together national, sub-national, and local strategic priorities into a coherent framework for delivery across the coming year.

The planning context for NHS Scotland has evolved significantly over the past two years, with the introduction of several key national frameworks and strengthened expectations around performance, planning, and system collaboration. These changes require Boards to operate within a more integrated and aligned planning environment, balancing the need for immediate operational improvement with longer-term transformation and service redesign.

Within this context, NHS Orkney faces a set of well-established challenges associated with delivering services in a remote and island setting, including workforce fragility, increasing demand, and the financial sustainability of current service models. This Delivery Plan therefore reflects a clear shift toward prioritisation and focus, ensuring that available capacity is directed toward a small number of high-impact areas that will deliver meaningful improvement in both performance and sustainability.

National Planning Context

The NHS Scotland national planning framework has been shaped by a number of significant publications, most notably the Service Renewal Framework (SRF), the Population Health Framework (PHF), and the Operational Improvement Plan (OIP). Collectively referred to as the “three national products,” these provide a coherent national direction for both immediate delivery and long-term reform.

The SRF and PHF, published in June 2025, set out a 10-year vision for the redesign of health and social care services in Scotland. The SRF establishes a framework for transforming services through a shift toward prevention, earlier intervention, and more care delivered within community settings. It emphasises the need for services to be person-centred, value-based, and integrated across organisational boundaries, with a stronger focus on population-level planning and outcomes.

Central to the SRF are five key principles—Prevention, People, Community, Population, and Digital—which together provide the foundation for a phased programme of change. This includes a clear ambition to:

- Prevent disease and support early diagnosis and effective management of long-term conditions
- Deliver care that is designed around the needs of individuals and communities
- Strengthen integration across health and social care systems
- Improve access to services within community settings
- Rebalance the role of hospital services as more care is delivered outside acute settings
- Enable the use of digital technologies and data to support both patients and the workforce

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The PHF complements this by setting out a prevention-first, population-based approach to improving health outcomes and reducing inequalities. It places particular emphasis on addressing the wider determinants of health and reducing the life expectancy gap between the most deprived communities and the national average. It also reinforces the need for cross-system collaboration beyond the NHS, recognising that many of the drivers of health outcomes sit outside traditional healthcare services.

The OIP, published in March 2025, translates this long-term strategic direction into immediate delivery priorities for 2025/26. It focuses on stabilising system performance and addressing current pressures, with particular emphasis on:

- Reducing long waits, including eliminating waits over 52 weeks
- Improving performance across urgent and unscheduled care pathways
- Addressing delays in diagnostics and cancer pathways
- Expanding community-based alternatives to hospital admission, including Hospital at Home
- Strengthening access to primary and community care services
- Demonstrating alignment with SRF and PHF within local strategies

For 2026/27, NHS Boards are expected to maintain a clear focus on performance recovery, system productivity, and sustainable service delivery, while continuing to align with the longer-term Reform and Renewal agenda. The national approach for the year is deliberately streamlined, setting out a concise set of minimum operational expectations to provide clarity and focus, with detailed delivery continuing through existing planning and performance arrangements.

A continued emphasis is placed on maximising system capacity across national, sub-national, and community settings to sustain recent progress in reducing long waits and improving access. This includes making full use of elective and diagnostic capacity, strengthening community-based provision, and improving scheduling and utilisation of existing resources.

Priority areas for delivery include:

- Reducing the longest waits for planned care, including maintaining progress on eliminating extended waits and prioritising cancer pathways
- Improving productivity across elective and diagnostic services, ensuring more efficient use of available capacity
- Strengthening flow and performance in urgent and unscheduled care, including reducing delays, improving discharge processes, and expanding alternatives to admission
- Expanding Hospital at Home and community-based care models, reducing variation and supporting care closer to home
- Ensuring safe, high-quality maternity and neonatal services, including delivery of national standards and networked models of care
- Improving access to mental health, neurodevelopmental, and learning disability services, with a focus on stabilisation and pathway development
- Accelerating digital access and modernisation, including rollout of national platforms and improved care coordination

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- Progressing toward becoming a population health organisation, supported by maturity assessment and action planning

Delivery of these priorities is expected to be underpinned by safe, effective, and person-centred care, with strong clinical governance, quality assurance, and performance management arrangements in place. Boards are required to reflect these priorities within their local planning and delivery frameworks for 2026/27.

Subnational Planning context

The introduction of DL(2025)25 Sub-national Planning Direction represents a significant development in NHS Scotland's planning architecture, strengthening expectations for collaborative, population-level planning and delivery across Health Boards.

This Direction requires Boards to work together more closely to develop joint plans and deliver shared priorities at a regional level, recognising that sustainable service models—particularly for specialist, high-cost, or workforce-constrained services—require coordination across larger populations.

To support this, Sub-national Planning and Delivery Committees (SPDCs) have been established, including the East Sub-national Planning and Delivery Committee (SPDCE), which brings together Chairs and Chief Executives from NHS-Borders, NHS-Fife, NHS-Grampian, NHS-Lothian, **NHS-Orkney**, NHS-Shetland, and NHS-Tayside, alongside relevant national Boards.

The SPDCE is responsible for providing collective leadership, planning, and oversight of delivery across five mandated priority areas:

- Orthopaedic waiting times
- Emergency healthcare services
- Digital Front Door / MyCare
- Alignment of business systems
- Consolidated financial planning

In addition, the East region has commissioned further work on Rural and Island Healthcare, recognising the distinct challenges associated with geography, workforce, and access in remote settings.

While this model represents a shift toward greater system collaboration and standardisation, the Direction is explicit that it does not change the statutory clinical, workforce, or financial accountabilities of individual Boards. Rather, it provides a mechanism to support coordination, reduce duplication, and improve sustainability through shared approaches.

Local Strategic Framework

The NHS Orkney Corporate Strategy (2024–2028) provides the overarching framework for local delivery, setting out the organisation's ambition to deliver safe, effective, and sustainable care for the population of Orkney.

The strategy is structured around five strategic objectives (“the 5 Ps”):

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- People – Building a sustainable, skilled, and supported workforce
- Patient Safety, Quality and Experience (PSQE) – Delivering safe, high-quality, person-centred care
- Performance – Improving access, flow, and waiting times
- Potential – Maximising the use of digital, data, and innovation
- Place – Delivering care closer to home

These objectives reflect the realities of delivering healthcare within a remote and island context, including workforce challenges, the need to improve access and reduce variation, and the importance of shifting the balance of care toward community-based models.

The strategy is designed to balance immediate operational pressures with longer-term transformation, ensuring that services remain equitable, sustainable, and aligned to the needs of the population.

Progress to Date – Years 1 and 2

Year 1 of the Corporate Strategy focused on stabilisation and strengthening the foundations for improvement, with the organisation maintaining delivery of core services in the context of ongoing operational and workforce pressures. Progress was made in improving performance in key areas, alongside strengthening governance, leadership, and organisational oversight. There was also a continued focus on developing more sustainable service models, including early work to support community-based care and improved integration across services. A key milestone was the commissioning of the Clinical Services Review, providing a robust evidence base to inform future transformation priorities. Overall, year 1 of the strategy reflected a shift toward greater organisational grip and alignment with the strategic objectives, while recognising that challenges remain in workforce sustainability, service capacity, and financial performance.

Year 2 (25/6 – to update)

In Year 2 of the Corporate Strategy, the organisation marked an important transition point from stabilisation to transformation planning. The commissioning and completion of the Clinical Services Review (CSR) provided a robust assessment of the sustainability, quality, and equity of existing service models. In parallel, preparatory work progressed across a number of priority areas, including Out of Hours, and services for older people and those living with frailty. While this work did not result in immediate system change, it established an understanding of the scale and nature of the challenges, and a clearer base to support prioritisation and future decision-making.

Despite areas of progress, challenges remained. Workforce fragility, reliance on temporary staffing, financial sustainability, and the capacity to deliver improvement alongside day-to-day operational demand continued to place pressure on the organisation. These factors reinforced the need for sharper prioritisation, a more disciplined approach to delivery, and a focus on a small number of high-impact priorities where meaningful change can be achieved.

Overall, Year 2 strengthened the organisation's readiness to move into a more focused phase of delivery in Year 3. Better alignment between strategic ambition and operational reality provide a stronger platform for change. The 2026/27 Delivery Plan therefore represents a deliberate shift from broad ambition to targeted, deliverable transformation, grounded in the learning and foundations established over the first two years of the strategy.

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Clinical Services Review and Transformation Priorities

In early 2025, NHS Orkney commissioned a Clinical Services Review (CSR), supported and funded by the Scottish Government, to assess the long-term sustainability, quality, and equity of clinical services.

The Review, received in July 2025, sets out a whole-system approach to service redesign, drawing on national and international best practice, particularly in remote and rural settings. It provides a clear evidence base to support decisions on future models of care and aligns with both national Reform and Renewal priorities and the NHS Orkney Corporate Strategy.

The outcomes of the Review have been used to inform the transformation priorities for Year 3, delivered through the organisation's *Improving Together Programme*.

Four priority areas have been identified:

1. Out of Hours (OOH) Model of Care

The redesign of the Out of Hours (OOH) Model of Care is a key transformation priority, focused on improving the sustainability, effectiveness, and efficiency of the current service. The existing model supports a relatively low volume of patient activity while operating at a high annual cost, creating ongoing challenges in terms of financial and workforce sustainability.

This priority will focus on reviewing how OOH services are currently delivered, including the configuration of clinical cover, the deployment of clinical time, and the interface with urgent and unscheduled care pathways. This includes exploring opportunities to optimise the model through changes to current working arrangements, closer integration with the Emergency Department, and potential collaboration with neighbouring Boards to support elements of delivery, such as GP triage or clinical advice.

This approach aligns with wider national direction for urgent and unscheduled care, supporting a more integrated “front door” model in which primary care presentations are managed consistently, regardless of route of access. While delivery of this model will require careful design and engagement with clinical stakeholders, it represents a clear opportunity to improve both service quality and system flow.

Strategic Objective	Alignment to Strategic Objectives
People – Workforce Sustainability and Capacity	<p>Reduces reliance on high-cost, low-continuity locum cover by redesigning the staffing model</p> <p>Enables more efficient use of existing clinical workforce, particularly GP time</p> <p>Supports development of more flexible and integrated roles across primary and urgent care</p> <p>Improves staff experience and wellbeing by addressing unsustainable working patterns (e.g. isolation, overnight burden)</p> <p>Creates opportunities for shared staffing models with neighbouring Boards, improving resilience</p>

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<p>Place – Care Closer to Home</p>	<p>Ensures patients can continue to access appropriate care locally during out-of-hours periods</p> <p>Reduces unnecessary presentations to ED or transfers off-island through improved triage and management</p> <p>Strengthens the role of local urgent care pathways, ensuring patients are seen in the right setting first time</p> <p>Supports a more coordinated island-based model of care, aligned with community needs</p>
<p>Performance – Access, Flow and System Efficiency</p>	<p>Improves front-door flow by ensuring primary care presentations are managed consistently</p> <p>Reduces avoidable ED attendances and admissions, particularly overnight</p> <p>Supports improved response times and access to urgent care services</p> <p>Aligns workforce and demand more effectively, reducing inefficiencies in current provision</p> <p>Contributes to overall system stability, particularly during periods of peak demand</p>
<p>PSQE – Patient Safety, Quality and Experience</p>	<p>Improves clinical safety through clearer pathways and more consistent triage processes</p> <p>Enhances continuity of care, reducing fragmentation between OOH, ED, and daytime services</p> <p>Supports delivery of person-centred care, ensuring patients are managed in the most appropriate setting</p> <p>Reduces variation in access and experience depending on route of presentation (NHS24 vs walk-in)</p> <p>Strengthens governance and oversight of OOH delivery</p>
<p>Potential – Digital, Data and Innovation</p>	<p>Enables greater use of digital triage, remote consultation, and decision support tools</p> <p>Supports development of a “digital front door” approach aligned to national direction</p> <p>Improves use of data to understand demand patterns and optimise workforce deployment</p> <p>Creates opportunities to test and scale innovative models of urgent care delivery</p> <p>Facilitates better integration with regional and national systems, including NHS24 and neighbouring Boards</p>

2. Isles Model of Care

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The Isles Model of Care represents a critical transformation priority, addressing longstanding challenges in delivering safe, sustainable services across remote island communities. The current model is increasingly unsustainable, driven by high delivery costs, workforce fragility, and the requirement to provide 24/7 care with limited clinical capacity. This has resulted in reliance on locum staffing, reduced continuity of care, and pressures on staff wellbeing, alongside risks to clinical and financial sustainability. This workstream will focus on designing and testing a more sustainable, future model of care, tailored to the needs of island populations. This includes greater use of local assets such as community first responders and the Scottish Ambulance Service, alongside enhanced use of digital solutions and remote monitoring, to support more resilient, integrated, and accessible care delivery

Strategic Objective	Alignment to Strategic Objectives
People – Workforce Sustainability and Capacity	<p>Reduces reliance on unsustainable single-clinician models requiring 24/7 cover</p> <p>Supports development of more resilient, team-based workforce models, including use of multidisciplinary teams</p> <p>Improves recruitment and retention by creating roles that are more attractive and sustainable in a remote setting</p> <p>Enhances staff wellbeing, reducing professional isolation and exposure to excessive on-call demands</p> <p>Enables more effective use of wider system workforce, including Scottish Ambulance Service, community responders, and visiting clinicians</p>
Place – Care Closer to Home	<p>Strengthens delivery of care within island communities, reducing the need for travel to the mainland or Balfour</p> <p>Ensures services are tailored to local population needs, rather than applying a single standard model</p> <p>Improves equity of access for residents across the isles</p> <p>Supports development of place-based models of care, integrating health, social care, and community resources</p> <p>Maintains the principle of local access to urgent and routine care, where safe and appropriate</p>
Performance – Access, Flow and System Efficiency	<p>Reduces avoidable transfers and emergency admissions, easing pressure on acute services</p> <p>Improves response times and access to care through more appropriate triage and use of local resources</p> <p>Enables better alignment between demand and available workforce capacity</p> <p>Reduces inefficiencies associated with over-reliance on high-cost locum provision</p>

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	Supports improved system flow, particularly across urgent and unscheduled care pathways
PSQE – Patient Safety, Quality and Experience	<p>Improves clinical safety through more robust and sustainable staffing arrangements</p> <p>Enhances continuity of care, reducing reliance on short-term or unfamiliar clinicians</p> <p>Supports delivery of person-centred care, closer to home and within familiar environments</p> <p>Reduces variation in service provision across different islands</p> <p>Strengthens clinical governance and oversight across remote settings</p>
Potential – Digital, Data and Innovation	<p>Expands use of digital solutions, including remote monitoring, virtual consultations, and telehealth</p> <p>Enables more effective integration with mainland services and specialist input</p> <p>Supports data-driven understanding of island-specific demand and service use</p> <p>Creates opportunities to develop and test innovative rural and remote care models</p> <p>Aligns with national ambitions for digital access and system-wide connectivity</p>

3. Older Persons and Frailty

The Older Persons and Frailty priority is focused on improving outcomes and experience for older people in Orkney, particularly those living with frailty, dementia, and complex needs. This will be achieved through earlier identification of need, improved coordination of care, and more proactive support to enable people to maintain independence, avoid unnecessary hospital admissions, reduce delayed discharges, and experience smoother transitions across services. In doing so, the priority seeks to reduce fragmentation and duplication, while improving continuity of care and strengthening support for carers and families.

This priority provides an overarching, system-wide framework for delivery, bringing together a number of interrelated areas of improvement. These include the development of frailty pathways, strengthening dementia services, expansion of multidisciplinary team working, implementation of single points of access and referral, and alignment with Getting it Right for Everyone. It also encompasses redesign of Care at Home and Care Home models, alongside the expansion of telehealth and remote monitoring. The scope of the priority will continue to evolve, including the incorporation of frailty-related elements from the Acute Front Door, ensuring a more integrated and coherent approach to care for older people across the system.

Strategic Objective

Alignment to Strategic Objectives

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<p>People – Workforce Sustainability and Capacity</p>	<p>Supports development of multidisciplinary team (MDT) models, reducing reliance on single professional groups</p> <p>Enables more effective use of community-based workforce, including nursing, AHPs, and social care staff</p> <p>Promotes role development and upskilling in frailty, dementia, and complex care</p> <p>Improves staff experience and sustainability by reducing reactive, crisis-driven care</p> <p>Strengthens integration across health and social care workforce, supporting more coordinated delivery</p>
<p>Place – Care Closer to Home</p>	<p>Shifts care from hospital to community and home-based settings, supporting independence</p> <p>Reduces need for hospital admission and prolonged inpatient stays</p> <p>Strengthens local provision of care, particularly through Care at Home and Care Home redesign</p> <p>Improves access to coordinated, place-based services tailored to individual needs</p> <p>Supports delivery of care in familiar environments, improving outcomes and experience</p>
<p>Performance – Access, Flow and System Efficiency</p>	<p>Reduces avoidable admissions and readmissions, particularly for frail older people</p> <p>Improves flow through the system, including reduced delayed discharges</p> <p>Supports more effective demand management through proactive care and early intervention</p> <p>Improves timeliness of access to services, including through single points of referral</p> <p>Enables better alignment between capacity and demand, reducing system pressures</p>
<p>PSQE – Patient Safety, Quality and Experience</p>	<p>Improves patient outcomes and experience, particularly for those with complex needs</p> <p>Enhances continuity of care, reducing fragmentation across services</p> <p>Supports delivery of person-centred, coordinated care, aligned to individual needs</p> <p>Reduces risk associated with multiple transitions between services</p> <p>Strengthens support for carers and families, improving overall experience</p>

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Potential – Digital, Data and Innovation	<p>Expands use of telehealth and remote monitoring, supporting proactive care</p> <p>Enables improved use of data to identify and manage frailty and risk earlier</p> <p>Supports development of integrated digital pathways and shared care records</p> <p>Creates opportunities to implement innovative models of care for older people</p> <p>Aligns with national direction on digital enablement and population health approaches</p>
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4. Medical Staffing

The Medical Staffing priority addresses a key system risk relating to the sustainability, cost, and resilience of the current workforce model. Consultant spend has increased year-on-year, with variation across specialties and an ongoing reliance on temporary staffing to maintain core services. This reflects underlying challenges in recruiting and retaining a stable substantive workforce within a remote and island context, alongside service models that are not consistently aligned to available workforce capacity. As a result, there are risks to financial sustainability, continuity of care, and clinical resilience. This workstream will focus on stabilising core services, strengthening governance and control over temporary staffing, and redesigning workforce models to ensure they are sustainable, efficient, and aligned to future service delivery. This will include developing more flexible and innovative workforce approaches, maximising the contribution of multidisciplinary teams, and ensuring alignment between workforce, activity, and financial planning.

Strategic Objective	Alignment to Strategic Objectives
People – Workforce Sustainability and Capacity	<p>Reduces reliance on high-cost agency and locum staffing, moving toward a more stable substantive workforce</p> <p>Supports development of sustainable workforce models aligned to service need and capacity</p> <p>Enables greater use of multidisciplinary teams and extended roles, reducing pressure on consultant workforce</p> <p>Improves recruitment and retention through more attractive, flexible, and clearly defined roles</p> <p>Enhances staff wellbeing and continuity, reducing turnover and reliance on short-term cover</p>
Place – Care Closer to Home	<p>Ensures workforce models are aligned to local service delivery, supporting care closer to home where appropriate</p> <p>Reduces reliance on centralised or externally delivered services, improving local resilience</p>

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	<p>Supports delivery of island-based and community care models, particularly where workforce constraints currently limit provision</p> <p>Enables more consistent local access to services, reducing the need for patient travel</p>
<p>Performance – Access, Flow and System Efficiency</p>	<p>Improves alignment between workforce capacity and demand, supporting more efficient service delivery</p> <p>Reduces service disruption caused by rota gaps and reliance on temporary cover</p> <p>Supports improved elective and urgent care performance through more stable staffing</p> <p>Enables more effective planning and utilisation of clinical time</p> <p>Contributes to improved system flow, particularly where workforce gaps currently create bottlenecks</p>
<p>PSQE – Patient Safety, Quality and Experience</p>	<p>Improves continuity of care, reducing reliance on transient workforce</p> <p>Strengthens clinical governance and oversight, with more consistent teams and clearer accountability</p> <p>Reduces clinical risk associated with variable staffing and unfamiliar clinicians</p> <p>Enhances patient experience, through more consistent and coordinated care</p> <p>Supports delivery of safe and high-quality care through stable and appropriately skilled teams</p>
<p>Potential – Digital, Data and Innovation</p>	<p>Supports use of data-driven workforce planning, aligning staffing models to demand and activity</p> <p>Enables more effective deployment of digital tools to support clinical decision-making and productivity</p> <p>Creates opportunities to redesign services using innovative workforce models, supported by digital integration</p> <p>Improves visibility of workforce utilisation and performance, supporting continuous improvement</p> <p>Aligns workforce redesign with broader digital and system transformation initiatives</p>

Enabling Infrastructure

The successful delivery of these priorities is critically dependent on the strength of the organisation’s enabling infrastructure, in particular workforce and digital capability.

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Workforce remains the primary constraint and enabler within a remote and island system. Without a stable, skilled, and flexible workforce, redesigned models of care cannot be delivered or sustained. This requires a shift away from reliance on temporary staffing toward more resilient workforce models, including multi-skilled roles, new ways of working, and improved recruitment and retention approaches.

Digital capability is equally important in enabling new models of care, supporting the delivery of services closer to home, improving access through digital channels, and enabling better integration across services. It also underpins the effective use of data for planning, performance management, and clinical decision-making.

Together, these enablers are fundamental to delivering across all strategic objectives, supporting improvements in workforce sustainability, service access, system performance, quality of care, and productivity.

Delivery Approach

Delivery will be coordinated through the Improving Together Programme, providing a structured framework for implementation and oversight.

This includes:

- Defined workstreams aligned to each transformation priority
- Clear governance arrangements and executive oversight
- Integration of workforce, financial, and operational planning
- Regular performance reporting against agreed outcomes and KPI

This approach provides a clear line of sight from strategy through to delivery, supporting accountability, prioritisation, and benefits realisation.

Financial Context and Risks

Delivery of the plan takes place within a constrained financial environment, with ongoing requirements to deliver efficiency savings.

Key risks include:

- Workforce availability and associated cost pressures
- Capacity to deliver transformation alongside ongoing operational demand
- Financial sustainability of existing service models

Addressing these risks will require disciplined prioritisation, strong programme management, and alignment across enabling functions.

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Area Partnership Forum Action Note

Title of meeting: Area Partnership Forum (APF)		Date:	18 March 2026
		Time:	14:00
Chair:	James Goodyear		
Executive Support:	Jade Rosie		
Members		Present	Apologies
James Goodyear (JG), Chief Executive (Joint Chair)		X	
Ryan McLaughlin (RM), Employee Director (Joint Chair)		X	
Stephen Brown (SB), Chief Officer IJB			
John Daniels (JD) Head of Primary Care Services			X
Lauren Flett (LF), RCM			
Tariro Gandiya (TG) – British Medical Association (BMA) representative			
Tony Miller (TM) – UNISON representative			
Wilma Brown (WB) – Unison Regional Officer			
Morven Gemmill, Lead AHP			X
Willem Venter, Health & Safety Advisor		X	
Melanie Barnes – Interim Director of Finance		X	
Lawrence Green (LG), Health and Safety Lead		X	
Anna Lamont (AL), Medical Director			
Kath McKinnon, (KM), British Dental Association (BDA)			
Caitriana McCallum (CM), British Dietetic Association (BDA)			
Margaret MacRae (MM) RCN		X	
Steven Phillips (SP), Head of People and Culture		X	
Yvonne Stewart, (YS), Society of Radiographers (SOR)			
Sharon Keyes (SK), Head of Facilities & NPD Contract		X	
Samantha Thomas, (ST), Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services		X	
Kate Smith, Society of Radiography Representative			
Amanda Manson, Royal College of Nursing (RCN) Representative		X	
Karen Spence, UNISON Representative		X	
Dave Harris - Director of People & Culture		X	
Lynn Adam, (LA), Clinical Lead for Workforce		X	
Lorna Major, Royal College of Midwives (RCM) Representative			

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Lisa Huggard, Royal College of Midwives (RCM) Representative		
In Attendance		
Alan Scott, Head of Estates & Property	X	

MEL

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Cover Page	Chair	AWARENESS	Members noted the purpose and principles of the Area Partnership Forum (APF).
2.	Welcome	Chair	WELCOME	All members were welcomed to the meeting and NOTED as above.
3.	Apologies	Chair	AWARENESS	Apologies were received and NOTED as above.
4.	Minutes and CAR of meeting held on 17 February 2026	Chair	DECISION	Members to feedback to Corporate Governance Team any amendments to minutes. Minutes and CAR APPROVED with amendments NOTED for onward submission to Staff Governance and Board.
5.	Matters arising	Chair	DISCUCSSION	KS gave an update on the organisational change within Finance. She reported that she and Danna Wilson (HR) had met, had gone back to Melanie Barnes, and had requested a team meeting with everyone involved, as the relevant paper had now been shared with all staff.
6.	Area Partnership Forum Action log	Chair	ASSURANCE	The action log was reviewed and updates were noted. RM thanked MB for the data shared in relation to mileage but clarified that Staff Side wanted data which showed the number of staff exceeding 3,500 miles, and where these staff work. MB agreed to

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				<p>investigate options to provide the required level of detail, but how timely this would be depended on Payroll capacity if their input is required.</p> <p>Action: Update on the data to be provided to the April meeting.</p>
CORE BUSINESS				
7.	Chief Executive and Executive Team Updates	Chief Executive	AWARENESS	<p>JG provided a comprehensive update covering cost-of-living impacts, ongoing financial and operational pressures, and national/regional developments. He highlighted the effect of rising fuel and energy costs following global events, noting the likely impact on staff and organisational finances.</p> <p>A suggestion from RM for him and JG to write jointly to the national body regarding NHS mileage arrangements was discussed and agreed. Consideration needs to be given on where to write to, as colleagues advised an emergency increase in national mileage rates is already still in place.</p> <p>Colleagues added further detail on internal work underway, including establishment of a Short Life Working Group to coordinate organisational responses and assess staff impacts, as well as consideration of wider Orkney-level responses.</p> <p>JG provided a detailed verbal update on the NHS Scotland sub-national planning work, outlining progress across five national priorities: orthopaedic elective services, emergency care improvements, digital front door implementation, business systems refresh, and financial planning. Cross-cutting themes on rural and island needs and health</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>inequalities were noted. Executive Directors added supplementary updates from regional groups and internal workstreams.</p> <p>Action: JG and RM to explore writing jointly to the national body on NHS mileage arrangements.</p> <p>Action: ST to convene a Short Life Working Group to assess cost-of-living impacts and ensure business continuity planning.</p> <p>Action: SP to issue staff communications signposting available financial wellbeing resources.</p>
8.	Staff Side Updates	Staff Side Leads	DISCUSSION	<p>KS informed the Forum that UNISON had launched a national campaign highlighting the disparity between the Distance Islands Allowance (DIA) paid to NHS Orkney staff compared with Orkney Islands Council staff, approximately £1,300 lower for NHS staff living on the same islands. The campaign has received national political attention and media coverage, and members were advised of potential local discussion arising from this.</p> <p>RM added that the issue had also been raised at the most recent meeting of the island boards' Employee Directors, who expressed interest in its progression. Concern was noted that national discussions on DIA are ongoing within STAC, and RM emphasised the importance of ensuring Orkney-specific representation is included in such work, rather than discussions taking place about us rather than with us.</p>
ITEMS FOR DISCUSSION OR APPROVAL				
9.	Clinical Services Review Update	Director of Transformation	DISCUSSION	<p>JG provided an update in the absence of TS. Following the 2025 Clinical Services Review, six workstreams were prioritised down to three key areas:</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>Front Door and GP Out-of-Hours Model Older People's Strategy and Services Isles Model of Care</p> <p>Workstreams are being established, with milestones and resource needs identified.</p> <p>RM noted significant capacity pressures across several teams. JG outlined the approach being taken to align resources, phase work appropriately, and draw on national support. RM requested regular updates come to APF rather than embedding staff-side reps in each project team. JG agreed.</p>
10.	DRAFT Estates Policies	Head of Estates	DISCUSSION	<p>AS presented three updated policies, Fire Safety, Medical Gas Management, and Ventilation Systems noting that each had been updated in line with current SHTM guidance and approved by their respective governance groups.</p> <p>The Security and Electronic Door Access Policy were withdrawn for further revision.</p> <p>The Forum agreed that a short consultation period would be appropriate to allow members to gather feedback from staff before final drafts return to APF.</p> <p>Action: Updated draft Estates policies to be recirculated for a 2–3-week consultation, with final versions returning to APF in April.</p>
11.	Residential Property Policy	Director of Finance	APPROVAL	<p>The policy presented was identified as not the most up-to-date version. A newer draft exists, containing amendments previously agreed with</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>AL. SK will update the document and recirculate it for member consultation and feedback, before bringing it back to APF for final approval.</p> <p>Action: Revised policy to return to APF in April or May.</p>
12.	2026/27 Financial Plan	Director of Finance	DISCUSSION	<p>MB presented the draft financial plan for 2026/27–2028/29, highlighting continued financial pressures, rising costs, workforce fragility, and volatility in areas such as patient travel.</p> <p>A 2% baseline uplift and NRAC funding increase were noted, alongside the requirement for all boards to deliver 3% recurring savings. A revised transitional funding allocation provides an additional £900k support.</p> <p>Staff-side members raised questions regarding deliverability of savings, workforce impacts, agency and locum expenditure, and assurance regarding safe staffing. The Director of Finance confirmed ongoing work on medical staffing, workforce-related savings focusing on reducing agency/overtime spend, and a separate action plan for locum cost reduction. Further detail on specific savings schemes will be brought back to APF, with a provisional date of April.</p> <p>RM informed the Forum that Staff Side have agreed to use the JSNC meeting in April to develop a more detailed response to the Financial Plan, which can be shared at the next meeting in April.</p> <p>Action: More detailed paper on savings schemes to be brought to future APF. MB to confirm arrangements with TS.</p> <p>Action: Staff Side response to Financial Plan to be submitted for discussion at April meeting.</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
ITEMS FOR NOTING				
13.	Reduced Working Week Update	Head of People & Culture	AWARENESS	<p>SP provided an update, confirming that directorates are finalising data on staff who may need to retain contracted hours following the reduction to a 36-hour week. Some additional staff may require retention where service need is identified.</p> <p>Updated information is due to the Executive Team on Monday. System testing is underway with the national team, and communications continue to ensure all staff remain informed ahead of the 30 March implementation date.</p> <p>Members thanked Steven along with Lewis, Nathan & Bruce for their contributions.</p>
14.	Chairs Assurance Report – Operational People Group	Head of People & Culture	AWARENESS	<p>The Chair's Assurance Report from the December meeting of the Operational People Group was presented for noting. SP highlighted that the group continues to strengthen, with productive discussions taking place on absence management, Reduced Working Week implementation, and improvements to the corporate induction process.</p> <p>Recent work has included a full review of induction arrangements, reflecting ongoing efforts to support managers and improve organisational processes.</p>
15.	NHSScotland 'Once for Scotland' Workforce Policies Programme – Phase 3	Employee Director	AWARENESS	<p>RM presented the paper for awareness. The paper was shared with members, and no comments or questions were raised</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
16.	AOCB	Chair	DISCUSSION	<p>Members were also advised that Lawrence Green will be leaving NHS Orkney at the end of the month. The Forum expressed thanks for his significant contribution during his time with the organisation.</p> <p>SP reported that NHS Orkney had received 53 Band 5 to 6 submissions, with 29 fully submitted and 19 in initial draft. He confirmed the organisation is in a strong position for its size and that progress has been positive, with the process being managed consistently and effectively.</p> <p>SP and GS have started looking at the protected learning document, colleagues have been working hard on role specific learning, starting to think about how this information can be used.</p>
17.	Items to be included in the Chairs Assurance Report to Staff Governance Committee	Chair	DECISION	The Chair agreed to circulate the final draft for approval following the meeting.
18.	Attendance record 2025/26	Chair	AWARENESS	Attendance record updated as of the 18 March 2026.
19.	Area Partnership Forum Reporting Timetable 2026-27	Chair	AWARENESS	Members noted the Area Partnership Forum Reporting Timetable 2026/27.

Meeting closed at 15:36pm

** Items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Committee Support, Chair or Lead Director*

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Area Partnership Forum Members:

Paula Buchan, Regional Officer - UNITE
John Daniels - Head of Primary Care
Samantha Thomas - Director of Nursing,
Midwifery, AHPs and Acute
Lauren Flett – Royal College Midwives (RCM)
Lorna Major – Royal College Midwives (RCM)
Lisa Huggard - Royal College Midwives (RCM)
Tariro Gandiya – British Medical Association
(BMA)
Morven Gemmill, Associate Director of Allied
Health Professions
Melanie Barnes, Director of Finance
Lawrence Green, Health and Safety Lead
Willem Venter, Health and Safety Advisor
Margret MaCrae – Royal College of Nursing
(RCN)
Amanda Manson - Royal College of Nursing
(RCN)
Catriona McCallum, British Dietetics Association
(BDA)
Kath McKinnon, British Dental Association (BDA)
Ryan McLaughlin, Employee Director – Joint
Chair
Tony Miller - Unison
Dave Harris - Director of People and Culture
Steven Phillips - Head of People and Culture
James Robertson - Unison
James Goodyear -Interim Chief Executive – Joint
Chair

In Attendance / By Invitation:

Michelle Mackie, Deputy Director of
Nursing and Midwifery

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Sharon Keyes - Head of Facilities & NPD Contract

Kate Smith - Society of Radiographers (SoR)

Karen Spence – Unison

Lynn Adam, (LA), Clinical Lead for Workforce

Wilma Brown – Unison (papers only)

Karen Davidson - Unison (papers only)

Yvonne Stewart – Society of Radiographers (SoR)
(papers only)

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Area Partnership Forum Action Note

Title of meeting: Area Partnership Forum (APF)		Date: 21 April 2026
		Time: 14:00
Chair:	James Goodyear	
Executive Support:	Jade Rosie	
Members		Present
		Apologies
James Goodyear (JG), Chief Executive (Joint Chair)		X
Ryan McLaughlin (RM), Employee Director (Joint Chair)		X
Stephen Brown (SB), Chief Officer IJB		
John Daniels (JD) Head of Primary Care Services		X
Lauren Flett (LF), RCM		
Tariro Gandiya (TG) – British Medical Association (BMA) representative		
Tony Miller (TM) – UNISON representative		X
Wilma Brown (WB) – Unison Regional Officer		
Willem Venter, Health & Safety Advisor		X
Melanie Barnes – Interim Director of Finance		X
Damian Reid – Director of Finance		X
Anna Lamont (AL), Medical Director		
Kath McKinnon, (KM), British Dental Association (BDA)		X
Caitriana McCallum (CM), British Dietetic Association (BDA)		X
Margaret MacRae (MM) RCN		
Steven Phillips (SP), Head of People and Culture		X
Yvonne Stewart, (YS), Society of Radiographers (SOR)		
Sharon Keyes (SK), Head of Facilities & NPD Contract		X
Samantha Thomas, (ST), Director of Nursing, Midwifery, AHP's & Chief Officer Acute Services		X
Kate Smith, Society of Radiography Representative		
Amanda Manson, Royal College of Nursing (RCN) Representative		
Karen Spence, UNISON Representative		X
Dave Harris - Director of People & Culture		X
Lynn Adam, (LA), Clinical Lead for Workforce		
Lorna Major, Royal College of Midwives (RCM) Representative		
Lisa Huggard, Royal College of Midwives (RCM) Representative		

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In Attendance		
Alan Scott, Head of Estates & Property		
Gilbert Gunn, Violence and Aggression Trainer	X	
Stuart Falconer, UNISON Representative		
Debs Crohn, Head of Corporate Governance	X	

MEL

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Cover Page	Chair	AWARENESS	Members noted the purpose and principles of the Area Partnership Forum (APF).
2.	Welcome	Chair	WELCOME	All members were welcomed to the meeting and NOTED as above.
3.	Apologies	Chair	AWARENESS	Apologies were received and NOTED as above. James Goodyear agreed to Chair the meeting in Ryan McLaughlins absence.
4.	Minutes and CAR of meeting held on 16 March 2026	Chair	DECISION	Members to feedback to Corporate Governance Team any amendments to minutes. Minutes and CAR APPROVED for onward submission to Staff Governance and Board.
5.	Matters arising	Chair	DISCUSSION	No matters arising
6.	Area Partnership Forum Action log	Chair	ASSURANCE	The Action log was updated as per comments.
CORE BUSINESS				

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
7.	Chief Executive and Executive Team Updates	Chief Executive	AWARENESS	<p>JG provided an update on going work with Orkney Islands Council and the local response to the public service reform agenda, noting that a workshop session with the Board and Council members is scheduled for 8 June, which is expected to inform further detail and workplans.</p> <p>JG also advised that an unannounced inspection by HIS Scotland had taken place, with no significant matters of concern identified. In addition, reported on the recent visit from the Patient Safety Commissioner, undertaken as part of their learning about island boards, which went well and received positive feedback.</p> <p>ST added that both visits had gone well overall and that formal feedback is awaited.</p>
8.	Staff Side Updates	Staff Side Leads	DISCUSSION	Staff Side members advised that there were no updates to report
ITEMS FOR DISCUSSION OR APPROVAL				
9.	Draft Area Partnership Forum Annual Report	Employee Director	APPROVAL	Following discussion, the Annual Report was APPROVED by all members
10.	Subnational Planning Update	Chief Executive	DISCUSSION	<p>JG presented the Sub-National Planning Update, outlining the draft Being Ambitious for NHS Scotland plan. The presentation set out the ambition for fair and timely access to care, improved regional coordination, key system challenges including workforce, finance and rurality, as well as progress to date and proposed next steps. This includes moving towards phased implementation and the development of a three-year Sub-National Transformation Plan.</p> <p>It was noted that the draft plan was submitted in late March 2026. JG advised that the next phase would focus on public involvement, noting that identifying capacity to undertake this work has been</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				challenging. Feedback from the Scottish Government is expected following the election period.
11.	Quarter 4 Health & Safety Report	Health & Safety Officer	DISCUSSION	<p>WV provided a summary of the attached report, with Gilbert and Tony outlining current compliance levels, noting an overall compliance rate of 75%, while acknowledging that figures do fluctuate. Overall performance was noted as positive.</p> <p>ST commented that it was encouraging to see improvement in the scores and thanked the Health and Safety team for their continued efforts.</p> <p>Tony also presented slides on Manual Handling compliance, advising that current compliance stands at 73% and varies across the month. He reported that work within the Health and Safety team is progressing well, with greater insight and evidence of improved practice.</p> <p>JG thanked the Health and Safety team for their contributions</p>
12.	Health & Care Staffing Act Report	DONMAPH & Medical Director	DISCUSSION	<p>ST presented the Annual Report, highlighting strong progress and high levels of engagement. It was noted that assurance has improved from limited to reasonable, with ongoing work to embed this activity as business as usual.</p> <p>While further steps are required, members noted that appropriate means and mechanisms are in place to support continued progress. Members APPROVED the report.</p> <p>AM queried whether the information would be condensed locally or remain at an NHS Scotland-wide level.</p> <p>ST and LA highlighted that NHS Orkney has actively contributed to the development and testing of each staffing level tool, particularly to demonstrate the limitations for very small wards such as those in</p>

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				Orkney. A meeting is scheduled to discuss the utility of Scottish staffing level tools where they are not effective for small Boards. MM also emphasised the strong level of local involvement and acknowledged the limitations these tools present for small Boards, stressing the importance of fully incorporating quality considerations.
13.	2026/27 Savings Schemes	Director of Performance & Transformation	DISCUSSION	<p>TS presented the 2026/27 savings schemes paper, outlining two key elements: corporate schemes and central schemes.</p> <p>It was noted that the schemes have been designed, with each stream having an Executive Lead in place. TS advised that there have been a number of discussions in relation to the schemes, with a focus on ensuring savings targets are accurate, expectations are realistic, and risks are appropriately adjusted.</p>
14.	Job Evaluation Update Report	Job Evaluation Leads	DISCUSSION	<p>SP provided an update on behalf of the Job Evaluation team, highlighting the number of applications received and the pipeline of new posts progressing through recruitment.</p> <p>SP outlined the number of JEs completed as part of the Band 5–6 exercise and advised on current capacity for JE matching services. It was noted that, by agreement, the number of panels has been reduced due to Staff Side capacity. SP also referred to the response to the letter from STAC, with the paper detailing the actions taken by the organisation to ensure compliance.</p> <p>SF noted the work undertaken by NHS Orkney and congratulated colleagues on the work to date on the band 5 – 6 reviews.</p> <p>SP thanked members for their contributions.</p>
15.	Draft Estates Policies	Head of Estates	APPROVAL	Alan Scott presented three policies, noting that comments had been received from the Health & Safety Team. It was agreed that the policies

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				would be further reviewed and developed before returning to APF for consideration. Action: Policies to be brought back to a future APF meeting.
16.	STAC Letter – On Call & RWW	Head of People & Culture	DISCUSSION	SP presented the letter, noting that a national agreement has not yet been reached. No concerns were raised locally. It was agreed that a proposal, with an accompanying plan, would be brought back to APF for consideration. Action: SP to discuss further with Ryan and bring back to a future meeting.
17.	Wellbeing	Director of People & Culture	DICUSSION	DH presented the item on behalf of KS. It was noted that the plan cannot be implemented without further discussion, and Dave has made contact with another member of staff to support this work.
ITEMS FOR NOTING				
18.	Reduced Working Week Update	Head of People & Culture	AWARENESS	SP provided an update on the Reduced Working Week. All system-level work has been completed, with changes implemented and errors corrected. A total of 318 colleagues on part-time arrangements have retained their hours. It was noted that some departments have since amended their requests, with changes accommodated where required. Overall, 71% of the reduction associated with the Reduced Working Week has been retained. A review will be undertaken at month six, led by the short-life working group.

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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
19.	NHS Circular – Reduction of the Working Week	Head of People & Culture	AWARENESS	SP presented the item for awareness
20.	NHS Scotland Workforce Policy	Head of People & Culture	AWARENESS	SP presented the item for awareness
21.	AOCB	Chair	DISCUSSION	Members thanked Mel for her significant contributions over the past year and extended their best wishes for the future.
22.	Items to be included in the Chairs Assurance Report to Staff Governance Committee	Chair	DECISION	The Chair agreed to circulate the final draft for approval following the meeting.
23.	Attendance record 2025/26	Chair	AWARENESS	Attendance record updated as of the 21 April 2026
24.	Area Partnership Forum Reporting Timetable 2026-27	Chair	AWARENESS	Members noted the Area Partnership Forum Reporting Timetable 2026/27.

Meeting closed at 15:11pm

** Items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Committee Support, Chair or Lead Director*

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Area Partnership Forum Members:

Paula Buchan, Regional Officer - UNITE
John Daniels - Head of Primary Care
Samantha Thomas - Director of Nursing,
Midwifery, AHPs and Acute
Lauren Flett – Royal College Midwives (RCM)
Lorna Major – Royal College Midwives (RCM)
Lisa Huggard - Royal College Midwives (RCM)
Tariro Gandiya – British Medical Association
(BMA)
Melanie Barnes, Director of Finance
Willem Venter, Health and Safety Advisor
Margret MaCrae – Royal College of Nursing
(RCN)
Amanda Manson - Royal College of Nursing
(RCN)
Catriona McCallum, British Dietetics Association
(BDA)
Kath McKinnon, British Dental Association (BDA)
Ryan McLaughlin, Employee Director – Joint
Chair
Tony Miller - Unison
Dave Harris - Director of People and Culture
Steven Phillips - Head of People and Culture
James Robertson - Unison
James Goodyear -Interim Chief Executive – Joint
Chair
Sharon Keyes - Head of Facilities & NPD Contract
Kate Smith - Society of Radiographers (SoR)
Karen Spence – Unison

In Attendance / By Invitation:

Michelle Mackie, Deputy Director of
Nursing and Midwifery

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Lynn Adam, (LA), Clinical Lead for Workforce
Wilma Brown – Unison (papers only)
Karen Davidson - Unison (papers only)
Yvonne Stewart – Society of Radiographers (SoR)
(papers only)

Item 20

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held on
Wednesday, 04 February 2026 at 12:15 via MS Teams

Present: Dr. Kirsty Cole – Chair
Nick Crohn – Radiology Manager / Vice Chair ACF
Lynn Adams – NAMAC Representative
Ellen Kesterton – Quality Improvement Lead / NAMAC Representative
Rona Marcus – Allied Health Professional Lead / TRADAC Chair
Kirsty Jones – TRADAC Representative
Lyndsay Steel – Practice Pharmacist / APC Chair
Samantha Thomas – Executive Director of Nursing, Midwifery, Allied Health Professions, and Chief Officer of Acute Services

In Attendance:

1 Apologies

It was **NOTED** that apologies had been received from the following members:

- Ellen Kesterton – Quality Improvement Lead / NAMAC Representative
- Jamie Stevenson – Orkney Islands Council Representative
- Lyndsay Steel – Practice Pharmacist / APC Chair
- Nick Crohn – Radiology Manager / Vice Chair ACF
- Stephen Brown – Chief Officer of IJB

2 Declarations of Interests - Agenda Items

No declarations of interest were raised regarding agenda items.

3 Minute of the Meeting held on 12 December 2025

Members confirmed that the minute was an accurate reflection of the discussions and decisions taken at the previous meeting. No substantive amendments were requested.

The minute was **APPROVED** as an accurate record.

4 Matters Arising

No matters arising were brought to attention at the meeting.

5 Action Log

The Action Log was reviewed and updated accordingly.

6 Log of Escalated Items

The Log of Escalated Items was reviewed and updated accordingly.

08-2425 – Morven is putting the lead job out for adults going out soon - and this will hopefully be removed soon from the escalation log

7 Professional Advisory Committees

7.1 Area Dental Committee (ADC)

No report was received from the Area Dental Committee. It was **NOTED** that the committee remains unable to convene due to ongoing challenges with engagement from the dental contractor workforce. Members acknowledged that this continues to limit the committee's ability to contribute to ACF business.

7.2 Area Pharmacy Committee (APC)

No Chair's Assurance Report was received from the Area Pharmacy Committee. It was **NOTED** that the committee had not met during the current reporting period, and that apologies had been submitted by the APC Chair. In the absence of a meeting, there were no items requiring escalation or discussion at ACF on this occasion.

7.3 GP Sub Committee

The GP Sub-Committee met, however an extraordinary meeting was held in place of the routine scheduled session. The meeting focused solely on a single-item agenda concerning workforce planning and Primary Care Improvement Fund (PCIF) financial pressures. This discussion was intended to support the papers being prepared for the Integration Joint Board.

As the meeting did not follow the standard agenda and did not constitute a full formal meeting of the committee, NO Chair's Assurance Report was produced.

It was **NOTED** that there were no items requiring escalation to the ACF on this occasion, and the committee will resume normal business at its next scheduled meeting.

7.4 Hospital Sub Committee

No report was received from the Hospital Sub-Committee. It was **NOTED** that the committee has not been meeting formally for some time and currently has no appointed Chair, which continues to limit its ability to contribute to ACF business. Members acknowledged the ongoing gap in secondary-care advisory input and recognised this remains a significant governance concern requiring future resolution.

7.5 NAMAC

A Chair's Assurance Report was presented by the NAMAC representative.

Members **NOTED** the following key points:

- Delays in sourcing social care continued to result in significant numbers of delayed transfers of care, impacting patient wellbeing and placing considerable pressure on nursing, AHP, and medical teams. The committee wished this impact to be recognised at ACF level.
- Vaccination uptake had improved since the date of the report. Healthcare staff uptake was now approximately 50%, while social care staff uptake had increased to 12%, making NHS Orkney the second highest territorial board nationally for social-care vaccination uptake.
- Community team staffing challenges were discussed, though NAMAC reported recent successful recruitment, with new staff expected to start imminently.
- Ongoing concerns were raised regarding e-Health capacity, particularly relating to manual uploading of cardiology reports and wider system constraints affecting several services. NAMAC had **AGREED** to invite e-Health colleagues to its next meeting for further discussion.

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- It was **NOTED** that the Care Home Support Team (formerly CCHST) now had updated leadership arrangements, with Laura Highley confirmed as Chair of the newly community-focused group.

NAMAC also highlighted that the timing of its meetings and submission deadlines sometimes resulted in Chairs' Assurance Reports being outdated by the time they reached the ACF. Members discussed improving alignment of reporting timelines across committees.

There were **NO ITEMS** requiring formal escalation beyond those noted within the assurance narrative.

7.6 TRADAC

A Chair's Assurance Report was presented by the TRADAC Chair.

Members **NOTED** the following key points:

- Ongoing concerns were raised regarding the reduction of the working week, with particular anxiety expressed by smaller AHP teams about maintaining safe patient care and leadership capacity once contracted hours reduce.
- It was **NOTED** that all teams had submitted their workforce-reduction plans, which had been reviewed by senior managers and discussed at Executive level. Further updates will be issued through Staff Governance channels.
- Recruitment activity linked to workforce-reduction backfill was underway, with vacancy identification and approval processes mapped and progressing.
- The committee highlighted continued issues relating to canteen access and queuing, which had not progressed since December due to operational pressures; this remains a concern for staff wellbeing.
- TRADAC reported positive assurances, including the upcoming advertisement of the Lead AHP (Adult) post, and continued administrative support from the governance team.
- Members also welcomed confirmation that the Endowment Fund was now open, with education and training criteria being shared with staff.
- Engagement with the CSB User Group and participation in the Clinical Services Review were ongoing.

There were **NO ITEMS** requiring formal escalation beyond those noted, but the committee emphasised the continued challenge of achieving consistent clinician engagement due to service pressures.

8 **Chairs Reports**

8.1 Board

The Chair **NOTED** that the Board had not yet met since the previous ACF meeting. The forthcoming Board meeting is scheduled for two weeks' time. Two ACF Chair's Assurance Reports are expected to be submitted due to meeting timings falling closely together.

8.2 ACF Chairs Group

It was reported that the National ACF Chairs' Group is currently without a Chair, as the recently appointed individual has stepped back for health reasons. A national process to identify a new Chair is underway.

No meeting was held in the most recent cycle as a result of this vacancy.

Items for Discussion

9 Governance

9.1 Terms of Reference

The committee **REVIEWED** the current Terms of Reference (ToR). Members discussed the ongoing absence of several statutory and advisory groups, including the Area Medical Committee (AMC), Hospital Sub-Committee, and Area Dental Committee (ADC), noting that these gaps continue to affect the committee's ability to fulfil its formal advisory function. The committee recognised the need to reconsider how membership and quorum are defined in light of these structural challenges.

It was **ACKNOWLEDGED** that the ToR currently list committees that are not operational. Members discussed whether the ToR should be amended or whether a clear note should be added recognising that ACF is acting on behalf of the AMC during its period of abeyance. Concerns were expressed regarding maintaining a clear separation between board governance and operational governance, particularly in relation to GP Sub-Committee reporting lines.

Members **AGREED** that further discussion is required between the Chair, Medical Director, and governance colleagues to explore options for reinstating or redesigning the AMC arrangements, including the possibility of a quarterly stand-alone AMC meeting chaired by an external clinician.

The committee further noted that the final page of the ToR incorrectly included an appendix relating to GP Sub-Committee remuneration. The Committee Support Officer will liaise with the Governance Team to correct this in the next revision.

9.1.1. Annual Review of Committee Effectiveness 2025/26

The committee **REVIEWED** progress and reflections relating to the Annual Review of Committee Effectiveness for 2025/26.

Members **NOTED** that:

- The Orkney Island Games were highlighted as a major success, demonstrating strong collaborative working across professional groups and effective coordination through the ACF.
- The Chair's increased engagement at national level, including participation in the National ACF Chairs Network and strong representation at Board level, was recognised as a significant achievement for the committee.
- Ongoing governance gaps were identified, particularly the continued absence of both the Hospital Sub-Committee and the Area Medical Committee (AMC). Members acknowledged this remains a material governance risk requiring annual scrutiny.
- Discussion took place regarding clinical services without clear reporting routes, including optometry, and members agreed this should be brought forward as an item for consideration at a future meeting.
- Members reflected that challenges persist in achieving timely alignment of reporting cycles, with some advisory groups submitting assurance reports that are already several weeks old by the time they reach the ACF.
- Engagement across committees—particularly securing regular clinical input from secondary care—continues to be an area for improvement.
- The committee **AGREED** that these themes will be incorporated into the ACF Annual Report and will inform improvement planning for 2026/27.

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9.1.2. Area Clinical Forum Annual Report

It was **NOTED** that the version of the Area Clinical Forum Annual Report included in the papers was the report from the previous year rather than the most recent version produced following the latest annual review. Members confirmed that the correct report has already been prepared and shared internally. It was **AGREED** that the Chair and Committee Support Officer will ensure the correct version is sourced and brought back to the committee for formal consideration. The committee also **NOTED** that the membership list within the report requires updating, as several entries were either outdated or incomplete. This will be corrected once the accurate information is confirmed.

10 **Policies & Procedures**

10.1 Chaperone and Intimate Exam Policy

The committee **REVIEWED** the draft Chaperone and Intimate Examination Policy and **NOTED** that while the document references existing GMC and NMC guidance, further clarification is required on how the local policy aligns with, supplements, or differs from national guidance. Concerns were raised regarding inconsistent use of the term's "sex" and "gender," and the Medical Director advised that national guidance in this area is currently being reconsidered. It was therefore **AGREED** that the policy should not be progressed at this time and should be paused pending further national clarification before being returned to advisory committees for more detailed review.

11 **Clinical Engagement**

It was **NOTED** that a separate meeting would be convened to focus specifically on clinical engagement, with the aim of reviewing what is working well, what is not working effectively, and identifying opportunities for improvement. This session will also support the completion of earlier work undertaken with advisory committee chairs, which had been paused. It was **AGREED** that the outcomes of this separate engagement meeting will be brought back to the ACF once completed.

12 **Development Sessions**

12.1 The committee **NOTED** that recent development sessions had focused on strengthening links between executives, non-executives, and advisory committee members. Members were invited to propose topics for future sessions, and it was highlighted that NAMAC had recently received a presentation from Edwin Pullen on the service evaluation of time-limited CBT sessions delivered to Shetland under an SLA. The committee **AGREED** that this work may be of interest for a forthcoming ACF development session, with the Chair confirming that further opportunities for committee-led learning and thematic presentations will continue to be incorporated into the annual programme.

13 **Any Other Competent Business**

The Chair invited members to raise any additional items not covered on the agenda.

No further business was raised.

14 **Items to be brought to the attention of the:**

14.1 Board

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It was **AGREED** that the continued absence of the Area Medical Committee and the Hospital Sub-Committee should be highlighted to the Board as an ongoing governance concern, and that the decision to pause the Chaperone and Intimate Examination Policy pending national clarification would also be reflected within the Chair's Assurance Report.

14.2 Governance Committees

It was **NOTED** that there were no specific items requiring escalation to the Governance Committees.

15 **Items to be Communicated with the Wider Clinical Community**

It was **AGREED** that key discussion points, including governance gaps relating to the AMC and Hospital Sub-Committee, ongoing clinical pressures such as delayed transfers of care, and positive developments including recruitment progress and updates from the advisory committees, would be communicated to the wider clinical community through the Chair's Assurance Report and routine communication channels.

16 **Items to be Escalated**

- Matters of Concern or Key Risks to Escalate
 - Ongoing absence of the Area Medical Committee (AMC), Hospital Sub-Committee and Area Dental Committee (ADC), creating a significant governance gap for medical and dental advisory input – the Chair and Medical Director will continue discussions to progress this.
 - Limited e-Health capacity, including backlogs in uploading cardiology reports and wider digital constraints impacting service delivery.
- Positive Assurances to Provide
 - The committee took a considered decision **not** to scrutinise or approve the draft Chaperone and Intimate Examination Policy at this stage, recognising national uncertainty and the need for clearer guidance.
 - Agreement to hold a further meeting of the clinical advisory group chairs to review learning from previous sessions and strengthen committee effectiveness.
- Decisions Made
 - **AGREED** that the governance gaps relating to AMC, Hospital Sub-Committee and ADC, and concerns regarding e-Health capacity, will be escalated through the Chair's Assurance Report to the Board.
 - **AGREED** to pause the Chaperone and Intimate Examination Policy pending national clarification before any further local scrutiny.
- Comment on Effectiveness of Meeting
 - Members felt the meeting was effective, with constructive challenge and good contributions from advisory committees, although it was acknowledged that time pressures towards the end of the agenda required some items to be handled more briefly.

17 **For Information and Noting**

17.1 **Correspondence**

The Chair confirmed that no issues had been raised through correspondence prior to the meeting. Members noted this position.

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17.2 **Schedule of Meetings 2025/26**

Members reviewed and **NOTED** the attached schedule of meetings for 2025/26. No amendments were proposed.

17.3 **Schedule of Meetings 2026/27**

Members reviewed and **NOTED** the attached schedule of meetings for 2026/27. No amendments were proposed.

The meeting ended at 13:35



Minute Audit and Risk Committee Tuesday 3 March 2026

Attendance

Hazel Aim (Senior Corporate Governance Officer), Melanie Barnes (Interim Director of Finance), Suzanne Gray (Senior Financial Accountant), Issy Grieve (Non-Executive Board Member), Kat Jenkin (Head of Patient Safety, Quality and Risk), Dr Anna Lamont (Medical Director), Ryan McLaughlin (Non-Executive Board Member/Employee Director), Tammy Sharp (Director of Performance, Transformation and Deputy CEO), Jason Taylor (Non-Executive Board Member – Chair), Debs Crohn (Head of Corporate Governance) and James Goodyear (Interim Chief Executive)

Guests: David Eardley (Azets) joined at item 12, Iain Gray (Information Governance Manager and Data Protection Officer) joined at item 12, Alam Taimoor (KPMG) joined at item 12.

1. Cover page (Presenter: Chair)

To support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

2. Apologies (Presenter: Chair)

The Chair opened the meeting at 09.30 and welcomed members to the meeting.

Apologies were received from Rashpal Khangura (KPMG) and Rachel King (Azets)

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

3. Declaration of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minutes of meeting held 2 December 2025 (Presenter: Chair)

The Chair presented the minutes of Audit and Risk Committee meeting held on 2 December 2025.

Decision / Conclusion

The minutes of the Audit and Risk Committee were approved as an accurate record of the meeting.

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4.1 Chairs Assurance Report from meeting on 2 December 2025 (Presenter: Chair)

The Chair presented the Chair's Assurance report from the meeting held on 2 December 2025.

Decision / Conclusion

The committee noted the report.

5. ACTION LOG (Presenter: Chair)

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

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

The Head of Patient Safety, Quality and Risk presented the Corporate Risk and Assurance Report.

The Head of Patient Safety, Quality and Risk provided a verbal update on the financial sustainability risk advising that the year-end deficit had improved to £2.6m, representing a £0.6m improvement on our financial plan, noting that this improvement was non-recurring. The Scottish Government has confirmed transitional funding of £2m for 2025/26. As the improvement is non-recurring, the risk score will remain red and is expected to remain a high risk into the next financial year.

The Chair proposed inviting the risk holder (Director of Public Health) to attend the next meeting to answer questions in respect of Risk 233 (Business Continuity). The Interim Chief Executive advised that current staffing challenges were affecting resilience management, but agreed this should not delay scrutiny of the risk in relation to Business Continuity Plans.

The Head of Patient Safety, Quality and Risk provided an overview of actions and mitigations in respect of risk 2024-07 (Lack of functioning operational and local risk registers), confirming that the Risk Management Group were establishing or refreshing operational risk registers for Children's Maternity, Digital and Public Health Services, and that once established or refreshed, a deep dive review of operational risks will form part of routine risk management processes.

The Medical Director clarified that some items historically added to the Corporate Risk register were now being added to the Operational Risk Registers which will enable them to be closed.

The Medical Director advised that she expected a draft report on operational and local risk registers to be presented to the March 2026 Risk Management Group, with a view to closing the risk.

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Decision / Conclusion

Committee noted and took assurance on the management of the Corporate Risk Register, acknowledging the progress on operational and local risk management arrangements.

6.1 Risk Management Group Chairs Assurance Reports (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the Risk Management Group Chair's Assurance Reports.

The December 2025 meeting discussed the lack of resource for digital transformation, the January 2026 meeting reported on the progress of risk management guidelines, the establishment of the maternity services operational risk register and the Terms of Reference.

The Medical Director advised that the Risk Management Group has been well attended and feedback from the group is that this is now a safe environment to discuss risk, noting that there are gaps in attendance from some areas. Medical Director confirmed that they will approach individuals regarding their attendance in order to fill the gaps identified.

Decision / Conclusion

The Committee noted and took assurance from the Chair's Assurance Reports from the Risk Management Group.

7. BOARD RISK APPETITE STATEMENT (Presenter: Medical Director)

The Medical Director presented the draft Board Risk Appetite Statement, which was developed following a workshop facilitated by Azets and a subsequent survey of Board members. The draft Board Risk Appetite statement presented was based on the Orange Book (Scottish Government Guidelines) and NHS Highland's approach.

The Medical Director advised that the intention is to produce a single-page statement outlining the level of risk the Board is willing to accept across key domains and to support consistent decision-making and alignment with the Corporate Risk Register.

The Medical Director confirmed that the statement averaged a risk appetite level of 4, reflecting a willingness to pursue change and improvement, with the exception of financial risk appetite, where responses varied significantly.

The Interim CEO raised concerns that the proposed risk appetite statements suggested more tolerance for clinical, workforce and cultural risk than for financial risk. The Chair reinforced this point citing the appetite in relation to financial risk being of significant variance to others

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The Medical Director clarified the scoring reflected risk appetite for change and not the level of risk.

Members expressed general concerns over the potential for misunderstanding given the manner the risk appetite statements were presented, and that further clarification and refinement would be useful.

Decision/Conclusion

Committee deferred the decision on approval of the Board Risk Appetite Statement pending a board development session to be arranged with the Board Chair.

8. GOVERNANCE COMMITTEE WORKPLANS 2026/27 (Presenter: Chair)

The Head of Corporate Governance presented the Governanced Committee workplans 2026/27 for all governance committee.

The Chair highlighted a difference in layout for the Joint Clinic Care Governance Committee (JCCGC) workplan compared to other committees. The Head of Corporate Governance clarified that this was because it was a joint committee and aligned with the Integration Joint Board. No substantive concerns were raised by Committee.

Decision / Conclusion

Assurance provided that the Joint Clinical Care Governance Committee, Finance and Performance Committee, Remuneration Committee and Staff Governance Committee Workplans for 2026/27 meet the needs of the Boards Code of Corporate Governance.

9. STRATEGIC OBJECTIVE – PLACE – No papers presented to Committee

10. STRATEGIC OBJECTIVE – PATIENT SAFETY, QUALITY AND EXPERIENCE

10.1 Morbidity and Mortality Group Lessons Learned (Presenter: Medical Director)

The Medical Director presented an update on the newly established hospital-wide Morbidity and Mortality Group, introduced at the request of consultants to support learning and quality improvement across clinical teams. These meetings review deaths and significant events and operate under strict confidentiality due to patient-identifiable information being discussed.

The Medical Director advised that feedback from consultants and doctors was positive and indicated a supportive environment encouraging open and candid discussions. Meeting scheduling has presented challenges with meetings arranged around the rotating chairs' work patterns.

The Head of Patient Safety, Quality and Risk added that the process is supporting wider clinical governance engagement allowing themes to be fed into incident reporting.

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Decision/Conclusion

Committee took assurance on the report, acknowledging the positive culture this has fostered.

11. STRATEGIC OBJECTIVE - PERFORMANCE

11.1 Annual Accounts – Key estimates and judgements (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Annual Accounts key estimates and judgements for use in the 2025/26 Annual Accounts. There are no changes proposed from the previous year's approach, given the Board's deficit position.

External Audit will again review the Board's status as an ongoing concern continuing to focus on financial sustainability.

The Interim Director of Finance confirmed that it was anticipated that asset valuation will have no material changes and pension and clinical negligence estimates will be based on information provided by Scottish Public Pensions Agency (SPPA) and the Central Legal Office (CLO).

The Interim Director of Finance updated the Committee on historic VAT liabilities for which accruals are being made, until the risk is fully resolved.

Decision/Conclusion

Committee approved the key estimates and judgements presented for use in the 2025/26 annual accounts.

11.2 Code of Corporate Governance for Recommendation of Board approval (Presenter: Head of Corporate Governance)

The Head of Corporate Governance presented version 20 of the Code of Corporate Governance, for committee recommendation to Board for its approval.

The Head of Corporate Governance advised that minor changes had been made to the Code of Corporate Governance, following changes that have been made to Committee Terms of Reference.

I Grieve expressed her appreciation for the tracked changes in the document presented.

Item 21

Decision/Conclusion

Committee approved the Code of Corporate Governance version 20 for recommendation of approval by the Board at the 30 April 2026 meeting.

11.3 Standing Financial Instructions Waiver Report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Standing Financial Instructions Waiver Report, advising that 4 waivers have been issued during the year compared to 16 competitive tenders.

The Interim Director of Finance confirmed that the suppliers were sourced from the NHS framework or had previously undertaken such work for NHS Orkney, and were either the only ones who could realistically provide the work/service or where a mini competition would have been significantly disproportionate.

Decision/Conclusion

Committee took assurance on the report.

11.4 Counter Fraud Services (CFS) Quarter 3 Report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Counter Fraud Services (CFS) Quarter 3 Report.

In Quarter 3 there were no new cases of alleged fraud identified.

During the period £3.7k of recoveries were made, primarily through patient exemption claims.

The Interim Director of Finance advised that the National Fraud Initiative had 152 matches which have been closed since the report was written. Work continues to review the remaining matches.

Decision/Conclusion

Committee took assurance on the report.

12. STRATEGIC OBJECTIVE – POTENTIAL

12.1. Internal Audit

12.1.1 - Internal Audit progress report and tracker (Presenter: Director of Performance and Transformation)

Item 21

D Eardley (Azets) presented the Internal Audit Progress report, advising that the Health and Safety audit work had been completed, but delayed such that it had not been possible to compile the final report for committee. The report will now be presented to the May committee meeting, with early circulation of the report proposed for members. He then confirmed that the 2025/2026 Annual Report will be presented to the Committee in May 2026.

D Eardley advised that there had been some changes to the proposed 2026/2027 internal audit plan, following its presentation to committee in December. This encompassed changes to the scope of the digital documentation review and financial sustainability review.

Unfortunately, the plan had not been circulated to the committee and apologies were extended. It was agreed that the updated plan would be circulated virtually before presentation at the May meeting.

Decision/Conclusion

Committee noted the update provided and that documents would be circulated virtually.

12.1.2. Internal Audit Update Report Quarter 3 2025/26 (Presenter: Director of Performance and Transformation)

The Information Governance Manager and Data Protection Officer presented the progress update to the Internal Audit tracker for discussion.

Committee agreed the following.

Internal Audit 2023/24 actions to be closed

- Infection Prevention Control - addressing mandatory training rates
- Business Continuity Planning - reporting of lessons learned.
- Business Continuity Planning - evolving approach to Business Continuity Planning

Internal Audit 2024/25 actions to be closed

- Sustainability action - clinical strategy to be removed
- Sustainability action - expanding the Chief Officers Group
- Recruitment action - updating Recruitment and selection policy.

Decision/Conclusion

Committee noted the update provided and progress on outstanding actions.

Item 21

12.2. External Audit

12.3. External Audit Recommendations

12.3.1. Draft External Annual Audit Plan 2026/27 (Presenter: Alam Taimoor KPMG).

A Taimoor (KPMG) reported that the draft External Annual Audit Plan for 2026/27 will be shared shortly with management, the finalised plan to be presented to the Audit and Risk Committee at the May meeting.

Decision/Conclusion

Committee took reassurance from the update.

13. STRATEGIC OBJECTIVE – PLACE - No papers presented to Committee.

14. ITEMS TO BE INCLUDED ON THE CHAIR'S ASSURANCE REPORT (Presenter: Chair)

No risk or matters of concern to be escalated to the Board.

Major Actions Commissioned or Underway included:

- Business Continuity risk owner to be invited to attend May Committee meeting to provide an update.
- Interim Chief Executive, Medical Director and Head of Patient Safety, Quality and Risk to meet to develop risk management processes.
- Committee Chair to liaise with Board Chair regarding scheduling of Board Development session on Risk Appetite Statement.

Decisions Made:

- Approval of the Chair's Assurance Report and minutes of the previous meeting.
- Approval of Governance Committee Workplans for 2026/27.
- Approval of Key Estimates and Judgements for the 2025/26 Annual Accounts.
- Approval of the updated Code of Corporate Governance (Version 20) for recommendation to the Board.
- Agreement to close a series of internal audit actions as presented in the tracker.

Positive Assurance:

- Assurance received from the Corporate Risk and Assurance Report and the Risk Management Group.
- Assurance that lessons learned from the Morbidity and Mortality Group are being embedded across the organisation.
- Assurance received from the SFI Waiver Report and Counter Fraud Services Q3 Report.

Item 21

- Re-assurance from Internal Audit on progress against the internal audit plan.
- Re-assurance from External Audit that annual accounts work remains on schedule for delivery in May.

Decision / Conclusion

The Committee agreed to the above being added into the Chair's Assurance Report.

15. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

The Chair requested feedback as to the effectiveness of the meeting.

The Interim Chief Executive praised the good attention given to all items on the Agenda.

I Grieve noted that the quality of the information received was improving year on year and the Information Governance Manager and Data Protection Officer's report was particularly useful.

The Medical director reflected that the approach to risk management felt more professional and gave credit to those involved.

16. ITEMS FOR INFORMATION AND NOTING ONLY (Presenter: Chair)

16.1 National Audit Reports - no reports presented

16.2 Record of Attendance 2025/26

Decision / Conclusion

The Committee noted the Record of Attendance 2025/26

16.3 Reporting timetable 2026/27

Decision / Conclusion

The Committee noted the Reporting timetable 2026.27

The Chair closed the meeting at 11:08

Minute Finance and Performance Committee

25 March 2026

Attendance

Fiona MacKay (Chair – Non-executive Board Member), Melanie Barnes (Interim Director of Finance), Debs Crohn (Head of Corporate Governance), Tammy Sharp (Director of Performance and Transformation), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Dave Harris (Director of People and Culture), Sharon Keyes (Head of Facilities and NPD Contract), Mohammed Sohail (Chief Finance Officer – IJB), Damien Reid (Interim Director of Finance), Dr Louise Wilson (Director of Public Health), Ryan McLaughlin (Employee Director) and Stephen Brown – Chief Officer IJB).

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Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance the arrangements are working effectively.

Quorum:

Three members present including at least two non-executive Board Members, one of whom must be Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Fiona MacKay) opened the meeting at 09.30 am and welcomed members.

Damian Reid (Interim Director of Finance) was welcomed to his first meeting.

Apologies received from Dr Anna Lamont, Davie Campbell (Non-Executive Board Member – Interim Board Chair), James Goodyear (Interim Chief Executive), Jason Taylor (Non-Executive Board Member) and Jean Stevenson (Non-executive Board Member).

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 25 February 2026 (Presenter: Chair)

The Chair asked for comments on the minutes of the meeting held 25 February 2026.

Decision/conclusion

Minute of the meetings held on 25 February 2026 were accepted as an accurate record of the meeting and approved subject to the amendment discussed and approved.

5. Matters Arising

The Chair asked for an update on the Near Me position in relation to digital be default. Update to be provided via the Committee Action Log.

The Chair requested clarification of the agreement regarding the reporting and monitoring of the four Clinical Services Review transformation priority areas. The Director of Performance and Transformation confirmed that monthly reports for each transformational priorities) Medical Staffing, Older People/Frailty, Isles Model of Care, and Out of Hours GPs) which will be submitted to the Committee and discussed under the performance section of the agenda.

6. Action Log (Presenter: Head of Corporate Governance)

The Head of Corporate Governance 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).

7. CHAIRS ASSURANCE REPORT - Finance and Performance Committee Chair's Assurance Report – 25 February 2026 (Presenter: Chair)

The Chair presented the Chairs Assurance report of the Finance and Performance Committee meeting held on 25 February 2026 for assurance.

Decision/Conclusion

The committee took assurance on the Chairs Assurance Report from the meeting held 25 February 2026 for onward submission to the Board 30 April 2026.

8. Corporate Risks aligned to the Finance and Performance Committee (Presenter: Interim Director of Finance)

The Interim Director of Finance (M Barnes) presented the Corporate Risks aligned to the Finance and Performance Committee. No changes to risks on risk scores,

Further conversations are taking place in relation to the consolidate digital risks to ensure the risks are articulated and reflect the current situation, further update will be brought to the April 2026 meeting.

Robertsons risk was discussed at the Risk Management Group in March 2026, this will be added to the Corporate Risk Register for the April 2026 meeting.

Decision/Conclusion

The Interim Director of Finance (Damian Reid) to review the risk in relation to financial sustainability as we move forward into 2026/27.

Decision/Conclusion

Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register

9. 2026/27 Financial Plan for NHS Orkney Presenter: Interim Director of Finance – M Barnes)

The Interim Director of Finance (M Barnes) presented the 2026/27 Financial Plan for NHS Orkney for approval. The Final plan was submitted to Scottish Government 16 March 2026 which included very

minor changes. The Plan provides assurance to the Board and Scottish Government that we will meet the requirements of meeting our deficit support funding.

No changes to non-recurring funding and pay cost pressures from the draft plan presented to Committee February 2026.

Additional non pay cost pressures have been allocated in 2026/27 for service re-design and Business Systems which will reduce in 26/27 and 27/28 as transformation programmes are implemented.

Our baseline funding uplift has been confirmed; the Board will benefit from NRAC parity in 2026/27. Additional funding has been included for Agenda for change, additional pay, sustainability funding and new medicines,

Corporate and developed Cost Improvements Plans (CIPs) have been revised to meet our Corporate Savings Schemes of £2.4 Million.

Minor changes have been made to the narrative; we expect feedback will be provided to the Board by 31 March 2026.

D Reid (Interim Director of Finance) thanked Melanie Barnes (Incumbent Interim Director of Finance) for the work undertaken in developing our financial plan and helping the Board to understand our current and future position.

EDoNMAHP expressed concerns about the redesign of Primary Care referenced in the financial plan. The Interim Director of Finance (M Barnes) stated that internal communications will address these issues.

The Employee Director asked for clarity on the process for budget controls. The Interim Director of Finance (M Barnes) advised that budgets are being reviewed, and the current process of reducing run rates and expenditure (control targets) will continue into 2026/27 with more work being required.

The Employee Director requested confirmation that vacancies remain unchanged, and no posts have been removed. The Interim Director of Finance (M Barnes) confirmed that vacancy reviews continue via the Vacancy Control Panel. Further collaboration with budget owners is needed to clarify control targets, and it was confirmed that posts and budgets have not changed since 2025/26.

The Director of People and Culture recognised that tough decisions must be made and emphasised that the Executive Team still needs to outline their next steps. It is important to ensure that control targets are not seen as hidden organisational changes, and that the impact on the workforce remains a central focus in decision making.

The Director of Public Health raised concerns about control targets and inquired about plans to address vacancies. The Interim Director of Finance (M Barnes) confirmed there are no recruitment freeze but emphasized the importance of reducing costs.

The EDoNMAHP emphasised the necessity of adhering to the Safer Staffing Act and utilising approved staffing methodology tools. The committee highlighted the importance of reinvesting the workforce, particularly in light of a 5% savings target implemented across its portfolio. The Interim Director of Finance (M Barnes) recognised the legislative requirements for compliance but noted the Board's obligation to achieve financial sustainability. With explicit guidance from the Scottish Government to reduce expenditure, the Board will be faced with challenging decisions moving forward.

The Chief Financial Officer – IJB, noted that historical savings from the IJB were omitted from the financial plan and requested clarification regarding NRAC parity. The Interim Director of Finance (M

Barnes) responded that these savings will be incorporated into the Board's baseline funding moving forward.

The EDoNMAHP requested that discussions concerning establishments include professional leads. The Director of People and Culture clarified that current conversations focus on analysing workforce and financial data, rather than addressing issues related to establishments.

The Interim Director of Finance (D Reid) reiterated the need to ensure joint ownership of organisational transformation, which is jointly owned by the Board and the Executive Team if we are to achieve sustainable transformational change.

The Interim Director of Finance (M Barnes) stated that despite the Improvement Team's efforts, a £600k gap persists. The Director of Performance and Transformation noted that savings for 2026/27 will be phased, but earlier realisation is needed compared to 2025/26.

The Chief Officer IJB welcomed the conversation, similar conversations are taking place across the Country recognising we continue to do all we can to deliver against our financial plan.

The Employee Director asked that concerns regarding workforce planning were noted and would welcome assurance through updates to Committee.

Decision/conclusion

Committee approved the 2026/27 Financial Plan for NHS Orkney noting the requirement to deliver £3.865m in savings (approximately 4.5% of baseline RRL) and the associated high delivery risk.

Committee supported continued engagement with Scottish Government and Scotland East partners to identify further opportunities for collaborative savings and service redesign and acknowledged the risk of a Section 22 qualification if the financial plan is not delivered and the mitigations in place to manage this risk.

10. STRATEGIC OBJECTIVE – PERFORMANCE

10.1. Financial (Month 11) and Improving Together Programme Position Presenter: Interim Director of Finance)

The Interim Director of Finance (M Barnes) presented the financial (month 11) and Improving Together Programme Position paper to Committee noting there has been a slight financial deterioration from Month 10 position.

A significant number of SLA's have been received for payment, the lower % of SLA uplifts has contributed to an improving position along with savings from the IJB.

After our Quarter 3 review with the Scottish Government, the Board's deficit support funding for this financial year has increased to £2.9 million, with no option to carry the funding forward into 2026/27. We are currently forecasting a breakeven position.

£2.576 million of savings were made in Month 11.

Year-end work is underway to ensure no spending from 2025/26 is carried forward into 2026/27.

The Employee Director requested a travel cost update, noting Loganair's increased prices. The Interim Finance Director (M Barnes) reported delays in receiving travel invoices and said

the improvement team is assessing the impact of Near Me appointments and the MRI on travel costs.

Decision/Conclusion

Committee noted the Month 11 financial position.

10.2 Robertsons Contract Update (Presenter: Head of Facilities and NPD Contract)

The Head of Facilities and NPD contract provided an update regarding the Robertsons Facilities Management (RFM) contract and associated concerns.

Since the previous update, progress has remained steady, and many persistent problems are being addressed through joint efforts with our Estates and Infection Control Teams.

RFM has confirmed that a team of contractors will be on site in April to review the Planned Preventative Maintenance plan.

RFM are currently recruiting, sub-contractors and a temporary manager are currently providing interim support.

A notice regarding fire dampeners has been received, and this issue will be addressed with RFM during the site visit scheduled for April 2026. The Head of NPD contract and facilities has confirmed that appropriate action will be taken.

The Director of Public Health expressed concerns about the risks associated with the Robertsons Contract and emphasised the importance of clearly understanding all patient safety risks.

The Employee Director requested confirmation regarding the risk associated with the Robertsons Contract. The Interim Director of Finance responded that this risk will be presented to the Committee on 29 April 2026 with oversight remaining with D Reid (Interim Director of Finance) when Melanie Barnes leaves at the end of April 2026.

J Kenny requested clarification on Health and Safety Executive Compliance. The Interim Director of Finance (D Reid) confirmed there are ongoing efforts to address the risks. The estates team is supported by NHS Assure and Scottish Future Trusts, and an independent audit has been commissioned which will provide additional assurance to the Executive Team and the Board.

Decision/conclusion

Members noted the update.

10.3 Improving Together Programme Board Chair's Assurance Report 27 February 2026 (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the Improving Together Programme Board Chair's Assurance Report from the meeting 27 February 2026. Matters of concern escalated to Committee were as follows

- agency usage caused by staff absences.
- Extra MRI activity, though exceeding the plan, has led to higher costs.
- The gynecology Service Level Agreement with NHS Highland generated income in 2025/26 but may not continue in 2026/27.

Decision/conclusion

Members took assurance on the report from the Improving Together Programme Board,

10.4 Planned Care Programme Board - Chair's Assurance Report 27 February 2026 (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the Improving Together Programme Board Chair's Assurance Report from the meeting 27 February 2026. Matters of concern escalated to Committee were as follows

- Our Ultrasound service are experiencing staffing challenges which are being addressed by considering locum usage.
- Outpatient room availability is under review.
- Work has begun to differentiate diagnostics pathways for cancer referrals.
- Ophthalmology capacity and demand are being evaluated. Internal audit identified reliance on NHS Grampian systems as a key risk.

Decision/conclusion

Members took assurance from the Planned Care Programme Board.

11. STRATEGIC OBJECTIVE POTENTIAL – no items were presented to Committee

12. 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

- Month 11 Financial Performance
- Robertsons Contract

Major work commissioned/underway

- Risk in relation to financial sustainability to be reviewed as we move forward into 2026/27.
- Risks in relation to digital and Robertsons contract are included in the Corporate Risk Register update April 2026.
- Further update at the April 2026 meeting on RFM contract and work undertaken on Planned Maintenance.

Positive assurance

- Corporate Risk and Assurance Report
- Assurance provided that we will meet our deficit support funding conditions
- Assurance provided by Improving Together Programme Board
- Assurance provided by Quarterly Planned Care Programme Board

Decisions made

- Minutes and Chair's Assurance Report 26 February 2026 approved
- Monthly highlights reports for transformational priorities to be presented to Committee
- 2026/27 Financial Plan approved

16 AOCB (Presenter: Chair)

No other business raised.

14. Key Items for Noting (Presenter: Chair)

Members noted the following key documents

- Transformation Priorities 26/27
- Transformation Priorities Highlight Reports
- Quarter 3 Review and 2026-27 Financial Plan Feedback Letter - NHS Orkney
- Election Guidance - Scottish Parliament Election - May 2026 - letter to NHS Boards - January 2026

14.1 Attendance Record 2025/26 (Presenter: Chair)

Committee noted the Attendance Record 2025/26.

14.2 Timetable for Papers 2026/27 (Presenter: Chair)

Committee noted the Finance and Performance Committee Timetable for Papers 2026/27.

14.3 Evaluation of meeting (Presenter: Chair)

The Chair closed the meeting at 11:05 and thanked the Interim Director of Finance (M Barnes) for her support.

Minute Finance and Performance Committee

29 April 2026

Attendance

Fiona MacKay (Chair – Non-executive Board Member), Debs Crohn (Head of Corporate Governance), Tammy Sharp (Director of Performance and Transformation), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Dave Harris (Director of People and Culture), James Goodyear (Interim Chief Executive), Jason Taylor (Non-Executive Board Member), Sharon Keyes (Head of Facilities and NPD Contract), Mohammed Sohail (Chief Finance Officer – IJB), Damien Reid (Interim Director of Finance), Dr Louise Wilson (Director of Public Health), Ryan McLaughlin (Employee Director), Stephen Brown – Chief Officer IJB), Dr Anna Lamont (Medical Director) and Jean Stevenson (Non-executive Board Member) and Alan Scott (Head of Estates).

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Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance the arrangements are working effectively.

Quorum:

Three members present including at least two non-executive Board Members, one of whom must be Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Fiona MacKay) opened the meeting at 09.30 am and welcomed members.

Apologies received from, Davie Campbell (Non-Executive Board Member – Interim Board Chair) and Richard Rae (Head of Information Technology).

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 25 March 2026 (Presenter: Chair)

The Chair asked for comments on the minutes of the meeting being held on 25 March 2026.

Decision/conclusion

Minute of the meetings held on 25 March 2026 were accepted as an accurate record of the meeting and approved subject to amendments discussed.

5. Matters Arising

No matters arising were raised.

6. **CHAIR'S ASSURANCE REPORT - Finance and Performance Committee Chair's Assurance Report – 25 March 2026 (Presenter: Chair)**

The Chair presented the Chair's Assurance report of the Finance and Performance Committee meeting held on 25 March 2026 for assurance noting that this will be presented at Board 30 April 2026.

Decision/Conclusion

The committee took assurance on the Chair's Assurance Report from the meeting held 25 March 2026 for onward submission to the Board 30 April 2026.

7. **Action Log (Presenter: Head of Corporate Governance)**

The Head of Corporate Governance presented the Finance and Performance Committee Action Log 2026/27.

Decision/conclusion

The action log was reviewed, no outstanding issues (see action log for details).

8. **Corporate 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 highlighting the risk of delivering £2.5million in savings. Members noted that whilst we under delivered on our efficiency programme, as a result of receiving additional funding from Scottish Government, our overall savings target has been achieved.

The Medical Director and Chair recognised the need to review our Corporate Financial Sustainability Risk as we move into 2026/27, noting the need for operational risk management and a review of how the Corporate Risk Register is presented.

The Interim Director of Finance advised that there have been no changes to the corporate financial sustainability, delivery of digital projects and the lack of digital maturity risks. Positive conversations have taken place with NHS Grampian in terms of supporting our digital programmes, noting there is a need to prioritise our limited digital resources to focus on local priorities.

The Interim Director of Finance asked if the digital risk should be updated now MORSE has been rolled out in our Community Mental Health Service. The Head of Corporate Governance advised that digital risks were updated last week, the Medical Director advised that some risks may be updated less frequently - the interval is determined by the risk score. As an organisation aim for 3 months.

Decision/Conclusion

Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register

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

The Director of Performance and Transformation presented the Integrated Performance Report (IPR) aligned to the Finance and Performance Committee.

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

A number of national standards continue to be met or are close to target, including Cancer Waiting Times (31-day and 62-day), Scottish Ambulance Service turnaround times, and pre-noon discharge performance. These areas provide assurance that critical patient pathways are protected.

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

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

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

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

The EDoNMAHP advised that the 4-hour compliance target in the report is from January 2026, current performance is 98%. Assurance provided on the work which has been undertaken to reduce the number of Delayed Transfers of Care, this will be reflected in the next IPR brought to Committee.

The Medical Director advised that there has been a local challenge within our diagnostic ultrasound service which has led to a dip in our 6-weekly performance. There continues to be delays in relation to our Serious Adverse Event Reviews, due to the number of reviews which are being impacted by external factors, will be reviewed by the Medical Director.

J Taylor asked for assurance in relation to the validations of patient waiting lists. The Medical Director advised that the Board is working with colleagues to valid waiting lists, this is done nationally by contacting patients to ascertain if they wish to remain on the waiting list. Clinical validation is also undertaken in particular within our endoscopy service. We continue to work with the Centre for Sustainable Delivery (CfSD) to validate our waiting lists.

The Interim CEO provided additional assurance that we recognise that people are on waiting lists for too long, confirming that no pressure is flowing into the organisation in relation to waiting lists. The Chair welcomed that good validation of waiting lists is taking place.

J Taylor asked for assurance in relation to DTOCs and asked for an update in relation to attracting staff. The Chief Officer IJB advised that we are working with Scottish Government and have a number of initiatives in place to attract staff to Orkney, noting that an additional 2,500 working age adults required in Orkney over the next 9 years to meet the needs of our population.

J Stevenson asked for an update on the number of patients waiting for day case surgery and asked if a target could be included for theatre utilisation. The EDoNMAHP advised that there are no national standards for theatre utilisation, a piece of work is underway to look at theatre utilisation supported by our Improvement Team.

The Medical Director asked Committee to note that reducing waiting lists impacts our ability for patients to be seen in outpatients, there continues to be challenges around staffing and would expect that waiting lists for outpatients to fall over the next 12 months noting we have focused on patients waiting over 52 weeks.

The Interim CEO advised that demand and capacity resourcing will be brought through our Planned Care Programme Board, assurance will be provided to Committee via the Planned Care Programme Board Chair's Assurance Reports.

The Chair recognised that the pre noon discharge target has been met for the first time, there has been a significant reduction in the number of DTOCs. The Chief Officer IJB advised that we have utilised Frailty at the Front Door funding to recruit additional agency staff to focus on hospital discharge.

J Stevenson asked for confirmation of the financial benefits arising from the reduction in the number of DTOCs. The Interim Director of Finance advised that it is challenging to justify financial benefits alone of reducing the number of DTOCs.

The Chair asked Executive Directors if mitigating actions could be included in the IPR as this is how we demonstrate to the Public how we are performing. The Medical Director acknowledged the need for mitigating actions to be included in the IPR going forward.

J Stevenson noted the improvement in performance in relation to endoscopy and asked for assurance that actions will continue to ensure performance is maintained. The Medical Director confirmed performance will continue to be monitored.

J Stevenson asked for confirmation on the intrapartum target being correct. The EDoNMAHP advised that there are challenges in relation to the data extraction requiring a manual extraction.

The Chair thanked the team for the work in producing the IPR.

Decision/Conclusion

Committee took assurance on the Integration Performance Report.

**10. Finance and Performance Committee Annual Report 2025/26
(Presenter:Chair)**

The Chair presented the Finance and Performance Committee Annual Report 2025/26 for discussion and approval.

The Chair reminded members that the report reflects comments from the Committee Development Session held 16 March 2026.

Section 2.3 Tammy Sharp to be added to the list of attendees.

Director of Public Health to be added to attendance list for February 2026.

J Stevenson asked that in the areas of Improvement that the RAG rating would remain in the IPR as well as the Statistical Control Chart. The Director of Transformation and Improvement advised that the RAG rating will remain.

Decision/conclusion

Committee approved the Finance and Performance Committee Annual Report 2025/26.

11. STRATEGIC OBJECTIVE – PLACE

**11.1. Chair’s Assurance Report – Sustainability Group 8 April 2026
(Presenter: Head of Facilities and NPD)**

The Head of Faculties and NPD contract presented the Chair’s Assurance Report from the Sustainability Steering Group meeting on the 8 April 2026. Update provided in relation to attendance from the Realistic Medicine Lead, bloom and bletcher sessions are now in place to support staff wellbeing.

Committee noted that the Executive Lead for Sustainability is the Director of Public Health and asked what support may be required going forward, noting representation across the organisation is required.

The EDoNMAHP welcomed the report asking that governance of the report be reviewed.

Decision/Conclusion

Committee took assurance on the report.

11.2. Chair's Assurance Report – Capital and Property Strategic Group 30 March 2026 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report from the Capital and Property Strategic Group meeting on the 30 March 2026.

Members were asked to note the year-end position, the capital plan for 2026/27 will be presented to Committee 25 May 2026.

J Stevenson asked for assurance on the change from leasing pool cars to purchasing. The Head of Estates advised that a paper was presented at the meeting and confirmed that servicing of both leased and purchased cars is undertaken on island.

J Stevenson asked for an update on the Art in Health contract. The Interim Director of Finance advised that we have secured a slight reduction in the contract, but the same service will remain.

J Taylor asked for confirmation on the removal of hand wash basins in patient areas. The EDoNMAHP advised that the need to remove the wash basins is a clinical need set out in the NIPSOM to mitigate risk of splash zones.

Decision/Conclusion

Committee took assurance on the report.

12. PATIENT SAFETY, QUALITY AND EXPERIENCE

12.1. Use of GLP 1's (Presenter: Medical Director)

The Medical Director presented a paper on the use of GLP 1's for discussion, outlining the NHS Scotland position. At present no board in Scotland is prescribing GLP1s, this should be undertaken within Primary Care. NHS Orkney's position is consistent with NHS Scotland follow NHS Grampians formulary and are not for prescribing within Primary Care. Scottish Government have agreed a phased approach but currently there are no timescales noting the financial implications.

Committee were asked to note that our clinicians have raised concerns in relation to pancreatitis, a national study is underway to look at the risks of GLP1s.

The Interim CEO thanked the Medical Director for the paper and asked if any financial modelling has been undertaken for the population in Orkney. The Medical Director advised that until clarity is provided on the criteria financial modelling has not been undertaken and that modelling is not undertaken this financial year.

The EDoNMAHP noted the benefits of GLP1s from a population health perspective on an invest to save basis. The Medical Director advised that the study mentioned earlier will look at outcomes, findings are likely to be available mid-2028.

J Stevenson asked if there is any way of monitoring side effects of GLP1s locally. The Medical Director thanked Committee for their scrutiny of the report, advising that the MRHA are recording

side effects. One of the issues being considered is the effect on post-menopausal women on bone density.

Committee recommended that the Medical Director present the paper to JCCGC for assurance.

Decision/Conclusion

Committee discussed, noted, the local, regional, and national position on the use of GLP1s and took assurance on the report.

13. STRATEGIC OBJECTIVE - PERFORMANCE

13.1. Month 12 Financial Results and Improving Together Programme (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on the Month 12 financial results and improving Together programme noting a verbal update was provided due to the changing position at year-end.

As a result of additional deficit support funding from the Scottish Government, the Board will reach a break-even position. This result comes from a rebate on our MH SLA, income generated by MH services, additional received income, and postponing one-time savings from the IJB reserves until 2026/27.

The Interim CEO reflected a very positive closing position at year-end, noting the challenging position as we move into 2026/27 noting the circa £3million increase in pay costs.

The Director of Public Health asked if our current position has changed our escalation status. The Interim Director of Finance advised that the Board remains at Level 3 of the Financial Escalation Framework, as our deficit support funding is removed over the next 2 years the Board must be a 3% saving year on year which was not achieved in 2025/26.

J Taylor asked for clarity on the reasons for the increase in pay costs. The Interim Director of Finance advised that this is due to us not reducing head count, agency and locum usage and medical staffing. An action plan is in place to look at our medical staffing model.

The Interim Director of Finance advised that a month 12 report will be brought to Committee in May 2026 with an indication of how finance is at the end of Month 1.

Decision/Conclusion

Committee took assurance from the update.

13.2. NHS Scotland Annual Operating Priorities (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the NHS Scotland Annual Operating Priorities report.

No new targets are delivery targets, but boards are asked to focus on Planned care, productivity, unscheduled care and flow, care closer to home and population health and enablers, improving support for mental health, neuro, digital transformation and moving to a population health organisation. Monitoring of the priorities will be through the Executive Management Team with assurance to Board through Finance and Performance Committee.

There is no requirement for an Annual Delivery Plan, however a summary of local, sub national and national priorities will be produced and brought to Committee.

The Chair asked if our IPR needs to change to reflect the priorities, the Director of Performance and Transformation advised that discussions are taking place, and this will be reviewed.

The Chair asked if we have hospital at home in Orkney. The EDoNMAHP advised that whilst we do not have Hospital at Home, we have a hospital without walls approach.

Decision/Conclusion

Committee took assurance from the updates.

13.3. Transformational Priorities Highlight Reports (Presenter: Director of Performance and Transformation)

The Director of Performance and Transformation presented the transformational priorities highlight reports for the following four priorities: these being GP Out of Hours, re-design of isles care, older persons and frailty and medical staffing.

Medical staffing

The EDoNMAHP provided an update on the medical staffing workstream – the workstream remains on track, looking at the core and non-core services, medical recruitment. Grip and control have included moving agency staff to substantive.

The Medical Director advised that an Executive Team workshop is taking place on 29 April 2026 to build on the medical deep dive. Work continues on medical job planning, recruitment processes, and onboarding.

The Chair asked for assurance on how savings will be monitored. The Medical Director advised that a more in-depth savings plan will be brought back to Committee. The EDoNMAHP confirmed that the efficiency programme will continue to monitor savings.

J Taylor asked for additional information on the medical staffing establishment and grip and control measures following the deep dive presented previously to Committee. The Medical Director recognised that the number of WTE's has reduced in some areas, and there is a commitment to bring an establishment review back to Committee.

Older Persons and Frailty Workstream

The Chief Officer IJB advised that whilst the workstream is off track, engagement in the workstream to date has been positive and will improve outcomes, savings expected from the workstream is in relation to the social care workforce including moving to different working patterns and reviewing managerial structures.

The Chair asked if the Single Point of Contact (SPOC) is just for AHPs. The Chief Officer IJB advised that all referrals will be triaged through the SPOC.

J Taylor asked if the SPOC requires a clinician to be required or if this could be undertaken by a non-clinical member of staff. The EDoNMAHP advised that a SPOC does require a clinician and that this will help prevent admission to hospital.

J Stevenson asked if there was anything on the horizon for an integrated health and care record. The Head of Corporate Governance advised that there is significant complexity in relation to

implementing an integrated Health and Care Record. Work is underway at a national level to roll out the Mycare.scot app, but this is not likely to be fully operational within the next 12 months.

Re-design Isles care

The Chief Officer IJB advised that the re-design of Isles care is currently off track, however there are several models that could be used, this needs to be undertaken in line with the planning with people guidance and Health Improvement Scotland. Conversations in relation to funding for Isles Care are taking place in partnership with Orkney Islands Council.

The Interim Director of Finance advised that our current savings plan does not add up to the amount of savings required, then further discussions will need to take place, recognising the significant costs associated with delivering care on the Isles.

GP Out of Hours

The EDoNMAHP advised that work is on track, work has been commissioned on inter dependencies, these will be mapped out to ensure there are no unintended consequences. Savings should be realised from August 2026 onwards noting the need for public engagement and work on sub-regional unscheduled care.

Decision/Conclusion

Committee took assurance from the updates.

13.4. Robertsons Facilities Management Contract Update (Presenter: Interim Director of Finance)

The Interim Director of Finance presented an update on the Robertsons Facilities Management (RFM) contract, confirming that progress has been made in the last month particularly in relation to testing fire dampeners. RFM have committed to bringing additional resources on site for up to 6 weeks to complete the work required.

Progress has also been made in relation to the tank – a proposal has been submitted by RFM; this will be discussed at the next Infection Control Meeting.

Currie and Brown (external advisors) support the Board with the RFM contract which has been useful. An interim contract manager is in place and RFM continues to recruit for key roles.

The Chair asked for assurance on the planned maintenance, and the Head of Facilities and NPD Contact confirmed that the issues we have seen previously are being resolved.

The EDoNMAHP raised concerns following a recent ward walkaround in relation to the smaller planned maintenance, this has been raised with RFM.

Decision/Conclusion

Committee took assurance from the updates.

13.5. Chair's Assurance Report – Improving Together Programme Board 27 March 2026 (Presenter: Interim CEO)

The Interim CEO presented the Chair's Assurance Report from the Improving Together Programme Board 27 March 2026. The ITPB has now been split into two parts, (1) efficiency schemes, (2) transformational priorities (discussed in item 13.3).

Positive assurance provided that a Cost Improvement Programme for 2026/27 will be in place.

Decision/Conclusion

Committee took assurance from the updates.

14. **STRATEGIC OBJECTIVE – PEOPLE** – No papers to be presented to Committee.

15. **STRATEGIC OBJECTIVE – POTENTIAL**

15.1. **Chair’s Assurance Report – Digital Information Operations Group 23 March 2026 (Presenter: Interim Director of Finance)**

The Interim Director of Finance presented the Chair’s Assurance Report from the Digital Information Operations Group 23 March 2026.

Work on the RIS and PACS rollout is significantly off-track risk, resulting in the planned May 2026 deployment becoming unlikely due to challenges with the current provider. National Team is developing an options appraisal which will be shared with Boards shortly.

The move to a new Radiology Information System (RIS) remains off-track resulting in the planned deployment becoming unlikely due to challenges with the current provider. Our Radiology Manager continues to work with colleagues in NHS Grampian, NHS Shetland, and the national team to identify potential solutions.

Although a local Business Systems Project team is now established to lead and support the replacement of our core finance and Human Resources systems. There remains a risk that limited capacity could affect our capacity to successfully implement the necessary changes noting there are opportunities for East of Scotland collaboration.

Decision/Conclusion

Committee took assurance from the updates.

16. **Agree Items for Chairs Assurance Report to Board**

Members agreed on the following items for inclusion in the Chairs Assurance Report to the Board

Areas of concern

- Month 12 Financial Performance
- Digital – RIS/PACs
- Robertsons Facilities Management Contract

Major work commissioned/underway

- Risk Register updates
- Isles Model of Care and Out of Hours Transformational Workstreams
- Medical Staffing workstream – savings plan to be brought to next meeting

Positive assurance

- Corporate Risk and Assurance Report
- IPR

- Waiting list validation
- Pre-noon discharges
- Reduction in the number of DTOCs
- Board Position on the use of GLP1s
- Break even financial position at year-pend
- Assurance provided via Chair's Assurance Reports
 - Improving Together Programme Board
 - Digital Information Operations Group on accelerating digital transformation.
 - Sustainability Steering Group
 - Capital and Property Strategic Group

Decisions made

- Minutes and Chair's Assurance Report 25 March 2026 approved
- Finance and Performance Committee Annual Report 2025/26

17. AOCB (Presenter: Chair)

No other business raised.

18. Key Items for Noting (Presenter: Chair)

Members noted the following key documents

- 2026/27 - Financial Planning Letter - 11 - NHS Orkney
- Public Holiday for Opening Game of World Cup
- NHS Orkney - Confirmation of Q1 diagnostic funding 2026/27 - 30 March 2026

18.1 Meeting Schedule 2026/27 (Presenter: Chair)

Committee noted the meeting schedule 2026/27.

18.2 Evaluation of meeting (Presenter: Chair)

Useful discussions, challenging but supportive.

The Chair closed the meeting at 12.15



Minute Staff Governance Committee 12 February 2026

Present

James Goodyear (Interim Chief Executive Officer), Dave Harris (Director People & Culture), Joanna Kenny (Chair - Non-Executive), Dr Kirsty Cole (Non-Executive Board Member), Ryan McLaughlin (Employee Director), Karen Spence (Staff side representative), Sam Thomas (Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services – EDoNMAHP), Tariro Gandiya (Chair of JLNC) joined for items 4 to 12.2.

In Attendance

Lynn Adam (Clinical Lead for Workforce), Hazel Aim (Senior Corporate Governance Officer-Minutes), Willem Venter (Health and Safety Advisor), Debs Crohn (Head of Corporate Governance), Graeme McCulloch (Learning and Development Advisor – joined for items 11 to 12.3).

1. Cover Page (Presenter: Chair)

Purpose of Staff Governance Committee

- To support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration and
- To ensure that robust arrangements to implement the Staff Governance Standards are in place and monitored

Quoracy

Four members including

- Two non-executive members
- One Executive Director or deputy
- One lay representative from Union or Professional body or deputy

2. Welcome and Apologies (Presenter: Chair)

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

Apologies received from Georgie Green (Clinical Education Facilitator), Lawrence Green (Health and Safety Lead), Lewis Berston (Workforce Systems Lead), Steven Phillips (Head of People and Culture) and Han Gilles (Staff Side Representative), Kat Jenkin (Head of Patient Safety, Quality and Risk)

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

3. Declarations of Interest - Verbal (Presenter: Chair)

No declaration of Interest to be recorded.

4. Minute of meeting held on 3 December 2025 (Presenter: Chair)

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The Chair presented the draft minute of the meeting held 3 December 2025.

Decision/conclusion

Minute of the meeting held 3rd December 2025 were approved as an accurate record of the meeting.

5. Chair's Assurance Report – 3 December 2025 (Presenter: Chair)

The Chair presented the Chair's Assurance Report from the meeting held on 3 December 2025.

Decision / Conclusion

The committee approved the report for onward submission to the Board.

6. Matters Arising - Verbal (Presenter: Chair)

Dr K Cole updated members on the Armed Forces and Veterans Covenant and confirmed that General Practices were now proactively working to ensure coding for military veterans within primary care records so that relevant information is available and communicated effectively when referrals are made to secondary care.

Decision / Conclusion

Committee noted the update.

7. Action Log (Presenter: Chair)

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

Committee noted that all actions had been completed ahead of the meeting, the Chair acknowledged that this resulted in the action log being more meaningful.

8. CORPORATE RISK REGISTER (Presenter: Director of People and Culture)

The Director of People and Culture presented the Corporate Risks aligned to Committee. highlighting the continued lack of senior leadership capacity and capability. The risk in relation to the Health and Care Staffing Act was discussed later in the agenda. The Chair asked that clarity be provided in relation to ownership of some of the risks and how they could be better presented in the report going forward.

Decision / Conclusion

Committee noted the content of the risk register.

9. INTEGRATED PERFORMANCE REPORT (Presenter: Director of People and Culture)

The Director of People and Culture presented the Workforce chapters of the Integrated Performance Report (IPR) highlighting several areas of focus and concern.

The Director of People and Culture advised that work is underway to review how Key Performance Indicators (KPI's) are presented in the report as the current Red, Amber, Green (RAG) status fluctuates due to national averages, this may not provide meaningful assurance

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to Committee on local performance. Director of People & Culture and Director of Performance and Transformation are meeting to review workforce indicators presented in the IPR. Update to be brought to the next meeting.

Committee noted that the monthly staff sickness absence rates have risen over the past three months, reflecting national trends in respiratory illness, which has been impacted by the severe winter conditions.

Appraisal compliance remains significantly below expected levels, Committee were assured that a strengthened approach to staff appraisals is being developed, including consideration of adjusting appraisal cycles and reinforcing managerial accountability.

The Director of People and Culture advised that the usage of bank, overtime and excess hours has increased substantially, partially due to the opening of additional surge beds, high patient acuity at The Balfour, adverse weather and widespread staff sickness absence. The EDoNMAHP explained that a high number of staff on maternity leave and ongoing vacancies contributes to reliance on temporary staffing. The Employee Director requested a deeper analysis of the year-on-year rise in variable pay, noting the workforce pressures and wellbeing implications of substantive staff undertaking additional hours. An analysis of bank/agency usage and staffing establishments are being undertaken by the Area Partnership Forum - assurance will be provided to Committee 14 May 2026 meeting.

The Committee discussed the workforce element of our Improving Together Programme. Members asked for clarity on how well the programme is functioning, given that several of its workstreams relate to areas where performance remains challenging (i.e. mandatory training, appraisals and staff sickness). The Director of People and Culture confirmed that a review is underway to consolidate multiple improvement plans into a single, coherent people and culture directorate delivery plan aligned to deliver of the staff governance standards.

Further clarification was provided on definitions of bank, overtime and excess hours and assurance given on the inputting of data into SSTS.

Decision / Conclusion

The Committee acknowledged the report

10. CHAIR'S ASSURANCE REPORTS

10.1. Area Partnership Forum Chair's Assurance Report (Presenter – Employee Director)

The Employee Director presented the Chairs Assurance Reports from the Area Partnership Forum Meetings held on the 18 November 2025 and 20 January 2026, clarifying that the reports were for assurance only. The Chair confirmed that APF Chair's Assurance Reports are now reporting directly to the NHS Orkney Board.

Decision / Conclusion

Committee took assurance on the reports.

10.2. Chairs Assurance Reports Operational People Group (Presenter: Director of People and Culture)

The Director of People and Culture presented the Operational People Group Chair's Assurance Report on behalf of Head of People and Culture.

The Employee Director raised a concern in relation to compliance with resuscitation , not that no visible actions or work underway are provided.

The EDoNMAHP advised that service pressures continue to result in staff not being able to be released to attend training and confirmed that further engagement with Senior Charge Nurses was being made to improve compliance rates for life support training The Director of People and Culture will follow up Resuscitation Training Compliance with Head of People and Culture and report back to next meeting

The Employee Director confirmed that the Occupational Health, Safety and Wellbeing Committee meetings were being reinstated, first meeting will takeplace in 2 weeks time.

The Chair acknowledged the improved safety offer and accessibility now available thanks to the Health and Safety Team

Decision / Conclusion

Committee took assurance on the report.

11. Update from National Human Resource Directors meeting (Presenter: Director of People and Culture) - Verbal update

The Director of People and Culture provided a verbal update from the National Human Resource Directors meeting.

Discussions focused on 2 areas. The first area of focus is the nationally mandated Business Systems Transformation Programme, which will replace our current finance and human resource digital systems. Committee noted the support for adopting a common operating model, the Director of People and Culture asked Committee to note that the work required to implement the new systems will be considerable, but there is an opportunity to influence the direction of the programme.

The second area of focus was the National Workforce Planning Framework. A draft plan has been produced describing how workforce planning should be undertaken at a national, regional and local level. There is national recognition that capacity within Health Boards remains challenging and further details are yet to be confirmed

As with the national Business Systems Programme, there is an opportunity to work at a regional level on workforce planning which will take into consideration the NHS Scotland service reform.

Decision / Conclusion

Committee noted the verbal update.

12. STRATEGIC OBJECTIVE – PEOPLE

12.1. Health and Safety Update Report (Presenter: Health and Safety Lead)

The Health and Safety Advisor presented the Health and Safety Update Report to Committee including the number of RIDDOR reportable incidents during the previous quarter.

Assurance was provided that all departmental health and safety SharePoint sites have now been created.

Committee noted that compliance rates for Violence and Aggression training, advanced and emergency training and moving and handling training figures are reporting an improved position also improved.

However, there has been a decrease in compliance with face fit testing and this remains an area of concern. The EDoNMAHP advised that the infection Prevention and Control team are planning enhanced testing capacity, which should improve compliance.

The committee will escalate the risk to the Board as staff participation in face fit testing has declined. EDoNMAHP is collaborating with Infection Control to boost engagement and increase participation.

Decision / Conclusion

The Committee took assurance from the report and actions underway.

12.2. Your Employee Journey Update 2025/26 and planning for 2026/27 meeting (Presenter: Director of People and Culture) - Verbal update

The Director of People and Culture provided a verbal update on your employee journey 2025/26 and planning for 2026/27.

Whilst your employee journey remains a valuable piece of work, the Director of People and Culture highlighted that it currently sits alongside several other people related plans, resulting in fragmentation and difficulty in tracking progress and providing assurance to Committee.

The Director of People and Culture is undertaking an exercise with the People and Culture directorate to consolidate all people-agenda activity into one prioritised delivery plan, aligned with organisational capacity and the Staff Governance Standards.

The Director of People and Culture provided an update from the recruitment team in relation to the number of applications being received which have used Artificial Intelligence (AI) generated application appear to be a common feature adding to additional administration for recruiting managers.

Committee noted that staff appraisals continue to require focussed attention from managers, historically, training has been provided by the HR team and this has resulted in improved data, however due to lack of capacity within the HR team, that ability to provide the training is limited.

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Phase 3 of the national workforce policies will be launched shortly. This will be a soft launch, noting that additional work is required in relation to compensatory rest and other terms-and-conditions matters.

The Director of People and Culture reported that the band 5 to band 6 nursing review is progressing locally, noting that the Board is not an outlier on progress.

The Director of People and Culture reported that the dedicated wellbeing resource is no longer in place due to time limited endowment funding coming to an end. The Director of People and Culture confirmed that a paper will be presented to the Endowment Committee regarding the exit strategy for the Wellbeing project and prioritisations for the organisation in this area is being considered by the APF.

However, staff continue to have access to the existing online materials, however they are becoming outdated due to limited capacity within the team to update there is a need for the Board to agree what can realistically be delivered within current capacity.

Dr K Cole raised concerns in relation to the Employee Assistance Programme (EAP) documentation being available through a link on sharepoint as not all staff always have access to the information. The Director of People and Culture acknowledged the concerns raised,

As discussed earlier in the agenda, a consolidated plan for future prioritisation for the people and culture directorate will be presented to the Area Partnership Forum (APF) as well as capturing work which is already been committed to.

The Employee Director raised concerns about capacity to deliver this and proposed a narrow focus on key sets of KPIs.

The Chair asked that thanks be passed on to Steven Phillips (Head of People and Culture) and the HR team for the significant achievement and work on the Reduced Working Week implementation plan.

Decision / Conclusion

Committee noted the verbal update and agreed to the development of a single prioritised approach to the people agenda.

12.2.2 Protected Learning Time (PLT) Workstream 1 – Ofs National Statutory and Mandatory Transition (Presenter: Learning and Development Advisor)

The Learning and Development Advisor presented an overview of the nationally mandated Protected Learning Time Workstream 1, which includes changes to the National Statutory and Mandatory Training for NHS Scotland employees.

The Learning and Development Advisor advised that from 2 March 2026, NHS Orkney will move from local modules to the national suite, supporting greater consistency across NHS Scotland. Existing local modules (Prevent and Health & Safety) will remain, and a new Counter Fraud module will be introduced with a six-month completion grace period.

Staff currently undertaking training will not be as their existing renewal dates will not change and will transition to the new module at their next revalidation point.

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National Education Scotland is managing the technical implementation and undertaking module equivalency mapping to ensure organisational reporting remains accurate.

Induction materials will be updated and streamlined as part of the change.

Dr K Cole advised that although the move is very welcome, PLT is not applicable to independent contractors. The EDoNMAHP added that PLT only applies to specific modules, other modules people are required to complete to do their job are not given protected learning time. The Director of People and Culture urged members to ask colleagues to bring to national committees as far as possible to highlight the challenges this may cause.

Committee acknowledged that online modules present less challenges than in person training, this will become even more challenging following the introduction of the Reduced Working Week.

The Clinical Lead for Workforce acknowledged the importance of emphasising these issues with Scottish Government to ensure their comprehension of island nuances and the added difficulties this brings.

Decision / Conclusion

Committee took assurance on the update.

13. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1 Whistle Blowing quarterly report Q3 2025/26 (Presenter: Interim CEO)

Interim Chief executive reported there were no formal whistleblowing and minimal contact with confidential contacts.

Decision / Conclusion

Quarter 3 Whistleblowing report approved for submission to the INWO and for publication on the Boards Website.

14. STRATEGIC OBJECTIVE – PERFORMANCE

14.1 Workforce Report (Presenter: Director of People and Culture)

The Director of People and Culture presented the Workforce Report from April to September 2025, noting that whilst the report covers an earlier period, it provides important detail sitting beneath the IPR. Assurance was provided by the Director of People and Culture that it is their intention to produce the workforce report quarterly or six-monthly going forward as well as a full-year update at the year-end.

Members discussed key themes including mental health-related and musculoskeletal staff absences. Dr K Cole highlighted the value of understanding whether mental-health related absences recorded as anxiety, stress or depression were marked “work-related” on the Med 3 fit notes. The Director of People and Culture agreed to explore whether this could be consistently captured, though emphasised that long-term mental health referrals should be appropriately assessed through Occupational Health regardless of cause.

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The Committee discussed opportunities for earlier intervention and broader wellbeing support. Members noted that whilst NHS Orkney provides fast-track physiotherapy access for staff with MSK issues, similar rapid-access mental health support is not currently available. Options such as exploring third-sector partnerships or improving Occupational Health capacity were identified as areas for future consideration.

Decision / Conclusion

Committee took assurance on the detail of the Workforce Report that complemented the IPR.

14.2 Board Level Clinician(s) Internal Healthcare Staffing Compliance Report – Year 2 Q3 (Presenter: Clinical Lead Workforce)

The Clinical Lead Workforce presented the Quarter 3 Board Level Clinician(s) Internal Healthcare Staffing Compliance Report Year 2, highlighting that for the first time since the Act came into force on 1 April 2024, NHS Orkney has achieved reasonable assurance, reflecting significant progress in implementation. This improvement is largely due to a high return rate on staff self-assessments, which provided stronger evidence of compliance, particularly in real-time staffing risk escalation and arrangements for addressing recurrent risks.

Areas of remaining amber assurance relate to mandatory training, appraisals and resuscitation training recognised and discussed earlier under the IPR item

Good progress is being made in consolidating role-specific training requirements across professional groups, with many now linked to national standards or professional pathways.

The EDoNMAHP added that medical staffing continues to be the least engaged group in returning compliance data and this remains a limiting factor in overall assurance. Work is ongoing to address this including reporting through the common staff method tools (CSMT) which is nearing completion with further improvements to be documented in the annual report.

The Employee Director acknowledged progress on previously stalled areas and noted that a corporate risk was still in place which he suggested was reviewed.

Decision / Conclusion

Committee took assurance from the direction of travel on the report and supported the Employee Directors request to review the corporate risk.

14.3 Reduced Working Week Implementation Plan (Presenter: Director of People and Culture)

The Director of People and Culture provided an update on the Reduced Working Week Implementation Plan.

Significant work has been undertaken through directorates and the executive team to finalise backfill arrangements and associated financial impacts. Each directorate return

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has been reviewed collectively by the Executive Team to ensure consistency, challenge the assumptions underpinning backfill requests, and confirm affordability before moving to implementation.

Work is now underway to translate the agreed plans into operational delivery. The process has highlighted questions which are being addressed by the Head of People and Culture through the Reduced Working Week (RWW) short life working group and escalated to Executive Directors where required.

The Employee Director confirmed that the Joint Staff Negotiating Committee and trade unions were broadly content with the plan. It was confirmed that the plan will now move to APF and Board as part of the governance process.

It was noted that Staff Side Representatives have raised concerns that some staff had not been engaged in discussions about local implementation and had only been informed of decisions after the fact. The Director of People and Culture clarified that Executive Directors have provided assurance that staff engagement has taken place, and any instances where this has not occurred should be followed up directly with the relevant Executive Director.

Decision / Conclusion

Committee took assurance on the update.

15. STRATEGIC OBJECTIVE – POTENTIAL

15.1 Education and Training Center Progress – Verbal Update (Presenter: Director of People and Culture)

The Director of People and Culture provided a verbal update on progress with the Education and Training Center at The Balfour, clarifying that no decision has been made regarding the relocation of teams or the use of the downstairs office space at The Balfour. Work currently underway is focused solely on producing a complete, fully informed business case. A previous high-level strategic case has been prepared, but it did not include full consultation with affected staff or stakeholders. The present work, assisted by the improvement hub aims to correct this by ensuring all relevant voices are heard, impacts are properly assessed, and costings are accurately captured.

Staff Side Representative raised concerns that some staff felt decisions had already been made as some areas were being measured up and this was causing anxiety. The Director of People and Culture emphasised the need for clear, consistent communication to reduce confusions.

Decision / Conclusion

The Committee took assurance on the update noting the sensitivity of the issue and acknowledged that as this is being discussed at other committees, information only needed to come to Staff Governance for future assurance.

16. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

No other competent business was raised.

17. Items to be included on the Chair's Assurance Report - Verbal (Presenter: All)

The Chair agreed to work with the Corporate Governance Team on inclusions for the Chair's Assurance Report.

18. ITEMS FOR INFORMATION AND NOTING

Key documentation for information

The following key documentation was made available to the Committee:

- Business Cycle and Workplan 2026/27

18.1 Schedule of Meetings for 2025/26 (Presenter: Chair)

Decision / Conclusion

The Committee noted the schedule of Meeting for 2026/27

18.2 Record of Attendance 2025/26 (Presenter: Chair)

Decision / Conclusion

Committee noted the Record of Attendance 2025/26

The Chair closed the meeting at 12.40.

Timetable for Submitting Agenda Items and Papers 2026/27

Initial Agenda Planning Meeting ¹	Final Agenda Setting Meeting	Papers in final form ²	Agenda & Papers	Meeting held virtually via MS Teams
with Chair, Lead Executive and Corporate Governance ³ < day of or 1 day after previous meeting >	with Chair, Lead Executive and Corporate Governance 21 days before date of meeting	to be with Corporate Governance < 9 days before Date of Meeting >	to be issued no later than < 7 days before Date of Meeting >	(unless otherwise notified) < Day of Meeting >
26 February 2026	26 March 2026	21 April 2026	23 April 2026	30 April 2026
30 April 2026	4 June 2026	16 June 2026	18 June 2026	25 June 2026
25 June 2026	6 August 2026	18 August 2026	20 August 2026	27 August 2026
27 August 2026	8 October 2026	20 October 2026	22 October 2026	29 October 2026
29 October 2026	19 November 2026	1 December 2026	3 December 2026	10 December 2026
10 December 2026	4 February 2027	16 February 2027	18 February 2027	25 February 2027

¹ Draft minute of previous meeting, action log and business programme to be available

² Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

³ Draft agenda, minute and action log issued to Directors following meeting

Chair	Davie Campbell
Vice Chair	Joanna Kenny
Lead Executive	CEO
Corporate Governance Lead	Head of Corporate Governance