Public Board Meeting - 28 August 2025

NHS Orkney
2025-08-28 09:30 - 12:30 BST

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NHS Orkney Board
28 August 2025

Purpose of Orkney NHS Board

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

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

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

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

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

People Ensure NHS Orkney is a great place to work

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

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

Quorum:

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

Public Board Meeting – Annual Accounts Minutes
26 June 2025

Present

Melanie Barnes (Interim Director of Finance), Kirsty Cole (Chair, Area Clinical Forum), Debs Crohn (Head of Improvement), Rona Gold (Non-Executive Director), Issy Grieve (Non-Executive Director), Joanna Kenny (Non-Executive Director), Dr Anna Lamont (Medical Director), Shona Lawrence (Corporate Communications Officer), Meghan McEwen (Board Chair), Laura Skaife-Knight (Chief Executive Officer), Jean Stevenson (Non-Executive Director), Jason Taylor (Non-Executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Tammy Sharp (Director of Perforamnce,Transformation Deputy CEO).

Guests

Rashpal Khangura (External Auditor KPMG), Taimor Alam (External Auditor KPMG) Hannah Casey (Public Health Manager), Shona Lawrence (Corporate Communications Officer), Sarah Gilmour (The Orcadian), David Delday (BBC Radio Orkney).

1. Cover page

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Quorum:

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2. Welcome and Apologies (Presenter: Chair)

The Board Chair opened the meeting at 11.05 am and welcomed attendees.

Apologies were received from Dr Louise Wilson (Director of Public Health), Ryan McLaughlin (Employee Director - Non-executive Director).

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

3. Declarations of Interest (Presenter: Chair)

J Taylor declared an interest in relation to item 11.3 (Island Games Final Plan 2024/25) due to receiving remuneration in the development of Orkney's bid for the Island Games.

4. Minutes of Previous Meeting 24 April 2025 (Presenter: Chair)

Minutes of the meeting held on 24 April 2025 were accepted and approved as an accurate record of the meeting.

5. Matters Arising (Presenter: Chair)

K Cole advised that Board agendas are not currently being shared with the Area Clinical Forum (ACF).

K Cole to share meeting dates of ACF with Board Chair

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 - June 2025 (Presenters: Chair, Chief Executive)

The Chair and Chief Executive presented their report to the Board providing an update on key events and activities in May and June 2025, highlights included:

- Publication of 3 key documents in the past week - Population Health Framework, Public Sector Reform, Service Renewal Framework which sets out the direction of travel for the next 10 years.
- Board members were encouraged to read the Public Sector Renewal Framework which sets out the strategic direction in Scotland.
- Planned care update: work underway at NHS Orkney to reduce our longest waits and have zero 52-week waits by the end of March 2026. Enhances scrutiny has been put into the system, additional page will be included in the IPR, monthly update at Senior Leadership Team

- MRI scanner is now in Orkney and operational, first patients have been treated. Evaluation and business case will be developed to ensure sustainability of the service for our patients.
- iMatter (staff survey) results show improvements for fourth successive year.
- New Leadership Development Programme and Education and Improvement Centre developments approved and launched soon
- National recognition for long-serving NHS Orkney nurse - Moira Sinclair who has over 40 years plus service. Amanda Manson and Anne Gregg were also nominated by the Royal College of Nursing.

8. CHAIRS ASSURANCE REPORTS

8.1. Joint Clinical and Care Governance Committee Chair's Assurance Report (Presenter: Rona Gold - Chair of Joint Clinical and Care Governance Committee)

No papers presented as Committee has not met since the last Board meeting.

8.2. Finance and Performance Committee Chair's Assurance Report 27 March and 22 May 2025 - (Presenter: Davie Campbell - Vice Chair Finance & Performance Committee)

The Chair of Finance and Performance Committee presented the Finance and Performance Committee Chair's Assurance Reports from 27 March and 22 May 2025 meetings.

22 May 2025

- Delayed Transfers of Care - To be discussed at the Integration Joint Board (IJB) meeting July 2025
- Capacity within the Improvement Function - to be discussed later in the meeting

Director of Performance, Transformation and Deputy CEO confirmed work continues reviewing the Integrated Performance Report (IPR) metrics, considerations to be given to metrics for the Robertson's contract and sustainability. Annual delivery Plans have been super-seeded by the production of the NHS Operational Plan.

I Grieve asked for an update on the planned workshop to look at the use of Hamnavoe House and when the Board will receive an update. EDoNMAHP advised that a paper will be presented to the IJB in July, with recommendations from the workshop. This will come through our governance processes before being presented to the IJB.

The Board Chair asked that the Chief Officer IJB, EDoNMAHP provide a timeline for the discussions through our internal governance processes for the older people's strategy.

The Board Chair asked all members to be clear what the ask of the Board is when items are being escalated and what action is required.

Decision / Conclusion
The Board noted the update provided subject to the amendments discussed and agreed above.

8.3. Audit and Risk Committee Chair's Assurance Reports 6 and 27 May 2025 (Presenter: Jason Taylor, Chair of Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the Chair's Assurance Reports from the meetings on the 6 and 27 May 2025 highlighting the following

- Business concerned with the Annual Accounts process
- Approval of the Board Assurance Framework and Performance Scorecard.

The Board Chair asked when the update on Counter Fraud Strategy would be complete. Interim Director of Finance advised this will be complete by September 2024.

The Board Chair commended the quality and detail contained in the Chairs Assurance Report.

Decision / Conclusion
The Board noted the update provided.

8.4. Senior Leadership Team Chair's Assurance Reports - May and June 2025 (Presenter: Chief Executive - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the report highlighting the following items which had been discussed at their meetings in May and June 2025 highlighting the following areas of escalation

- Limited assurance on the Health and Staffing act submission to Scottish Government
- Downgrading and closing of risk related to waiting times data
- Ensuring zero waits for patients waiting 52 weeks

The Chief Executive acknowledged that SLT are now driving forward improvements, these include

- Development of the Education and Improvement Business Cases
- Leadership development programme
- Operational Governance Review engagement approach

The Board Chair asked for clarity on the ask in relation to options appraisal discussed at the 3 June 2025 meeting. Head of Improvement confirmed this was in relation to Car Parking at The Balfour.

The CEO shared that there has been an increase in the number of staff attending SLT as observers demonstrating our commitment to openness.

Decision / Conclusion
The Board noted the update provided.

8.5. Area Clinical Forum 2 June 2025 (Presenter: Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on 2 June 2025, highlighting the following

Concerns

- Service provision - Chief Officer and Head of Primary Care are aware

Positive assurance

- Public Protection Policy and Safeguarding children's Policy and Tongue Tie Policy presented for consultation and approval by the Clinical Governance Group.
- Behavioral standards workshop takes place in July 2025.

Area Clinical Forum Chair asked if office-bearers could be invited to the Extended Senior Leadership Team. Head of Improvement to review and forward invites to clinical advisory group office-bearers.

Decision / Conclusion
The Board noted the update provided.

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

The Chair of the Staff Governance Committee presented the Chair's Assurance Report from the meeting held on 15 May 2025 highlighting the following items

Escalations

- Ongoing issues in relation to safer staffing - improvement plan to be discussed later in the agenda
- Workforce Operational Group is not yet effectively established
- Workforce Report to be integrated into the Workforce Chapter of the Integrated Performance Report
- Agenda for change reform implementation plan - conversations taking place regarding Reduction in Working Week (RWW), this will return to Board in August 2025.

  The Chair of Staff Governance Committee advised that challenges remain in relation to face to face completion of statutory/mandatory training.

  Director of People and Culture advised that a lengthy discussion took place at the SLT 24 June 2025 in relation to statutory/mandatory training, despite additional input from the People and Culture Team the dial has not changed in terms of increasing compliance. An additional Extended Senior Leadership Team (ESLT) meeting is scheduled for 3 July 2025 which sets out non-negotiable expectations and the consequences of manager not ensuring staff are compliant with statutory/mandatory training.

The Board Chair asked if a risk should be raised and added to the Corporate Risk register in relation to the lack of a workforce operational group. The CEO advised that the Terms of Reference for the workforce group were approved by the SLT 24 June 2025 and meetings scheduled for the next 12 months.

Lou Willis (Children's services Lead) winner of our Team Orkney Leader of the Year aware shared with Committee their leadership experience.

Decision / Conclusion
The Board noted the update provided.

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

The Medical Director presented the Corporate Risk and Assurance report providing an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period.

Members were advised that the number of risks has increased this financial year, operational risk registers are now in place.

3 separate risks have now been merged into a single risk. The summary sheet provides an overview of how risks are being managed by Governance Committees.

Top two risks were presented to the Board noting individual risks are managed by Governance Committees. Financial sustainability risk has been reduced due to transitional funding being received from Scottish Government.

J Taylor raised concerns in relation to the reduction of the risk and frequency of the risk being reviewed every 3 months. The Interim Director of Finance advised that the risk was increased due to the risk of the Board being issued with a Section 22. The Board Chair and Chief Executive asked that the risk is reviewed on a monthly basis.

The risk regarding capacity in the social care system has been reduced. The Board Chair asked for clarity on the reduction of the social care system risks given the number of delayed transfers of care in the system. The EDoNMAHP advised that when the risk register was reviewed in May 2025, numbers were lower than they currently are. At the next review of the risk it will be increased due to site capacity. EDoNMAHP to ensure the narrative captures the risks associated with patient care.

R Gold noted and welcomed the comprehensive report and the improvement in our risk management and asked that the risk in relation to Senior Leadership capacity be reviewed following the departure of the Chief Executive and absences in senior positions.

The Board Chair advised that a meeting will be scheduled for Non-executive Directors in the next 2 weeks to discuss the risks in relation to Senior Leadership capacity.

The Medical Director advised that risks are being reviewed more frequently outwith policy recognising the dynamic nature of risk management. Work continues to improve our risk management approach, as the process evolves and operational risk registers are established. This will ensure the risk register focuses on mitigating actions and assurance.

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

10. Integrated Performance Report (IPR) (Presenter: Director of Performance, Transformation and Deputy CEO)

The Director of Performance, Transformation (Deputy CEO) presented the Integrated Performance Report (IPR). The Board discussed the following points

- Sickness absence rates
- Appraisal rates have increased to 38.3%
- 4-hour emergency access standard remains amongst the top 3 Health Boards

A review of the IPR has commenced, there is a need for the report to be improved to suit the needs of the Board. The Board recognised that there is a need to develop the data presented to focus on actions being taken and the impact they have had on performance.

A template will be shared with the Corporate Leadership Team in July 2025, recognising that this is an iterative process over the next 12 months.

The Board Chair asked that conversations take place with Non-executive Directors to shape the IPR going forward.

The Chief Executive welcomed the review of the IPR and encouraged Committee Chairs and Executive Leads to work with the Director of Performance, Transformation (Deputy CEO) as part of the review.

Director of Performance, Transformation (Deputy CEO) advised that the IPR will form part of the Performance Review Meeting (PRM) packs so staff are aware and clear on their role in performance targets and management.

I Grieve asked that the narrative in the IPR be made clearer, including SMART targets and asked that the change in position column remains in the IPR.

The Chief Executive asked that changes to the IPR are built into the Leadership Development Programme.

The Board Chair asked that the amber status be included in the IPR going forward.

Patient Safety Quality and Experience (PSQE)

The Medical Director presented the PSQE Chapter of the IPR noting the following

- Reduction in the number of falls
- Number of complaints target is set at 0 to ensure it appears on the IPR
- Excellent performance in Maternal Early Warning Scores (MEW's) and Pediatric Early Warning Scores (PEW's).

The Board Chair asked for evidence in the IPR of learning being implemented. The Medical Director confirmed that learning from Serious Adverse Event Reviews (SAER's) and Complaints are

summarised in the quarterly Safety Quality and Experience (SQE) Report to the Joint Clinical Care Governance Committee (JCCGC).

J Stevenson asked for clarity on Endoscopy figures. The Medical Director recognised the challenges of having this skill set in Orkney. The introduction of Scot cap is reducing the number of people requiring endoscopy. Recruitment to a substantive consultant was unsuccessful, there is a shortage across Scotland, the Board remains reliant on external resources.

The Board Chair challenged Executives to be clear on the actions taken when referencing recruitment challenges.

Community Services

Chief Officer IJB provided an update on performance of Community Services focusing on the following 2 areas.

- Physiotherapy – The Phio app is now live - feedback from patients has been positive. 73 people on the current waiting list have accessed the self-management app.
- Podiatry - There has been a significant reduction in patients waiting to be seen for podiatry services.

K Cole asked for confirmation on why podiatry services have a waiting time for 4 weeks. Chief Officer IJB advised that this is a nationally set target.

Population Health

H Casey provided an update on population health performance. Smoking cessation - whilst rated red, it is an improving position.

Board Chair asked for clarity on vaccination uptake and asked if the changes to where vaccinations are delivered has made an impact on uptake.

Workforce

Director of People and Culture provided an overview of the Workforce chapter of the IPR focusing on areas not covered earlier in the agenda.

Sickness absence is below national average but higher than we would like. Work underway to review workforce metrics. Long term and short-term sickness have now been split.

There has been an increase in appraisals since the last meeting.

The Board Chair and J Taylor asked for clarity in relation to the number of bank hours being used to cover staff sickness. Director of People and Culture advised that work is underway to provide assurance on how excess hours exceed contracted hours this will be included in the IPR going forward and brought to the August Board meeting.

D Campbell asked how the IPR could be used for better clinic planning and asked that consideration be given to producing a high-level 1-page public facing IPR.

Decision/conclusion

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

11. STRATEGIC OBJECTIVE - PLACE

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

The Chief Officer - Integration Joint Board presented the Strategic Plan 2025-2028 - what this means for NHS Orkney for awareness.

All IJB's are required to have a 3 year-strategic plan, metrics contained with the plan should be included in the IPR going forward. Orkney like all areas struggle when people are in crisis, the plan sets out the need for prevention and early intervention this is reflected in the Public Sector Reform commitment from Scottish Government.

There is a clear contribution required from a Population Health perspective in the delivery of the Strategic Plan.

The Board Chair noted that there will be implications for NHS Orkney given our workforce and financial position.

Decision/conclusion
Members noted the update and the implications for NHS Orkney.

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

The Chief Officer - Integration Joint Board presented the Key messages from the IJB meeting 30 April 2025, these are as follows

- Strategic plan approved 30 April 2025
- Annual IJB Budget approved
- Received community planning partnership suicide prevention action plan
- Well produced strategies and plans received by the Board.

The Board Chair asked members to read the Orkney Scheme of Delegation.

Decision/conclusion
Members noted the update and key messages

11.3. NHS Orkney Final Island Games Plan - OHB2526-43 (Presenter: DoNMAHP)

The EDoNMAHP presented the NHS Orkney Final Island Games Plan for approval following approval by the FPC 27 May 2025. The plan incorporates additional narrative requested by Finance and Performance Committee. All patient bookings, transport and rotas have been approved.

J Taylor advised that there are some changes to accommodation, this may need to be reviewed.

EDoNMAHP thanked those involved in developing the plan.

CEO thanked the EDoNMAHP for their leadership and recognised engagement with Island Games Committee and partnership working.

EDoNMAHP assured the Board that there will be no impact on planned care, clinical administration teams have ensured patients have been booked taking into consideration road closures. Financial costs are in relation to our commitment to orthopaedics on call cover should they be required to support resident team in Emergency Department, recognising this will be a small cost.

R Gold asked if a lessons learned meeting is planned and when the Board will have sight of them, and the legacy of the Island Games and impact on public health. H Casey advised that public health is working closely with Orkney Island Council's health and wellbeing strategy. Lessons Learned will be scheduled in August/September, which will come through our internal governance process.

CEO advised that a new recruitment campaign will be launched during the Island Games - details will be shared with the Board.

Decision/Conclusion
The Board approved the NHS Orkney Final Island Games Plan.

11.4. Programme for Government (PfG) - What this means for NHS Orkney - OHB2526-44 (Presenter: Director of Performance, Transformation and Deputy CEO)

Item deferred as this forms part of the wider Public Sector Reform agenda.

12. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

12.1. Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute - EDoNMAHP)

The EDoNMAHP presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives, highlighting continued compliance with MRSA standard. Targeted work in clinical areas continues on hand hygiene

Board Chair commended the work of the Infection Prevention Control and domestics team.

Decision / Conclusion
The Board noted the update provided received assurance.

12.2. Clinical Services Review Methodology and next steps (Presenter: Medical Director, Director of Public Health, Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services)

The Medical Director presented the Clinical Services review methodology and next steps paper recognising progress has been made since the papers were submitted to Board.

There is a recognition that pace is required in terms of reviewing recommendations from the Clinical Services Review.

A meeting has taken place with Healthcare Improvement Scotland re Horizon 3 recommendations.

R Gold thanked those involved in the production of the paper and outlined the following points for consideration

- Governance recommendations - when will the Board have an opportunity to feed into defining the criteria
- Stakeholder engagement - be useful to include stakeholders to ensure all relevant stakeholders are included
- Communications - what is the approach to the communications plan?

The Medical Director advised that the principles in the paper are not to create new structures. A Quality Impact Assessment process is in place; a workshop will take place in the next 2 weeks to look at Horizon 1 recommendations, which are our priority.

CEO acknowledged that the final report will be received later this week which is a requirement of Scottish Government transitional funding, this will include next steps and what is required from internal governance. CEO committed to sharing with the Board a proposal on how Non-executive Directors and Clinical Advisory Groups will be involved in the development of the recommendations as they progress into delivery.

Decision/conclusion
The Board noted the paper

12.3. NHS Orkney Medical Device Policy (Presenter: Medical Director)

The Medical Director presented the NHS Orkney Medical Device Policy for consideration and approval. There is a requirement from Scottish Government for all Boards to have a policy in place for the use of all Medical Devices including software. The draft policy was shared with Scottish Government in April 2025, however, no feedback has been received.

The Medical Director confirmed that a Medical Devices Group is in place and responsible for the policy.

D Campbell asked for clarity on the governance route for the policy. The Medical Director confirmed it had been approved by the Medical Equipment Group and Senior Leadership Team.

K Cole asked if the Medical Device Policy had been shared with the Head of Primary Care. The Medical Director advised that National Services Scotland have been involved in the development of the policy due to systems being commissioned nationally. Communications to be issued to Primary Care.

Decision/conclusion
The Board approved the NHS Orkney Medical Device Policy for submission to Scottish Government.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review - culture governance and senior leadership - June 2025 progress update - OHB2526-47, OHB2526-48 (Presenter: Chief Executive)

The Chief Executive presented the report summarising the external review that was commissioned by her in mid-2024 into Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement. The CEO highlighted the following actions that have been delivered since the last meeting.

- Leadership development programme
- Engagement work around behavioural standards will conclude in July 2025
- Sickness, mandatory training
- Clinical Services Review and clinical engagement
- Respectful governance
- Support for the Chief Executive
- Locked down Year 2 Corporate Strategy Objectives.

R Gold asked for evidence of the impact of sickness absence, mandatory training and appraisals. Director of People and Culture advised that the Your employee journey will be used to monitor progress made, this will be shared with Board members via OnBoard.

R Gold asked for clarity on the operational governance review meetings. Head of Improvement advised that one-to-one meetings have taken place with Executive Directors and Heads of Service. A project plan and approach to communications and engagement to be shared with Board Members via OnBoard.

R Gold asked for clarity on organisational development work being complete. Director of People and Culture advised that this work has currently been paused. This will be reviewed following recruitment of the Director of People and Culture.

R Gold raised concerns in relation to the pace of the work - CEO reminded the Board that our culture work requires pace but reflective of how the action plan is presented going forward.

Decision / Conclusion
Members accepted the report.

13.2. NHS Orkney iMatter 2025 results (Presenter: Director of People and Culture)

The Director of People and Culture presented the NHS Orkney iMatter 2025 results. Only 1 question out of 30 has reduced this year.

Biggest movement is in people recommending NHS Orkney as a good place to work and being happy for a friend or relative to access services within my organisation.

Board visibility and decision making remain amber actions for the Board. There is a need for the organisation to have an improved understanding of performance management.

The Board Chair asked for a question to be added to the board walkarounds to ask staff what more could be done to improve board visibility

The CEO recognised the 2025 iMatter scores is a good news story, demonstrating our commitment to putting staff first. The CEO raised a risk in relation to the well-being co-coordinator stepping out of the Organisation in August 2025, this will significantly impact on our ability to deliver on our staff well-being strategic objective.

Decision/conclusion
The Board discussed and took assurance by the iMatter 2025 results.

13.3. Themes from Board walkarounds - June 2025 - OHB2526-55 (Presenters: Chief Executive, Chair)

The Chief Executive presented the themes from the Board Walkaround which took place in May 2025. A recent meeting with the Health and Safety Team has taken place and will come to Board in August 2025.

J Taylor asked for an update on space for the vaccination service which was raised as an issue. The Director of Performance, Transformation (Deputy CEO) advised that this a review of clinical space has been built into the Outpatients improvement Workstream, this work will conclude Summer 2025.

The Board Chair is keen to undertake a review of the themes of the Board Walkarounds over the past 12 months, this will be presented to Board for discussion.

Decision/conclusion
The Board received and noted the update.

13.4. Equality and Diversity Annual Report 2024/25 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Equality and Diversity Annual Report 2024/25 for discussion consideration and approval. Members were asked to note that the Board is more diverse than our local Community and we have high numbers of staff declaring a disability.

R Gold asked for confirmation of the plans in place to pro-actively target men in the recruitment process as there is a need to look at our recruitment process through the gender lens.

The Director of People and Culture is exploring opportunities for a research project with the University of Highlands and Islands (UHI), EDoNMAHP advised that there is a national push to increase the number of men recruited into health and care roles.

K Cole asked for clarity on the gender pay gap analysis and how the Board compares with other Health Boards in Scotland. The Director of People and Culture advised that Agenda for Change terms and conditions are set nationally, the review is in relation to who is appointed to roles by gender.

The Medical Director asked that numbers below 5 in the report are removed prior to publication so individuals cannot be identified.

Decision/conclusion
The Board approved the Equality and Diversity Annual Report 2024/25 for publication.

14. LUNCH

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025 (Presenter: Interim Director of Finance)

Rashpal Khangura and Taimor Alam (External Auditors) joined the meeting at 14.00 pm.

The Interim Director of Finance advised the Board that the Audit and Risk Committee at its meeting on the 26 June 2025, recommended that the Board approve the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025. Members were reminded that the annual accounts are not for publication or sharing until laid before Parliament in September 2025.

External Auditors presented the draft external audit report which will be signed off following approval by the NHS Orkney Board. Auditors presented a clean audit report to the Board with one amendment in relation to the Old Balfour Hospital.

Positive progress on savings were noted, recognising the risk which remains in terms of long-term financial sustainability.

Auditors thanked the finance team for their support in the production of the Annual Report and Accounts.

J Taylor confirmed that the Audit and Risk Committee recommended to the Board approval of the Draft NHS Orkney Annual Report and Accounts for year ended 31 March 2025 and authorised the Chief Executive to sign the representation letter as Accountable Officer for the Board.

Decision/conclusion
The Board accepted the recommendation from the Audit and Risk Committee and approved the NHS Orkney Annual Report and Annual Accounts Year ended 31 March 2025.

Rashpal Khangura and Taimor Alam (External Auditors) left the meeting at 14.15 pm.

15.2. NHS Scotland Operational Improvement Plan - what this means for NHS Orkney (Presenter: Director of Performance, Transformation and Deputy Chief Executive)

The Director of Performance, Transformation (Deputy CEO) presented the NHS Scotland Operational Improvement Plan - what this means for NHS Orkney report in relation to the Annual Delivery Plan and Corporate Strategy. Priorities are

- Reducing waiting times, with no one waiting more than 52 weeks by March 2026.
- Shift the balance of care from acute settings into communities.
- Expand digital access and innovation in service delivery.
- Focus on prevention and early intervention to improve population health.

Decision/conclusion
Members noted the update and the implications of what this means for NHS Orkney.

15.2.1. Planned Care funding and improvements for 2025/26 - what this means for NHS Orkney (Presenter: Director of Performance, Transformation and Deputy CEO)

The Director of Performance, Transformation (Deputy CEO) presented the Planned Care funding and improvements for 2025/26 - what this means for NHS Orkney report to the Board.

The report sets out requirements from First Minister and how the Board will make the required improvements by 31 March 2026.

The Board Chair thanked the Director of Performance Transformation (Deputy CEO) for the paper and welcomed sight of the improvement plan.

Decision/conclusion
Members noted the update and considered the implications of what this means for NHS Orkney.

15.3. Improving Together (efficiency) Programme Final Plan 2025/26 - (Presenter: Director of Performance, Transformation (Deputy CEO))

The Director of Performance, Transformation (Deputy CEO) presented the Improving Together (efficiency) Programme Final Plan 2025/26. The plan sets out the steps to be taken to ensure the Board meets its savings target of £3.8 million this financial year. £2.7 million savings have already been identified, with a pipeline of schemes in development for the remaining £1.6 million,

D Campbell asked if there have been any material changes to the plan since the last draft presented to Board. The Director of Performance, Transformation (Deputy CEO) confirmed there were no material changes to the plan since the last iteration.

Decision/conclusion
The Board discussed and approved the Improving Together (efficiency) Programme Final Plan 2025/26.

15.4. Financial Performance Report May 2025 - OHB2526-63 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 2 Financial Performance Report. The Board is forecasting a £2.2 million deficit at the end of 2025/26.

Areas contributing to adverse financial position are

- Medical staffing costs and our reliance on locums
- Agency spend on nursing - EDoNMAHP advised that recruitment to substantive posts in underway, this will reduce agency spend on nursing
- Increased prescribing costs

Additional grip and control meeting taking place Friday 27 June 2025.

The Interim Director of Finance confirmed that no decision has been made in relation to King Street and the Old Balfour site.

K Cole asked for confirmation on when medical staffing costs will be presented to the Board. The CEO advised that this will be presented to the Financial Escalation Board in July 2025.

The Board Chair raised concerns in relation to workforce vacancies and asked for confirmation on what is being undertaken to address the challenges noted. Interim Director of Finance advised that this is being overseen by the Workforce workstream of the Improving Together (efficiency) Programme.

Decision/conclusion
The Board discussed and noted the Month 2 (May) Financial Performance Report.

15.5. Financial Escalation Board Chair's Assurance Reports and Terms of Reference - April and May 2025 (Presenter: Chair)

The Board Chair presented Chair's Assurance Reports from the Financial Escalation Board meetings held on the 30 April and 28 May 2025. Papers presented at the Financial Escalation Board of a high quality. The Financial Escalation Board has moved up a notch. However, members noted that at times, the meeting strayed into other areas.

Members were reminded that the purpose of the Financial Escalation Board is financial escalation and should not be undertaking the role of an assurance committee

The Board Chair thanked the Interim Director of Finance for establishing the Board and the information being presented.

Decision/conclusion
The Board received and noted the Chair's Assurance Reports and the Financial Escalation Board Terms of Reference.

15.6. Respectful Governance (Presenter: Chair)

The Board Chair presented a paper on respectful governance, thanking the Head of Improvement for their support.

The paper builds on the paper discussed at the Board Development Session in March 2025. Proposed changes from 1 October 2025 include:

- Board members respecting board governance ensure attendance at meetings, and apologies being submitted at the earliest opportunity
- Chairs Briefings will be introduced to support Committee Chairs in their role
- Clarity on turnaround times for Chairs Assurance Reports and Action Logs
- Report authors prioritising financial, risk management and equality and diversity section in the cover paper

R Gold welcomed the paper and asked for clarity on who produces the Chairs Briefing and timescales for this to be shared with Committee Chairs. The Board Chair advised that Chairs Briefing will be issued at last 2 days before meetings.

R Gold asked that minutes and Chairs Assurance Report are circulated at the same time and asked that Chairs Assurance Reports are put through an easy read assessment.

I Grieve welcomed the paper and asked that a note be included in the Chairs Briefing Paper on the need for privacy when meeting online.

The Board Chair reminded Members of the need for respectful governance and to act with respect and kindness.

Decision/conclusion
Members received and approved the proposed changes outlined in the paper from the 1 October 2025.

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented

17. ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business was raised.

18. APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

19. Audit and Risk Committee 6 May 2025

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

20. ITEMS FOR INFORMATION

20.1. ITEMS FOR AWARENESS

Members noted the following documentation

- Podiatry Waiting List Performance and Improvement Plan
- Podiatry Health Intelligence dashboard data
- Population Orkney mainland-isles Orkney action update

20.2. Correspondence for noting (Presenter: Chair)

Members noted the letter from Caroline Lamb in relation to Collaboration and Leadership dated 25 April 2025.

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

Members noted the meeting schedule 2025/26.

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

Members noted the meeting schedule 2025/26.

20.5. Questions from the public

Sarah Gilmour (The Orcadian) asked for confirmation on the Month 2 Finance Report in relation to £200k survey work for the Old Balfour and asked for further detail on what would be included in the figure. Interim Director or Finance advised that this is for survey work, but this has not yet been commissioned, The funding is earmarked to ascertain how much demolition would cost.

S Gilmour asked what the pressure points or themes are for delayed transfers of care. EDoNMAHP advised that there are currently 10 delayed transfers of care relating to accessing residential placements and care at home.

Reflections on the meeting

- J Kenny reflected that the meeting is a good example of having efficient time allocated for papers to be discussed.
- I Grieve thanked report authors for the quality of the papers and good answers to questions asked
- D Campbell acknowledged the slickness of the meeting

The meeting closed at 14.30.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Board Chair and Chief Executive Report**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair and Laura Skaife-Knight, Chief Executive**
Report Author:	**Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

This report has been provided to update the Board on key external/internal events and activities from June-August 2025, including:

- A summary of our overall operational performance
- Quarter 1 Corporate Strategy update (April-June 2025) – how we're doing
- Island Games success
- People and recruitment updates
- Board Chair and Chief Executives' diaries – including meetings with external stakeholders and partners
- Looking to the future

2.2 Background

2.2.1 A summary of our overall operational performance

Workforce

- Monthly sickness absence rates at the end of May 2025 were 5.99% compared to 5.58% at end of March 2025. The percentage of long-term sickness is higher than short-term

absence and supporting colleagues back to work from long term illness remains a priority. Sickness related to stress and anxiety increased 9% between April and May 2025, which is cause for concern, and the Senior Leadership Team discussed this to understand the drivers, areas/services most affected and the enhanced actions that are necessary to maximise support for staff and teams (see Chair's Assurance Report for Senior Leadership Team later on the agenda).

- The completed appraisal rate continues to improve at 42.65% at the end of June 2025; which an improvement compared to 37.44% at end of March 2025.

- Some improved performance has been seen in mandatory training compliance with a 2-4% increase across most Health and Safety courses, however this remains a risk on the Corporate Risk Register. 1-2-1 meetings are taking place with all Senior Leadership Team members, led by the CEO and Deputy CEO to scrutinise performance by area and ensure improvement plans are in place. Linked to this, the workforce improvement workstream within the Improving Together (Efficiency) Programme is well developed and includes a focus on sickness management, mandatory training and appraisals. Corporate leads are identified for each area to drive delivery and fortnightly meetings are taking place to maintain momentum. Progress has been seen in compliance against e-Learning modules and in the management of attendance in line with the Once for Scotland Workforce Policy.

Operational Standards

Four-hour emergency access standard

- Four-hour emergency access standard performance at the end of May 2025 was 97.17% compared to 92.4% at end of March 2025. This puts our compliance above the national 95% standard and means NHS Orkney remains one of the highest performing Health Boards in Scotland for this national standard.

31-and 62-day cancer standard

- Performance remains consistently above than the 31-day cancer standard target (100% for NHS Orkney versus the 95% national standard). For January-March 2025, NHS Orkney was 100% compliant with the 31-day standard, and 57.14% compliant with the 62-day standard.

Waiting lists and backlogs

- The 12-week new outpatient standard has seen a slight decrease in compliance of 0.22% between May 2025 and June 2025. A total of 860 (56.65%) patients have waited more than 12-weeks against a total list size of 1,518. Additional new outpatient appointments have taken place in June and July 2025 within the Ophthalmology Service, significantly reducing both the overall list size and the number of patients waiting more than 52-weeks. Additional clinics for the Ear, Nose, and Throat service commenced at the beginning of August 2025.

- Against the national target of 100 per cent of patients not waiting longer than 12-weeks from agreeing treatment with the hospital to treatment taking place for inpatients or day cases, compliance is 62.10%, an improvement of 4.60% between May and June 2025. Some of the improvement here may be attributed to an increase in the overall list size, with the position increasing from 292 patients waiting at the end of March 2025 to 372 at the end of June 2025. This increase is largely being driven by the additional clinics taking place in outpatients and was expected as part of the normal outpatient to inpatient conversion rate.

Operational (Community) standards

- Capacity issues across both public and private dentistry continue to be challenging but recent recruitment in public dentistry has been successful and will alleviate some pressure as successful candidates are on-boarded.

- Performance continues to be strong in both Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS). CAMHS are participating in a short-term regional pilot for Intensive Home Treatment. Both services are looking at the in-house capacity to strengthen the neuro-developmental assessment pathways in adults and children.

Population health

- The Spring COVID vaccination is underway, with an uptake of 55.8% and Orkney being the top performing Board. Orkney RSV Immunisation uptake rate is 73.4% (above 67.4% Scotland average).

- Childhood immunisation uptake rates for 6-in-1 and MMR are at 100% for January to March 2025.

Finance

- As at Month 3, the Board remains focused on delivering the planned year-end outturn of a £2.176 million deficit, in line with the approved financial plan. This figure is prior to the application of £2 million in transitional funding support, which was agreed as part of the final submission. Our finances are off track by circa £200,000 in Quarter 1, leading to immediate actions being implemented to close the gap which is uncomfortable but necessary. The Senior Leadership Team have taken rapid action to make decisions and discuss schemes that bring our financial performance back on track. Ongoing monitoring and reporting will continue to ensure financial performance is aligned with the plan, with corrective action taken at the earliest opportunity to support delivery. Updates are being provided through both the Finance and Performance Committee and the Financial Escalation Board. See below for further details.

2.2.2 Island Games success

It was an honour for Orkney to host the Games and showcase what a brilliant place this is to live and work. Thank you to everyone at NHS Orkney and wider system partners in Orkney for the

efforts that went into the planning, which made sure the Games ran smoothly. People's dedication, professionalism and teamwork were the backbone of this record-breaking success.

Whether delivering frontline care, co-ordinating logistics, attending meetings, providing advice at venues for both sports and accommodation, volunteering, or working behind the scenes, these collective efforts ensured that athletes, visitors, patients, and our community experienced the highest standard of care and hospitality. Those representing NHS Orkney did so with distinction and helped to shine a spotlight on Orkney's warmth and spirit on the international stage. This was a significant moment in Orkney's history, and we will all remember the Games for a very long time.

2.2.3 Quarter 1 Corporate Strategy update (April-June 2025) – how we're doing

In Quarter 1 (April-June 2025) we had 15 priorities and 30 deliverables in our Corporate Strategy Delivery Plan. At the end of June 2025, 4 actions were red (significantly delayed), 1 action was amber (partially delayed) and 13 actions were green and on track, signalling further progress.

The areas that are red and off track, for transparency, are: mandatory training, financial performance (see below), ensuring patients who no longer need hospital care (known as delayed transfers of care) do not stay in our care any longer than is necessary and launching a new education strategy and opening a new education and improvement centre to further invest in our staff.

Some headlines of note for our community for Quarter 1 are:

- Work has started to map out the timeline and governance process for the future MRI service so that we have a long-term sustainable solution for our community
- To ensure we act on feedback from our patients to further improve access to Mental Health, Dentistry, Neurodiversity, Outpatients and Primary Care services, a carer representative has been appointed and is a full member of our Integration Joint Board in Orkney, which is a welcome development
- Staff survey results for 2025 showed improvements for a fourth consecutive year
- To ensure we deliver our 2025/26 Financial Plan of achieving a £2.176m deficit as at 31 March 2026 and continue our path to de-escalation from level 3 of the NHS Scotland Support and Intervention Framework and return to financial balance by 31 March 2029, a new Monthly Financial Escalation Board has been stood up. Our finances are off track by circa £200,000 in Quarter 1, leading to immediate actions being implemented to close the gap, as described above
- All patients waiting more than 52-weeks for care and treatment have been appointed except those patients who are unavailable. Plans are in place for patients currently unavailable to support appointing when they become available, so we meet the Scottish Government target of zero patients waiting no longer than 52-weeks for treatment in hospital and the community by March 2026, which are on track to achieve
- To accelerate digital transformation, a plan is now in place to introduce text message reminders for outpatient clinics

2.2.3 People and recruitment updates

Dave Harris will join NHS Orkney on 17 November 2025 as our new Director of People and Culture following a comprehensive recruitment and selection process.

Dave has over 32 years' experience of working in a range of public sector organisations, including recently, 10-years in the NHS in England. He is currently the Executive Director of People, Culture and Wellbeing at the University of Bradford.

Dave will replace Jay O'Brien who will leave the organisation on 19 September 2025. Interim Director of People and Culture arrangements are being explored to ensure there is not a gap in support between September and November 2025. We would like to take this opportunity to thank Jay for the significant contributions he has made to further improving organisational culture and staff experience and for consistently leading by example and role modelling when it comes to living our values.

2.2.4 CEO and Chair diaries – including meetings with external stakeholders and partners

Board Chair

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

I attended a Community Planning Partnership meeting which was held at the Scottish Fire and Rescue Services offices, where we discussed Public Sector Reform, service resilience in small communities, and the opportunity to undertake some qualitative research into the gender pay gap in Orkney.

Following the news that Laura Skaife-Knight was successfully appointed to NHS Grampian as their CEO, I worked with Davie Campbell the Vice Chair and colleagues within Scottish Government to ensure there were plans, and processes in place to provide interim leadership stability to the organisation.

NHS Orkney was delighted to host the Cabinet Secretary to showcase the MRI scanner and hear from him about his priorities for NHS Orkney. These include service resilience, the implementation of a frailty model, and continuing to think collaboratively as a system to serve our community.

Laura and I met with staffside colleagues to have an open and honest conversation about Public Sector Reform in Orkney. We were able to listen to colleagues and understand what opportunities they see to reduce duplication and ensure that our resources are going to deliver high-quality services without compromising the key tenets of the Staff Governance Standards and recognising the importance of terms and conditions for staff.

Our July 2025 Board Development session covered work on our behavioural standards and risk appetite across our Corporate Strategy.

Since the last Board meeting, I have also shared the news of my successful appointment as the Head of the Healthcare Charity for NHS Greater Glasgow and Clyde. I would like to take this opportunity to thank our community for their support, which has come in the most unexpected and remarkable ways during my five and a half years in post. Davie Campbell will capably step in as Interim Chair, and I wish him and the Board the very best in what I am sure will be a bright future.

Chief Executive

Since the last Board meeting I have attended the NHS Scotland Executive Group meeting where the focus for Board Chief Executives and Scottish Government is to take forward the delivery of the Operational Improvement Plan and develop plans to implement the recently-published Service Renewal Framework and Population Health Framework which set the direction for health and social care in Scotland for the next 10-years.

I have attended weekly meetings with Board Chief Executives to ensure planned care and specifically the path to zero patients waiting 52-weeks for care and treatment is delivered by March 2026, consistent with the First Minister's priorities and all Boards are evidencing how they are stepping up their focus in this space.

I have also attended the North of Scotland Chief Executive's meeting where the focus has been on regional opportunities to reduce waiting times for our patients, the Team North approach to implementing the Service Renewal Framework and Population Health Framework and how we work regionally to accelerate digitisation, one of the priorities in the Operational Improvement Plan.

We were delighted to welcome Neil Gray, the Cabinet Secretary for NHS Renewal and Health and Social Care to The Balfour in July 2025 which was an opportunity to showcase the incredible work happening across NHS Orkney.

We were proud to show the Cabinet Secretary our relocatable MRI scanner which marks a significant step forward in improving access to diagnostic services for our patients and discuss the work underway in developing a whole-system approach to frailty, supported by over £700,000 of new national funding awarded to NHS Orkney. We also highlighted our School Engagement Project, which introduced shared decision-making principles to over 350 secondary pupils, an inspiring example of how we're shaping the future of healthcare in Orkney. We were delighted to celebrate and recognise some of the dedicated staff who recently celebrated over 40 years' service to NHS Orkney and the NHS.

On this note, early July 2025, I was delighted to join some other Board members to celebrate and recognise our staff who in 2025 mark 40 plus years' service to NHS Orkney and the NHS at a special afternoon tea. I have since visited colleagues unable to make this event in their own workplaces to hand out their trophy, flowers and certificate to mark this milestone and to recognise and celebrate this significant achievement.

We also welcomed Ellen Leaver, Scottish Government Place Director, who is the lead for Orkney, to NHS Orkney In July 2025 and took part in discussions at the Community Planning

Partnership about the opportunities for Orkney when it comes to Public Sector Reform and more joined-up local services and putting prevention front and centre of all we do.

I chaired Senior Leadership Team, including an additional meeting to discuss how we respond to being off track with our finances in Quarter 1 of 2025/26 to ensure there is collective ownership and leadership in response and an extraordinary Extended Senior Leadership Team meeting to discuss and agree different solutions to addressing our challenges with statutory and mandatory training. I also chaired our monthly Improvement Board meeting, where we oversee and scrutinise performance against our efficiency programme for the year. With our Deputy CEO, I am mid-way through meetings with members of our Senior Leadership Team to discuss their performance with mandatory training an ensure there are improvement plans in place in each area.

I met BBC Radio Orkney for our regular meeting to share latest NHS Orkney developments, I hosted a meeting for our local politicians to do likewise and I met with the Orkney Heart Support Group to share progress we are making in this service and work underway to further improve care and services for our patients.

I have attended induction to welcome new starters to the organisation, continue to lead monthly all staff briefing sessions together with the Executive Team to keep staff well informed and host monthly listening sessions which are open to all staff.

With Meghan, we met for a second session with the children's Services Team to listen to colleagues' experience of working here and to hear what needs to happen (both short-term and longer-term) to further improve and optimise these vital services for our community and their experience of working here. I also spent time with our Clinical Administration Team, time in Theatres and in IT to listen to and thank staff for the great work they do.

2.2.9 Looking to the future

This is our final joint report as CEO and Chair, recognising there is a new Interim Chair in post and Interim CEO due to start in the weeks to come. We wish NHS Orkney all the best for the future and know there are many strong foundations in place which make the future of this organisation a very bright one. It has been a privilege for us to lead this organisation over the last few years together and see the progress we have made, which we have every confidence will now be built on further by the Board in its next exciting chapter which will remain focused on looking after our community and delivering excellent care.

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

Title of Report:	**Chair's Assurance report from the Joint Clinical and Care Governance Committee**	**Date of Meeting: 3 July 2025**
Prepared By:	Rona Gold, Chair and Non-Executive Director	
Approved By:	Sam Thomas Executive Director of Nursing, Midwifery, Allied Health Profession (AHP's) and Chief Officer Acute Services	
Presented By:	Rona Gold, Chair and Non-Executive Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical and Care Governance Committee at its meeting on **3 July 2025.**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Committee raised concerns regarding the lack of visibility on the development of joint strategies like the Physical Well-being and Weight Management strategies resulting in limited assurance being taken by Committee. The operational governance review has identified that the Place strategic objective is less developed and advised that the Population Health Framework provides an opportunity to bring this work together. 2. Limited assurance taken on the self- assessment against the Public Protection Assurance Framework noting this sits on our Corporate Risk Register and the work that has been carried out to date. Updated self-assessment taking a multi-agency approach with oversight from the Public Protection Committee sub-groups to be brought to January 2026 Committee.	1. Outcomes from the Scottish Government visit will be discussed and shared with the Sexual Health Network prior to being presented to Committee. 2. Primary Care Improvement Plan (PCIP) to be taken to GP sub-committee and Integration Joint Board (IJB) with assurance being brought to Committee October 2025. 3. Distress Brief Interventions paper to come back to Committee in July 2026. 4. NHS Orkney Self-assessment of the NHS Greater Glasgow and Clyde Emergency Department Review discussed – as the meeting was not quorate at that point, self-assessment to be sent to members for comment. Quarterly updates to be brought to Committee.
Positive Assurances to Provide	**Decisions Made**
1. Assurance taken on the Corporate Risk's aligned to Committee, noting that there are some improvements to be made to the way risks are written and mitigated. 2. Members took assurance on performance presented in the Integrated Performance Report. 3. Assurance provided on the work underway by the Area Drugs and Therapeutics Committee. 4. Assurance provided on performance of the Infection, Prevention Control Committee. 5. Assurance provided through the Public Health Report - Sexual Health and Blood Borne Viruses (BBV) Report.	1. Safety, Quality and Experience Quarter 4 Report 2024/25 approved. 2. Duty of Candour and Significant Adverse Events Annual Report 2024/25 approved. 3. NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25 approved. 4. Infection Prevention Control Annual Report 2024/25 approved.

6. Committee received and noted the Organisational Duty of Candour Procedure Non-Statutory Guidance - Revised March 2025. 7. Assurance taken on delivery of the Psychiatric Emergency Plan. 8. Committee were pleased to see pro-active approach taken by NHS Orkney on the NHS Orkney Self-assessment against the NHS Greater Glasgow and Clyde emergency Department Review.	
Comments on Effectiveness of the Meeting	
• The Chair recognised that sometimes papers are 'skimmed over' where there is positive assurance due to the size of the agenda, and this can result in positive outcomes not being noted in detail. • Lots of positive discussions throughout the committee. • Committee noted the substantive continuous improvement and breadth of information contained in reports enabling routine assurance to be taken. • Future reports to be clear when using acronyms to spell these out for ease of understanding.	

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

Title of Report:	**Chair's Assurance report from the Joint Clinical and Care Governance Committee**	**Date of Meeting 20 August 2025**
Prepared By:	Rona Gold, Chair and Non-Executive Director	
Approved By:	Sam Thomas Executive Director of Nursing, Midwifery, Allied Health Profession (AHP's) and Chief Officer Acute Services	
Presented By:	Rona Gold, Chair and Non-Executive Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical and Care Governance Committee at its meeting on **20 August 2025**		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. The Board is requested to consider the financial risks associated in implementing the Clinical Services Review (CSR) recommendations. It should be noted that, although some changes may ultimately prove cost-neutral, the majority will entail transitional expenditures that must be carefully prioritised and managed.	1. Medical Director to review and address the referral process for pre-operative assessments to ensure patients referred via Grampian are offered local assessment options where possible with an update brought to 1 October 2025 meeting. 2. Medical Director, EDoNMAHP and Chief Officer IJB to prepare clear public communication to distinguish the Clinical Services Review recommendations from recent media narratives and ensure accurate messaging for the public board. 3. Medical Director, EDoNMAHP and Chief Officer IJB to seek explicit Board support for a phased implementation recommendation, acknowledging current financial and resource constraints.
Positive Assurances to Provide	**Decisions Made**
1. Members discussed and agreed that governance arrangements are in place and that implementation readiness was sufficient for consideration by the Board at its meeting 28 August 2025.	1. None made.
Comments on Effectiveness of the Meeting	
• None noted.	

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: 31 July 2025**
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	David Campbell, Chair, Non-Executive Director	
Presented By:	David Campbell, 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 31 July 2025		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. There is a risk that the Workforce Workstream, will not meet its financial saving target which will be impacted by leadership changes within the People and Culture Team. 2. At Month 3, the Board reported an adverse expenditure. The primary driver of this financial pressure is the underachievement of planned savings, which poses a significant risk to the financial sustainability of the Board. The full delivery of the £3.8m savings programme is critical and must be treated as an organisational priority. The Executive Team have met with the Senior Leadership Team (SLT), Extended Senior Leadership Team (ESLT) and additional grip and control measures are now in place to respond to being off track, these will be discussed further at the SLT meeting on 5 August 2025. 3. NHS Renewal – Urgent and Unscheduled Care Funding 2025/26 - due to the level of risks associated with the funding it was agreed that the paper presented to Board in August 2025, clearly sets out costs, benefits, clinical engagement, Key Performance Indicator's, wider pieces of work underway, risks and mitigations. 4. The implementation for the roll-out of MORSE (Community EPR) will require a programme to be stood up to roll-out to all Community Services – this will be a cost pressure to the Board. Amendment to the Business Case for hosting MORSE will be considered by the Senior Leadership Team 26 August 2025.	1. Work underway to refresh chapters of the Integrated Performance Report, metrics and format have been updated. Refreshed IPR to be circulated to Board Members for comments. Refreshed sections will be included in August 2025 IPR. The refreshed IPR will be in place by October 2025. 2. Funding has been confirmed to undertake surveys for the proposed demolition of the Old Balfour Site. Procurement will commence in August 2025. 3. A strategic housing accommodation proposal is being developed in partnership with Hub North, this will return to Committee in January 2026. 4. Conversations have taken place with Orkney Island Council in relation to the sale of King Street: a formal proposal to dispose of King Street will be presented to Board shortly recognising that this may result in a cost pressure this financial year.

Positive Assurances to Provide	Decisions Made
1. Planned Care 52 week waits and addressing longest waits paper - All patients who are available to be booked are now booked. 2. Successful delivery of our Island Games Preparedness plan -, whilst Emergency Department attendances increased during the Island Games, our performance remained at 95%. 3. Work on inpatient falls continues, no pressure sores reported demonstrating our commitment to continuous improvement. 4. Scottish Government have accepted and approved the addendum to the 3-year financial plan.	1. Process for approving Business Cases was approved 2. Revised Standing Financial Instructions Phase 2 approved 3. Assurance taken on the Quarter 1 Digital Information Services Delivery Plan
Comments on Effectiveness of the Meeting	
• Committee is demonstrating its commitment to Openness.	

Financial Escalation Board Chair's Assurance Report

Title of Report:	Chair's Assurance report from the Financial Escalation Board	**Date of Meeting: 25 June 2025**
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Meghan McEwen, Chair Financial Escalation Board	
Presented By:	Meghan McEwen, Chair Financial Escalation Board	

Purpose

The report summarises the assurances received, approvals, recommendations and decisions made by the Financial Escalation Board at its meeting on the **25 June 2025**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Medical staffing costs have increased by £282k compared to the 2024/25 run rate. Medical staffing recruitment remains a high-risk area within the Improvement Programme, but it is also a key focus for cost reduction over the remainder of the year to realign with the financial plan. Analytical deep dive to be undertaken with advice sought from Hospital sub-group. Paper to return to 30 July Financial Escalation Board. 2. Limited capacity and capability within the Improvement Team to support implementation and delivery of our Improving Together (efficiency) Programme and Clinical Services Review recommendations. A prioritisation exercise and exploration of pooling of resources with Orkney Island Council is taking place. 3. There is a risk that changes to the Corporate Leadership Team may impact on our ability to deliver the terms and conditions set out in the transitional funding offer.	1. Financial Escalation Board Agenda to be reviewed by the Chair, CEO, Vice Chair and Interim Director Finance ahead of the 2. Clinical Services Review (CSR) – Assessment criteria for taking recommendations forward at Board 26 June 2025. Clinical workshop to be set up to take forward recommendations. Paper to be brought to 30 July 205 meeting including implementation plan.
Positive Assurances to Provide	**Decisions Made**
1. Workforce Operational Governance Group Terms of Reference and meeting schedule 2025/26 in place	1. No decisions made

Comments on Effectiveness of the Meeting

- Papers presented at the Financial Escalation Board of a high quality
- The Financial Escalation Board has moved up a notch
- The meeting at times strayed into other areas. Members were reminded that the purpose of the Board is financial escalation and should not be undertaking the role of an assurance committee

Senior Leadership Team (SLT) - People and Potential

Title of Report:	Chair's Assurance Report from the Senior Leadership Team (SLT) - People and Potential	**Date of Meeting: 24 June 2025**
Prepared By:	Debs Crohn, Head of Improvement	
Approved By:	Senior Leadership Team - People and Potential	
Presented By:	Laura Skaife-Knight, Chief Executive	

Purpose

The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **24 June 2025**.

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Concerns raised regarding lack of progress in increasing compliance of statutory/mandatory training. Extraordinary Meeting to take place week 3 July 2025 with Extended Senior Leadership Team to agree recovery plan for mandatory training to recover and improve performance – which will include proposals re: non-negotiables/consequences for statutory/mandatory training not being in date – as all other avenues have now been exhausted – for discussion and agreement. 2. GPIT Reprovisioning - an un-avoidable cost pressure of £12k has been identified as a result of moving to a National Services Scotland managed service contract. The cost is based on the National Resource Allocation Formula (NRAC) with all Boards being asked to pick up the additional cost.	1. One of the 3 components of the new Leadership Development Programme is a managers' development programme which will provide line managers with a range of technical skills/support. We agreed that the highest priorities for this mandatory programme in the first round are: finance, sickness management and appraisals. As part of this work, a blend of statutory/mandatory training will be built in until such time as we can improve compliance and embed improved performance.
Positive Assurances to Provide	**Decisions Made**
1. Maturing relationships with NHS Grampian as part of North of Scotland regional working, especially in the digital space. 2. Improved iMatter scores and staff engagement for 2025 recognising our commitment to continuous improvement. Action planning has commenced and is due for completion by the end of July 2025. 3. Positive engagement with staff continues on the development of our Behavioural Standards framework with the engagement period to conclude by the end of July 2025, and a draft framework to be produced for August for approval by the Board in October 2025.	1. Head of Improvement and Head of Information Technology to work with NHS Grampian's Chief Digital Officer to develop a plan with clear timelines for deployment of digital quick wins as part of the North of Scotland Digital Collaborative. 2. Corporate Strategy Year 2 (2025/26) Delivery Plan approved for submission to the Board with the Quarter 1 update in August 2025. 3. Top 3 priorities for the 2025/26 leadership development programme agreed as finance, sickness, and appraisals, this will be built into the statutory/mandatory training for managers. 4. Updated Workforce Operational Group Terms of Reference and meeting schedule 2025/26 approved. 5. 'Where Compassion meets Adventure' recruitment campaign approved for launching during the Orkney Island Games 2025.

	6. Microsoft 365 Copilot licence allocation for staff approved for-roll out to the organisation from July 2025. 7. GPIT contract to be de-commissioned in favour of a National Services Scotland managed service contract. 8. National Service Scotland to continue monitoring Pharmacy e-messages on behalf of the Board.
Feedback about meeting: - Check and challenge shows growing maturity of the Senior Leadership Team - Good examples of collective leadership to identify solutions to long-standing problems that require a different response	

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

Title of Report:	Chair's Assurance report from the Senior Leadership Team	**Date of Meeting: 10 July 2025**
Prepared By:	Debs Crohn, Interim Head of Corporate Governance	
Approved By:	Senior Leadership Team	
Presented By:	Laura Skaife-Knight, CEO	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **10 July 2025**.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. At Month 2, the Board reported an actual deficit of £1.006m, slightly exceeding the forecast of £0.996m, with an adverse expenditure variance of £0.121m. The primary driver of this financial pressure is the underachievement of planned savings, which poses a significant risk to the financial sustainability of the Board. The full delivery of the £3.8m savings programme is critical and must be treated as an organisational priority. The Interim Director of Finance will share the Month 3 finance results with the Senior Leadership Team (SLT) via email as soon as they are ready and the actions, we take to respond to being off track will be discussed and agreed at the SLT meeting on 29 July 2025 and will be first on the agenda.	1. A paper will be presented to SLT in August 2025 by the Medical Director about Endoscopy and what the options are to increase capacity and in turn waits in 2025/26 and in the short-term. This paper will need to set out the options, outline the problem statement, financial implications and quality concerns. See section below for the decision made on the long-term solution needed.
Positive Assurances to Provide	**Decisions Made**
1. Organisational Duty of Candour Procedure Non-Statutory Guidance (March 2025) received for awareness. 2. Members discussed and welcomed NHS Orkney's self-assessment against the NHS Greater Glasgow and Clyde Emergency Department Review, which demonstrates a commitment to learning and continuous improvement. Oversight of the actions for NHS Orkney will be via operational Clinical Governance. 3. Considerable progress is being made in updating outdated policies, with all policies currently rated red on track to be updated by the end of Quarter 3 2025/26, which is good progress. 4. Members took assurance that all 52-week waits (planned care) – all available patients are booked, reflecting proactive management and service recovery.	1. Risk C-2025-01 (Temporary Closure of Central Decontamination Unit) and Risk 1211 (Waiting Times Data) have been closed as mitigation actions are complete and target risk scores have achieved. 2. The capacity to undertake Serious Adverse Event Reviews (SAERs) and Derogation from the National Infection Prevention Manual (related to water safety) to be added to Corporate Risk Register. 3. The NHS Renewal – Urgent and Unscheduled Care Funding submission for 2025/26 was approved for onward submission to the Finance and Performance Committee (31 July 2025) and the Board (26 August 2025). The governance and implementation plan was also approved.

	4. The Business Case process was approved for onward submission to Finance and Performance Committee for assurance. 5. Members approved the use of existing NHS Orkney staff accommodation for individuals at risk during late pregnancy, subject to advice from the Central Legal Office (CLO). 6. Agreed that the Medical Director will lead on a business case to explore options for a sustainable long-term model for Endoscopy.
Feedback about meeting: - Lots of papers, the split by strategic objective is supporting decision-making.	

Additional Senior Leadership Team (SLT) Finance - Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	**Date of Meeting: 21 July 2025**
Prepared By:	Debs Crohn, Interim Head of Corporate Governance	
Approved By:	Senior Leadership Team	
Presented By:	Laura Skaife-Knight, CEO	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **21 July 2025**.		

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
1. The Month 3 Financial results are adverse to our approved financial plan for 2025/26. Unplanned, additional expenditure of £208k has been incurred over the past 3 months. If this trajectory continues our deficit will increase by around £800k by year-end, resulting in transitional funding not being received, Section 22 Qualification and further escalation by SG. SLT met on 21 July to agree a recovery plan to reverse this trend and contain costs and maximise savings to deliver our planned deficit of £2.176m on 31 March 2026.	1. Communications will be issued to the organisation by Friday 25 July 2025 by the Executive Team, and the Interim Director of Finance will bring an updated paper to SLT (Place, Patient Safety and Performance 5 August 2025setting out impact of these decisions financially, what needs to stop and organisational priorities which are at risk and to discuss the service redesign and transformation needed to close the gap.
Positive Assurances to Provide	**Decisions Made**
1. Collective commitment from SLT to own this decision-making collectively, hold the line and be consistent in our messaging in our own teams on what is now needed.	1. The following recovery actions were agreed: • Vacancy Control Panel (VCP) to be stood down for 3 months, - Executive Team and Staff Side to review all requests for recruitment. • All non-essential recruitment paused. • All current vacancies will be reviewed by the Executive Team • The use of taxis for staff will cease with immediate effect. • Staff travel ceased unless mandatory travel is required. • The ability to print in colour is ceased unless there is a clinical need to do so. • Utilisation of staff accommodation to be reviewed • e-Payslips will go live in September 2025
Feedback about meeting:	

Additional Senior Leadership Team (SLT) People and Potential - Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	**Date of Meeting: 29 July 2025**
Prepared By:	Debs Crohn, Interim Head of Corporate Governance	
Approved By:	Senior Leadership Team	
Presented By:	Laura Skaife-Knight, CEO	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **29 July 2025**.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Sickness absence attributed to stress increased by 9% April-May 2025 (to over 30%, particularly in areas already impacted by high levels of long-term absence and vacancies. While not all cases are work-related, this trend highlights ongoing workforce pressures. Mitigation efforts include the recruitment of international staff and the provision of detailed monthly sickness absence reports to all managers to support local action planning. 2. The staff wellbeing and value and recognition programme is at risk due to the scheduled upcoming end of the Wellbeing Co-ordinator role. While peer support training is planned, this will not fully address the gap in capacity to deliver value and recognition schemes, which are a priority in response to staff feedback. Options to sustain these vital initiatives are under review to maintain staff morale and to improve organisational culture. 3. The Quarter 1 (2025/26) national return shows limited assurance regarding full compliance with the Health and Care Staffing Act. Contributing factors include ongoing vacancies, sickness absence, and competing operational priorities. The People and Culture Team is actively engaging with clinical teams to reinforce the importance of evidencing compliance and embedding the required processes, with a reset underway and a different type of engagement with clinical teams being trialled along with the message being clear that collective ownership is needed,	1. Targeted one-to-one engagement with line managers is underway to support the development of improvement plans for statutory and mandatory training compliance, which are being led by the CEO and Deputy CEO. This work is on track for completion by the end of August 2025, with the aim of strengthening organisational assurance in this area. 2. The Clinical Lead for Workforce is progressing work on the organisation's commitment to the Armed Forces Covenant. Engagement with the GP Sub-Committee and the Community Mental Health Team is planned to ensure alignment with service delivery and workforce priorities. 3. Development of the organisational behavioural standards framework is ongoing. A revised draft framework which takes into account all feedback will be presented to the Senior Leadership Team (SLT) in August 2025 for review and endorsement, ahead of going onwards through our governance system. 4. Negotiations are in progress to secure the continuity of the Employee Assistance Programme (EAP) support. The People Operational Group is leading this work, with an update scheduled for SLT in August 2025. This is a key component of the organisation's staff wellbeing offer.

Positive Assurances to Provide	Decisions Made
1. Good engagement on conversations in relation to the Health and Care Staffing Act.	1. The Quarter 1 2025/26 report on compliance with the Health and Care Staffing Act has been approved for submission to the Staff Governance Committee in August 2025, providing limited assurance on statutory reporting requirements. 2. Following a successful test of change within the Radiology Department, the digital and automated Health & Safety Control Book has been approved for wider roll-out across departments. This initiative supports improved compliance monitoring and streamlined safety documentation.
Feedback about meeting: - Having a smaller agenda focused the meeting	

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

Title of Report:	Chair's Assurance report from the Senior Leadership Team	**Date of Meeting: 5 August 2025**
Prepared By:	Debs Crohn, Interim Head of Corporate Governance	
Approved By:	Senior Leadership Team	
Presented By:	Laura Skaife-Knight, CEO	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **5 August 2025**.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Following the Senior Leadership Team (SLT) meeting on 21 July 2025, further actions have been identified to deliver financial recovery recognising the Board is off track against its Financial Plan after Quarter 1. These proposals will be reviewed by the Improving Together Delivery Group, will return to the next SLT and will be incorporated into the paper scheduled for presentation to the Board in August 2025. 2. The Education and Improvement Centre development will be paused with immediate effect and revisited in Quarter 1 of 2026/27. This decision acknowledges current resource constraints while reaffirming the Centre's status as a Strategic Priority within the Corporate Strategy 2024–2028. 3. A concern regarding the lack of Endoscopy surveillance was escalated to the Cabinet Secretary in 2023. A peer review was conducted in 2024, leading to a comprehensive process review and the approval of an improvement plan. In the last 12-18 months there have been surveillance and screening improvement work underway with much organisational learning re: handling, leadership and governance. The peer review findings and improvement plan will be progressed via the Clinical Governance Group and an update presented to the Joint Clinical and Care Governance Committee in October 2025 for oversight and assurance. 4. A Corporate Risk Register update was not submitted; no assurance can be provided to Board on mitigating actions.	1. SLT endorsed the delivery of the recommendations in the Clinical Service Review Report and committed the necessary project management and workforce resources to support implementation of the recommendations which have been prioritised into various workstreams. The implementation plan will be submitted to the extraordinary Joint and Clinical Care Governance Committee on 20 August 2025, ahead of Board approval later that month.
Positive Assurances to Provide	**Decisions Made**
1. Positive assurance provided in relation to the 52-week planned care waiting times which remain on track to achieve the national requirement of zero 52-week waiters by March 2026.	1. Integrated Performance Report approved for onward submission to Board in August 2025. 2. Clinical Services Review, Report, and next steps (including governance and clinical engagement approved

	3. Endoscopy peer review and improvement plan approved for onward assurance by Joint Clinical and Care Governance Committee October 2025. 4. Patient Experience Framework approved for approval by the Board August 2025. 5. Corporate Strategy 2025/26 Year 2 Quarter 1 update report approved for onward submission to Board August 2025 with the exception reports to be included which were not available for SLT. 6. Operational Improvement Plan self-assessment approved for onward submission to Board in August 2025 7. The following financial recovery actions were approved for immediate implementation: Education and Improvement Hub • Pause work on the creation of the Education Hub to 2026/27 • Continue the work on engaging with the teams in the lower CSB to find them a permanent place to relocate to • continue the work on the Business Case • Liaise with NES to determine whether any way of deferring the ACT (Medical Education) funding to 2026/27 • Send comms out to the organisation on the reason for the decision and confirming the commitment to implement it as part of the organisational priorities. E-Chargers at The Balfour • Immediately switch off. • Send comms out to the organisation and community Operational Groups • SLT members to review operational meetings they lead with an expectation that any which does not have a Terms of

	Referencer does not ultimately affect patient care or financial recovery are stopped with immediate effect.
Feedback about meeting: - The meeting was marked by difficult but constructive challenge, reflecting a healthy level of scrutiny and engagement. - There was clear evidence of preparation by members ahead of the meeting, which contributed to the quality of discussion. - It was acknowledged that some members expressed disappointment regarding the difficult decisions made, highlighting the emotional weight of the issues under consider - Suggestion to explore the introduction of a voting mechanism for future decision-making	

Chair's Assurance Report Area Clinical Forum to Board

Title of Report:	Chair's Assurance report Area Clinical Forum	Date of Meeting: 1 August 2025
Prepared By:	Debs Crohn, Interim Head of Corporate Governance	
Approved By:	Dr. Kirsty Cole – Chair Area Clinical Forum	
Presented By:	Dr. Kirsty Cole – Chair Area Clinical Forum	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Area Clinical Forum at its meeting on 1 August 2025.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. Concerns raised regarding recording keeping not being available electronically – making the best use of Trakcare is a key recommendation from the Clinical Services Review. 2. There is a risk that increase in patients accessing GLP-1 agonist injections online is resulting in additional workload on NHS services. A local pharmacy is discussing the possibility of providing private prescriptions with face-to-face consultations which should be more comprehensive. Public Health via the area drugs and therapeutics committee have been asked to issue communications to patients on safely accessing private providers. A general discussion on the responsibilities of NHS clinicians with regards to private prescriptions was held.	1. Interfaces between primary, secondary and community services workshops are being arranged including colleagues from other health boards and Pharmacy. 2. The output from the clinical services review will be presented to the ACF by the medical director at the September development session.
Positive Assurances to Provide	**Decisions Made**
1. Support for the ACF is now being provided by the Corporate Governance team to ensure consistency of approach will all Board Committee. 2. Healthcare Support Worker Framework and Clinical Supervision policy are now in development. 3. The nursing and midwifery advisory committee (NAMAC) have asked individual departments to nominate a representative to attend NAMAC and are trialing 3-minute briefing to facilitate information sharing and attendance.	1. No decisions were made
Comments on Effectiveness of the Meeting	
- The meeting was well attended - Positive conversations took place	

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Corporate Risk and Assurance Report**
Responsible Executive/Non-Executive:	**Anna Lamont, Medical Director**
Report Author:	**Kat Jenkin, Head of Patient Safety, Quality and Risk; Diane Smith, Clinical Governance and Risk Facilitator**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

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

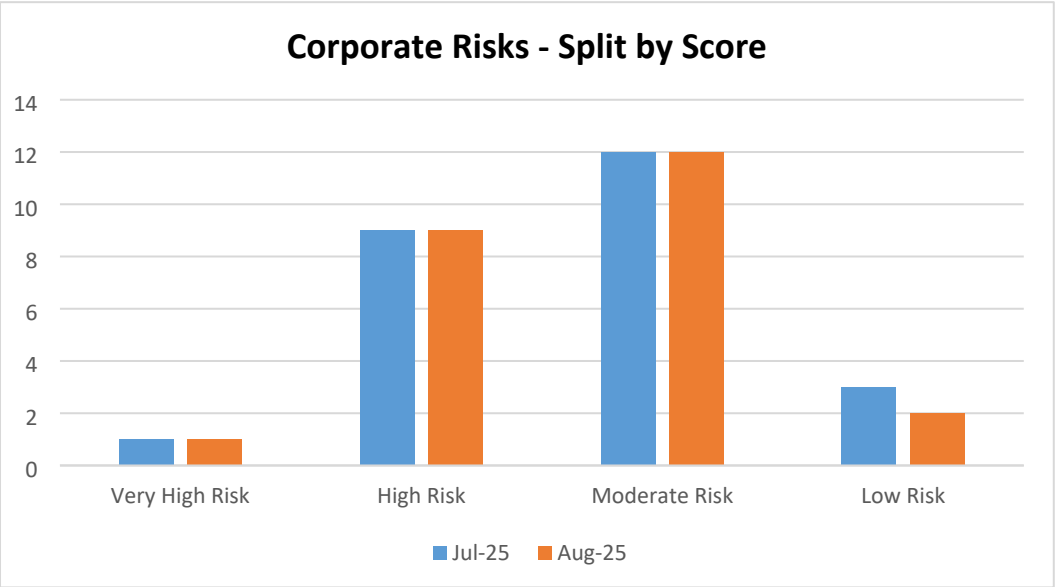
The risk actions are continually added to and to ensure the actions remain relevant, any actions more than six months old will be removed from the current register to aid clarity.

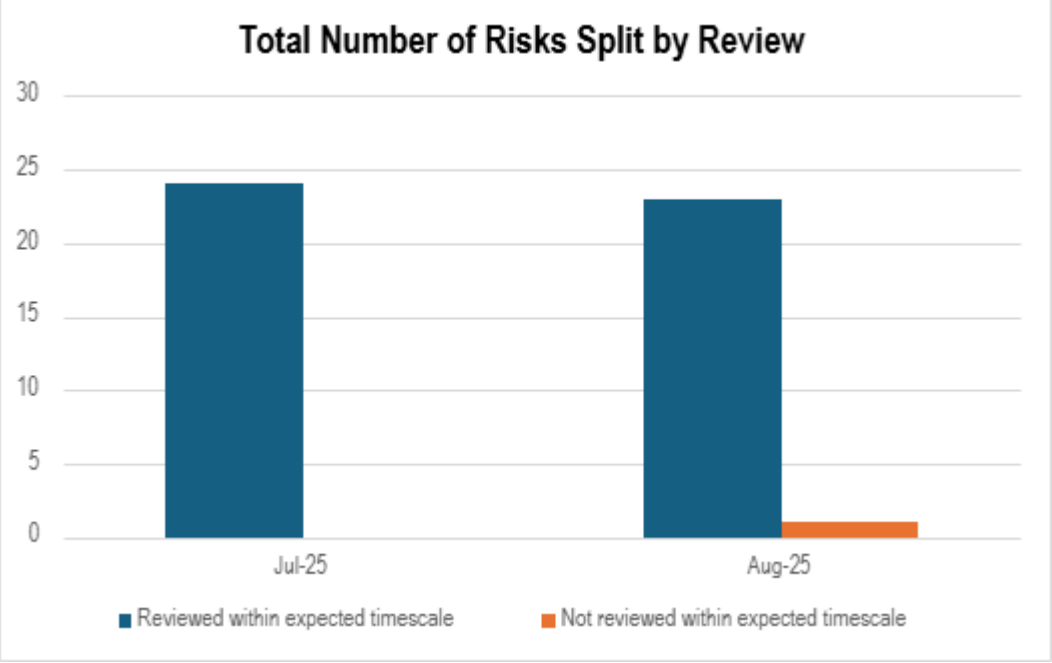
2.2 Background

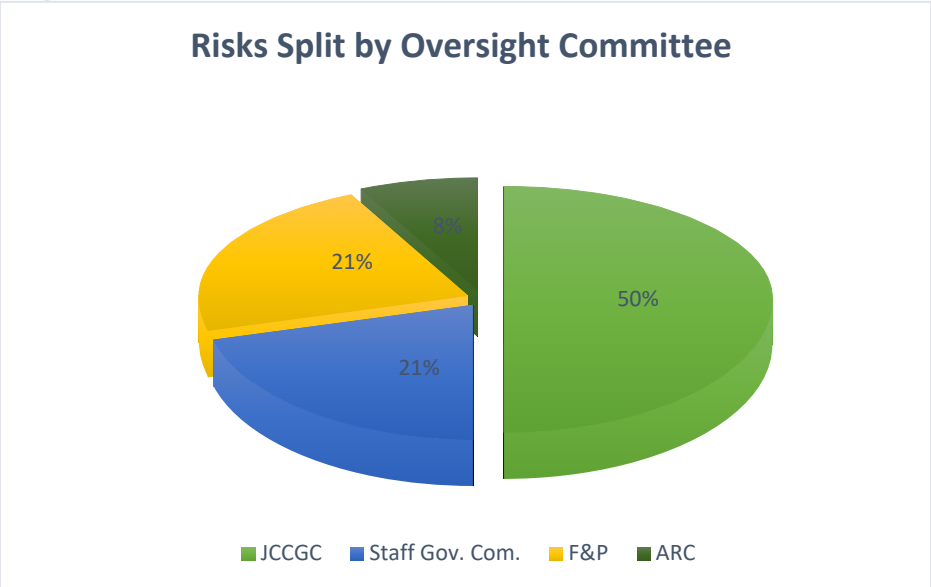
This report provides an at a glance view of what has changed over two months, and how the risks are shared across committees.

2.3 Assessment

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







The following table would normally hold the top three risks for the organisation, but currently there are six risks that are all scoring 12 which is the third highest risk score. Therefore, the third risk has been selected by looking at the clinical impact to patients.

NHS Orkney

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Top Three Corporate Risks							
ID	Risk Title	Current Impact	Current likelihood	Current Risk Level	Target Risk Level	Mitigating Actions	Actions
510	Corporate Financial Sustainability	5	**4**	20	10	3.2m of efficiency programmes currently in implementation, 2.5m recurrent (above 3% target) in excess of 1m in cost reduction schemes Strengthened governance arrangements - scheme of delegation, performance review meetings, streamlines investment approval process Additional grip and control measures - vacancy control panel, discretionary spend, budget trackers, workforce establishments Plan currently on track to be delivered, expectation is brokerage support to this value will be received. Financial Escalation Board to be stood up.	**Update 21/07/2025** Q1 off track for expected cost savings. Q2 forecast showing unlikely to meet expected cost savings. Initial measures agreed by SLT to be implemented immediately these will have a limited effect on reducing costs, further plans are to be brought back to SLT in August to reduce costs over the remainder of the year. Risk likelihood increased to 4, increasing risk score to 20. Score now High risk. **Update 14/05/2025** - Unaudited outcome for 2024/25 is a deficit of 3.874M, significant improvement from forecast plan of 5.778m. The 2025/25 financial plan has been approved by Scottish Government this outlines a forecast deficit of 3.1m 2025/26 reducing to 1.7m 2027/28. In addition Scottish Government have confirmed that NHS O will receive non-repayable, non-recurring funding over the next 4 years to support the return to financial balance by 2028/29 this means that the risk of a section 22 qualification is significantly reduced as this funding should result in a break even position in 2025/26. Risk can therefore be reduced to 15. **Update 13/04/2025** - Final out-turn for 2024/25 is being finalised but is on-track to deliver our revised target of £4.2m. 2025/26 Financial Plan has been submitted to SG with forecast £3m. Conversations are ongoing regarding the plan and we will have a final position from SG at the end of April. Financial Escalation Board first meeting at the end of April to commence scrutiny of the Board's finances. No change to SG position of no brokerage therefore 2025/26 still likely to result in a Section 22 Qualification. No change to the risk level at this stage – continues to be a very high risk

							Update 12/03/2025 - 2024/25 will deliver a lower deficit than forecast. Primarily due to additional funding received and not due to lowering of costs however, 2025/26 is forecasting another £3million deficit and Scottish Government have confirmed that no brokerage is available from April and therefore we won't meet our statutory requirements to break even. External audit will therefore likely qualify our 2025/26 annual accounts and we will have to appear at Scottish Government Public Audit and Post - Legislative Scrutiny Committee. From April 2025 Financial Escalation Board will be stood up to provide Executive and Non-Executive oversight and responsibility to deliver the financial position that is aligned to Scottish Governments agreed plan. Risk Score increased to 20 - likelihood increased from 3 to 4.
C-2024-01	Lack of senior leadership capacity and capability	4	**4**	16	4	8a – d leadership development programme and PDPs for all senior leaders SLT formal development programme 8c and d personal objectives set and agreed by Renumeration committee Interim Director of Finance commenced in post in September 2024 for 6 months Interviews for substantive Director of Finance are at the end of October Interim Head of Strategy in post on secondment for 6-month period	**Update 18/08/25 -** SLT approved the management training programme in July 2025 and draft papers are in development for the senior leadership programme, which will come to SLT for approval in August. The Interim Chief Executive will start on 15 September and that process is being finalised in collaboration with the Scottish Government. The Interim Director of Finance has agreed to extend her secondment until 31 March 2026, and the next Director of People and Culture will start on 17 November 2025. An Interim Director of People and Culture will be in place part-time between 1 September and 30 November. **Update 13/05/2025 -** A paper is going to SLT in May for leadership, management and quality improvement training, impeding approval a leadership programme will be procured. In May a substantive Director of Finance and a replacement for the Director of People and Culture. The Director of Performance and Transformation and Deputy Chief Executive commenced on 12/05/2025. **Update 3 Feb 2025** – Interim Director of Finance has been appointed from SAS on a 6-month secondment. Successfully appointed the Director of Performance and Transformation (Deputy Chief Executive) start date to be confirmed.
1228	Fragile Clinical Services	3	**4**	12	6	Ophthalmology - Establish outstanding Highland SLA	**Update 31/07/2025** - recruitment to anaesthetics has been unsuccessful. This post along with medical and surgical roles are to be re-advertised July/August 2025. Workshop

						provision and ensure backlog is recovered. •Establish use of NTC (Highland and Golden Jubilee) for cataract operations. •Establishment consultant vacancies mapping for all services •Recruitment to establishment Consultant vacancies •Business cases for additional clinical resource for fragile services - recurring & non-recurring - complete for paediatrics (community and mental health)	on planned care and medical staffing model scheduled for August to assess what other options for service are possible. The mitigation actions for this risk are now prioritised through the CSR implementation work streams. **Update 11/04/2025** 6.4 Consultant vacancies currently being advertised and the CSR currently underway mapping the current provision and recommending the model for sustainable services. **Update 03/01/2025** - The planned care programme board continues to provide oversight, however definitive improvement and stabilisation plans for services are outstanding. An ophthalmology peer review on 8th Jan aims to establish a sustainable operating model. Under the requirements for financial balance, some services in the short to medium term will need to revert to NHS Grampian.

There were two risks added to the Corporate Risk Register in July 2025 – Significant Adverse Event Review (SAER) Capacity (C-2025-04) and Derogation from National Guidance (Water guidance) (C-2025-03).

There were two risks closed in July 2025 as the mitigations had been met - Temporary of Clinical Decontamination Unit (CDU) - installation of a new air handling unit, cooling coil (C-2025-01) and Waiting Times Data (1211).

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

2.3.1 Equality and Diversity, including health inequalities

There are no identified impacts identified through this report.

2.3.2 Climate Change Sustainability

There are no identified impacts identified through this report.

2.3.3 Route to the Meeting

This paper is prepared for this meeting only.

2.4 Recommendation

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

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

3 List of appendices

The following appendices are included with this report:

- Appendix one: Corporate Risk Register

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Integrated Performance Report - August 2025**
Responsible Executive/Non-Executive:	**Tammy Sharp – Director of Performance and Transformation (and Deputy CEO)**
Report Author:	**Carrie Somerville – Head of Planning, Performance and Information, Ian Coghill – Senior Analyst**

Workforce

- Monthly sickness absence rates at the end of May 2025 were 5.99% compared to 5.58% at end of March 2025. The percentage of long-term sickness is higher than short term absence, and supporting colleagues back to work from long term illness remains a priority
- The organisational completed appraisal rate continues to improve with a value of 42.65% at the end of June 2025. This is an improvement compared to 37.44% at end of March 2025. Improving performance has been a key agenda item at the Performance Review meetings.
- Some improved performance has been seen in training compliance with a 2-4% increase across most Health and Safety Courses, however this remains a risk on the Corporate Risk Register
- The Workforce improvement workstream within the Improving Together Programme is well developed and includes focus on sickness management, mandatory training and appraisals. Corporate leads are identified for each area to drive delivery and fortnightly meetings take place to maintain momentum. Progress has been seen in compliance against eLearning modules and in the management of attendance in line with the Once for Scotland Workforce Policy.

Operational Standards

Four-hour emergency access standard

- Four-hour emergency access standard performance at the end of May 2025 was 97.17% compared to 92.4% at end of March 2025. This puts our compliance above the national 95% standard. NHS Orkney remains a top three performing Health Board in Scotland for this national standard.

31-and 62-day cancer standard

- Performance remains consistently above than the 31-day cancer standard target (100% for NHS Orkney versus the 95% national standard). For the first quarter of 2025 (Jan-Mar), NHS Orkney were 100% compliant with the 31-day standard, and 57.14% compliant with the 62-day standard.

Waiting lists and backlogs

- The 12-week New Outpatient standard has seen a slight decrease in compliance of 0.22% between May 2025 and June 2025. A total of 860 (56.65%) patients have waited more than 12 weeks against a total list size of 1518. Additional new outpatient appointments have taken place in June and July within the Ophthalmology service, significantly reducing both the overall list size and number of patients waiting more than 52 weeks. Additional clinics for the Ear, Nose, and Throat service commenced at the beginning of August.

- Against the national target of 100 per cent of patients not waiting longer than 12 weeks from agreeing treatment with the hospital to treatment taking place for inpatients or day cases,

compliance is 62.10%, an improvement of 4.60% between May 2025 and June 2025. Some of the improvement here may be attributed to an increase in the overall list size, with the position increasing from 292 patients waiting at the end of March 2025 to 372 at the end of June 2025. This increase is largely being driven by the additional clinics taking place in outpatients and was expected as part of the normal outpatient to inpatient conversion rate.

Operational (Community) standards

- Capacity issues across both public and private dentistry continue to be challenging but recent recruitment in public dentistry has been successful and will alleviate some pressure as successful candidates are on-boarded.
- Performance continues to be strong in both Psychological Therapies and CAMHS. CAMHS are participating in a short-term regional pilot for Intensive Home Treatment. Both services are looking at the in-house capacity to strengthen the neuro-developmental assessment pathways in adults and children.

Population health

- Winter Covid-19 vaccination offer ended 31 January, with Orkney being the top performing Board with 58.7% overall uptake. Winter Flu vaccination offer ended 31 March, with Orkney also being the top performing Board at 64.2% overall uptake. Spring Covid vaccination is underway, with an uptake of 55.8% and Orkney again being the top performing Board. Orkney RSV Immunisation uptake rate is 73.4% (above 67.4% Scotland average).
- Childhood immunisation uptake rates for 6-in-1 and MMR are at 100% for January to March 2025.

Finance

- As at Month 3, the Board remains focused on delivering the planned year-end outturn of a £2.176 million deficit, in line with the approved financial plan. This figure is prior to the application of £2 million in transitional funding support, which was agreed as part of the final submission. Ongoing monitoring and reporting will continue to ensure financial performance is aligned with the plan, with corrective action taken at the earliest opportunity to support delivery. Updates are provided through both the Finance and Performance Committee and the Financial Escalation Board.

NHS Orkney

Finance & Performance Committee Report

July 2025

Chief Executive: **Laura Skaife-Knight**

Operational Standards (Acute & Community)
Finance

HEALTH Intelligence
ORK.healthintelligence@nhs.scot

Introduction

The Finance & Performance Report has been created to monitor overall performance at NHS Orkney across specific domains. These are currently Operational Standards (Acute & Community) and Finance.

The Finance & Performance Report 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 or green 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 on the left.

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.

Reporting is by exception. Where areas are Red, a page summarising recovery and improvement actions to recover performance is included.

RAG Status Values	
RED	Key performance indicator not achieved.
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.

Metrics with a target of '$\bar{x}$' are given a RAG value based on their performance against their own average.

Icon	What it shows.
↑	Performance has improved.
↓	Performance has deteriorated.
↔	Performance has remained the same.
X	Insufficient data available to allow comparison.

NHS Orkney

Operational Standards

Acute

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

What's Going Well?

NHS Orkney Clinical Services Review continues, engaging with key stakeholders and partner Health Boards. It is anticipated that a proposal will be ready for consideration by July 2025. A Target Operating Model Workshop for Ophthalmology took place, which allowed engagement with clinical and non-clinical colleagues to develop what a future model could be.

Additional sessions to tackle the longest waits in Ophthalmology commenced in June, with further patients being seen in July 2025. This has seen the overall list size for Ophthalmology decrease by around 100 patients, and the number of patients waiting more than 52-weeks reducing from ~80 to less than 10 at the most recent report. Similar sessions are scheduled for the Ear, Nose, Throat service with these planned to begin in August 2025.

RAG Status Values	
RED	Key performance indicator not achieved.
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.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

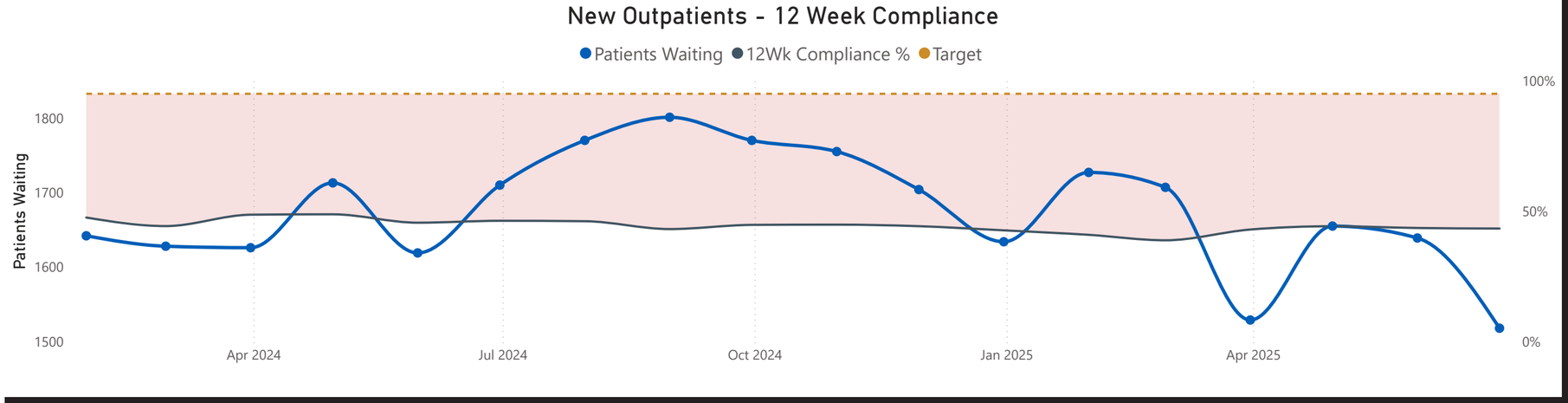
Availability of visiting specialists continue to impact service performance. New Outpatient waiting times have seen some improvement through non-recurring funding to address the longest waits, this will have an impact on the numbers waiting for Inpatient activity in the coming weeks and months as patients are referred for treatment.

Whilst additional sessions have been put in place to tackle the longest waits within outpatient services, these naturally result in more patients being added to the inpatient waiting list for treatment. This will initially result in a perceived improvement against the 12-week Treatment Time Guarantee standard but this will need to be monitored closely and mitigations reviewed to ensure the increased demand doesn't result in significant deterioration of performance and patient experience.

Operational Standards
New Outpatients (NOP) 12 Week Compliance

Data Source
OP Recovery Weekly Return

Latest Data
29/06/2025



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%**	**43.35%**	**Red**

Actions to Improve/Recover Performance

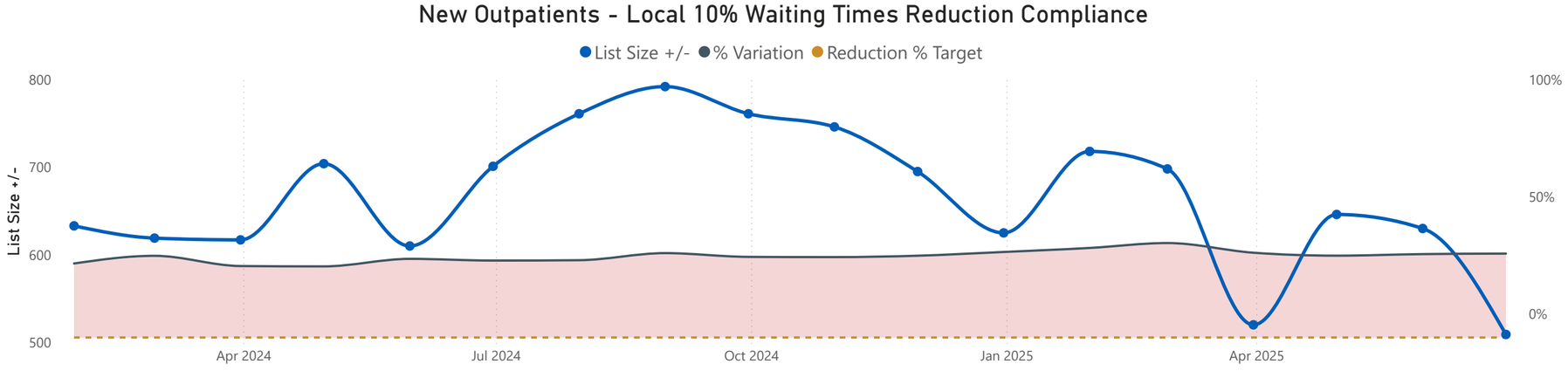
Compliance remains significantly below the 95% target; the position has decreased slightly since the last reporting period currently at 43.35% previously 43.56%. The trend shows seasonal variation, with a worsening position in late 2024 and a slight improvement in early 2025. Additional capacity to address the longest waits during April have impacted on overall performance. Limitations in visiting consultant clinics contribute to performance throughout the previous 12 months. An SLA tracker has been set up to support reviewing activity and ensuring NHS Orkney is receiving all paid for capacity from visiting services. Conversations with Health Boards providing visiting services are ongoing to ensure the SLA meets the needs of NHS Orkney. Short-term external contracts are being pursued to mitigate the backlog with additional funding and clinical sessions in year agreed.

Improvement Target Date
30/09/2025

Operational Standards
New Outpatients (NOP) Local Improvement Target

Data Source
OP Recovery Weekly Return

Latest Data
29/06/2025



KPI	Target	Actual	RAG Value
10% reduction in waiting times for New Outpatients	-10%	25.78%	Red

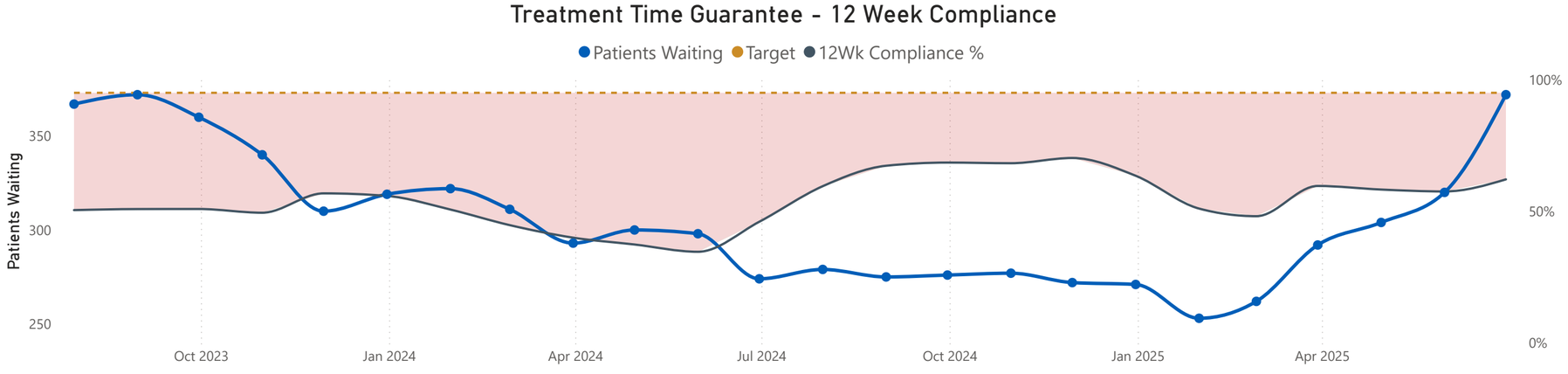
Actions to Improve/Recover Performance

The target was a 10% reduction in waiting times; however, the actual change reported for the last period was +25.78% compared to +25.57%, continuing to indicate an increase rather than a decrease. The backlog has continued to grow due to persistent consultant workforce gaps, further recruitment advertising went live at the end of March 2025 and a refreshed recruitment campaign will go live following the Island Games.

Improvement Target Date
30/09/2025

Operational Standards
Treatment Time Guarantee (TTG) 12 Week Compliance

Data Source	Latest Data
TTG Weekly Return	27/06/2025



KPI	Target	Actual	RAG Value
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (TTG)	100%	62.10%	Red

Actions to Improve/Recover Performance

Compliance stands at 62.10% compared to 57.50% for the last reporting period, still well below the 100% target. While there was an initial improvement in mid-2024, progress has stalled due to limited access to NHS Grampian visiting specialists and a small on-site consultant team.

Performance has seen a reasonable improvement from the previous reporting period but this is in part due to an increase in TTG list additions. As we target long waits in outpatients via waiting list initiatives, we will see performance improve initially but with an increasing waiting list size.

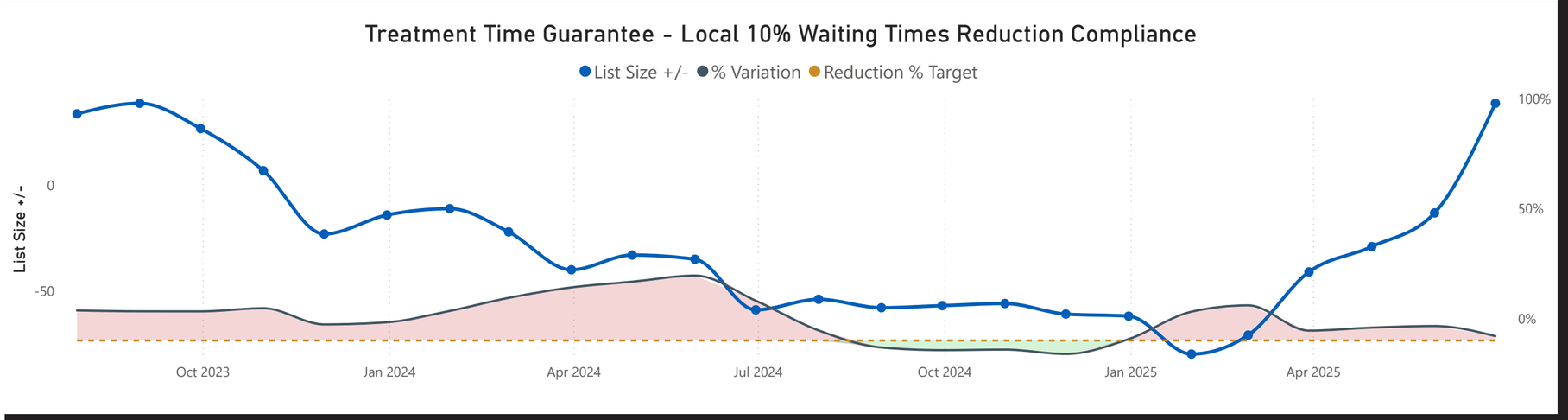
Improvement Target Date

30/09/2025

Operational Standards
Treatment Time Guarantee (TTG) Local Improvement Target

Data Source
TTG Weekly Return

Latest Data
27/06/2025



KPI	Target	Actual	RAG Value
10% reduction in waiting times for Treatment Time Guarantee patients	-10%	-8.01%	Red

Actions to Improve/Recover Performance

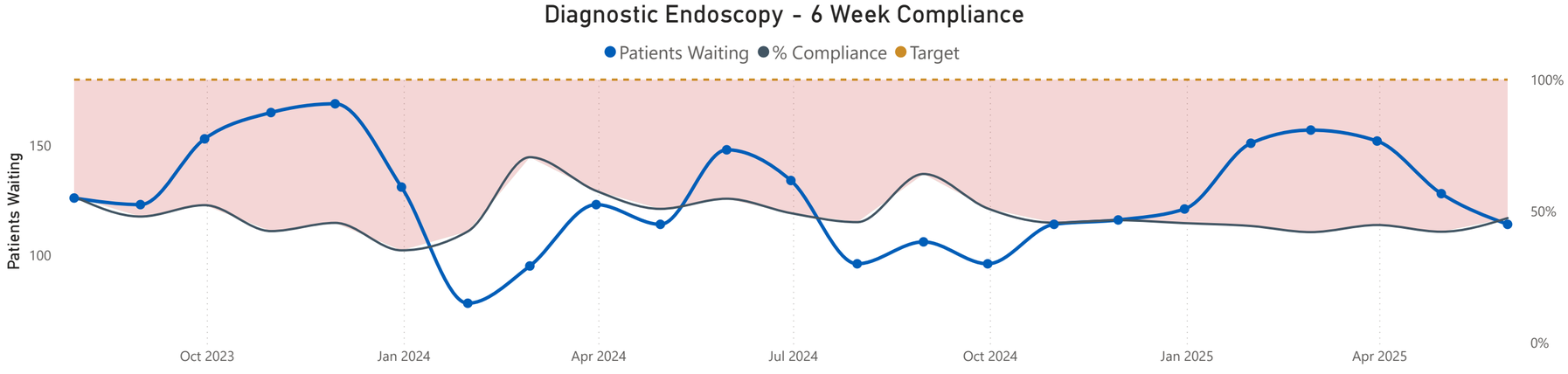
A 10% reduction was the goal, actual performance shows a -8.01% reduction compared to -3.41% at the last reporting period. External recruitment and commissioned service reviews are ongoing to stabilise treatment pathways. Funding has been approved to address long waits for new outpatient activity for ENT, Ophthalmology and some T&O activity which will impact the demand for inpatient capacity in the coming months.

Improvement Target Date
30/09/2025

Operational Standards
Diagnostic Endoscopy 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
31/05/2025



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%	47.37%	Red

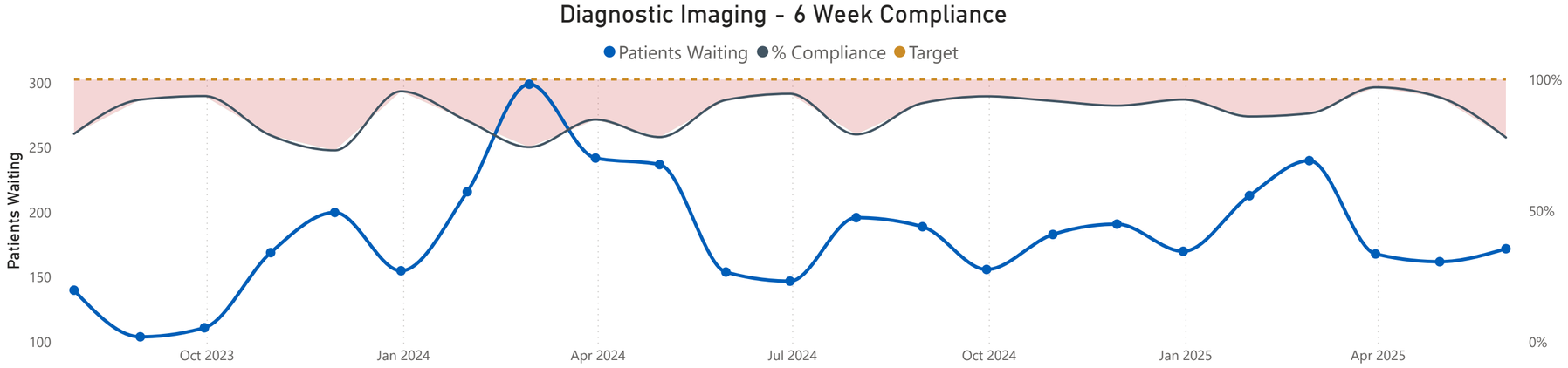
Actions to Improve/Recover Performance

Compliance is at 47.37% compared to 42.19% for the last reporting period, well below the 100% target. The trend has been highly variable, reflecting reliance on visiting locums and inconsistent service provision. Capacity has been scheduled up until October 2025, with further planning underway to ensure capacity is available beyond this time.

Improvement Target Date
30/09/2025

Operational Standards
Diagnostic Imaging 6 Week Compliance

Data Source	Latest Data
DMMI Monthly Return	31/05/2025



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%	77.91%	Red

Actions to Improve/Recover Performance

Compliance is 77.91% compared to 93.21% for the last reporting period, below the 100% target but relatively stable. Local diagnostics remain strong, but dependency on NHS Grampian for specialist imaging results in wait time fluctuations. The MRI scanner was delivered in late May with the first patients going through the scanner in the second week of June. This on island capacity will support patients receiving their diagnostics in a timely fashion and without the need to travel off island.

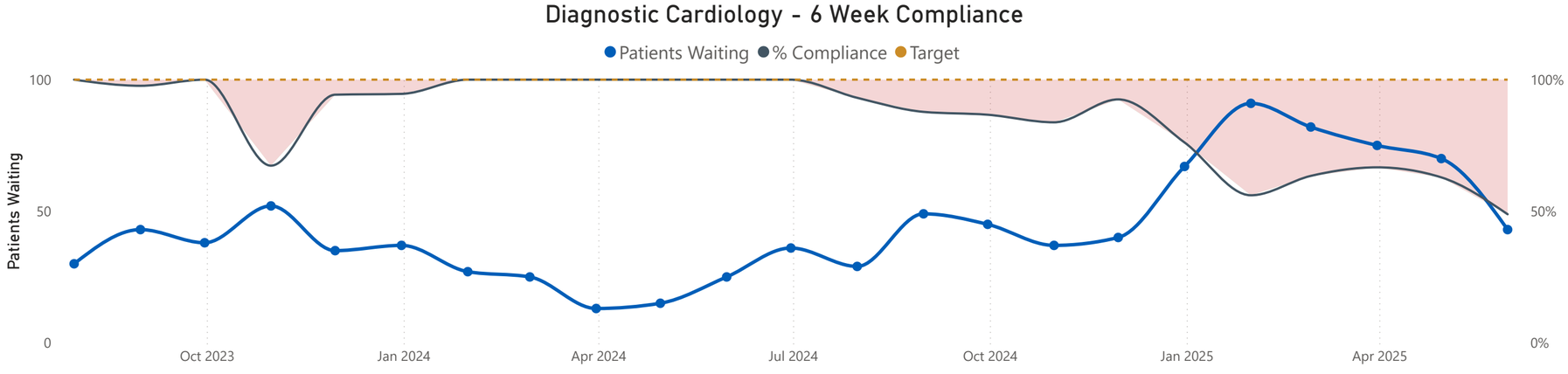
Improvement Target Date

30/09/2025

Operational Standards
Diagnostic Cardiology 6 Week Compliance

Data Source
DMMI Monthly Return

Latest Data
31/05/2025



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%	48.84%	Red

Actions to Improve/Recover Performance

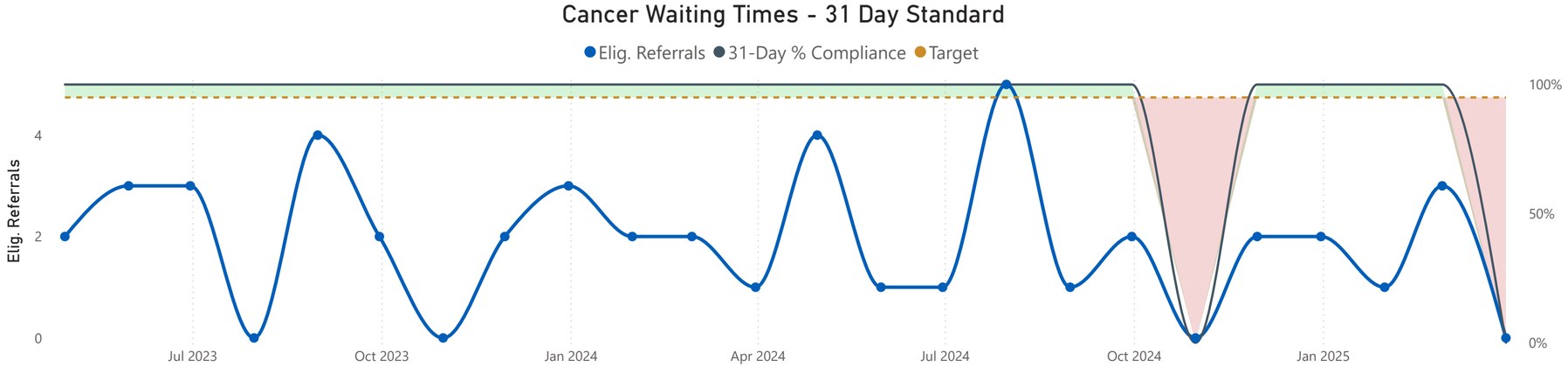
Compliance is 48.84% compared to 62.86% for the last reporting period, reflecting challenges in service access. This service is currently only available externally, leading to delays. Local cardiology ultrasound models have been approved, recruitment is now completed and independent practice is expected from August.

Improvement Target Date
30/09/2025

Operational Standards
Cancer Waiting Times 31-Day Standard

Data Source: Discovery

Latest Data: 31/03/2025



KPI	Target	Actual	RAG Value
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95%	0%	Red

Actions to Improve/Recover Performance

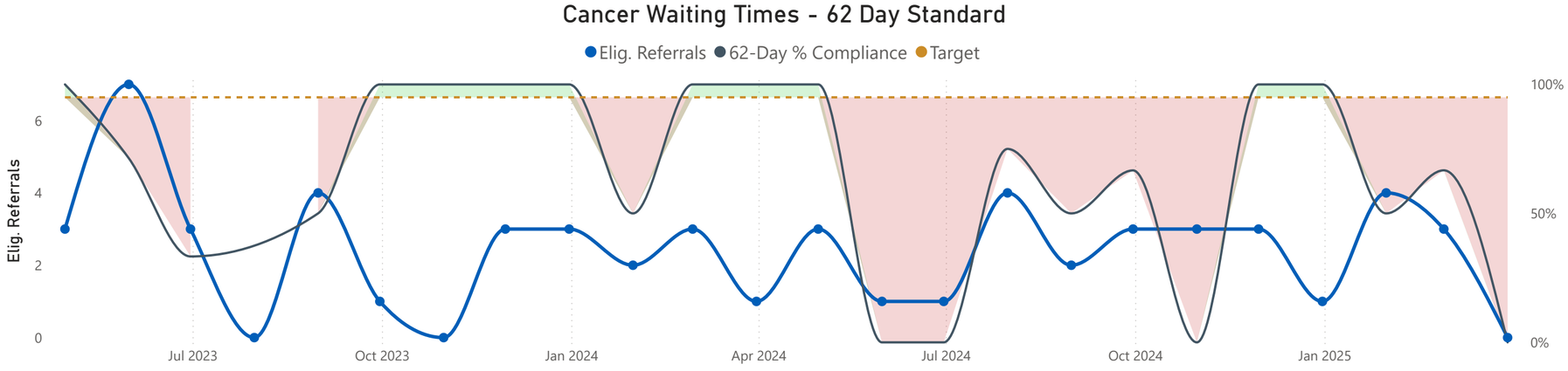
Compliance for the current position is 0%, down from 100% in the last reporting period. Due to small patient numbers, individual breaches have a high impact but are closely scrutinised. The local waiting times group and national monthly cancer meetings review each case.

Improvement Target Date

30/09/2025

Operational Standards
Cancer Waiting Times 62-Day Standard

Data Source	Latest Data
Discovery	31/03/2025



KPI	Target	Actual	RAG Value
90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral	90%	0%	Red

Actions to Improve/Recover Performance

Compliance is at 0% compared to 66.67% for the last reporting period. Performance fluctuates due to low referral volumes and case complexity. The Medical Director and cancer tracking team continue to monitor breaches monthly and escalate concerns as needed.

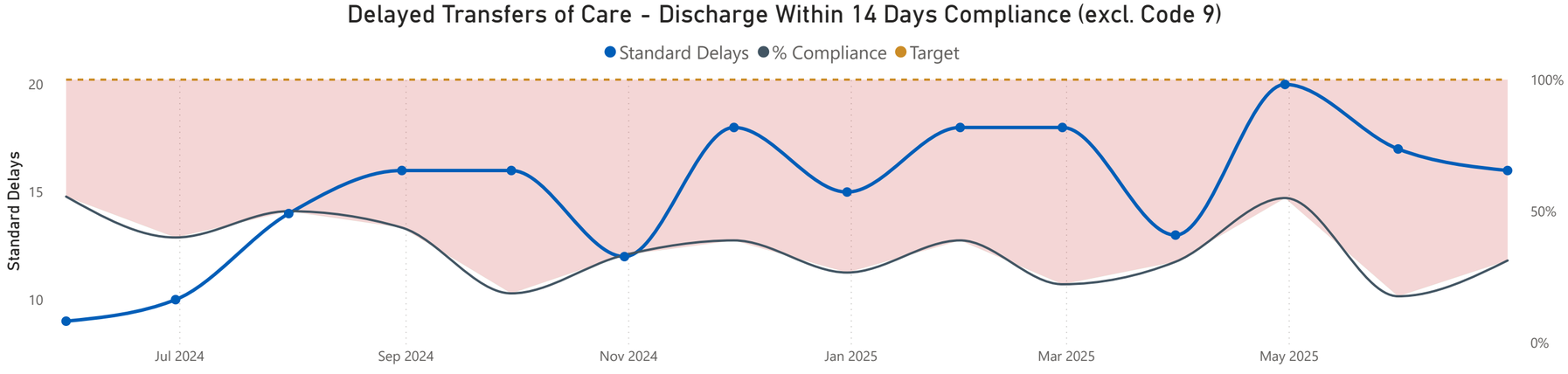
Improvement Target Date

30/09/2025

Operational Standards
Delayed Transfers of Care Discharge Compliance

Data Source
Delayed Discharges Monthly Return

Latest Data
30/06/2025



KPI	Target	Actual	RAG Value
Number of people experiencing a delay discharged within 2 weeks (excluding complex code 9 delays)	100%	31.25%	Red

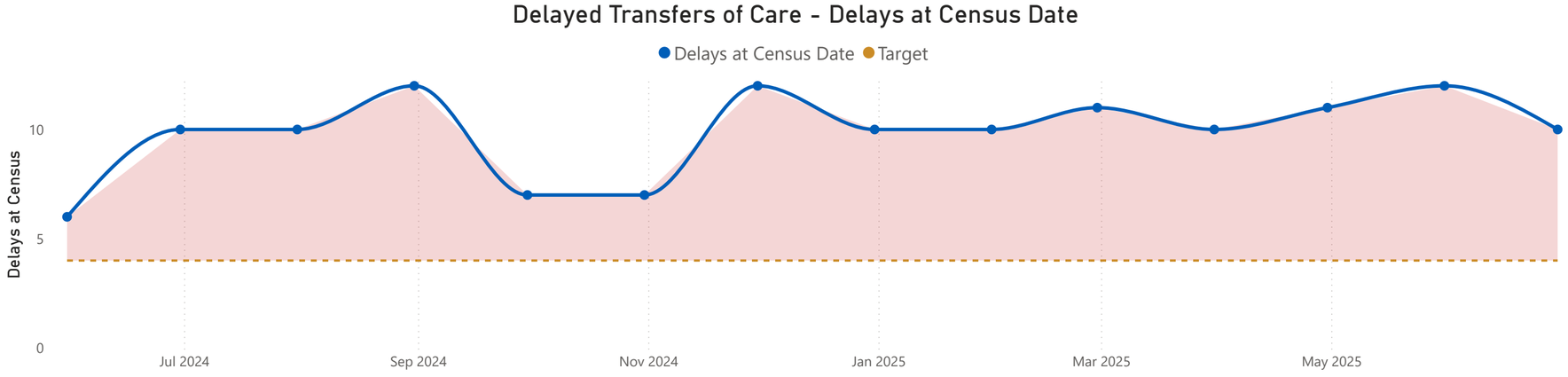
Actions to Improve/Recover Performance

1. Recruitment to social care vacancies.
2. Discharge planning, setting predicted date of discharge.
3. Review of package of care need to ascertain packages that could be delivered with less hours or in a different way.
4. Short life working group has been setup to review whole system pressures.

Improvement Target Date
30/09/2025

Operational Standards
Delayed Transfers of Care at Census Date

Data Source	Latest Month
Delayed Discharges Monthly Return	30/06/2025



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	10	Red

Actions to Improve/Recover Performance

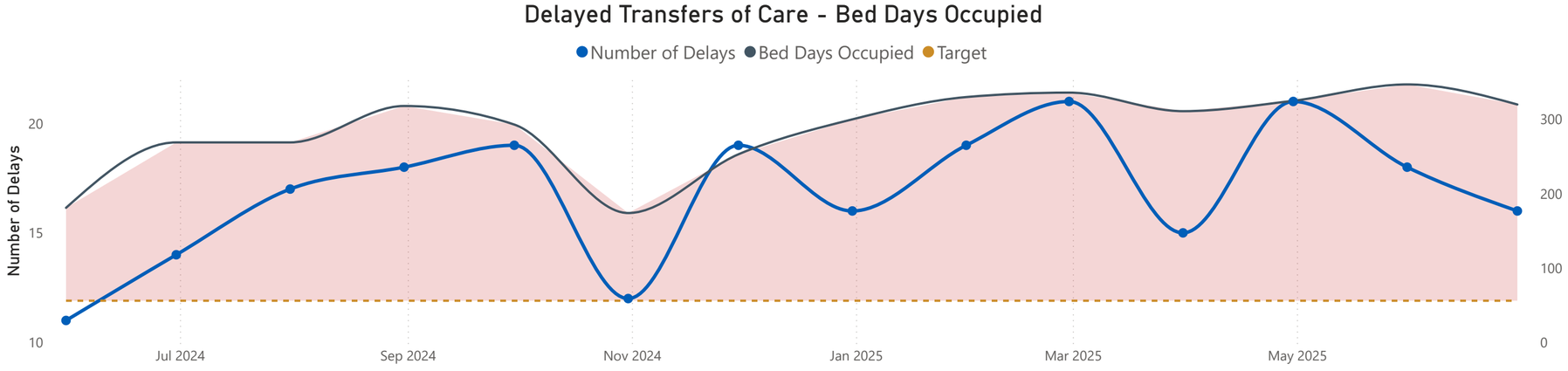
Twice weekly RMM (Resource Management Meeting) continues with whole system approach to facilitate discharge. Recruitment to social care vacant posts remains challenging despite a recent campaign. Focus on planned date of discharge and discharge planning on admission through the discharge planning group will help support early conversations around discharge to home/own residence in the first instance. Current performance update as at 15/07/2025 is 16 delayed transfers of care. Of these 16, 7 are awaiting residential home placement.

Improvement Target Date

30/09/2025

Operational Standards
Delayed Transfers of Care Bed Days Occupied

Data Source	Latest Month
Delayed Discharges Monthly Return	30/06/2025



KPI	Target	Actual	RAG Value
Number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.	56	320	Red

Actions to Improve/Recover Performance

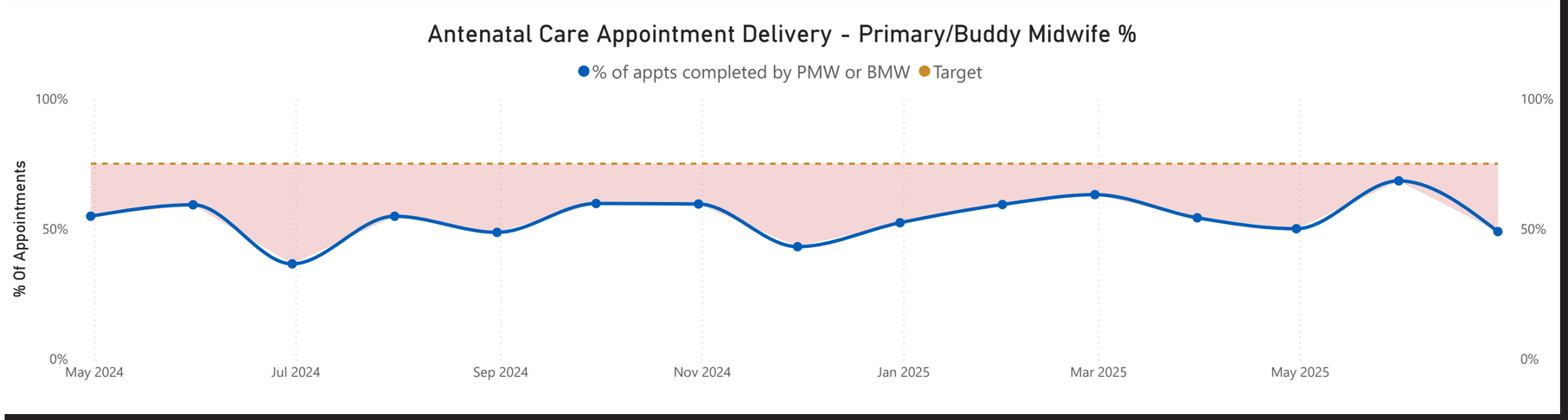
Current performance update as at 15/07/2025 is 16 delayed transfers of care. Of these 16, 7 are awaiting residential home placement.
1. Recruitment to social care vacancies.
2. Discharge planning, setting predicted date of discharge.
3. Review of package of care need to ascertain packages that could be delivered with less hours or in a different way.
4. Short life working group has been setup to review whole system pressures.

Improvement Target Date

30/09/2025

Operational Standards
Antenatal Care Appointment Delivery

Data Source	Latest Data
Badgernet	30/06/2025



KPI	Target	Actual	RAG Value
75% of scheduled antenatal care delivered by the primary and no more than one other midwife.	75%	48.9%	Red

Actions to Improve/Recover Performance

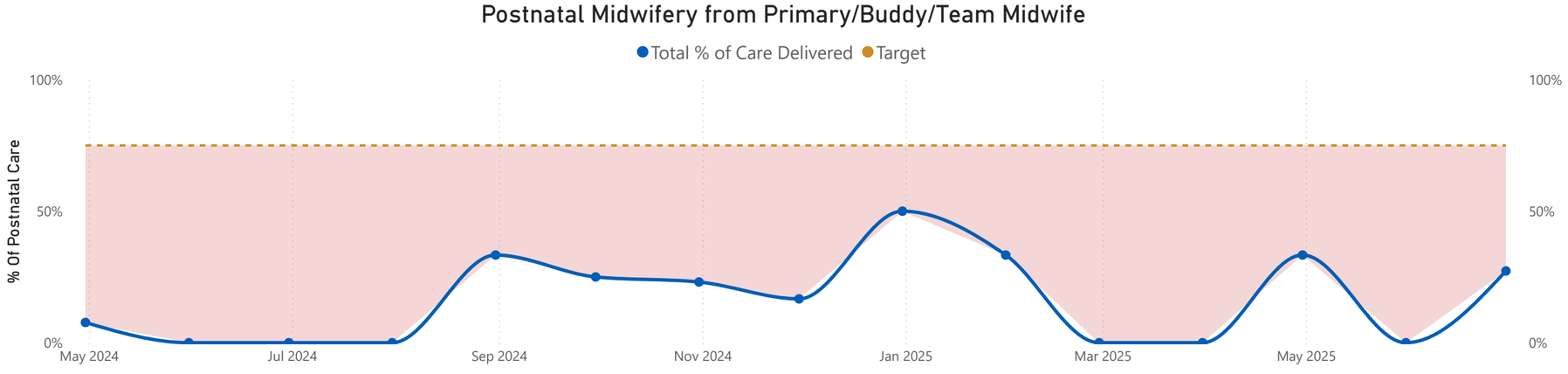
Recent updates were made to the main system used in recording maternity data to better document the data points around the team/buddy way of working. This means that some women are yet to reach the stages of intrapartum or postnatal care since these updates, and may not yet be represented accurately in terms of compliance with these metrics. We expect this to improve over the course of 2025.

Improvement Target Date

31/12/2025

Operational Standards
Postnatal Midwifery Care Delivery By Primary/Buddy Midwife

Data Source	Latest Data
Badgernet	30/06/2025



KPI	Target	Actual	RAG Value
75% of scheduled community based postnatal care delivered by the primary and no more than one other midwife.	75%	18.2%	Red

Actions to Improve/Recover Performance

Recent updates were made to the main system used in recording maternity data to better document the data points around the team/buddy way of working. This means that some women are yet to reach the stages of intrapartum or postnatal care since these updates, and may not yet be represented accurately in terms of compliance with these metrics. We expect this to improve over the course of 2025.

Improvement Target Date

31/12/2025

Community

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

What's Going Well?

Performance continues to be strong in both Psychological Therapies and CAMHS. CAMHS are now participating in a short term regional pilot for Intensive Home Treatment.

The Integration Joint Board approved the establishment of an Associate Specialist Doctor for two sessions per week for Children and Young People and a Band 8B Psychology post for Adults to progress the neurodevelopmental provision in Orkney.

The Psychiatric Emergency Plan was approved at the Joint Clinical and Care Governance Committee, pending some small amendments being made.

Improved engagement with independent contractors, both in terms of GPs, Dental and Optometry, enabling a more collaborative approach to improve service delivery and mitigate challenges being faced.

RAG Status Values

RED	Key performance indicator not achieved.
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.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

Areas of Concern

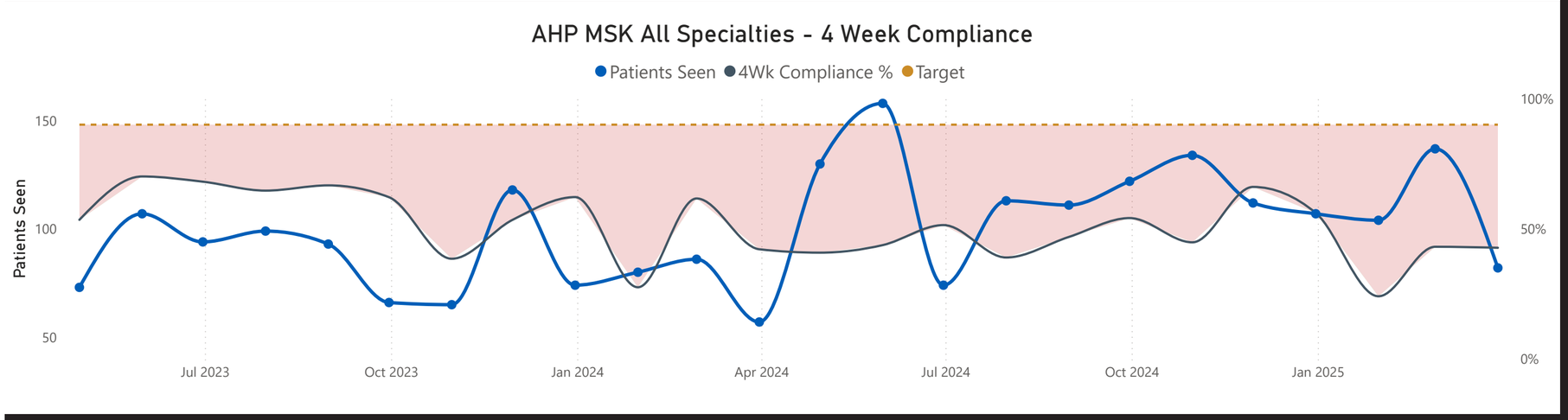
Significant vacancies/capacity issues within some services continue to prove challenging. The vacant First Contact Practitioner Physiotherapy posts are an example of the impact of these vacancies.

Community Nursing workforce remain challenge and is currently subject to review to identify mitigation options.

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

Data Source
MSK Quarterly Publication/TrakCare

Latest Data
31/03/2025



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%	42.68%	Red

Actions to Improve/Recover Performance

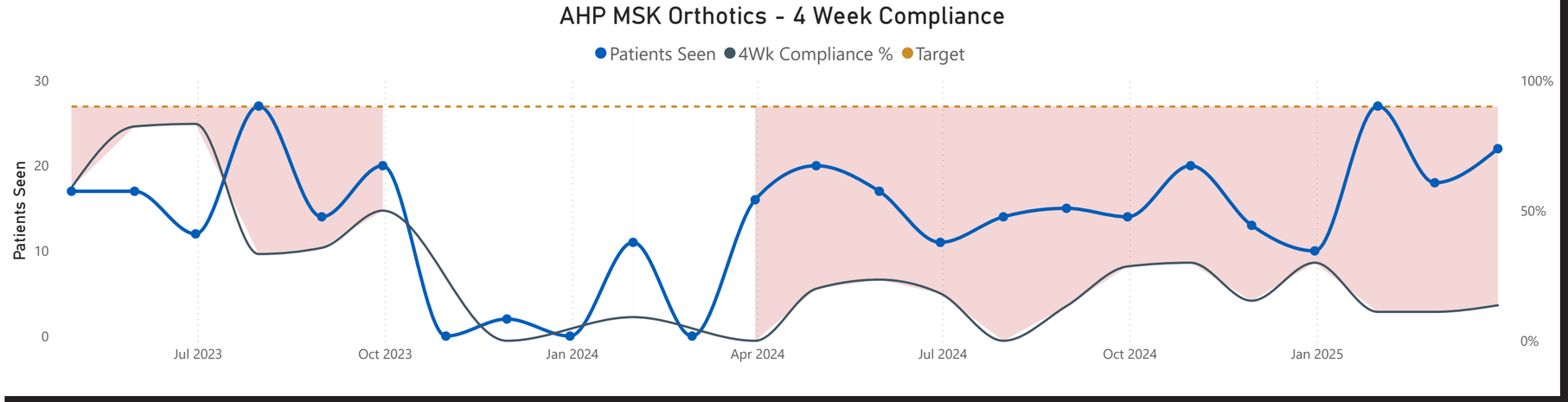
This target is an amalgam of the following three indicators and the actions are detailed by specialty in the following sections.

Improvement Target Date
30/09/2025

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

Data Source
MSK Quarterly Publication/TrakCare

Latest Data
31/03/2025



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%	13.64%	Red

Actions to Improve/Recover Performance

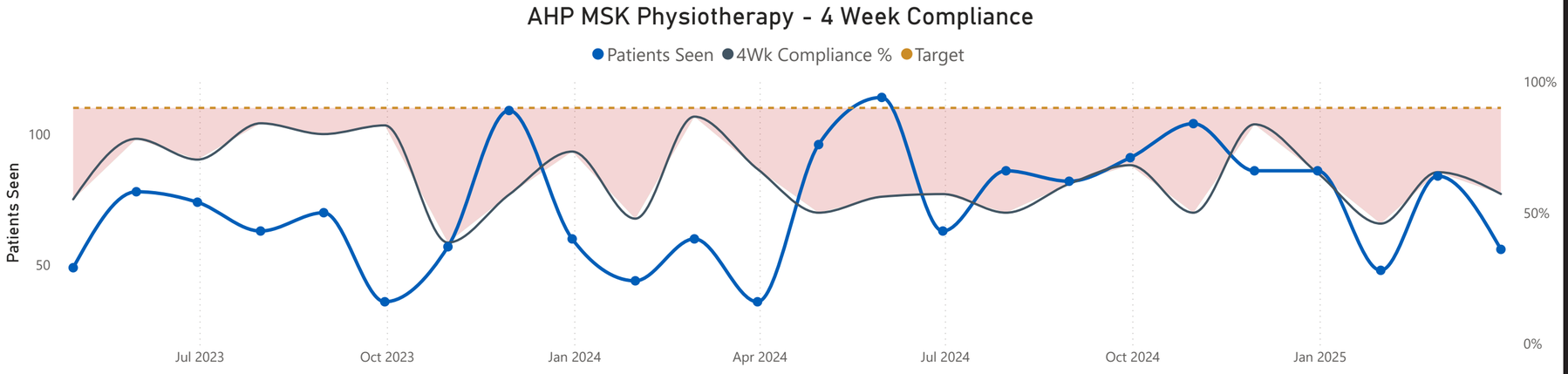
The number of referrals each month is steady (averaging around five per week). Paediatric referrals, active diabetic foot disease and inpatients are classed as urgent and seen in the next clinic (as these are monthly, some patients will exceed four week waits). The routine wait has now reduced to 12 weeks an improvement on the previous position. The service level agreement has been extended with Buchanan Orthotics for a further 12 months.

Improvement Target Date
30/09/2025

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

Data Source
MSK Quarterly Publication/TrakCare

Latest Data
31/03/2025



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%	57.14%	Red

Actions to Improve/Recover Performance

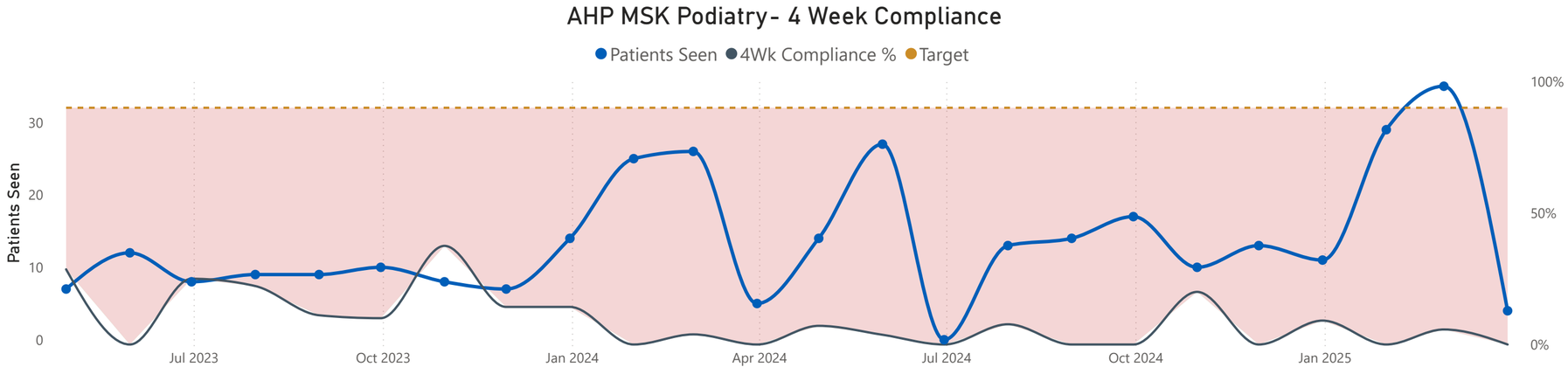
Over the past quarter, there has been continued progress, marked by a reduction in MSK waiting times and a decrease in the total number of patients waiting. This improvement is largely attributed to the implementation of PHIO and ongoing waiting list cleansing, which has significantly reduced long-wait cases. An initial decline in referral rates is also evident in areas where PHIO was made publicly available, offering patients a digital route to access MSK Physiotherapy services starting in June. This pilot is funded through to April 2026. Service activity has remained stable, supported by locum cover during staff leave. Four more weeks of locum support remain. However, a reduction of 0.3 FTE in MSK capacity is expected in August due to a planned retirement. Current staffing levels, including the locum, are sufficient to maintain existing MSK waiting times. However, without continued additional resources, further reductions—or even maintenance—of these waiting times will not be sustainable.

Improvement Target Date
30/09/202

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

Data Source
MSK Quarterly Publication/TrakCare

Latest Data
31/03/2025



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%	0%	Red

Actions to Improve/Recover Performance

The clinical demand of urgent and high risk patients impacts on achievement of this target. However, some additional capacity created by 0.4 WTE podiatrist is supporting the team to address MSK referrals in a more timely manner.

Improvement Target Date
30/09/20

Finance

Section Lead(s):
Director of Finance

What's Going Well?

The Board received confirmation that the Scottish Government has formally approved NHS Orkney's final financial plan submission for 2025/26. This approval follows the Board's agreement on transitional funding support, which has been instrumental in securing the plan's viability. The transitional funding support offer also marks a significant milestone in the progress the Board has made to date. It reflects the confidence the Scottish Government has in the Board's ability to deliver the plan and to return to financial balance in as short a period as possible.

As at Month 3, the Board remains focused on delivering the planned year-end outturn of a £2.176 million deficit, in line with the approved financial plan. This figure is prior to the application of £2 million in transitional funding support, which was agreed as part of the final submission. Ongoing monitoring and reporting will continue to ensure financial performance is aligned with the plan, with corrective action taken at the earliest opportunity to support delivery. Updates are provided through both the Finance and Performance Committee and the Financial Escalation Board.

RAG Status Values	
RED	Key performance indicator not achieved.
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.

Metrics with a target of 'x̄' are given a RAG value based on their performance against their own average.

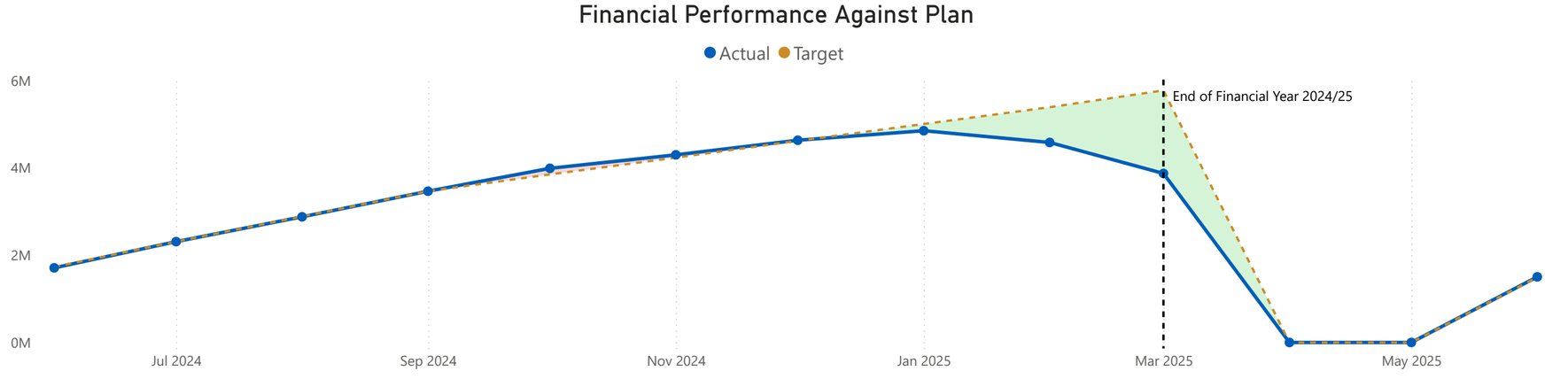
Areas of Concern

Successful delivery of the financial plan outturn is heavily predicated on the delivery of the £3.8 million efficiency programme. However, progress to date has been slow, and a number of identified projects are currently categorised as high risk, with savings delivery planned for Quarter 3 and Quarter 4. Any movement on these schemes resulting in delivery below plan will have a significant impact on the year-end outturn and will challenge the Board's ability to recover the position in the second half of the year.

Finance
Financial Performance Against Plan

Data Source
Finance Performance Report

Latest Data
30/06/2025



KPI	Target	Actual	RAG Value
Financial performance against plan - YTD.	£1,494,000	£1,504,000	Red

Actions to Improve/Recover Performance

As at Month 3, the reported financial position is adverse against the planned trajectory, primarily due to additional expenditure of approximately £200k not factored into the original financial plan. A key underlying driver of this variance is the continued high cost of medical staffing, which remains 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.

Improvement Target Date

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Cultural Development, Governance and Senior Leadership External Review – Action Plan progress update**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight, Chief Executive**
Report Author:	**Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to the Board for:

- **Assurance** on continued progress against the Action Plan and the highest priorities agreed by the Board and noting those actions that are overdue.

2 Report summary

2.1 Situation

Mid-2024, our Chief Executive commissioned an external review of Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement.

At its February 2025 meeting, the Board received the Report and approved an Action Plan with a set of highest priorities, all of which have been incorporated into our Year 2 Corporate Strategy (2025/26), to ensure alignment.

It was agreed that progress against the Action Plan was of such significance to the Board's progress that an update would be brought to every public Board meeting commencing April 2025, so that this could be tracked and for transparency. This is the third such update to the Board which evidences that we continue to make progress against the recommendations and have taken forward further work between June and August 2025, providing assurance that we are delivering on our commitment to delivery against the highest priorities that the Board agreed.

2.2 Background

Scottish Government (SG) supported NHS Orkney to commission this review as part of a wider package of work we are doing to inform future progress and priorities as the organisation considers what is needed to de-escalate from Level 3 of the NHS Scotland Support and Intervention Framework.

Professor Tracy Myhill led this work as an experienced HR Professional and CEO and prior to her retirement was the Chief Executive of Swansea Bay University Health Board. Previously she was CEO of the Welsh Ambulance Service.

There were 33 recommendations in total in the report, made up of work already underway/started and a small number of new actions.

The highest priorities agreed by the Board, which also feature in our Year 2 (2025/26) Corporate Strategy, are:

1. Executive Team cohesion
2. Clinical Executive Director leadership and engagement
3. Behavioural standards
4. Leadership development programme
5. Appraisals, training and sickness
6. Respecting governance

The remaining actions feature in a standalone Action Plan (see Appendix 1 for the latest status update of each individual action). This paper is a progress update against this Action Plan, which will feature on every public Board agenda until there is assurance and confidence that appropriate progress has been made and sustained.

Progress summary against Action Plan (for the period June to August 2025)

Completed actions:

1. Cultural development and Values and Behaviours Framework - Behavioural standards engagement work has concluded and pending Senior Leadership and Board approval in August these are ready to launch early September 2025.

There are a number of actions now mostly complete/progress is being made:

1. Respect for our governance – operational governance almost concluded
2. Distributed leadership – CEO portfolio redistributed, and role review underway
3. Appraisal and statutory training – strengthened actions in place, appraisals over 42% and 121s are taking place with the CEO and Deputy CEO with all Senior Leadership Team to provide assurance that plans are in place to make the improvements necessary re: mandatory training
4. Leadership Development programme/tender process – coming to Senior Leadership Team in August for approval and managers' programme agreed and to launch September 2025

There are a number of overdue actions based on the original deadlines agreed (some of which were the end of Quarter 1 2025/26):

1. Clinical engagement and engagement – including the refresh and relaunch of Clinical Advisory Groups and what clinical engagement looks like at NHS Orkney
2. Non-Executive Development - Non-Executive Director Induction and maximizing utilisation of Non-Executive Director skills
3. Staff engagement - Introducing quarterly pulse surveys for staff
4. Restate role of Chair and Vice Chair responsibilities via clear communication to all Board members

2.3 Assessment

The Board is asked to take:

Assurance on progress against the Action Plan and the highest priorities agreed by the Board and noting those actions that are now overdue (this update details progress made between June and August 2025).

2.3.1 Quality/ Patient Care

There are a number of recommendations in this report, notably the role of our Clinical Executive Directors and requirement for closer working, in driving improvements to patient safety, experience and quality of care through greater cohesion, along with strengthened team working from our Executive Team.

2.3.2 Equality and Diversity, including health inequalities

NA

2.3.3 Route to the Meeting

This progress update has come direct to the Board.

2.4 Recommendation

- The Board is asked to take assurance on progress against the Action Plan and the highest priorities agreed by the Board and the actions that are overdue (this update details progress made between June and August 2025).

2.5 Appendices

- **Appendix 1** – Action Plan.

#

NHS Orkney

Meeting:	**Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Behavioural Framework – defining the culture we want**
Responsible Executive/Non-Executive:	**Jarrard O'Brien, Director of People and Culture**
Report Author:	**Jarrard O'Brien, Director of People and Culture**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney is developing a Behavioural Framework to clearly articulate, from the perspective of our staff, what our organisational values mean in practice. This framework is intended to support a consistent culture aligned to NHS Orkney's strategic objectives, ensure high-quality patient care, and strengthen staff wellbeing and performance. The Board is asked to approve the framework for implementation across the organisation.

2.2 Background

Feedback from staff shows the need for clear behavioural expectations that promote openness and honesty, respect and kindness. The behaviours have been created following broad staff engagement, including with the Board, Senior Leadership Team and Extended Senior Leadership Team.

Our Organisational Development and Improvement Advisor has been supporting team-based values and behaviours discussions by:

- Directly facilitating conversations with teams
- Co-facilitating with managers
- Coaching managers to run conversations in their teams independently.

To date 18 teams have had discussions and consistent themes have been identified, as presented in Appendix 1.

To broaden engagement, a virtual form was circulated through the Extended Senior Leadership Team to share with colleagues, with 2 responses received to date.

2.3 Assessment

The content in Appendix 1 is a synthesis of feedback from all engagement around organisational values and behaviour. The Board is asked to approve the content, following which final designs will be produced and communicated.

Team-based sessions will continue, given that they are in themselves and intervention in teamwork although the conversations will now be able to include the behavioural framework.

2.3.1 Quality/ Patient Care

Improved consistency in behaviours will strengthen communication, safety, compassion, and patient-centredness.

2.3.2 Workforce

Provides clarity, supports staff development, reduces conflict, improves morale, and enables fairer performance management.

2.3.3 Financial

Long-term efficiency benefits through reduced grievance cases, improved retention, and stronger staff engagement.

2.3.4 Risk Assessment/Management

Risk of disengagement if not well communicated — mitigated by early and ongoing engagement.

Risk of inconsistent application — mitigated by leadership training.

2.3.5 Equality and Diversity, including health inequalities

The framework embeds inclusivity, fairness, and respect.

2.3.6 Communication, involvement, engagement and consultation

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

In addition to team-level engagement, the framework has been discussed with key leadership and partnership groups, including:

- Board, 13 March 2025
- Senior Leadership Team, 22 April 2025
- Extended Senior Leadership Team, 12 May 2025
- Area Partnership Forum/Area Clinical Forum, 02 July 2025

2.3.9 Route to the Meeting

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

- Board Development Session, 24 July 2025
- Senior Leadership Team, 26 August 2025

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

2 List of appendices

The following appendices are included with this report:

- Appendix 1, Behavioural Framework – Defining Culture – August 2025

NHS Orkney

OUR NEW
Behavioural Framework

Open and honest
Respect
Kindness

Our Commitment

Promise

Looking after our community and providing excellent care

Values

Open and Honest
Respect
Kindness

Priorities

People
Patient Safety
Performance
Place
Potential

Introduction

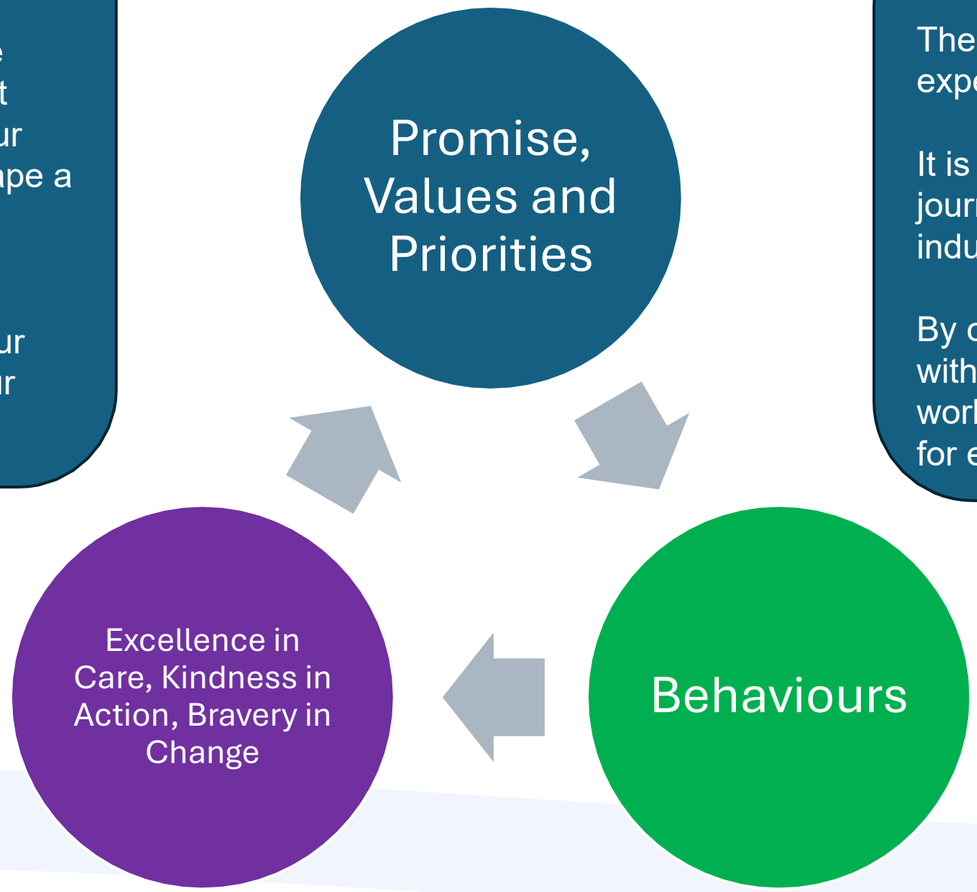
At NHS Orkney, how we work together is just as important as what we do. The Behaviour Framework sets out clear expectations for how colleagues should act and interact, helping to foster a respectful, inclusive, and values-led workplace culture.

It's about **how** we all work

What is the behaviour framework?

The Behaviour Framework sets out the core behaviours expected of everyone working at NHS Orkney. It defines how we approach our work and interact with others, helping to shape a positive and consistent workplace culture.

This framework outlines the attitudes and behaviours that support our values, guide our daily actions, and enable us to deliver on our strategic priorities.



Why is this important?

The Behaviour Framework outlines the expectations for every individual at NHS Orkney.

It is embedded throughout the entire employment journey—from recruitment and selection, through induction, to appraisals and everyday interactions.

By consistently demonstrating the behaviours within the framework, colleagues help create a workplace that is effective, positive, and rewarding for everyone.

Open and honest
Respect
Kindness

Our Values

Open
and honest

We communicate clearly, honestly and with integrity – even when the message is difficult or uncomfortable

Respect

We recognise and value each colleague's role, time and perspective, treating each other with fairness, dignity and professionalism

Kindness

We show care, empathy and appreciation in every interaction

What this means...

Open
and honest

- We communicate clearly and honestly, even when it is difficult
- We admit mistakes and take responsibility
- We share information in a timely and inclusive way
- We have the bravery to challenge in a professional and respectful way

Respect

- We listen actively and involve the right people, at the right time in decisions
- We acknowledge contributions and expertise equally
- We respect confidentiality, boundaries, and capacity
- We create an inclusive environment where everyone feels they belong

Kindness

- We show genuine appreciation, say thank you and recognise effort
- We offer help and support when we see others struggle
- We work with compassion and understanding
- We take time to connect with others as people, not just colleagues

In practice this looks like...

Open
and honest

- Admitting when something has gone wrong and working together to fix it
- Share updates with the whole team, not just a select few
- Give constructive feedback in the moment, with kindness and clarity
- Challenge decisions respectfully when it doesn't align with our values

Respect

- Saying "thank you" and acknowledge contributions
- Respecting someone's time by being punctual and prepared
- Listening without interrupting, even when we disagree
- Recognising the pressures others are under and adjusting expectations

Kindness

- Checking in with a colleague who seems overwhelmed
- Offering help when you have capacity, even if it's not "your job"
- Celebrating small wins and effort, not just outcomes
- Smiling and saying hello in the corridor

What this doesn’t mean…

Open
and honest

- Being rude or unkind under the guise of “just being honest”
- Withholding or delaying important information
- Avoiding the truth or blaming others
- Sharing sensitive information without care and consent (including gossip)

Respect

- Agreeing with everything to avoid conflict
- Dismissmising others’ views and contributions
- Treating people as if they are less important
- Excluding others from decisions that affect them

Kindness

- Avoiding accountability, difficult conversations or performance issues
- Saying yes to everything at the cost of wellbeing
- Being “nice” instead of being honest when honesty is needed
- Using kindness as a substitute for action or follow-through

Leading the way

At NHS Orkney, leaders set the tone for our culture. The Behavioural Framework applies to everyone—but leaders and board members have a unique responsibility to model, reinforce, and embed these behaviours across the organisation.

- **Model the values**: Demonstrate openness, respect, and kindness in every interaction.
- **Create psychological safety**: Foster an environment where people feel safe to speak up, challenge, and share ideas.
- **Hold others accountable**: Address behaviours that fall short of our standards, consistently and fairly.
- **Make inclusive decisions**: Involve diverse voices and perspectives, especially in strategic planning and service design.
- **Communicate with clarity and integrity**: Share information transparently, even when the message is difficult.
- **Recognise and celebrate**: Acknowledge contributions, effort, and progress—big and small.
- **Lead with empathy**: Understand the pressures teams face and support wellbeing and resilience.

“Leadership is not just about making decisions—it’s about how we make people feel in the process.”

NHS Orkney

Meeting:	**NHS Orkney Board meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Executive Team Portfolio Changes from September 2025**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight, Chief Executive**
Report Author:	**Laura Skaife-Knight, Chief Executive**

1 Purpose

This is presented to Board for:

- Awareness

This report relates to a:

- Local policy

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

- Effective
- Safe
- Person-Centred

2 Report summary

2.1 Situation

The Board is asked to note the changes to Executive Team portfolios with effect from September 2025.

2.2 Background

Upcoming leadership changes in the Executive Team present the opportunity to implement one of the recommendations in the External Review into culture, governance and senior leadership regarding portfolios.

The review concluded that some portfolios were unmanageable and required changing if we were to work optimally as an Executive Team and to ensure appropriate balance of portfolios (including those relating to the Chief Executive). The changes this paper details also ensures development opportunities for Executive Team members and playing to strengths.

This paper summarises portfolio changes that have been agreed and communicated to affected teams.

The changes from 1 September 2025 can be summarised as:

- Digital, Information Governance, Freedom of Information, Estates and Facilities, Sustainability and the Senior Information Risk Owner (SIRO) responsibility will transfer from the Chief Executive to the Interim Director of Finance
- Public Sector Reform will sit with the Chief Officer of the Integration Joint Board as the Board-level lead

The following portfolio will remain with the Chief Executive:

- Corporate Strategy
- Corporate Governance
- Communications and Engagement

A reminder that:

- The Director of Nursing, midwifery, AHPs and Chief Officer for Acute is holding the Executive Director Lead role on a temporary basis for Resilience and the Medical Director is covering the Board-level lead role for Public Health also on a temporary basis.

2.3 Assessment

The Board is asked to:

- Note the updated Executive Team portfolios.

2.3.1 Quality/ Patient Care

By ensuring we play to strengths and maximise our collective experience, we will set ourselves up to succeed and delivery our Corporate Strategy priorities. We will also ensure portfolios are more manageable.

2.3.2 Equality and Diversity, including health inequalities

NA

2.3.3 Communication, involvement, engagement and consultation

- 121 discussions with Executives.
- Conversations with individual teams have taken place also, and line reports who are affected by the changes.

2.3.4 Route to the Meeting

- As above.

2.4 Recommendation

- **Awareness**

2.5 Appendix

Appendix 1: Executive Team who's who chart.

Who's who?

Executive Team

Laura Skaife-Knight
Chief Executive

Executive Assistant: Miranda Gardiner

- Accountable Officer
- Strategy
- Corporate Governance
- Communications and Engagement

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

Executive Assistant: Teresa Dick

- Professional leadership for Nursing, Midwifery and Allied Health Professionals
- Healthcare Scientists
- Infection Prevention and Control (IPC)
- Laboratory Services
- Macmillan Unit/SACT
- Outpatient clinic services
- Renal
- HDU – Critical Care and Off Island Transfers
- Unscheduled Care – including Emergency Department
- Maternity
- Women's Health Plan
- Forensics
- Mortuary
- Public Protection (Acute)
- Non-Medical Prescribing
- Advanced Practice
- Practice Education
- Nursing and IPC oversight of Care Homes and Care at Home
- Supplementary Staffing
- Excellence in Care
- Clinical Policies (with Medical Director)

Melanie Barnes
Interim Director of Finance

Executive Assistant: Freddie Pretorius

- Financial Performance and Improvement
- Procurement
- Payroll
- External Audit
- Annual Accounts
- Robertsons (NPD) Contract
- Estates and Facilities
- Cyber Security, Information Governance, Senior Information Risk Owner (SIRO) and IT
- Digital
- FOI
- Sustainabiity

Anna Lamont
Medical Director

Executive Assistant: Gizelle Venter

- Responsible Officer
- Ethical standards
- Clinical Strategy
- Clinical Governance (Risk, Complaints, Significant Adverse Events, Clinical Safety and Learning)
- Professional leadership and appraisal for consultants and medical staff
- Diagnostics (Commissioned, Radiology and Audiology)
- Planned care and waiting times (Outpatients, Theatres and Inpatient Scheduled Services)
- Cancer Planning and Reporting
- Pharmacy Services
- Medical Education
- Research and Innovation
- Clinical Policies (with Director of Nursing)
- Caldicott Guardian
- Realistic Medicine
- Whistleblowing

Stephen Brown
Chief Officer of the Integration Joint Board

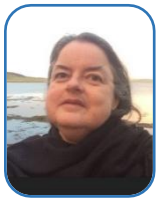
Secretary: Stephanie Johnston

- Children and Families Social Work
- Health Visitors
- School Nurse Team
- Community Nursing
- Long Term Conditions/Specialist Nurses
- Primary Care and Dental Services
- Residential Childcare
- Justice Services
- Day Services
- Residential Care Homes
- Care at Home
- Responder Services
- Adult and Learning Disability Social Work
- Mental Health Services
- Learning Disability Services
- Allied Health Professionals (Adults and Children)
- Public Protection (including Alcohol and Drugs Partnership and Community Justice)
- Psychological Services
- Public Sector Reform

Tammy Sharp
Director of Performance and Transformation and Deputy Chief Executive

Executive Assistant: Miranda Gardiner

- Planning
- Performance
- Improvement (including Improving Together Programme)
- Data and Information
- Internal Audit



Louise Wilson
Director of Public Health

Executive Assistant: Freddie Pretorius

- Resilience
- Health Improvement
- Health Protection
- Child Health Commissioner
- Child Health Surveillance Programme System Administration
- Immunisation
- Screening
- Quit Your Way Orkney
- Anchor Strategy
- Prevention
- Community Planning Partnership Lead for NHS Orkney

Jay O'Brien
Director of People and Culture

Executive Assistant: Teresa Dick

- Organisational Culture
- Organisational Development and Learning
- Human Resources
- Equality, Diversity and Inclusion
- Staff Health and Wellbeing, including Occupational Health
- People Attraction, Recruitment and Retention
- Employee Relations
- Patient and Staff Experience
- Health and Safety
- Workforce Planning
- Chaplaincy and Spiritual Care Services
- Medical Staffing
- Clinical Administration
- Education strategy
- Health and Care (Staffing) Act

Updated August 2025

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**12-month review of themes from Board Walkarounds and next steps**
Responsible Executive/Non-Executive:	**Meghan McEwen, Board Chair and Laura Skaife-Knight, CEO**
Report Author:	**Laura Skaife-Knight, CEO**

1 Purpose

This is presented to the Board for Discussion.

The Board is asked to.

- **Consider** the key themes from the last 12-months (July 2024-July 2025) and **agree** the proposed approach to better align Board Walkaround feedback with the wider Staff Experience Programme to ensure greater focus on follow-up and follow through re: feedback received from teams.
- **Discuss** the themes from Board Walkarounds held in July and August 2025

This report relates to:

- Corporate Strategy 2024/28 - People
- Operational Improvement Plan
- Annual Delivery Plan
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Board Walkarounds are one of the ways in which we ensure the visibility of Board members and ensure staff across the organisation feel heard.

This report summarises the main themes from the Board Walkaround in July and August 2025 and provides an analysis of the key themes arising from Board Walkarounds held over the last 12-months (July 2024-July 2025), along with some suggested improvements to the process for the Board to consider.

2.2 Background

Board Walkarounds involve a blend of Executive Directors and a Non-Executives visiting different teams and departments across NHS Orkney and listening to how it feels working here.

They 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. Following a Board Walkaround, Board members are asked to consider what support they can offer to resolve challenges and, in some cases, unblock issues.

Since the last Board meeting in June 2025, six walkarounds have taken place to the following services/teams:

Primary Care Administration Team
Clinical Administration Team
Health and Safety Team
Patient Experience and Risk Team
Flow and Capacity Team
Podiatry

Below is a summary of the main feedback received from the six most recent walkaround reflections.

Main themes from reflections of visits in July and August 2025

Positive:

- Dedicated and passionate teams who are positive and supportive, keen to give the best service they can to contribute to successful delivery of services and champions of patient experience.
- Streamlining processes in the Health and Safety Team has resulted in efficiencies being achieved.
- Blended funding models with NHS Orkney, Robert Gordon University and NHS National Education Scotland are working well.
- Positive patient stimulation provided by Age Scotland on the wards.
- Work shadowing with NHS Grampian has been beneficial in relation to Flow and Capacity.
- Staff development and learning opportunities are embraced.
- Flexibility in working arrangements to fit in with other teams.

Areas for improvement:

- Staff vacancies and absences are creating instability resulting in low staff morale.
- Parental consent documentation should be considered in the vaccinations service.

- Collaboration with Public Health to support education should be explored.
- Apathy of some staff towards dealing with complaints leads to poor investigations being undertaken.
- Standardised investigation skills training for staff should be introduced to ensure we have a clear 'Orkney way' of undertaking investigations and Significant Adverse Event Reviews.
- Separation between medical education and nursing, midwifery, Allied Health Professionals education should be reviewed as there is a lack of strategic oversight of education.
- Nursing, midwifery, Allied Health Professional representation should be considered in our governance system to ensure the clinical voice is heard in decision-making and assurance forums.
- There is currently limited availability of AHPs outside of hours office and at weekends, contributing to lengthy delays in rehabilitation.
- Having a single point of contact for discharges on the wards is challenging – this should be reviewed as part of the work underway to improve the discharge experience for patients and reducing Delayed Transfers of Care
- Access to booking patient transport (local and national) is time consuming and lacks co-ordination.
- There is resistance by staff to conducting risk assessments and face-to-face training – this should be explored as part of the Your Employee Journey Programme.

Board Walkarounds over the last 12-months

There have been 19 Board Walkarounds between July 2024-July 2025, spanning The Balfour, our community and our ferry-linked isles in the following service areas.

Clinical Administration Team	Psychology Team
Radiology Team	Laboratory Team
Estates and Facilities Team	Audiology Team
Pharmacy Team	Practice Education Team
Shapinsay Team	Primary Care Vaccination Team
Hoy and Walls Community team	Patient Experience and Risk Team
Dietetics Team	Primary Care Administration Team
Information Technology & eHealth Team	Acute Flow and Capacity Service
Medical Education Team	Health and Safety Team
Podiatry Team	

Themes for Board Walkarounds over the last 12-months

As part of our commitment to continuous improvement and learning from feedback, a review of the reflections/feedback from Board walkarounds over the past 12-months has been undertaken. Table 1 provides an overview of re-current themes from feedback received.

Table 1

What is working well?	Areas for improvement
Passionate and dedicated teams	Lack of office and clinical space at The Balfour
Strong relationships	Lack of opportunity to develop non-mandatory training and education
Innovative Developments	Lack of resilience and future planning in small teams
Commitment to excellent patient care and experiences	Feeling of being forgotten in certain teams
	Lack of residential accommodation

Next steps

The Board Walkarounds have been a successful engagement tool between Board members and staff/teams.

To build on the success of the past 18-months of walkarounds, further embedding the approach agreed by Board 26 June 2025 is proposed.

The following is proposed for consideration by the Board:

- Board walkaround feedback is better aligned with broader staff feedback and the Staff Experience Programme, under the leadership of the Director of People and Culture, to ensure greater focus on follow-up and follow through re: feedback received from teams.

2.3 Recommendation

The Board is asked to:

- **Consider** the key themes from the last 12-months (July 2024-July 2025) and **agree** the proposed approach to better align Board Walkaround feedback with the wider Staff Experience Programme to ensure greater focus on follow-up and follow through re: feedback received from teams.
- **Discuss** the themes from Board Walkarounds held in July and August 2025.

3. Appendices

- No appendices included

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Clinical Services Review Implementation Plan**
Responsible Executive/Non-Executive:	
	Dr Anna Lamont: Medical Director **Stephen Brown: Chief Officer IJB** **Sam Thomas: EDoNMAHP & Chief Officer Acute Services** **Tammy Sharp: Director of Performance and Transformation (and Deputy CEO)**
Report Author:	**Dr Anna Lamont & Tammy Sharp**

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Corporate Strategy 2024/28
- Annual Operational Plan
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The CSR final report and implementation plan are presented for approval. The Board is asked to review and endorse the governance arrangements, implementation readiness, and strategic implications outlined in the Clinical Services Review Final Report.

2.2 Background

The CSR was commissioned with funding support from the Scottish Government, aligning with NHS Scotland's Renewal and Reform framework and NHS Orkney's Corporate Strategy 2024/28. Extensive clinician engagement has informed recommendations across key strategic areas: hospital services (acute/front door, planned care), primary and community care, older persons' services, Isles care, and digital healthcare.

An operational CSR Implementation Group, including the Medical Director, Director of Nursing, Chief Officer IJB, and Director of Performance and Transformation, is now meeting weekly to manage implementation across these identified workstreams.

2.3 Assessment

- Weekly meetings of the operational CSR Implementation Group facilitate oversight and management across workstreams: Operational Structure, Acute/Front Door, Planned Care, Older Persons, Isles Care, and Digital.
- The accompanying slide deck tabulates the Horizon 1 recommendations, which have been prioritised with the executive leads, and an estimation of whether each recommendation is a cost saving or cost pressure.
- Clinical leads have been identified for each workstream leads.
- Board governance approval by JCCGC as the most relevant subcommittee has been recommended prior to the August Board. Due to the next JCCGC meeting date in October an extraordinary single agenda item meeting has been set for the 20 August.
- The strategic nature of the CSR necessitates clear engagement with the IJB and exploration of opportunities for regional collaboration across the North of Scotland boards.
- Recognised resource constraints, particularly project and change management capacity, require prioritisation, with structured input from Clinical Advisory Groups and the Extended Senior Leadership Team (ESLT).

2.3.1 Quality/ Patient Care

Positive impact through improved patient pathways and digital healthcare innovation.
The improvements set out for patient journeys, Inpatients, Outpatients/planned care services, General Practice, Allied Health services and Care @ Home service provision are dependent on adoption of the framework model and shifting the balance of care.

2.3.2 Workforce

Positive potential, contingent on effective change management and adequate resourcing. Many of the clinical roles required for delivery of improvements are held by temporary staff which remains a risk to delivery. System wide approaches to embed and deliver will be dependent on clinical investment.

2.3.3 Climate Change Sustainability

Sustainability and climate-positive impacts anticipated through digital and integrated service models

2.3.4 Finance

Financial impacts require assessment within feasibility studies. Currently balanced risk assessment for costs. While there are some opportunities for savings, these require transformational organisational change particularly for unscheduled care.

2.3.5 Risk Management

There are potential risks to patient care and service delivery if we transform service delivery models without adequate staffing resource or if that staffing resource is then withdrawn after a period of time resulting in risks to safe patient care delivery. Identified risks include sufficient resource for transformational change and spend to save cost impact.

2.3.6 Digital

Positive impact through digital innovations enhancing service delivery and making best use of existing resources. Risks due to limited digital implementation and training resource to deliver the changes set out in the CSR.

2.3.7 Equality and Diversity

Supports Public Sector Equality Duty and acknowledges island-specific healthcare delivery

2.3.8 Route to the Meeting

This report was approved at the Senior Leadership Team meeting 5th August 2025.

2.4 Recommendation

- **Approval –** The Board is asked to review and endorse the governance arrangements, implementation readiness, and strategic implications outlined in the Clinical Services Review Final Report.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** - CSR Final Report
- **Appendix 2** - CSR Implementation Plan (Horizon 1)

NHS Orkney

Clinical Services Review

Final Report

Jennifer Armstrong, Independent Reviewer
Fiona MacKay, Independent Reviewer

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1.0 The Case for Change

1.1 Introduction

Healthcare is changing in Scotland and in Orkney. We already live in a digital age, and new ways of working are emerging which combine high quality clinical and social care, augmented and enhanced with digital services where indicated. NHS Orkney needs to be able to drive this change forward and to be proactive, to deliver modern and sustainable services to the population. In the current financial position, doing nothing is not an option. Transformation must be at the heart of the next steps that NHS Orkney takes in its improvement journey. Transforming services that place Orkney at the forefront of innovation of delivering island care and improving productivity will be instrumental to achieving clinical and financial sustainability.

NHS Orkney is a rural and remote island Health Board serving a population of 22,000 with around 800 staff. NHS Orkney is the smallest of the 14 Territorial Health Boards in Scotland and is made up of 70 islands of which 20 are inhabited. 87% of the population live on Orkney Mainland and the two road linked islands. A wide range of clinical services are provided from the Balfour Hospital in Kirkwall, which opened in June 2019, and in multiple sites across Orkney and its ferry-linked Isles, with many specialist services provided by other Health Boards.

NHS Orkney experiences the same service pressures facing the rest of the NHS in Scotland, including financial pressures, long waits and backlogs in planned care. This is compounded by some unique challenges, including a population ageing at a higher rate than Scotland and remote and rural geography. Orkney also has the longest healthy lifespan of anywhere in Scotland, and some of the lowest rates of heart disease.

NHS Scotland's Operational Improvement Plan sets out an ambitious plan to deliver a more accessible and person-centred NHS by reducing the immediate pressures, shifting the balance of care away from hospitals to the community and using digital and technological innovation to improve access to care. There is no part of the health and social care system that does not already rely on digital and data to function. However, there is great potential in terms of public/patient access/interventions through digital or in using digital and data to drive system and behavioural change. This has formed a consistent thread throughout the Clinical Service Review (CSR) work.

1.2 Local Challenges

The uniqueness of NHS Orkney's location presents some significant challenges in how clinical services are managed and provided. The delivery of clinical services is variable, with a reliance on service level agreements (SLAs), locum and agency staff, regional contracted roles, and additional contracts with other Health Boards in Scotland, predominantly NHS Grampian, NHS Highland and the Golden Jubilee National Treatment Centre. The lack of clarity and governance surrounding some of these arrangements, coupled with historical and opaque agreements has led to fragility, inefficiencies, duplication and gaps in service provision. Some work has been done to understand and respond to this in the last few years.

However, this position has presented limitations in taking forward transformational change and redesign of clinical services.

Specific challenges are noted in NHS Orkney's Corporate Strategy (launched 2024 following extensive patient, community, staff and partner engagement) and these are replicated below:

- Growing and ageing population – with more patients presenting with multiple long-term conditions and complex health and social care needs. There is a forecast increase of 30% more people over the age of 65 in Orkney (2020-2035) and those over the age of 80 are forecast to double over the same time period
- Maintaining a strong focus on child health to ensure a healthy future
- Addressing health inequalities and the pockets of deprivation. In Orkney, we see the biggest gaps in our ferry-linked isles and our most remote parishes
- Workforce fragility and shortages in key areas – including Nursing and Midwifery (lack of trained and available workforce) and locum medical workforce (inability to recruit to several posts substantively requires an innovative approach to collaboration)
- Limited availability of social care services including residential, nursing, respite, and home care in our more remote communities
- Fragile clinical services – including Pain Services, Ophthalmology, Dentistry, and some Children's Services
- Bureaucracy, overcomplicated processes and poor information flows/sharing
- Lack of leadership stability (the tier below the Executive Team)
- Transport (lack of national investment) - we also heard about unnecessary journeys for appointments, and our limited transport network makes this more difficult
- Housing availability, which impacts adversely on recruitment and retention
- Towards the end of 2023, we were escalated nationally for our deteriorating financial performance
- Adapting service delivery to address climate change

1.3 Financial Challenges

NHS Orkney had an annual budget of £89.019m in 2024/25. Over 37% of this was delegated to the Integrated Joint Board (IJB). The Board submitted a financial plan for the 2024/25 financial period which forecast a full year deficit of £5.778m against the Board's revenue resource limit. Whilst this plan was approved by the Board and submitted to Scottish Government, it was non-compliant. The Board reported a final outturn for 2024/25 of a £3.874m deficit, an improvement from the original £5.778m deficit plan for 2024/25. This was dependent on the delivery of £4m efficiency savings.

NHS Orkney is at Level 3 escalation of the NHS Scotland Support and Intervention Framework and has an ambition to achieve financial balance over a medium-term period. Modelling indicates financial balance cannot be achieved without system-wide transformation of both clinical and non-clinical services. A review of its clinical services portfolio forms a key part of delivering on this ambition and improvements set out in the five-year Corporate Strategy 2024 – 28 and is a priority described in the Year 2 (2025/26 Corporate Strategy).

1.4 National and Local Policy Drivers

The Government's Reform and Renewal programme is centred on improving population health, prevention and early intervention, quality services and maximising access. The detail is set out in three key documents:

- Operational Improvement Plan
- Population Health Framework
- Health and Social Care Service Reform Framework

The CSR work has been informed by these emerging documents, and other national policies and guidelines including:

- Mental Health and Wellbeing Strategy and Mental Health standards
- Health Board collaboration and leadership guidance
- Digitally enabled reform
- Remote, Rural and Island Communities
- Health Improvement Scotland standards for elderly care

The CSR work has built on several local NHS Orkney policies and plans, recognising the public and staff engagement which has been carried out to support these. Principally, it is informed by NHS Orkney's Corporate Strategy and its 5 strategic objectives:

1. **People -** By 2028 we will: ensure NHS Orkney is a great place to work
2. **Patient safety, quality and experience -** By 2028 we will: consistently deliver safe and high-quality care to our community
3. **Performance -** By 2028 we will: within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively
4. **Potential -** By 2028 we will: ensure innovation, transformation, education and learning are at the forefront of our continuous improvement
5. **Place -** By 2028 we will: be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community

The CSR is firmly embedded in the Improving Together programme of work (the organisation's established efficiency programme), and is aligned to the core and transformation work streams:

- Core (corporate, diagnostics, estates, facilities, pharmacy, procurement, social care and workforce)
- Transformation (theatre utilisation, outpatient productivity, medical recruitment and the new hospital business case (this has been reviewed and is no longer an active workstream)

The CSR is clinically focussed and not financially driven. However, it does recognise the financial pressures the Board is under and has sought staff views on how to maximise quality and efficiency of clinical and social care services which may in turn lead to financial savings.

The CSR draws on the information in both the Health Improvement Plan for 2023/24, and the Board's Annual Delivery Plan 2025/26.

1.5 Collaborative Commissioning

Board Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland setting out expectations about collaboration. This letter reaffirmed the principles previously set out for increased collaboration between NHS Boards to help improve the health and wellbeing of the citizens and communities of Scotland.

In April 2025, NHS Orkney Board members acknowledged and endorsed the duality of their role for the population/Board they serve, as well as their contribution to population planning that will cross traditional Board boundaries. The Board approved local implementation of this approach and noted the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months.

At the regional level, current guidance outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. There are opportunities to work regionally to progress the digital agenda and to develop a virtual front door for the North of Scotland (NoS).

This approach will strengthen the relationship between NHS Orkney, neighbouring Health Boards and the NoS Region. It will supersede the rigid formalities of outdated SLAs and promote a focus of clinical collaboration.

2.0 The Clinical Services Review (CSR) Commission

2.1 Aim of CSR

The CSR was commissioned by the Chief Executive Officer of NHS Orkney in early 2025 with the support of the Scottish Government who have funded this work. It was agreed that Independent Reviewers would be appointed to establish the current clinical service provision in NHS Orkney and consider future models of care for some of these services in Orkney. This was to be done through on-site engagement with NHS Orkney staff and visiting staff from partner Health Boards and national providers, to establish the current service provision and model of delivery. This was not to be a full clinical review of the services with external review teams and a review of all the governance information.

The Independent Reviewers were asked to compile, against an agreed set of clinical services, models of care drawn from national and international examples of innovation and best practice with a specific focus on island, remote and rural health. Through further engagement, they were asked to present future service delivery options that optimise transformational opportunities and financial sustainability and set out a forward-thinking clinical vision for NHS Orkney to inform its future clinical strategy.

2.2 Objectives and outputs

There were two aspects to the commission. Firstly, service mapping to establish a comprehensive understanding of existing provisions across acute and primary care. Secondly, an evidence-based review of future service models for acute and primary care services drawing on practice from the United Kingdom and internationally. This was to be consistent with remote and rural island settings to describe transformative and innovative options to inform sustainable care delivery and opportunities to optimise and transform the clinical workforce. The two aspects were developed simultaneously to maximise the effectiveness of clinical engagement sessions.

The CSR commenced at the beginning of March 2025, and was targeted for completion by the end of June 2025. It was an ambitious commission in terms of both scope and timescales and deliberately so given the pace needed to drive this work forward, recognising the organisation remains in escalation and the need to shift from transactional to transformational change. Completing this key piece of work is also one of the conditions linked to the transitional funding offer the Health Board agreed to in April 2025.

2.3 Methodology

To comprehensively inform a service mapping for the CSR, a baseline template was developed to capture information consistently. This was initially tested in three areas – Ear, Nose and Throat (ENT), Ophthalmology and Orthopaedics. Templates were developed for 37 specialties, including key areas from primary and community care services. The templates collected information by specialty for Orkney patients treated both on and off the island. The following information was captured:

- Activity by provider Board over a three-year period

- Waiting list numbers and wait times
- Costs, if these were available

The Health Information and Finance Teams supported this work.

At the same time, an extensive engagement process was carried out with over 100 clinicians and social care staff from Orkney and other provider Health Boards. Most of these were carried out on a one-to one basis, but some took place with small groups or in meetings. All individual interviews followed a structured format and were fully documented. They covered the following areas:

- Service model in and out of hours
- Challenges
- Planned changes and innovation
- Digital use and opportunities

Clinicians were keen to engage and often supplied additional information. Information from the engagement process was entered onto the baseline templates, providing a comprehensive picture of the current position of health services for NHS Orkney patients.

To inform the future models aspect of the commission, a range of actions were taken:

- Interviews with representatives from other island Health Boards
- Discussions with other Health Boards providers in Grampian, Highlands and Golden Jubilee
- Discussions with NoS Regional representatives
- Advice from specialty experts in orthopaedics, planned care and mental health
- Discussion with digital and innovation leads in the NoS Region
- Review of other island models of care from further afield
- Discussions with the Scottish Ambulance Service (SAS) about different models of care

Learning and experience from the major transformation programme in NHS Greater Glasgow and Clyde (Moving Forward Together) was used to inform the process where this was relevant and appropriate for a remote and rural setting.

Although the CSR was commissioned by the Orkney Health Board, the independent reviewers worked collaboratively with the IJB and Health and Social Care Partnership (HSCP) staff, recognising the opportunities offered by integrated working across the organisations. All the draft templates were returned to the clinicians/social care staff for factual review and amendment.

2.4 Governance

The Chief Executive Officer appointed the Medical Director, Director of Public Health and Executive Director of Nursing, Midwifery and AHPs, and Chief Officer Acute Services to be held to account for the leadership and delivery of this commission.

An Oversight Group was established to direct the programme of work. This met every three weeks with an agreed remit to ensure the programme was on track and that key milestones were being met, and to provide an escalation route as required. The Oversight Group was chaired by the Board's Medical Director and supported by robust programme management arrangements which included a project plan with timelines and clear accountabilities and a risk register which was regularly reviewed.

At an operational level, a Working Group met every week to share progress and plan actions for the week ahead. A weekly highlight report was produced to ensure the Executive Directors and the Board Chief Executive were updated with progress and aware of key issues for escalation. Regular touch points with the Board Chair and Chief Executive took place during the commission with the Independent Reviewers.

The CSR was part of the Improving Together programme of work and reported to the monthly Programme Board and the Financial Escalation Board.

Strong programme governance kept the CSR on track and ensured there were clear roles and responsibilities, minimising any duplication. Staff from NHS Orkney supported the process enthusiastically and attendance at governance meetings was consistently high. In particular, the Improvement Team and representatives from Health Information, Digital and Finance have prioritised this work.

2.5 Principles

A set of principles was developed and agreed to provide a clear framework and to guide decision-making for the CSR. The principles, outlined below, align with NHS Orkney's Corporate Strategy 2024 - 2028 and Clinical Strategy 2022 – 2027, and relevant principles from national and other Board Strategies.

1. **Promote healthy living** across NHS Orkney to maximise primary and secondary prevention for the population.
2. **Maximise self-management** by supporting people to manage their own health conditions and work with clinical teams to develop **predictive healthcare**.
3. Embrace **Digital First** and innovation to meet people's needs.
4. Develop **sustainable** healthcare in terms of resources, staffing and stability.
5. Enable teams to become more **coordinated** and **integrated** across both primary and secondary health and social care to meet the needs of people and their carers.

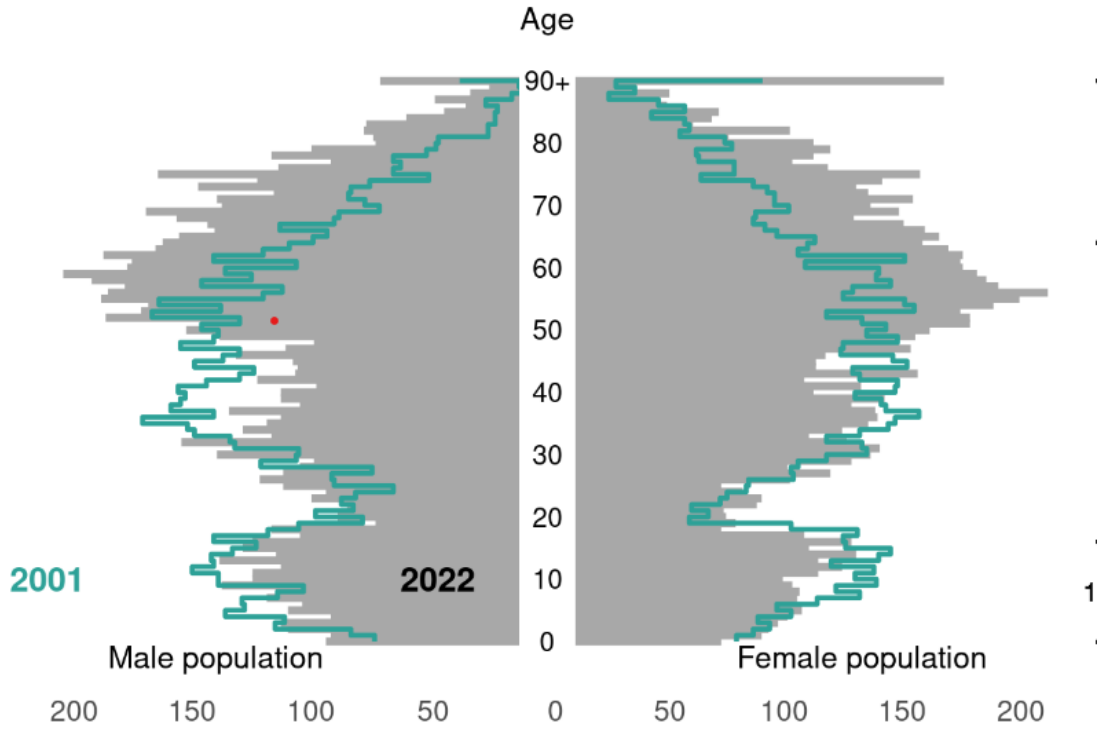
6. Work with local and Scotland wide clinical teams to ensure NHS Orkney patients have **access to specialist evidence-based care** (virtually or face to face) or travelling to specialist clinical teams when clinically indicated.

3.0 Orkney Population and Demographics

3.1 Demographics

The population of Orkney is around 22,000, with an aging population structure as highlighted in the diagram below. The green line shows the population structure in 2001, and the grey shading shows how this has become older in 2022. In another 20 years the population bulge will move further up the chart, and those diseases which are more common with age will place additional demands on the health and care system.

Figure 1: Orkney Demographics



Orkney's age distribution generally mirrors that in Scotland, but the proportion of older people is higher. In Scotland, the proportion of people over the age of 65 is 20.1%, but in Orkney, this figure is 25%. At the same time, the working age population is falling. In Scotland the proportion of people aged 16 to 64 is 63.5%, but in Orkney the figure is 59.1%. This presents higher demand on the system in Orkney, with fewer resources to meet this demand.

Most of the population of Orkney live in less deprived geographical areas (as defined by the Scottish Index of Multiple Deprivation).

3.2 Health Profile

The Public Health Department produced NHS Orkney's Health Improvement 2023/2024 report which utilised the Scottish Burden of Disease study (Overview - ScotPHO) to highlight the leading causes of health loss (Disability-Adjusted Life Years –DALY) in Orkney Islands, and provides a comprehensive overview of the burden of disease in Orkney. An updated report on the Burden of Disease is due at the end of June 2025 which will provide more up to date information.

Key Points

- Figures 2 and 3 outline health loss by gender and by age groups. Although there are differences between both genders, overall, when all age groups are included, cardiac disease and cancers are identified as the leading causes of health loss.
- It should be noted, however, that depression, anxiety, low back, neck pain, and COPD feature highly across both genders. Alcohol use by men is also a contributor to health loss. Whilst diabetes is not one of the top ten leading causes of health loss, it is a condition with increasing prevalence over time. (The number of people with diabetes living in the UK has nearly trebled since 1996 and is on an upward trend).
- Although caution must be exercised due to the relatively low numbers in the younger age groups (<24 years), there is a notable, but not unexpected, difference between age groups with asthma, self-harm and violence and transport injuries more notable in young age groups.
- Alcohol use, mental ill health and headache disorders notable in the 25-44 years age group.
- Heart disease, respiratory conditions and cancer becoming more prominent as the age of groups increase in 45 to 84 years age group.
- Lastly, the burden from Alzheimer's and dementia becomes prominent in the 85 and over age group.

Figure 2: Leading Cause of Health Loss (DALY) in NHS Orkney 2019

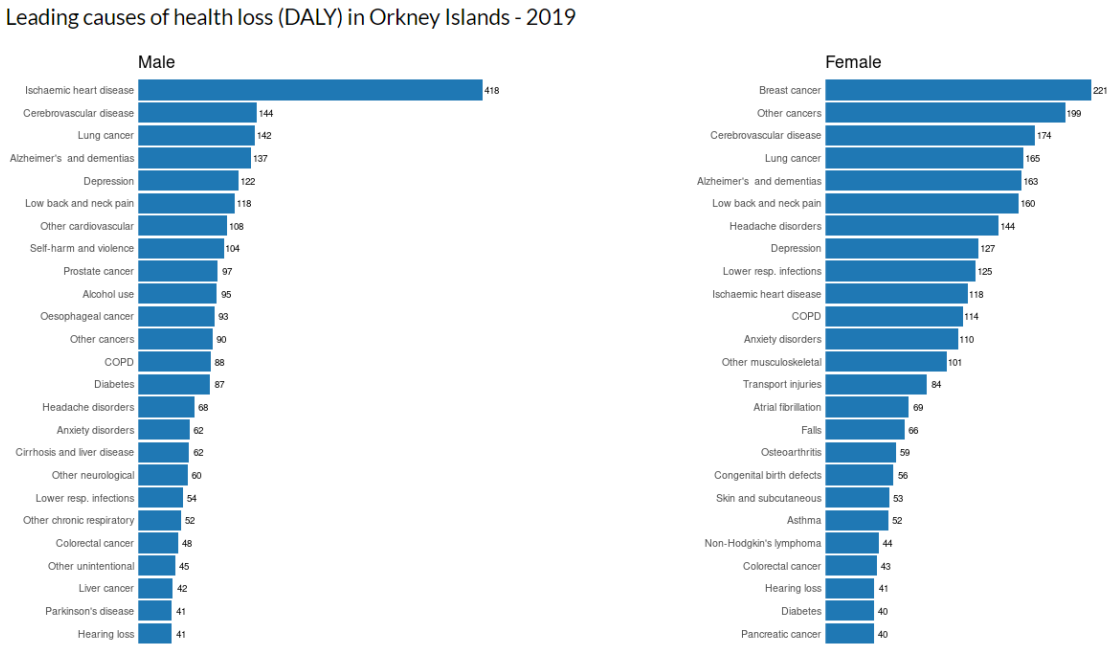
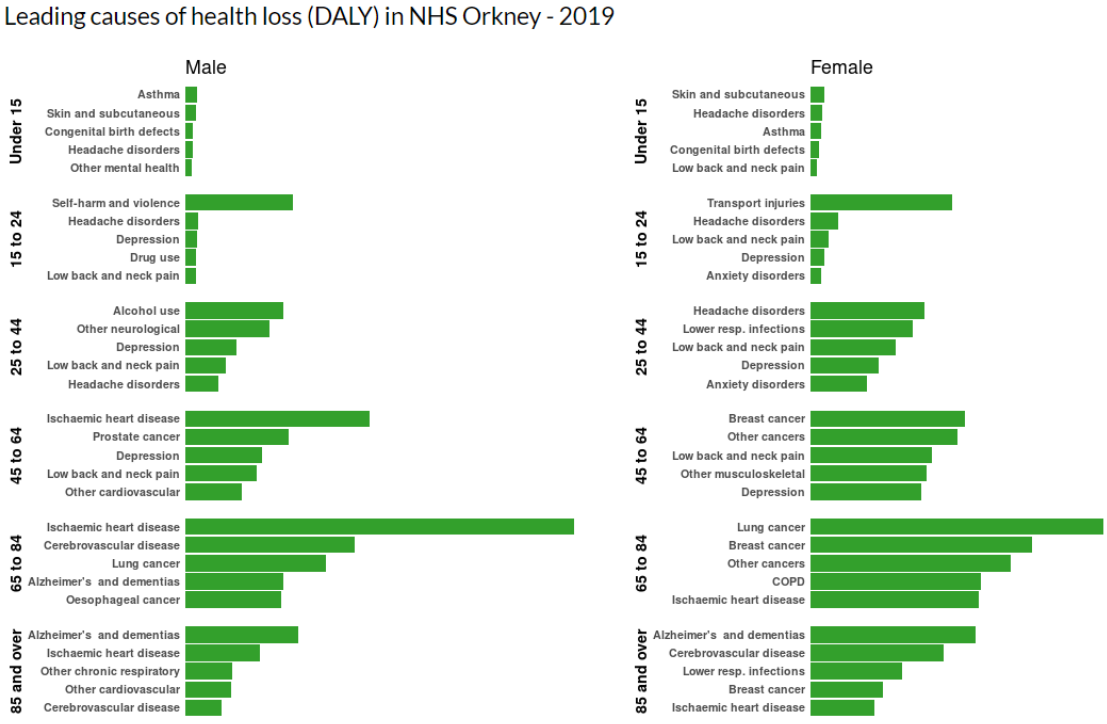


Figure 3: Leading Causes of Health Loss (DALY) by age group



- Mental health is also a key area as the numbers living with a common mental health problem is increasing. The number of females living with a common mental health problem is above the average for Scotland as a whole.

- Long-term conditions in Orkney could be supported through embedding referral pathways and social prescribing opportunities to support individuals to improve their health. In the light of an aging population, the development of frailty prevention

activities recommendations across the life course to improve health outcomes in the population will be important.

Impact of Inequalities and Poverty

There are significant pressures on the NHS and indeed across the whole system to meet a range of targets. Considerable efforts have been made to develop systems and procedures that maximise patient care. For the majority, these systems work well. However, some people in Orkney - such as those who are homeless, struggling with substance misuse, involved in the criminal justice system, have poor literacy skills, lack access to mobile phone technology, or are not digitally competent – may be excluded. It may be that these individuals will need additional support which may be 'labour intensive' and at odds with the need to maximise efficiency within the appointments system. NHS Orkney should implement actions to reduce health inequalities including supporting the planning team to consider actions to reduce inequalities in the implementation of new models of care including digital interventions and services.

NHS Orkney should work with community planning partners to address the root cause of poverty and inequalities. Efforts need to be made to support children and families living in poverty. It should be noted that those living in the most deprived areas of Orkney have 62% higher early deaths from coronary heart disease than Orkney as a whole, and the incidence and mortality rates in relation to cancer in Orkney was higher in the most deprived areas compared. Orkney should develop a health and social care system which is a Population health system which is focused on providing high quality clinical care with a focus on reducing inequalities. NHS Orkney has an opportunity to impact on poverty in Orkney with partnership working and assessing how the business aspects of healthcare are conducted through developing the Anchor plan.

NHS Orkney, like the rest of Scotland is faced with the challenge of responding to the need to provide health and social care to those suffering from cancers and cardiovascular disease. The need to support people who are living with mental health problems is increasing and requires action. As the population ages, NHS Orkney is increasingly having to respond to increasing numbers of people suffering from dementia. The need to provide services that respond to inequalities is also a major challenge.

3.3 Public Engagement

It was agreed by the Oversight Group early in the CSR process that additional public engagement should not be carried out. Significant engagement was carried out to support the development of the Corporate Strategy both in 2024 and again in 2025, and this was used to inform the proposals considered during the CSR. Further engagement, and potentially consultation, will be required as the options and recommendations in this report are developed. Key elements of engagement from Corporate Strategy were:

- Providing high quality, patient-centred care
- Timely access to care, reducing waiting times and better visibility of waiting times
- Improved communication – with patients, between agencies/partners and with other Health Boards

- Improving access to: - GPs and Primary Care - Mental Health Services - Dentists and Orthodontists - Ophthalmology and Opticians

- One Orkney – equity of approach to health and care for all (whether living on the mainland or on the ferry-linked isles) wherever possible

- Access to local services where deliverable

- Honesty and transparency – what patients and our community want and expect and what services NHS Orkney will and won't offer in the future

- Improvements to how information is shared between partners/Health Boards to ensure we deliver more seamless care for patients

- Helping young people to know what a career at NHS Orkney looks like and supporting this

These issues were also raised by staff and partner organisations during the CSR engagement process.

4.0 What will NHS Orkney look like in the future?

4.1 The 10 Year Vision

The future vision for NHS Orkney is informed by the CSR principles and the clinical engagement exercise carried out. The CSR recommendations seek to provide a roadmap of options which will lead to the vision below:

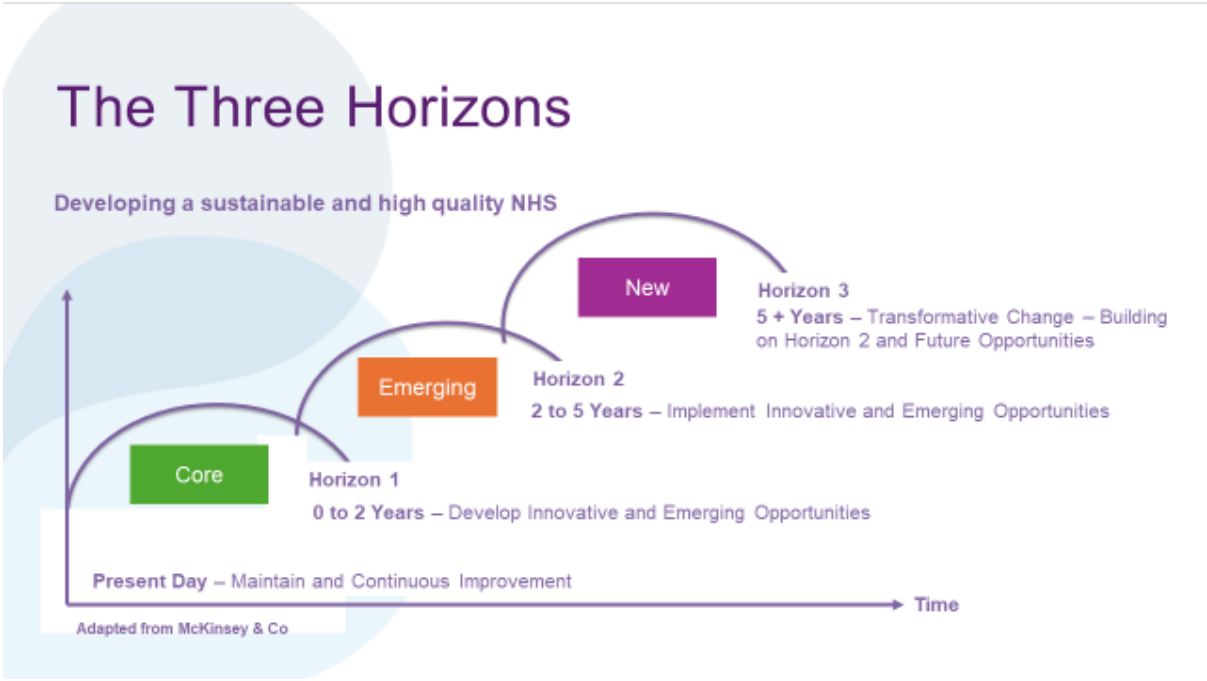
- **A population which is supported to live healthily within a thriving community**
- **Sustainable Clinical and Care teams working together to care for the Orkney population**
- **Excellent opportunities to develop long term careers in Orkney**
- **Digitally advanced services with predictive healthcare, self-management and clear escalation for accessing clinical and care support**
- **Single organisation with focus on both present and future services**
- **Collaborative commissioning arrangements and developing regional services for the NoS**

4.2 The 3 Horizon Approach

When the early findings of the clinical engagement were fed back to clinicians, they were struck by the scale of transformation required and asked that this vision be broken down into business-as-usual tasks which can be easily progressed, and those more complex or difficult proposals which would require significant remodelling of services and additional staff and public engagement.

Future thinking for the CSR has been progressed using the 3-horizon model which will help to manage growth and development in a co-ordinated way. Horizon 1 covers the next 1-3 years and focusses on maintaining and strengthening core business. Horizon 2 covers years 2-5 and encourages organisations to explore and discover new expansions. Horizon 3 creates entirely new possibilities and competencies and looks ahead to years 5-12. Using these horizons will allow us to focus on some of the immediate here and now problems, whilst looking ahead to potential service fragilities, and to develop some innovative and visionary thinking.

Figure 4: The Three Horizons



5.0 Current Position – State of the Nation

5.1 Introduction – Baseline Templates

During March, April and May 2025, extensive clinical engagement was carried out with over 100 clinicians across the Orkney health and care system and from clinicians outwith Orkney. This was to inform the assessment of the current position and to map out the existing clinical pathways. These pathways are complex and differ for each specialty. They have evolved over time, responding to pressure and demand, and often depending on single clinicians. The Independent Reviewers found many examples of good services and skilled staff delivering care.

There was also engagement with both information and finance teams to map out activity and resource use of the different services. This data was often not available. It should also be noted that there was not a full clinical quality review of the services with external review teams/review of all the governance information as the remit was mainly around establishing the current organisation of the services and future opportunities.

A comprehensive set of baseline templates has been finalised as described. The templates set out the current clinical services, together with areas of excellence and areas of challenge. There is also consideration of future service and digital developments. There are then recommendations about the need to review, develop and change the services which will require the management teams, to work with the clinical and social care teams to consider them and, if appropriate, take forward. This is available separately from this report and will provide useful information for service reviews and improvement planning. Templates will require to be regularly updated to maintain their usefulness.

Completed templates were tested with clinical teams and feedback incorporated in the final versions. This feedback was generally supportive, with clinicians being positive about the process and their involvement. Some comments were made about the extensive scale and scope of the CSR, and concern that there would be enough skilled capacity to lead implementation. Clinicians and managers wanted to see what could be implemented at pace, without additional costs. Although supportive of digital progress, clinicians were keen to ensure that patients without access to technology would not be excluded, and they highlighted the need to ensure that digital techniques augmented face to face practice if clinically appropriate, rather than replace it.

5.2 Leadership and Management Findings from Clinical Engagement

In the engagement sessions with community-based staff, it was reported that people found it difficult to work with two sets of organisational terms and conditions (Council and Health Board). Where teams have joint responsibility to the IJB and the Health Board, there are difficulties in progressing change and getting a clear single direction. Organisational boundaries can inhibit service development and create duplication in services and governance.

There is little evidence of truly integrated services or of shared support services like finance, Human Resources (HR), procurement and planning. Some people reported duplication in governance systems.

During engagement, staff spoke about the need to improve operational leadership and lack of clarity of roles and responsibilities, and job planning for locum and agency consultants is

not consistently progressed. There is a limited operational management structure in the hospital. This limited capacity may mean that there is a lack of control or ownership of budgets and costs at the level where decisions about spend are made Over the past year, there has been recent work done through the governance committee and medical director to put in place a system to review national and local clinical reports and peer reviews. Clinical pathways for some individual specialties and subspecialties are not clearly recorded.

People come to live and work in Orkney for a wide range of reasons, often bringing with them skills and experience from other Boards and organisations. There is opportunity to capitalise on this expertise by offering flexible roles which allow people to carry out dual roles which will benefit the organisation.

5.3 System Capacity for Change

Staff from across health and care services were concerned about the capacity in the system to implement change, with teams having to focus on operational responsibilities and a lack of time and expertise to develop service changes. Implementation of change is constrained by the availability of flexible project focussed staff to support clinicians and managers.

5.4 Other Constraints to Implementing Change

There is a general lack of clarity on SLAs about what activity is covered, what activity is delivered and the costs of this, though work has taken place and is still underway to enhance understanding and ownership. Inconsistency in service delivery can be c

aused by dependency on other Health Boards, and services can be affected by weather, transport and competing Board priorities.

In many areas there is a lack of data to manage and plan. Budgets are not aligned to specialties, so it is difficult to match costs with activity. Budget holders are distanced from services. Increased focus and information on costs and value for money is essential.

Teams and individuals across Orkney raised the difficulties caused by working with different IT systems which don't automatically link (Emis, Vision, Trakcare, Morse, Paris and Adastra).

Over the years of career progression and requirement for specific clinical skillsets, there is now a top-heavy banded workforce within some teams. A review of this and application of redesign would provide the opportunity for a skill mix review and improved succession planning. Administration support is inconsistent.

5.5 Delivering Change Recommendations

To deliver the changes required, a focus on operational management is required. This will involve the development of a hospital operational management team (General Manager, Clinical Director and Nurse Lead) to focus on quality/governance, staffing issues, budgets,

activity, and to oversee all external clinical pathways with other Boards with a clear view of the SLAs. There is a similar structure already partially in place within primary and community care. To progress cross system service changes, there should be an overarching single leadership arrangement drawing from both NHS Orkney and the IJB. Working with staff representatives and an experienced HR team, a process to move to a new structure could be effectively managed.

This needs to be supported by increased project and change management capacity, and a board wide flexible project management team to take forward change management for both acute and primary / community care services. This team can take advantage of the skills which existing staff have and can offer development opportunities for people wanting to progress in their career. It would focus on providing short term support to operational teams to implement change.

There is also a need to shift and refocus resources away from business of running 3 organisations (NHS Orkney, Orkney Islands Council and the IJB) to a single organisation with single set of shared functions and services and governance.

These recommendations are explored further throughout this report and in the implementation section. The aim should be to redesign within existing resources.

6.0 Hospital Services

6.1 Scope of Review

In terms of hospital services, the review covered the following areas

- Emergency department
- Acute receiving/HDU – medicine, surgery and trauma
- Rehabilitation and MacMillan unit
- Renal services
- Obstetrics and Gynaecology
- Anaesthetics/Theatres/Day Surgery
- Diagnostics and Pharmacy
- Dentistry

It focussed on the specialties of Diabetes, Neurology, Ophthalmology, Dermatology, Stroke, Respiratory, Cardiology, ENT, Rheumatology, Orthopaedics.

Because of limited time, some areas were not reviewed. These include paediatric services, although this was mentioned by some clinicians, laboratory services and some small specialist services. Paediatrics may require review in the future.

Community and primary care services were also reviewed, recognising the importance of a smooth interface for patients and opportunities offered by working across health and care organisations. The review was informed by discussions with staff in General Practice and

those delivering services for the HSCP. This cross-system approach was particularly useful when reviewing mental health services, long term conditions and services for older people.

6.2 What works well in hospital services

It is important to note within the confines of this methodology, that good practice and efficient and effective care was seen across the organisation. Many services have established strong links and supportive relationships with Health Boards in NHS Grampian, NHS Golden Jubilee and NHS Highland.

The Emergency Department (ED) works well, with trained Emergency Nurse Practitioners and resident doctors carrying out same day reviews and using agreed protocols. Good links have been established with the ED team in NHS Grampian and the specialty teams there, and with the SAS transfer teams. There is good flow through the department and effective GP leadership.

Experienced clinicians lead the acute medical, surgical and trauma receiving service, using established protocols and have developed good links with clinical specialities in NHS Grampian. For example, there are well defined acute stroke pathways which link with the Grampian stroke service. In addition, there were several clinicians with specialist skills in the Balfour who provide support to Specialist Nurses (SPNs) and Allied Health Professionals (AHPs) working in the community as well as providing specialty clinics and supporting other clinical teams. There are experienced clinicians in acute medicine, surgery, orthopaedics, cardiology, respiratory medicine, care for the elderly medicine and gastroenterology as well as anaesthetics. The physicians will manage paediatric patients as there are no paediatric inpatient beds, and advice is sought from the paediatric service in NHS Grampian. Transfer to the Royal Aberdeen Children's Hospital is facilitated with the support of EMRS/ScotSTAR. The templates describe these services in more detail.

The Assessment and Rehabilitation and MacMillan unit, Inpatient 2 (IP2) sees a range of patients with complex issues. Oncology patients are cared for in the MacMillan unit from diagnosis through to treatment and palliative care, with good links between NHS Grampian and local Balfour clinicians in primary and community care. 90% of chemotherapy treatment is understood to be delivered locally. Renal services and dialysis are provided in The Balfour by highly trained nursing staff with a visiting renal consultant from NHS Grampian and supervision and support from the NHS Grampian renal team on a regular basis.

The Obstetrics and Gynaecology team work well with good links to NHS Grampian maternity and neonatal services, there is good access to selected gynaecology and fertility services and indeed, there may be an opportunity for clinicians in NHS Orkney to offer online review of gynaecology patients from other boards with longer waiting times. There is currently a short life working group reviewing the transfer of neonatal patients from Orkney to NHS Grampian.

A range of surgical services are delivered in the theatre and day surgery units and lists for emergency surgery and cataracts run well. Orthopaedic services include management of trauma, supporting ED with review of imaging and advice, and delivering face to face and virtual fracture clinics. Specialist ENT clinics are delivered at the Balfour from subspecialists from NHS Grampian.

Clinicians noted the supportive diagnostics service, with helpful and skilled radiographers, and the recent procurement of an MRI to extend the range of diagnostics available on the

island. Pharmacy supports services across Orkney with focus on advice hub, procurement, dispensing and prescribing.

Strong links with Grampian clinicians support local teams and SPNs/AHPs in diabetes gastroenterology, respiratory, rheumatology, renal, neurology, oncology and cardiology. Local primary and community care links ensure that patients receive a seamless service although this varies depending on the speciality. NHS Highland provides ophthalmology services in the Balfour as well providing support to the community optometry services for urgent eye care.

Dermatology has a well-developed service led by a consultant dermatologist from NHS Tayside along with a GP with Specialist Interest. Surgery is carried out by local Balfour surgeons.

Board leadership is more stable than in recent years, with less churn and this is recognised and welcomed by staff.

6.3 Hospital Challenges

Each of the templates sets out specific challenges for the specialities. They should be read and each reviewed by the management teams for investigation and review with actions as appropriate. Set out below, are some of the high-level actions which impact on a wide range of services and may require strategic review.

There are several urgent care entry routes to care, and these offer an opportunity to review and streamline clinical care. They include the ED, SAS, GP Out of Hours (GPOOH), NHS 24, Flow Navigation Centre in NHS Highland.

Social and community care availability is challenging because of high vacancy levels. This has led to patients being unable to leave hospital to go home or onto residential care. This means that people are not being treated in the correct environment and that hospital beds can be limited due to patients awaiting discharge. Longer hospital stays may result in patients losing muscle strength and independence. There may be benefit in developing a more integrated, rehabilitative approach within the Balfour and enhancing consultant geriatrician input. In addition, community NHS staff are sometimes unable to secure home care to support people at home. This may have an impact on the workload of the team who seek to provide these services.

There is not a clear focus on early identification of frailty as required in the Health Improvement Scotland (HIS) standards. Indeed, there is a need to ensure that there is both screening for frailty and a clear referral pathway to ensure a comprehensive geriatric assessment is carried out by a multidisciplinary team.

There is inconsistent and under-utilisation of day surgery and theatres. The High Dependency Unit (HDU) was designed to provide care for level 2 patients. There is a need to review escalation pathways and criteria for admission to HDU as well as its current location and staffing.

Hospital teams are not sufficiently integrated with community teams or social care teams, resulting in unclear pathways.

There is reduced mental health expert advice for the management of patients with complex mental health issues or awaiting guardianship/Power of Attorney (POA) review, though this

should improve when the mental health nurse liaison team is established and there is an increase in consultant psychiatric sessions in the coming months.

There is a lack of clarity for some clinical pathways; for example, the follow up of patients with stroke and transient ischaemic attacks as well as the management of ambulatory care.

In common with other parts of the NHS in Scotland, there are long waiting times for some services e.g. orthopaedic operations, assessment of some neurological conditions as well appointments for pain clinic review.

Some services are heavily dependent on medical locum staff. Many are regular locum staff who know Orkney well and bring extensive experience. However, there is a lack of clarity and recording of job plans and overview of service fragility where succession planning is required.

Recruitment is challenging and there a need for a different approach. Jobs may need to offer clinicians the opportunity to continue to develop their skills while serving the needs of the population. Succession planning is essential, and there are imminent challenges in cardiology, anaesthetics, neurology and podiatry. Many services are dependent on single individuals including medical staff, AHPs and Specialist Nurses (SPNs) with no clear succession plan in place.

6.4 Hospital Recommendations

Horizon 1

- Establish a Hospital Operational Management team (General Manager, Clinical Director and Nurse Lead) to focus on quality/governance, staffing issues, baseline budgets and costs and activity, and to oversee all external clinical pathways with clear view of SLAs.
- Review the proposals set out within the templates and if appropriate take these forward
- Establish a process to maintain and update clinical templates to inform current and future clinical care and to guide the resulting SLAs
- Strengthen ED front door and GPOOH services by developing plans for a single front door with flexible team and test feasibility of the proposals. This will provide a more clinically and financially sustainable service by freeing up resource for re-investment.
- Work with SAS to develop the role of paramedics in day and night Out of Hours (OOH) care and the role of paramedics within primary care
- Develop frailty screening and acute assessment at the front door
- Develop ambulatory care with written protocols
- Develop digital Electronic Patient Record (EPR) for assessment to reduce duplication and initial review of proforma used
- Review clinical ownership of HDU with staffing, patient profile, location and review of theatre/Day surgery utilisation

- Define clinical pathways for management of frailty with the care for the elderly teams, and compare with the Health Improvement Scotland (HIS) standards across NHS Orkney teams and review IP2 role/support
- Define and record clinical pathways for acute conditions as well as clear follow up proforma if required
- Clear protocols for referrals and management with roles clearly defined for long term conditions specialist teams
- Implement additional support from mental health teams to the Balfour and public campaign on POA/guardianship
- Identify and put in place succession planning for selected services e.g. cardiology, anaesthetics and neurology
- Implement frailty screening, ambulatory care and assessment services
- Implement SAS paramedic input into daytime urgent care

Horizon 2

- Organise training and deliver on island endoscopy services and link with a centre for review
- Implement plans for revised front door model of care and work with NOS to develop enhanced digital triage and support
- Test and implement first responder services on the ferry linked isles and identify technological developments to enhance this further.

6.5 Case Study - Dermatology

Following a re-setting of the dermatology services in 2018, the service is now led by NHS Tayside and an Orkney GP with Specialist Interest (GPSI). Patients have access to common treatments, such as systemic medications and phototherapy. Surgery for skin cancers is mainly undertaken by the Balfour General Surgeons (with support and direction from

Tayside), but some patients with more complex lesions have treatment by the visiting Dermatological Surgeon or Maxillo-facial surgeon. A small number of patients must travel to Aberdeen for specialised procedures and patients with skin cancer receive their oncology care in NHS Grampian.

GPs can email photographs of skin lesions. Referrals are vetted weekly and either appointed to clinic (Near Me or visiting consultant), referred back to own GP, referred to GP with special interest or discharged. Around 80 patients per year are now treated on the island, rather than having to travel to Aberdeen. Waiting list numbers are low. Visiting consultants come for 2 days every 3 months, and the GPSI works with them when they are here. The clinics comprise general dermatology: pigmented lesions and suspected skin cancer, systemic medication oversight, paediatrics, eczema, psoriasis, etc. GPSI can also deliver light therapy and prescribe biologics at Dounby Surgery. Phototherapy is a cheaper and safer treatment than that of systemic medications. Consultants use Near Me. The protocols are the same between NHS Tayside and NHS Orkney, and any clinical governance issues are monitored in Tayside.

Key transferable elements from the dermatology model of care are:

- Highly efficient vetting service, ensure only patients who need secondary care are seen
- Education and same protocols as specialist Health Board
- Surgery on island
- Modern, evidence-based practice (phototherapy vs biologic treatments)
- Near me access to dermatology specialist clinics – may previously have required patient travel to mainland
- GP speciality doctor on island
- Dermatology consultants and GPSI with clinics at the Balfour
- No locum use/reliable service/short waiting times
- Balfour CLIC (community locality image centre)
- Opportunity to link with wider research and education programmes - join with NHS Tayside Artificial intelligence programme (UK dermatology AI centre of excellence)

However, there may be different models depending on the needs of the service. For example, the renal service benefits from monthly consultant visits to the island together with regular support to the highly skilled nursing workforce in the dialysis unit.

It may be helpful to develop an SLA contract which offers a sustainable model of service and is provided by a team of individuals.

7.0 Community and Primary Care Services

7.1 What works well in primary and community care services

Primary and community care teams deliver care to patients with a range of long-term conditions, linking with specialist AHP/Advanced Nurse Practitioner (ANP) teams, and they deliver in-hours planned and unplanned primary care. Skilled AHP teams also support a wide range of patients.

Some practices have good models of care with multi-disciplinary teams to discuss complex, elderly patients and SPNs to review, manage and prescribe medicines for patients with long term conditions. Most practices offer good access for patients. There are good examples of remote working between GPs on the isles with patients and specialist in NHS Grampian and with SAS.

GPSI and GP practices lead several services very effectively: sexual health services, Dermatology, memory clinic and alcohol and addictions. The GPOOHs service works well with paramedics and ED supporting patients to remain in their own homes as appropriate. GPs have good rapport with care homes and communicate well with other community teams.

Psychology and Child and Adolescent Mental Health Services work well and make effective use of technology. Community nurses deal with a wide range of patients and are moving towards a single point of access, with streamlined referrals.

The SPNs/physiotherapists work well with the GPs/ANP and most send clinical contact notes for patient updates. There are excellent examples described in the templates for respiratory, cardiovascular and neurological conditions.

Over 800 older people are supported by Telecare, with alarms and peripheral devices.

Many AHP services work well. There is a single integrated Occupational Therapy (OT) service providing support across a range of services with meetings to allocate resources flexibly. The podiatry service works well with Balfour surgeons and NHS Grampian with effective protocols in place. Dietetics operate with clear Standard Operating Procedures (SOPs) and pathways and support from NHS Grampian. The Speech and Language service make good use of technology to gather data and facilitate remote clinics for patients, supported by an on-site clinical support worker. Physiotherapy use the Musculoskeletal (MSK) App and provide significant input to many teams.

7.2 Primary and Community Care Challenges

Primary care teams reported that they need additional support for mental health services. Some mental health services have long waiting lists (adult psychiatry). This can result in patients with serious mental health conditions being supported in primary care while awaiting an appointment with a psychiatrist. In addition, there are no described primary care mental health services which can provide a graded approach to the management of mental health and distress within the community.

In common with other areas in Scotland, there has not been a full implementation of the primary care improvement plan. One of the key issues is to develop an urgent care practitioner who may be able to help address urgent care needs of patients arising during the day enabling the GP to focus on complex care. A recent example of this is the urgent care paramedic: this is working well in the Western Isles and is also described in one of the templates by a paramedic from the London Ambulance service who has moved to Orkney.

Another gap was access to consultant geriatrician advice for complex elderly care patients. Elderly care services are fragmented with small teams which are not sustainable. There are fewer options for outreach teams to enable an elderly person to remain at home. There are examples within the Western Isles of hospital at home teams and outreach teams which could be helpful.

There is a lack of flexible accommodation and care options for elderly and mental health patients. There have been recent issues in residential care availability, which it is hoped are to be resolved. There is a lack of respite and short-term care.

There are long waits for some hospital services e.g. joint replacement and pain management, so patients will often attend primary care for further management.

There are also long waiting times for some community services such as physiotherapy and speech and language services. Many services are reliant on an individual such as a specialist nurse with no succession plan in place: an example of this includes neurological services. In addition, there can be multiple routes of referral into different teams leading to duplication. There are examples in Scotland where a single point of referral has been implemented with a senior decision maker deciding on the right team to address the needs of the patient and their family, leading to improved care and better resource utilisation.

The high costs of some services, where activity is low, may not be value for money. This may lead to inequities of service provision and opportunity costs. In addition, new ways of delivering care have been tested in other islands and found to be successful. This includes bringing together out of hours care services to ensure a stronger and more resilient service while other islands utilise digital resources for virtual consultations with specialists and predictive health care monitoring and SAS have developed first responder services to remote communities. There is learning from NHS Shetland, NHS Western Isle, SAS and Clare Island in Ireland.

Different teams use different IT infrastructure (Emis, Vision, Morse, Trak care, C-cube, Paris, Adastra) and this hampers communication. Good IT communication is especially important for GPs in the ferry linked islands and there can be patchy access on these islands to good quality signals.

Activity data in primary and community care is not readily available. There has been recent work in NHS Shetland to bring together IT systems to benefit both individual patients and organisation of services.

Support infrastructure for teams is also variable. Some of the community teams have access to administrative support which is very helpful for both staff workload and communication with patients while others do not have these resources.

As in other areas, social care and community services have an ageing workforce with recruitment difficulties. There is increased use of agency staff and difficulties in retention. Costs and availability of accommodation in Orkney is challenging with many staff leaving Orkney because of poor accommodation availability.

Some on-call rotas are challenging e.g. community nurses who may face overnight call outs and no cover the next day. There is often an inequity of workloads between staff depending on the nature of their jobs and the areas they cover.

7.3 Primary and Community Care Recommendations

Horizon 1

- Develop and test the feasibility of plans for physiotherapy and community nursing towards an incremental single point of access
- Consider GPSI services for pain management
- Implement the nurse liaison service and additional consultant sessions to strengthen primary care mental health links and thereafter, input into the development of mental health services for primary care
- Review AHP waiting times and develop plans to address these with referral criteria, waiting list review and back log
- Develop new Isles model of care with early tests of change
- Develop educational plan with right decision service to address prioritised list e.g. bowel and bladder care
- Develop clear referral protocols between GPs and secondary care services
- Develop and implement changes to GPOOH and develop urgent care resource for daytime primary care with SAS

Horizon 2

- Review and develop plans for ‘Orkney care’ Single Point of Access (SPOA) for all AHP services building on the SPOA work in horizon 1
- Implement new Isles model of care
- Implement new primary and secondary care mental health services
- Develop elderly care strategic plan setting out the development of a HUB approach and flexible accommodation options

7.4 Case Study - Diabetes

NHS Orkney Diabetes Service is delivered through a mix of local provision and a visiting service agreement with NHS Grampian. This is highlighted as a good model of care with aspects which would be transferable to other areas. The Scottish Diabetes survey provides a national benchmark and evidence of good patient outcomes for Orkney.

Local diabetes services are supported by two specialist diabetic nurses with expertise in community nursing and acute. It is supported by an administrative support worker who also supports other Long-Term Conditions (LTC) teams including cardiology, neurology. The work of the admin support worker includes monitoring 4 email in boxes, providing alerts to staff when results/urgent matters arise, dealing with finance matters as well as other tasks. This role was described as crucial by the team as it frees up their time for clinical care.

Fortnightly clinics are delivered in Maternity for all diabetic pregnant patients.

The diabetic SPNs review all the referrals and signpost them to appropriate support. The clinic is only for people who have significant problems that can't be dealt with elsewhere.

GPs noted the need for the service to use clinical contacts to share information.

NHS Grampian provides consultant diabetic support through an SLA, offering approximately 1.5 consultant sessions per week. An NHS Grampian consultant delivers telemedicine services via video consultations, with nursing staff at The Balfour supporting these appointments.

Key transferable elements from the diabetes model of care are:

- SPNs with experience in this specialty
- Long term clinical relationship with specialist clinician who is responsive, has joint clinics and delivers education
- Appropriate administrative support
- Focus on continual education
- Shared care with GPs
- Clear national protocols – e.g. management of Diabetic Ketoacidosis in Adults (DKA)
- Job training with accessible course from Orkney
- National competency framework
- Excellent IT – with dashboards for the service to review the population and patient able to access their own results

8.0 Focus Areas – A Deeper Dive

Some clinical areas were identified for additional review, either as areas where the service was highlighted by the Executive Leads as fragile, or where there were opportunities to modernise and integrate services. For these specialties, additional engagement was carried out and learning from other areas sought. Full reports with recommendations for Pain Services, Orthopaedics, Ophthalmology, Mental Health and Older People are attached in Appendices 1 to 5.

8.1 Pain

Pain services was one of three priority areas identified by the Executive Leads for the CSR. A paper is attached in **Appendix 1** in which examines the impact of chronic pain on patients and their families, reviews recent NHS Scotland policies, summarises the pain services review in NHS Orkney, and presents a new care model for linking with NHS Grampian's specialist pain service.

The paper proposes an Orkney based team with a special interest in pain management which links closely with the specialist team in NHS Grampian. The local team may comprise some time from a clinician with an interest in pain management, psychology and physiotherapy input. It should focus on level 1 and 2 services.

For those patients who require interventional care, e.g. joint injections, there needs to be a review of this group of patients and a clinical pathway developed which maximises local expertise available in Orkney, as well as enabling other patients to be seen in NHS Grampian if clinically indicated. There needs to be a revision of the SLA and substantive arrangements for the pain service based on the review of the injection service which was previously provided by a retired clinical anaesthetist. This service is now provided to different cohorts of patients by both orthopaedic consultants and the pain consultants who attend NHS Orkney. There are also SLA arrangements in place with NHS Grampian

The service should seek to maximise the digital opportunities and learn from NHS Highland, which is a pilot site to demonstrate the impact of new ways of working digitally, to support remote and rural populations.

8.2 Orthopaedics

Orthopaedics was the second priority area identified by the CSR Executive leads. Specialist expertise was sought from Dr Paul Jenkins, Deputy Chief of Medicine and Orthopaedic Surgeon in NHS Greater Glasgow and Clyde. He is also Chair, Scottish Committee for Orthopaedics and Trauma (SCOT). He reviewed previous orthopaedic work done in NHS Orkney and led a series of engagement sessions. A paper noting his findings and recommendations is attached in **Appendix 2.**

The methodology used was:

- Two workshop meetings with AHP, managerial, surgical and care of elderly physician.
- Individual meetings with visiting surgeons
- Review of data: outpatient and surgical activity

- Review and comparison of Public Health Scotland (PHS) workforce data
- Review of 2023/24 Centre for Sustainable Delivery (CfSD) Peer Review Visit Feedback

The whole extended orthopaedic team at NHS Orkney demonstrated a significant desire to foster a culture of service development. There was a high expressed commitment to ensuring that basic to medium level orthopaedic care continued to be provided in a timely and safe manner. There have been significant developments over the last few years in response to ideas generated within the team, and from external feedback such as via the Scottish Hip Fracture Audit (SHFA) and CfSD Peer Review Process. This has led to improved care for patients with hip fractures and engagement with the national audit process.

The full report proposes action likely to lead to improved quality and efficiency of orthopaedic care to patients in NHS Orkney. These are summarised below:

- Development of an extended-scope physiotherapy (ESP) role.
- Review of the workload and pathways for patients managed by the visiting NHS Grampian surgeons, maximising use of remote working.
- Determine the best value method of supplying adequate universal instruments and implants to manage a reasonable range of trauma situations.
- Review of pre-operative assessment processes.
- Outline an action plan to continue improvements in SHFA standards attainment.

8.3 Ophthalmology

The third priority area identified by the CSR Executive Leads was Ophthalmology. An Ophthalmology workshop was held on 6th May to discuss how the service could address immediate challenges and optimise sustainable new ways of working. A paper describing the way forward for ophthalmology services was developed following the workshop. It is attached in **Appendix 3.**

The aim is to move towards a more virtual service, developing optometry services in Orkney and working closely with Highland. Agreed priorities are:

- Training nurse or AHP injectors to stabilise the service
- Develop hospital optometry services, and in time, consider further roles for community optometry
- Streamline the cataract pathway using skills of nurses and optometrists
- Shared care for glaucoma patients and medical retina patients
- Develop virtual clinics and implement Open Eyes
- Optimising use of consultant time and succession planning with NHS Highland

8.4 Mental Health

In addition to the three priority areas identified by the Executive leads, two further areas were identified for more focussed work because of the opportunities for integration, and because they were highlighted by clinicians during the engagement process.

Access to mental health services was an area identified as a priority through public engagement for the Corporate Strategy. It was also raised by GPs who identified a lack of support for mental health in primary care, by hospital clinicians who wanted mental health support in secondary care, and by psychiatrists working in the service who could see opportunities for modernising.

As a delegated service, the IJB in Orkney leads mental health service delivery, and was keen to host a strategic session to identify opportunities to develop a modern integrated service. A stakeholder workshop was held on 23rd May to focus on a strategic approach to modernising adult mental health services. This was supported by Scottish Government advisors.

A graded acuity approach to mental health services was supported to ensure there is a focus across the system from prevention to specialist services. Agreed priorities are:

- Support self-management by promoting a range of approved Apps and Web links to support people manage their own mental health
- Build a range of supports around primary care, simplifying access to specialist support
- Create a mental health hub with a SPOA and case managers
- Develop a crisis response service on Orkney in partnership with the Third Sector
- Clear pathways to and from Cornhill when an admission is necessary

The output from the workshop describing the strategic vision and priority recommendations is attached in **Appendix 4.**

8.5 Older People

A quarter of Orkney's population is now over 65 (compared to 20% national average), and it is predicted that half of the island population will be over 65 by 2037. The ageing population places increasing demands on Orkney's health and care system. Supporting people at home and patient access to care homes and in hospital was identified as an issue by a range of clinicians during the engagement sessions.

There are a range of services in Orkney for older people including geriatric care, SPNs, care homes, community teams and an active Third Sector, but the patient journey can be fragmented, and IT systems have little inter-operability.

Key challenges for older people's services are workforce shortages, long waits, poor coordination, and lack of integrated records. Large numbers of patients are delayed in their transfer of care, and there are blockages in the flows through the system. There is no nursing home or step up/down beds in Orkney, and referral pathways into community teams are not clear.

Through engagement with a wide range of stakeholders, several opportunities have been identified. These are described in **Appendix 5**, and include Promoting healthy ageing, early intervention, the identification of frailty and Multidisciplinary Team (MDT) assessment, integrated teams, virtual wards, unified digital records and flexible care options.

9.0 Finance and Resources

9.1 Background Position

Since 2019 and the opening of the Balfour Hospital, the Board deficit has continued to increase and is now just under £4m, but nearer £6m when non-recurring benefits are removed. The main reasons for the growing deficit are increases in unfunded posts and pay bandings, use of agency and locum staff to mitigate recruitment difficulties, increasing SLA costs, energy costs and a poor track record in delivering recurring improvements. Building on the Improving Together work, the Board needs to find a sustainable balance between service delivery and available funding.

Transformational change is essential, not changing is not an option. Delaying change will worsen the position.

9.2 Costs Informing the CSR

In developing the baseline templates, the aim was to capture current costs and activity to create a full picture of the model of care for each specialty.

In most areas, Orkney activity is reported through routine IT systems, and this has been uploaded to the baseline templates. Although more challenging, it has been possible to source activity numbers for Orkney patients treated in other Boards. Activity for some of the subspecialties has also been collected, but in several community and primary care areas, activity is not routinely collected in a way which can be used to inform the planning process. This has limited the scope of the CSR work. Recommendations to improve data collection and align IT systems are detailed later in this report.

It has not been possible to align budgets or costs to the baseline templates. The Finance Team in Orkney has supported the CSR work with specific requests for cost information where this can be aligned to the payroll, but it has not been possible to see costs aligned to specialties. Although Scottish Cost Book attempts to do this, the data was not felt to be reliable enough to inform strategic service change proposals. There will be opportunities in the future to improve information in the Cost Book, and to use patient level costing and the cost of the patient journey to inform the change process.

9.3 Budget Ownership

Budgets are held at a senior organisational level in NHS Orkney, probably to exert a level of control in the current financial position. During consultation, service leaders were keen to see budgets devolved to service level. Some had worked in other Board areas and were able to explain how service level budget holding empowered them to make changes and improvements in their area. Although the Chief Executive and Executive Directors will retain

overall accountability for budgets, it is recommended that budgets are devolved to service level within an approved scheme of delegation. Devolved budgets are a feature of the performance framework in the Western Isles.

9.4 Opportunities to modernise Health Care to ensure quality and value for money

The development of technology and new ways of monitoring and delivering care may mean that many of the traditional ways of delivering care are not taking advantage of rapid access to support and delivery of care and incurring significant costs. This has an opportunity cost for other clinical and social care services which are currently unable to develop due to lack of resources. In addition, the lack of budget control and understanding of the costs of services may have led to significant outlier costs not being understood or controlled to ensure value for NHS Orkney.

There are suggested areas for review set out below which may require further consideration and focus to develop better ways of delivering care and value for money.

Out of Hours

There are currently several OOH rotas for urgent care within Orkney, and activity levels are low. This means that staff must work longer hours and services are developed in a fragmented way with patients often being referred between different teams. This can leave services with smaller teams and lead to gaps in service leadership. With the advent of Flow Navigation Centres and expert triaging, there is the potential to develop a more robust clinical service to assess and treat patients with staff who have a range of urgent care skills as well as maximising the use of virtual services. This model is more developed in other island Health Board areas. This would enable a better and more sustainable clinical service to be delivered in Orkney.

Shared Services

With a population of around 22,000, there are opportunities in Orkney to move to a shared services model in several areas. Shared services could span the local authority, the Health Board and the IJB to maximise the economies of scale. Examples could include HR, Finance, Planning, Procurement, asset management, etc. It may be possible to extend this model to General Practice.

Integration

A common theme emerging from clinical engagement was frustration with working across the IJB, Local Authority and the Health Board. Clinicians spoke about the challenges of different terms and conditions within a single team, a lack of clarity about the roles and functions of small teams, difficulties in getting co-ordinated decision making when two organisations are involved, and duplication in governance with papers having to go to multiple committees. There was evidence of practitioners working well across organisational boundaries at patient level, but difficulties at management level.

Isles Model of Care

There are opportunities to review the clinical care provided to the ferry linked islands. The development of better digital technology which enables virtual access to specialists as well

as closer monitoring of long-term conditions is being developed in other remote islands. SPNs and health care support workers already provide a range of clinical planned and unplanned services to island communities across Scotland and in Orkney. SAS has developed expertise in the organisation and delivery of prehospital care to remote areas across Scotland. There are increasing advances in technology with better connectivity. The clinical teams have provided good care to island communities over many years. This often requires staff to work 24/7 over many weeks and can result in a higher turnover of staff and incur significant resource use. There may be better ways to deliver a more sustainable care model which utilises first response models together with onsite visiting services and access to remote specialist care with better monitoring and predictive healthcare. These clinical models should be reviewed to take full advantage of these recent advances in healthcare. This may provide a service which not only represents a good use of resources but also ensures a wider range of services provided to the population both to prevent ill health, monitor long term conditions and ensure triage and urgent care available.

Review of salary costs

The increase in unfunded posts and increases in pay banding account for a proportion of Orkney's deficit. There are a high proportion of team leader posts (linked to the high number of small teams) at Agenda for Change (AfC) Band 7, and fewer posts at lower bandings. This leads to high costs, and difficulties in succession planning.

In addition, the lack of understanding of the costs of service/ staff provision can lead to a service incurring significant overspends while other services may be underfunded. There is a need to review service budgets and staff costs to ensure they remain consistent with value for money within the NHS and benchmarked with other remote and rural services as well as other island boards. This may include a review of staff costs within administrative, managerial and in some clinical services.

10.0 Digital and Innovation

10.1 Background

We already live in the digital age. There is no part of the health & social care system that does not already rely on digital & data to function. Digital progress requires rethinking how to use new capabilities to improve how services are delivered. This includes being open to re-examining our entire way of doing things.

The Enabling, Connecting and Empowering: Care in the Digital Age Strategy sets out key deliverables Scottish Government expect Health Boards to deliver as part of the Annual Delivery Planning Process. This includes outlining how we make better use of data and technology to improve access services ensuring a strong focus on addressing known gaps and weaknesses in how we collect, share, and analyse data to improve health outcomes in a secure, transparent, and ethical manner.

The delivery of safe, person-centred quality care demands the development and effective running of our technology to fully realise the benefits systems offer. Having the right tools and technology in place will enable our workforce to be more productive and efficient as we continue our improvement journey.

10.2 Drivers for Change

The First Minister has been clear that NHS renewal and reform must be underpinned by a digital-first approach to ensure sustainable and future-proofed healthcare services. Digital transformation is a critical enabler of modern, efficient, and accessible healthcare, and work at both national and regional levels is progressing at pace.

If we are to realise Scottish Governments vision of enabling people to live longer, healthier, fulfilling lives, the Board needs to reduce health inequalities, improve value, affordability and outcomes for patients, optimise capability & experience and reform the model of care support care at or closer to home.

Digital is a key enabler for NHS Renewal and Reform which must be owned and driven by the business. Deploying digital technologies to modernise services which provide digital notifications, access to personal health information, and options for interacting online with health and social care service requires a whole-system approach.

The demand for digital support to modernise our health and social care system has never been greater, placing increased pressure on local digital services teams. This demand, added to the current financial situation and level of conflicting national asks, is making it difficult to recruit and retain staff in Orkney to allow us to maintain the services going forward.

10.3 Digital Input to the CSR

This work has been supported by the local Orkney Digital Team led by the Head of Improvement, and by Dr Stephen Baguley, Chief Clinical Digital Officer at NHS Grampian, recognising the strong ties between Orkney and Grampian. A baseline stocktake of current digital applications in NHS Orkney has been carried out and is attached in

Appendix 6.

10.4 Clinical Feedback – Digital

As part of the clinical engagement, and to inform the baseline templates, clinicians were asked about the current use of digital in their area, and what the potential was to maximise this. The key issue for many clinicians was the number of different systems and either there was no way of them linking with each other or possible linkages haven't been exploited. This leads to duplication of effort, lack of an understanding of the information for a patient and, in some clinical cases, sub optimal care. Examples were given of where digital solutions including AI could support patient self-management with access to their results and information, data dashboards to review clinical care at both a population and individual patient level and improving efficiency for example recording clinical appointments with AI generated letters checked by a clinician. Clinicians also noted that digital practice should augment, not replace face to face contact and there was a need to ensure that digital services did not lead to an exclusion of patients who would prefer face to face contact or indeed, who required it for clinical purposes. The detailed feedback is noted in

Appendix 6.

10.5 Priority Digital Actions

Several principles have emerged from engagement and discussion about the way forward for digital services. Firstly, in line with national direction, digital priorities should be progressed as national initiatives, if possible, then regionally or locally. Secondly, we should maximise the potential use of existing systems, rather than seek to purchase additional products. And thirdly, connectivity and inter-operability of the multiple existing systems should be what we aim towards – this was highlighted strongly throughout the clinical engagement.

10.6 Digital Recommendations

Horizon 1

- Support a NoS approach to digital services
- Maximise use and functionality of Trak Care
- Implement OpenEyes and Morse
- Explore implementation of the SHIP dashboard for long term conditions (learning from NHS Shetland)
- Applications to support clinical care and self-management for patients/patient-initiated bookings
- Progress joining up information systems in Orkney for interoperability
- Work with SAS to develop prehospital care

Horizon 2

- Develop remote healthcare monitoring
- Develop Predictive healthcare

Horizon 3

- It is likely to change as technology to support AI, drones and virtual hospitals develops.
- Possible development of regional virtual services for e.g. a regional front door service.

11.0 Towards Implementation

Orkney is not alone in many of the challenges it faces: an ageing population and workforce, together with the need to ensure that clinical and social care services can met current demand within a defined financial envelope while at the same time, changing the way care is organised and delivered to meet future needs.

Orkney faces unique geographical challenges which require it to move more quickly towards a new and better clinical and social model of care. This will ensure that the population and

the staff providing services build on the excellent care already provided and take full advantage of new and better ways of delivering the care. This will involve change and for this to be successful, there will need to be a structured approach and to involve patients, clinicians and the public in developing the new ways of delivering care and implementing them.

There are a range of recommendations under each section and in the templates. Many of the recommendations require an operational management team working with clinical teams to review these recommendations, prioritise them and implement them. Some of the recommendations require board level engagement and approval and perhaps thereafter consultation and Scottish Government approval.

To this end, we would suggest key steps to take forward this plan. These are set out below. The aim should be to reconfigure within existing resources. It is accepted that this may lead to reorganisation of roles and responsibilities and training needs. However, it is important that this reorganisation moves away from supporting 3 organisations to a single organisation focussed on delivering services today and transforming future services.

11.1 Key Steps

1. Appointment of an operational management team to take forward many of the recommendations including clear budget, staffing and governance for the services provided within the Balfour or to the Balfour from specialists, as well as take forward many of the horizon 1 and template actions.
2. Ensure the operational team in primary and community care take forward operational actions and work with Balfour team for jointly agreed service changes which span both.
3. Appoint a single management team to oversee both acute and primary care/social care to enact programme of joint, integrated actions to improve care
4. Engage NHS Orkney, IJB and Local Authority in developing a pathway to a single organisation and prioritising strategic change for example an agreed elderly care strategy
5. Refocus resources/staff to support the review and implementation of a digital health and social care plan to build resilience for the future. This may involve a closer integration with NHS Grampian team to prioritise digital implementation.
6. Reorganisation of staff roles and responsibilities to set up a flexible project team together with a project management office. This will ensure additional flexible change management capabilities, and a clear project plan is developed for the whole of Orkney and monitored for delivery.

Appendices

Appendix 1: : Pain Service Proposal

Appendix 2: : Orthopaedics Redesign

Appendix 3: : Ophthalmology

Appendix 4: : Mental Health

Appendix 5: : Services for Older People

Appendix 6: : Digital Stocktake and Clinical Feedback

Appendix 1: Pain Service Proposal

Proposal for development of services for chronic pain to the population of NHS Orkney, in conjunction with NHS Grampian

This paper examines the impact of chronic pain on patients and their families, reviews recent NHS Scotland policies, summarises the pain services review in NHS Orkney, and presents a new care model for linking with NHS Grampian's specialist pain services.

This paper will set out

1. The epidemiology and impact of chronic pain
2. Policy context for chronic pain services in Scotland
3. Description of pain service in NHS Orkney
4. Proposal to develop new model of care for pain services in NHS Orkney and the links with NHS Grampian
5. Next steps

1. Epidemiology and Impact of chronic pain

Chronic pain is defined as pain which has been present for more than 12 weeks. It is thought to affect more than 1 in 5 people in Scotland and of this number, around 5% report an impact on their daily activities and quality of life. Chronic pain can affect many aspects of life and impact on wider health. Chronic pain can be associated with poor mental health which includes anxiety, depression and sleep disturbances with people with chronic pain more likely to report lower life satisfaction and poorer quality of life than those without chronic pain. Healthcare and wider socioeconomic costs could result in chronic pain costing between 3% and 10% of Gross Domestic Product. *(NSD Minor Review Report Scottish National Residential Pain Management Programme (SNRPMP)2022)*

The national institute for clinical excellence reviewed the most common types of pain and the prevalence with age. (https://cks.nice.org.uk/topics/chronic-pain/background-information/prevalence/)

The three most common types of pain are [BMJ, 2018]:

- Back pain (53%).
- Headache (48%).
- Joint pain (46%).
    - Arthritis (osteoarthritis and rheumatoid arthritis) is one of the most common chronic pain disorders, diagnosed in 8–16% of the population in Europe and the US.

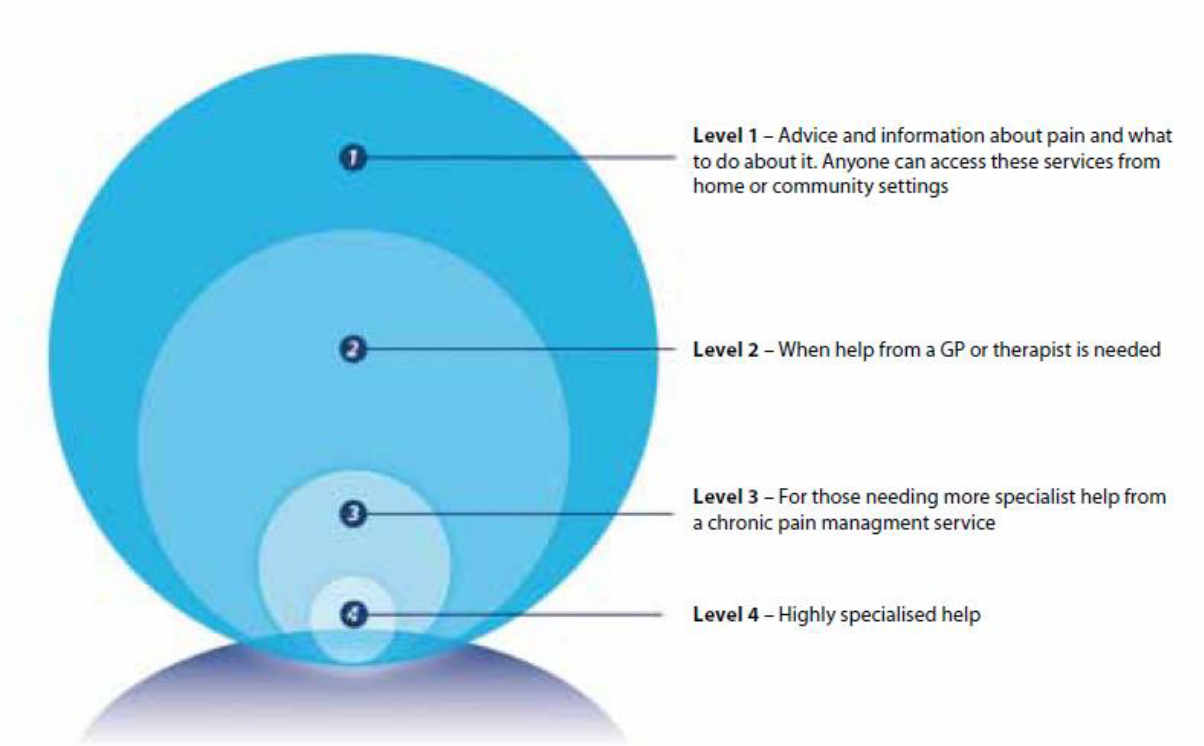
An NHS Digital survey found that [NHS Digital, 2019]:

- The prevalence of chronic pain amongst adults was 34% and it was more common in women (38%) than in men (30%).
- Prevalence of chronic pain increased with age, ranging from 16% among people aged 16–24 years to 53% among those aged 75 years and over.

2. Policy context

2.1 In 2014, Gilbert *et al* described a Scottish Model for chronic pain management services in Scotland (British Journal of Healthcare Management, Vol 20, No 12). This sets out how services need to be organised and delivered across the whole patient pathway. The Scottish Service Model for Chronic Pain sets out the range of services that should be provided locally (levels 1-3) through to the more specialised interventions that may be provided regionally or nationally (level 4). The model sets out a tiered model of care in the approach to pain management covering the range of support available. This is represented diagrammatically below in Figure 1.

Figure 1: Scottish Model for Chronic pain management



2.2 In 2021, the Scottish Government published a draft framework for pain management service delivery. This was followed by an implementation plan in July 2022 setting out 18 initial actions to deliver the framework. In November 2023, a progress report was published. Key actions included improving the consistency and quality of information and advice for patients with chronic pain and healthcare professionals and delivering better access to support self-management and wellbeing. There was also further development of specialist services and piloting of new ways of delivering a new digital approach which is being progressed in NHS Highland.

3. Description of the current pain service in NHS Orkney

3.1 The service was established some years ago by a consultant anaesthetist interested in pain management, focusing on joint injections. After the consultant retired, two locum consultant anaesthetists were employed and now visit Balfour around six times a year for injection theatre lists and clinics. They also requested to be added to the on-call rota during their visits.

3.2 Current waiting list:

- New Outpatients: 14
- Return Outpatients: 125
- Inpatients: 27

Approximately 10 patients are or have been seen in NHS Grampian, mainly referred by visiting NHS Grampian consultants carrying out clinics in Orkney.

3.3. A recent NHS Orkney meeting to review the pain service took place in February 2025. Figure 2 summarises the highlights, opportunities and key actions to take forward.

Figure 2: Pain services review – 05/02/25

Attendees:	Vish Siddalingaiah and Hira Mutagi, Phil Tydeman, Lauren Johnstone, Katrina Kelday, Kelly Reid, Shona Moar, Louise Anderson

Highlights and opportunities

- High numbers of DNAs within this specialty.
- Previous offer of additional sessions to address backlog had been declined thus resulting in extending wait times for our population.
- Opportunity to review staffing model and clinic schedule given cost implications of current model.
- No clinics booked past March 2025 and decision on scheduling now required.
- OPERA scheduling not reflective of actual lists and to be cleaned to reflect correct lists.
- Evidence shows the model is not fit for purpose. Concern the length of time the service has been in 'transition' phase and dependent on agency commitment. A need to develop a permanent service model now.
- Consideration to be given to implementing a suitable and sustainable model, which includes alternative treatment methods such as physiotherapy and psychological therapies.
- Variability in clinic templates, with productivity opportunity to increase one consultant from current list size of 10 to 12 and 16 dependent on travel requirements.
- New to return ratio is poor and does not adhere to good practice in other health boards.
- Community perception of service is poor.

Key actions to take forward

1. Escalate to Executive an approach to a future model of care for pain across Orkney.
2. Undertake an audit on new referral numbers.
3. Increase theatre cases from 10 to 12 routinely, and up to 16 when travel arrangements allow.
4. Explore suitability, capacity and resource requirements in utilising radiology space to support some pain injection clinics.

4. Proposal to develop a new pain service in NHS Orkney and links with NHS Grampian

4.1 The development of the dermatology model of care for NHS Orkney sets out a successful approach to a sustainable model of health care. The key features of this model are enhanced vetting of referrals, a well-trained and supported local team based in Orkney comprising a GP with specialist interest, a specialist nurse and collaboration with local surgeons based in Orkney for minor procedures e.g. skin biopsy. There are excellent relationships and support from the specialist service in NHS Tayside.

4.2 It is proposed that the new model of care for chronic pain should comprise a locally Orkney based team with a special interest in pain management which links closely with the specialist team in NHS Grampian. The local team may comprise some time from a clinician with an interest in pain management, psychology and physiotherapy input. The focus of the team would be providing support and information to patients and health care professionals (level 1), setting out clinical criteria (which have been agreed with NHS Grampian specialist team) for review of both new patients and return patients (level 2) and working with the specialist team to ensure patients are able to access specialist care when required and return to local services thereafter, if clinically appropriate. There should also be joint MDT/governance meetings to ensure the quality of care is maintained and the local team are appropriately skilled.

4.3 For those patients who require interventional care, e.g. joint injections, there needs to be a review of this group of patients and a clinical pathway developed which maximises local expertise available in Orkney, as well as enabling other patients to be seen in NHS Grampian as clinically indicated.

4.4 The service should seek to maximise the digital opportunities and learn from NHS Highland, which is a pilot site to demonstrate the impact of new ways of working digitally, to support remote and rural populations.

4.5 Once the service model has been agreed, there should be an interim plan to move from the current service model to the future service model agreed between NHS Orkney and NHS Grampian.

5. Next steps

5.1 Seek advice from senior clinical leads in NHS Grampian on the proposal and thereafter develop an implementation plan with a demand and capacity model along with the funding released by moving away from current model of care to the future model of care. There should be clinical quality indicators agreed to measure the impact of the service.

5.2 The actions highlighted in the stock take should be taken forward which include audit of new referrals and exploring different ways of providing the injection service. In addition, there should be a review of all the patients who have been receiving injections to ensure that this is still clinically appropriate

5.3 Once the model has been agreed, this should be written up in the final report for NHS Orkney board endorsement.

Appendix 2: Orthopaedics Redesign

Reviewer: Paul Jenkins MD FRCSEd(Tr & Orth)

Consultant Orthopaedic Surgeon & Deputy Chief of Medicine (North), NHS GGC

Chair, Scottish Committee for Orthopaedics & Trauma

Methodology

- Two workshop meetings with AHP, managerial, surgical and care of elderly physician.

- Individual meetings with Mr Valevicius & Mr Moiz
- Review of data: outpatient and surgical activity
- Review and comparison of PHS workforce data
- Review of 2023/24 CfSD Peer Review Visit Feedback

Summary of Conclusions and Main Recommendations

The whole extended orthopaedic team at NHS Orkney demonstrated a significant desire to foster a culture of service development. There was a high expressed commitment to ensuring that basic to medium level orthopaedic care continued to be provided in a timely and safe manner. There have been significant developments over the last few years in response to ideas generated within the team, and from external feedback such as via the Scottish Hip Fracture Audit (SHFA) and Centre for Sustainable Delivery (CfSD) Peer Review Process. This has led to improved care for patients with hip fractures and engagement with the national audit process.

Prioritisation of the following actions is likely to lead to improved quality and efficiency of orthopaedic care to patients in NHS Orkney:

- Development of an extended-scope physiotherapy (ESP) role to underpin the management of outpatient pathways. This role should also engage with primary care physiotherapy provision and develop pathways that promote Active Clinical Referral Triage (ACRT) to ensure that patients see the right clinician at the right point in time.
- Review of the workload and pathways for patients managed by the visiting NHS Grampian surgeons. This should ensure that their time is prioritised for patients most at need of their specialist knowledge and skills. Review should also take place to determine how much of this workload can be undertaken remotely (such as remote review appointments).
- Engagement with orthopaedic suppliers to determine the best value method of supplying adequate universal instruments and implants to management a reasonable range of trauma situations (basic plates and screws, with option for rapid supply of more specialist implants when required).
- Review of pre-operative assessment processes to allow for an adequate pool of available patients to optimise utilisation of scheduled orthopaedic operating lists. There should be an aim that lists are confirmed at 6 weeks, with all patients booked by 4 weeks.
- Outline an action plan to continue improvements in Scottish Hip Fracture Audit standards attainment.

General Staffing

Observations	• The surgical staffing model is currently stable and effective with committed and motivated orthopaedic surgeons. The WTE standardised for population is within the Scottish range (Appendix). It does however limit the potential to provide out-of-hours coverage can lead to demands at times when unscheduled

	care demands overlap with planned care. • There is a lack of ESP support. A model of an ESP underpinning the orthopaedic department works well in NHS WI. • There is a shortage of plaster technicians. This is due to a combination of recruitment challenges and changes to the UK training structure.
Potential Actions	• Consideration should be given to recruitment of an ESP with a similar scope of work to NHS WI to support planned care (vetting, patient assessment and review). • Consideration should be given to intermediate training of outpatient clinic nurses to support basic casting short of the full UK accreditation (PJ can provide details of similar provision at GRI).

Planned Care – Inpatient and Daycase Surgery

Observations	• Good access to modern theatres • Pathways exist to NHSG and GJNH but vary depending on annual allocations. They are also subject to change in staff (i.e. remote physio consultations for GJNH depended on staff member familiar with this pathway). • Procedure available can be limited by equipment availability (see theatre section) • Ability to perform procedure on Orkney can depend on ability to anaesthetise patient in Orkney/local HDU availability.
Potential Actions	• Define regular pathways for common procedures • Determine whether operative workload can be safely expanded in Orkney depending on governance, skill and kit issues. • Review pathways over anaesthetic/comorbidity suitability for surgery in Orkney.

Planned Care – Outpatients

Observations	• Good consultant staff resource – with substantive regular alternating locums and visiting Grampian surgeons. • Overall good new:return ratio for elective OP – 624 new: 641 return attendances in 2024-25. Evidence of previous work to reduce unnecessary returns. • The visiting Grampian surgeons are reported to work very hard during their visits. In 202-25 there were 266 outpatients reviewed in Orkney by visiting surgeons across 12 days. (3 x 2 days visits each). • Extended-scope physio (ESP) would be a significant addition to provide stability and reduce variation in vetting, while managing some new and return patients. Particularly for spine type patients. • There may be more scope for a virtual see & treat model from GJNH with local physiotherapy input.
Potential Actions	• Further review of the workload and activity of the visiting NHSG consultants, along with their job-planned and cross-charged time. • Review options for some return activity by visiting surgeons to be undertaken remotely from Grampian outwith the fixed visits (smoothing of waiting times and releasing capacity for new patient review during visits). • Recruit Extended-Scope Physio for vetting and OPD work (+ minor injections) as per NHS WI model. • With ESP, move to enhanced vetting model to determine most suitable team and mode of contact, and whether some conditions can be managed with provision of information only (Opt-In) or direct to test (lumps and bumps etc).

Trauma – Inpatient/Surgical

Observations	• Positive steps have been taken to manage most hip fractures and simple trauma on Orkney. • Delays involved in waits for NHS G transfers (mostly beds rather than weather). • Good steps towards re-engagement with Scottish Hip Fracture Audit, with employment of regular locum geriatrician for a fixed term period
Potential Actions	• Determine if the scope of trauma operating can increase (depending on skill/governance and kit issues). • Determine whether acuity of patients can be increased to allow

	some more frail/comorbid patients to remain in Orkney for surgery. • Review whether there can be closer working of existing teams re frailty, comprehensive geriatric assessment and AHP teams.

Trauma – Emergency Cover, ED & VFC

Observations	• SHFA results are noted (Appendix). These demonstrate the commencement of engagement with the audit process. There is scope for improvement of the "Big 6 Assessment", "Inpatient Assessment" and "Comprehensive Geriatric Assessment" standards. • Good daily review process with ED – functions as potential VFC, streaming to single weekly fracture clinic. • There were noted to be 427 fracture clinic attendances overall in 2024-25. This has decreased from 660 in 2022/23 and 682 in 2023/24 and may represent the effects of commencement of fracture pathway redesign alongside the previous peer-review process. • Good opportunity for co-working with physio in fracture clinic, but some potential wasted opportunities as variation in care pathways. • Challenges accessing training for plaster technician type work. • There is no formal out-of-hours support. The visiting surgeons sometimes do provide input if they are available, but this cannot be relied upon.
Potential Actions	• Outline action plan for improvement in SHFA standards noted above. • Consider as part of wider review the support to ED out-of-hours. Are there options for remote ED support for advice for more complex injuries/presentations? • Develop integrated care pathways from ED to Fracture Clinic and Physio for common injuries, to reduce variation. • Instigate as much fracture management in splints rather than plaster casts – i.e. direct to boot/wedges for Achilles ruptures and ankle fractures/ORIF. Can also go direct to brace for humeral shaft fractures. For paediatric fractures, greenstick and torus forearm fractures should be managed in braces wherever possible. Consideration of use of soft-cast for paediatric elbow fractures to allow removal without use of saws. • Review MSK Physiotherapy rehab pathways to ensure EBM – i.e. single advice session and discharge to PIR where possible.

Theatres

Observations	• Theatres are generally noted to efficient with a mix of 2 GA patients followed by LAs. This allows optimal utilisation of beds and avoidance of overnight stays. Start, turnover and finish times are reported as reasonable. • List planning can be challenging as orthopaedic theatres can be allocated after visiting specialists • Pre-operative assessment is reported to be a significant bottleneck. This is outwith the scope of the orthopaedic review. The pressure is reported to arise from the requirement to assess for procedures in NHSGJ, Grampian and Highland. • Planned orthopaedic lists can be affected by volume of trauma. • Significant challenges around implants and instruments. Loan kits attract significant cost and delay due to transport/delivery delays. This is particularly problematic if the kit arrives after surgeon changeover and the following surgeon is less familiar with the planned procedure.
Potential Actions	• Orthopaedic lists should be fixed and aligned with the planned rotations of the surgeons, with an aim for lists to be set at least 4 weeks ahead. • Implants – it is recommended to have a discussion with an implant company who understands the remote and rural aspect of orthopaedics. It is likely that for trauma, a “universal instrument set” and basic set of consigned screws could be provided, with ad-hoc loan provision of more specialist plates as required. (PJ can provide more contacts or facilitate links if required). Alignment of kits with a mainland Board and sterilising unit (CDU) with agreed SLAs for borrowing may also aid provision. • For distal radius ORIF, sterile kits are available from a variety of manufacturers which could reduce the requirement for stocking a variety of plates and screws. Distal radius ORIF is seen as a priority for provision of “native” on-island capacity.

Orthopaedics Appendices

Orthopaedics Appendix 1: 2019 Consultant Orthopaedic Surgeon Staffing Levels (PHS Data)*

Board	WTE	Population	WTE/Pop (per 100,000)
NHS GJ	14.0		
NHS Ayrshire & Arran	16.0	365450	4.4
NHS Borders	7.0	116820	6.0
NHS Dumfries & Galloway	7.0	145770	4.8
NHS Fife	13.5	371390	3.6
NHS Forth Valley	10.0	302810	3.3
NHS Grampian	15.5	582300	2.7
NHS Greater Glasgow & Clyde	71.8	1179200	6.1
NHS Highland	12.0	323640	3.7
NHS Lanarkshire	23.6	668380	3.5
NHS Lothian	28.8	905800	3.2
NHS Orkney	**1.0**	**22030**	**4.5**
NHS Shetland	-	23020	0.0
NHS Tayside	13.0	414270	3.1
NHS Western Isles	2.4	26120	9.2
Scotland	**222.5**	**5447000**	**4.1**

*2019 is the last data available for national workforce consultant staffing with required granularity.

Orthopaedics Appendix 2: Surgical Workload and Location for NHS Orkney Patients

	Orkney	Grampian	NHS GJ
Elective			
2022-23	103	60	93
2023-24	138	71	73
2024-25	108	64	72
Trauma			
2022-23	42	48	
2023-24	41	32	
2024-25	37	33	

GJ Procedures

Procedure	2022/23	2023/24	2024/25
Arthroscopy			1
Bilateral Hip	3	2	4
Biateral Knee	2	2	6
Hip	48	31	40
Knee	40	38	20

Other	1

Orthopaedics Appendix 3: Elective Outpatient Appointments – NHS Orkney

Row Labels	2024-25 New	Return
Baliga Mr S	82	63
Moiz Mr M	261	275
Munro Mr C	51	70
Valevicius Mr T	230	233
Grand Total	**624**	**641**

Orthopaedics Appendix 4: Most common trauma procedures performed in NHS Orkney 2022-25 (Pareto 80%)

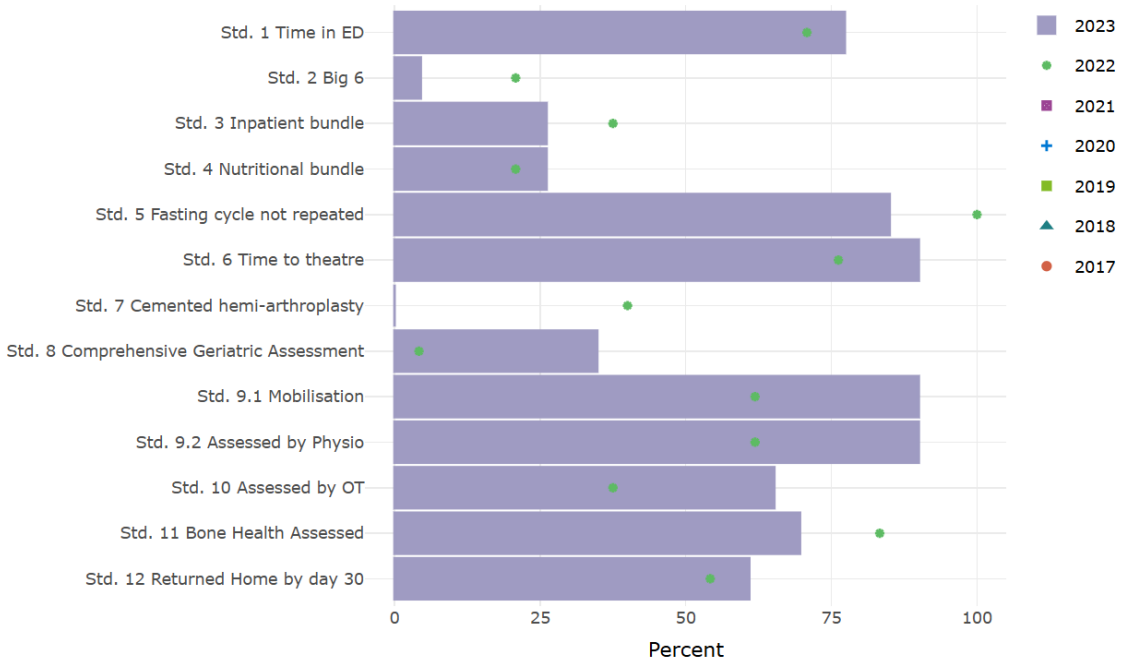
Row Labels	Patients (n)	Cum %
Prosthetic replacement of head of femur cement, Primary prosthetic replacement of head of femur cement	23	0.191667
Primary open reduction fracture bone and intramedullary fixation, neck of femur using pin and plate	21	0.366667
Closed reduction of fracture of bone and internal fixation, Other specified	14	0.483333
Primary open reduction of fracture dislocation of joint and internal fixation NEC	7	0.541667
Primary repair of tendon, Other specified	5	0.583333
Primary open reduction of fracture of bone and extramedullary fixation, Other specified	5	0.625
Other closed reduction of fracture of bone, Manipulation of fracture of bone nec	5	0.666667
Primary open reduction of fracture of ankle and complex extramedullary fixation	5	0.708333
Primary closed reduction of traumatic dislocation of joint, Unspecified	4	0.741667
Prosthetic replacement of head of femur no cement, Primary prosthetic replacement head of femur no cement	4	0.775
Closed reduction of dislocated total prosthetic replacement of hip joint	3	0.8

Orthopaedics Appendix 5: Most common trauma procedures performed in NHS Grampian on Orkney patients 2022-25 (Pareto 80%)

Row Labels	Patients (n)	Cumulative %
PRIM OPEN RED OF FR LONG BONE + EXTRAMEDULLARY FIXATION USING PLATE NEC	18	0.159292
PRIMARY PROSTHETIC REPLACEMENT OF HEAD OF FEMUR USING CEMENT	14	0.283186
CLOSED REDUCTION OF FRACTURE OF LONG BONE AND RIGID INTERNAL FIXATION NEC	10	0.371681
OTH SPEC PRIM OPEN REDUCTION FRACTURE OF BONE AND INTRAMEDULLARY FIXATION	10	0.460177
PRIM OPEN REDUCTION OF FRACTURE OF ANKLE AND EXTRAMEDULLARY FIXATION NEC	7	0.522124
PRIM OPEN RED OF FRACTURE OF LONG BONE AND FIXATION USING RIGID NAIL NEC	6	0.575221
REVISION OF TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT USING CEMENT	4	0.610619
PRIMARY TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT USING CEMENT	3	0.637168
MAGNETIC RESONANCE IMAGING OF SPINE	3	0.663717
PRIM OPEN RED FRACTURE NECK OF FEMUR AND OPEN FIXATION USING PIN AND PLATE	3	0.690265
PRIMARY POSTERIOR DECOMPRESSION OF LUMBAR SPINAL CORD NEC	2	0.707965
CONVERSION TO TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT USING CEMENT	2	0.725664
CONVERSION TO EXCISION ARTHROPLASTY OF JOINT	2	0.743363
DEBRIDEMENT OF SKIN NEC	2	0.761062
APPLICATION OF INTERNAL FIXATION TO BONE NEC	2	0.778761
OTHER SPECIFIED REPAIR OF MUSCLE	2	0.79646
PRIM HYBRID PROSTH REPLACE OF HIP JOINT USING CEMENTED FEMORAL COMPONENT	2	0.814159

Orthopaedics Appendix 6: Scottish Hip Fracture Audit – Summary Results for 2022 and 2023 – Standards Attainment

Figure 1. 2023 attainment of the Scottish Standards of care for hip fracture patients compared to 2017-2022 for Gilbert Bain Hospital



Appendix 3: Ophthalmology Services

Draft 16th May 2025

Model of Care for Ophthalmology

An Ophthalmology workshop was held on 6th May to discuss the current service and how it could change in the future to become more sustainable and to optimise the use of new ways of working to improve services for patients in Orkney. Attendees were:

Anna Lamont, Medical Director, NHSO

Jennifer Armstrong, Independent Reviewer

Fiona MacKay, Independent Reviewer

Harmony Bourn, Improvement Hub, NHSO

Debs Crohn, Head of Improvement, NHSO

Carrie Somerville, Head of Planning, Performance and Improvement, NHSO

Kirsty Frances, Procurement Manager, NHSO

Rosie Brennan, Ophthalmology Consultant and lead for Orkney

Katrina Kelday, Clinical Admin Manager, NHSO

Nickie Milne, Diabetic Eye Screening Programme Lead, NHSO

Isla Kirkness, Community Optometrist

Tina Monaghan, Service Manager for Ophthalmology, NHSH

Jenette Samms-Mitchell. Senior registered nurse Outpatients, NHSO

Nancy Faulkner - Senior Charge Nurse Theatre and Day Unit, NHSO

John Daniels, Head of Primary Care, NHSO

Lauren Johnston, Improvement Hub, NHSO

Phil Tydeman, Improvement Director, NHSO

Sue Lightman, Ophthalmology Consultant

Graeme Clark, Community Optometrist

The following note is drawn from the information collected to prepare for the workshop, the discussion at the workshop itself and subsequent discussions. It describes a future model of care for ophthalmology services in Orkney, continuing to work with NHS Highland whilst developing local services.

1. Current service in Orkney

There is a large community in Orkney with Macular degeneration, glaucoma and cataracts. Ophthalmology is one of the busiest clinical areas in Outpatients. Visiting consultants come from NHS Highland to do general clinics, lasering, consent forms, cataract surgery and review of virtual injection clinics, all working slightly differently.

3 consultants currently support the ophthalmology work in Orkney: one from NHS Highland and two employed by Orkney. One visits for 4 days 6 weeks a year, one for 5 days 4 weeks a year and one for 5 days 6 weeks a year. They provide virtual clinics, glaucoma reviews, clinics, laser and surgery, and they review OCTs for diabetic patients and manage acute eye disease. They also review 50-60 patients with Wet AMD, and others with diabetic retinopathy and vein-occlusive disease.

Nurses can do visual checks, pressure checks, visual fields and administer drops. An ophthalmology trained nurse retired recently, and this has placed pressure on the service. There is a nurse led biometry cataract clinic, trying to get over 80 patients ready for surgery.

Nurses also carry out 4 injection days per month for Wet AMD with approximately 24 injections on these days (1 patient/2 eyes). All pre-checks/paperwork is done by nursing staff. 3 different medications are used, and there is a possible reduction in visits with recent changes in dose guidelines. Patients are scanned every 2-3 months and consultants read the scans and advise.

There is no local hospital optometry service. An optometrist visits from Highland every two months, mainly seeing paediatric patients and diabetic eye screening for those who have failed photographic screening.

The orthoptist team from Highland visit every month, also focussing on paediatrics and Hall 4 pre-school eye screening. The orthoptist also provides an adult strabismus service and provides clinical information to inform the surgeon who undertakes strabismus surgery for adults and children provided in the Balfour.

Medical records and booking team work well, and theatre efficiency (18 cataract eyes per day) is also excellent. Lid and strabismus surgery is also performed.

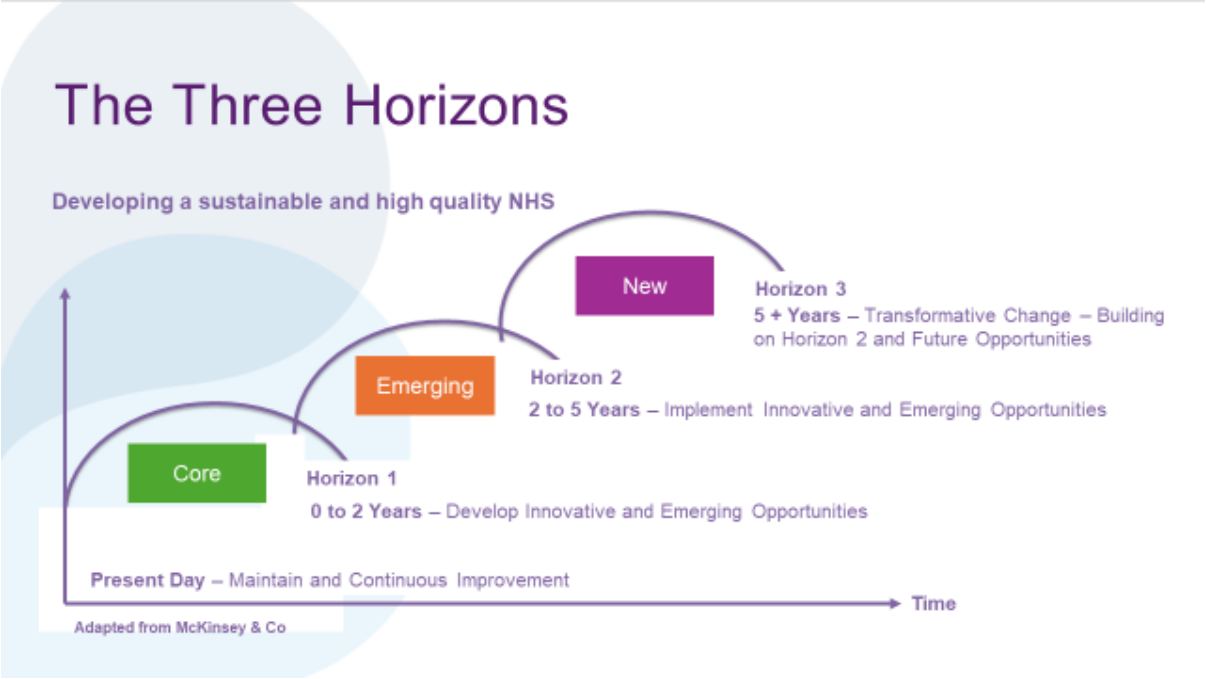
2. Challenges

- Demand/capacity/staffing
- Remote access to imaging would be helpful such as OCT
- Need for more nurse or AHP injectors to provide stability to the service
- Need for more training for nurses in Ophthalmology and stable OP team
- SLA/PAs/Management links
- Not enough cataract lists
- Not enough hospital optometry for cataract assessment clinics
- Shared care and EPR
- Recent Peer review with recommendations

- Succession planning

3. 3 Horizon Approach

Future thinking for the Clinical Services Review (CSR) will be progressed using the 3 horizon model which will help to manage growth and development in a co-ordinated way. Horizon 1 covers the next 1-3 years and focusses on maintaining and strengthening core business. Horizon 2 covers years 2-5 and encourages organisations to explore and discover new expansions. Horizon 3 creates entirely new possibilities and competencies and looks ahead to years 5-12. Using these horizons will allow us to focus on some of the immediate here and now problems, whilst looking ahead to potential service fragilities, and also to develop some innovative and visionary thinking.



4. Cataract Services

A cataract is a cloudy area in the lens of the eye that leads to a decrease in vision in the eye. They often develop slowly and can affect one or both eyes. Cataracts are most commonly due to aging, but there are other causes. Cataract surgery is a procedure to remove a cloudy lens and replace it with a clear artificial lens. Surgery is done under local anaesthetic.

Getting it Right First Time, a report by Davis, McEwen & Chang in Dec 2019 made the following proposals - Improve conversion rates (80-85%), referral and training community optometrists, patients can discuss with consultants. Improve theatre efficiency and follow up for uncomplicated patients in the community.

In Orkney, there are currently 106 patients listed for surgery, but at least twice that number are yet to be seen. A future model has to deal with the significant backlog, then provide a sustainable model for the future.

Referrals generally come from community optometrists or GPs. They are reviewed by the operating consultant in the outpatient clinic, biometry tests are carried out by outpatient staff

in clinic, then patients are listed for surgery. Compressing the number of stages could improve efficiency for the service and shorten the experience for the patient. A single one stop shop for review, assessment, biometric testing and surgery is used in Arran, but implementing this model could lead to less efficient theatre usage as one in five patients are likely to choose not to go ahead with surgery at that time. Biometry on the day of surgery, however, would reduce patient visits.

Alternative models to reduce the number of visits for patients would be to seek greater input from community optometrists at referral stage, then use hospital optometry to carry out biometric tests and assessment, with surgery taking place that day or soon thereafter. The Centre for Sustainable Delivery have done some recent work on referral templates, including one for cataract referrals. If implemented, these would link with SCI Gateway and improve referrals to the hospital service. A further improvement could be offered if community optometrists offered a supplementary eye examination for cataract patients, which would attract additional payment from general ophthalmic services. This would involve completion of a newly developed aide memoire and further improve both the referral process and the experience for patients. It should be noted however, that capacity within community optometry is currently limited.

A variation of this model would be to use an organisation like Lutra Health to carry out early assessment (potentially via an App), then biometric testing and physical assessment could take place at the hospital on the day of surgery. This model would involve a consultant reviewing all the data in advance of the patient being listed.

In recent years, there has been progress towards bilateral surgery with both eyes being treated at once. 70-80% of patients could be appropriate for bilateral surgery.

Follow up routinely takes place with Community Optometry.

Nurse training and service leadership were agreed at the workshop to be essential to maintaining a sustainable service.

4. Glaucoma

Glaucoma is a common eye condition caused by increased pressure within the eye. This can go onto to cause damage to the optic nerve, which connects the eye to the brain. Rates of glaucoma have increased by around 20% over the last 5 years. Treatment can include eye drops, laser treatment or surgery. Any surgery would be carried out at the National Treatment Centre in Inverness, but few patients require such surgery.

Getting it Right First Time, a report by Davis, McEwen & Chang in Dec 2019 made the following proposals - reduce false positives with referral criteria, adopt model pathway with risk stratification, MDT, virtual clinics, active diagnosis and roles for consultants and nonmedical colleagues.

New glaucoma patients are seen as a priority to prevent sight deterioration. Referrals come from community optometry, and some from GPs. It would be helpful if all referrals came through community optometry as they can include information on visual fields (which are time consuming to collect) and OCT results. Community optometrists can carry out supplementary eye examinations for glaucoma, which are paid for through general ophthalmic services. This would improve referral processes.

Long waits for returns and follow-ups are concerning, as delay can lead to permanent damage to sight. There is potential to increase the use of virtual clinics, allowing consultants

to make better use of time on the island. Low risk patients can be seen remotely, reducing the need for on-island ophthalmology time. This would require OCT and visual fields to be uploaded to the SCI store, rather than using other systems.

New treatment using lasers is being tested, replacing the need for eye drops. This may be appropriate for first level treatment.

Optometrists can seek further training (beyond IP) which is NES accredited and allows them to manage low risk glaucoma patients in the community. Patients are discharged from hospital services, and the initiative is centrally funded.

5. **Medical Retina**

Medical Retina specialists monitor and treat conditions that affect the lining of the back of the eye. Common conditions include age related macular degeneration, diabetic retinopathy and inherited retinal diseases.

Getting it Right First Time, a report by Davis, McEwen & Chang in Dec 2019 made the following proposals - focus on diabetic retinopathy and wet age-related macular degeneration: standardise referral pathway from screening service, increase use of virtual clinics for stable patients and clean rooms with more non-medical staff trained in injections and engage with new treatments with stakeholders.

Diabetic Eye Screening works well in Orkney with use of OCT scans and appropriate onward referrals.

Four injection clinics are held each month, with 80 to 100 injections given each month. However, this service is very fragile, currently dependent on one nurse trained and able to do the injections. Patients need ongoing injections, so the treatment cohort is growing with new and earlier diagnoses. In the future, there may be a possibility of long term implants replacing the need for injections. Consultants carry out assessments, but there may be options for some skill mix or for using virtual options.

6. **All services**

The service is moving to the Open Eyes electronic patient record, which is planned to be implemented over the next 12 months. It links to TrakCare, records examinations, investigations and procedures and supports patient management. This provides for a shared eye care record across health boards and community.

Continued work needs to be carried out to review capacity and demand on an ongoing basis, to prevent the build-up of an annual backlog.

All specialties raised concern about staff capacity, training and succession planning. As a small service, ophthalmology can be very person dependent. There is potential to explore remote e-vetting of referrals from the larger staff team in Highland. Since November 2024 evetting is done remotely by the Highland visiting consultant using an Orkney laptop with VPN and this may need to be built into a job plan.

NHS Highland and NHS Orkney will advertise the global citizen post which will augment consultant ophthalmology sessions to Orkney. NHS Highland may be able to offer training for a nurse or an AHP staff member from NHS Orkney for injections.

NHS Highland are also recruiting additional hospital optometrists. These developments may offer the opportunity to review the clinical model and the consultant/hospital optometry input into NHS Orkney.

There is a need for a succession plan for the consultants directly employed by NHS Orkney towards a more sustainable model with NHS Highland consultants. NHS Highland have a project manager for the implementation of open eyes in 25/26, and they are recruiting an ophthalmology diagnostic manager to oversee all the imaging requirements.

7. Next Steps

Using the 3 horizon model, future steps to improve services and address the sustainability challenges in ophthalmology are shown on the table below.

Service	Horizon 1	Horizon 2	Horizon 3
Cataracts	Address current backlog with waiting list initiative funding. Agree performance indicators for theatre utilisation and digital. Appoint to the vacant Global citizen post and review succession planning for consultant input into NHS Orkney by working with NHS Highland Expand hospital optometry service to assess and list cataract patients, reducing reliance on consultant clinic time	Develop services with community optometry around improved referral information. Explore the use of supplementary eye examinations by community optometrists. .	Align hospital and community optometry services.
Glaucoma	Explore whether the referral pathway for new glaucoma patients can be routed through community	Increased use of virtual clinics, replacing face to face as appropriate. Encourage the use of supplementary eye	Support the training of community optometry staff for the National Community Glaucoma

	optometry Establish a hospital optometrist service in the Balfour for glaucoma and, with consultants, review the management of low-risk patients	examinations by community optometrists. Consider use of lasers as this treatment is rolled out.	Services, to support low risk glaucoma patients.
Medical Retina	Identify and train additional nurse or AHP injectors. Explore digital options to utilise an EPR such as open eyes along with access to OCT imaging remotely to facilitate virtual clinics by an NHS Highland clinician	Increased use of virtual clinics, replacing face to face as appropriate.	Transfer work of med retina virtual clinics to medical retinal specialist team in NHS Highland when EPR and staffing allow.
All services	Identify an ophthalmology team lead contact in NHS Orkney to link with external teams. Establish ophthalmology training programme. Continual waiting list validation to be carried out. Implementation of Open Eyes.	Explore the potential to work more closely with Highland for referral vetting.	

Appendix 4: Mental Health Services

The Orkney Islands are an archipelago situated off the north coast of Scotland. Orkney is 10 miles north of the coast of Caithness and has about 70 islands, of which 20 are inhabited. The largest island, the Orkney mainland, has an area of 202 square miles, making it the sixth-largest Scottish island and the tenth-largest island in the British Isles. Orkney's largest settlement, and its administrative centre, is Kirkwall.

Orkney is generally considered to be one of the least deprived areas in Scotland. According to the Scottish Index of Multiple Deprivation (SIMD), none of the areas in Orkney are ranked among the 20% most deprived in Scotland. However, this doesn't mean that deprivation doesn't exist and there are pockets of deprivation, particularly related to child poverty and fuel poverty.

Accessing healthcare in Orkney presents several challenges due to its remote location and unique circumstances. The island's remote location makes it difficult for residents to access mainland healthcare facilities, especially in emergencies.

Orkney HSCP is a partnership between Orkney Islands Council and NHS Orkney. The Partnership aims to improve and develop social care, community health and community wellbeing. Orkney HSCP have been responsible for the delivery of the full range of the Council's social work and social services, for all age groups and service user groups, and NHS Orkney's community-based health services since 2011, under an integration joint board. Mental Health provision is community based and covers adult mental health, older adult mental health, substance misuse, CAMHS, Psychological Therapies and Learning Disability. The community services are supported by Consultant Psychiatry.

There are no mental health inpatient beds on the Island. People who are assessed as requiring admission to a mental health inpatient bed are either transferred to the Royal Cornhill Hospital in Aberdeen or to the Dudhope Young Persons Unit in Dundee.

This document covers the provision of adult mental health and older adult mental health as these are the areas where the greatest pressure exists. In common with the rest of Scotland, both CAMHS and Psychological Therapies have received significant investment in recent years which has resulted in considerable service growth. General Adult Psychiatry and Older Adult Psychiatry have not received national funding and therefore there are static historical budgets coupled with significant growing demand. The IJB has funded 2 GPwSI – one in substance misuse with the other post for the diagnosis and follow up of people with dementia. It has also part funded the introduction of Distress Brief Intervention hosted by the Blide Trust, and an Admiral Nurse in conjunction with Dementia UK. This post is hosted by Age Scotland Orkney.

1. Current Services and Resources

2.1 Adult Consultant Psychiatry

There have been challenges in recruiting to a full-time adult psychiatrist position. In May 2022 the service recruited a part time consultant, but this had been limited to 5 sessions per week with a working pattern of predominately remote and some island presence once every

2-3 months. A further 2.5 sessions were recruited to in August 2023, with this being a remote working pattern. There still has been a shortfall in psychiatry cover but this will be resolved as both consultant psychiatrist will be working 5 sessions each per week as of 01 August 2025 thus providing 1wte adult consultant psychiatrist. This will provide increased cover and support for mental health services as well as assisting with already high wait times for appointments. There are currently 133 people on the psychiatry waiting list with an average wait of 47 weeks. Unfortunately, this does not resolve the issue of an island presence of a Section 22 Psychiatrist and therefore, when there are detention Orkney does not have ready access to an on-island psychiatrist who can review EDCs and revoke if required or review for STDCs.

2.2 Community Mental Health Team (Adults)

The Community Mental Health Team comprises of the Adult & Older Adult CMHTs, ODAT (Orkney Drug & Alcohol Team)
There is a total of 10 Registered Mental Health Nurses, (1 Band 7 and 9 Band 6 CPNs, 1 Band 7 CBT Therapist, 4 Band 3 Support Workers and 2 Social Workers who are also Mental Health Officers)

The Adult CMHT – provides health and social work services for people aged 18 – 65 years in Orkney who present with any of the following:-• Schizophrenia • Affective disorder • Organic Psychosis • Drug induced psychosis • Puerperal Psychosis • Bipolar Disorder • Severe, recurrent and refractory depressive illness • Severe personality disorder (can be assessed for suitability for psychiatric treatment) • Severe recurrent and refractory anxiety states.
The Team can provide: Recovery based Assessment, Care planning and ongoing Evaluation of care. • Comprehensive Risk assessment and management of risk. • Medication administration and monitoring • Time limited CBT • Occupational Therapy • Behavioural Activation • Brief psychological therapy • Support Work.

Prior to and during the summer of 2024 there had been lengthy wait lists for patients to be assessed and allocated to CPNs. To address this, the adult CPNs have set up an assessment clinic where all patients referred are allocated a full mental health assessment by a CPN and patients do not have to wait any longer than 5 weeks. This is a significant improvement as the wait time last year had been 9 months.

The Older Adult CMHT - provides mental health and social work services for people aged 65 years and over with similar presentations as noted to the adult team
Since the summer of 2022 there has been no older adult consultant psychiatrist cover, despite considerable efforts to resolve. Due to the demand for general adult services, only older people with significant risk have been seen by the adult consultant psychiatrist.

As part of the older Adult CMHT, *The Dementia Diagnostic Service* provides assessment and diagnosis for people who have suspected Dementia. Memory assessments and diagnostic tests are completed and assessment and diagnosis with the referral on for Post Diagnostic Support, provided by Age Scotland Orkney.

There have been ongoing challenges with the delivery of Dementia diagnosis in Orkney. The service was first set up prior to the Pandemic by one of the locum psychiatrists who would attend the Age Scotland Premises in the local community to hold assessment clinics. Subsequent locum adult psychiatrists also maintained this model but, due to difficulties in recruitment there were significant gaps when there were no consultant psychiatrists and therefore no Dementia diagnosis.

In August 2023 a GP with Special Interest in Dementia was appointed on a part-time basis and now works 2.5 sessions per week. Since this appointment the waiting list for assessment and diagnosis has been tackled and patients have been able to receive assessment and formal diagnosis thus enabling access to post diagnostic support, this is critical to being able to support patients in their own home for longer.

Orkney Drug & Alcohol Team - This service, which is part of the CMHT, works in partnership with the Orkney Alcohol and Drugs Partnership. The service has 3 CPNs and 2 support workers, In April 2022, a part-time GP with Special Interest in Substance Misuse took up post and this has had a significant impact on the continued service development with Orkney and the meeting of the Scottish Governments MAT (Medication Assisted Treatment) Standards. ODAT delivers assessment and treatment for addiction, mental health support, harm reduction, prescribing support (Opiate Replacement Therapy, Opiate Substitute Therapy), group work and home support and consistently meets the 21 days from point of referral to first appointment and treatment target.

2.3 All-Age-Nurse-Led Psychiatric Liaison Team

Following the recovery of services from the pandemic, considerable strain has been placed upon the CPNs due to an increase in Urgent Care referrals and when it is necessary to staff the Emergency Mental Health Transfer Room when patients are detained and require to be transferred to in-patient psychiatric units on mainland Scotland. In June 2023 an options proposal was considered by the IJB and approval was given in principle but due to inability to find recurrent funding at that time it was not until autumn of 2024 that the IJB agreed to 2-year funding of the Team.
The Team will provide specialist nurse led service with the ability to:

- Bolster the existing Out of Hours (OOH) CPN Service and increase the numbers of registered mental health nurses working the OOHs rota thus reducing the number of times nurses require to be rostered on call.
- Provide co-ordination of care for patients requiring use of the Emergency Mental Health Transfer Room and escort off island to mainland inpatient facilities
- Undertake the liaison and co-ordination with CMHT colleagues and colleagues in Mental Health Units to ensure safe and effective patient discharge from hospital to repatriation to Orkney.
- Free up the existing CPNs from providing a duty service which could release an additional 30 appointments per week into the CPN Schedules.

The creation of this team will not eradicate the need for the Emergency Mental Health Transfer Room, however, it will contribute significantly by providing another team of people who, as non-case holders, will be much more readily able to look after patients whilst awaiting transfer to a more therapeutic environment. This will serve to reduce some of the cancelled appointments currently required when the Emergency Mental Health Transfer Room is utilised. The team will also provide some other gaps in service felt acutely by both Balfour Hospital colleagues and those in Primary Care.

2.4 Resources

The current establishment for Orkney mental health services is 36.18 whole time equivalents, and the budget is £2.58m (excluding the new liaison service, which will be established in the next few months). It also excludes the Council mental health budget and a psychiatrist post funded by the IJB.

9CCN - Level 9 Cost Centre Name	Current Year Budget £	Establishment
Camhs	507,633	6.88
Psychological Therapies Fund	689,652	8.90
Community Psychiatric Nurses	775,631	13.80
Home Detox Service	79,762	1.00
Learning Disabilities	68,015	2.00
Consultant Psychiatrist	218,521	1.30
Drugs Services + Support-mh	244,996	2.30
Mental Health Service Manager Total	**2,584,210**	**36.18**

In addition, the funding associated with the Grampian mental health SLA for services provided at Cornhill is £750k.

2. Current challenges

In adult psychiatry there is the need for a long-term vision for services in Orkney; there is a plan to address this during 25/26 with dedicated nonclinical time being afforded as a non-recurring spend. Given Orkney's population size it is not viable that all models available elsewhere in the Country be replicated locally however this scoping exercise should identify what the most effective and sustainable model would look like. Already agreed is the introduction of an All-Age Nurse Led Psychiatric Liaison Team (AANLPLT). The purpose of this team is broadly twofold; it is to reduce the disruption to planned care created by the need to detain and transfer a patient to inpatient mental health care in Grampian but also provide some liaison for both GP and hospital-based colleagues.

Other significant gaps however are supported accommodation for people with enduring mental health needs as well as older adult psychiatry and other community-based models.

Recruitment of staff both medical and nursing has been challenging with little or no interest shown in suitably trained staff re-locating to Orkney. This will be further tested with the recruitment during 2025 of the AANLPLT.

Orkney has a long-standing arrangement and SLA with NHS Grampian for the provision of inpatient mental health care. Orkney mental health staff are responsible for the transfer of the patient once a bed has been identified, and the transfer is carried out by Air Ambulance. Given bed availability constraints, Air Ambulance prioritisation and poor weather can lead to a transfer taking up considerable planned care time. At the point of discharge arrangements are often less than optimal with patients sometimes retuning to Orkney unbeknown to the CMHT. We need to develop a closer relationship with Grampian in respect of care co-ordination.

Similarly to the rest of the country Orkney has seen a significant rise in people seeking an ASD or ADHD diagnosis. At the present time a Psychology post has been created to enable local diagnosis rather than the expensive service currently outsourced. This will not however solve the issue of those adult patients with an ADHD diagnosis waiting for a Psychiatry

appointment to commence on medication. This issue needs to be considered as part of the psychiatry scoping work.

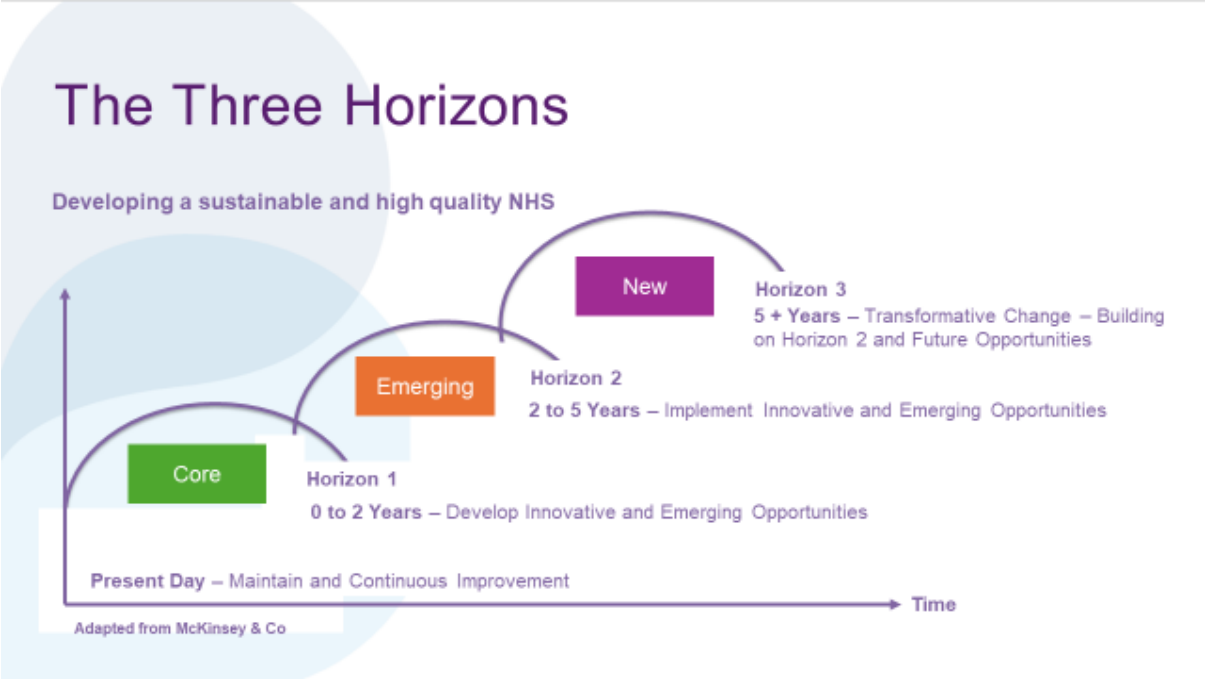
3. Stepped Interventions

The Mental Health and Wellbeing Strategy for Scotland notes that people's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions themselves, especially with support from family members, peer support groups, faith-based organisations or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services. Only rarely do people experience conditions that require highly specialised or longer-term care, including within specialised mental health hospitals or residential facilities. In Orkney, we need to develop a whole systems model that focusses on prevention and early intervention.

Getting it Right for Everyone (GIRFE) is a multi-agency approach of support and services from young adulthood to end-of-life care. GIRFE will help inform whole system working and define the adult journey through individualised support and services. It will respect the role that everyone involved has in providing support. The principles of GIRFE are intended to be central to care planning, providing a whole person approach and more say, choice and control in accessing the help, support and care for all adults when needed. As a future practice model, it will place the person at the centre of decisions that affect them.

4. 3 Horizon Approach

Future thinking for the Clinical Services Review (CSR) will be progressed using the 3-horizon model which will help to manage growth and development in a co-ordinated way. Horizon 1 covers the next 1-3 years and focusses on maintaining and strengthening core business. Horizon 2 covers years 2-5 and encourages organisations to explore and discover new expansions. Horizon 3 creates entirely new possibilities and competencies and looks ahead to years 5-12. Using these horizons will allow us to focus on some of the immediate here and now problems, whilst looking ahead to potential service fragilities, and to develop some innovative and visionary thinking.



5. Proposals to Develop Services Over the 3 Horizons

Horizon 1

Clinical services

- Developing a graded acuity approach to service design
- Bring together a range of approved Apps and Web links to support people manage their own mental health
- Digital therapies and interventions– providing a full range of digital interventions including those hosted elsewhere and on a regional level e.g. stress control sessions/anxiety management
- Building a MH support team around primary care with weekly meetings between MH staff and GPs on presentations and agreed pathway/management, establishing single point of access to a newly formed 2nd care MH MDT, and learning from the dementia model
- Carrying out a waiting list validation exercise
- Explore model of crisis service with third sector
- Explore models of guided self-help and peer support with the third sector

Enablers

- Improving data through implementing and maximising the use of Morse
- Participating and making use of benchmarking information
- Providing single senior management supported by a single professional advisory structure for all MH services (CAMHS, Adult and Older Adult and psychological therapies) supported by Functional Team Leaders with Professional Advice as required.
- Developing a comprehensive and more granular understanding of costs and resources invested in mental health

Horizon 2

- Integrated unscheduled care service including access to mental health crisis support and planned intensive home support within existing unscheduled care pathways.
- Reviewing the SLA with Grampian and sharing future expectations including the aims of the Service Renewal Framework regarding home-based care and reducing hospital-based care.
- Develop a mental health hub with single point of access
- Develop priority messages for public communication
- Develop key worker/case manager model
- Work with SG Digital MH team to maximise digital solutions for remote and rural communities

Horizon 3

- Develop housing support model for people with severe and enduring mental health problems

6. Conclusion

The notes above describe a high-level model of care for mental health services which is more integrated and streamlined for both patients and professionals. The model makes use of existing resources, deploying them in a more co-ordinated way, and maximising use of technology. It will require clinical and management leadership.

Appendix 5: Services for Older People

7. Context

Between 2001 and 2022, the population in Orkney has shown a small increase from 19,220 to 22,020, but this growth is not spread evenly across the age groups. In the 65-74 age group, the population has grown by 66.2%, and in the 75 plus age group, the growth has been 76.7%. A quarter of Orkney's population is now over 65 (compared to 20% national average), and it is predicted that half of the island population will be over 65 by 2037.

8. Current Services

A geriatrician currently visits the island working full time for 2 weeks in every 8. During these two weeks, one week is Physician of the Week and during the second week they carry out geriatric outpatient appointments and education development with staff groups. She works remotely on a part time basis for the other 6 weeks. This arrangement does not have permanent funding.

The rehabilitation inpatient ward (IP2) is supported on a part time basis by a GP and full time by a clinical fellow. The therapists in the ward seek to focus on reablement and rehabilitation of patients, but at any single time there are likely to be around 8-12 patients in hospital (not all patients are in IP2), delayed in their transfer of care. A recent snap audit of inpatients at the Balfour found that around 50% of patients could have been cared for at home with a small amount of additional services. A comprehensive geriatric assessment with some additional wrap around care could anticipate deterioration in some older patients and prevent a hospital admission.

Families in Orkney have a strong record of supporting people to continue to live at home in their local community. There are no nursing homes on the island, and there are three residential homes. Often, district nurses are having to support residents who have both cognitive impairment and multiple comorbidities. Demand for residential respite vastly exceeds capacity, as any available beds in care homes are used for permanent placements.

There are a number of community teams which can support older people in their own home, in addition to care @ home services and community nursing. These include:

- Ageing Well – This is an NHS led team with physiotherapist and occupational therapist input, with a focus on frailty and falls prevention.
- Home First – This is a social care discharge to assess reablement team
- Intermediate Care Team (ICT) - looks at prevention of admission and supported discharge – a rehabilitation team
- Rapid Discharge (Green Team) - a social care team offering short term support (3-5 days)
- Telecare Response (Red Team) – This team responds to community alarm calls on mainland Orkney.

Older people at home are also supported by SPNs and specialist teams which are condition dependent. These include Heart Failure, Diabetes, Parkinson's Disease and Motor Neurone Disease as well as community-based practitioners – e.g. Pharmacy, Dietetics, Podiatry, Speech and Language therapy, Occupational Therapy and Physiotherapy.

There are a number of IT and record systems which do not allow sharing of information among professions and agencies. At present there is PARIS which is mainly used by social

care and AHPs, there is Trak and CCube which are used by some NHS services and there is Vision and Emis for primary care. There is a plan to implement Morse in the community but there is a concern among practitioners is that this will not improve information sharing.

Community Link Workers are attached to GP practices, and help people find and access services to improve their health and wellbeing. The Island Wellbeing Project funds health and wellbeing co-ordinators develop new community health projects and help people access these and existing services. The Third Sector is also active in Orkney, including Age concern and Crossroads as well as local community led social and community groups.

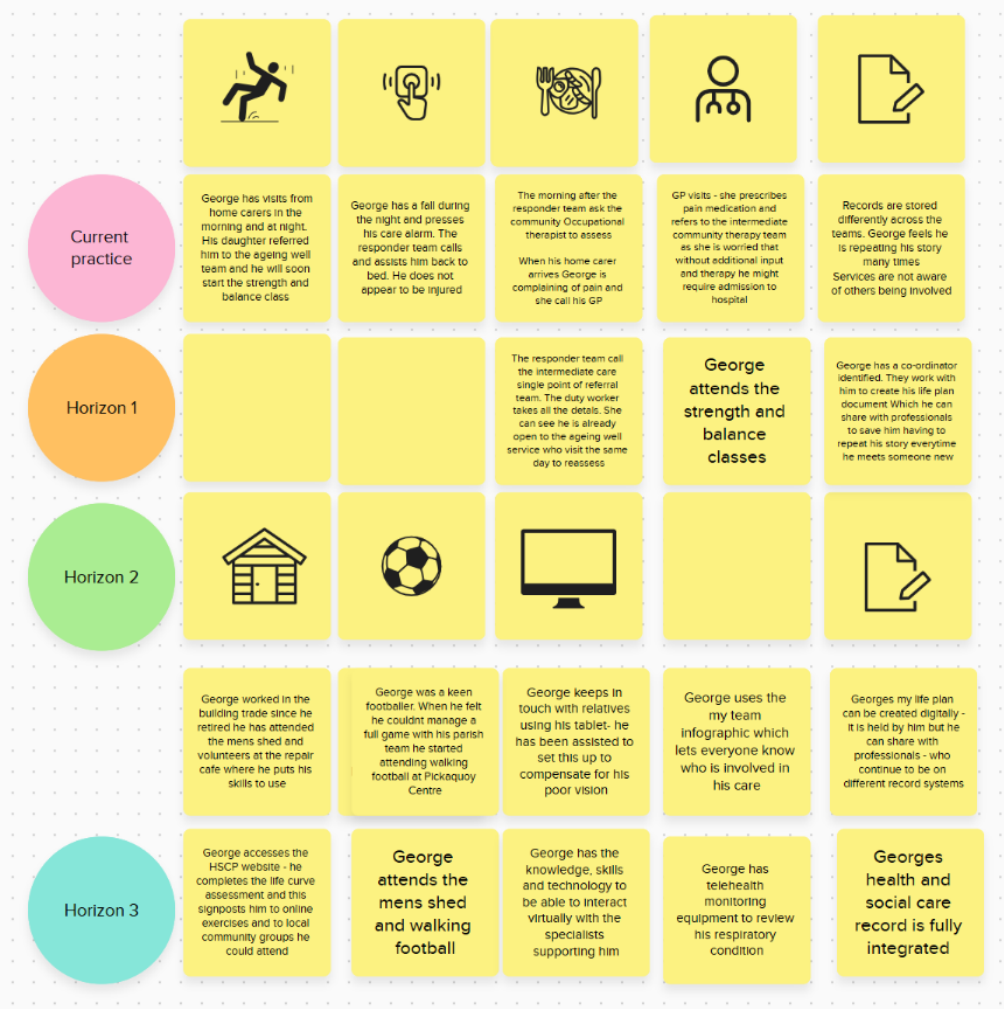
9. Current challenges

Following engagement with a range of practitioners, a number of challenges have been identified with the way services are currently organised and delivered. These include:

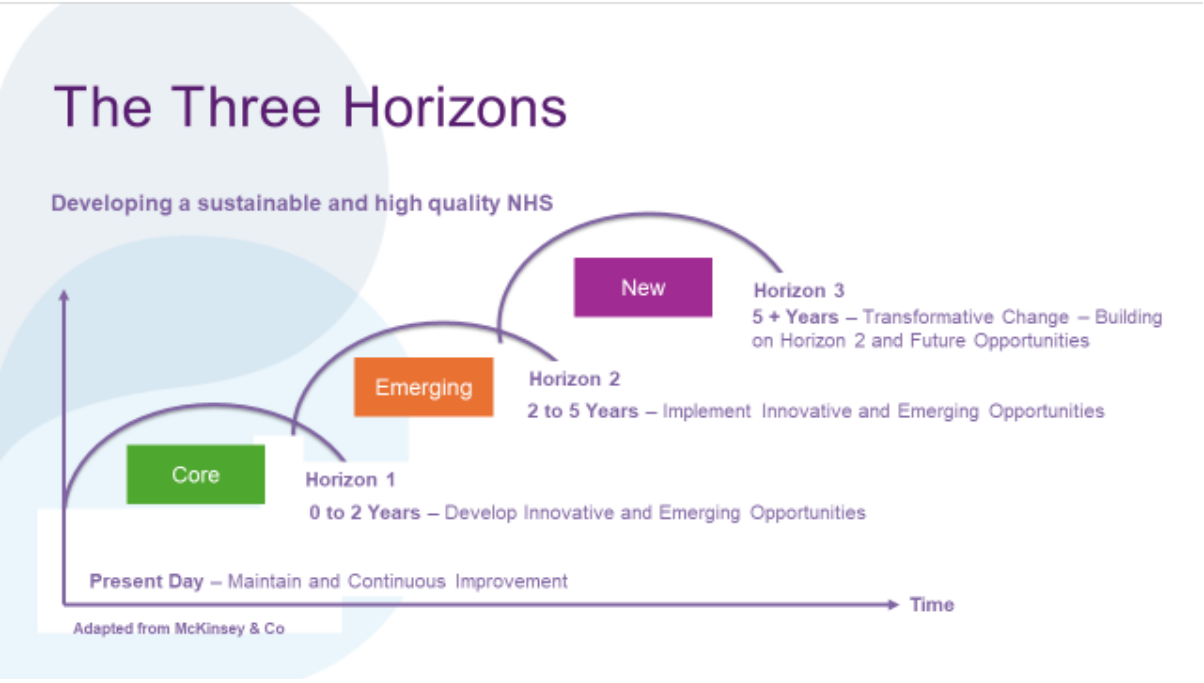
- no nursing homes on the island
- community nursing challenged to support care homes
- vacancies for home care workers and difficulty in recruiting
- a range of community teams with no clear referral pathways
- no single patient record, making information sharing difficult
- large numbers of patients delayed in their transfer of care, and blockages in the flows through the system
- support and education for physicians and surgeons caring for older people in hospital beds
- availability of step up and step-down facilities
- support and education for GPs and ANPs trying to keep older people in their own homes
- long waits for geriatric reviews
- professional education on geriatrics for health and care staff
- An inpatient focus on rehabilitation with limited access to community resources to support earlier discharge

10. Patient story

George is 90 years old and lives alone in an owner-occupied property. Prior to his retirement he worked as a general builder. He has 2 children and 5 grandchildren. He has poor eyesight, hearing and COPD. He had a hip replaced 10 years ago. He walks with a frame. George is on a variety of medication for hypertension, cholesterol, gastric reflux, COPD and pain.



11. 3 Horizon Approach



Future thinking for the Clinical Services Review (CSR) will be progressed using the 3-horizon model which will help to manage growth and development in a co-ordinated way. Horizon 1 covers the next 1-3 years and focusses on maintaining and strengthening core business. Horizon 2 covers years 2-5 and encourages organisations to explore and discover new expansions. Horizon 3 creates entirely new possibilities and competencies and looks ahead to years 5-12. Using these horizons will allow us to focus on some of the immediate here and now problems, whilst looking ahead to potential service fragilities, and to develop some innovative and visionary thinking.

Getting It Right for Everyone places citizens at the heart of health and care services, and the HSCP aims to incorporate these GIRFE principles into all delivery plans-

- **I have the information I need to make decisions about my life, in a way that works for me, and I am supported to understand what options are available to me and trusted to know what is right for me.**
- **The people who support me take the time to listen and understand me as a person and we consider my whole life when making decisions about my life.**
- **I know that I can be clear about what matters to me, and I trust that my choices will be respected and understood by the people who support me.**
- **If I need to access services or support, I am treated with kindness, dignity and respect at all times.**
- **The people I am involved with work together with me and each other to share information, in a way that is accessible to me and develop a clear understanding of how to support my wellbeing.**

This paper first sets out the vision under each horizon. It then goes on to map more specific actions at each stage under the frailty standards in Appendix 1.

Horizon 1

An important priority in Horizon 1 is to provide support to older people at an early stage, helping them to live healthily for as long as possible at home, and intervening early to prevent deterioration. The Third Sector has an important role to play here and is experienced in supporting people through services such as befriending and other social supports. Orkney also has a range of community led exercise and other community groups which can be utilised to maintain and improve function and wellbeing and a stepped approach. It would also be helpful to have a directory of services developed for people who are frail or have long term medical conditions, building on the current Voluntary Action Orkney directory. There is a plan as part of the GIRFE project to create a 'Once for Scotland' resource so that information is provided in the same way and includes local and national resources. Implementation of Life Curve as a discussion focus and to signpost would help here.

Upstream, there is a need to systematically identify frailty, building on previous work done in Orkney in this area. This could be done by trained staff, using assessment forms to highlight e.g. cognitive, bladder nutrition and other issues. Once the assessment highlights a patient at risk, there can then be a comprehensive geriatric assessment looking at those aspects which need the support of a GP, a geriatrician or a multidisciplinary team.

Geriatric medicine does not always require a face-to-face assessment, and much can be done remotely. Nurses (or GPs with special interest) can examine patients and can seek input from a geriatrician remotely as required. This allows greater flexibility in staffing geriatrics and can be implemented quickly.

In Horizon 1, work can begin to define and align access to community teams. Defining service access routes and pathways for individual conditions (acute, HSCP and 3rd sector) will be a good start to working towards more integrated teams.

Many professionals raised the need to have an integrated patient record which can be seen by all health and care workers. In the short term, a work around should be focussed on, recognising that a comprehensive system with take time and resource to develop. There is national work trialling a computerised patient held record which could provide a short-term solution.

Horizon 2

In Horizon 2, significant work can begin to educate and upskill health and social care professionals in geriatric medicine, signposting them to available help and recognising the importance of realistic medicine. This could be supported by a national or local public information campaign, along the lines of that developed for recognition of stroke symptoms. This campaign could raise public awareness in areas such as falls prevention, improving mental health and maintaining physical mobility.

Greater integration between community and acute services and between health and social care needs to be a core element of service change in Horizon 2. A Single Point of Access into support services in the community, and the bringing together of the 5existing community teams would make better use of existing limited resources, improve team resilience and simplify pathways for both patients and professionals. This single service would provide community support following comprehensive geriatric assessment/ what matters to me interviews/single shared assessment.

In horizon 2, the team around the person and other GIRFE toolkit tools can be utilised to reduce overlap and improve patient experience.

A single service needs to be supported by an integrated clinical and social care electronic record. This document needs to be an active, live document which different professionals can update in real time. It must link with systems in both primary care, hospital and social care. Work can progress in developing a single IT system in Horizon 2, but it may take longer to implement this fully.

The current perception is that respite care is provided in care home beds, but recent thinking is that respite may be offered in more innovative ways. Respite provides care for someone in or away from their home by someone other than the main care giver. It can vary in time, duration and frequency and can be delivered in people's own home. It can take advantage of technological advances by providing assistive devices or remote monitoring systems. In Horizon 2, flexible respite services should be explored.

Horizon 3

In Horizon 3, we should expect to see integration at both an operational and a management level in the delivery of services for older people. This will mean significant changes for NHS and Social Care managers and staff but should result in both financial efficiencies and in more joined up services for older people.

We should be looking towards commissioning a wider range of services to respond to people's needs. This may include providing intermediate care, step up/down care, specialist dementia care and nursing care in existing or new care homes.

There is no Hospital@Home service in Orkney, and in Horizon 3, a version of this could be developed. It could commence by providing some acute services and monitoring for patients being discharged from Grampian, rather than admitting them for rehabilitation at the Balfour. A remote monitoring system has been tested in Borders, which could support H@H. A virtual respiratory ward was created, and patients were given a wearable and connected devices. Patients have a daily list of tasks and surveys to complete. Clinicians consult patients via video, telephone or chat, and monitor them on a centralised clinical dashboard. The Borders test of change saved bed days and had high compliance rates for patients.

12. Conclusion

The notes above describe a high-level model of care for older people which is more integrated and streamlined for both patients and professionals. The model makes use of existing resources, deploying them in a more co-ordinated way, and maximising use of technology. It will require geriatric services leadership.

Older People Appendix 1
Frailty Standards

Standard 1: Identification of frailty Organisations have systems in place to identify older people living with frailty at the earliest opportunity.

Horizon 1
Use current data from eFrailty index (which is used varyingly across GP surgeries) to predict and model frailty incidence, severity and to assist with demand and capacity planning. Currently eFrailty index used to varying degrees across the GP practices so there might be sufficient data to model. The frailty work completed in 2023 in NHS Orkney makes many recommendations. This should be revisited and reviewed. For inpatients, The Getting It Right For Everyone team around the person approach will ensure the patient is at the heart of their own planning and ensure the right people at the right time to start planning for discharge on day one and involve the geriatrician and community practitioners where frailty has been identified. Ensure screening for frailty happens at any stage that a patient presents to a service. Develop within current resources more proactive ways to send people home (eg integrate IP2 and community teams as well as with SAS for rapid assessment in the community). Develop a single onward referral pathway once frailty has been identified.
Horizon 2
Train all staff in the use of clinical frailty tools. Consider implementing use of Life Curve in Orkney – to assist with self-management, signposting and to keep people well in later life – this could support the identification of frailty and signpost to the correct pathways. Focus to be on prevention and maintaining older people in the community preventing presentation at ED.
Horizon 3
Review IT and AI to develop ways to identify and proactively review people with frailty. Also then ensure assessment stored and shared with professionals and carers.

Standard 2: Assessment and future care planning. Older people living with frailty experience coordinated multi-disciplinary support that is responsive to changes in their life, health and care

NHS Orkney and Council need to articulate a clear strategic plan on how services for elderly people will be developed and jointly managed over the coming years. The partnership should implement Getting It Right for Everyone (GIRFE). There should clear pathways to an MDT which is set up to review and provide a care/health plan. Integration of teams will maximise capacity and reduce duplication and confusion and improve patient experience.

The recommendations from the frailty project led by Dawn Moody should be reviewed as they include patient engagement and data.

Geriatric medicine does not always require a face-to-face assessment, and much can be done remotely. Nurses (or GPs with special interest) can examine patients and can seek input from a geriatrician remotely as required. This allows greater flexibility in staffing geriatrics and can be implemented quickly.

Many professionals raised the need to have an integrated patient record which can be seen by all health and care workers. In the short term, a work around should be focussed on, recognising that a comprehensive system with take time and resource to develop. The work currently being undertaken by Moray HSCP in collaboration with HIS is hoped to produce a digital patient held record which might provide a “quick fix” to information sharing in the short-term addressing the key messages from local engagement that patients don't want to share their “story” multiple times.

Horizon 1
Implement the GIRFE team round the person model (currently utilised in some GP practices and being piloted with Geriatrician) to all older adults with frailty Implement “my life plan” model from GIRFE Implement a single referral form and single point of referral (many examples of this across Scotland) - with a duty model initial advice, triage and signposting could be offered Integrate existing community teams in the intermediate care space and develop a single point of referral Create a change programme to support implementation of recommendations and with a focus on governance and delivery pathways Develop the therapy assistant role further and extend scope (existing Band 4 roles work well – could develop further Implement the virtual meetings framework outlined in the GIRFE toolkit to ensure the individual is at the heart of their meetings
Horizon 2
Consider capacity of ANPs, nurses and AHPs (e.g. dietetics, speech and language therapy) and Social Workers to current MDTS. Consider if there is a requirement for permanent Geriatrician time (perhaps remotely)

Deliver staff training and Education
Horizon 3
Develop multi professional interagency pathways with the person at the centre Develop virtual MDTS as described in GIRFE for best practice to maximise telehealth

Standard 3: Unpaid Carers - Unpaid carers and care partners are valued are valued, supported and trained to continue to provide care

The main strategic focus for carers will be led by the Carers' Strategy but the work needs to be cross referenced.

Horizon 1
Implement GIRFE team around the person to value carer contribution Work with third sector partners – i.e. Crossroads to ensure carers are offered appropriate training for their role
Horizon 2
Education – on frailty and other topics to be offered
Horizon 3

Standard 4: Keeping active – Older people living with frailty are supported to keep active to maintain and improve mobility independence and function

Horizon 1
Deliver training on risk enablement. Review current platforms in use to develop a community directory and agree which route to be followed Currently staffing challenges are preventing the discharge to assess model (Homefirst) from working effectively with the associated effect of increasing dependency unnecessarily. Consider how to address these shortfalls to prevent unnecessary lengthy stays in hospital which increase dependency and reduce mobility independence and function. This is connected to the review and merging of teams.
Horizon 2
Consider building self-management/self-assessment resources (like those developed by Moray HSCP) which are based on the life curve and encourage self-management and self-efficacy
Horizon 3

Standard 5 – Nutrition and Hydration Older people with frailty are supported to eat and drink and receive specialist input if required

Dietetics and SALT teams locally are very small and have historically had high vacancy rates. This has limited their ability to offer education and early intervention.

Horizon 1
Investigate demand and capacity for videofluroscopy within SALT. Consider extending scope and increasing Band 4 therapy assistant roles to support dietetics as well as SLT.
Horizon 2
Deliver training. Clear triage and screening protocols and pathways to be developed. Nutritional screening will routinely form part of initial assessment pathways, and all MDT members will be training how to complete.
Horizon 3

Standard 6 – Bladder and Bowel Health Older people living with frailty receive early assessment and pro-active management of bladder and bowel issues

Staff reported absence of policies and protocols and a lack of clarity about roles and responsibilities. There was some evidence of proactive approach in pockets. Should there be a local lead/advisor. Continence needs to be recognised as within the role of all members of the MDT

Horizon 1
Develop bladder and bowel policies Develop catheter pathways and protocol Review survey undertaken (Specialist Nurse for MS and MND) and consider actions arising from findings
Horizon 2
Training to be delivered
Horizon 3

Standard 7 – Medicines management and review – Older people living with frailty are prescribed medicines which are safe effective, and person centred

Community medication reviews occur, and the existing MDTs can refer. Telemedicine is used. Need to adopt a more proactive rather than reactive approach. Some issues about medication support across the MDTs

Horizon 1
Implement GIRFE team around the person recognising pharmacy have key role in team

Consider demand and capacity and identify staffing requirement for pharmacy
Horizon 2
Horizon 3

Standard 8: Living and Dying well – Older people living with frailty are empowered to live well throughout their life, maximise enjoyment and die comfortable

There is rich data from the frailty and GIRFE engagement work to understand what matters to the older people of Orkney. This indicates people are already utilising a range of community led supports to maintain their wellbeing in older age. There are tools in the GIRFE toolkit around community connection and ensuring individuals know the supports available. Anticipatory care planning also happens but there are challenges with sharing that data.

Horizon 1
Look at existing information databases and decide a model for Orkney both for information services and anticipatory care planning. Ensure the creation and review of a palliative care pathway.
Horizon 2
Ensure older people with frailty have a “life plan” document (GIRFE) and this includes anticipatory care planning.
Horizon 3

Appendix 6: Digital Stocktake and Clinical Feedback

1. Background

We already live in the digital age. There is no part of the health & social care system that does not already rely on digital & data to function – but we are still barely scratching the surface in terms of public/patient access/interactions through digital or in using digital & data to drive system and/or behavioural change.

Digital is not a 'thing', but rather a way of 'doing things', this requires rethinking how to use new capabilities to improve how services are delivered. This includes being open to re-examining our entire way of 'doing things'.

The Enabling, Connecting and Empowering: Care in the Digital Age strategy sets out key deliverables Scottish Government (SG) expect Health Boards to deliver as part of the Annual Delivery Planning Process. This includes outlining how we make better use of data and technology to improve access services ensuring a strong focus on addressing known gaps and weaknesses in how we collect, share, and analyse data to improve health outcomes in a secure, transparent, and ethical manner.

The delivery of safe, person-centred quality care demands the development and effective running of our technology to fully realise the benefits systems offer. Having the right tools and technology in place will enable our workforce to be more productive and efficient as we continue our improvement journey.

2. Consultation

An extensive engagement process has been carried out as part of the Clinical Services Review. This has involved over 100 structured interviews with clinicians delivering services to the Orkney population. Locum staff, clinicians from Grampian and Highland, and representatives from both acute and community/primary care contributed to the engagement. As part of these interviews, clinicians were asked what use they currently make of digital and IT systems, what works well at the moment and what could be improved. This information will inform the findings and recommendations of the CSR.

3. Drivers for Change

The First Minister has been clear that NHS renewal and reform must be underpinned by a digital-first approach to ensure sustainable and future-proofed healthcare services. Digital transformation is a critical enabler of modern, efficient, and accessible healthcare, and work at both national and regional levels is progressing at pace.

If we are to realise Scottish Governments vision of enabling people to live longer, healthier, fulfilling lives, the Board needs to reduce Health Inequalities, improve value, affordability and outcomes for patients, optimise capability & experience and reform our model of care support care at or closer to home.

Digital is a key enabler for NHS Renewal and Reform which must be owned and driven by the business. Deploying digital technologies to modernise services, which provide digital notifications, access to personal health information, and options for interacting online with health and social care service requires a whole-system approach.

The demand for digital support to modernise our Health and Social Care system has never been greater, placing increased pressure on our digital services team. This demand, added to the current financial situation and level of conflicting national asks, is making it difficult to recruit and retain sufficiently talented resources to allow us to maintain the services going forward.

4. Clinical Systems hosted by NHS Grampian

Clinicians within the Board have access to the following clinical systems to via a Service Level Agreement (SLA) in place with NHS Grampian (NHSG) since 2008 for the provision of eHealth hosted applications and associated services.

Clinical System	Functionality	Gaps	Opportunities identified through stakeholder engagement
Badgernet (Cloud hosted)	**Supports the entire duration of pregnancy, from pre-conception to postnatal care**, eliminating the		

	need for paper records Single Pregnancy Record (SPR): Provides a comprehensive record accessible by different maternity sites, ensuring clinical safety **BadgerNotes App**: Empowers women by giving them access to their digital records and enabling them to update their care plans **Real-Time Data Entry**: Allows for real-time recording of events and care throughout pregnancy		
BOXI reporting/ PowerBI	The BOXI (Business Objects XI) reporting system is part of the SAP BusinessObjects suite, offering a variety of functionalities to support business intelligence and reporting needs. Here are some key features: Ad-Hoc Reporting: Allows users to create reports on-the-fly to answer specific business questions Data Visualization: Provides tools to create impactful visualizations, dashboards, and applications for better data analysis Self-Service BI: Empowers business users with intuitive tools to combine data, analyze trends, and generate insights without needing IT intervention Real-Time Analytics: Connects with SAP Business Warehouse and SAP HANA to deliver real-time data analytics1. Office Integration: Integrates with Microsoft Office		

	applications like Excel and PowerPoint for seamless data manipulation and presentation Cross-Enterprise Sharing: Facilitates sharing of business insights across the organization to support decision-making Role-Based Dashboards: Creates interactive dashboards tailored to specific roles within the organization Large-Scale Data Analysis: Analyses large datasets to uncover deep business insights and forecast trends		
CCP (Cancer Care Pathway)	Cancer Auditing System		
Electronic Document Transfer (EDT)	Conveys documents generated in secondary care for electronic delivery to primary care via Docman Grampian and Orkney share an EDT Hub		
HEPMA (cloud hosted)	Hospital Electronic Prescribing and Medicines Administrations system A single instance of HEPMA across the NoS		
InFix Theatre Scheduling	Surgical procedure scheduling system	Not yet live. Proposed Go-Live date December 2025.	
Opera	Theatre management system		
Radiology Information System (RIS)	Radiiology appointments and results		
Picture Achieving Communications	Picture Archive and Communications System Stores images taken by the radiology departments.	Current system to be replaced iby the end of 2026	

System (PACS)			
Trakcare Patient Management System and ED (CORE)	Patient Administration: Manages patient registration, scheduling, admissions, discharges, and transfers In Grampian – OP and IP notes. Order Comms for labs and radiology.	Not yet live with Trakcare ED or OP and IP notes. dependant on NHS Grampian	

The SLA with NHS Grampian represents the mutual commitment and partnership of both provider (NHS Grampian) and customer (NHS Orkney) to meet service requirements and to support the delivery of high-quality patient care and value co-creation as set out in the NHS Scotland Annual Delivery Plan, our long-term Corporate Strategy and Scottish Governments Enabling, Connecting and Empowering: Care in the Digital Age.

Whilst The SLA is not a contract enforceable under Law it represents the mutual commitment and partnership of NHS Grampian and NHS Orkney to meet service requirements and support the delivery of high-quality patient care and value co-creation. However, whilst clinical systems are managed by NHS Grampian, ehealth staff are employed by NHS Orkney. This has been challenging, leading to eHealth staff feeling that the Board's requirements are treated as a lower priority and that they are unable to influence how changes are made.

5. Clinical Systems hosted by NHS Orkney

Clinical System	Functionality	Gaps	Opportunities identified through stakeholder engagement
Care Portal	Clinical Portal: Offers web access to the SCI Stores of Grampian, Orkney, HIghland and the West of Scotland boards. Activity data from TrakCare – OP appointments and record of admissions, But not the notes.	Currently not live in Orkney	Opportunity to roll out Care Portal for no cost through NHS Highland
c-Cube	Archive of scanned patient notes		
DATIX	System for managing incidents, risks and issues		
Phio app	First point of contact for MSK Physiotherapy service		
Power BI	Used for reporting purposes including IPR, national submissions		
WinVoice Web (Digital Dictation)	Digital Dictation system for secondary care clinicians only	Not currently rolled out to primary care clinicians	

6. Clinical Systems supported by National Services Scotland (NSS) and National Education Scotland (NES)

Clinical System	Functionality	Gaps	Opportunities identified through stakeholder engagement
Adastra	GP Out of Hours system		
Chemocare	Chemocare is a comprehensive resource for cancer patients and their caregivers that provides chemotherapy drug and side effect information, cancer wellness information, and links to additional reliable resources and organisations.		
Child Health System	Child health reporting – eg vaccinations and development assessments		
Discovery	National data analytics product giving a partial view of some conditions and pathways.		
Docman	GP IT System for storage of results, clinical letters, scanned records, etc.		
Emergency Care Summary (ECS)	Provides healthcare staff, including Community Pharmacists and registered Technicians, access to medication data to support patient care.		
EMIS	Primary clinical system in General Practice (used in two practices in Orkney)		
LIMs- Evolution	Laboratory Information Management System	Proposed move to national implementation in Feb 2026	Improved sample workflow for referred samples, improving turnaround times.
Openeyes	OpenEyes is an eye care specific, web-based EPR that could consolidate disparate information into	Not yet live in Orkney.	Potential to maximise the consultants' time on

	one easily accessible record. The EPR unifies data from systems, imaging machines and clinical input into nationally and internationally agreed data sets.		island by looking at the 40 to 50 scans remotely freeing up an additional morning for operating. This may require additional hardware to send scans to Inverness.
M365	Currently being used for emails, MS Teams and office applications	Need to exploit M365 Power Platform. Orkney likely to need to collaborate with other boards to achieve this	Digital Dictation is available
My Diabetes My Way	Login for patients to look up their own bloods as well as advice on a whole range of issues. Patients can also see their blood test in graphs and gain a lot of satisfaction from improvements in the results. The data to care for patients can be accessed by them through mobile phone, email and other ways. There is also technology which can show real time on how patient's blood glucose results. In addition, there is home visits for complex patients and patients can have a video call with family in attendance. The technology for patients is improving by the day and the weight management with new drugs may be very helpful the reason that technology is advanced is that people with diabetes have developed themselves to help them.		
MORSE – Community	**Calendar** - Multiple views of schedules provides relevant patient information including alerts,	Not yet live - first team to go live Quarter 3 2025/26 will be	Roll out to all Community Teams

Electronic Patient Record	admissions & discharges. View team and user availability for patient bookings via Microsoft Outlook as Morse appointments can be viewed in the NHS M365 calendar. **Caseload management** - access and manage patient cases offline. Capture minimum dataset-compliant data, assign multiple clinicians, complete clinical forms and have full visibility of the care provided within the case. **Electronic Forms** - complete and revise clinical forms and optionally publish to other systems including SCI Store for wider visibility of patient care provision. **Messaging** - Message other Morse users & teams, in patient context. All messages are recorded against the Morse patient record and visible to all users. **Referrals** - Fully-featured referral functionality - send and receive referrals from within Morse or via SCI Gateway. **Reports** - In-built support for CHAD, AHP Operational Measures, SMR00 and many other 'national minimum dataset' report types. Additionally, pre-built reports for managing team cases and appointments. **Team Allocation** - The Team Allocation functionality offers teams a facility to view and	the Mental Health Team	Collaboration with other North of Scotland Health Boards in one single instance Could be rolled out in the inpatient setting

	manage team resource, and allocate appointments in a simple, efficient manner. **Integrations** - Morse supports interoperability with many NHS and Social Care platforms, including SCI Store, SCI Gateway, EDT, Orion Portal, TrakCare, Office 365, NetCall, eCare and many more. Web-service based API offers even more integration options.		
Near Me	Video consulting service enabling people to have health and social care appointments from home or wherever is convenient. All GP practices and NHSO sites have the ability for remote consultations		
Picture Achieving Communications System (PACS)	Medical imaging technology designed for storing, retrieving, and sharing medical images securely. It eliminates the need for physical film storage and enables seamless digital access to images such as X-rays, MRIs, CT scans, and ultrasounds.	For replacement Quarter ¾ Will only cover radiology dept imaging not images from elsewhere.- eg gynaematerntity USS, arthroscopy etc	Picture Achieving Communications System
Scottish Care Information Diabetes Collaboration	SCI-Diabetes provides a fully integrated shared electronic patient record to support treatment of NHS Scotland patients with Diabetes. It provides functionality for both Primary and Secondary Care Clinicians and includes specialty modules for Paediatrics, Podiatry, Diabetes Specialist Nursing and Dietetics		
Scottish Care Information (SCI) store	SCI Store is an information repository that provides clinicians with secure access to patient information at the point of care. With established communications interfaces with other local systems, SCI Store is used to share:		

	• Patient demographics • Laboratory investigation reports • Radiology reports • Treatment logs • Clinical documents Information in SCI Store is shared within and can be shared between Health Boards via Store to Store NHS Orkney and NHS Grampian share a SCI Store, which is a unique arrangement.		

7. Clinical Systems hosted by Orkney Island Council

Clinical System	Functionality	Gaps	Opportunities identified through stakeholder engagement
PARIS	Social Care Patient Record enabling front-line staff to record and share important information, helping them make better decisions and improve care.	Not currently interoperable with NHS clinical systems	

8. Summary of issues raised during clinical engagement

The key issue was the number of different systems and either there was no way of them linking with each other or possible linkages haven't been exploited. This leads to duplication of effort, lack of an understanding of the information for a patient and, in some clinical cases, sub optimal care.

Acute division

- The acute division has an EPR which is called C cube which is really a storage space for clinical records. All inpatient records require to be scanned in. There is also Trak Care and SCI.
- The NHSG-developed Core Discharge Document system is used.

Acute Services - Surgery

- Surgeons felt that Trakcare and CHI numbers are good. This is in comparison with services in NHS England.
- Dictation and PACS works well
- Virtual consultations are undertaken with patients, but this could be increased by around 30%.

Acute Services - Obstetrics and Gynaecology, Senior Nurses, Anaesthetists

- No digital issues raised.
- Access to neonatology in Aberdeen was helpful although this is more often done by telephone than video
- There may be opportunities to offer virtual consultations to patients from other boards in waiting lists for gynaecology OP

Acute Services - Medicine

- Consultants carry out medical education and appraisals predominantly remotely.
- Trak provides access to outpatient letters, blood results and x-rays. It is possible to organise an x-ray, but the order comms in Trak in Orkney are different to the order comms in NHS Grampian.
- There is no clinical portal, and all IP notes require to be scanned post discharge.
- There were no issues identified with Near Me and telephone consultations - NHS Grampian are happy to offer this. In terms of GP surgeries on the isles they can also offer this. However, there were other views which showed the number of virtual consultations could be substantially increased and save patients having to travel.

Acute Services Cardiology

- For pacemaker programs they can screen share in Teams to show the experts in Aberdeen. This is not ideal.
- There has been more interest in home monitoring kits which may be downloaded and may be available for free. Some of these are in use in Shetland. It could be helpful for heart failure patients.
- There is also downloadable monitoring for pacemakers which go direct to the Aberdeen team.
- Handheld echos would be helpful as there is currently no echo cardiographer although recently recruited. It would be worth considering collaboration with Grampian on a cardiology image store.
- Ability to develop a shared platform for Holter monitoring as currently cannot share images with Aberdeen and need to post them. These could be loaded to SCI Store.

Ophthalmology Outpatients

- A local Orkney nurse does an OCT then shows it to the consultant ophthalmologist from Highland when she comes to Orkney, who can very quickly analyse large numbers of patients. However, this means that patients are contacted in the morning to attend clinic in the afternoon, and this cannot be done virtually at present.
- Community optometrists send images of acute eye disease to Highland for treatment advice.
- There is no EPR and therefore scans and virtual clinics outputs cannot be sent to NHS Highland, thereby requiring all reviews to be done in Orkney.
- One of the consultants has an Orkney computer which helps.

Emergency Department

- All the patients ED records and all the patients who are to be admitted have quite a lot of paperwork which requires to be completed in handwritten form. It will be scanned at the end of the process or discharge. However, this requires multiple inputs. There are queries about whether the ED proforma can be designed to be delivered online. This could be done in Trakcare.

- There are a series of AI developments from SAS which may be of assistance in managing and assessing patients remotely. Although staff interested, not aware of the developments yet.

Theatres

- The director of IT leading the implementation of Inflix, although staff not clear on functionality. The intention of the product is that it speeds the scheduling of procedures. Adding cases into appropriate slots.
- It would be good to have the colon capsule camera to reduce the need for colonoscopy. However, started doing cytosponge for upper GI.
- OPERA is hosted by NHS Grampian and is used to list cases, but it is difficult to use.

General Practice

- Access to SCI-store is helpful.
- EMIS and Vision work quite well with patient records integrated within them. Issues included the lack of access to mental health records which was a factor in some case reviews a few years ago
- However, GPs in the ferry-linked isles mentioned that the systems were so old that they could not issue electronic prescriptions or order investigations. The isles GPs also described handheld echos but the new mobile phones did not support their use.
- The GPs had apparently been offered access to Trakcare but had been told this was for management of waiting list patients and were not keen to take this on
- There were new technologies including the use of eye technology which was developed between Forth Valley and Strathclyde to enable remote viewing of retinal images which would make ophthalmic review easier and handheld echos
- They also mentioned remote access to specialists' review with patients and the GPs in the surgery/home together. Often patients had to travel unnecessarily.
- Other apps such as the goodsam app described as well as advances from SAS enabling use of smartphones
- The OOH GPs cannot access community psychiatric nursing notes via adastra and this can mean they don't have proper information about patients before being asked to review them

Psychiatry

- Much work is undertaken by telephone or Near Me, especially for psychology and psychiatry
- There is a plan to replace the mental health record keeping system C-Cube with Morse – this is seen as an excellent first step. NB in Grampian, TrakCare is used for specialist mental health services.

- There were comments from other areas eg primary care that they did not have the information they required from mental health service systems on the risks of patients if seeing out of hours or the risk to patients with significant mental health issues. A way of sharing information would be helpful.
- There are proposals for a NoS on call service for CAMHS. Enabling that will require some streamlining of clinical record systems.

Diabetes

- There is a lot of technology in diabetes which works well and is in place in Orkney. This includes SCI diabetes, my diabetes my way and remote clinics with a consultant in Aberdeen. These dashboards were very helpful both in targeting the population and managing individual patients.

Dietetics

- Many weight management patients are given the second nature App, which is a private sector company and NHS Orkney buys around 60 places, funded through public health. It provides lifestyle advice with health coaching for patients.
- Dietitians have their own Standard Operating Procedures and pathways, and it would be helpful to have an Intranet with a page which could highlight these pathways as well as information on self-help and for GPs.
- In terms of Trak care, dietitians can see the acute records but it would be very helpful to be able to see GP records.

Geriatric

- Geriatricians can use telehealth in urgent care responses with advanced nurse practitioners and paramedics and using Teams and virtual Technology to see patients with a nurse in their own home.
- It would be helpful to have a ‘live document’ for patients where different services could input data for complex patients to enable better and more coordinated care.
- There is now a hip fracture group and there is a need to record more up to date data on patients rather than 3 -6 months behind.

Occupational Therapy (OT) Team

- The OT team are taking part in the 'getting it right first time with Digital' enabled technology on the ferry Linked Islands and looking at building a team roundabout the patient who could be assessed remotely
- OT and SW teams use the PARIS system which does not access the primary care or acute patient systems. It is difficult to get a whole picture of the patient.
- There are around 800 to 900 users of telecare with little use of telehealth

Speech and Language Therapy

- The team use quite a lot of digital technology with Near Me, face-to-face and telephone used to see children and young people on the mainland and the islands. They gather a lot of information using video and audio with schools and families and do this relatively successfully.
- However, they would wish vCreate as lot of people can't send videos

Heart Failure

- Access to Trakcare is available and patient notes are put on this.
- There are patient apps which would help monitor high risk patients.

Respiratory

- A dashboard with virtual beds including for pulmonary rehab, asthma, COPD and chronic lung disease would be helpful. This was demonstrated at a national conference in Glasgow last year.
- A self-management app called lungs for life which is excellent and developed for respiratory patients.
- Once for the north (or indeed Scotland) to develop patient information for LTC.
- They document on Trak, the community teams use PARIS and the hospital system uses paper. Morse may make this worse if another system.

Neurology

- Big drawback that electronic systems don't talk to each other. Often email used to bring teams together for a new patients in the community and saved onto Trak.
- There are a number of disease modifying therapies and no system to record monitoring or when patients may need bloods done. This is manually recorded and held on a spreadsheet.
- The RESPECT life platform in use in NHS England and gives live updates and ACPs.
- There are apps being developed by the NHS Grampian Neurology Team, focusing on exercise and increased information for patients.
- There are apps for patients with Parkinson's disease which maybe helpful to explore.
- Artificial intelligence could be used to improve the workflow for e.g. an audio of the consultation and writing of clinical letters to save administrative time.

Dermatology

- Clinicians use Near Me around once per month and has a team view and can get into TrakCare. Many of the photographs which are used are automatically downloaded into the patient record.

Rheumatology

- There is an app which may help patients to record their symptoms as well as blood test results and could be used to monitor how patients were getting on and stratify their risk and need for review. It could help reduce waiting times for patients and lead to better patient care.

General Challenges

Areas that pose the biggest challenge to ongoing service delivery include onboarding new staff, managing the joiners, movers, leavers process which impacts operational smoothness, financial situation and staff readiness to embrace digital technology and innovation. This has led to delays and inefficiencies in closing support tickets and a general lack of ongoing training and professional development for our Digital Services Team which presents a risk to the team's ability to adapt to new challenges.

There is also a perceived lack of engagement from the organisation and the lack of clinical digital leads is considered to be limiting the alignment of Digital Services with broader organisational goals, impacting project success.

Assessing and improving connectivity in the isles to enable digital healthcare to be fully developed.

9. Responding to feedback from clinicians - Opportunities

Horizon 1

TrakCare

Grampian, Orkney and Shetland share the same instance of TrakCare but the clinician's experience varies significantly between the three health boards. The "TrakWorld" configuration for Grampian clinicians includes more data feeds and functions and is accessible to a wider range of people – enabling more integrated healthcare and less duplication of effort. In essence, the Grampian experience is more digitally mature.

Undertaking a capability alignment exercise would allow the Orkney acute sector digital maturity to increase to that of Grampian's. Capability alignment can be thought of as augmenting Feeds, Folk and Functions.

Grampian data Feeds which could be added to Orkney's Trakcare include enabling a view of a clinical photography store.

More Folk could be given access to TrakCare – e.g. social care managers to assist with discharge planning.

New Functions could be provided. These include in-patient and out-patient clinical notes, and order comms for labs and radiology

As well as this capability alignment exercise, there are numerous potential Feeds and Functions which aren't yet available in the Grampian environment and which could be added to all three health boards as part of the same project. Examples would include implementing the electronic Medical Certification of the Cause of Death and configuring results management to enable auto-acknowledgment of some results.

Note that alignment of existing capabilities and the implementation of new features would both require resourcing. This would need to cover implementation and ongoing support.

Orion Care Portal

Working in collaboration with NHS Highland, there is an opportunity to deploy the Orion Care Portal. This would make it possible for Orkney and Highland staff to see each other's SCI Stores – showing clinical documents and test results.

Morse

The Board has already committed to the deployment of the Morse Community Electronic Patient Record system and would benefit from the further roll out of the system to all Community Services. If configured comprehensively, Morse provides clinicians with a view of patient information including alerts, admissions & discharges, send and receive referrals from within Morse or via SCI Gateway (if configured), electronic forms can be completed and revised clinical forms and published to other systems including SCI Store for wider visibility of patient care provision.

Through the caseload management functionality this will provide access to patient case notes when working offline which is particularly useful for areas where connectivity is challenging.

There are in-built support for CHAD, AHP Operational Measures, SMR00 and many other 'national minimum dataset' report types, and pre-built reports for managing team cases and appointments.

Morse supports interoperability with many NHS and Social Care platforms, including SCI Store, SCI Gateway, EDT, Orion Portal, TrakCare, Office 365, NetCall, eCare and many more. Each of these integrations would require an evaluation to determine the benefits vs costs. Web-service based API offers even more integration options which will be required as part of the National Digital Front Door Programme.

OpenEyes

The OpenEyes web-based Electronic Patient Record has the potential to maximise the consultants' time on island by looking at the 40 to 50 scans remotely freeing up an additional morning for operating. This may require additional hardware to send scans to Aberdeen.

Introduction of applications to support clinical care and decision making and self-directed applications for patients

Whilst applications like My Diabetes My Way, Second Nature and Phio are already been used to support clinical care and decision making, consideration should be given to the introduction of other remote monitoring tools and patient self-directed applications.

This should include but not limited to

- The roll out of the Nationally funded Connect Me programme which uses simple technology to help patients monitor and manage their health at home. In Highland the service is currently being used to support people with Asthma, High blood pressure, Chronic pain, Chronic obstructive pulmonary disease (COPD) and Heart failure with more services being developed and planned. Connect Me services are free, other than the time spent on implementation. There can be a choice of communication methods including text messages, emails and automated phone calls.
- Evidence based therapy apps for Mental Health Services for example Sleepio
- Downloadable monitoring for pacemakers which go direct to the Aberdeen team. Patients will have a number of where they can phone the Aberdeen team directly and the Aberdeen team will ask them to download their results.

Digital Dermatology

Patient Initiated Bookings

Horizon 2

North of Scotland Regional Digital Collaborative

Led by Brian Chittick (Chief Executive NHS Shetland), the North of Scotland (NoS) Chief Executives (including NHS Orkney's Chief Executive) have committed to exploring opportunities for greater regional digital collaboration, allowing NoS Boards to share expertise, streamline resources and technical innovation. Training, skill development, leverage the expertise of existing staff to take on more specialised roles, regional working, reviewing the current Service Level Agreement (SLA) with NHS Grampian as well as opportunities to improve service quality and cyber security creating a more integrated approach to digital service delivery across the region.

Collaboration with Scottish Ambulance Service

Discuss opportunities to work with SAS to strengthen urgent care and support remote monitoring. SAS are upgrading their core EPR which will increase integration options.

Horizon 3

Single front door for North of Scotland

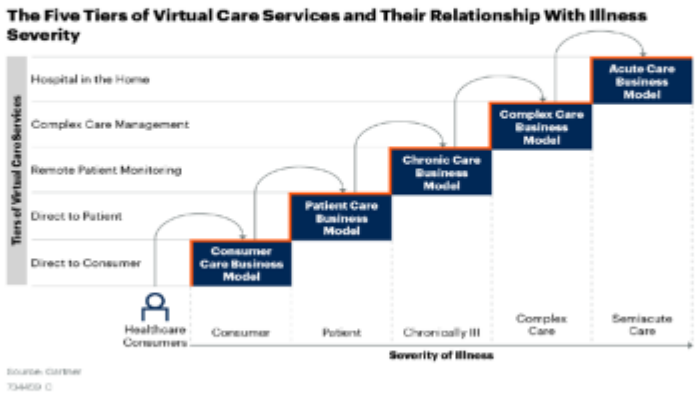
Consider whether a clinical/managerial group reviews the different tiered provision of EDs across the NoS and develops a networked approach, maximising new digital technology and consider a sustainable model for ED with very small catchments to review what works best. Review GP OOH virtual care (step after NHS 24) to determine whether this can be provided for the NOS and link with local services.

Digital Appendix 1

Gartner tiers of virtual care services

Virtual Care

Figure 1: The Five Tiers of Virtual Care Services and Their Relationship With Illness Severity



Source: Gartner 734459 C

Digital Appendix 2

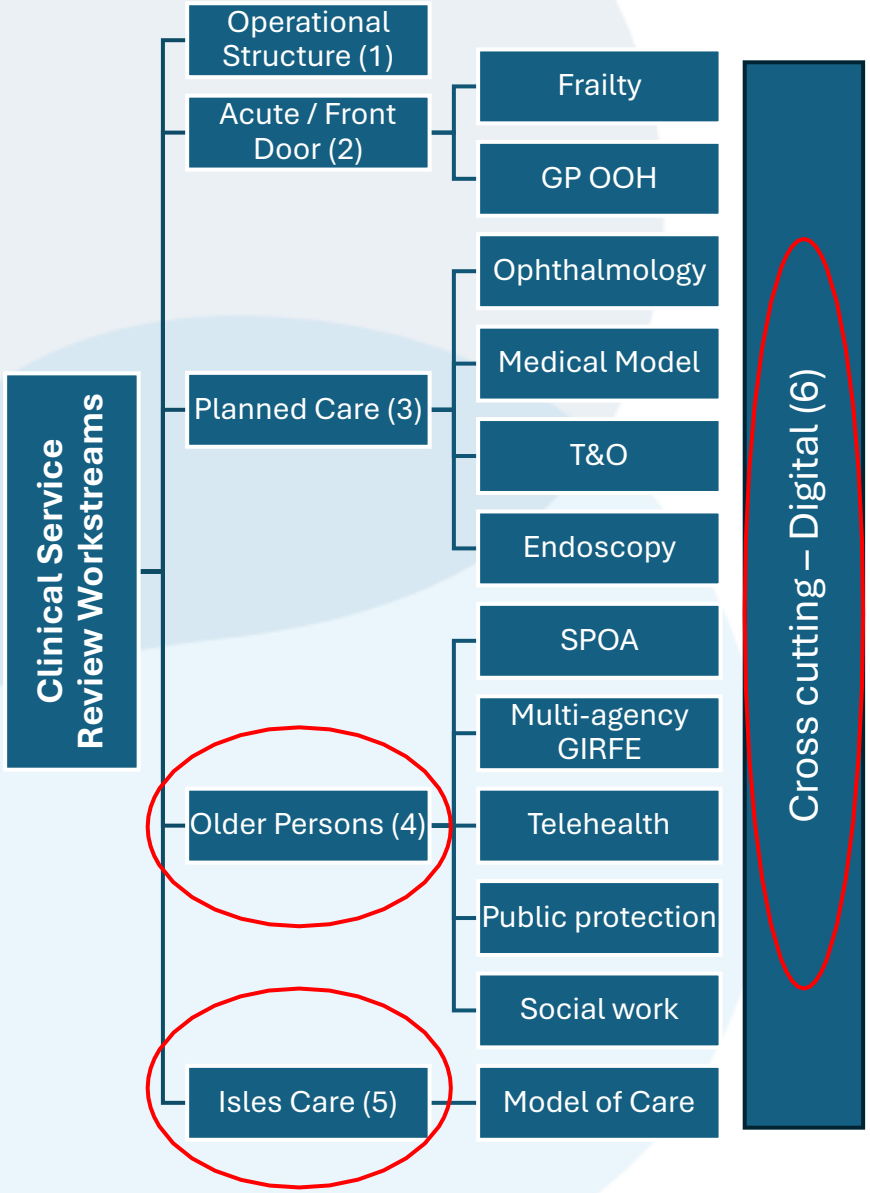
A virtual NHS

Digital Opportunities

Virtual NHS

- This is based on international models from the US (Mercy Virtual Hospital) and Canada (Humber River).
- Telehealth and telemedicine are well-known terms in healthcare and now, a new concept has emerged to facilitate them - the Virtual Hospital.
- **Virtual Hospitals are those where clinicians can provide remote care to patients based in another location through a number of smart monitors and AI devices. These devices allow clinicians to see their patients as well as patient data and offer diagnosis and treatment options.**
- **The services could be provided from a centralised command centre and full digital twin from which all digitally enabled services are run.**
- We would be able to manage physical acute and community beds and virtual wards from a single central command centre to ease pressure across the health board.
- Provides benefits of scale and avoids duplication, inconsistency and inefficiency across the system by bringing teams physically close together.
- Not all staff would have to be 7/7 working physically in the same building but evidence from other sectors such as education show the synergies and benefits of working in the same space on a regular basis.

CSR Work Programme



Collaboration opportunity – NHS O / OIC Improvement Teams – conversations underway

Workstream 1 – Operational Structure
Exec Lead – Tammy Sharp

Workstream 2 – Acute / Front Door
Exec Lead – Sam Thomas

Workstream 3 – Planned Care
Exec Lead – Anna Lamont

Workstream 4 – Older Persons
Exec lead – Stephen Brown

Workstream 5 – Isles Care
Exec Lead – Stephen Brown

Workstream 6 (Cross-Cutting) – Digital
Exec Lead – Mel Barnes

Workstream 1 – Operational structure
Exec Lead – Tammy Sharp

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Operational / workforce	Establish a Hospital Operational Management Team (GM, Clinical Director and Nurse Lead) to focus on quality/governance, staffing issues, baseline budgets, cost, activity and oversee pathway delivery	Realignment of posts to support investment will be required	None identified	8	4
Operational / workforce	Establish a process to maintain and update clinical templates to inform current and future clinical care and to guide the resulting SLAs	To be maintained by leadership triumvirates when in place, SLAs monitored via PCPB	None identified	6	0

Workstream 2 – Acute / Front Door
Exec lead – Sam Thomas

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Acute services / front door	Strengthen ED front door and GP OOH services by developing plans for a single front door with flexible team and test feasibility of proposals. This will provide a more clinically and financially viable sustainable service by freeing up resource for reinvestment	Duplication of community plans for H2		5	10
Acute services / front door	Work with SAS to develop the role of paramedics in day and night OOH care and the role of paramedics within primary care	Duplication of community plans, conversations started with SAS		5	10
Acute services / front door / frailty	Develop frailty screening and acute assessment at the front door	SG unscheduled care funding	Reduce cost hospital Increase out of hospital costs, potential to reduce social care costs (avoid admission / decompensation)	9	5
Acute services / inpatient wards	Review ownership of HDU with staffing, patient profile and location	Need to agree future model for CDU	Dependent on successful recruitment depending on model agreed	7	5
Acute services / front door / frailty	Define clinical pathways for management of frailty with Care of the Elderly teams, and compare with the HIS standards across NHS Orkney and review IP2 roles / support	SG unscheduled care funding	Admission avoidance?	9	5
Acute services	Define and record clinical pathways for acute conditions as well as clear follow up proforma if required	Quick wins – DVT, TIA? Clinical lead support needed?		8	5
Acute services / front door	Implement plans for revised front door model of care and work with NOS to develop enhanced digital triage and support	Link with SAS, overlap with front door horizons work, link with digital		5	10

Workstream 2 – Acute / Front Door
Exec lead – Sam Thomas

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Frailty	Activate eFrailty index across all GP practices and use for demand modelling	SG unscheduled care funding		9	5
Frailty	Introduce routine frailty screening at every contact and a single referral pathway	SG unscheduled care funding		9	5

Workstream 3 – Planned Care
Exec lead – Anna Lamont

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Theatres	Review of theatre / day surgery utilisation	Theatres Corp Strat Yr 2			
Acute services / Outpatients	Identify and put in place succession planning for selected services e.g. Cardiology, Anaesthetics and Neurology	Need to agree core service delivery of NHS Orkney to determine the future and succession planning for services		6	6
Acute services / Endoscopy	Organise training and deliver on island endoscopy services and link with a centre for review	Work up BC to support training for Toriro and Manuela (200k invest to save monies) to support providing on island endoscopy services and reduce locum spend in 26/27	Potential to reduce locum spend in 26/27	8	7
Acute services / Access	Applications to support clinical care and self-management for patients / PIFU	Patient portal prioritisation PHIO – moved to BAU		1	4
Acute services / Pain	Stocktake of current service delivered including an audit of new referrals and clinically review of all patients currently receiving injections to see if this is still appropriate Development of future model of care in partnership with NHS Grampian informed by D&C modelling with consideration given to inclusion of a GPSI service for pain management Consider GPSI services for pain management	Agree model for pain services NHS Orkney wide to inform next steps	Redesigned service model has potential to reduce long term locum spend?	7	5
Access / workforce	Development of an extended-scope physiotherapy (ESP) role to underpin the management of OP pathways (role to engage with primary care physio provision and develop pathways that promote Active Clinical Referral Triage) to ensure that patients see the right clinician at the right time point	Links to frailty		3	1

Workstream 3 – Planned Care
Exec lead – Anna Lamont

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Workforce	Review the workload and pathways for patients managed by the visiting NHS Grampian surgeons to ensure that their time is prioritised for patients most at need of their specialist knowledge and skills. A review should also take place to determine how much of this workload can be undertaken remotely			8	91
Equipment	Engagement with orthopaedic suppliers to determine the best value method of supplying adequate universal instruments and implants to manage a reasonable range of trauma situations			4	8
Pathways / pre-op	Review of pre-operative assessment processes to allow for an adequate pool of available patients to optimise utilisation of scheduled orthopaedic operating lists. There should be an aim that lists are confirmed at 6 weeks, with all patients booked by 4 weeks,	Part of OP workstreams (Ellen)		8	5
Workforce (Cataracts)	Appoint to the vacant Global citizen post and review succession planning for consultant input into NHS Orkney by working with NHS Highland	In progress – timescale?	Yes, if recruited too will reduce locum / WLI spend	8	3
Workforce / Access (Cataracts)	Expand hospital optometry service to assess and list cataract patients, reducing reliance on consultant clinic time		Yes in the longer term, needs initial investment	8	3
Access / workforce (Medical Retina)	Identify and train additional nurse or AHP injectors	Training requirements Changes to banding	Yes in the longer term, needs initial investment	8	3

Workstream 3 – Planned Care
Exec lead – Anna Lamont

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Digital (Medical Retina)	Explore digital options to utilise an EPR such as OpenEyes along with access to OCT imaging remotely to facilitate virtual clinics by an NHS Highland clinician	Link with digital		9	6
Leadership (All Services)	Identify an ophthalmology team lead contact in NHS Orkney to link with external teams	Opp to link with Highland?		5	5
Training (All Services)	Establish ophthalmology training programme	Opp to link in with another Board – Highland?		8	3

Workstream 4 – Older persons
Exec lead – Stephen Brown

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
SPOA	Develop and test the feasibility of plans for physiotherapy and community nursing towards an incremental single point of access	Being worked through for community nursing, look at expanding to include?		3	1
SPOA	Review and develop plans for 'Orkney Care' SPOA for all HP services building on the SPOA work in Horizon 1	Link to horizon 1 – is there an opportunity to expand work being done to progress this in Horizon 1?		3	1
Frailty / HCOOP	Develop elderly care strategic plan setting out development of a HUB approach and flexible accommodation options	Move to Horizon 1 and work up in parallel to frailty workstream Link to strategic estates		7	1
Frailty	Roll out GIRFE "team-around-the-person", single referral form and virtual MDT meetings			4	5
Frailty	Merge intermediate-care community teams and test HomeFirst discharge-to-assess			4	1
Pall Care	Agree model for anticipatory care & palliative pathway and align information systems	SG unscheduled care monies		6	1

Workstream 5 – Isles Care
Exec lead – Stephen Brown

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
Front door services	Develop new Isles model of care with early test of changes (first responder, digital monitoring)	Link with digital			

Workstream 6 – Digital
Exec lead – Mel Barnes

Theme	Recommendation	Comment	Savings potential	Clinical prioritisation	Financial prioritisation
EPR	Develop digital Electronic Patient Record (EPR) for assessment to reduce duplication and initial review of proforma used	Links to Acute / Front Door	Streamlines workflow to free up capacity	6	3
Digital triage	Implement plans for revised front door model of care and work with NOS to develop enhanced digital triage and support	Links to Acute / Front Door Link with SAS, overlap with front door horizons work			
PAS	Maximise use and functionality of TrakCare	Needs scoping			
EPR	Implement OpenEyes and MORSE	26/27 digital priorities			
EPR	Explore digital options to utilise an EPR such as OpenEyes along with access to OCT imaging remotely to facilitate virtual clinics by an NHS Highland clinician			9	6
Front door services	Test and implement first responder services on the ferry linked isles and identify technological development to enhance this further	Link to Isles care workstream			

Appendix 1 – CSR recommendations

Horizon 1 – Hospital Services

Recommendations for progression

Theme	Recommendation	Comment	Savings potential	Workstream
Acute services	Clear protocols for referrals and management with roles clearly defined for long term conditions specialist teams			2
Acute services / Outpatients	Identify and put in place succession planning for selected services e.g. Cardiology, Anaesthetics and Neurology	Need to agree core service delivery of NHS Orkney to determine the future and succession planning for services		3

Horizon 2 – Hospital Services

Theme	Recommendation	Comment	Savings potential	Workstream
Acute services / endoscopy	Organise training and deliver on island endoscopy services and link with a centre for review	Move to Horizon 1? Work up BC to support training for Torres and Manuela (200k invest to save monies) to support providing on island endoscopy services and reduce locum spend in 26/27	Potential to reduce locum spend in 26/27	3
Acute services / front door	Implement plans for revised front door model of care and work with NOS to develop enhanced digital triage and support	Link with SAS, overlap with front door horizons work		2D
Acute services / front door	Test and implement first responder services on the ferry linked isles and identify technological development to enhance this further			2D

Horizon 1 – Primary and Community Care

Recommendations for progression

Theme	Recommendation	Comment	Savings potential	Workstream
SPOA	Develop and test the feasibility of plans for physiotherapy and community nursing towards an incremental single point of access	Being worked through for community nursing, look at expanding to include?		4
GPSI services	Consider GPSI services for pain management	Agree model for pain services NHS Orkney wide to inform next steps	Revised service model has potential to reduce long term locum spend?	3
Mental Health	Implement the nurse liaison service and additional consultant sessions to strengthen primary care mental health links and thereafter, input into the development of mental health services for primary care	In place	Is this resulting in avoided admissions?	
Outpatient services	Review AHP waiting times and develop plans to address these referral criteria, waiting list review and backlog	Picked up via Planned Care 52 w work MSK - PHIO		
Front door services	Develop new Isles model of care with early test of changes (first responder, digital monitoring)	Limited delivery in year Theory tested at IJB development session, test of change Papy Westray	Long term (unlikely this financial year) Recurrent savings if progresses beyond test of change @ 6 months?	2D
Access	Develop clear referral protocols between GPs and secondary care services	Cancer pathways mapped NHS-G maps for specialist pathways to be lifted and shifted Island pathways need work through	None identified	3
Front door services	Develop and implement changes to GP OOH and develop urgent care resource for daytime primary care with SAS	Link with hospital service recommendation	???	2

Horizon 2 – Primary and Community Care

Theme	Recommendation	Comment	Savings potential	Workstream
SPOA	Review and develop plans for 'Orkney Care' SPOA for all HP services building on the SPOA work in Horizon 1	Link to horizon 1 – is there an opportunity to expand work being done to progress this in Horizon 1?		4
Front door services	Implement new Isles model of Care			2
Mental Health	Implement new primary and secondary care mental health services			
Frailty / HCOOP	Develop elderly care strategic plan setting out development of a HUB approach and flexible accommodation options	Move to Horizon 1 and work up in parallel to frailty workstream Link to strategic estates		4

Horizon 1 – Hospital Services

Recommendations – not viable for progression

Theme	Recommendation	Comments	Savings potential
Acute services / legal	Implement additional support from mental health teams to the Balfour and public campaign on POA / guardianship	MH Liaison being picked up elsewhere Public campaign limited by legal services available on Orkney	

Horizon 1 – Primary and Community Care

Recommendations – not viable for progression

Theme	Recommendation	Comments	Savings potential
	Develop educational plan with right decision service to address prioritised list e.g. bladder and bowel care	Training and digital resource dependencies Not a priority	Admission avoidance?

Horizon 1 – Digital Recommendations

Theme	Recommendation	Comment	Savings potential	Workstream link
Collaborative working	Support a NoS approach to digital services	Agree at SLT June'25	Yes, combining resources / collaborative working will reduce cost of implementing digital services Any potential for 25/26?	
PAS	Maximise use and functionality of TrakCare	Needs scoping		2/3
EPR	Implement OpenEyes and MORSE	MORSE – currently working through rolling out to community mental health OpenEyes – 26/27 digital priority		3/4
Outcomes	Explore implementation of the SHIP dashboard for LTCs (learning from NHS Shetland)	Nice to have, not an immediate priority		
Access	Applications to support clinical care and self-management for patients / PIFU	Patient portal – prioritisation? PHIO		3
National	Progress joining up information systems in Orkney for interoperability	Requires significant investment Nationally led		
EPR	Work with SAS to develop pre-hospital care (feeding into Balfour EPR)	Aspirational		

Deep Dive 1 - Pain

Theme	Recommendation	Comment	Savings potential	Workstream
Stock take and improvements to current service delivery	Stocktake of current service delivered including an audit of new referrals and clinically review of all patients currently receiving injections to see if this is still appropriate			3
	Increase theatre cases from 10 to 12 routinely, and up to 16 when travel arrangements allow		Increase in capacity / efficiency	3
	Explore suitability, capacity and resource requirements in utilising radiology space to support some pain injection clinics	Is this not already happening?	If so there is a saving to freeing up theatre capacity here	3
Model of care	Development of future model of care in partnership with NHS Grampian informed by D&C modelling with consideration given to inclusion of a GPSI service for pain management	GPSI – also noted in P&C Horizon 1	Redesigned service model has potential to reduce long term locum spend?	3

Deep Dive 2 – Trauma and Orthopaedics

Theme	Recommendation	Comment	Savings potential	Workstream
Access / workforce	Development of an extended-scope physiotherapy (ESP) role to underpin the management of OP pathways (role to engage with primary care physio provision and develop pathways that promote Active Clinical Referral Triage) to ensure that patients see the right clinician at the right time point			3
Workforce	Review the workload and pathways for patients managed by the visiting NHS Grampian surgeons to ensure that their time is prioritised for patients most at need of their specialist knowledge and skills. A review should also take place to determine how much of this workload can be undertaken remotely			3
Equipment	Engagement with orthopaedic suppliers to determine the best value method of supplying adequate universal instruments and implants to manage a reasonable range of trauma situations			3
Pathways / pre-op	Review of pre-operative assessment processes to allow for an adequate pool of available patients to optimise utilisation of scheduled orthopaedic operating lists. There should be an aim that lists are confirmed at 6 weeks, with all patients booked by 4 weeks,			3
Audit	Outline an action plan to continue improvements in Scottish Hip Fracture Audit standards attainment			3

Deep Dive 3 – Ophthalmology

Theme	Sub-specialty	Recommendation	Comment	Savings potential	Workstream
Access	Cataracts	Address current backlog with WLI funding	Additionality funding provided to clear NOP backlog		3
Performance		Agree KPIs for theatre performance utilisation and digital	In place	Capacity efficiencies?	3D
Workforce		Appoint to the vacant Global citizen post and review succession planning for consultant input into NHS Orkney by working with NHS Highland	In progress – timescale?	Yes, if recruited too will reduce locum / WLI spend	3
Workforce / Access		Expand hospital optometry service to assess and list cataract patients, reducing reliance on consultant clinic time		Yes in the longer term, needs initial investment	3
Access	Glaucoma	Explore whether the referral pathway for new glaucoma patients can be routed through community optometry		Yes in the longer term, needs initial investment	3
Access		Establish a hospital optometrist service in the Balfour for glaucoma and, with consultants, review the management of low-risk patients		Yes in the longer term, needs initial investment	3
Access / workforce	Medical Retina	Identify and train additional nurse or AHP injectors	Training requirements Changes to banding	Yes in the longer term, needs initial investment	3
Digital		Explore digital options to utilise an EPR such as OpenEyes along with access to OCT imaging remotely to facilitate virtual clinics by an NHS Highland clinician			3D
Leadership	All services	Identify an ophthalmology team lead contact in NHS Orkney to link with external teams	Opp to link with Highland?		3
Training		Establish ophthalmology training programme	Opp to link in with another Board – Highland?		3
Access		Continual waiting list validation to be carried out	Support in place with NECU – admin Clinical validation?		3
Digital		Implementation of Open Eyes	Digital priority 26/27		3D

Deep Dive 4 – Mental Health

Theme	Recommendation	Comment	Savings potential
Service design	Developing a graded acuity approach to service design	Ayesha's objectives – being progressed	N/A
Digital	Bring together a range of approved Apps and Web links to support people manage their own mental health	Already on NHS 24 – not prioritised Suicide prevention app for young people	N/A
Digital	Digital therapies and interventions– providing a full range of digital interventions including those hosted elsewhere and on a regional level e.g. stress control sessions/anxiety management	Not in support	N/A
Service design	Building a MH support team around primary care with weekly meetings between MH staff and GPs on presentations and agreed pathway/management, establishing single point of access to a newly formed 2nd care MH MDT, and learning from the dementia model	Not possible within current resource constraints Requires investment	
Clinical	Carrying out a waiting list validation exercise	Adult referrals to be addressed through MORSE – non-commissioned activity CAHMS WL have been validated	No savings
Service design	Explore model of crisis service with third sector	In place already	
Service design	Explore models of guided self-help and peer support with the third sector	In progress – existing plans in place	Potential for admissions avoidance?
Digital	Roll out Morse for better activity/data capture and start benchmarking	In progress – project management resource required to support further – conversations ongoing Cost involved	

Deep Dive 5 – Services for Older People (standards work)

Standard	Detail	Recommendation	Comment	Savings potential	Workstream
1	**Identification of frailty** Organisations have systems in place to identify older people living with frailty at the earliest opportunity	Activate eFrailty index across all GP practices and use for demand modelling	Is SPIRE reporting in place? Can be delivered within existing resource		2
2	**Assessment and future care planning** Older people living with frailty experience coordinated multi-disciplinary support that is responsive to changes in their life, health and care	Introduce routine frailty screening at every contact and a single referral pathway Roll out GIRFE "team-around-the-person", single referral form and virtual MDT meetings Merge intermediate-care community teams and test HomeFirst discharge-to-assess	Part of frailty model (unscheduled care monies)		2/4
3	**Unpaid Carers** Unpaid carers and care partners are valued are valued, supported and trained to continue to provide care				
4	**Keeping active** Older people living with frailty are supported to keep active to maintain and improve mobility independence and function	Deliver risk-enablement training and create a community directory for activity groups	National resources – no cost		2/4

Deep Dive 5 – Services for Older People (standards work)

Standard	Detail	Recommendation	Comment	Savings potential	Workstream
5	**Nutrition and Hydration** Older people with frailty are supported to eat and drink and receive specialist input if required	Scope videofluoroscopy demand and expand Band 4 therapy assistant roles	Not to be pursued at present	N/A	2/4
6	**Bladder and Bowel Health** Older people living with frailty receive early assessment and pro-active management of bladder and bowel issues	Draft bladder/bowel policy plus catheter pathway and act on prior survey findings	Not to be pursued at present – survey findings included new staff which was turned down	N/A	
7	**Medicines management and review** Older people living with frailty are prescribed medicines which are safe effective, and person centred	Embed pharmacy in GIRFE MDT and size future workforce need	N/A	N/A	2/4
8	**Living and Dying well** Older people living with frailty are empowered to live well throughout their life, maximise enjoyment and die comfortable	Agree model for anticipatory care & palliative pathway and align information systems	Part of frailty model (unscheduled care monies)		4

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 August 2025
Title:	Infection Prevention HAIRT Report
Responsible Executive/Non-Executive:	Sam Thomas, Executive Director of Nursing Midwifery and AHPs & Chief Officer Acute
Report Author:	Sarah Walker Head of Infection Prevention

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board

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

- Safe

2 Report summary

2.1 Situation

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

Local Delivery Plan (LDP) Standards to date; surveillance for Quarter 1 (LDP Standard year) has been validated with Antimicrobial and Healthcare Associated Infection Scotland (ARHAI).The numbers below are based on Healthcare Associated Infections only, as per DL(2025) 05

SAB – 2

CDI – 0

ECB – 1

SSI surveillance is currently paused, pending review

No quarter 2 (calendar year) data available from national body yet for Multi-Drug-Resistant Organism clinical risk assessment.

One exception report submitted was submitted to ARHAI and subsequently closed, for a data exceedance, which was measured against the Healthcare Infection Incident

Assessment Tool as Green. The incident has been investigated and rectifications implemented.

All fifteen General Practices have had their annual Infection prevention audit completed and all fifteen have returned action plans for improvement. The Infection Prevention Practitioner meets with the teams virtually, on a three - six monthly basis, to follow up and offer any additional support required for improvement.

Domestic monitoring scores have varied in recent months but remain above the national target of 90%. Where there are areas that require improvement, the Domestic Supervisors provide support to the individual to ensure standards are achieved and this is reflected in July when a score of 95% was achieved.

The Head of Infection Prevention has met with the Head of Patient Safety, Quality and Risk to discuss the recent changes to the Organisational Duty of Candour Non-Statutory Guidance Revised in March 2025, to include changes to the Healthcare Associated infections section of the guidance, to ensure a robust process is in place for managing Organisational Duty of Candour.

IPC involvement within the Healthcare Built Environment is relatively new to IPC Teams and is an area that is increasing in resource requirements, reducing IPC capacity to manage the core work of an IPC team.

2.2 Background

For Staphylococcus aureus bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB), the definition of “Healthcare Associated Infection” includes both hospital cases and healthcare cases.
There is a vast category of criteria that would capture cases within healthcare associated including, a timing from admission to obtaining blood culture samples, and further examples would be receiving haemodialysis as an outpatient, overnight admission to hospital in the previous 30 days, resides in a care facility or undergone any medical procedure which broke mucous or skin barrier (list is not exhaustive), therefore, many cases will be considered healthcare associated, due to the demographics of the patient groups in general.
The Healthcare Associated Infections (HCAI) Local Delivery Plan (LDP) Standards have been issued with a DL (2025) 05. These are interim standards until such a time as the national surveillance review has been completed. This is expected to complete and an options appraisal to go to Scottish Government by November 2025, for review. Currently, the LDP standards have been confirmed for this year as:

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

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

SAB – Zero

CDI – One

ECB – Five

2.3 Assessment

As the LDP standards are set at extremely low rates the Board should be aware that this will be difficult to achieve and indeed some standards have already been breached.

The important element is that each case is investigated. The data provided in the HAIRT follows the LDP Standard year. Some cases are yet to be validated with ARHAI so may change once finalised.

For more information: Protocol for National Enhanced Surveillance of Bacteraemia

More information on specific pathogens can be found in the National Infection Prevention & Control Manual - A-Z pathogens

2.3.1 Quality/ Patient Care

Each mandatory surveillance case is investigated in collaboration with clinicians and the Infection Prevention & Control Doctor. All infections assessed as preventable or where any learning can be captured, reported as incidents and shared with clinicians and teams supported by any educational needs identified.

2.3.2 Workforce

The Infection Prevention Team are now back to capacity although operational capacity is still currently challenged. Prioritisation of duties continues.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

A request made by the Infection Prevention and Control Committee for the use of the High Consequence Infectious Disease (HCID) Competency Framework, being used currently to train and assess Personal Protective Equipment (PPE) application and removal of HCID PPE, was declined from entry to the risk register by the Risk Management Group, as it was assessed that in absence of any other national framework provided to train and assess competency should be considered business as usual.

All Infection Prevention owned risks are up to date on the register.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Climate Change Sustainability

N/A

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement, and consultation

N/A

2.3.9 Route to the Meeting

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

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- None

NHS Orkney

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

August 2025

Created by:

Sarah Walker

Head of Infection Prevention

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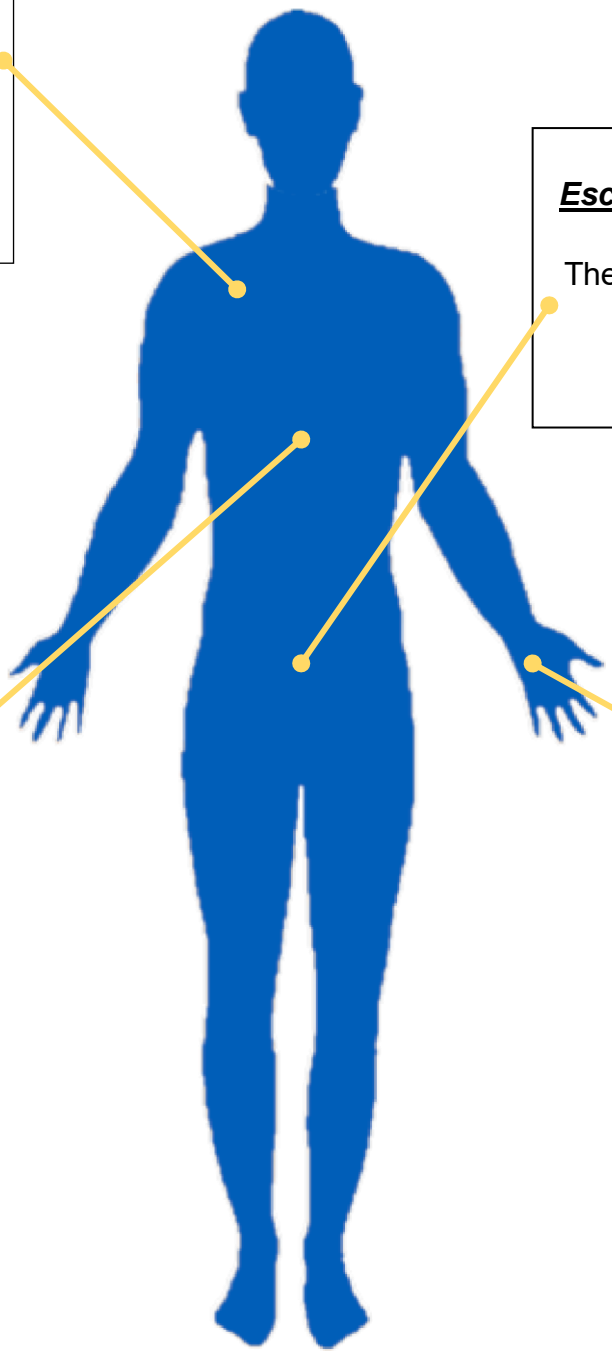
Executive Summary

Summary of the April 2025 - March 2026 Local Delivery Plan HCAI Standard to date

Staphylococcus aureus bacteraemia

The Standard is set at zero HCAI cases

Two Cases to date



Escherichia Coli bacteraemia

The standard is set at 5 HCAIs

One case to date

Clostridioides difficile Infection

The standard is set at one HCAI case

Zero cases to date

Hand hygiene

Currently stands at 91% for hand hygiene across secondary care for June and July, main issues are inappropriate PPE usage and dress code, which needs to be driven within departments by peer support and by Department Leads.

Staphylococcus aureus bacteraemia (SAB)

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

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

Status; Two cases for LDP standard quarter 2025-26; - two cases confirmed with the national surveillance team.

Dashboard

LDP Standard Target Quarters for LDP standard year 2025-26	Total number of cases for *Staphylococcus aureus* bacteraemia (SAB)	HCAI Cases based on LDP standard
Q4 – Jan - Mar	0	0
Q1 – Apr - Jun	2	2
Q2 – Jul - Sep		
Q3 – Oct - Dec		
Q4 – Jan - Mar		

Clostridioides difficile Infection

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

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

Status: Zero cases for Q1 LDP standard, validation confirmed with the national surveillance team.

Clostridioides difficile Infection – LDP Standard Quarters for 2025-26

	Community Cases	Healthcare Associated Cases (HCAI)	Hospital Cases (HCAI)
Q4 – Jan - Mar	1	0	1
Q1 – Apr - Jun	0	0	0
Q2 – Jul - Sep			
Q3 – Oct - Dec			
Q4 – Jan - Mar			

Escherichia Coli (ECB) Bacteraemia

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

Status: one HCAI case for LDP Standard Q1 confirmed with ARHAI
1 under investigation for LDP Q2 to date

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

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

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

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

No update Received for Q2 calendar year to date
This reported in calendar year quarters by ARHAI. **Target is set at 90%**

The data reflects that a documented formal risk assessment at time of patient admission was carried out to assess whether a patient would be considered to fall into a **higher risk category for Meticillin Resistant *Staphylococcus aureus* (MRSA) or Carbapenemase-producing *Enterobacteriaceae* (CPE) colonisation** and does not reflect MRSA or CPE colonisation rates. The criteria for clinical risk assessment is below.

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

Clinical Risk Assessment KPI by Quarter – Local and National Data

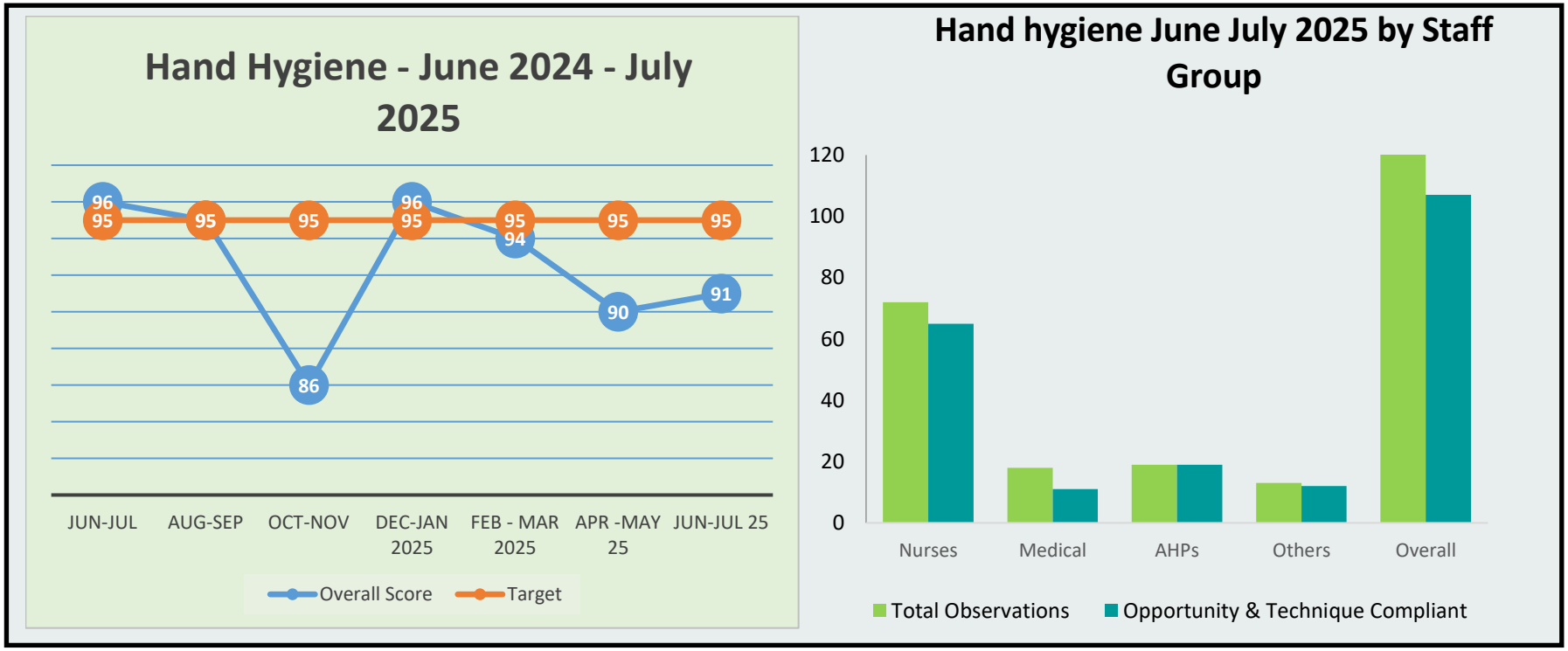
Nationally Produced Data

Quarters by calendar year as reported by ARHAI Scotland	Local MRSA Screening % Scores	Local CPE Screening % Scores	National MRSA Screening % Scores For Benchmarking only	National CPE Screening % Scores For Benchmarking only
Q2Apr-Jun 2024	76%	100%	81%	81%
Q3 Jul-Sept 2024	67%	100%	81%	80%
Q4 Oct-Dec-2024	93%	100%	81%	83%
Q1 Jan-Mar 2025	83%	100%	81%	84%
National Set Target	**90%**	**90%**	**90%**	**90%**

Hand Hygiene

The hand hygiene score for June to July 2025 is now **91%** against the **95% target.**

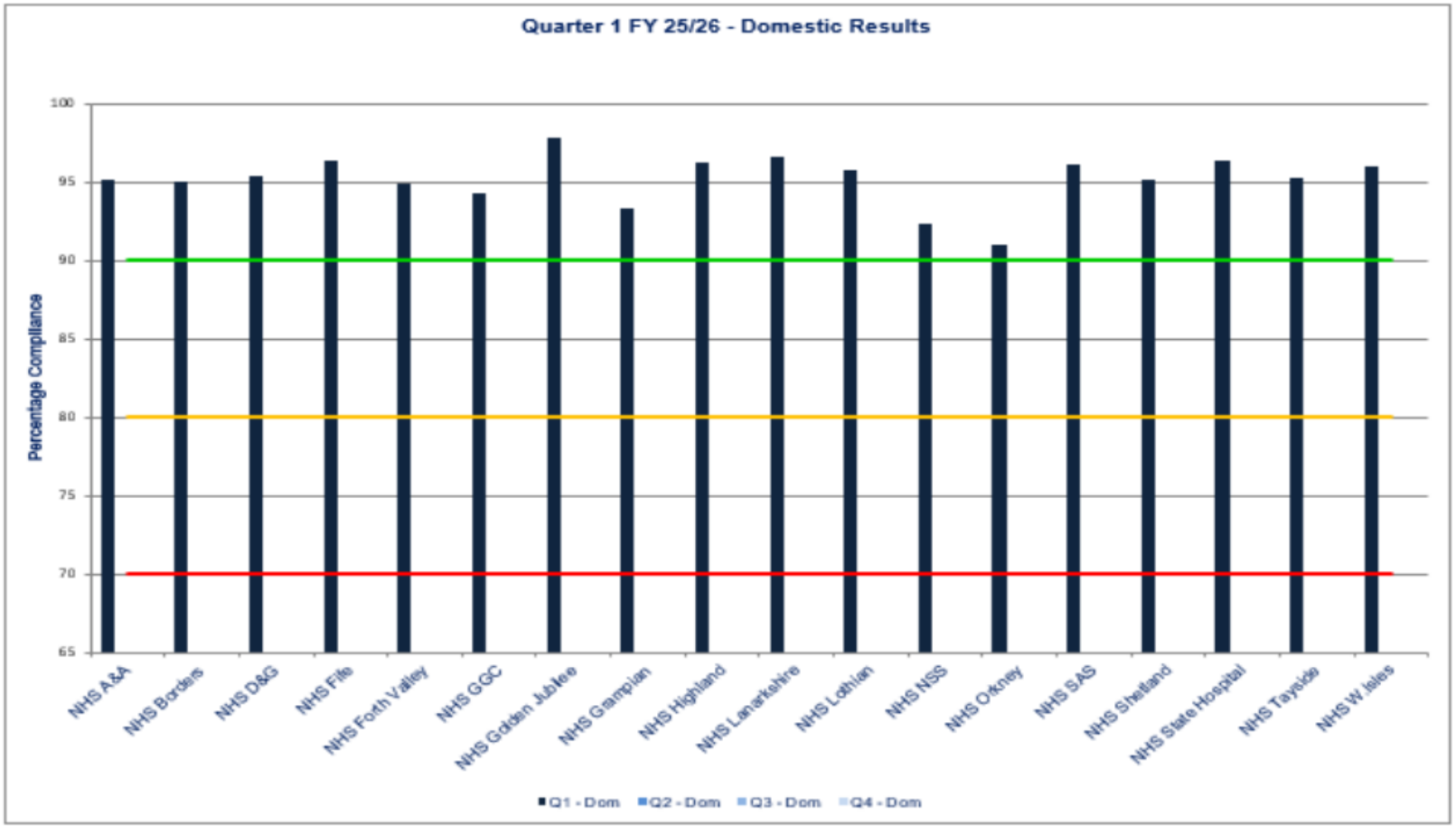
The main issues are dress code within departmental areas, confusion of what is considered a clinical area and overlooked dress code within departments by leads, additionally missed opportunities through inappropriate personal protective equipment use, poor hand hygiene technique.



National Quarterly Domestic Services Monitoring – NHS Board Performance: Quarter 1 (April – June 2025)

Chart showing cumulative quarterly domestic scores by NHS board

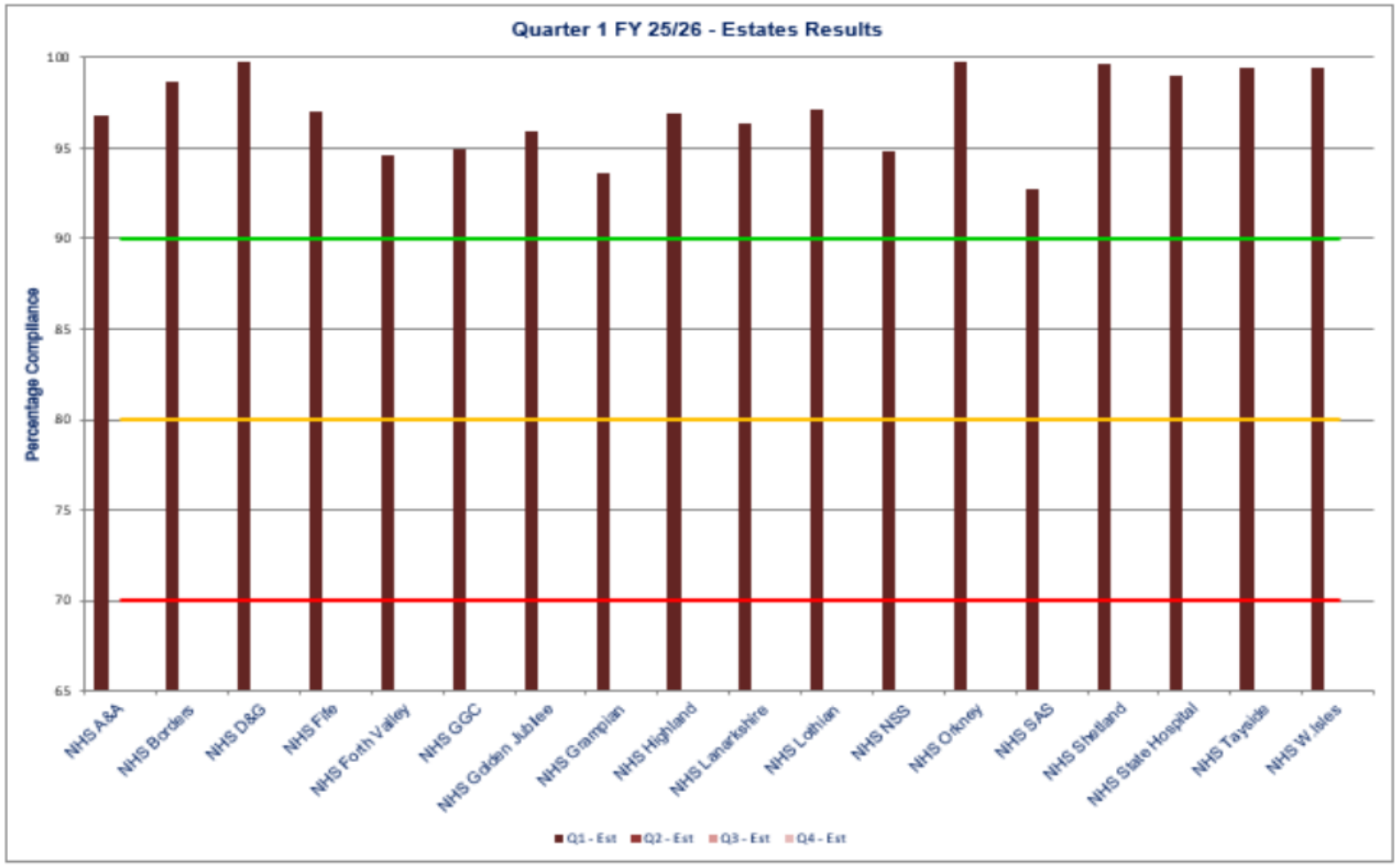
Figure 5.1 - Chart showing cumulative quarterly domestic scores by NHS board



National Quarterly Estates Services Monitoring – NHS Board Performance: Quarter 1 (April – June 2025)

Chart showing cumulative quarterly estates scores for NHS boards -

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



Local Domestic and Estates Environmental Scores by month

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

The Facilities manager reports that proactive support has been offered to areas where improvements require to be made and this is reflected in the improved scores for July.

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

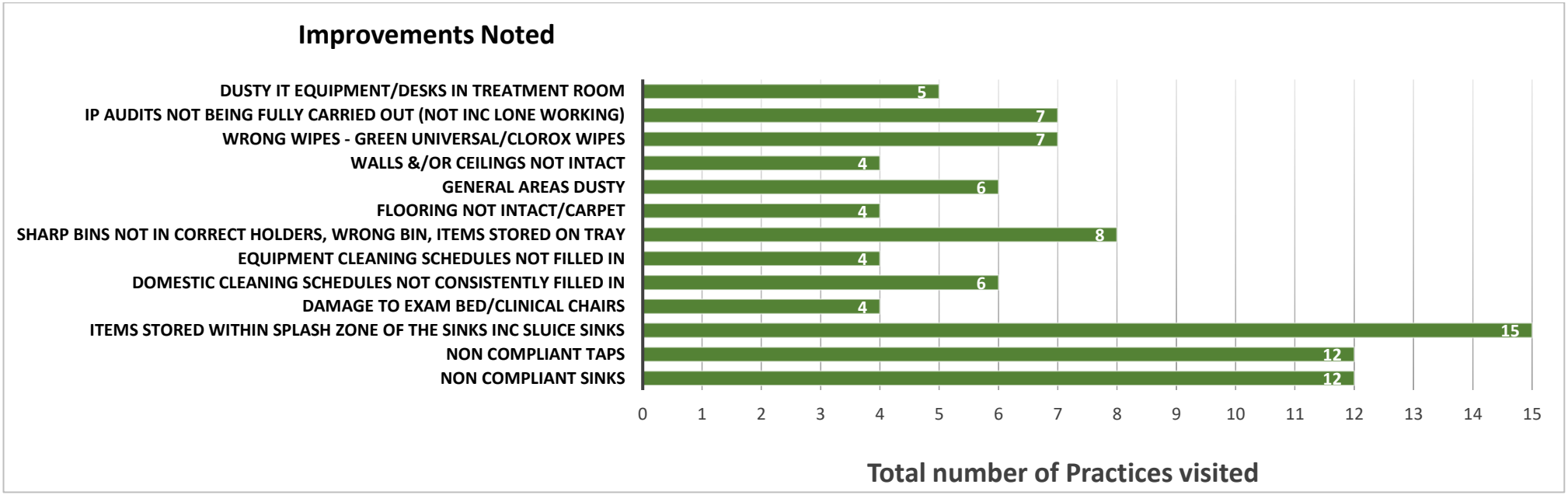
Infection Prevention Team Updates

Primary Care report from quality assurance audits.

Primary Care annual quality assurance audits are completed and improvement plans received from most practices. The IP Practitioner meets the practice nurses on a quarterly basis where required, to assist with or offer advice on the improvement plans.

There is a new section within the audit on the built environment, which has been created to align with Chapter 4 (Water) of the National Infection Prevention Control manual (NIPCM) – Infection Control in the Built Environment and Decontamination. Due to the location of the Isle Practices the IPT are unable to conduct a regular review of progress, therefore the team support three - six monthly MS Team's catch ups with all community and Isle practices where there is a wish for a follow up discussion.
Areas requiring Domestic or Estates improvements are shared with the Service leads for both, to ensure areas for improvements are collated and addressed.

Results



The IPC team are working with practices for improvements around splash zones and in the hope that any little used water outlets such as little used utility sinks or where clinical hand was basins can be removed if within the splash zone, work will progress. This work is in conjunction with the release of the National Infection Prevention & Control Manual, Chapter 4 -Water and being worked through the Water Safety Group locally.

Care Home Support

IPC Practitioner in collaboration with the Health Protection Nurse Specialist has delivered training to Senior Care staff on outbreak management, as part of the winter preparedness that IPC deliver year on year.
The training was developed after a recent outbreak where there was learning that could prevent transmission of infection in the future. The training was interactive, and scenario based and with mini games, encouraging good discussions within the senior staffing teams. The aim is for the Senior Care staff to disseminate this training to all other staff members. This is part of the winter preparedness that IPC deliver year on year.

The Care Home Support Group continues, attendance can be extremely variable, but this offers a venue for open discussion and for questions to be answered and any issues worked through.

Exception Reporting to Scottish Government

Exception report submitted and subsequently closed following a data exceedance of Staphylococcus aureus bacteraemia.

#

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Safe Delivery of Care (SDoC) inspection programme 25/26**
Responsible Executive/Non-Executive:	**Sam Thomas Executive Director of Nursing Midwifery and AHP's and Chief Officer Acute Services**
Report Author:	**Sam Thomas Executive Director of Nursing Midwifery and AHP's and Chief Officer Acute Services**

1 Purpose

This is presented to the Board/Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Healthcare Improvement Scotland (HIS) wrote to Boards on 23 July 2025 to advise it is updating its Safe Delivery of Care (SDoC) inspection programme for 2025/26. Originally launched in 2021

for acute hospitals, the programme has expanded to include mental health and maternity services, reflecting a broader and more responsive approach to system pressures. (Appendix 1)

2.2 Background

Healthcare Improvement Scotland (HIS):

Healthcare Improvement Scotland is a national organisation established to support the quality and safety of health and social care services across Scotland. Its mission is to ensure that people experience the best possible care by:

- Enabling informed choices about care and treatment.
- Supporting improvement in health and social care services.
- Providing evidence and sharing knowledge to drive better outcomes.
- Assuring quality through inspections and reviews.
- Maximising value in care delivery

HIS operates independently in its quality assurance functions but also collaborates with the Scottish Government and NHS Boards to deliver improvements.

The Safe Delivery of Care inspection programme is a key part of HIS's quality assurance work. (Appendix 2) It was launched in 2021 to assess the safety and quality of care in acute hospitals, and has since expanded to include mental health and maternity services.

Key aspects of the SDoC inspections include:

- Unannounced inspections focusing on:
    - Fundamentals of care
    - Safety and risk management
    - Clinical governance
    - Leadership and culture

- Evaluation against national standards, such as:
    - Health and Social Care Standards (2017)
    - Infection Prevention and Control Standards (2022)
    - HIS Quality Assurance Framework (2022)

- Actionable outcomes:
    - NHS Boards receive detailed findings and are required to develop improvement action plans.
    - HIS follows up to assess progress and may adjust inspection approaches based on outcomes

The programme is designed to be proportionate and responsive, helping services identify and reduce risks while minimizing disruption to frontline staff.

2.3 Assessment

Over the past four years, the Safe Delivery of Care inspections of acute hospitals have shown the current and sustained system pressures being experienced across NHS Scotland. The inspections have highlighted areas of required improvements in the care of patients within nonstandard care areas, such as corridor care, patient dignity and respect and the safety and delivery of essential care within emergency departments and other assessment units.

Since January 2023, robust processes have been implemented to ensure that each Healthcare Improvement Scotland (HIS) Safe Delivery of Care inspection is systematically benchmarked across all acute care areas, including Maternity, IP1, IP2, HDU, ED, Theatres, and Renal. A key component of this approach is the structured dissemination of learning from these inspections to all areas including Community Teams, ensuring a whole-system perspective on quality and safety.

The Infection Prevention and Control (IPC) Team plays a central role in this process by reviewing each inspection and collating thematic learning. These insights are shared with clinical teams through a combination of formal and informal mechanisms, including daily safety briefs, ward-based discussions, and monthly meetings involving Clinical Nurse Managers, Senior Charge Nurses, and Senior Charge Midwives. These meetings are chaired by the Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs), reinforcing executive-level oversight and support.

In addition, a series of board-led walkarounds have been undertaken by the Executive Director of Nursing, Midwifery and AHPs. These walkarounds focus on key domains such as the built environment, IPC, and Health and Safety. They are designed not only to identify and address recurrent themes highlighted in inspections but also to provide visible leadership and support to frontline staff. These engagements have proven valuable in reinforcing standards, promoting shared learning, and fostering a culture of continuous improvement.

The HIS inspections are unannounced and focus on:

- Fundamentals of care (e.g. dignity, compassion, communication)
- Management of safety and risk
- Clinical governance structures
- Leadership and culture

They are designed to identify both good practice and areas requiring improvement, with the ultimate goal of enhancing patient safety and care outcomes.

Key developments in the updated 2025/2026 inspection programme include:

- Shift in Inspection Model: Moving from individual hospital site inspections to a comprehensive NHS Board-level approach, covering acute, maternity, and mental health services within a single inspection footprint.
- Concerns and Response: Following feedback from NHS Board Chief Executives and Chairs about potential unintended consequences of the new model, HIS will now implement the changes in a phased manner over 12–18 months.
- Follow-up Inspections: A series of shorter, unannounced follow-up inspections will be conducted for all previously inspected acute hospitals. These will focus on progress against published improvement action plans and will involve:

    - Reduced on-site time (1–2 days)
    - Shorter inspection periods (6–8 weeks)
    - Tailored approaches based on progress made
    - Reduced evidence requirements

- Ongoing Risk Monitoring: HIS will continue to monitor emerging risks and may conduct full inspections if necessary.
- Collaborative Evaluation: HIS will work with NHS Boards to co-develop an evaluation framework to ensure the inspection model remains adaptive and system-aware.

This phased and collaborative approach aims to maintain high standards of quality, safety, and equity of care while minimizing disruption to frontline services.

NHS Orkney has prepared for these inspections across both maternity and inpatient ward areas with benchmarking, HEI walkarounds and by ensuring processes are in place should an unannounced inspection team arrive on site.

2.3.1 Quality/ Patient Care

The Safe Delivery of Care inspections conducted by Healthcare Improvement Scotland (HIS) have a significant impact on quality and patient care across NHS boards. Keyways these inspections influence care delivery:

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1. Strengthening Fundamentals of Care
Inspections focus on the core elements of patient care, such as dignity, communication, and person-centredness. This ensures:

- Consistent delivery of compassionate, respectful care.
- Improved patient experience and satisfaction.

- Greater attention to individualised care planning

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2. Enhancing Patient Safety

By identifying risks and requiring action plans, inspections:

- Reduce the likelihood of avoidable harm.
- Improve infection prevention and control (IPC) practices.
- Ensure timely escalation of clinical concerns.

---

3. Driving Continuous Quality Improvement

Findings are reported under the Quality of Care Framework, which includes domains such as:

- Safe
- Effective
- Person-centred
- Responsive
- Well-led

This structured feedback helps NHS boards:

- Prioritise improvement actions.
- Benchmark performance across sites.
- Embed a culture of learning and accountability

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4. Promoting Leadership and Governance

Inspections assess the effectiveness of clinical governance structures and leadership visibility, which:

- Encourages executive engagement in frontline care.
- Strengthens oversight of quality and safety systems.
- Supports multidisciplinary collaboration.

---

5. Transparency and Public Confidence

Inspection reports and action plans are published, which:

- Enhances public trust in NHS services.
- Demonstrates openness and responsiveness to concerns.
- Encourages shared responsibility for care quality.

2.3.2 Workforce

The workforce impacts of HIS Safe Delivery of Care inspections are both direct and indirect, influencing staffing, leadership, morale, and professional development.

---

1. Increased Focus on Staffing Levels and Skill Mix

Inspections are aligned with the Health and Care (Staffing) (Scotland) Act 2019, which mandates that health boards ensure appropriate staffing to deliver safe, high-quality care. This has led to:

- Greater scrutiny of staffing establishments and dependency tools.
- Increased demand for real-time workforce data to demonstrate safe staffing.
- Enhanced accountability for nurse leaders and managers to justify staffing decisions.

2. Leadership Visibility and Support

Inspections often highlight the importance of visible leadership. As a result:

- Senior leaders, including Executive Directors of Nursing, are more engaged in walkarounds and frontline visibility.
- There is a stronger emphasis on supportive supervision, coaching, and mentoring.

---

3. Workforce Morale and Culture

While inspections can be a source of pressure, they also:

- Reinforce a culture of safety and continuous improvement.
- Provide opportunities for recognition of good practice, which can boost morale.
- Encourage open dialogue about challenges, especially in IPC and care delivery.

---

4. Training and Development

Themes from inspections often lead to:

- Targeted education and training (e.g., IPC, documentation, escalation protocols).
- Development of learning briefs and case studies to share across teams.
- Strengthening of induction and ongoing competency frameworks.

---

5. Operational and Administrative Burden

Preparing for and responding to inspections can:

- Increase administrative workload for senior nurses and managers.
- Require rapid mobilisation of improvement plans, audits, and evidence collation.

2.3.3 Financial

The financial impacts of HIS Safe Delivery of Care inspections on NHS boards in Scotland are multifaceted. While the inspections themselves are not designed to assess financial performance, they often lead to resource-intensive improvement actions that carry both direct and indirect financial implications. Here's a summary of the key financial impacts:

---

1. Cost of Implementing Improvement Actions

Following inspections, NHS boards are required to develop and implement action plans to address any identified requirements. These may involve:

- Environmental upgrades (e.g., ward refurbishments, IPC infrastructure)
- Staff training and education programmes
- Procurement of new equipment or supplies
- Increased staffing or skill mix adjustments

These actions can result in unplanned or accelerated spending, particularly if issues are deemed urgent or high-risk

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2. Workforce-Related Financial Pressures

Inspections often highlight issues related to staffing levels, skill mix, and leadership visibility, which can lead to:

- Temporary staffing costs (e.g., agency or bank staff)
- Recruitment drives to fill gaps
- Backfill costs for staff attending training or seconded to improvement roles

These pressures can compound existing workforce cost challenges, especially in rural or remote boards.

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3. Opportunity Costs

Preparing for inspections and responding to findings can divert:

- Managerial and clinical time away from other operational priorities
- Resources from planned quality improvement programmes to reactive work

This can delay or dilute the impact of other strategic initiatives.

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4. Long-Term Efficiency Gains

On the positive side, inspections can drive:

- Improved care processes that reduce waste or duplication
- Better IPC compliance, potentially lowering costs associated with healthcare-associated infections
- Enhanced governance, which may reduce the risk of costly adverse events or litigation

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2.3.4 Risk Assessment/Management

No risk to current system and reporting data.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. NHS Orkney is committed to delivering care that is inclusive, equitable, and respectful of the diverse needs of our patients, staff, and communities.

2.3.6 Climate Change Sustainability

Climate change is increasingly being recognised as a critical factor in the safe delivery of care across NHS Scotland, although it is not yet a formal domain within HIS Safe Delivery of Care inspections. However, there is growing alignment between climate resilience planning and quality assurance processes.

2.3.7 Other impacts

None anticipated

2.3.7 Communication, involvement, engagement and consultation

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

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

Senior NMAHP meeting 24 July 2025
Senior Charge Nurse/Clinical Nurse Manager Meeting 25 July 2025

2.3.9 Route to the Meeting

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

New Paper

2.4 Recommendation

- **Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Letter updating on Safe Delivery of Care inspection programme 2025/2026
- Appendix No 2 Healthcare Improvement Scotland Quality Assurance and Regulation Plan 2025-2026

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1 South Gyle Crescent
Edinburgh
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Glasgow office
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Glasgow
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23 July 2025

NHS Board Chief Executives
NHS Board Medical Directors
NHS Board Executive Nurse Directors

Dear Colleagues

I am writing to inform you of the upcoming changes to our Safe Delivery of Care Inspection programme for 2025/26.

In December 2021 we began our Safe Delivery of Care inspections of NHS acute hospitals. This programme of inspection is now well embedded across NHS Scotland and serves to underline the importance of proportionate and targeted assurance of the safety and quality of care. The Safe Delivery of Care methodology is much broader than previous inspection approaches and is designed to provide robust and proportionate public assurance that is reflective of and responsive to current system pressures. It is focused on assisting services to identify and reduce risks within the current operating environment, while minimising the impact of inspection on staff delivering frontline care.

Over the past four years, the Safe Delivery of Care inspections of acute hospitals have shown the current and sustained system pressures being experienced across NHS Scotland. The inspections have highlighted areas of required improvements in the care of patients within non-standard care areas, such as corridor care, patient dignity and respect and the safety and delivery of essential care within emergency departments and other assessment units.

The recent expansion of our Safe Delivery of Care (SDoC) inspection programme into mental health and maternity services has resulted in a new and expanded phase for this programme.

To support this new phase, earlier this year we proposed to implement a revised and renewed Safe Delivery of Care inspection operating model for our NHS acute, maternity and mental health assurance programmes for 2025/26.

The revised model would move from inspecting individual hospital sites to a more comprehensive NHS Board inspection approach consisting of an acute, maternity, and mental health inspection within the one NHS Board area and within one inspection footprint.

Our proposal had secured agreement through our internal governance routes and received support from the Cabinet Secretary and Scottish Government policy colleagues.

However, in May 2025 we shared our proposals with the NHS Board Chief Executives who raised concerns that the proposed new model may unintentionally create additional patient safety and care delivery issues for NHS Boards at this challenging time, we also received similar concerns raised at NHS Board Chairs.

We have now reflected and considered the concerns raised and are proposing that we move forward with a phased implementation of our new model of inspection over the next 12-18 months. During this period, we will collaborate closely with NHS Boards to develop a comprehensive evaluation framework to ensure that our approach continues to consider wider system learning and adapt accordingly.

Additionally, we propose to conclude the current phase of our acute hospital inspection programme by undertaking a series of shorter unannounced Safe Delivery of Care follow-up inspections of all areas previously inspected, with a focus on the NHS Boards' progress against their published improvement action plans. The Safe Delivery of Care acute hospital follow up inspections will begin immediately.

Over the next 12-18 months we will:

- Undertake follow-up inspections of all acute hospitals previously inspected.
- The focus of the follow-up inspection will be the previous improvement requirements contained within the NHS Board's published improvement action plan.
- The follow-up inspections will follow the Safe Delivery of Care methodology, and the footprint will be shorter e.g., over 6-8 weeks with one or two days maximum on site, followed by a short update report.
- We will aim to reduce the number of inspections in the Board area at the same time.
- Where a Board has achieved all the actions within their published improvement action plan, consideration will be given to varying the approach of the follow-up activity. This may include, for example, a discussion with senior leadership within the Board to determine if the previous improvement actions have been sustained and if any further improvements have been achieved. This scenario will include a written follow-up or an unannounced site follow-up inspection or a combination of these approaches.
- Evidence requested will be reduced and focused on previous and/or outstanding improvement actions.

- During this period, we will continue to ensure emerging risks, or intelligence is fully considered that may result in the need to undertake a full Safe Delivery of Care inspection of an NHS Board area.
- Any outstanding Board areas that require a full acute SDoC inspection will be scheduled and undertaken.
- We will collaborate closely with NHS Boards to develop a comprehensive and co-produced evaluation framework to ensure that our approach continues to consider wider system learning and adapt accordingly.

The shorter follow-up inspections will be in addition to our programme of unannounced Safe Delivery of Care inspections of adult mental health and maternity services.

A phased implementation of our new model of inspection will allow HIS to collaborate closely with NHS Boards to develop a comprehensive evaluation framework. This approach reflects our ongoing commitment to improving quality, patient safety and equity of care across all healthcare settings.

We will be in contact with you over the coming months to seek your support and input to the proposed evaluation framework but wanted to make you aware of our plans at this early stage and seek your continued support.

Yours sincerely

Eddie Docherty
Director of Quality Assurance and Regulation
Healthcare Improvement Scotland

cc Robbie Pearson, Chief Executive, Healthcare Improvement Scotland

Healthcare Improvement Scotland

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

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23 July 2025

NHS Board Chief Executives
NHS Board Medical Directors
NHS Board Executive Nurse Directors

Dear Colleagues

I am writing to inform you of the upcoming changes to our Safe Delivery of Care Inspection programme for 2025/26.

In December 2021 we began our Safe Delivery of Care inspections of NHS acute hospitals. This programme of inspection is now well embedded across NHS Scotland and serves to underline the importance of proportionate and targeted assurance of the safety and quality of care. The Safe Delivery of Care methodology is much broader than previous inspection approaches and is designed to provide robust and proportionate public assurance that is reflective of and responsive to current system pressures. It is focused on assisting services to identify and reduce risks within the current operating environment, while minimising the impact of inspection on staff delivering frontline care.

Over the past four years, the Safe Delivery of Care inspections of acute hospitals have shown the current and sustained system pressures being experienced across NHS Scotland. The inspections have highlighted areas of required improvements in the care of patients within non-standard care areas, such as corridor care, patient dignity and respect and the safety and delivery of essential care within emergency departments and other assessment units.

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We will be in contact with you over the coming months to seek your support and input to the proposed evaluation framework but wanted to make you aware of our plans at this early stage and seek your continued support.

Yours sincerely

Eddie Docherty
Director of Quality Assurance and Regulation
Healthcare Improvement Scotland

cc Robbie Pearson, Chief Executive, Healthcare Improvement Scotland

NHS Orkney

Meeting:	**Board Meeting**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Patient Experience Framework**
Responsible Executive/Non-Executive:	**Jarrard O'Brien, Director of People and Culture**
Report Author:	**Jarrard O'Brien, Director of People and Culture**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Annual Operation Plan
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Patient Experience Framework is presented for decision. It sets out a simple approach to embedding listening, learning, and action in all aspects of care delivery. Developed in line with Realistic Medicine principles, it provides a way to articulate and coordinate patient experience activity at the level of individual patient experience, team or service level improvement, and system-level impact.

2.2 Background

National policy, public expectations, and clinical evidence all highlight the importance of listening to patients and the community and acting on what matters to them. There are many existing mechanisms to act on feedback for example, complaints and incident management, local patient experience surveys, and Care Opinion. However, NHS Orkney would benefit from a more structured and consistent approach to patient experience across the

organisation. This framework aims to meet that need by aligning with the principles of Realistic Medicine and supporting the goals of the Corporate Strategy 2024–2028.

2.3 Assessment

The framework defines:

- Principles by which to approach patient experience activity – using Realistic Medicine (e.g. personalised care, shared decision-making)
- Domains of activity where teams can take targeted action
- Levels of impact (individual, team, system) to enable both grassroots and strategic change
- Ways we listen and gather intelligence from patients and the community
- A proposed use of patient journey mapping to co-design excellence at each stage of the journey.

2.3.1 Quality/ Patient Care

The framework aligns with Realistic Medicine principles and puts patient safety, quality and experience at the centre of everything we do.

2.3.2 Workforce

The framework strengthens staff connection to purpose and enhances culture.

2.3.3 Financial

The framework supports patient and community engagement in financial recovery, improvement and innovation, and value-based healthcare.

2.3.4 Risk Assessment/Management

The framework supports proactive risk identification and mitigation via feedback.

2.3.5 Equality and Diversity, including health inequalities

The framework explicitly prioritises inclusion and equitable experience.

2.3.6 Climate Change Sustainability

The framework encourages patient engagement in sustainable service design and improvement activity, including in relation to the physical environment.

2.3.7 Route to the Meeting

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

- Senior Leadership Team approved on 5 August 2024.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

2 List of appendices

The following appendices are included with this report:

- Appendix 1, Patient Experience Framework

Team Orkney
Improving Together

NHS
Orkney

Patient Experience Framework

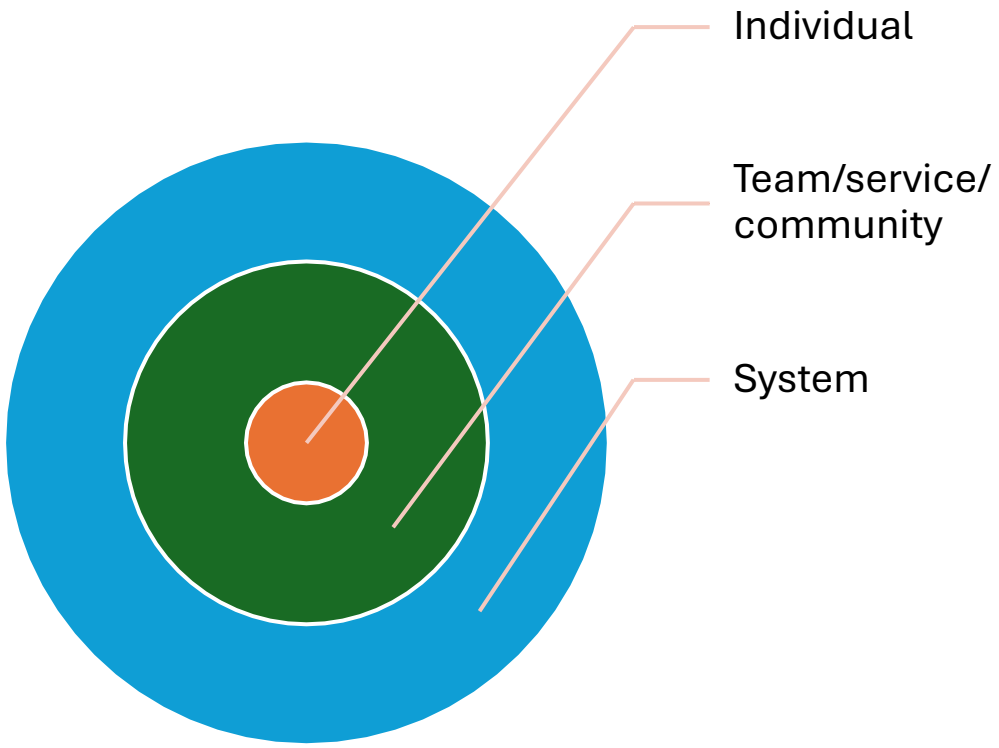
July 2025

Principles (from Realistic Medicine)

- Shared Decision Making
- Personalised Approach to Care
- Reduce Harm and Waste
- Reduce Unwarranted Variation
- Managing Risk Better
- Become Improvers and Innovators

Domains of activity

Levels of impact



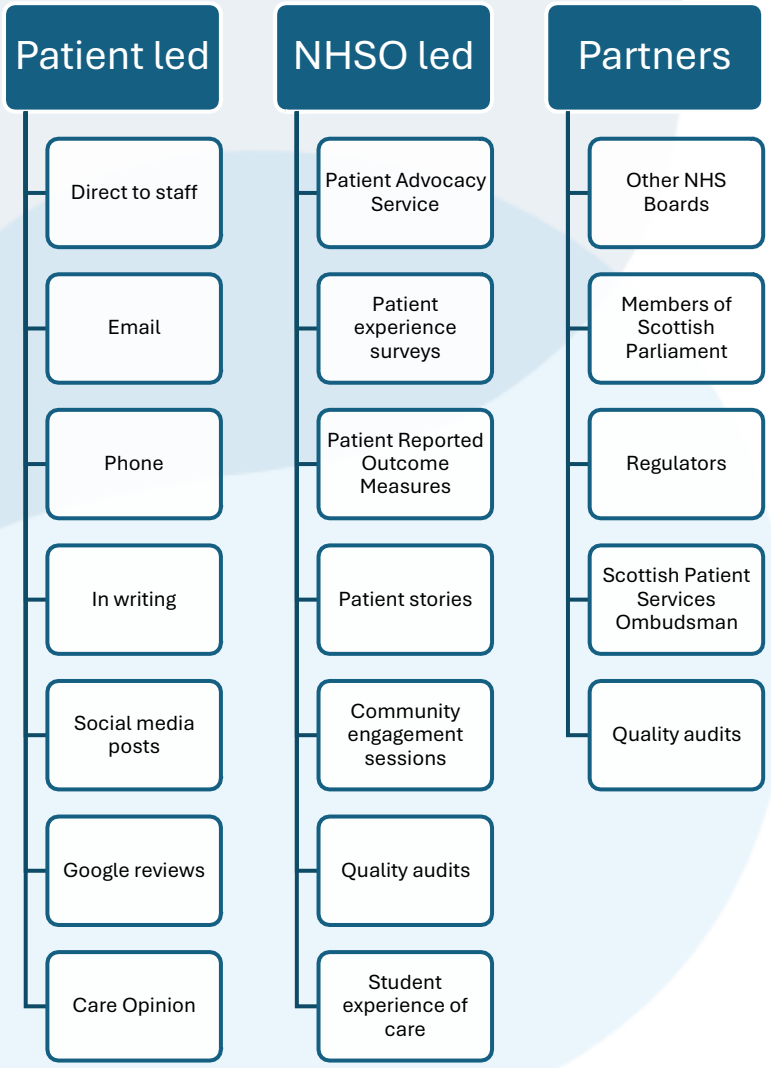
Priorities

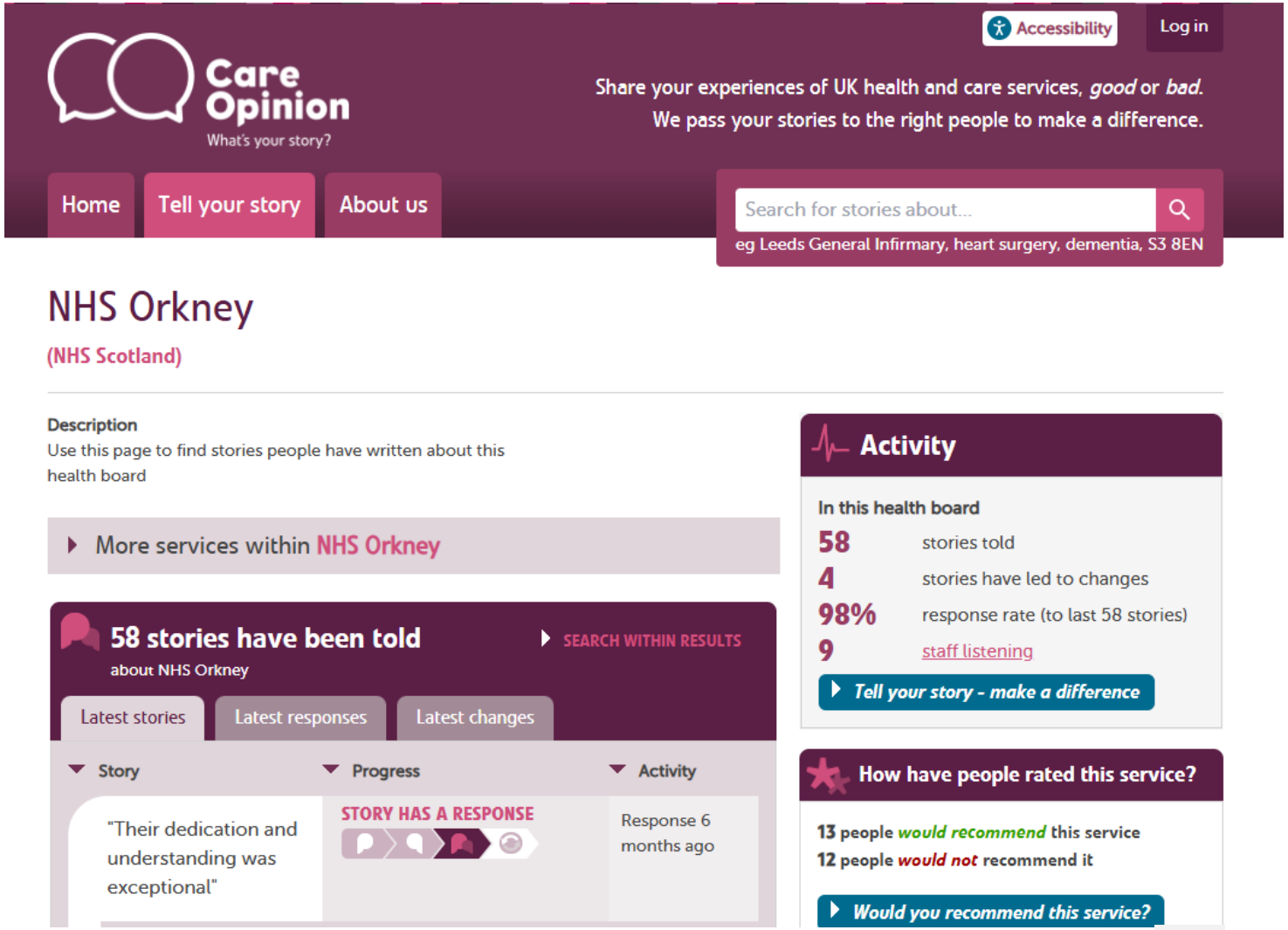
Patient and community engagement	• Engagement around Year 3 Corporate Strategy Priorities to commence in January 2026
Patient experience, quality and safety	• Patient experience videos for Board to commence in June 2025 • Expand Care Opinion to all acute services by March 2026
Environment	• Environmental audits with patients to commence in ??
Governance, leadership and culture	• Patient involvement in values and behaviours work to commence in July 2025
Improvement and innovation	• QI training to include patient experience to commence in September 2025
Staff experience and engagement	

Other ideas

Patient and community engagement	• Volunteers through Voluntary Action Orkney to collect feedback
Patient experience, quality and safety	• Quality audits and review of quality display boards • Explore Care Opinion for IJB services and look at other team-based feedback options
Environment	
Governance, leadership and culture	• Patient Reference Group
Improvement and innovation	• Endowment opportunities to seed fund innovation projects
Staff experience and engagement	• Link with wellbeing activities and wellbeing hub

Ways we listen





Patient journeys to define excellence

Next Steps

Domains of activity – making it practical

- Clear language and defined actions for each domain
- Include examples of 'what good looks like’
- Ensure actions are realistic and achievable
- Assign ownership and align with service teams
- Embed self-assessment or checklists to support teams

Bridging patient and staff experience

- Align shared values and improvement goals
- Combine listening systems (pulse surveys, feedback tools)
- Co-design across roles: patients, community, staff, partners
- Use common metrics and feedback loops

Diversity, equity & inclusion

- Prioritise underrepresented groups in design and feedback
- Use disaggregated data to highlight gaps
- Build long-term relationships with communities
- Evaluate equity impact in all experience initiatives

Measuring success

- % of services using journey mapping or listening tools
- Increase in positive patient sentiment metrics
- Reduction in complaints related to communication or dignity
- Staff confidence in improving patient experience
- Evidence of co-designed improvements

From strategy to practice

- Create a practical toolkit with templates and guidance
- Identify pilot teams for early adoption
- Develop training and coaching resources
- Share stories and celebrate progress
- Evaluate and iterate regularly

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Duty of Candour Annual Report 2024/25**
Responsible Executive/Non-Executive:	**Anna Lamont, Medical Director**
Report Author:	**Kat Jenkin, Head of Patient Safety, Quality and Risk**

1 Purpose

This is presented to the JCCGC for:

- Awareness
- Discussion
- Decision

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is submitted to the NHS Orkney Board for review, discussion, and decision-making prior to submission to the Scottish Government, in accordance with the requirements of the Duty of Candour legislation.

2.2 Background

Under the Duty of Candour Procedure (Scotland) Regulations 2018, all NHS Boards are legally required to publish an annual Duty of Candour report. This report must be approved through the organisation's governance structure and made publicly available on the organisation's website. It must detail the number of serious adverse events (SAEs) where the Duty of Candour (DoC) procedure was applied, describe how the procedure was implemented, and outline how the process is managed within the organisation. A standardised reporting template is provided to support NHS Boards in fulfilling this statutory obligation, ensuring consistency and transparency in reporting.

2.3 Assessment

Each year, a small number of adverse events meet the criteria outlined in the Duty of Candour (DoC) legislation. Due to the limited number of such events, detailed information on individual Serious Adverse Event (SAE) reviews is not disclosed in order to mitigate the risk of deductive identification.

At present, two SAE reviews remain open and will be included in the following year's report, consistent with the approach taken in this report, which incorporates the outstanding reviews from the previous reporting period.

Several actions arising from the SAE reviews remain in progress. These are actively being monitored to ensure that learning is captured, shared appropriately, and that the process of 'closing the loop' is fully completed.

The annual report has been reviewed and approved through the operational clinical governance structure and the Joint Clinical and Care Governance Committee (JCCGC) for assurance.

Approval of the annual report by the NHS Orkney Board is now sought.

2.3.1 Quality/ Patient Care

The aim of SAE reviews to identify areas where patient care can be improved and strengthened. This includes ensuring that DoC is carried out and patients' and their families are supported through any SAE review.

2.3.2 Workforce

It is recognised that being involved in SAEs can be upsetting and stressful for staff. Therefore, support is offered to all staff involved in SAE reviews. Training is also provided for any staff undertaking an SAE review.

2.3.3 Financial

There is no identified financial impact identified from this paper.

2.3.4 Risk Assessment/Management

All SAEs are risk assessed as part of the management of these incidents.

2.3.5 Equality and Diversity, including health inequalities

There is no identified impact from this paper.

2.3.6 Climate Change Sustainability

There is no identified impact from this paper.

2.3.7 Other impacts

There is no identified impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared with oversight from the Medical Director who is responsible for ensuring the DoC legislation is carried out and through the operational clinical governance structure to ensure agreement.

2.3.9 Route to the Meeting

This paper has been presented to the NHS Orkney Board for approval following agreement via the Clinical Quality Group and JCCGC.

2.4 Recommendation

- **Awareness** – For members of the Board to be aware of how DoC is being applied within the organisation
- **Discussion** – For members of the Board to examine and consider the annual report
- **Decision** – For member of the Board to approve the report.

3 List of appendices

The following appendices are included with this report:

- Appendix one: The Duty of Candour Annual Report 2024/25

Duty of Candour

Annual Report 2024/25

Safety Quality and Risk Team

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NHS Orkney

Duty of Candour Report 2024/25

1. Introduction

All health and social care services in Scotland have a duty of candour. This is a legal requirement which means that when certain types of incidents happen, the people affected understand what has happened, receive an apology, and the organisation learns how to improve for the future.

An important part of this duty is that we provide an annual report about the organisational duty of candour in our services. This report describes how NHS Orkney has operated the organisational duty of candour during the time between **01 April 2024** and **31 March 2025**. We hope you find this report informative.

If you have any questions or would like more information about NHS Orkney, please feel free to contact us at: **ork.clinicalgovernance@nhs.scot** **01856 888283**.

2. Background

The Duty of Candour (DoC) legislation[1] became active from the 1st of April 2018 with revised guidance being released in March 2025. This placed a statutory obligation on organisations who provide health, care or social work to follow these regulations which stipulate that duty of candour processes must be activated as soon as reasonably practicable after becoming aware of the following:

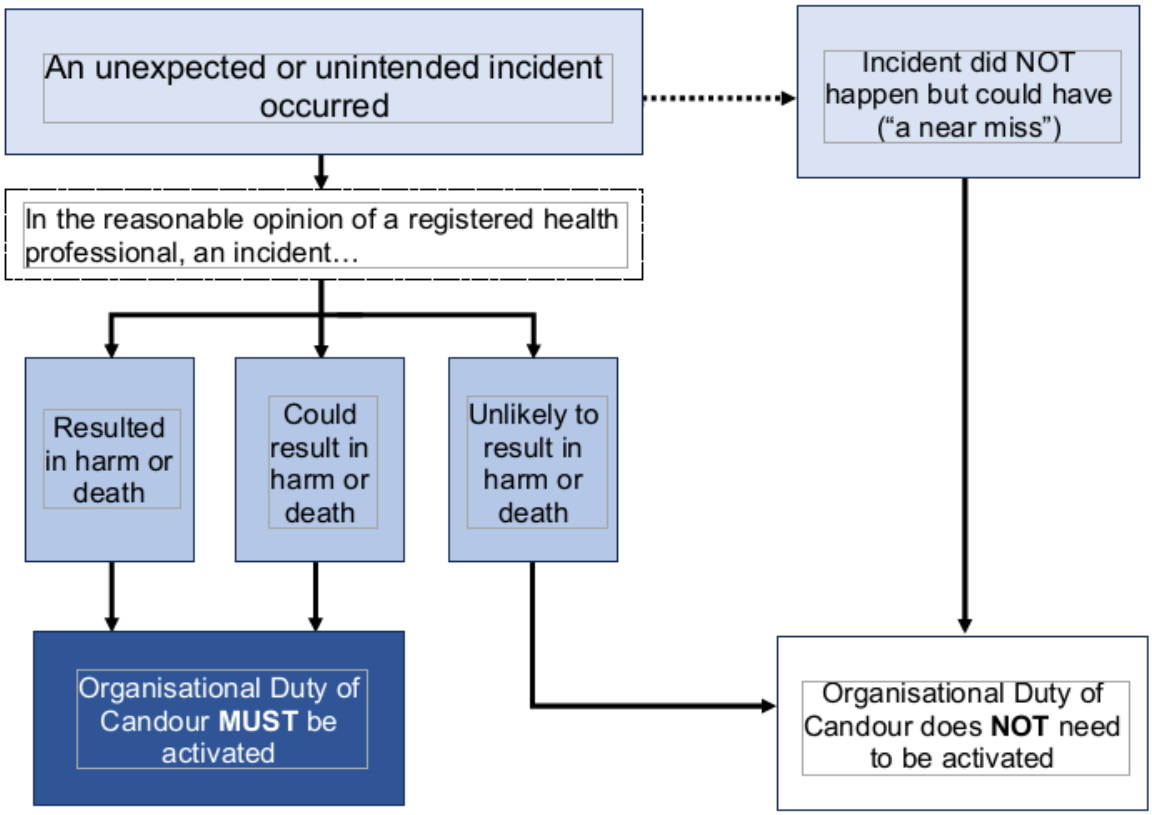
- An unintended or unexpected incident occurred in the provision of the health, care or social work service provided by the organisation as the responsible person
- In the reasonable opinion of a registered health professional not involved in the incident:
    - that incident appears to have resulted in or could result in any of the outcomes mentioned in The Act[2]
    - that outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition

[1] Duty of Candour Legislation
[2] Regulation 20

If a patient suffers **death or serious**[3] harm because of an adverse event that the organisation is responsible for, the following should occur:

- An apology is offered to the patient or their relative
- The patient / relative is informed that there will be an investigation
- The patient / relative is given the opportunity to ask questions to be answered as part of the investigation
- The result of the investigation is shared with the patient / relative and a meeting is offered
- The organisation learns from the investigation by implementing the recommendations/ actions

Below is a decision flow chart that demonstrates how Duty of Candour is applied



3. NHS Orkney

NHS Orkney is the smallest health board in Scotland sitting north of the mainland and serves an archipelago of islands with a population of approx. 22,000 people.

[3] Guidance on serious harm and death

NHS Orkney employs 751 staff (597.21 WTE) who provide a range of primary, community-based and hospital services.

In accordance with NHS Orkney's Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the incident reporting system, NHS Orkney currently uses Datix. DoC is considered as part of this process and reporters have an opportunity to consider potential DoC, both professional and organisational, in relation to the Act.

The clinical risk, and the level of review required of each incident, is assessed and where appropriate an initial assessment is undertaken to determine if this meets DoC.

Currently NHS Orkney's local Duty of Candour Procedure sits within the NHS Orkney's Learning from Incidents: and management of Significant Adverse Events policy. The policy and procedural documents undergo regular review to ensure that they are in line with latest legislation. They are currently under review to ensure that they align with the revised framework for reviewing and learning from adverse events in NHS Scotland[4]

We assume that all category one incidents met the DoC threshold and therefore organisational DoC is undertaken as part of the Significant Adverse Event Review (SAER) process.

The organisation ensures that all staff are aware of organisational DoC from their first day in the organisation. As part of the induction process all staff members are given access to the NHS Orkney Colleague Guide. This guide gives them an overview of a number of areas of the organisation, one being Clinical Governance. This section includes an overview of DoC including a video explaining how this relates to them.

4. Training and Support for Staff

As stated above all new staff receive information on DoC, we also highlight the National Education Scotland Turas training on Duty of Candour. For the reviewers who undertake investigations that would meet the DoC standard they are offered the Compassionate Conversations training course, as this supports them talking with patients, their families and staff involved in incidents in a compassionate, empathetic way.

We are clear to our staff that serious mistakes can be distressing for them, as well as for the people receiving care and treatment and their families. We have occupational welfare support in place for our staff if they have been affected by an organisational

[4] A National Framework for Reviewing and Learning from Adverse Events in NHS Scotland

duty of candour incident. This includes an employee assistance programme called Wisdom, this is an app that covers wellbeing to good mental health and offers a support line where people can speak to or video call professionals who can support them in a variety of areas including when they have been involved in distressing events at work.

We recognise that there is more work that we can do to support of team as well as patients and are therefore developing a patient and staff wellbeing programme focusing on this.

As outlined above in the background section once an incident has been submitted this is reviewed and categorised. This helps us recognise where DoC needs to be implemented. The Medical Director is the person who makes this decision overall with support from the Head of Patient Safety, Quality and Risk to enact this. They also ensure that staff are supported in undertaking DoC.

Recommendations are made as part of the Duty of Candour review, and local management teams develop improvement plans to meet these recommendations.

5. Support for the Relevant Person

The relevant person is in most cases the patient, where the patient does not have capacity or has died, this is the next of kin, or the person who has power of attorney.

We understand that incidents are distressing for patients and their loved ones, we offer meetings to talk through concerns with the family and to ensure wherever possible that we answer all their questions. Currently we signpost people to external organisations or to their General Practitioners if they need support. However, as part of the work on the patient and staff wellbeing programmes we are looking at other services that we can provide to ensure that people are supported as much as possible.

6. Incidents where Duty of Candour applied

During the reporting period, there has been **two** incidents where the duty of candour applied. These are incidents that have happened which are unintended or unexpected, and do not relate directly to the natural course of someone's illness or underlying condition.

DoC incidents are identified through NHSO Significant Adverse Event management process. Over the reporting period, there have been **four** Significant Adverse Event Reviews (SAER) launched. These events include a wider range of outcomes than those defined in the organisational DoC legislation as we also include significant

adverse event reviews and adverse events that did not result in significant harm but had the potential to cause significant harm.

Through the SAER process, it is identified if there were factors that may have caused or contributed to the event, which helps to identify if DoC should be applied.

There are **two** SAER in progress that were reported during this time which may meet the DoC requirements, but due to these investigations still being open, it is not possible to declare this at this time; therefore, these will be reported on in the next DoC annual report.

There were **four** SAER that were outstanding at the time of the last annual report, these have now been completed and of these, **one** met the criteria for DoC.

This report will cover the known DoC events from this reporting period and the one not included in last year's annual report; acknowledging there may be more once the two outstanding reviews have been completed, and these will be included in the next annual report.

Type of unexpected or unintended incident *(not related to the natural course of someone's illness or underlying condition)*	**Number of times this happened** *(between 1 April 2024 and 31 March 2025, including the one outstanding from the 23/24 report)*
A person died	
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	
A person's treatment increased	1
The structure of a person's body changed	
A person's life expectancy shortened	
A person's sensory, motor or intellectual functions were impaired for 28 days or more	
A person experienced pain or psychological harm for 28 days or more	1
A person needed health treatment in order to prevent them from dying	
A person needing health treatment in order to prevent other injuries as listed above	
Total events Duty of Candour was applied	**2**

7. To what extent did NHS Orkney follow the duty of candour procedure?

When we realised the events listed above had happened, we followed the procedure fully in two out of two instances (100% of instances). This means:

- we informed the people affected, apologised to them and arranged meetings with them, and met them
- we also took on board their views and listened to their concerns
- internally, senior staff reflected on the events and identified where systems went wrong and what how we could do better
- this information was shared with all our staff through our Clinical Quality / Clinical Governance Groups that happen once a month, and in Senior Leadership Team meeting which is also once a month. We also give an overview of learning within our quarterly Safety, Quality and Experience reports which we are hoping will be shared with the public in the near future to support openness and transparency.

In some of these cases the patient involved chose not to meet with us and did not want to be involved in the review.

8. What Has Changed / What Have We Learnt

For all SAER, not just the reviews where DoC is suspected / confirmed, an apology is given, patients and families are invited to be involved in the review and a comprehensive explanation of the incident is provided.

Below we have set out a few of the recommendations from SAER that meet the DoC criterion. These are the recommendations that would not make the case identifiable. The current position of the actions is highlighted in bold. Where there is no current position highlighted, this is because the SAER was closed at the end of the year and therefore the action plans have not been signed off by the governance committees, so there is no update at this time. Due to the small numbers of SAER and this being publicly available, the learning shared is not the full learning as this may lead to identification of individuals involved.

The recommendations and actions from the SAERs where DoC criteria were met include:

- Development of guidance for prioritisation of referrals
  ACTION: This piece of work is being undertaken by one of the surgical Consultants, ensuring that where a priority is changed that there is clear communication with the GP and patient including the reasons for this.
- Improve communication with patients and families throughout care

ACTION: This is being included in a larger piece of work looking at the whole patient journey and how patients (and their families) experience can be improved. This work will include patient engagement to identify what is important to patients

- Improve communication between health boards
  ACTION: Following the incident, we have ensured that there are named people within each board involved in the incident who speak regularly to discuss any concerns that may arise
- Strengthen discharge planning
  ACTION: A programme of work supporting timely discharge is underway. This is looking at ensuring medication is ready as well as any social care aspects are in place and that the patient is discharged earlier in the day as well.
- Strengthen medication and pharmacy support to inpatient areas
  ACTION: Hepma has been implemented within the organisation which supports this function
- Recruitment of substantive endoscopists to effectively manage waiting lists
  ACTION: The organisation has implemented a new procedure called a cytosponge to reduce the numbers of people requiring an endoscopy and therefore freeing up more spaces on the operating lists. It is also out to recruit another endoscopist.

Alongside reporting these events as per guidance and internally to the organisation we also share the learning summaries on our Community of Practice site to enable other health boards to benefit from our learning. Our annual report is also shared with our Board and Board sub – committee with responsibility for clinical governance to promote learning and DoC awareness.

9. NHS Orkney Policies, Procedures and Guidance

All adverse events are reviewed to help to understand the context and cause of the event, allowing for changes to be implemented to improve the services for all patients, as set out in the Learning from Adverse Events Policy. All adverse events are treated as if they meet the criteria for DoC until investigated and found not to. This means that for all adverse events a SAER is undertaken, and the requirements set out within the DoC guidance is undertaken. This includes an apology and an invitation to patients' and if the patient requests, their families, to be involved in the SAER process. From all SAER there are recommendations and an action plan to meet the recommendations. These actions are led by the most suitable staff to be responsible for taking the actions forward and ensuring changes are made, embedded into business as usual, and learning shared. The monitoring process for DoC is carried out by the Safety, Quality and Risk Team. This includes tracking the SAERs to establish which events have met the DoC criteria (in conjunction with

Medical Professionals), monitoring compliance to ensure all aspects of the legislation have been followed and correlation with the causation codes recorded for each incident. This is currently reported at the Clinical Quality Group and Clinical Governance Group, which are led and attended by a range of senior leaders and mangers. The reports and learning summaries will continue to be reviewed at these groups with the collated action plans being reviewed until completion to ensure a 'closing of the loop' process.

As the latest edition of the National Framework for Reviewing and Learning from Adverse Events in NHS Scotland was released in February 2025, we are currently reviewing our policy and processes to ensure that they align with the changes within the framework.

10. Conclusion

It is recognised that there are a small number of SAER annually and that due to this being able to look at themes and trends from these is difficult. We do however aim to look at these in conjunction with incidents and complaints in the coming year, so that we can look for themes and trends and be able to provide greater understanding of where we need to focus in more detail. Over the coming year this work will continue and be evidenced in the way we report on DoC next year.

We always contact patients' and if appropriate and with the patient's consent, their families, to be involved in SAER from the start of the process. This ensures that their voices are heard and that we review areas that are important to them and answer any questions that they may have. As part of this we offer the opportunity to meet with the people carrying out the review once the report is completed as well, so that the patient and family can go through with the team and if there are any questions or comments, this can be looked at. This is irrespective of whether a SAER meets the criteria of DoC or not.

This year has highlighted to us the need to look more closely at service user experience, not just within the clinical services of NHS Orkney, but also when they are involved in SAER. We are looking at ways to gain feedback from people involved in SAER and feed this back into the policy and processes. Alongside this the experience of staff who are involved in SAER and the support we offer them is also being looked at to strengthen our existing offers.

We have continued to engage with the Health Improvement Scotland (HIS) Adverse Event Network and will continue to do this, being part of any work that looks to standardise incident reporting and learning across Scotland. These networks provide invaluable support in sharing ideas, resources and learning and we look forward to continuing this in the coming year.

11. Other Information

As required by the legislation, we have notified Healthcare Improvement Scotland that this report has been published on our website [include hyperlink]. We have also shared it with the Adverse Events Community of Practice or stakeholders.

The organisational duty of candour lead in NHS Orkney is Dr Anna Lamont, Medical Director. If you want to find out more about DoC within NHS Orkney please contact Kat Jenkin, Head of Patient Safety, Quality and Risk, via kat.jenkin@nhs.scot.

Meeting:	**NHS Orkney Board**
Meeting date:	**28 August 2025**
Title:	**NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25**
Responsible Executive/Non-Executive:	**Dr Anna Lamont, Medical Director**
Report Author:	**Julie Tait, Patient Experience Officer**

1 Purpose

This is presented to the Board for:

- A **Decision** – For approval

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Patient Feedback Annual Report 2024-2025 is presented to the NHS Board prior to submission to the Scottish Government as part of the annual requirements of the Complaints Handling Policy and Procedure.

Members are asked to approve the report prior to submission to the NHS Orkney Board Meeting.

2.2 Background

This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety.

2.3 Assessment

The report sets out the metrics as required by Scottish Public Services Ombudsman (SPSO) and provides information of the feedback received by the organisation throughout the year and the actions taken in response to this. The numbers of complaints have reduced across the year, but this

is in line with previous years. The rate of responses completed within the expected timeframe has also increased, which is a positive point of note. Work continues with the Senior Charge Nurses/Midwife to look at investigation and responding to complaints.

2.3.1 Quality/ Patient Care

Patients generally provide feedback because something has gone wrong, they want to share their experience, or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are provided safe, effective and person-centred care.

2.3.2 Route to the Meeting

The Patient Feedback Annual Report requires to be submitted to the NHS Orkney Board Meeting only. It is therefore presented to Clinical Governance Group and Joint Clinical and Care Governance Committee prior to this.

2.4 Recommendation

- **Approval** – Review the attached annual report and approve the report for submission to Scottish Government.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** – Patient Experience Annual Report 2024-2025

Appendix 1 – NHS Orkney Patient Feedback Annual Report – 2024/25

St Mary's Village, Holm, Orkney – August 2024

NHS Orkney Patient Feedback

Annual Report 2024-2025

Foreword

The 2024/25 Patient Feedback Annual Report for NHS Orkney demonstrates our ongoing commitment to delivering high-quality, person-centred care. This report outlines how we have received, responded to, and utilised feedback, complaints, and engagement from patients, carers, and families to drive continuous improvement in our services.

Over the past year, we have focused on embedding the values of respect, compassion, and shared decision-making into every aspect of patient care. By listening to our community and staff, we have been able to make significant improvements in accessibility and responsiveness. A notable achievement this year was the successful intravitreal injection audit, which received 100% positive feedback from patients, demonstrating our commitment to patient satisfaction and quality care.

Our approach has prioritised early resolution of complaints to ensure swift and effective responses, while also conducting investigations when necessary. This patient-centred philosophy aligns with our new Corporate Strategy, which sets out clear strategic objectives aimed at fostering continuous improvement and learning within our organisation.

While recognising the challenges in the wider context of NHS Scotland, we remain resolute in our mission at NHS Orkney to resolve issues promptly and improve the patient experience. In this report, you will find detailed analyses of our feedback mechanisms, the types and outcomes of complaints received, and the tangible improvements made as a result.

Looking ahead, our focus will remain on fostering a culture of continuous improvement, ensuring that every patient voice is heard and valued. This commitment is integral to achieving the strategic objectives outlined in our Corporate Strategy, which include enhancing patient safety, improving performance, and driving innovation.

Anna Lamont
Medical Director
NHS Orkney

Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

We have again this year focussed our efforts to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well. We can evidence this works well by the very small number of escalated complaints we have recorded during the year.

1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. Our Feedback team offers a single point of contact to support patients and families to provide feedback and make complaints.
- We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. More patients prefer to make contact by telephone or email.
- NHS Orkney's website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- We have reintroduced our comments boxes and Feedback Leaflets which are available throughout our health care locations on our Welcome Boards. We have renewed posters with details of how to contact us electronically, a QR code to directly signpost to Care Opinion and feedback leaflets available so that patients can feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences.

1.3 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. We encourage staff to resolve issues at point of contact whenever possible and our figures show more Stage 1's than Stage 2 complaints.

1.4 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is shared with staff throughout our hospital and healthcare services. We encourage staff to signpost to PASS when appropriate. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

Section 2

2.1 **Hospital and Community Services:**

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff. Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex and require a detailed examination before we can state our position.

2.1.1 **Early Resolution and Investigation Complaints**

Performance Indicator Four

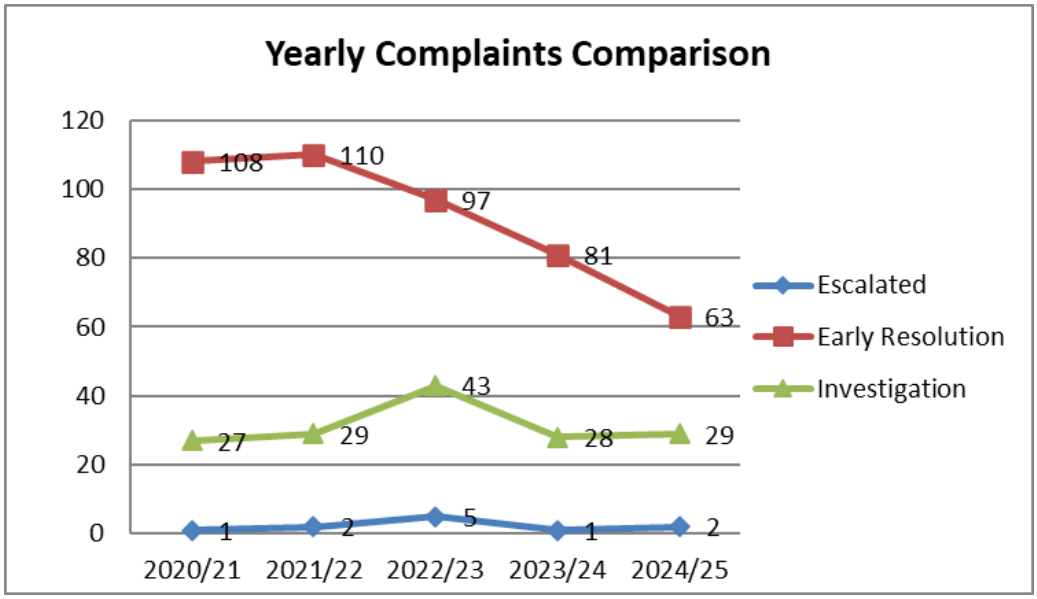
Number of complaints received by the NHS Orkney Complaints and Feedback Team	**94**
Number of complaints received by NHS Orkney Primary Care Service Contractors	**33**
Total number of complaints received	**127**

NHS Board Managed Primary Care services;	
General Practitioner	**7**
Dental	**N/A**
Ophthalmic	**N/A**
Pharmacy	**N/A**
Independent Contractors - Primary Care services;	
General Practitioner	**26**
Dental	**2**
Ophthalmic	**1**
Pharmacy	**1**
Total of Primary Care Services complaints	**37**

Performance Indicator Five

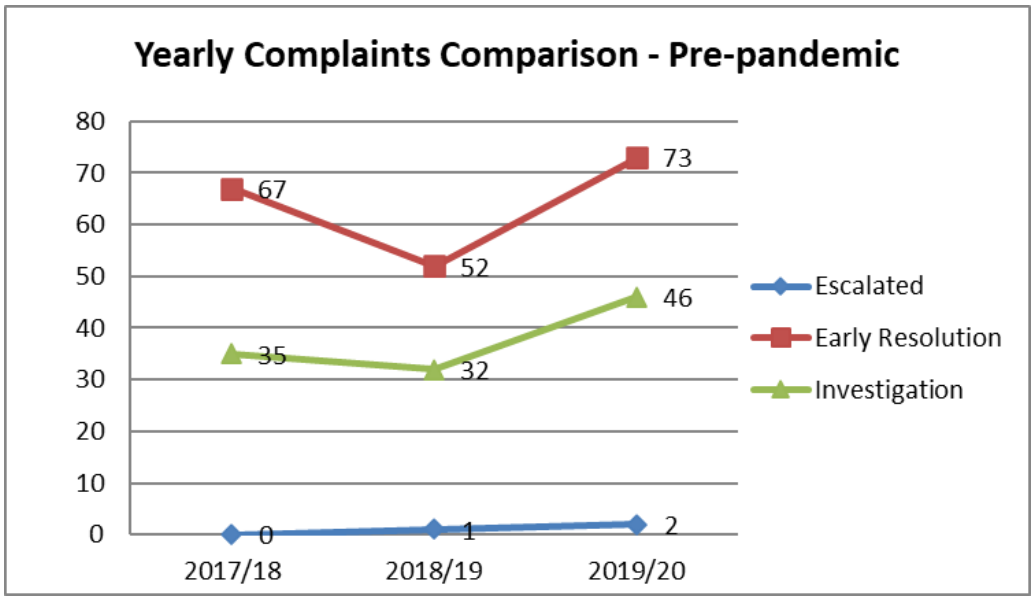
Number of complaints closed at each stage	**Number**	**As a % of all Board complaints closed (not contractors)**
5a. Stage One	63	67%
5b. Stage two – non escalated	29	31%
5c. Stage two - escalated	2	2%
5d. Total complaints closed by NHS Orkney	94	100%

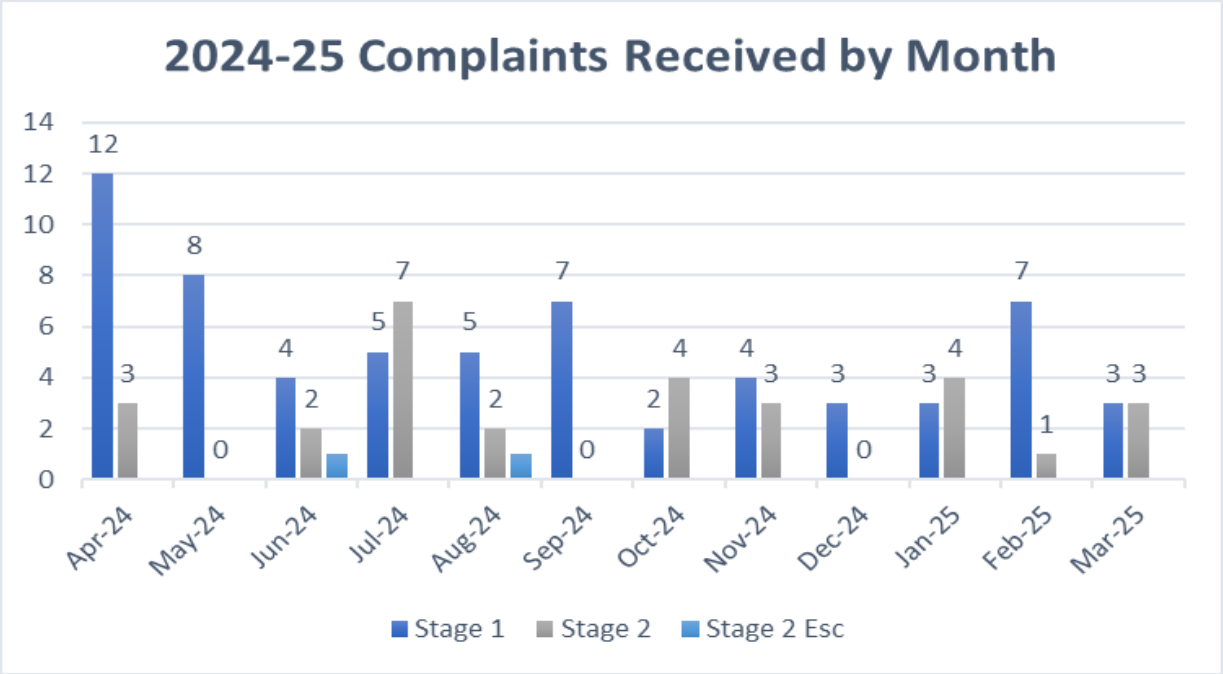
The following chart shows comparisons between our complaints over the last five years.



We can see a drop of 35% in Stage 1 complaints over the last two years and a slight increase of 3.5% in Stage 2 complaints over the last year. This is highly likely to be due to staff awareness of responding to concerns at the point of contact and managing these to patient's satisfaction.

2024/25 Stage 1 complaints continue to reduce in numbers to more in line with the numbers received pre-pandemic. Apart from the spike in 2022/23, Stage 2 complaints continue to be fairly consistent in the upper twenty's. This is slightly lower than pre-pandemic.





2.1.2 **Outcome Decision - Complaints upheld, partially upheld and not upheld:**

Performance Indicator Six

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	21	33%
Number of complaints not upheld at stage one	25	40%
Number of complaints partially upheld at stage one	17	27%
Total stage one complaints outcomes	63	100%

Investigation complaints

Non-escalated complaints	**Number**	**As a % of all complaints closed at stage two**
Number of non-escalated complaints upheld at stage two	7	26%
Number of non-escalated complaints not upheld at stage two	15	56%
Number of non-escalated complaints partially upheld at stage two	5	18%
Total stage two, non-escalated complaints outcomes	27	100%

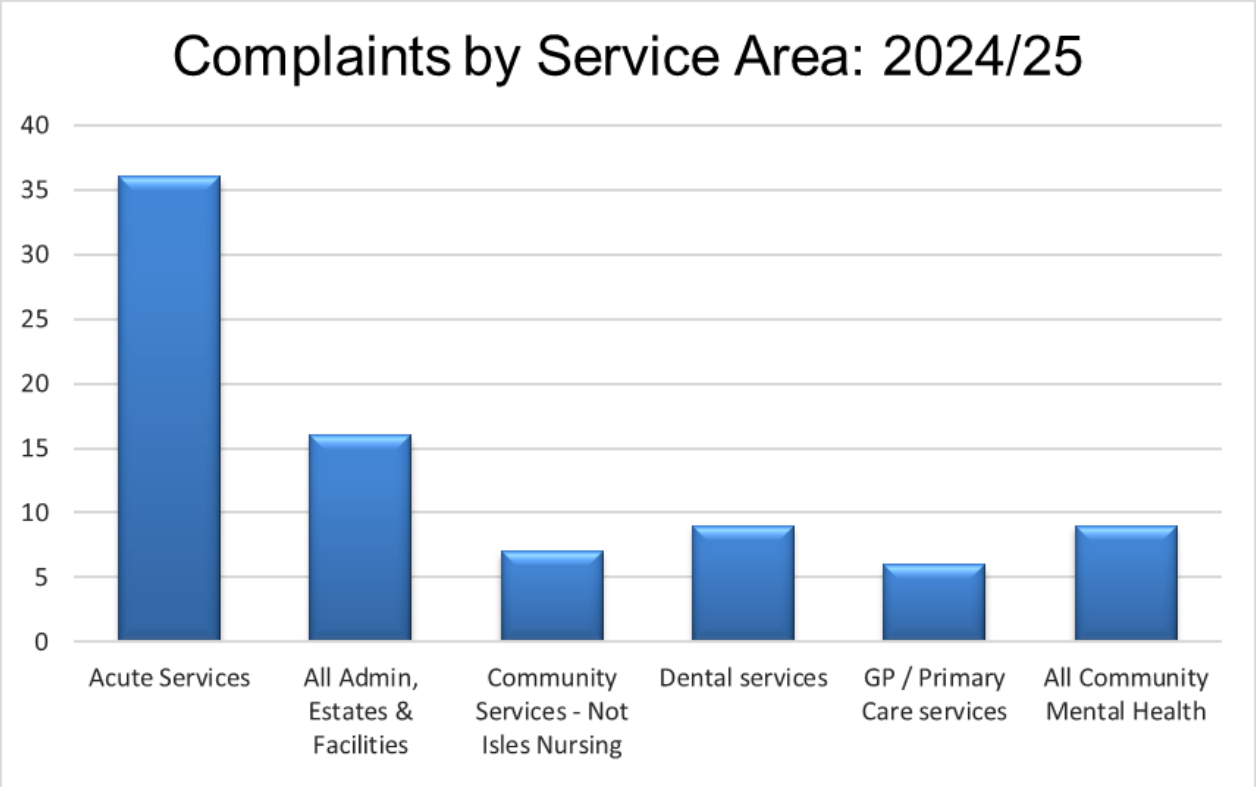
Escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed at stage two
Number of escalated complaints upheld at stage two	0	0%
Number of escalated complaints not upheld at stage two	1	50%
Number of escalated complaints partially upheld at stage two	1	50%
Total stage two escalated complaints outcomes	2	100%

2.1.3 **Service Areas:**

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

The highest sector recording complaints is Acute Service which covers secondary care clinical services. As mentioned above, complaints are recorded in all inpatient areas, day unit, unscheduled care, outpatients and all specialties and therefore numbers are understandably higher than other services.



2.1.4 **Response Times:**

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints, however, are more complex.

We have found again this year that the more complex complaints cross services and organisations and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

For information the breakdown quarterly for response times is as follows:

Closed within Timescales	**Q1**	**Q2**	**Q3**	**Q4**
Total Number of Complaints closed in full at **Stage 1**	**24**	**17**	**9**	**13**
% closed **within timescale** of 5 working days	**(14) 58%**	**(13) 76%**	**(5) 56%**	**(9) 69%**
Total Number of Complaints closed in full at **Stage 2**	**5**	**9**	**7**	**8**
% closed **within timescale** of 20 working days	**(1) 20%**	**(2) 22%**	**(3) 43%**	**(5) 62.5%**
Total Number of **Escalated** complaints closed	**1**	**1**	**0**	**0**
% closed **within timescales** of 20 working days	**(1) 100%**	**(0) 0%**	**n/a**	**n/a**

Performance Indicator Eight

	Number	**As a % of complaints closed at each stage**
Number of complaints closed at stage one within 5 working days.	41	65%
Number of non-escalated complaints closed at stage two within 20 working days	11	38%
Number of escalated complaints closed at stage two within 20 working days	1	50%
Total number of complaints closed within timescales	53	56%

Performance Indicator Nine

	Number	**As a % of complaints closed at each stage**
Number of complaints closed at stage one where extension was authorised	13	21%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	15	52%
	28	30%

Total number of extensions authorised		

This year 53 of 94 complaints were closed within timescales in line with national guidelines which compares to 71 of 110 in 2023/2024.

Response rates declined from last year (54%), with 38% of Stage 2 complaints closed within timescales during the year. The main reason for this was delays within the investigation process. Complaints can be complex, cross services and at times cross organisations and result in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

This year 65% of Stage 1 complaints were responded to within 5 working days and staff should be commended for resolving complaints quickly and early. Managers, who were responding to these alongside their day-to-day duties, were very responsive and quick to manage the majority of concerns at this level. This is however slightly poorer than 2023/2024 when we responded to 68% of Stage 1 complaints within the target time. Patients much prefer this approach and whilst timescales are not met, complaints are resolved and closed with a positive outcome for the complainant.

2.1.5 **Trends and Emerging Themes:**

NHS Orkney complaints are wide ranging and cross a diverse range of services, making it difficult to identify trends. In 2024/25 themes of care and treatment, communication and staff issues are identified as the main issues within Investigation and Early Resolution complaints. This is identical to previous years, although a slight drop in waiting time complaints, and similar to other Boards themes over the last few years.

	Communication	Waiting Times/Delay	Patient Privacy / Dignity / Respect	Physical Environment	Procedural Issues	Staff	Treatment
Percentage of issues raised	22%	10%	6%	2%	9%	23%	28%
Number of issues raised in each subject	19	9	5	2	8	20	23

2.1.6 **Alternative Dispute Resolution:**

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

2.1.7 **Engagement with Complainants Policy**

At times NHS Orkney must review a complainant in line with the Engagement with Complainants policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

There were no occasions where NHS Orkney had to refer and act in line with the policy during this complaints year.

2.1.8 **Complaint process experience**

NHS Orkney have been unable to undertake this year's survey of complainant's process experience.

2.1.9 **Care Opinion**

NHS Orkney formally entered into full subscription with Care Opinion early in the 2024/25 year. Working with Maternity, Dialysis and Radiology services, we have promoted Care Opinion to our patients and sought feedback. Regrettably this has not produced any feedback however these teams are now established within the Care Opinion site to respond to any stories regarding their services.

Three stories relating to NHS Orkney services were received. Two stories were complimentary and one which highlighted a poorer experience.

2.2 **Family Health Services (not including salaried GPs/Dentists):**

NHS Board Managed Primary Care services;	
General Practitioner	**7**
Dental	**n/a**
Ophthalmic	**n/a**
Pharmacy	**n/a**
Independent Contractors - Primary Care services;	
General Practitioner	**26**
Dental	**2**
Ophthalmic	**1**
Pharmacy	**1**
Total of Primary Care Services complaints	**37**

Primary Care Services complaints have also reduced this year from 77 in 2022/2023, 63 in 2023/24 to 37 in the current reporting year.

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show seven complaints were made during the year.

2.3 **Other NHS Organisations:**

NHS Orkney also receive and pass on complaints to NHS Grampian, Scottish Ambulance Service and NHS24. We recorded five complaints which were passed on to other organisations via our Feedback team.

2.4 **MSP / MP - Constituents' Concerns Raised:**

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2024 – 31st March 2025, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Postal Delays	NHS Orkney were able to confirm contingencies were in place to ensure patients in the areas affected were contacted by telephone to confirm appointments had been received.
Waiting times	A number of enquires were received regarding orthopaedic, ophthalmic and chronic pain services waiting times. NHS Orkney were able to provide advice and information in each case.
Patient Travel	NHS Orkney were able to assist with a number of enquiries regarding travel to other healthcare centres and ensure the patient and their escorts were given correct and helpful information.

2.5 **Patient Advice and Support Service (PASS):**

PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

Unfortunately, the number of clients and contacts supported by PASS during 2024/25 is not available at the time of writing this report. We can report that we received four complaints from the service on behalf of patients.

2.6 **Scottish Public Services Ombudsman (SPSO):**

During the year 2024/25, The Scottish Public Services Ombudsman received five complaints from Orkney patients who were unhappy with the response received from NHS Orkney.

	Complaint	Outcome
Case 1	NHS Orkney failed to: a) Provide reasonable care and treatment in The Balfour Hospital	SPSO assessed this complaint and took the decision not to progress to investigation stage as the complaint was timebarred.
Case 2	NHS Orkney failed to:	SPSO assessed this complaint and took the

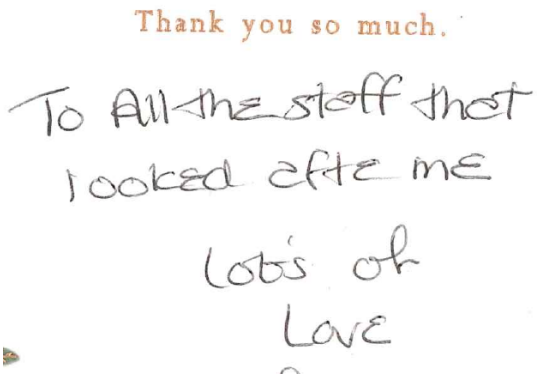
	a) To comply with Equality Law	decision not to progress to investigation stage as the complaint did not satisfy SPSO legislation for investigation.
Case 3	NHS Orkney failed to: a) Provide reasonable care and treatment following an injury.	SPSO assessed this complaint and took the decision not to progress to investigation stage. They viewed NHS Orkney's response to be satisfactory and supported by evidence.
Case 4	NHS Orkney failed to: a) Provide reasonable care and treatment to a patient. b) Reasonably handle a complaint c) Reasonably handle a SAER d) Provide a response to a complaint	Under investigation – no outcome at date of report.
Case 5	NHS Orkney failed to: a) Provide reasonable care and treatment following a cancer diagnosis.	Under investigation – no outcome at date of report.

2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

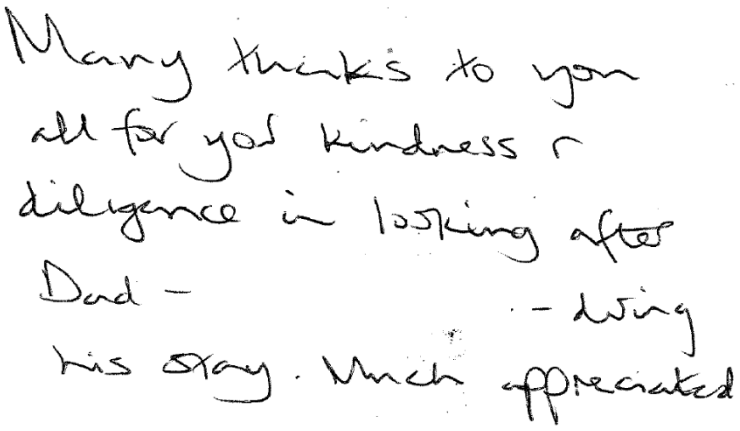
NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here's a selection of what our patients have told us:



Thank you very much for the dental x-ray. I would like to thank you again for your help, kindness and willingness to help. You were very nice and I felt in good hands. Now I can continue to enjoy my vacation, explore Orkney and then continue to travel around Scotland. Thank you very much for everything to the ladies at reception, the doctor's [dental] assistant and the doctor [dentist].

I was a patient in the Balfour last week and I am writing to tell you how extremely impressed I was with the level of care I received, the efficient way in which everything was done to help me, and especially with the kindness of all the staff with whom I came into contact.



Please thank all the staff on duty this morning at A&E. They made a potentially frightening visit very calm. Thanks to all,

Section 3

The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

Our patients can expect:

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.

3.2 Our online training is now hosted fully by Turas and the Patient Experience Officer has encouraged those who express an interest, to undertake the non-mandatory training. This can now be found in the Clinical Governance section of the Turas learning platform.

3.3 The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.

3.4 The following table indicates the number of staff who have completed the online training modules during this financial year. It should be noted that these modules are not mandatory required training and therefore numbers are low:

Module	Staff Completion Numbers
Module 1 - Value of feedback	10
Module 2 - Encouraging effective feedback	7
Module 3 - Complaints and feedback process	8
Module 4 - The Value of Apology	8
Module 5 - Managing difficult behaviour	6
Complaints investigation skills	3

Section 4

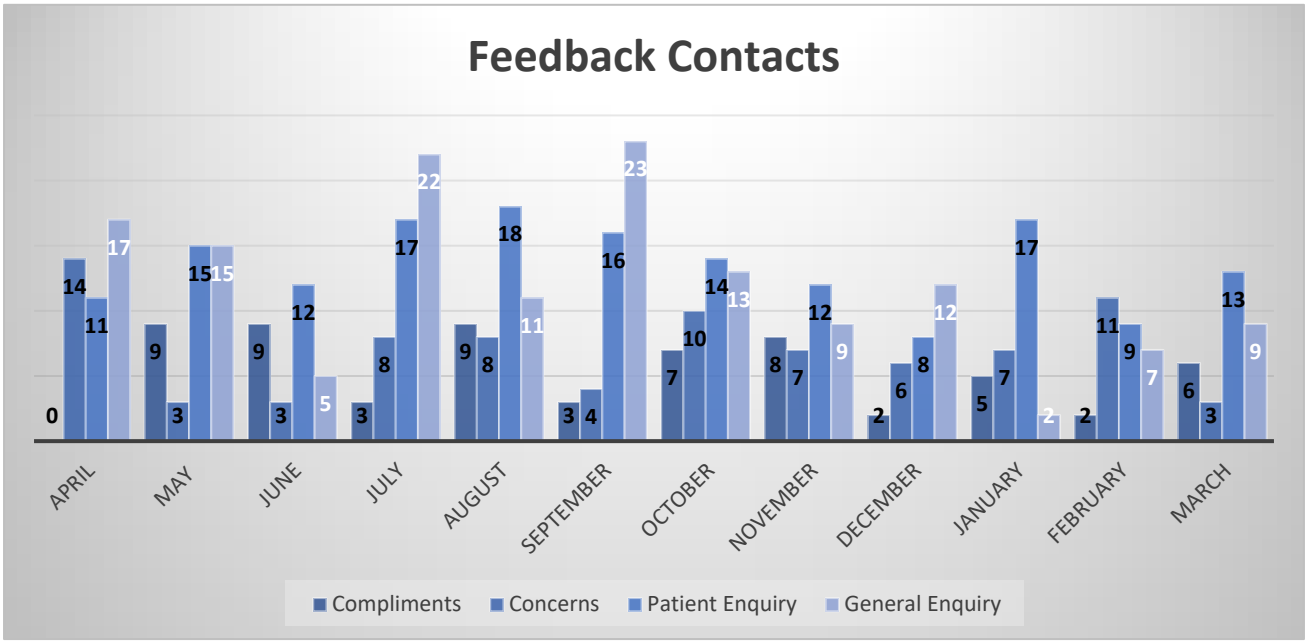
Improvements to Services

4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Escort Travel Policy was not clear and patients were confused by the process	Public communication regarding the change in process had not been undertaken	Communication improved and updates provided on social media and the local press
Patient room was not cleaned as frequently as expected	Some domestic services had not been provided as expected.	Highlighted with Senior Charge Nurse and raised at team meeting
Out of Hours GP consultation sheet was not passed to GP in a timely manner	Patient was seen by OOH GP however consultation sheet had not been entered onto GP/OOH electronic patient record	Process reviewed to ensure a similar event did not occur and all OOH GPs made aware.
Patient's dental appointments were cancelled at short notice and next appointment was also cancelled	Due to staff shortages, dental appointments were cancelled at short notice.	Dental team acknowledged contingency required and patient was given another appointment with a different clinician.

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and are reported quarterly to the Clinical Quality Group. We received in excess of 450 recorded patient contacts requiring response during 2024/25. Actions and improvements are acted on at time of receipt.



4.4 As mentioned above, all complaints reported at the Clinical Quality Group as part of the Safety, Quality and Experience Report which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Section 5

Accountability and Governance

5.1 NHS Orkney report complaint performance to the Clinical Quality Group as part of their quarterly Safety, Quality and Experience Performance Report. This includes information on incidents and Significant Adverse Event Reviews (SAERs), allowing correlation of incidents, SAERs and complaints where appropriate.

5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report. Quarterly reporting on KPi's for complaints is also included as part of the Integrated Performance Report to the NHS Orkney Board and to the Joint Clinical and Care Governance Committee.

5.3 A complaints update is shared with Executive Directors on a weekly basis.

5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing, AHP's and Chief Officer for Acute Services before being submitted to the Chief Executive for final approval.

Section 6

Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

6.1 School Health Feedback Survey

The School Health service undertook a service survey during 2024/25 asking their families for feedback on what worked well and seeking views on how they could improve the health promotions sessions provided to pupils at secondary school.

76% of those asked enjoyed the sessions and 79% felt they learned something. Positive comments included that the staff member presenting was well prepared and engaging. Comments regarding what could have been done differently was that the session could have been more interactive however, overall the feedback was helpful and constructive.

6.2 Improving the Cancer Journey

We launched our new service, Improving the Cancer Journey (ICJ), in partnership with Macmillan Cancer Support which aims to support everyone living in Orkney affected by cancer with their non-clinical needs, this is in addition to all of the existing clinical support provided.

The ICJ service supports people with accessing services for their non-clinical needs, support may include:

- Discussing with local teams that can help with money or housing worries and benefits
- Caring or work responsibilities
- Connecting with those that can support with addressing physical concerns
- Accessing complimentary therapies
- Helping with emotional concerns, connecting with wellbeing support and services
- Accessing information to answer questions or concerns about cancer and treatment

6.7 Service Spotlight

We launched a new feature "Working together to improve Orkney's Health and Wellbeing"

This featured a regular series of patient information updates to put the spotlight on clinical services at NHS Orkney. As an organisation, we wanted to share with the community and be open and transparent about how we are addressing the challenges we face in supporting our patients. Dental provision was the first service to be included and we have since updated on other services, for example Community Nursing.

6.2 Capsule Sponge Endoscopy

NHS Orkney introduced our first Capsule Sponge Endoscopy clinic in February 2025.

Patients who met the criteria following a diagnosis of persistent heartburn or because they have Barrett's oesophagus were referred for the procedure.

Eight patients were seen in the February clinic which reduced the number of surgical gastroscopies required and vastly improved the patient's experience. 100% of the patients fed back positively about the experience and that they felt little to no discomfort and that this was much preferred to a gastroscopy.

Clinics will continue to take place reducing the waiting times for those patients who may have had to wait longer for a gastroscopy appointment.

6.4 What Matters to You Day – 6 June 2024

To celebrate "what matters to you day" we caught up with various staff across NHS Orkney to ask what matters to them.

The "what matters to you" question can be asked in many different ways, for example:

➞ What are the things that are important to you at the moment?
➞ What are some of the things you would like to achieve as a result of this support?
➞ When you have a good day, what are the things that make it good?

6.5 National Smile Month

Our Oral Health Team were delighted to receive some very special smiles from our friends at the Strynd Nursery, and from residents at Smiddybrae House as part of National Smile Month.

6.6 Wellness Event

NHS Orkney again held a Wellness Event in September 2023. A range of information, stalls, classes and organisations attended on the day for both staff and patients to enjoy. We also asked one of our local primary schools to help brighten up the day and were lucky enough to have some very colourful and brilliantly artistic bunting!

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Infection Prevention and Control Committee Annual Report 24/25**
Responsible Executive/Non-Executive:	**Sam Thomas Executive Director of Nursing Midwifery and AHP's and Chief Officer Acute Services**
Report Author:	**Sarah Walker Head of Infection Prevention**

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board/Committee for:

- Approval

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an overview of the Infection Prevention & Control and wider team activity and progress from April 2024 to March 2025. The data is set at real time and includes all fully investigated cases and findings, this reflects the delay of the national data reporting and the skews in data recording for small numbers. The report also contains activities and improvements made through the year.

2.2 Background

An annual report is required to summarise the activities and provide information against the Infection Prevention and Control workplan over the previous year. On going bimonthly reporting is a requirement of teams and is contained in the Healthcare Associated Infection Reporting Template presented to NHSO Board.

2.3 Assessment

The Infection Prevention Team (IPT) provide advice to clinicians and facilitate best practice for infection prevention across the organisation and into community care, to prevent and protect patients, staff and visitors.

The LDP (Local Delivery Plan) healthcare associated infection (HCAI) standards are always challenging for a small Board, where single cases and relatively small bed days (100,000 bed days denominator) results in huge variations in data. The team focus on preventable cases but ensure thorough investigation of all cases in collaboration with clinicians, for learning and to share any learning that may be identified. However, there is a change moving forward to no LDP Standards to be no increase in cases utilising the 2023-2024 data as baseline numbers.

This year the team have been involved in the built environment with the release of Chapter 4: Water- to the National Infection Prevention and Control Manual, which required a rapid implementation time and many elements requiring assurance of current processes and some slight changes to meet the guidance.

There have been no SAB (Staphylococcus Aureus Bacteraemia) cases for the 2024-25 year so we have achieved our standard. There have been three cases of CDI (Clostridioides Difficile Infection) in the 2024-25 LDP standard year, two were community cases, and one was attributed to hospital. All cases were treated appropriately and followed the correct processes.

The national cleaning and Estates monitoring bench marking is included and shows that the team are consistently performing well against other Boards.

The team continue to support education of staff both in Health and Social Care, promoting best practice for infection prevention on a daily basis.

2.3.1 Quality/ Patient Care

The team aim to provide any learning from investigations or incidents that would impact/improve patient care. All deliverables are reported at the Infection Prevention & Control Committee, with actions to date, awareness of members and/or discussion and any in risk management required, which are escalated through the NHS Orkney governance routes as required.

2.3.2 Workforce

None anticipated

2.3.3 Financial

None anticipated

2.3.4 Risk Assessment/Management

No risk to current system and reporting data.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed.

2.3.6 Climate Change Sustainability

Supporting the climate agenda, through glove use reduction on an ongoing basis and supporting the teams through the decarbonisation projects being undertaken in primary care settings.

2.3.7 Other impacts

None anticipated

2.3.7 Communication, involvement, engagement and consultation

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

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

Infection Prevention and Control Committee June 2025
Joint Care and Clinical Governance Committee July 2025

2.3.9 Route to the Meeting

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

Infection Prevention and Control Committee June 2025
Joint Care and Clinical Governance Committee July 2025

2.4 Recommendation

- **Approval** –

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Infection Prevention Annual Report 2024-2025

NHS Orkney

Infection Prevention Annual Report

2024 - 2025

Created by: Sarah Walker
Infection Prevention Manager

Supported by: Dr Becky Wilson
Infection Prevention & Control Doctor/Consultant Microbiologist

NHS Orkney

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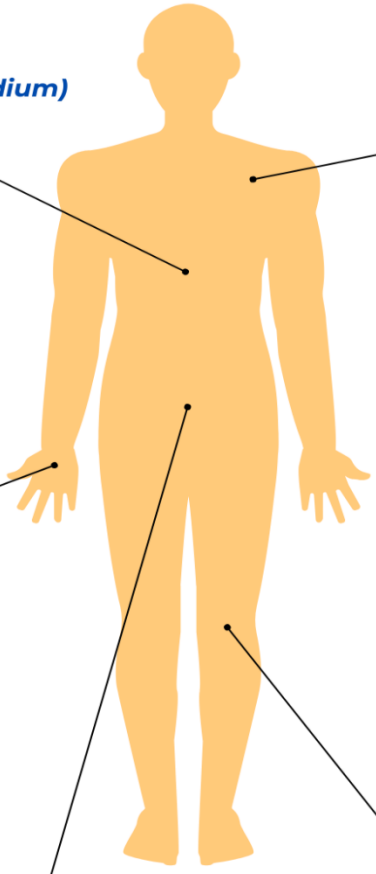
EXECUTIVE SUMMARY

Preliminary Summary of the April 2024 – March 2025 Local Delivery Plan HCAI Standards and Local Surveillance Data



***Clostridioides (formerly Clostridium) difficile* infection (CDI)**

The standard is based on healthcare associated infections only per 100,000 bed days is to achieve is a 10% reduction.

2024 -25 = 1 case

***Staphylococcus aureus* Bacteraemia (SAB)**

The standard is based on healthcare associated infections only per 100,000 bed days the standard had not been confirmed for 2024-25.

Zero Cases

Hand Hygiene

The overall percentage for hand hygiene is **96%**, based on 734 observations.

The target is set at 95%.

Surgical Site Infection (SSI)

This national programme is currently paused. Local information reveals no issues.

***Escherichia Coli* bacteraemia**

The standard is based on healthcare associated infections only per 100,000 bed day.

2024-25 = 7 HCAI, which 2 more than last year.

Outbreaks & Incidents

There have been two exception reports sent to ARHAI Scotland from secondary care.

Community care settings are managed by Health Protection for outbreaks and managed with IPT support.

INTRODUCTION

The Infection Prevention Team (IPT) provide advice to clinicians and facilitate best practice for infection prevention across the organisation and into community care, to prevent and protect patients, staff and visitors.

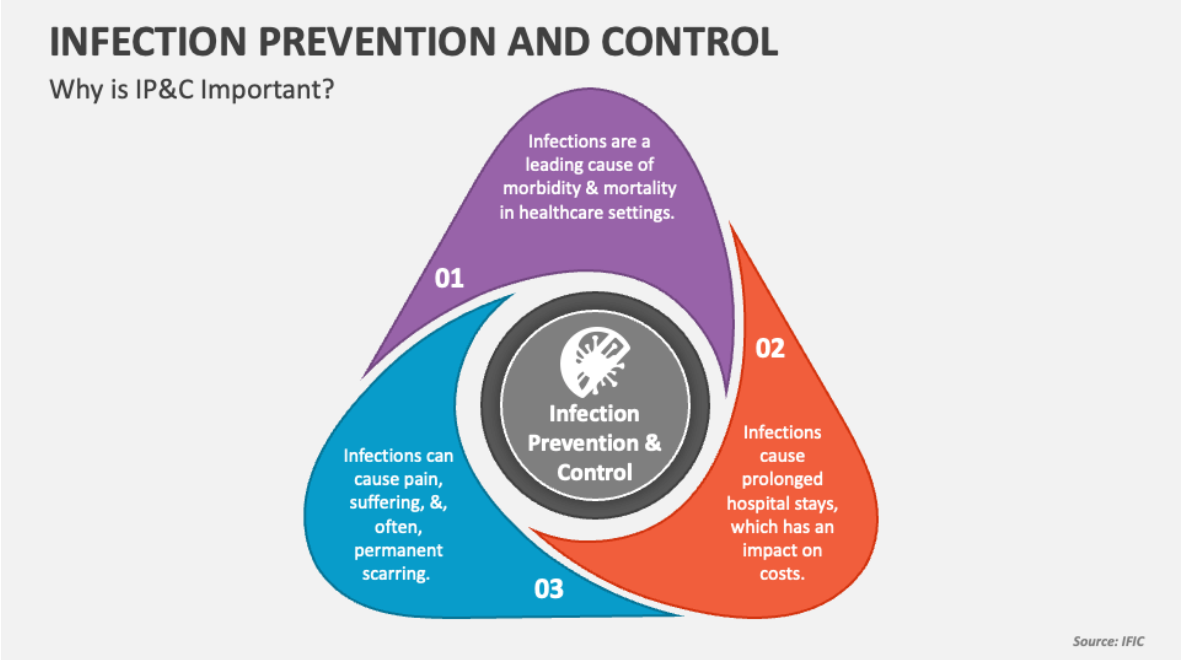
This year the LDP standards had not been confirmed until relatively late on in the year, so targets remained unchanged. Lots of work is continuing between the Healthcare Associated Infection Policy Unit and Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland

The LDP healthcare associated infection (HCAI) standards are always challenging for a small Board, where single cases and relatively small bed days (100,000 bed days denominator) results in huge variations in data. The team focus on preventable cases but ensure thorough investigation of all cases in collaboration with clinicians, for learning and to share any learning that may be identified. However, there is a change moving forward to no LDP Standards to be no increase in cases utilis the 2023-2024 data as baseline numbers.

This year the team have been involved in the built environment with the release of Chapter 4: Water- to the National Infection Prevention and Control Manual, which required a rapid implementation time and many elements requiring assurance of current processes and some slight changes to meet the guidance.

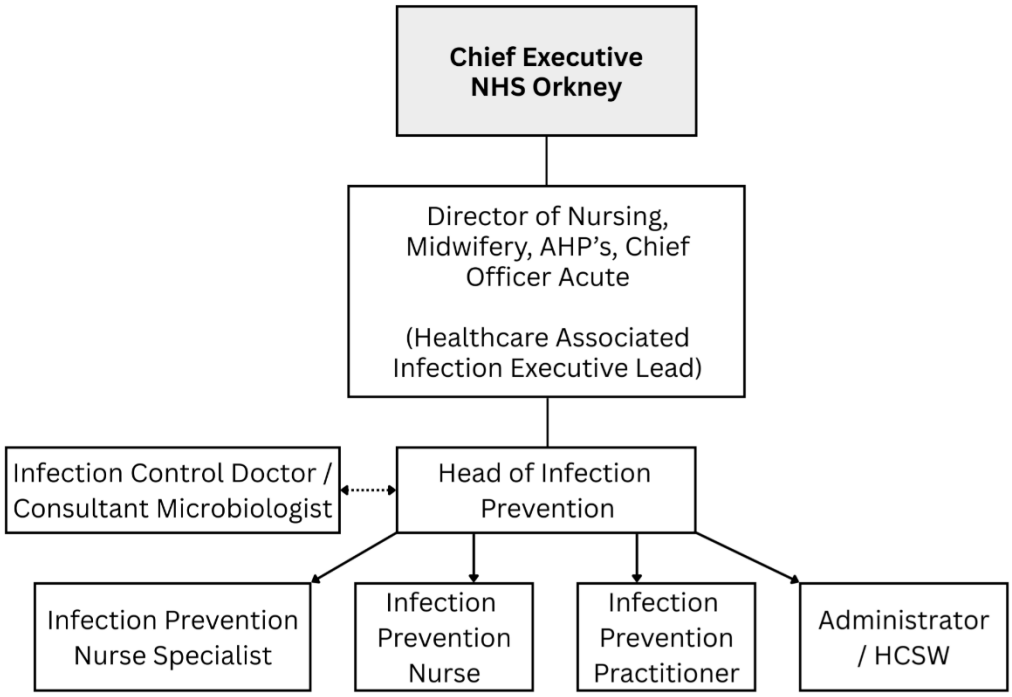
This Annual Report aims to provide an overview of the activities undertaken by the Infection Prevention Team and wider colleagues to maintain levels of patient safety and protection from healthcare associated infections whilst receiving care, regardless of the setting where healthcare is being delivered.

The format of the report follows the Healthcare Improvement Scotland Infection Prevention & Control Standards (2022).

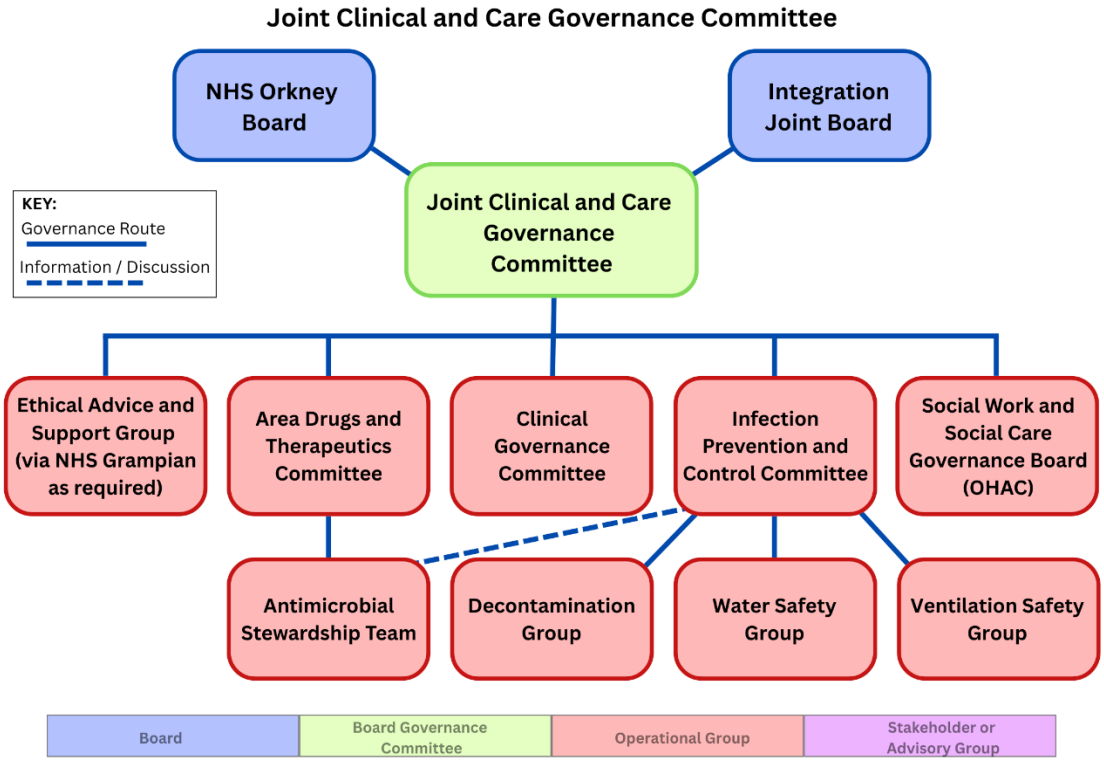


Leadership and Governance

Leadership structure for the Infection Prevention & Control Team



Governance Structure for IPCC



Department Letters

Another busy year for teams with guidance being revised and issued and a number of DLs. CNO and CMO letters being issued, including new deliverables for the second phase of the HAI Strategy 2023-2025 and the issue of Chapter 4 of the National Infection Prevention and Control Manual (Water), see appendix 1 for all letters.

All deliverables are reported at the Infection Prevention & Control Committee, with actions to date, awareness of members and/or discussion and any in risk management required, which is escalated through the NHS Orkney governance routes. The Infection Prevention & Control Committee also requires members to provide a three-minute brief template to talk to, at the meeting, of key areas for discussion, awareness or noting, which aids communication across all members of areas where support is needed.

Internal Audit

Following an escalation to the Infection Prevention & Control Committee, for preparedness of a High Consequence Infectious Disease (HCID) case, the team had an Internal Audit undertaken specifically to look at preparedness. Five recommendations were made, which

focussed on some key areas: completion and issue of the HCID Policy, training records, and a functioning working group. Some recommendations were unachievable by NHS Orkney as responsibilities for actions lay in national bodies, such as National Education Scotland. However, this focus has helped to move forward some aspects, such as the policy completion. There are some additional actions to be undertaken to test pathways, to ensure pathways are suitable and manageable.

Leadership Walkarounds

Leadership walkarounds with the HAI Executive Lead, Head of Infection Prevention, Health & Safety, Head of Estates, a Clinical Nurse Manager, and Facilities have been ongoing in the latter part of the year and cover all departments within the inpatient and outpatient setting. These Healthcare Associated Infection (HAI) Leadership walkarounds entail highlighting areas of good practice, areas for improvement and knowledge of the staff within the departments. The tool covers all aspects of a Healthcare Improvement Scotland Inspection. The HAI Executive Lead feeds back to the department lead following the walkaround and there is an expectation that these HAI walkarounds will be undertaken by the Senior Charge Nurses or Department Leads moving forwards.

Health & Social Care Support

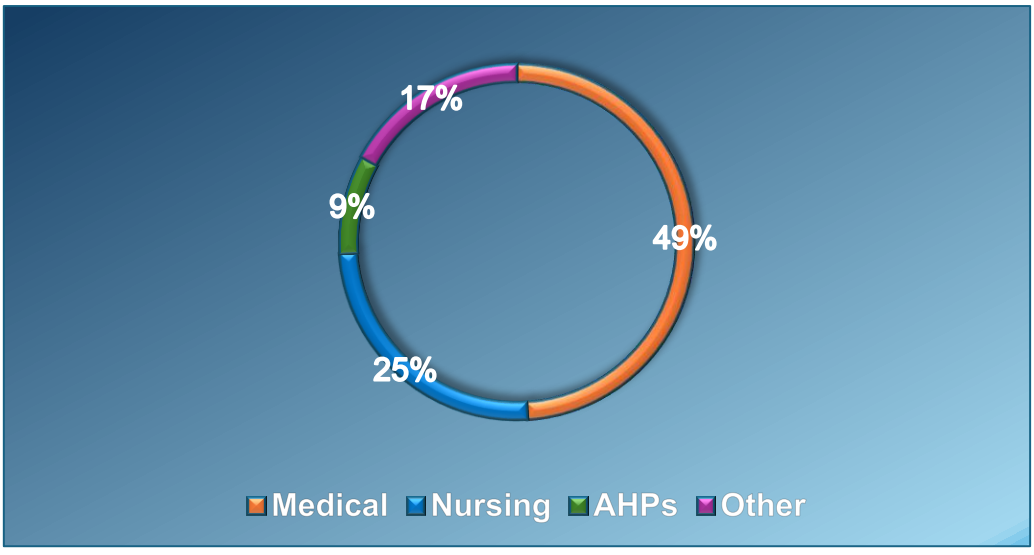
The team offer infection prevention and control (IPC) information and support across all areas where healthcare is delivered. The team in collaboration with our local Health Protection team support the IPC measures required for IPC best practice and outbreak management within a social care setting.

The team have fully implemented the SafeCare ‘safe to start’ model using the professional judgement element for escalation where required. Additionally, a workforce tool run for clinical nurse specialists utilising the professional judgement tool was undertaken in July last year, with results being sent through to the IPC Line Manager. A gap in Admin/Healthcare Support Worker role for most of the year was challenging, but this post was successfully recruited to, in January 2025, which was fantastic for the team.

EDUCATION AND TRAINING

This year has proved challenging in some respects, as staffing capacity, combined with increased patient activity, has been difficult for some teams. To respond to this the team have proactively, assigned dedicated time within care areas to deliver topic specific training, such as completion and actions following a positive response to clinical risk assessment, hand hygiene refreshers etc. In addition, 57 in-person IPC inductions for doctors, meet and greets for our new nurses and Allied Health Professional inductees, has been delivered within clinical areas to ensure that all inductees, understand the supportive role the IPC team undertake, and they are aware of who to contact if they have a query, for advice or raise a concern.

IPC Inductions by staff group:

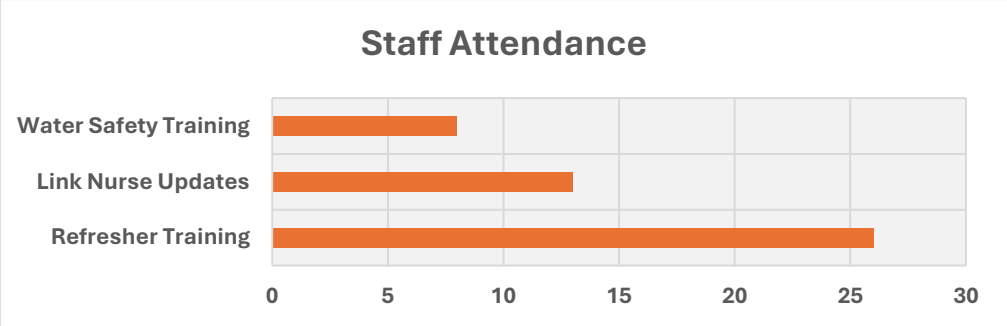


With developments around the patient safety within the built environment, education on water safety and “think sink, think splash, think safety”, has been delivered to some staff groups, such as senior charge nurses, domestic team as they are undertaking the flushing of taps when cleaning and the link to the 5 minute videos issued by National Education Scotland (NES) on the splash zone has been shared with teams, (NES, 2023 has an online version that does not require Turas login, available: New animation on the do’s and don’ts of clinical wash hand basins). The ‘think sink’, safety information has been shared across not only Secondary Care but Primary Care, whilst the IPC practitioner has been on her GP practice visits both on the Mainland of Orkney, our linked and ferry linked isles, as all colleagues require to think differently about how they manage a splash zone within a care area and risks to patients for any procedures being undertaken there.

Training on the role IPC Teams hold now within the healthcare-built environment has also been delivered to our third-party contractors, to enable them to fully understand the involvement of the IPC team for water and ventilation safety following the development of the Hospitals Inquiries, and the Healthcare Improvement Scotland, Infection Prevention & Control Standards (2022). The team appreciate the time given by Robertson’s Facilities Management for this training.

ALL OTHER TRAINING

Four link person update/refresher sessions have been delivered to 26 staff members, with an additional eight staff members receiving water safety awareness training, with additional sessions booked for the forthcoming year, to provide all water related safety information, following release of Chapter 4 (Water) in the National Infection Prevention & Control Manual (NIPCM).



The IPC team provided a block of weekly training availability, within the clinical areas to encourage staff to attend for update training.

IPC Team Education

As previously mentioned, healthcare associated infections linked to the built environment is now an integral part of an IPC team's workload, to meet this learning new learning need within the team.

- The IPC Nurse and Infection Prevention Manager have completed and achieved the University of the Highlands and Islands Module on Infection Prevention within the Built Environment module, with the Specialist IPC Nurse previously having completed it.
- The IPC Nurse Specialist has achieved the Post Graduate Diploma in Infection Prevention & Control through University of Dundee – Congratulations to Catherine Edwards!
- Our IPC Nurse is working towards her Post Graduate Diploma in Infection Prevention & Control through University of the Highlands and Islands and is expected to complete in December 2025.
- Our Infection Prevention & Control Practitioner has achieved a Micro Credentials course and is currently completing two short modules on invasive device management.
- Additionally, three members (IPC Manager, IPCN Specialist and IPC Nurse) completed the Responsible Person for Water training undertaken locally by the Water Hygiene Centre and our practitioner completed the Competent Person training.

✓ As a team we continue to strive for providing evidenced based practice across all our activities and providing the education and training to our team to ensure they have the knowledge and skills to support their role on an ongoing basis. I am proud of the commitment the team have, in keeping their skills and knowledge up to date and their commitment to study often in their own time and using their personal financial resource to achieve their goals.

What have we been up to?

Welcome Caleb, our new Administrator / HCSW who joined the team in Jan 2025

Has completed an extra CPD module through UHI on the Built Environment. Well Done!

Has completed a Micro Credentials course and is currently completing 2 short courses.

Has completed the Post Graduate Diploma in Infection Prevention & Control via Dundee. Well Done!

Working towards the Post Graduate Diploma through UHI. Expected to complete Dec 2025.

COMMUNICATION

Communication across teams

The IPC team are considered to be part of the wider departmental teams now, with allocated responsibilities for areas, this works extremely well for continuity of service provision but also for departmental teams who know who to contact for advice and support and when the IPC representative will be in the areas. The IPC team continue to be contactable for advice at any point in the working day. Cross cover is provided for leave or where an IPC colleague is unavailable.

Safety Huddles

Attendance: IPC attend both the safe to start huddle and the inpatient department huddles with AHP colleagues, where infection status within the inpatient areas is collated for follow up by the IP team. The managers RAG huddle provides a useful mechanism for information cascade and to gain information from across primary and secondary care and can provide a key point for detection of any potential issues, or outbreaks. Additionally, information is cascaded when IPC team colleagues consult directly with the clinical teams whilst visiting.

Weekly Orkney Comms

The use of the weekly comms to aid information cascade and sharing has been extremely helpful in ensuring all colleagues are fully sighted on increases in infection and plans or mitigations implemented to manage the outbreak risks. We are fortunate within NHS Orkney to be able to easily detect a rise in admissions of respiratory symptoms or gastroenteritis, which enables early risk mitigation to protect staff and maintain services. The IPC newsletters are also shared within the Weekly Comms as well as in hard copy version to teams.

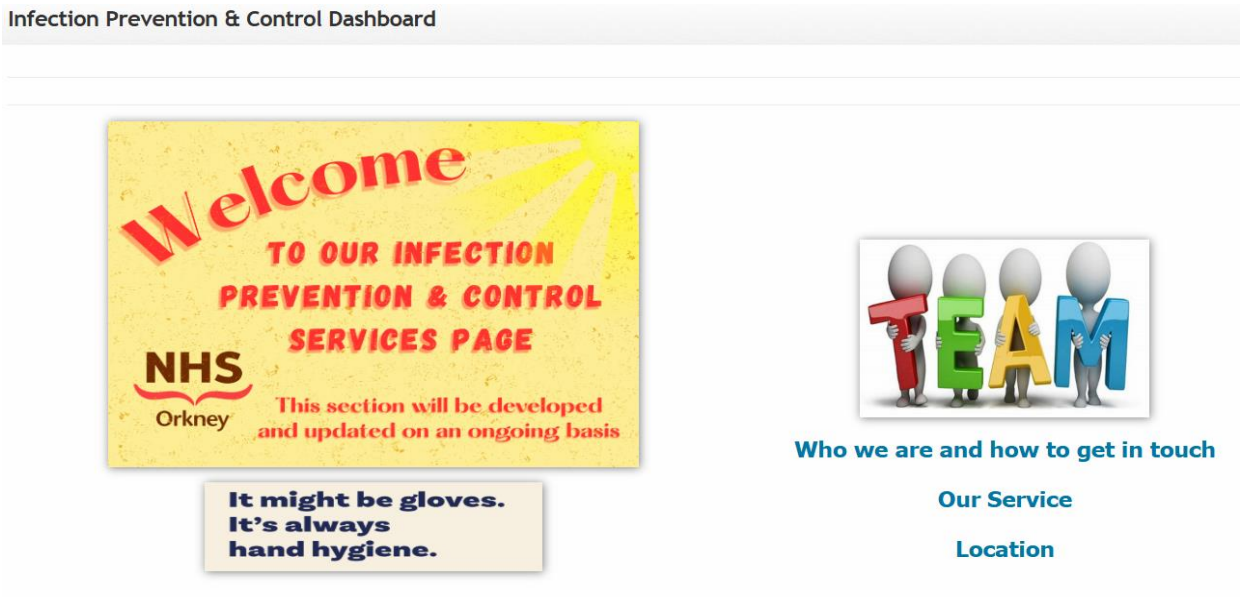
Social Media

The social media platforms are used to disseminate advice messages to the public on infection prevention, such as the combined public comms from IPC team and the Health Protection team around our winter plan and are also used to celebrate public health messages, such as the World Health Organization Hand Hygiene Day on the 5th May. This year the team promoted hand hygiene day locally with a “Gloves off” campaign, to encourage hand cleaning and address sustainability issues with glove use.

Teams Pages

The use of the Line Managers team Microsoft teams pages and departmental team’s pages enables information to be shared effortlessly. Information is supported by updated SOPs where required, to address any public health alerts etc.

The Infection Control Service Blog



The IPC blog page has always been a key area for ensuring staff have easy access to all the necessary IPC advice, policies and guidelines. In the short time our new IPC Admin/HCSW has been in role, Caleb has done a brilliant piece of work revamping the site, ensuring it is as user friendly as possible. Thank you, Caleb, for this significant piece of work.

Community Support

Again, one of the IPCPs is allocated to provide support and advice to Primary Care, undertaking an annual visit to all practices with quarterly catch ups with the Practice Nurses/Advanced Nurse Practitioners as required.

The IPCP also supports the care homes and works well, provides great relationship building, collaboration for supported working across the system.

The Care Homes and Third Sector Support Group meet on a fortnightly basis as and when there are items for discussion. This remains a calendar event so all participants can stand up or stand down the group meeting.

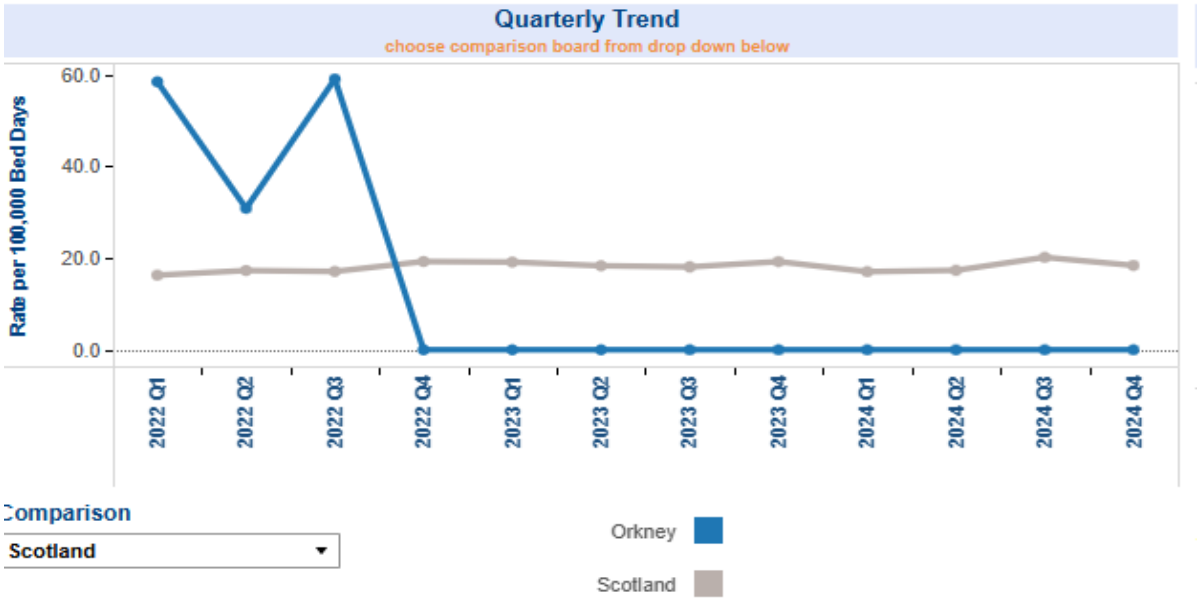
Additionally, the Care Home teams, and Third Sector Managers contact the IPC team on a regular basis to ask any questions and seek advice and support.

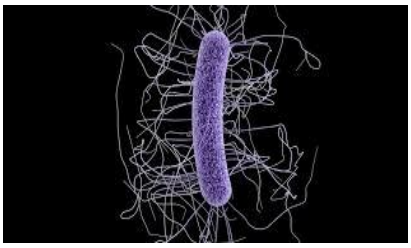
ASSURANCE AND MONITORING SYSTEMS

A. STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB)

There have been no SAB cases for the 2024-25 year so would have achieved our standard. Below is an indication of SAB rates across Scotland.

The graph reflects NHSO SAB rates for Healthcare Associated Infections over the last 3 years, per 100,000 bed days.

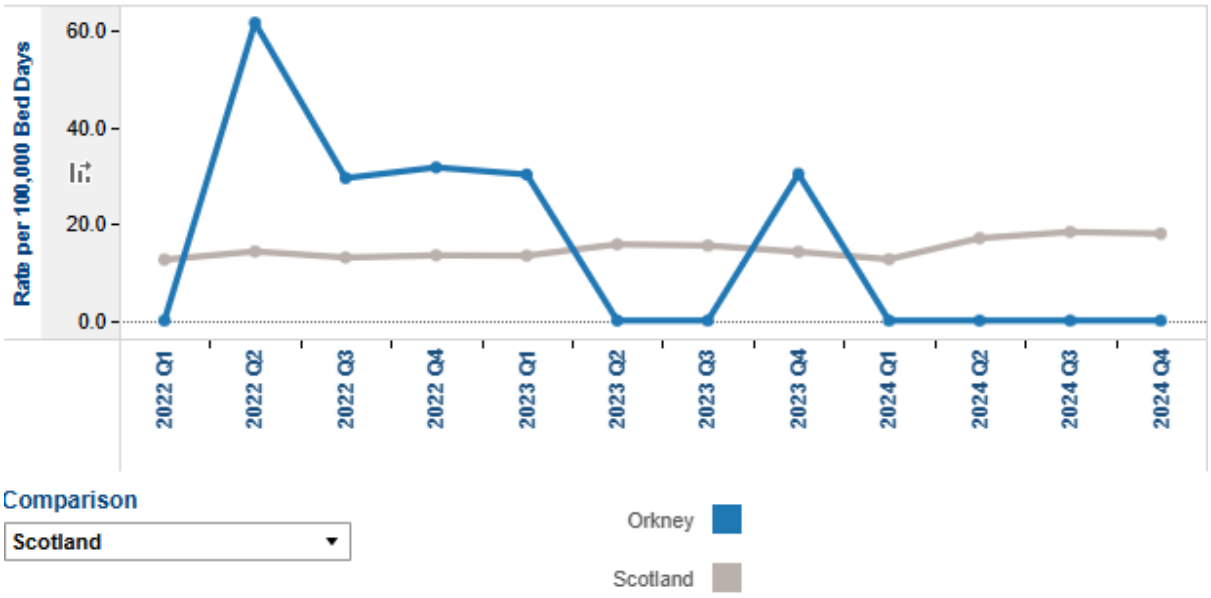




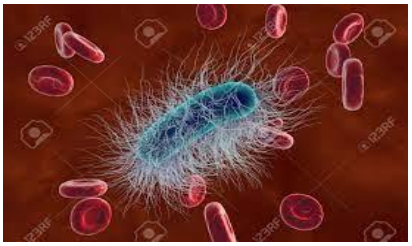
B. CLOSTRIDIOIDES DIFFICILE INFECTION (CDI)

There have been three cases of CDI in the 2024-25 LDP standard year, two were community cases, and one was attributed to hospital. All cases were treated appropriately and followed the correct processes.

The graph below reflects calendar year for Healthcare Associated CDI over the last 3 years, The community cases will not be included here, and the hospital case will be included in the next quarter's NSS Discovery report.

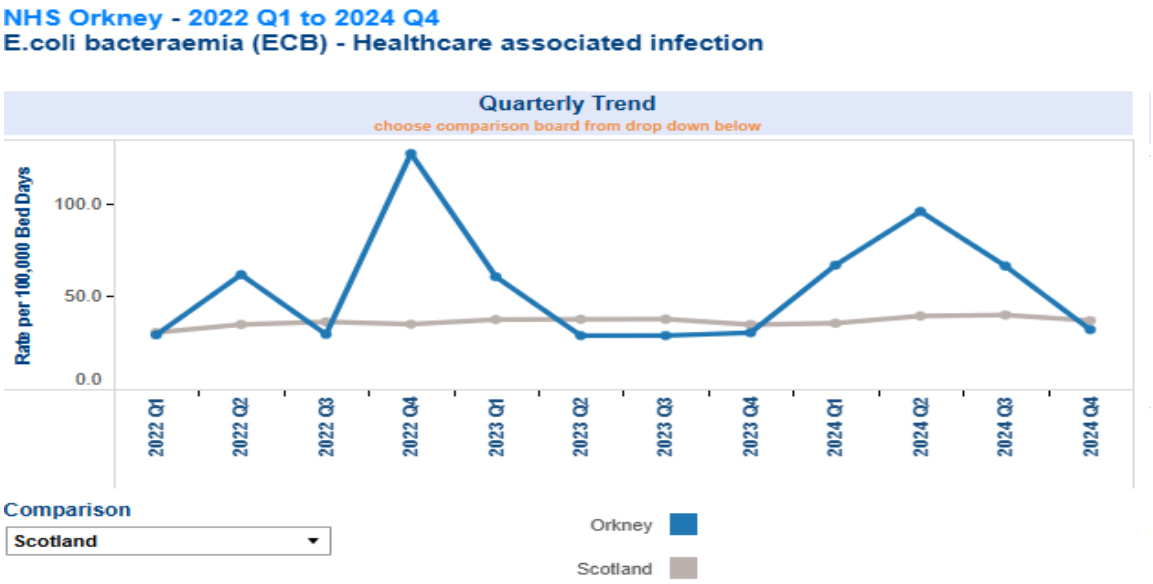


C. *Escherichia coli* Bacteraemia (ECB)



There have been seven HCAI cases which is an increase from the previous year. This is two more than last year, no cases assessed as preventable. There have also been seven community cases. The LDP standard is based on HCAIs.

The graph represents the previous 3 years of ECB and dates to December 2024. There are two cases (included in the above figure) that will be reflected in the next discovery update.



D. *Multi Drug Resistant Organism* (MDRO) Clinical Risk Assessment (CRA)

The MDRO Clinical risk assessment, is undertaken by clinical teams at time of patient admission. It consists of a question set which is aimed at identifying whether a patient is at a higher risk of colonisation with either methicillin resistant *Staphylococcus aureus* (MRSA) and Carbapenemase producing Enterobacteriaceae (CPE).

The question set have been established by ARHAI Scotland, based on best available evidence for identifying the risks of MRSA or CPE colonisation/carriage.

The table percentage below indicates compliance with completion of the question set only. The target is 90%.

MRSA Uptake	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1
Orkney	86.7%	76.7%	66.7%	**93.3%**	83.3%
Scotland	78.7%	80.5%	80.7%	81.4%	81.3%
CPE Uptake	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1
Orkney	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland	78.1%	81.3%	82.0%	83.3%	84.4%

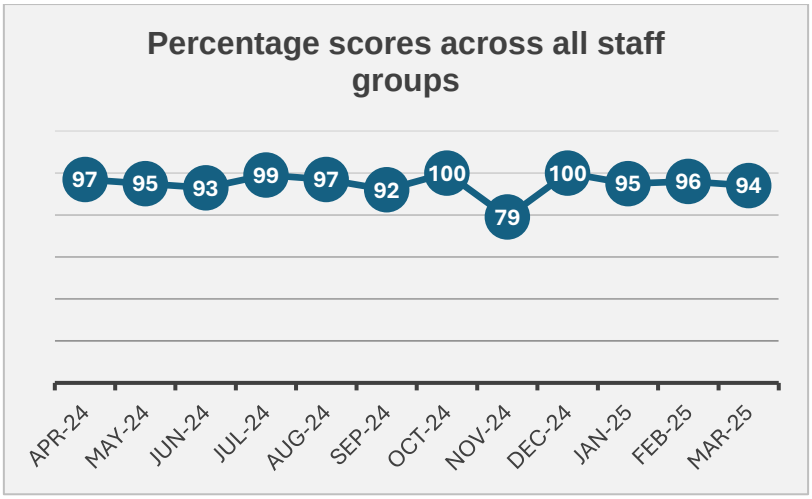
E. Hand Hygiene Monitoring

The Infection Prevention team monitor hand hygiene on a monthly basis, as part of the quality assurance process. Peer audits are also undertaken in departments.

In 2024-25, there were a total of 734 hand hygiene observations undertaken by the team of this, there were 4% of staff that had failed opportunity or technique, each and every opportunity for improvement is fed back at the time of recording with the individual and also to the department leads.

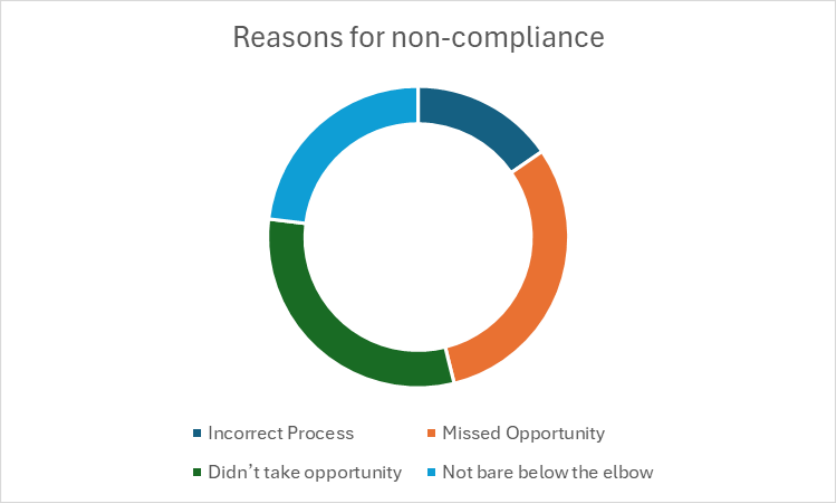
As mentioned previously, The World Hand Hygiene Day is celebrated each year in NHS Orkney and the team ensure that the annual message from the World Health organisation on hand hygiene is cascaded to staff.

The table below represents the percentage scores for secondary care hand hygiene in 2024-25 across all staff groups.



There are common themes for failure to complete hand hygiene or failure to complete it in the right way, both aspects are recorded for accuracy and ultimately if hands are not cleaned using the 9-step process specified by the National infection prevention and control manual, which ensures all areas of the hands are cleaned, then the staff member will fail that observation.

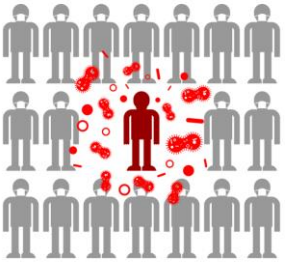
Common themes for non-compliance include staff not being bare below the elbow in the clinical area and staff not taking the opportunity to clean their hands at the correct moments.



F. Surgical site infections

The national surgical site infection (SSI) surveillance has been paused since the pandemic, and is under review nationally, with work ongoing about how the programme will look moving forward. Locally we continue to monitor SSIs locally to observe that no patterns of infections are being missed.

Outbreaks and Exception Reporting



In June 2024, two exception reports were sent through to ARHAI Scotland using the Healthcare Infection Outbreak Reporting Template. Both were assessed as “green” using the Healthcare Infection Incident Assessment Tool. Both involved inpatient wards and were managed appropriately using outbreak management measures.

On two other occasions through the winter months, to protect our patients and finite workforce, some risk mitigations were implemented. This included enhanced cleaning and on one occasion mask wearing. These strategies were successful, and no outbreaks were reported.

There have been several outbreaks supported by infection prevention team in care home settings and reflected activity within the community. Outbreak management in care Homes is managed by our Health Protection team and reported through Public Health Scotland.

Quality Assurance

A. Primary Care

GP Practices

All 15 Mainland, linked, and ferry linked isles GP practices received an annual visit by Infection Prevention Team (IPT) to conduct Quality Assurance Audits, which covers both environmental and clinical practice with the site. All bar one practice returned an improvement plan to the team which will be used to review improvements and close off actions on the next visit. Between visits the audits are followed up by email or telephone correspondence to assess how improvement work is progressing.

All aspects that require environmental or domestic improvements are shared with the Domestic Supervisor team on return. Additionally, the IP team liaise with the Estates team for addressing improvement where required. Planning is ongoing to upgrade some aspects of the Primary Care practices, such us removing unnecessary sinks to promote a splash free zone.

The Balfour and Garson Dental Practices

Both The Balfour and Garson are included in the environmental and clinical practice audits. The tool is adjusted to meet the needs of the area and to include any new updated guidance.

Orkney Hyperbaric Chamber

In addition, the team have supported the Orkney Hyperbaric Chamber with infection prevention-oriented service improvement, with six monthly visits to monitor improvements. Support is ongoing, via email and visits planned for the next financial year.

B. Secondary Care and Mental Health Services

The quality assurance audits for all department focussing on environmental and clinical practice are ongoing. These audits are generally based around Standard Infection Control Precautions and Transmission Based Precautions with clinical practice built in. The audit template is adjusted to capture any new or refreshed guidance to ensure teams have embedded changes into their everyday work.

The team have a standard operating procedure for timings of the repeat audits depending on significance of the finding and overall scoring for each element of the audit. This ensures that processes are followed up and actioned timeously and with focus on areas of highest risk. The IP team then utilise this improvement plan to ensure that previous findings are closed off on a revisit and if not the rationale for non-closure such as awaiting Robertson Facility Management team action or an Estates rectification.

This year 64 quality assurance audits were undertaken in secondary care; this includes single element follow ups, such us, a kitchen or laundry management reaudit. Full audits are undertaken on a six-monthly basis across all departments and there have been seven audits undertaken on the Mental Health facilities, and four within the vaccination service. Departments have come on board and are actively engaged in the improvement process.

This ensures full coverage for IPC assurance across all settings.

CARE OF THE HEALTHCARE BUILT ENVIRONMENT

Ongoing monitoring of the built environment is captured by both the IPC quality assurance audits mentioned above and through the Domestic Monitoring Tool, which is a national led audit, incorporating both Estates issues requiring rectification within the healthcare-built environment and the cleanliness of the healthcare environment.

A. ESTATES AND FACILITIES MANAGEMENT

Cleaning services are an essential part of the multidisciplinary approach to tackling HAI. The IPC Team and the Facilities Supervisors meet on a regular basis to address any items that are highlighted within the quality assurance audits or any other issues that require improvement. NHS Orkney continues to maintain standards of cleanliness above the target score of 93%.

Domestic Scores by Quarter

Figure 5.2 - Table showing cumulative quarterly domestic scores by board

Health Board	Q1 Apr-Jun 24/25	Q2 Jul-Sept 24/25	Q3 Oct-Dec 24/25	Q4 Jan-Mar 24/25
NHS Scotland National Score	**95.2**	**95.3**	**95.3**	**95.2**
NHS Ayrshire and Arran	95.5	95.7	95.7	95.6
NHS Borders	95.8	95.6	95.0	95.3
NHS Dumfries and Galloway	96.4	95.4	95.8	94.1
NHS Fife	96.3	95.8	96.1	96.2
NHS Forth Valley	95.6	95.7	95.4	95.1
NHS Greater Glasgow and Clyde	94.6	94.7	94.7	94.4
NHS Golden Jubilee	98.0	98.4	98.4	98.3
NHS Grampian	93.1	92.9	92.8	92.8
NHS Highland	95.6	95.3	96.2	95.6
NHS Lanarkshire	95.5	97.0	97.0	96.4
NHS Lothian	95.5	95.5	95.7	95.8
NHS NSS – SNBTS	91.6	91.8	92.9	93.4
NHS Orkney	96.0	93.1	95.8	94.9
NHS Scottish Ambulance Services	96.4	96.1	96.4	96.1
NHS Shetland	96.2	97.1	97.4	96.2
NHS State Hospital	95.3	96.2	96.4	95.9
NHS Tayside	95.3	95.3	95.2	95.5
NHS Western Isles	96.4	95.1	96.1	95.7

Estates Scores by Quarter

7.2. The following table shows the quarterly estates scores for each health board.

Figure 7.2 - Table showing cumulative quarterly estates scores for boards

Health Board	Q1 Apr-Jun 24/25	Q2 Jul-Sept 24/25	Q3 Oct-Dec 24/25	Q4 Jan-Mar 24/25
NHS Scotland National Score	**96.4**	**96.3**	**96.2**	**96.4**
NHS Ayrshire and Arran	96.9	97.0	97.2	96.7
NHS Borders	98.5	98.3	98.2	98.7
NHS Dumfries and Galloway	99.8	99.8	99.6	99.4
NHS Fife	96.8	96.8	96.6	96.6
NHS Forth Valley	94.2	94.6	93.4	94.4
NHS Greater Glasgow and Clyde	95.4	95.4	95.2	95.5
NHS Golden Jubilee	96.6	98.4	95.5	96.6
NHS Grampian	93.2	93.0	93.5	93.5
NHS Highland	97.0	96.7	96.8	96.9
NHS Lanarkshire	96.6	95.4	95.8	96.0
NHS Lothian	97.1	96.9	96.6	96.8
NHS NSS – SNBTS	93.6	94.0	95.6	94.6
NHS Orkney	99.1	99.8	99.9	99.3
NHS Scottish Ambulance Services	94.1	92.0	93.7	93.2
NHS Shetland	99.7	99.3	99.7	99.5
NHS State Hospital	99.2	98.9	99.6	98.4
NHS Tayside	99.4	99.1	99.2	99.3
NHS Western Isles	99.2	99.1	99.3	99.3

B. Water Safety Group

The water safety group, meet quarterly and is an assurance group which feeds up to the Infection Prevention & Control Committee. Its function is to ensure that systems and processes for safe water management within NHS Orkney are robust and maintained, across not just NHS Orkney healthcare facilities but to gain assurance in areas where NHS Orkney leases a facility. The Chair of the group is the Head of Estates Manager with representation from various stakeholders including an Authorising Engineer for water, the Consultant Microbiologist, Health & Safety, NPD Provider and members of the IPC team.

This year a lot of work has been undertaken on scoping improvements around water safety and splash zones, with plans to remove unneeded sinks across both Primary and Secondary Care. The Water Safety Group are working in collaboration with NHS Assure to undertake a research project, in the inpatient areas, which will look to remove some clinical hand wash basins from the immediate patient environment. There is increasing evidence now around splash zones and the increased risk to patients from multi-drug-resistant organisms.

C. Ventilation Safety Group

As with the water safety group, the ventilation Safety Group meets quarterly and has similar representation, although the Authorising Engineer is for ventilation.

Antimicrobial Stewardship

The overarching aim of antimicrobial stewardship (AMS) is to optimise safe, appropriate and economic use of antimicrobial agents to improve patient outcomes from infection while minimising negative consequences such as HCAI and the development of antimicrobial resistance (AMR).

Capacity for meetings has been challenging this year, with no capacity for minutes that team have met on a few occasions. However, the Clinical Pharmacists and the Infection Prevention & Control Doctor in NHSG, have regular conversations with clinicians around prescribing and promoting the best antimicrobial for the infection that is being treated.

NHS Orkney took part in World Antimicrobial Awareness Week in November 2024 and shared daily social media posts to encourage collective action from the public and staff to reduce the risks of the AMR crisis. In addition, a new Antimicrobial Stewardship Learning Site on TURAS Learn was developed locally to signpost staff to useful resources for professional development/revalidation, including social care staff. The materials have been developed and reviewed by the Area Drugs and Therapeutic Committee, with further work to improve the space on TURAS underway with the support of the Learning Team.

SUMMARY

Infection prevention continues to move at pace, with additional asks being laid at IPC teams, we endeavour to ensure patient safety across all aspects of care, undertaking investigation and root cause analysis on patient cases, to assess if there are any improvements that need to be made to prevent further infections and protect others, using the most up to date evidence to guide decision making.

The team continue to strive for best practice and continue to develop their knowledge and skills in infection prevention, thereby ensuring provision of a quality, safe service for patients, staff and visitors in the future.

Report submitted by:

Sarah Walker, Head of Infection Prevention

APPENDIX

Government letter received within fiscal year 2024-25.

Department of issue	Date of publish	Document Title	Outline of Contents
CNOD	02/05/2024	DL (20024) 11 NHS Scotland Infection prevention and Control (IPC) roles and responsibilities, including IPC team and specialist IPC role descriptors.	This letter replaces the previous HDL (2005) 8. It outlined the main responsibilities for Boards in relation to the infection prevention and control (IPC) service and introduced the team and specialist IPC role descriptors
CNOD	05/08/2024	DL (2024) 17 Launch of the new 'water' section in chapter 4 of the National Infection Prevention and Control Manual	NHS Boards are responsible for implementing the guidance set out within and monitoring compliance of the NIPCM. The implemented date of the 01/01/2025 was later retracted and NHSO are working towards being compliant with chapter 4
CMO	03/10/2024	SGHD/CMO (2024) 18 Clade 1 MPOX Update, Guidance and Board Preparedness.	Highlights the potential for a presentation of a Clade I mpox virus (MPXV) case in Scotland, noting that Clade I mpox is currently classified as a High Consequence Infectious Disease (HCID)
CNOD	24/10/2024	DL (2024) 24 ARHAI (Antimicrobial Resistance and Healthcare Associated Infections) Scotland and Healthcare Associated Infection (HCAI) Related Incidents, Outbreaks and Data Exceedance: Reporting and Communication Requirements	Reinforcing information to Boards on Board reporting of incidents and outbreaks using the Healthcare Infection Incident Assessment Tool NHS Board engagement with ARHAI Scotland in respect of their role as national-level clinical leaders
CNOD	21/11/2024	DL (2024) 29 Publication of new deliverables for the second phase of the 'Healthcare Associated Infection Strategy 2023-25'	Outline of new deliverables developed for the second phase, in addition to some deliverables rolling over from the first phase.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Corporate Strategy Year 2 2025/26 Quarter 1 Report**
Responsible Executive/Non-Executive:	**Laura Skaife-Knight, Chief Executive**
Report Author:	**Debs Crohn, Interim Head of Corporate Governance**

1 Purpose

This paper is presented to the NHS Orkney Board for **Assurance**:

Members are asked to.

i. **receive** the Corporate Strategy Year 2 2025/26 Quarter 1 report.
ii. **note** where deliverables are off track and the improvement actions in place to bring deliverables back on track in Quarter 2 (July - September 2025).

This report relates to a:

- Corporate Strategy 2024-2028 – Place, Patient Safety, Quality and Experience, People, Performance and Potential strategic objectives
- Operational Improvement Plan
- Integrated Joint Board Strategic Plan
- Annual Delivery Plan 2024-2025 (ADP)
- Financial Sustainability

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

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

This paper informs the Board about Quarter 1 performance on Year 2 deliverables of Corporate Strategy 2025/25 for assurance purposes.

A quarterly performance scorecard has been created for internal reporting, aligning with the Improving Together (efficiency) Programme, Operational Improvement Plan, our 2025/26 Annual Delivery Plan and our 3-year-financial plan.

Appendix 1 provides a consolidated scorecard and exception report for red and amber actions in Quarter 1.

2.2 Background

Quarter 1's focus has remained on delivery, performance across all National and Local KPI's, including the Corporate Strategy KPIs/objectives, are now an integral part of our Integrated Performance Report (IPR) and Performance Review Meetings (PRMs).

2.3 Assessment

Quarter 1 2025/26 performance

Each of the strategic objective deliverables have been given a RAG (Red, Amber, Green) status by the Executive Leads. Table 1 provides a definition for each the Red, Amber Green Status along with the number of deliverables in each category.

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

Appendix 1 updates on performance for each Quarter 1 deliverable in the Year 2 Corporate Strategy Delivery Plan 2025/26, including exception reports and actions for Red and Amber items.

Executive Leads assigned RAG (Red, Amber, Green) statuses to all strategic objectives. Table 1 defines each status and shows how many deliverables fall into each category.

Table 1 - Red, Amber, Green Status definition and number of deliverables in each category

Category/Status rating	Q1
Red - Significantly delayed. • Actions not implemented. • Deliverables and improvements not achieved. • Priority will not be delivered within original timescale recurring a minimum of 2 additional quarters to achieve	4
Amber - Partially delayed. • Some actions implemented. • Progress towards deliverables and improvement evidenced. • A clear plan with mitigations in place to bring the priority back in line with original timescale or delivered within one additional quarter	1
Green - Remains on track. • Action implemented. • Stated deliverables and improvement evidenced	9
Deferred to 2026/27	1
Total number of deliverables	15

Exception Reports by Strategic Objectives

The following section sets out the strategic objectives rated red and amber along with the improvements required to bring the deliverable back on track.

Strategic Objective – People – Executive Director: Director of People and Culture

RAG Status	KPI	Deliverable at Risk	Actions in place to bring deliverable back on track
Red	Improve compliance with our statutory/mandatory training rates to >80 %	Finalise training matrix to clarify mandatory training requirements by job family. Undertake training across organisation, highlighting incomplete appraisals. Priority areas are receiving additional intervention support.	Statutory and mandatory training compliance escalated through Extended Senior Leadership Team and improvement plans are being presented to the CEO and Deputy CEO. Training matrix by role well underway with a focus on nursing, midwifery and allied health professions in the first instance. Dashboards for training and appraisals created and shared with Senior Leadership Team (SLT) for comment.

Strategic Objective – Patient Safety, Quality and Experience – Executive Director: Medical Director

RAG Status	KPI	Deliverable at Risk	Actions in place to bring deliverable back on track
Amber	Ensure the clinical voice drives safety and improvement changes, across our hospital and community services	No deliverables in Quarter 1.	Short life group for ensuring best support for and from Clinical Advisory Groups now in place emphasising consistent administrative support, encouraging participation, and clear routes for escalating enquires and receiving information in turn. Consistent representation from Clinical execs at Hospital subcommittee, GP subcommittee, and Area Clinical Forum. Area Medical Committee governance remains under discussion. Operational Clinical Governance monthly groups now well attended, with clear delegation and reporting. Medical consultant representation agreed to Clinical Governance group.
Deferred to 2026/27	Complete an operational governance review which reduces duplication of papers, information and attendance at meetings and ensure respecting our governance is part of our Board development programme	Operational governance review commenced by 30 June 2025.	The options appraisal for the proposed governance model is complete. Given the significant business changes needed, SLT decided that members will review their operational meetings and immediately stop any without Terms of Reference that do not impact patient care or financial recovery, to cut down on duplication and attendance. This deliverable is deferred to 2026/27.

Strategic Objective – Performance – Executive Director: Director of Nursing, Midwifery, AHPs and Chief Officer Acute

RAG Status	KPI	Deliverable at Risk	Actions in place to bring deliverable back on track
Red	Continue our path to de-escalation from level 3 of the NHS Scotland Support and Intervention Framework Deliver our 2025/26 financial plan with a year-end deficit of £5.2m Achieve £3.5m savings target Achieve 3% recurrent savings for the second year running	Establish a monthly Financial Escalation Board with representation from the Scottish Government from April 2025. Present option to the Board for Transitional Funding Offer, accept in writing to the Scottish Government.	SLT agreed to implement a number of recovery measures to bring the financial position back on track -several have been immediately implemented with the remaining on track to be implemented by September 2025. The following financial recovery actions were approved for immediate implementation: Education and Improvement Hub • Pause work on the creation of the Education Hub to 2026/27 • Continue the work on engaging with the teams in the lower CSB to find them a permanent place to relocate to • continue the work on the Business Case • Liaise with NHS Education for Scotland to determine whether any way of deferring the ACT (Medical Education) funding to 2026/27. • Send comms out to the organisation on the reason for the decision and confirming the commitment to implement it as part of the organisational priorities. E-Chargers at The Balfour • Immediately switch off. • Send comms out to the organisation and community. Operational Groups • SLT members to review operational meetings they lead with an expectation that any which does not have a Terms of Reference does not ultimately affect patient care or financial recovery are stopped with immediate effect.

Red	Further reduce complaints related to discharge experience, particularly for patients living on our ferry-linked isles Build on the work delivered in 2024/25 to further improve the number of people who are discharged before 12-noon to more than 25%, 7-days a week Reduce the number of Delayed Transfers of Care per week to below 6	Maintain focus at Resource Management Meeting twice weekly multi-disciplinary meeting to discuss all inpatients who may require social care on discharge. Delayed Transfers of Care paper submitted for discussion to the IJB in July 2025. Surge and Capacity plan at The Balfour reviewed.	Following the Integration Joint Board meeting on 2 July 2025 agreement has been sought to step up a Whole System Taskforce to address Delayed Transfers of Care. Membership of which will include appropriate Heads of Service, Service Managers, and other key stakeholders, to review discharge processes, delayed transfers of care and options for working differently/creating system capacity including admission prevention and avoidance. The Terms of Reference for the group will incorporate SMART objectives and a commitment to efficiencies of resource allocation and utilisation of digital strategies. Governance for this piece of work is through Finance and Performance Committee. A review of the utilisation and commissioning model for Hamnavoe House will ensure staffing and resources are identified to support the reduction in the number of delayed transfers of care this will include looking at care home bed provision i.e. nursing bed capacity versus Residential Care. One of the recommendations from the Clinical Services Review is the implementation of Frailty Model at the front door - this work will commence at pace in Quarter 2 of 2025/26.

Strategic Objective – Potential – Executive Director – CEO

RAG Status	KPI	Deliverable at Risk	Actions in place to bring deliverable back on track
Red	Launch a new Education Strategy for all staff groups. Open our new Education and Improvement Centre	Business case developed and presented to SLT	The Senior Leadership Team at its meeting on the 5 August 2025 agreed the Education and Improvement Centre development will be paused with immediate effect and revisited in Quarter 1 of 2026/27. This decision acknowledges current resource constraints while reaffirming the Centre's status as a Strategic Priority within the Corporate Strategy 2024–2028.

2.3.1 Quality/Patient Care

Delivery of the metrics and KPIs set out in the Corporate Strategy will further improve the quality of care (and services) for patients and our community. Patient safety, quality, and experience of one of our strategic objectives. To support our commitment to quality improvement and patient centred care, the Improving Together Programme continues to focus on the following priority areas.

- Recruitment processes
- Outpatients Improvement
- Improving access to key services
- Improving population health
- Achieving Financial plan
- Risk Management
  Accelerating Digital Transformation

2.3.2 Workforce

We are committed to making NHS Orkney a great place to work, placing the health, wellbeing, and development of our staff at the heart of our strategy. The delivery of our Corporate Strategy metrics and KPIs will support not only high-quality care for patients and the community but also a positive working environment for our workforce. By focusing on staff recruitment, retention, and ongoing professional development, alongside a culture of safety, respect, and kindness, we aim to empower our people to thrive and deliver on our shared strategic objectives.

2.3.3 Financial

Our corporate strategy plays a critical role in accelerating our financial recovery and addressing the current deficit. By implementing clear financial objectives and performance measures, we will ensure resources are targeted efficiently and effectively. This strategic approach not only supports sustainable service delivery and long-term stability but also provides a framework for investment, financial management, and accountability, all of which are essential for recovering NHS Orkney's financial performance and long-term sustainability.

2.3.4 Risk Assessment/Management

Corporate strategic objectives align to the Corporate Risk Register and new risk management framework. In developing the Corporate Strategy overall objectives for 2024/25, consideration has been given to stress testing reasonability, current resources, and investment implications. Corporate strategic objectives align with the Risk Register and updated risk management framework. Our Year 2 priorities were developed taking into consideration resource assessment, and investment considerations.

2.3.5 Equality and Diversity, including health inequalities.

As part of extensive engagement with our community, we sought the views of those who live on our ferry-linked isles in developing our objectives and priorities for 2025/26.

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.

2.3.6 Climate Change Sustainability

Specific metrics and objectives in relation to climate change and achieving our net zero targets are included in our strategy under the Place strategic objective.

2.3.7 Communication, involvement, engagement, and consultation

This paper has been produced for the purposes of NHS Orkney Board. The Board has performed its duties to involve and engage external stakeholders where appropriate.

2.3.8 Route to the Meeting

This paper has been developed following engagement and feedback from the Senior Leadership Team and was agreed at the Senior Leadership Team Meeting – 5 August 2025.

2.4 Recommendation (s)

The NHS Orkney Board is asked to:

i. **receive** the Corporate Strategy Year 2 2025/25 Quarter 1 report.
ii. **note** where deliverables are off track and the improvement actions in place to bring deliverables back on track in Quarter 2 (July - September 2025).

2.3 Appendices

The following appendix is included with this report:

- **Appendix 1**, NHS Orkney Corporate Strategy 2025/26 Year 2, Quarter 1 Performance Scorecard, and exception report

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Operational Improvement Plan – Aug 25 update**
Responsible Executive/Non-Executive:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**
Report Author:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**

1 Purpose

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

Members are asked to:

i. **Receive** and **note** the current status of NHS Orkney progress against deliverables set out in the OIP.

This report relates to a:

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

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

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

The Operational Improvement Plan (OIP), published in March 2025, sets out immediate national priorities to relieve system pressures and improve outcomes across NHS Scotland.

The OIP was positioned as the first of four Scottish Government strategic documents to be followed by a Population Health Framework, the Health and Social Care Renewal Framework and the Public Sector Reform Strategy al published in June 2025. The OIP is underpinned by the Board Annual Delivery Plans (ADP), meaning NHS Orkney's strategic direction is reflected in its development.

NHS Orkney assessed the implications of the OIP and determined how national expectations align with our Corporate Strategy 2024-28 strategic objectives, ADP and current position, particula

relation to access, balance of care, workforce and digital transformation. This was presented at Board in June'25.

On 8 July 2025, Christine McLaughlin wrote collectively to Chief executives to approve the content of Delivery Plans and confirmed that for the remainder of this year, the focus on assurance will be on the Operational Delivery Plan (see Appendix 1).

2.2 Background

The OIP builds on all 2025/26 ADP's submitted by NHS Boards and reflects key national commitments to:

- Reducing waiting times, with no one waiting more than 52 weeks by March 2026.
- Shift the balance of care from acute settings into communities.
- Expand digital access and innovation in service delivery.
- Focus on prevention and early intervention to improve population health.

NHS Orkney's Year 2 Corporate Strategy and ADP are already closely aligned with these ambitions. However, the application of national models (such as specialist community pathways) requires local interpretation given our island geography, workforce profile and service configuration.

2.3 Assessment

The table below provides an assessment of NHS Orkneys progress against the deliverables set out in the OIP at the end of Quarter 1. Not all deliverables are applicable to all Health Boards but have been included as part of this table for information.

Deliverable	Due Date	RAG Status
Reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient-day-case procedure	**31/03/2026**	**Green**
Increasing capacity: deliver over 150,000 extra appointments and procedures in 2025/26; increase capacity in NTCs to well over 30,000 in 2025/26	**31/03/2026**	**NA**
National Treatment Centres (NTCs) will support additional procedures for 2025/26 increasing to well over 30,000 procedures	**31/03/2026**	**NA**
Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026	**31/03/2026**	**Green**
Rolling out a new Digital Dermatology Pathway to all GPs by Spring 2025	**30/09/2025**	**Green**
Expanding the Rapid Cancer Diagnostic Services: deliver population coverage for this service pathways	**31/05/2025**	**Green**
Reducing the pressure in our hospitals: free up capacity and reduce occupancy levels towards 85%	**31/03/2026**	**Green**
Clear Child and Adolescent Mental Health Services (CAMHS) backlogs, and meet the 18-week target nationally by December 2025	**31/12/2025**	**Green**

Hospital at home: H@H beds to at least 2,000 by December 2026	**31/12/2026**	**Amber**
Frailty: we will deliver direct access to specialist Frailty teams in every Emergency Department by Summer 2025	**31/08/2025**	**Amber**
Access to GPs and other primary and community care clinicians: increase the capacity in general practice and make GP services more consistent across Scotland	**31/03/2026**	**Amber**
Eyecare: deliver a new acute anterior eye condition service during 2025	**31/12/2025**	**NA**
Pharmacy: expand Pharmacy First Service	**31/03/2026**	**Green**
Dentistry: deliver a 7% increase in student numbers from September 2025	**31/03/2026**	**NA**
(Digital Front Door) A new online app for health and social care: roll this out from December 2025, starting in Lanarkshire	**31/03/2026**	**Amber**
Build on digital platforms to increase operating theatre capacity: By June 2025 complete a roll out plan for the theatre scheduling tool with the anticipated benefit of productivity increase of up to 20% for some specialties	**30/12/2025**	**Green**
Adopt new innovations: Before the end of 2025/26, start using genetic testing for recent stroke patients and newborn babies with bacterial infections and support 3,000 people newly diagnosed with type 2 diabetes over the next three years	**31/03/2026**	**NA**

2.3.1 Patient Safety and Quality

The national focus on improving culture, learning and openness mirrors our governance refresh, new approach to clinical engagement, and quality improvement efforts across the system.

2.3.2 Workforce

The Workforce improvement workstream within he Improving Together Programme is well developed with 8 areas of focus. This includes sickness management, mandatory training and appraisals.

2.3.3 Financial

The Board remains at Level 3 of the Scottish Government's NHS Finance and Escalation Framework.

2.3.4 Risk Assessment/Management

Effective risk management is essential to ensuring the delivery of safe and high-quality patient care. Failure to proactively identify and address risks may compromise the Board's ability to deliver timely care, with potential adverse effects on patient outcomes and overall experience.

2.3.5 Equality and Diversity, including health inequalities.

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

2.3.6 Communication, involvement, engagement, and consultation

Discussions have taken place with Heads of Service in the development of this paper.

2.3.7 Route to the Meeting

- Progress against the OIP was presented at Senior Leadership Team Meeting on the 5 August 2025.

3. Recommendation(s)

Assurance - The Board is asked to:

ii. **Receive** and **note** the current status of NHS Orkney progress against deliverables set out in the OIP.

4. List of appendices

Appendix 1 - NHS BOARD DELIVERY PLANS 2025/26 – letter from Christine McLaughlin 8 July 2025

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NHS Territorial Board Chief Executives

Christine McLaughlin
Chief Operating Officer of NHS Scotland
The Scottish Government
St. Andrew's House
Regent Road Edinburgh
EH1 3DG

8 July 2025

Dear Chief Executives

NHS BOARD DELIVERY PLANS 2025/26

Thank you for submitting your NHS Board Delivery Plan 2025/26 and to you and your teams for the considerable work involved.

I wanted to allow for the publication of our Health and Social Care Reform Frameworks before formally responding. The three Frameworks are: the Service Renewal Framework (SRF), Population Health Framework (PHF) and Operational Improvement Plan (OIP), and NHS Board Delivery Plans have been considered within this evolving context. NHS Board Delivery Plans remain a valuable tool for supporting local planning and aligning with a broad range of national priorities. They serve as both a clear direction of travel and a dynamic framework that can adapt to changing circumstances.

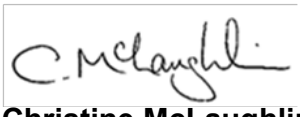
In that context, I can confirm that I am content to approve your Delivery Plan as a robust foundation for 2025/26. I understand that many of you have already secured local Board approval in line with local governance arrangements. For those yet to do so, this letter confirms formal approval and support for you to proceed with this when ready.

For the remainder of this year, the focus of our assurance will be on delivery of the Operational Improvement Plan. In parallel, I look forward to working with you and your teams on the implementation plans for reform as set out in the SRF and PHF.

Feedback on individual Board Plans has been shared with your respective Directors of Planning, for local reflection only. Any follow-up will be through existing topic-specific engagement (e.g. Planned Care), rather than on Delivery Plans as a whole.

Thank you again for your continued leadership and commitment. I look forward to continuing to work with you on delivering sustainable, efficient, high quality, and accessible services to the people of Scotland.

Yours sincerely



Christine McLaughlin
Chief Operating Officer NHS Scotland

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Planned Care – 52-week update**
Responsible Executive/Non-Executive:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**
Report Author:	**Tammy Sharp, Director of Performance and Transformation (and Deputy CEO)**

1 Purpose

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

Members are asked to:

i. **Receive** the Planned Care – 52-week update
ii. **Note** the actions in place for NHS Orkney to ensure delivery of 0 patients waiting more than 52 weeks by the end of Mar'26

This report relates to a:

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

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

- Safe
- Effective
- Person Centred
- Sustainability

2 Report summary

2.1 Situation

In May 2025, NHS Board Chief Executives met with Government Ministers to discuss performance in relation to the longest patient waits. The focus of these discussions is on Planned Care, with a clear national expectation that there will be zero 52-week waits by the end of March 2026. BCEs responded too this collectively and the detail of this was presented at the June Board meeting.

This report provides the NHS Orkney Board with an update on NHS Orkney's 52-week position for planned care.

2.2 Background

The Programme for Government 25/26 was published on the 6th May 2025 setting out a clear vision for supporting patients and reducing the length of wait for Inpatient / Day Care, Outpatient and Imaging Treatment. The PfG builds on the ambitions outlined in the NHS Scotland Operational Improvement Plan published in March 2025, and an additional £100 million has been committed to targeting long waits by increasing overall capacity in the NHS by optimising national and regional working across Health Board boundaries.

To date, Boards in conjunction with the National Planned Care Policy Team have undertaken detailed analyses of planned care activity and developed supporting trajectories for 25/26 with NTC allocations incorporated. Further additionality made possible by the availability of additional funding to support NOP activity has subsequently been built into trajectories. Further work is being undertaken across Boards to look at opportunities to increase productivity to support Health Boards to deliver zero patients waiting more than 52 weeks by Mar'26.

2.3 Assessment

The current 52-week position for NHS Orkney is as follows:

NOP Over 52 weeks as at 12/08/2025

Specialty	Booked	Not booked	Unavailable	Grand Total
Ear, Nose & Throat	88		1	**89**
Ophthalmology	2		2	**4**
Pain Management	1			**1**
Oral Surgery	7			**7**
Trauma and Orthopaedic	10			**10**
Grand Total	**108**		**3**	**111**

TTG Over 52 weeks as at 12/08/2025

Specialty	Booked	Not booked	Unavailable	Total
Ophthalmology		1		**1**
Trauma and Orthopaedic			1	**1**
Grand Total		**1**	**1**	**2**

Note - unavailable patients have dates booked / plans in place for when they become available again

It is important to note that there will be patients during this year at risk of tipping into waiting more than 52 weeks for either a NOP or against the TTG standard. Therefore, work is underway to confirm capacity for the remainder of the financial year across all specialties and to ensure that all patients waiting more than 20 weeks for a NOP and 10 weeks for the TTG are also booked into clinics accordingly. This is reviewed weekly at the waiting time meeting.

2.3.1 Patient Safety and Quality

Performance data relating to Patient Safety, Quality and Experience are reported through the Joint Clinical Care and Governance Committee. Whilst the process for the collection of the patient safety, quality and experience metrics is established and provided consistently, work to expand this dataset to provi

necessary assurance to the Board as some KPI's do not have targets set against them either locally or nationally. This is being reviewed as part of the refresh and redevelopment of the Integrated Performance Report.

2.3.2 Workforce

Clinical sessions for all specialties for the remainder of the financial year are currently being finalised. An SLA tracker has been developed to enable the monitoring of activity delivered by visiting services in line with SLA arrangements. This is reviewed weekly at the waiting times meeting.

2.3.3 Financial

NHS Orkney have received additional funding from Scottish Government (against the national £100M investment to support waiting times) to support the following:

- ENT - £92,759 to support 401 NOP and clear the backlog
- Ophthalmology - £72,904 to support 429 NOP and clear the backlog

Activity funded by this monies for Ophthalmology started in June and continues in July and for ENT started in July. A monthly return to Scottish Government to report and confirm the use of this funding and activity delivered was put in place from 20th June.

2.3.4 Risk Assessment/Management

Effective risk management is essential to ensuring the delivery of safe and high-quality patient care. Failure to proactively identify and address risks may compromise the Board's ability to deliver timely care, with potential adverse effects on patient outcomes and overall experience

2.3.5 Equality and Diversity, including health inequalities.

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

2.3.6 Communication, involvement, engagement, and consultation

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

All consultants have been written to ensuring they are fully sighted our 52-week position and supporting actions.

2.3.7 Route to the Meeting

- Planned Care update provided to Finance and Performance Committee on 31st July detailing the 52 week position
- Planned Care update provided to SLT on the 5th August detailing the 52-week position

3. Recommendation(s)

Assurance - The Board is asked to:

i. **Receive** the Planned Care – 52-week update
ii. **Note** the actions in place for NHS Orkney to ensure delivery of 0 patients waiting more than 52 weeks by the end of Mar'26

4. List of appendices

None.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Month 4 Financial Position Update**
Responsible Executive/Non-Executive:	**Melanie Barnes, Interim Director of Finance**
Report Author:	**Melanie Barnes, Interim Director of Finance**

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy
- Legal requirement

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

- Effective

2. Report Summary

2.1 Situation

It is important to continue to fully recognise that NHS Orkney remains escalated to stage 3 of the NHS Scotland Support and Intervention Framework for finance and to note the related increased scrutiny and risks that come with this status. Following agreement for the Board to accept the Transitional Funding Support offered by the Scottish Government, the Board submitted a financial plan for the 2025/26 financial period which forecast a full year deficit of £2.176m against the Board's revenue resource limit prior to the Transitional Funding limit of £2m for the year.

2.2 Background

At the end of Month 4, the reported financial position is adverse against the financial plan trajectory. The underlying driver is additional expenditure in the first quarter of around £200k which has been partially offset by additional income in Month 4,(neither of which were factored into the financial plan).

To deliver our financial plan it is essential that the Board reduces its expenditure run rate over the remainder of the financial year, aligning with the original plan profile along with delivering the efficiency programme in full.

A number of additional measures have been agreed through SLT for either immediate implementation or planned in order to bring performance back in line with the financial plan.

2.3 Assessment

After four months of the 2025/26 reporting period, the revenue position shows an **overspend of £1.753m**, which is **£0.046m higher** than the planned year-to-date overspend of £1.707m. This adverse variance is due to unplanned expenditure in the first quarter which was not included in the financial plan, partially offset by extra income received in Month 4, which helped mitigate the overall impact at the end of Month 4.

During the first 4 months of the 2025/26 financial year, medical staffing costs have remained high, 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.

Persistent challenges in medical recruitment have contributed to the sustained cost pressures, and this area remains classified as high risk within the Improvement Programme. In response, the Board is actively exploring and progressing alternative recruitment strategies to mitigate risk and improve staffing sustainability.

Agency spend in nursing has reduce in Month 4 due to successful recruitment to vacant posts both within Acute and Community services, nurse agency costs have however remained above that planned in the first 4 months of the financial year. The 2025/26 Improvement Programme includes targeted actions to reduce non-medical agency costs across both nursing and healthcare sciences. These areas will be closely monitored, with plans in place to reduce reliance on high-cost agency staffing wherever possible.

In Month 4, primary care prescribing costs have increased when compared with Month 3, however, continue to be lower than those seen in April and May. Due to the inherent volatility of prescribing trends, this area will remain under close monitoring as more up-to-date information becomes available.

As at the end of Month 4, the Board continues to report underspends across multiple areas, largely attributable to unfilled posts. To mitigate any financial impact from ongoing recruitment activity, the Senior Leadership Team has agreed a series of measures to further control expenditure in this

area. These include a review of all currently advertised vacancies, with the intention of withdrawing any deemed non-essential. Additionally, the Vacancy Control Panel has been temporarily stood down for a minimum of three months. During this period, all new vacancy requests will be subject to weekly review by the Executive Team in collaboration with Staff Side representatives. A further assessment of existing vacant posts is also underway, led by the Executive Team, with a view to identifying and removing additional non-critical roles.

The most significant factor affecting the Board's overall financial position at this stage is the unachieved savings target. Addressing this gap must be a key organisational priority to ensure the financial plan outturn is achieved and to meet the conditions of the Transitional Funding Support agreement.

The budget setting exercise for 2025/26, identified recurring cost pressures that were unfunded, mainly relating to appointment of posts without funding attached. This has resulted in an increase to the Board's overall unachieved savings target as the recurring commitment has been recognised. While some areas continue to experience over or under-spending, the breakdown by area is summarised in the table below and further detail provided later in the report**.**

There are several risks that could impact the year-end financial position. As of Month 4, we have outlined a range of potential outcomes, which will be refined as more information becomes available.

We are currently aware of a £39k reduction in the anticipated 2025/26 allocation from the Scottish Government and additional costs relating to the implementation of Windows 11 across the organisation now anticipated to be in the region of £134k. This has been reflected in the updated likely case forecast. As a result, the Board will need to identify additional savings of £349k to achieve a break-even position by the end of the financial year.

In addition, there are several cost pressures that have not been quantified as yet but will have an impact on the year-end forecast:

- NHS Lothian have confirmed they will move to a 2 year average to calculate activity data for their SLA's. This is likely to result in additional costs to NHSO as the removal of 2021/22 data from the calculation will result in a higher average activity
- The overarching SLA uplift has not yet been agreed. NHSO internal modelling calculates that the increase is likely to be in the region of 5.5% - 6.0%. The financial plan assume an increase of 3%, thereby adding an addition 3% cost pressure
- It is anticipated that there will be a couple of high costs medicines approved this financial year with high patient numbers for NHSO – internal modelling for GLP1-RA suggests a full year cost of around £1m for NHSO
- There are currently 48 submissions through the national portal for the band 5/ band 6 review. There is a potential for further impact to the outturn position if the settled claims exceed the provision that is currently being made for agenda for change reform costs.
- The year-end forecast assumes that the IJB will deliver its savings target of £2.4m in full. The savings target has been in place since 2020/21 and has not been delivered recurringly. The non-delivery of this is a risk to the year-end out-turn.

In the worst-case scenario, further cost pressures — unaccounted for during initial financial planning — and reduced savings delivery could lead to a significantly increased overspend. Should this occur, the Board would fail to meet the conditions for transitional funding support.

Forecast Summary	Financial Plan	Updated Forecast at Month 4		
		Best Case	**Likely Case**	**Worst Case**
	£'000	**£'000**	**£'000**	**£'000**
Brought Forward Deficit Including B/F non recurring savings	**5,060**	**5,060**	**5,060**	**5,060**
Funding Uplift	**-2,181**	**-2,181**	**-2,142**	**-2,000**
Pressures – Pay	**1,400**	**1,400**	**1,400**	**1,540**
Pressures – Non Pay	**3,457**	**3,457**	**3,457**	**3,803**
Any Emerging Pressures	**1,309**	**1,309**	**1,443**	**1,500**
Any New Funding	**-3,269**	**-3,269**	**-3,269**	**-3,269**
Net Gap	**5,776**	**5,776**	**5,949**	**6,634**
CIPs - Recurring	**-2,800**	**-2,800**	**-2,800**	**-2,700**
CIPs – Non Recurring	**-1,000**	**-1,176**	**-1,000**	**-700**
Service Development Commitments	**200**	**200**	**200**	**200**
25/26 Out-Turn	**2,176**	**2,000**	**2,349**	**3,434**
Transitional Funding	**-2,000**	**-2,000**	**-2,000**	**0**
2025/26 Out-Turn	**176**	**0**	**349**	**3,434**

2.4 Impact Assessment

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

Corporate Strategy Objective	Service Area	Is there an impact Yes/No	Assessment of impact
Patient Safety, Quality and Experience	Quality/Patient Care	Yes	Successful delivery of transformation ensures improved clinical outcomes and patient experience. Quality Impact Assessments are a pre-requisite of any identified efficiency/ transformation scheme to ensure the best outcomes for patients as part of any scheme pursued in the delivery of the financial plan
People	Workforce	Yes	Delivery of the Board's financial plan is challenging and it is recognised that successful delivery will have an impact on workforce. As part of the financial performance and delivery of the financial plan, changes to WTE, skill mix and role redesign will be necessary, however,

			these will be subject to Quality Impact Assessments and rigorous engagement with teams prior to implementation and to mitigate adverse concerns.
Performance	Finance	Yes	Failure to deliver against the 2024/25 financial plan outturn will have a significant impact on the Board and the ability to de-escalate from level 3 of the NHS Scotland Support and Intervention Framework. Monthly reporting allows the position to be monitored closely and corrective action to be taken timeously as required.
Potential	Risk Management	Yes	Risk that the Board cannot deliver on its statutory responsibility to deliver a financial balance. Monthly reporting to the Scottish Government to ensure they are aware of the most up to date position
	Digital	Yes	Investment in digital technology may be required in order to deliver against some of the transformational savings schemes to ensure the most effective and efficient processes are in place. Additional investment if not captured appropriately during financial planning can have a detrimental impact on delivery of the forecast financial outturn.
Place	Equality and Diversity including health inequalities	Yes	Financial planning and performance along with the ongoing improvement work and savings schemes to ensure delivery against the Board's financial responsibilities has fairness and equality at the heart of ongoing improvement work as captured the QIA and developing a culture of continuous improvement
	Climate Change Sustainability	Yes	A number of the ongoing improvement/ savings schemes in place to deliver against the Board's financial plan incorporate schemes to reduce travel to and from Orkney with a number of additional schemes that look to reduce waste and overall the environmental impact

3. Recommendation(s)

- **Discussion** – Examine and consider the implications of a matter.

4. List of appendices

The following appendix is included with this report:

- NHS Orkney Month 4 Financial Position

NHS Orkney

Financial Position – Month 04 2025/26

Introduction

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 2025/26, projecting a full-year deficit of £2.176 million against its revenue resource limit, prior to the application of £2 million in Transitional Funding Support agreed with the Scottish Government.

The Board must deliver on our forecast outturn of £2.176m deficit for 2025/26 along with several additional criteria that must be met as part of the Transitional Funding Support arrangements.

At the end of Month 4, the reported financial position is adverse against the financial plan trajectory.

To deliver our financial plan it is essential that the Board reduces its expenditure run rate over the remainder of the financial year, aligning with the original plan profile along with delivering the efficiency programme in full.

Year to Date Financial Position

After four months of the 2025/26 reporting period, the revenue position shows an **overspend of £1.753m**, which is **£0.046m higher** than the planned year-to-date overspend of £1.707m. This adverse variance is due to unplanned expenditure in the first quarter which was not included in the financial plan, partially offset by extra income received in Month 4, which helped mitigate the overall impact at the end of Month 4.

Graph 1 illustrates the financial plan trajectory compared to the actual monthly results after three months of the 2025/26 financial year.

Graph 1: Year to Date Run Rate vs Planned Run Rate

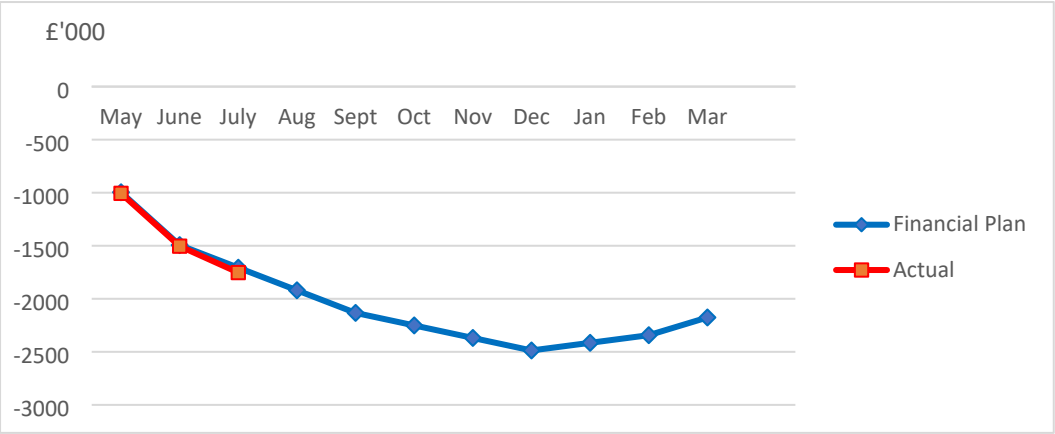


Table 1: Summary Month 4 Position

	Full Year Budget	Year To Date			Current Month		
		Budget	Actual	Variance	Budget	Actual	Variance
	£'000	*£'000*	*£'000*	*£'000*	*£'000*	*£'000*	*£'000*
Income							
Health Board Income	(1,017)	(344)	(384)	40	(90)	(111)	21
Patient Charges Primary Care	(375)	(132)	(110)	(22)	(32)	(29)	(3)
Other	(491)	(164)	(441)	277	(41)	(181)	140
Total Income	**(1,883)**	**(640)**	**(935)**	**295**	**(163)**	**(321)**	158
Expenditure							
Pay							
Medical & Dental	9,268	3,089	4,199	(1,110)	876	1,076	(200)
Nursing & Midwifery	16,682	5,562	5,346	216	1,390	1,294	96
Other Staff Costs	27,471	9,188	7,471	1,717	2,177	1,945	232
Non Pay							
General Medical Services	5,010	1,670	1,688	(18)	417	435	(18)
Pharmaceutical Services	1,017	343	355	(12)	86	75	11
General Dental Services	1,009	347	347	0	101	101	0
General Ophthalmic Services	316	103	103	0	19	19	0
Drugs - Primary Care	4,981	1,660	1,595	65	415	390	25
Drugs - Secondary Care	3,604	1,201	972	229	300	239	61
SLAs & UNPACs	10,034	3,344	3,389	(45)	837	860	(23)
Medical Supplies	1,594	531	563	(32)	37	125	(88)
Resource Transfer	2,334	778	787	(9)	195	194	1
Other Expenditure	15,089	5,048	5,637	(589)	1,505	1,417	88
Reserves - Board	5,666	1,889	638	1,251	426	62	364
Savings Targets - Board	(8,734)	(2,911)	0	(2,911)	(756)	0	(756)

Savings Targets - IJB	(2,400)	(800)	0	(800)	(200)	0	(200)
Total Expenditure	**92,941**	**31,042**	**33,090**	**(2,048)**	**7,825**	**8,232**	**(407)**
Total	**91,058**	**30,402**	**32,155**	**(1,753)**	**7,662**	**7,911**	**(249)**

During the first 4 months of the 2025/26 financial year, medical staffing costs have remained high, 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.

Persistent challenges in medical recruitment have contributed to the sustained cost pressures, and this area remains classified as high risk within the Improvement Programme. In response, the Board is actively exploring and progressing alternative recruitment strategies to mitigate risk and improve staffing sustainability.

Agency spend in nursing has reduce in Month 4 due to successful recruitment to vacant posts both within Acute and Community services, nurse agency costs have however remained above that planned in the first 4 months of the financial year. The 2025/26 Improvement Programme includes targeted actions to reduce non-medical agency costs across both nursing and healthcare sciences. These areas will be closely monitored, with plans in place to reduce reliance on high-cost agency staffing wherever possible.

In Month 4, primary care prescribing costs have increased when compared with Month 3, however, continue to be lower than those seen in April and May. Due to the inherent volatility of prescribing trends, this area will remain under close monitoring as more up-to-date information becomes available.

As at the end of Month 4, the Board continues to report underspends across multiple areas, largely attributable to unfilled posts. To mitigate any financial impact from ongoing recruitment activity, the Senior Leadership Team has agreed a series of measures to further control expenditure in this area. These include a review of all currently advertised vacancies, with the intention of withdrawing any deemed non-essential. Additionally, the Vacancy Control Panel has been temporarily stood down for a minimum of three months. During this period, all new vacancy requests will be subject to weekly review by the Executive Team in collaboration with Staff Side representatives. A further assessment of existing vacant posts is also underway, led by the Executive Team, with a view to identifying and removing additional non-critical roles.

The most significant factor affecting the Board's overall financial position at this stage is the unachieved savings target. Addressing this gap must be a key organisational

priority to ensure the financial plan outturn is achieved and to meet the conditions of the Transitional Funding Support agreement.

The budget setting exercise for 2025/26, identified recurring cost pressures that were unfunded, mainly relating to appointment of posts without funding attached. This has resulted in an increase to the Board's overall unachieved savings target as the recurring commitment has been recognised. While some areas continue to experience over or under-spending, the breakdown by area is summarised in the table below and further detail provided later in the report.

Overview: Month 4 Financial Position (Core RRL)

The overview at Month 4 is summarised in Table 2, with further detail provided in Appendix 1.

Table 2 – Core RRL by Area

Directorate		Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Actuals	Period Variance
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Directorate	Income	(235)	(78)	(133)	55	(20)	(78)	59
	Pay	17,280	5,760	6,545	(785)	1,491	1,573	(82)
	Non-Pay	2,188	729	723	7	182	274	(92)
	Total	**19,234**	**6,411**	**7,135**	**(723)**	**1,654**	**1,769**	**(115)**
Medical Directorate	Income	(196)	(71)	(76)	5	(21)	(25)	4
	Pay	3,488	1,145	1,044	101	303	289	13
	Non-Pay	16,609	5,473	5,147	326	1,424	1,289	135
	Total	**19,900**	**6,548**	**6,115**	**432**	**1,705**	**1,553**	**152**
Integration Joint Board - Operational Budgets	Income	(528)	(176)	(208)	32	(44)	(46)	2
	Pay	16,433	5,478	5,278	199	1,405	1,350	55
	Non-Pay	18,286	6,095	5,996	100	1,524	1,479	45
	Total	**34,190**	**11,397**	**11,066**	**331**	**2,885**	**2,782**	**102**
Chief Executive Officer	Income	(162)	(54)	(226)	172	(14)	(123)	109
	Pay	8,624	2,925	2,601	324	730	708	22
	Non-Pay	7,012	2,417	2,453	(36)	577	552	25
	Total	**15,474**	**5,288**	**4,827**	**461**	**1,293**	**1,137**	**156**
Directorate Of Human Resources	Income	(43)	(14)	(37)	22	(4)	(15)	11
	Pay	1,462	487	366	121	122	93	29

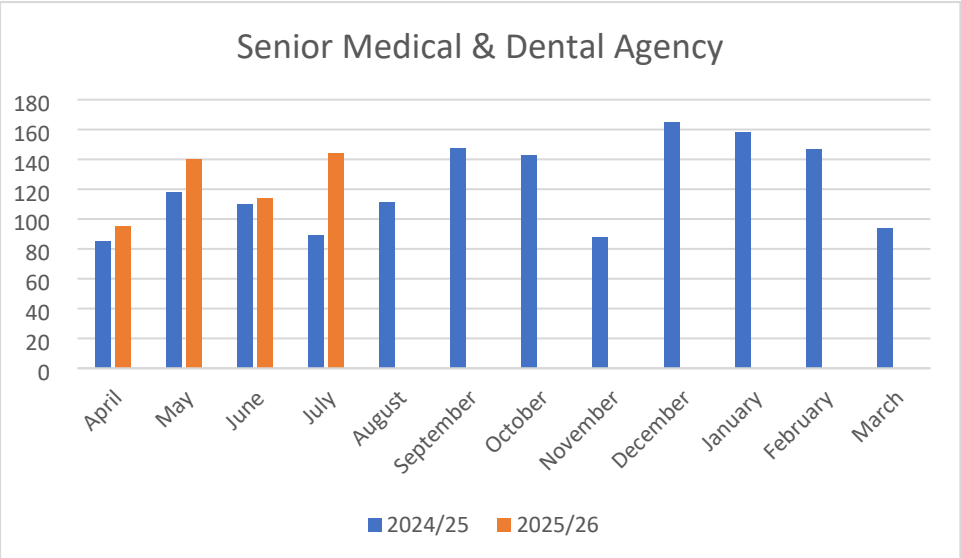
	Non-Pay	333	111	129	(18)	28	34	(7)
	Total	**1,753**	**584**	**459**	**126**	**146**	**112**	**34**
Finance Directorate	**Income**	(410)	(137)	(133)	(4)	(34)	(0)	(34)
	Pay	860	287	297	(11)	72	74	(2)
	Non-Pay	586	195	193	2	49	27	22
	Total	**1,036**	**345**	**358**	**(12)**	**86**	**101**	**(14)**
Performance And Transformation Directorate	**Income**	0	0	(5)	5	0	(1)	1
	Pay	1,711	570	523	47	143	131	12
	Non-Pay	(1)	(0)	20	(20)	(0)	1	(1)
	Total	**1,711**	**570**	**538**	**32**	**143**	**131**	**12**
Public Health Directorate	**Income**	(66)	(22)	(29)	7	(6)	(11)	6
	Pay	1,122	374	362	12	96	98	(2)
	Non-Pay	183	61	18	43	15	2	14
	Total	**1,239**	**413**	**351**	**62**	**105**	**88**	**17**
Reserves	**Pay**	2,823	941	0	941	210		210
	Non-Pay	2,843	948	639	309	216	62	154
	Total	**5,666**	**1,889**	**639**	**1,250**	**426**	**62**	**364**
Unachieved Savings Board	**Non-Pay**	(8,734)	(2,911)	0	(2,911)	(756)		(756)
	Total	**(8,734)**	**(2,911)**	**0**	**(2,911)**	**(756)**	**0**	**(756)**
Unachieved Savings IJB	**Non-Pay**	(2,400)	(800)	0	(800)	(200)	0	(200)
	Total	**(2,400)**	**(800)**	**0**	**(800)**	**(200)**	**0**	**(200)**
	Total	**89,069**	**29,734**	**31,487**	**(1,753)**	**7,487**	**7,736**	**(249)**

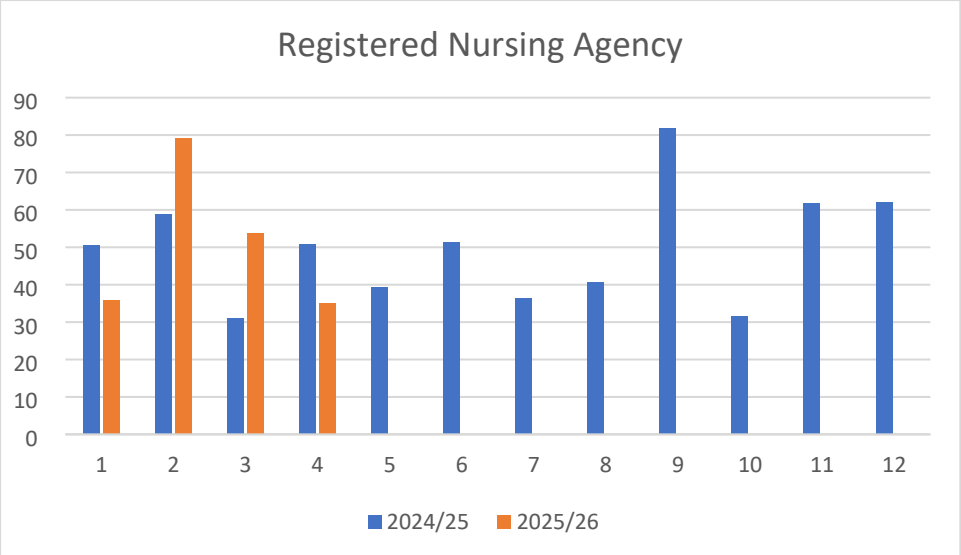
Appendix 1 provides high level performance detail of each area.

Key Costs - Spend

Pay

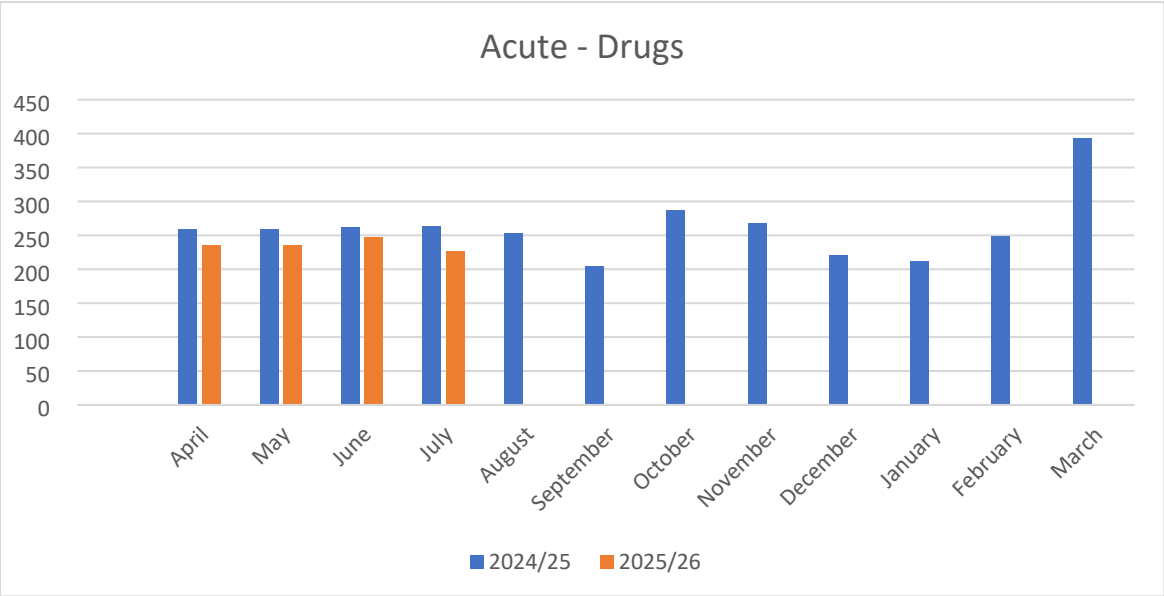
High-cost agency continues to be a significant area of concern for the Board, with some reductions being seen in 2024/25 and into 2025/26 in AHPs and Healthcare Sciences, Nursing and Senior Medical continue to rely on high-cost agency, usage remains at higher levels for the first four month of 2025/26 compared with 2024/25, although there has been some improvement in the nurse agency position at Month 4:





Non-Pay

There are several high-spending non-pay areas that are monitored through the Improvement Programme for 2025/26 with targeted work via the Procurement, Diagnostics, Outpatient and Pharmacy Workstreams. As at Month 4 there have been some reductions in spend across Acute Drugs, Primary Care Drugs and Clinical Supplies compared with the same period last year. These are volatile to changes in price and availability so risks remain that these costs will increase during the remainder of the year. Travel (including patient and staff travel) has seen a reduction in Month 4, in line with anticipated delivery of savings in Month 4. The financial plan trajectory anticipates significant reductions in spend in non-pay areas in the final half of the year. These will continue to be closely monitored with deviations identified and corrective action taken as early as possible.


Acute - Drugs
450
400
350
300
250
200
150
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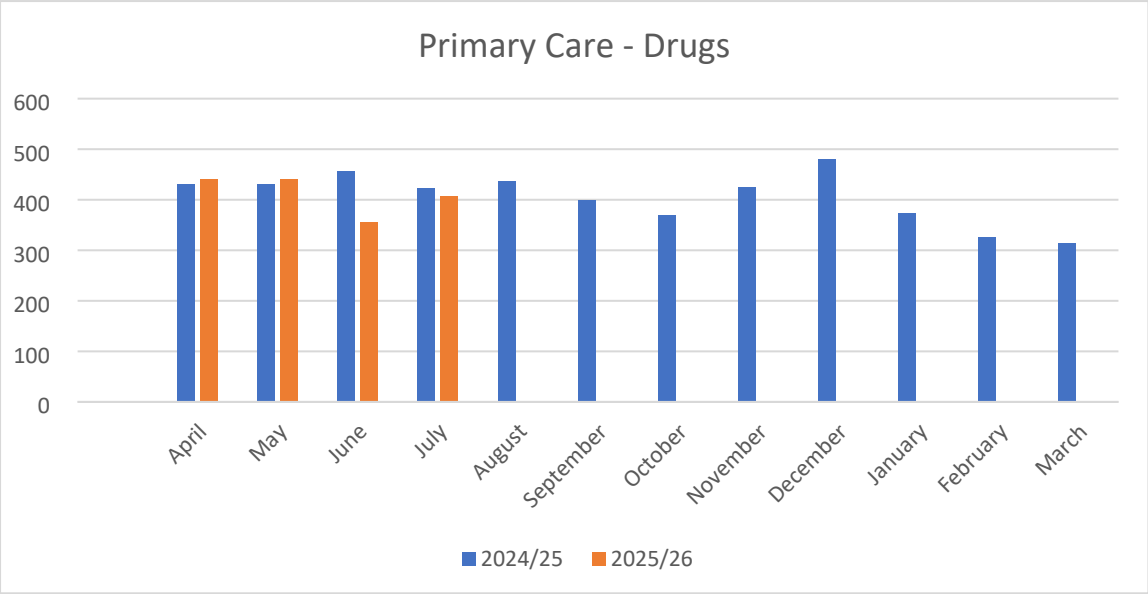
2025/26


Primary Care - Drugs
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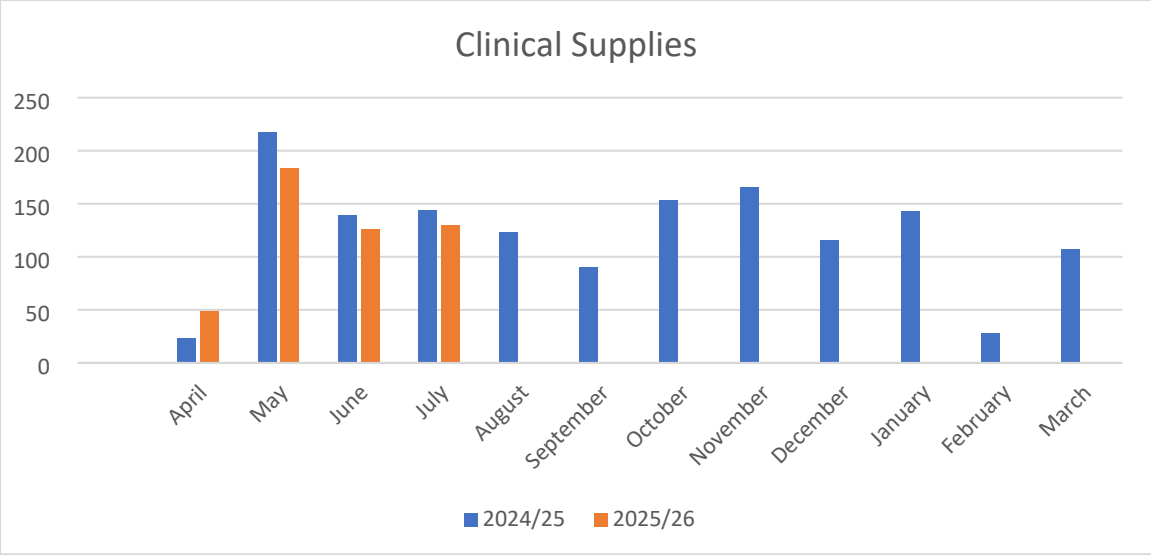
Clinical Supplies
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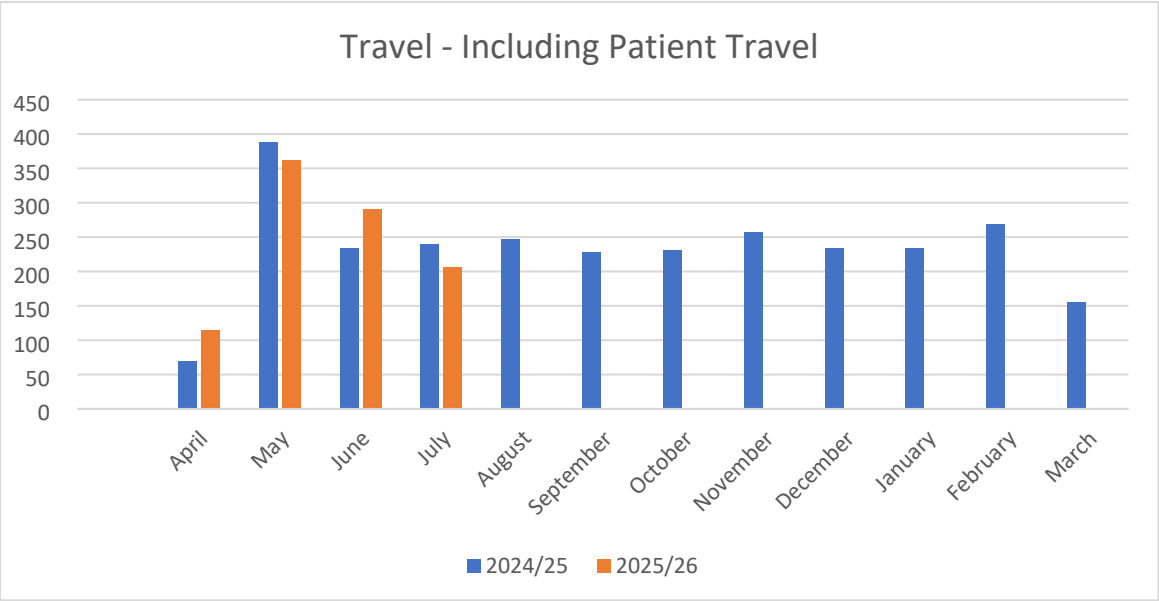

Improvement Programme

NHS Orkney has an integrated improvement function which is responsible for driving savings delivery within the organisation. £3.800m of savings are required to be achieved during 2025/26 to deliver the £2.176m deficit plan (before Transitional Funding Support £2m).

The Board has achieved £0.285m after 4 months, with the current programmes in implementation forecast to deliver £3.343m with additional pipeline schemes being scoped and progressed to implementation stage. Of the £3.343m identified schemes £2.685m have been classified as recurring.

Workstream	In-Year Savings Forecast £	RAG Status
Corporate	£176,000	High
Estates	£16,520	High
Facilities	£7,700	High
Grip and Control	£353,584	High
Medical Recruitment	£250,000	High
Outpatients Productivity	£106,000	High
Workforce	£484,448	High
Total - High	**£1,394,252**	
Diagnostics	£52,873	Medium
Facilities	£6,000	Medium
Grip and Control	£10,000	Medium
Pharmacy	£15,000	Medium
Procurement	£300,000	Medium
Social Care & Community (IJB)	£60,000	Medium
Workforce	£127,000	Medium

Total - Medium	**£570,873**	
Diagnostics	£408,044	Low
Estates	£35,655	Low
Facilities	£29,884	Low
Grip and Control	£5,004	Low
Outpatients Productivity	£800	Low
Pharmacy	£137,485	Low
Social Care & Community (IJB)	£313,921	Low
Workforce	£446,6994	Low
Total - Low	**£1,377,488**	

The non-delivery of the £3.8m will have a detrimental effect on the overarching financial plan. The schemes marked as high risk are being reviewed to identify credibility of delivery. It is anticipated that these schemes will not deliver to the target value and options continue to be sought for replacement schemes.

A status update is provided for each scheme is included in Appendix 2.

Savings delivery is a key focus, led through the Board's Improving Together Programme, with collaborative working relationships with Scottish Government colleagues, aligned to national improvement programme initiatives including the 15 Box Grid.

A number of additional cost control and savings measures were agreed by the Senior Leadership Team during the period. A number of which were agreed for implementation immediately and others planned for future or for further consideration. Each of these are being reviewed by the Improvement Team and will be added to the savings programme at the earliest opportunity, once targets are agreed.

Year-End Forecast

There are several risks that could impact the year-end financial position. As of Month 4, we have outlined a range of potential outcomes, which will be refined as more information becomes available.

We are currently aware of a £39k reduction in the 2025/26 allocation from the Scottish Government and additional costs relating to the implementation of Windows 11 across the organisation now anticipated to be in the region of £134k. This has been reflected in the updated likely case forecast. As a result, the Board will need to identify additional savings of £349k to achieve a break-even position by the end of the financial year.

In addition, there are several cost pressures that have not been quantified as yet but will have an impact on the year-end forecast:

- NHS Lothian have confirmed they will move to a 2 year average to calculate activity data for their SLA's. This is likely to result in additional costs to NHSO as the removal of 2021/22 data from the calculation will result in a higher average activity
- The overarching SLA uplift has not yet been agreed. NHSO internal modelling calculates that the increase is likely to be in the region of 5.5% - 6.0%. The financial plan assume an increase of 3%, thereby adding an addition 3% cost pressure
- It is anticipated that there will be a couple of high costs medicines approved this financial year with high patient numbers for NHSO – internal modelling for GLP1-RA suggests a full year cost of around £1m for NHSO
- There are currently 48 submissions through the national portal for the band 5/ band 6 review. There is a potential for further impact to the outturn position if the settled claims exceed the provision that is currently being made for agenda for change reform costs.
- The year-end forecast assumes that the IJB will deliver its savings target of £2.4m in full. The savings target has been in place since 2020/21 and has not been delivered recurringly. The non-delivery of this is a risk to the year-end out-turn.

In the worst-case scenario, further cost pressures — unaccounted for during initial financial planning — and reduced savings delivery could lead to a significantly increased overspend. Should this occur, the Board would fail to meet the conditions for transitional funding support.

Forecast Summary	Financial Plan	Updated Forecast at Month 4		
		Best Case	**Likely Case**	**Worst Case**
	£'000	**£'000**	**£'000**	**£'000**
Brought Forward Deficit Including B/F non recurring savings	**5,060**	**5,060**	**5,060**	**5,060**
Funding Uplift	**-2,181**	**-2,181**	**-2,142**	**-2,000**
Pressures – Pay	**1,400**	**1,400**	**1,400**	**1,540**
Pressures – Non Pay	**3,457**	**3,457**	**3,457**	**3,803**
Any Emerging Pressures	**1,309**	**1,309**	**1,443**	**1,500**
Any New Funding	**-3,269**	**-3,269**	**-3,269**	**-3,269**
Net Gap	**5,776**	**5,776**	**5,949**	**6,634**
CIPs - Recurring	**-2,800**	**-2,800**	**-2,800**	**-2,700**
CIPs – Non Recurring	**-1,000**	**-1,176**	**-1,000**	**-700**
Service Development Commitments	**200**	**200**	**200**	**200**
25/26 Out-Turn	**2,176**	**2,000**	**2,349**	**3,434**
Transitional Funding	**-2,000**	**-2,000**	**-2,000**	**0**
2025/26 Out-Turn	**176**	**0**	**349**	**3,434**

Capital

The Capital formula allocation for 2025/26 is £1.078m, there are a number of earmarked allocations anticipated in year for National Infrastructure Board (£202k), Decontamination (£282k), Solar Panels & Batteries (£109k) and Fleet Funding (£4k). Bids for unallocated capital budgets are reviewed and approved through the monthly Capital and Property Strategy Group. There is £613k of unallocated capital funding at the end of Month 4.

Capital Projects		Total Approved Budget	YTD Actual	Forecast Remaining Expenditure	Variance	Notes
		£'000	£'000	£'000	£'000	
Formula Capital Projects		265		265	0	Approved Estates Projects 25/26
Earmarked Allocations	NIB Funding	202		202	0	Replacement of medical equipment 25/26
	Decontamination Funding	282		282	0	Replacement of CDU equipment 25/26
	Fleet Funding	4		4	0	Replacement Electric Vehicle Charging points 25/26
	Solar Panels & Batteries	109		109	0	Funding agreed for additional solar panels and batteries
Unallocated Budget		813		200	613	£200k for survey works for demolition of the old Balfour
Capital Receipts						
Total		1,675	0	1,062	613	

Transitional Funding

In April 2024, the Board accepted the offer from the Scottish Government for Transitional Funding Support totalling £5m of additional, non repayable funding from 2025/26 to 2028/29:

2025/26	2026/27	2027/28	2028/29	Total
£2 million	£1.5 million	£1 million	£0.5 million	£5 million

The Board accepted the funding support and a number of key conditions that are required to be met in order to receive the funding, these are:

1. An outturn of under 1% deficit against core RRL must be delivered in 2025/26 (if this condition is not met, this transitional funding arrangement will be removed).
2. Financial balance must be reached by 2028/29 at the latest.
3. The savings programme as detailed in our Financial Plan must be delivered in full across all years.
4. External support funding will be kept under very careful review (aligned to delivery and impact), with a view to this ceasing entirely by 2027/28.

In addition, Scottish Government will require evidence through regular reporting of the impact of our improvement work, including via NHS Orkney's Financial Escalation Board.

Specifically, they expect the following workstreams delivered by 31 March 2026:

5. Workforce reductions of at least 20 WTE in 2025/26 and fully developed plans to further reduce workforce in 2026/27 to a similar level.
6. Evidence of banding reductions where opportunities have presented.
7. The final report from the Clinical Service Review to be presented to Scottish Government in Quarter 3 of 2025/26 outlining the scale of transformation opportunities.
8. Improve productivity and efficiency including increasing Near Me virtual appointments by at least 10% and demonstrating efforts to increase theatre utilisation.
9. Address substantive medical recruitment gaps by reducing the long-standing reliance on locum spend.

Where these conditions are not met, future years' payments will be paused, and further discussions will be held regarding NHS Orkney's position on the NHS Scotland Support and Intervention Framework.

Transitional funding will not be allocated against the year-to-date position and progress against the conditions will be closely monitored throughout the year.

Risks remain around meeting conditions 1, 2,3 and 5. These are being monitored through the monthly Financial Escalation Board.

NHS Scotland Support and Intervention Framework

The Board is required to report the level of cumulative brokerage received from Scottish Government as a proportion of the Board's total revenue resource limit. This is a key assessment criteria moving forward under the NHS Scotland Support and

Intervention Framework. The Board received £5.156m of brokerage in the 2023/24 financial year (6.6% relative to the Boards core revenue resource limit (RRL)) and a further £3.874m in the 2024/25 financial year (4.5% of the Boards core RRL).

The total repayable brokerage received by the Board is £9.030m or 10.6% of core RRL. The cumulative position indicates that the Board remains at level 3 of the Support and Intervention Framework as outlined in the table below.

Board Financial Position	Indicative level
10% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 25% core RRL	5
6% of core RRL in year brokerage in two consecutive years AND cumulative brokerage of over 15% core RRL	4
4% of core RRL in year brokerage AND cumulative brokerage of over 8% core RRL	3
2% of core RRL in year brokerage OR cumulative brokerage of over 4% core RRL	2
No brokerage or below criteria above	1

The Scottish Government have stated that there will be no brokerage available to Boards in 2025/26. Should financial balance not be achieved, this will be shown as an overspend in the financial statements, leading to potential qualification of accounts.

Delivery of the 2025/26 Financial Plan of a deficit of £2.176m and meeting the terms and conditions for the transitional funding, should result in NHS Orkney remaining at Level 3 Escalation in this current financial year. However, as outlined in this paper, the Q1 out-turn is adverse to plan and if this continues the risk of Level 4 or Level 5 Escalation increases.

Conclusion and Next Steps

The year-to-date financial position after the first four months of the 2025/26 financial year shows an adverse variance to plan, with a reported deficit of **£1.753m,** against the planned year-to-date overspend of £1.707m, giving an overall adverse variance of **£0.046m** at the end of the reporting period. There are a number of corrective measures agreed through SLT for both immediate implementation and planned to support the savings programme and further grip and control measures to bring performance back in line with the financial plan.

The Board remains focused on advancing the Improvement Programme and pursuing pipeline opportunities. Targeting areas of high expenditure to reduce the run rate will be essential to achieving the planned year-end deficit of £2.176m, before Transitional Funding Support in 2025/26.

Appendix 1 –Performance summary

Acute Services - £0.723m overspend

- *Hospital Medical Staff, £0.898m 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, £0.063m overspend*

All services are overspending at the end of month 4. Theatres has moved from a small underspend in period 3 to overspend due to an increase in surgical sundry spend in month 4. OPD which is currently overspent by £24k and Dialysis £9k overspent, these are in the main due unfunded bank usage.

- *Clinical Nurse Manager, £96k underspend*

Inpatients 1 (£105k overspend), Inpatients 2 (£22k overspend), Macmillan Specialist Nursing (£1k overspend) are all reporting overspends at month 4 which are being offset by underspends in HDU (£105k underspend), the Emergency Department (£71k underspend) and Macmillan Inpatient (£49k underspend). There has been a reduction in the overspent areas in the month due to some reductions in Agency nursing in Inpatients 1 and Inpatients 2. It was anticipated that the additional agency workers contracted in Q4 of 2024/25 would be removed in Q1 however, there continues to be some usage in month 4, plans are in place to remove all agency in Acute areas at the earliest opportunity. Income for MacMillan Specialist nursing has improved the position further in month 4.

- *Laboratories, £20k underspend*

Laboratories are reporting an underspend at month 4 due non-pay costs being down, this is offset by an overspend in pays due to agency usage to cover current vacancies.

Medical Director - £0.432m underspend

- *Pharmacy, £368k underspend*

Acute drugs and New Medicines are currently underspent at month 4. Pharmacy are also carrying a number of vacancies which are impacting their overall position for 2025/26.

- *External Commissioning, £20k overspend*

External Commissioning including SLAs and visiting specialist has a combination of over and underspending areas. The Grampian Acute Services SLA is the largest single element within the commissioning budget at £6.7m.

- *Unplanned Activity £19k overspend*

Unplanned Activity is overspent to month 4 but it's variable by nature and is subject to significant potential movement throughout the year and at year end.

- *Patient Travel, £36k overspend*

Patient travel out with Orkney continues to overspend. It is anticipated that spend on patient travel will reduce over the remainder of the year in line with the savings programme related to patient travel.

IJB – Delegated Services - £0.469m overspend

The Delegated Services budgets report a net overspend of £0.469m, £0.331m operational overspend and £0.800m unachieved savings target (Table 1). Further detail on the operational areas is provided below:

- *Children's Services, £12k underspend*

The underspend in Children's services is in the main related to vacancies in Health Visiting and School Nurses.

- *Primary Care, £103k underspend*

Primary Care General Medical Services is currently overspending (£136k overspend at month 4) due in the main to locum and agency spend within this area. There are offsetting underspends in Primary Care Administration (£62k underspend), Community Nurses (£143k) and Specialist Nurses (£19k underspend).

- *Primary Care – Dental £89k underspend*

The dental underspends relate in the main to Senior Dental and Dental Nursing.

- *Health and Community Care, £119k underspend*

Mental Health Services has an underspend of £47k at month 4, this in the main is due to vacancies within this area. There are also underspends within the Health and Community Care Management Team (£32k underspend) and Intermediate Care Team (£27k underspend).

- *Primary Care Prescribing, £72k underspend*

The Prescribing Unified budget is currently showing an underspend of £72k at the end of period 4. This position has continued to improve from month 2 following updated expenditure information. This volatile cost area will continue to be closely monitored along with the accrual assumptions which are based on payments made 2-months in arrears. Vaccination and Immunisation budget is currently underspent by £27k at month 4).

Finance - £0.014m overspend

Finance is currently reporting an overspend of £0.014m, with spend broadly in line with the plan at month 4, a slight deterioration in the outturn due to reduced income in the period.

Estates and Facilities - £0.375m underspend

Estates and Facilities is reporting an underspend of £375k to date, in the main, the underspend is as a result of vacancies across a number of services and underspending non pay budgets in hospital maintenance contracts. The position has

improved further in period 4 due to income received from the Renewable Heat Initiative.

Chief Executive - £0.086m underspend
There are a number of vacancies across the portfolio impacting the month 4 position.

Public Health - £0.062m underspend
Currently reporting an underspend of £62k. There are various over and underspending services in this area.

Human Resources - £0.126m underspend
There are a number of underspending areas within the service impacting on the overall underspend, this includes vacancies across a number of areas.

Appendix 2 – Efficiency Programme – Status Update

Efficiency Scheme	In-Year Savings Plan (£)	M4 YTD Actual Savings (£)	Progress Update
Sale of King Street	£176,000	£0	**Under review with savings planned at M12.** Paper submitted to F&P on 31 July and will go onward to Board in October for approval to sell property.
Expansion of Echocardiogram Service	£24,523	£0	**On track with savings phased from M07.** POAP/QIA drafted and is scheduled for re-review at the August QIA Panel. The echo physiologist is now in post, has passed all assessments, and is currently performing all echocardiograms with agency visits now ceased.
Repatriation of MRI Service	£374,044	£21,600	**On track with savings phased from M04.** Scanner successfully calibrated, protocols established, and scans now underway. Activity was reported in July, though initial delays meant that full savings were not realised at M04.
Repatriation of Elastography Service	£34,000	£0	**On track with savings phased from M05.** Software has been installed, the service is now fully operational, and scans are underway. Initial delays meant that activity data was not available for M04, so savings have been rephased from M05.
GP Direct Referral Capsule Sponge Endoscopy Service	£28,350	£0	**On track with savings phased from M06** Service has transitioned to BAU following approval from the Clinical Quality Group. The next clinic is scheduled for 19 September, with additional dates being planned for the remainder of the year. Validation of savings is currently being progressed with Finance.
Sale of surplus vehicles	£27,260	£27,260	**Delivered. Savings realised at M3.**
Clinical Waste Collection	£6,000	£0	**On track with savings expected from M05.** SLAs developed with confirmed uplifts and issued to private providers with revised uplift effective from 1 July.
Primary Care Equipment Maintenance SLA	£1,000	£0	**On track with savings expected from M06.** SLA finalised and signed. Invoice to be raised annually.
Invest in Engineer Training (To be compliant with SHTM0101)	£12,000	£0	**Progress is dependent on recruitment, with savings expected from M08.** Posts have recently been appointed. The SHTM0101 contract is due for renewal in September and the intention was to train staff before the contract ends. The potential new contract will include staff training, but savings may not be realised until 2026/27 due to the contract renewal.
Scottish Health Council Relocation	£1,395	£0	**On track with savings expected from M07.** A newly identified scheme involves relocating a Scottish Health Council staff member to the CSB, thereby removing the need for rental premises.

Repatriate Water Risk Assessment In-house	£4,520	£0	**POAP/QIA in draft, with savings expected from M08.** It is unlikely that the internal staff member will undertake the training, as water risk assessments must be carried out by an independent provider. A local provider has been identified, which will be more cost-effective than the current provider from outwith Orkney.
Electric Vehicle Charges Review	£6,000	£0	**POAP/QIA to be developed following further scoping.** Savings rephased from M07, subject to meter installation and approvals via Strategic Estates & Property Group and Senior Leadership Team. £6k still realistic over 5 months
Internal Staffing Review (Backfill of NPD Contract Administrator)	£29,884	£7,908	On track with savings delivered from M3.
Catering Food Increase 5%	£7,700	£0	**POAP/QIA in progress, pending confirmation of proposed uplift.** Savings rephased from M06, subject to approval at the Area Partnership Forum.
Taxi Usage	£2,400	£0	**POAP / QIA in progress, with savings phased from M05.** Staff taxi usage has ceased. Discussion to take place around the couriering of samples.
Escort Travel	£10,000	£0	**On track with savings phased from M07.** A process is in place with the Medical Director reviewing exceptional requests. A new MS request form has been developed and is awaiting approval by GP Sub. Savings will be monitored against 2024/25 comparative spend.
Staff Travel Reduction	£50,000	£0	**Savings rephased from M05** Enhanced restrictions in place due to increased spend at Q1 and following July SLT meeting.
Excess, Overtime and Bank Hours	£303,584	£0	**POAP / QIA in draft.** SLT approved proposal for excess hours, OT, bank shifts, and agency requests to be reviewed through Vacancy Control Panel but will instead be reviewed by Executive Team following further SLT decision. MS form launched in August with expectation that spend will begin to reduce.
Colour Printing Reduction	£2,604	£0	**Newly identified scheme with savings phased from M07.** SLT members confirmed list of staff requiring colour printing access and controls will be enacted on other staff.
Sustainable Medical Model (Recruit to 1WTE current agency)	£125,000	£0	**Savings phased from M07 but review of phasing is required due to unsuccessful recruitment.** Obs & Gynae consultant appointed with estimated start date of September, although unlikely to contribute to savings target due to no previous agency in Obs & Gynae. Surgical advert is live with closing date 10 September.

			Physician advert is live with close date 21 September.
Sustainable Medical Model (Recruit to 1WTE current agency)	£125,000	£0	**Savings phased from M07 but review of phasing is required due to unsuccessful recruitment.** Obs & Gynae consultant appointed with estimated start date of September, although unlikely to contribute to savings target due to no previous agency in Obs & Gynae. Surgical advert is live with closing date 10 September. Physician advert is live with close date 21 September.
Near-Me Virtual Appointments	£106,000	£0	**Savings phased from M07.** Savings were initially projected at £200k, but due to implementation timing and phasing from M07, in-year savings are now estimated at £106k
Withdrawal of liquid nitrogen services (Expand - procedures of low and limited clinical value)	£800	£0	**POAP/QIA to be drafted, with savings phased from M07.** Newly identified scheme.
Polypharmacy Review	£27,725	£5,600	**On track, with savings phased quarterly.** Achieved savings of £5,600 at Q1.
Script Switch	£40,060	£6,727	**On track, with savings phased quarterly.** Achieved savings of £9,500 at Q1.
Medicines of low and limited clinical value	£22,500	£0	**On track, with savings phased quarterly from Q2.**
Medicine switch (proprietary to generic) - Abitarone	£7,000	£0	**On track, with savings phased quarterly from Q2.**
Medicine switch (proprietary to generic) - Cytokine Modulators	£2,700	£0	**On track, with savings phased quarterly from Q3.**
Medicine switch (proprietary to generic) - Immunoglobin and Albumin	£9,000	£0	**On track, with savings phased quarterly from Q4.**
Medicine switch (proprietary to generic) - Ustekinumab	£7,500	£0	**On track, with savings phased quarterly from Q2.**
Medicine switch (proprietary to generic) - Omalizumab	£21,000	£0	**On track, with savings phased quarterly from Q3.**
Expansion of community dressings initiative	£15,000	£0	**On track, with savings phased from M07.** Cupboard set to be implemented by end of August.
Standardisation and rationalisation of supplies	£0	£0	**Savings rephased from M04 due to delays in reporting.**

Budget Checker	£300,000	£8,000	All savings will be reported through the Budget Checker.
No PO No Pay	£0	£0	
Buyers Guide	£0	£0	
Review of procurement contracts	£0	£0	
IJB Agency Spend Reduction	£60,000	£0	**Savings phased from M04.** Recruitment has been successful in Community Nursing, with 1.5 WTE recruited so far. Recruitment will continue throughout the year, including within Dietetics. Run rate reduction savings will be monitored against 2024/25 expenditure.
Allocations and Contributions	£50,000	£0	**Savings expected from M07.** Non-recurring allocations and contributions have been identified and earmarked as savings pending approval by the IJB Board in September.
Review of Head of Strategic Planning & Performance Vacant Post	£104,821	£0	**Savings rephased from M07 to align with IJB Board approval in September to remove post recurrently.**
Connect To Autism	£159,100	£59,100	**On track, with savings realised from M01.** Autism and ADHD referral assessment initially reduced to a maximum of five per month. SLT agreed to cease all referrals on 21 July.
e-Payslips	£1,500	£0	**Savings phased from M07.** Comms on ePayslips due to launch in September.
Non-medical Agency Reduction - Acute Healthcare Science	£67,000	£0	**On track, with savings phased from M05.** No agency appointments from end July.
Non-medical Agency Reduction - Acute Nursing	£60,000	£0	**On track, with savings phased from M05.** No agency appointments from end July.
Vacant Post Review	£445,194	£148,398	**On track, with savings delivered from M02 reporting.** Identified posts have been disestablished from budgets, and the Area Partnership Forum was cited on 17 June.
Vacancy Control Panel (Band 7 and above review)	£234,448	£0	**Savings are dependent on posts becoming vacant.** The Band 7 and above review exercise has been completed, and a process is in place to ensure the Vacancy Control Panel is informed of the exercise's recommendations when posts are submitted.
Vacancy Control Panel (Band 6 and below review)	£250,000	£0	**Savings phased from M06.** The Band 6 and below review is in its early stages, and there is currently uncertainty around the realistic opportunities that may be identified. All Band 6 and below posts submitted to the Executive Team and will be closely monitored to ensure decisions are tracked and reviewed.
Total	**£3,342,613**	**£284,593**	

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Improving Together Programme Update**
Responsible Executive/Non-Executive:	**Tammy Sharp, Director of Performance and Transformation** **Melanie Barnes, Interim Director of Finance**
Report Author:	**Keren Somerville, Head of Finance**

1 Purpose

This is presented to the Committee for:

- Discussion
- Assurance

This report relates to a:

- Annual Operation Plan
- Government policy
- Legal requirement
- Corporate Strategy 2024/28

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

- Effective
- Person Centred

2. Report Summary

2.1 Situation

NHS Orkney has set itself an ambitious financial savings target for 2025-26 of £3.8m in-year (4.5%) with a £2.8m (74%) recurrent contribution. The target increased to £3.8m in year following acceptance of the transitional funding support by the Board in April. The acceptance of the transitional funding has

committed NHS Orkney to returning to financial balance by 2028/29. This results in additional recurring cost savings of £1m required over the next 4 years.

Savings of £3.342m have been identified for delivery in 2025/26 and there are a number of pipeline opportunities that are being scoped and where possible progressed to implementation to close the remaining gap and further build mitigation resilience.

This final Improving Together Programme Plan for 2025/26 was presented to the Finance and Performance Committee for approval on 22 May 2025 before going onwards to the NHS Orkney Board in June.

2.2 Background

NHS Orkney is currently at Level 3 of the NHS Scotland Support and Intervention Framework and delivering financial efficiencies is a required component of de-escalation. The Board recognise their responsibility to establish a timetable and pathway to achieve financial balance and move toward long-term financial sustainability.

In addition, the Board has accepted the terms and conditions associated with the receipt of transitional funding over the next 4 years. These conditions include delivery of all savings targets in each year and a return to financial balance by 2028/29 at the latest.

2.3 Assessment

The 2025/26 Efficiency Programme

The 2025/26 Improving Together Programme sets out the one-year efficiency plan to enhance quality of care, patient safety and experience and improve operational performance leading to an improvement in NHS Orkney's financial position. The plan set out indicative savings for 2025-2026 based on work to date and that planned for the year ahead.

Progress has been reviewed at month 4 with a status update for each saving scheme provided with an updated RAG status included. Details are included in Appendix 1.

Significant work has continues across all workstreams, with progress at varying stages depending on the complexity and level of transformation required. All schemes have been reviewed alongside delivery leads to confirm deliverability this financial year with the exception of Medical Recruitment that remains.

Fortnightly workstream meetings continue to take place to progress schemes and highlight reports prepared for the monthly Improving Together Delivery Group allowing any issues or concerns to be escalated to the monthly Improving Together Programme Board.

Following the review at month 4, savings schemes totalling £3.342m are estimated for delivery this financial year (detailed in Appendix 1), some points to note:

NHS Orkney

RAG Status by Workstream

Workstream	In-Year Savings Forecast £	RAG Status
Corporate	£176,000	High
Estates	£16,520	High
Facilities	£7,700	High
Grip and Control	£353,584	High
Medical Recruitment	£250,000	High
Outpatients Productivity	£106,000	High
Workforce	£484,448	High
Total - High	**£1,394,252**	
Diagnostics	£52,873	Medium
Facilities	£6,000	Medium
Grip and Control	£10,000	Medium
Pharmacy	£15,000	Medium
Procurement	£300,000	Medium
Social Care & Community (IJB)	£60,000	Medium
Workforce	£127,000	Medium
Total - Medium	**£570,873**	
Diagnostics	£408,044	Low
Estates	£35,655	Low
Facilities	£29,884	Low
Grip and Control	£5,004	Low
Outpatients Productivity	£800	Low
Pharmacy	£137,485	Low
Social Care & Community (IJB)	£313,921	Low
Workforce	£446,6994	Low
Total - Low	**£1,377,488**	

The recurring and non-recurring breakdown by workstream is detailed below:

Workstream	Forecast In-Year Savings £	Recurring/ Non-Recurring
Diagnostics	£86,873	Recurring
Estates	£24,915	Recurring
Facilities	£13,700	Recurring
Grip and Control	£368,588	Recurring
Medical Recruitment	£250,000	Recurring
Outpatients Productivity	£106,800	Recurring
Pharmacy	£152,485	Recurring
Procurement	£300,000	Recurring

Social Care & Community (IJB)	£323,921	Recurring
Workforce	£1,058,142	Recurring
Total - Recurring	**£2,685,424**	
Corporate	£176,000	Non-Recurring
Diagnostics	£374,044	Non-Recurring
Estates	£27,260	Non-Recurring
Facilities	£29,884	Non-Recurring
Social Care & Community (IJB)	£50,000	Non-Recurring
Total - Non-Recurring	**£657,188**	

Following month 3 reporting, it was agreed that the Senior Leadership Team (SLT) would review and agree a number of additional measures that could be implemented to control spend over the remainder of the financial year, refocus efforts on delivery our financial plan and to further support delivery of the Improving Together Programme for the year. The implementation of these measures is currently being worked through in detail and at pace as well as their financial validation for subsequent incorporation into the Improving Together schemes and savings plan. To support the delivery of these additional measures at pace the Delivery Group is being refreshed to support weekly action focused meetings to ensure continued momentum and accountability around delivery.

List of appendices

The following appendix is included with this report:

- Appendix 1 – Improving Together Status Update Month 4

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 28 August 2025**
Title:	**Proposal for King Street and Old Balfour Site**
Responsible Executive/Non-Executive:	**Melanie Barnes, Interim Director of Finance**
Report Author:	**Melanie Barnes, Interim Director of Finance**

1 Purpose

This report is presented to the Board for a **Decision.**

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

During 2019, NHS Orkney relocated to the New Balfour Hospital and relocated all staff and facilities from the old Balfour Hospital, and King Street Dental Practice.

The existing property at King Street is now vacant and this paper provides an update on the appraisal of all options for the existing site and makes a recommendation to dispose of it. This paper confirms that this represents best value for money in comparison to the other options identified. This also complies with the NHS Scotland Property Transactions Handbook.

A paper was presented to the Board in July 2024 outlining the history of the property and appraising the options available to NHS Orkney. The paper outlined the following next steps:

1. NHS Orkney will complete a full audit of its current available private housing, rented stock and complete an occupancy review to assess current usage rates. This will include continuing efforts for agency and temporary staff to use private housing stock, where available, and reduce use of higher-cost hotel and bed and breakfasts.

2. Liaise with workforce teams to gain a clear narrative around current and forecast housing needs and better define the exact scale of the accommodation challenge for staff.

3. The Chief Executive Officer, Chief Officer of the IJB, Director of Improvement and Head of Estates and Property (with Non-Executive Director involvement as needed) to meet with the Orkney Islands Council Estate team to discuss the medium and long-term strategic estate ambitions.

4. Define a clear brief to review the strategic estate options, linked to the above next steps, and commission Hub North Scotland to work with NHS Orkney to develop a medium and long-term estates strategy, recognising NHS Orkney does not have the capacity or capacity in-house to complete this piece of work.

A further paper was presented to the Board in April 2025 outlining the assessment of staff accommodation requirements across several sites thus addressing the first two areas in the list above.

Meetings have taken place with both the Orkney Islands Council and Hub North Scotland to understand the accommodation requirements.

Furthermore, funding has been confirmed for demolition of the Old Balfour Hospital, which will open opportunities for that site. Conversations have taken place with Orkney Islands Council and the University of Highlands and Islands to explore whether there are opportunities for collaboration to provide key working accommodation on the site. A meeting is being planned with both organisations and other interested public sector partners in the coming month to formalise any collaboration and to develop a programme plan. We have engaged with Hub North to facilitate this meeting. Further updates will be provided once this meeting has taken place.

2.2 Background

NHS Orkney has owned the property at 10 King Street for over 50 years. Prior to our relocation to The Balfour in 2019, the building operated as a dental clinic and included the following facilities:

- 5 Surgery Rooms
- 1 Recovery Room
- 3 Toilets
- 1 Office
- 1 Sterilisation Room
- 1 Waiting Room
- 1 Boiler Room
- 1 Computer Room

The last building survey reported a backlog maintenance cost of £108,056.35, based on the condition while the building was still operational. However, the property has been vacant for over six years, and its condition is likely to have deteriorated further during this period.

The net book value at 31/07/25 of the property is £125,136 for the building and £50,000 for the land.

Planning permission was granted on 30 May 2024 for a change of use from a dental practice to a boarding house (Class 7). The approved works include the installation of replacement windows, doors, rainwater goods, and heat pumps. As the property is a listed building, this permission falls under listed building consent.

The open market value of the property was assessed at £180,000 as of 6 January 2022. A subsequent valuation carried out on 21 October 2024 revised the figure to £175,000.

St Rognvald's House

Following an initial meeting to explore options for the temporary repurposing of St Rognvald's House, NHS Orkney representatives met with Infrastructure colleagues to discuss the potential for interim use of the site prior to its planned redevelopment into permanent housing within the next five years. Plans have been drawn up by Orkney Islands Council to provide single bedroom rooms within the building for use by essential workers. NHS Orkney have intimated we would be interested in leasing several rooms to replace the use of private accommodation. However no formal agreement has been made and conversations are ongoing.

Old Balfour Site

Scottish Government have confirmed that they will fund NHS Orkney for both the site surveys and demolition of the old Balfour site. Funding for the pre-surveys will be provided in 2025/26 and demolition funding will be in 2026/27. Costs are estimated to be around £400k for the site surveys and between £1.5m and £2.5m for demolition depending on the contaminates found within the site. Work is progressing with North Hub to provide the pre-survey scope of works to allow the first stage to progress.

Discussions are ongoing with colleagues from UHI Orkney, Heriot-Watt University, and Orkney Islands Council, all of whom are facing similar accommodation pressures. A high-level options appraisal is currently being developed to assess the feasibility of redeveloping the old Balfour Hospital site into residential accommodation. The proposal includes approximately 100 bed spaces, occupying around one-third of the site, thereby leaving scope for third-party use of the remaining area.

2.3 Assessment

Options Appraisal for King Street

As the NBV is less than £500k, there is no need to advise the Accountable Officer at Scottish Government of the plans to dispose of the site. NHS Orkney can make the decision to dispose of the property.

NHS Orkney has been considering two options for the existing property:

No	Option	Description
1	Retain the site but convert to staff accommodation	Retain the site and repurpose it for use for staff accommodation. Carry out refurbishment works
2	Dispose of the property	Dispose of the property by either: a) Market Value sale advertised on the open market b) Asset Transfer to another public body c) Community Transfer to a community group

Option 1 – Retain the site but convert to staff accommodation

Over the past year NHS Orkney has been reviewing its staff accommodation current provision and future requirements. A paper was presented to the Board in April 2025 outlining costs associated with converting King Street to an 8-bedroomed boarding house (Class 7).

Property/ Scenario	Refurbishment Budget	Market Valuation	Assumptions
Market Value in Current Condition	-	**£175,000**	Current condition with planning consent for conversion
Market Value as Completed 8 Studio Development	£1.000m	**£560,000**	Valued on assumption works carried out to convert. Valuation less than the total cost of works.

Source: Ryden October 2024

The paper in April 2025 made the following statement:

"The Former Dental Surgery has been considered for refurbishment, however, regarding the valuation advice discussed previously in this report, this option has been discounted from further analysis in the report due to the costs associated with redevelopment."

No formal recommendation for approval was made at that time to dispose of the site

Option 2 – Dispose of the Property

This option proposes disposal of the existing site via one of three potential sub-options:

Sub-option	Further Detail
a) Market Value sale advertised on the open market	Where no interest in the property is expressed under sub-options b) and c) below, the property can be advertised on the open market for sale.
b) Asset Transfer to another public body	Prior to offering property assets for sale elsewhere, NHS Orkney must notify the Property Division at Scottish Government of the surplus asset so that it may be internally advertised. This process is known as a trawl. The process takes one month and must be completed before marketing the property or committing to sell elsewhere.
c) Community Transfer to a community group	Under the Community Empowerment (Scotland) Act 2015, community groups have the right to make requests to public bodies for land or buildings they think they could make better use of. The request must be agreed unless there are reasonable grounds for refusal, as set out in the Act.

Sub-option 2c has been **discounted** as to date no community group has expressed any interested in the property.

Should the decision to dispose of the property be approved, NHS Orkney will initially carry out trawl procedures (sub-option 2b), in line with the Scottish Public Finance Manual, to identify any interested prospective purchasers.

Where an NHS or other public sector body expresses interest, an off-market sale would be progressed. The off-market price would be set independently by a jointly appointed District Valuer (DV). NHS Orkney's position is that a figure below the OMV of £175,000 would not be accepted. Failure to attract interest from the public sector would then result in the site being placed on the open market (sub-option 2a).

The most recent OMV undertaken by Ryden as carried out in October 2024 which valued the property at £175,000.

Orkney is currently experiencing a housing shortage, and it has been observed that local developers are acquiring properties such as 10 King Street for conversion into accommodation. An example of this trend is the former Board office, which is presently being transformed into a boarding house. The local housing market remains particularly buoyant, with sale prices often exceeding asking prices. Given its prominent location near the town centre, 10 King Street is likely to attract interest from a range of potential occupiers and developers.

Option 2 is the only option that will result in NHS Orkney realising a net surplus in year 1, estimated at £6K as set out in the Financial Appraisal below.

Assessment of proposed options

The table below shows the estimated strengths and weaknesses for all short-listed options:

	Option 1	Option 2A	Option 2B
Strengths	Site available if required in the future	Full disposal income received in Year 1	
	Potential to reduce ongoing revenue costs to private landlords	No liability for ongoing costs of the site	
		Reduced time spent by Estates department maintaining the site	
Weaknesses	Unaffordable costs to convert building	Site not available if required in the future	
	Likely rental income won't cover on-going revenue costs to maintain and service building		
	Inefficient use of Estates team maintaining the site		
	Ongoing recurring revenue costs i.e depreciation, rates and utilities even although the site is vacant		
	Increased monitoring required to ensure site is secure		
	Reputational damage if the site falls into disrepair		

NHS Orkney

Financial Appraisal

The table below shows the estimated cash flows in Year 1 for all short-listed options:

	Option 1 £000s	Option 2A £000s	Option 2B £000s
Capital Receipt	0	(175)	(175)
Capital Expenditure (Refurbishment or Selling Fees)	1,000	2	2
Net Book Value of Asset of Disposal	0	175	175
Net Capital Requirements	**1,000**	**2**	**2**
Revenue Income	(49)	0	0
Non-Recurring Revenue Expenditure	40	0	0
Recurring Revenue Expenditure	40	(8)	(8)
Net Revenue Requirements	**31**	**(8)**	**(8)**
Net Total Requirements	**1,031**	**(6)**	**(6)**
Depreciation Costs per annum	81	0	0

Further analysis has been carried out on the estimated discounted cash flows resulting from renting out the accommodation as staff accommodation. Using a 15-year period with a 67% average occupancy rate per annum at the current charge per night (£25):

Summary	£000s
Discounted Income over 15 years (based on £48,910 pa rental income)	(516)
Discounted expenditure over 15 years	1,461
NPV of Net Future Income	**945**

This demonstrates that the proceeds from the outright sale are greater than the NPV of any future income stream from converting it to staff accommodation.

Option 2 is the only short-listed option that will result in NHS Orkney realising a net surplus in year 1, estimated at £6K. Option 1 would see NHS Orkney realising an annual rental income of around £45k to £50k, with a net income of around £9K taking into account ongoing running costs. Option 1 would require circa £1.0m upfront capital revenue expenditure to convert the building to staff accommodation. The payback period would be around 115 years with circa £9K annual profit being realised from year 2 onwards. This assumes no other backlog maintenance or repairs are required.

Preferred Option

The preferred option is **Option 2 – Dispose of the Property.** This is the only option that would generate a net surplus in year 1. It also generates proceeds that are greater than estimated rental income. This represents the best value for money.

Following approval to dispose of the property, the site will be declared surplus with the Fixed Asset Register and the site will initially be subject to trawl procedures to allow other public service bodies to register their interest in the property. If no interest is expressed, the property will be advertised on the open market for sale.

Commercial and Management Arrangements

Following approval of the preferred option to dispose of the site, the Central Legal Office (CLO) will be instructed, and a property advisor will be appointed. The property will then be trawled through the Scottish Government Property Division to check whether there is any other Public Sector Organisation interested in the property. If there is no interest from the Public Sector, the property will be advertised on the open market.

2.4 Recommendation

The Board is asked to

- **Discuss** the proposal to dispose of the King Street Old Dental Practice and the plans for the Old Balfour Site
- **Approve** the disposal of King Street Old Dental Practice

2 List of appendices

None

Joint Clinical and Care Governance Committee Minutes
2 April 2025

Attendance

Members: Stephen Brown (Chief Officer, IJB), Dr Kirsty Cole (ACF Chair), Debs Crohn (Head of Improvement), Rona Gold (Chair), Kat Jenkin (Head of Patient Safety, Quality and Risk), Dr Anna Lamont (Medical Director), Darren Morrow (Head of Children, Families and Justice Services and Chief Social Work Officer), Laura Skaife-Knight (Chief Executive), Jean Stevenson (Vice Chair), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Issy Grieve (Non-Executive Board Member),

Guests: Lauren Flett - Senior Charge Midwife, Lynda Bradford (Head of Health and Community Care), Elvira Garcia (Consultant in Public Health), Louis Willis (Service Manager (Children's Health Services), Hannah Casey (Public Health Manager)

1. Apologies (Presenter: Chair)

Apologies received from M Gemmill (Associate Director Allied Health Professions), Ryan McLaughlin (Employee Director). I Taylor (Orkney Island Council representative)

2. Staff Story - Green Maternity Project - Hip Dysplasia scanning (Guest: Lauren Flett - Senior Charge Midwife)

L Flett, Senior Charge Midwife, attended to present the Green Maternity Challenge, a UK-wide initiative focused on sustainable maternity care, by implementing a local newborn ultrasound screening program to reduce stress and carbon emissions from travel. The Royal College of Obstetricians and Gynecologists (RCOG), the Royal College of Midwifes (RCM) and the Sustainable Healthcare Coalition (SHC).

The efforts were highly commended, and it was noted that NHS Orkney was the only Scottish team out of 8 teams, and this was due to the dedication to patients and family experiences provided by the maternity service.

The Chief Officer- Integration Joint Board (IJB) asked for further information in relation to challenges and barriers faced throughout the process and the need for constant perseverance as in his opinion, it was an excellent proposal.

3. Declarations of Interests – Agenda Items (Presenter: Chair)

Item 13.4 Public Health Report - Sexual Health and Blood Borne Viruses Report. Dr K Cole highlighted that she was a clinician of the Nordhaven Clinic.

Minutes generated by OnBoard.

4. Minute of Meeting held on 4 February 2025 (Presenter: Chair)

The minutes of the Joint Clinical and Care Governance meeting held on 4 February 2025 were accepted as an accurate record of the meeting.

5. Action Log (Presenter: Chair)

The action log was discussed with corrective action taken and providing updates where required.

6. Chairs Assurance Report - 4 February 2025 (Presenter: Chair)

Members noted the Chair's Assurance report.

7. Feedback from National Meetings (Presenters: DoNMAHP, Medical Director)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services and the Medical Director provided a verbal update from the Scottish Associate of Medical Directors and Scottish Executive Nurse Directors National meetings.

The Medical Director advised that the national Scottish Association of Medical Directors meetings were typically in confidence which limits what could be shared at the subcommittee meeting. Permission had been sought to share the agenda of the meetings. Where discussions included information currently in the public domain, this would be shared. This included at the last meeting discussion of the impact of incorrect results being issued to Royal College of Physician examinations in 2023, including supporting those doctors affected by incorrect results.

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute advised there had been discussions around the output of the Nursing and Midwifery Task Force which had been published. Changes to the transmission-based precautions were also discussed which would affect face mask requirements and face fit testing across both acute and the HSCP. There was an update on the Health Visiting action plan which had been published and shared with teams. Further discussions were around Health Inspectorate Scotland (HIS) inspections and national learning from these.

The Chief Executive thanked the presenters and requested an update from the Director of Public Health at future meetings.

Decision/Conclusion
Members welcomed and noted the updates.

8. CHAIRS ASSURANCE REPORTS

8.1. Chair's Assurance Report - Area Drugs Therapeutic Committee JCCGC25256-01 (Presenter: Medical Director)

The Medical Director received questions from committee members in relation to the report of the meeting held on the 10 February 2025.

Dr K Cole queried whether the item under positive assurance for Acute Coronary Syndromes (ACS) included discussions on the management of ACS pre-hospital, in particular patients and clinicians that would be on the isles and would need to manage the condition before transferring to the Balfour. The Medical Director advised it was the understanding that it was inpatient care, however, would look to identify whether there was any relevance specifically to the isles. Guidance had been adopted from Grampian.

Decision/Conclusion
Members received escalated items and took assurance on performance

8.2. Infection, Prevention Control Committee Chair's Assurance Report JCCGC25256-02 (Presenter: Director of Nursing Midwifery, AHP and Chief Officer Acute)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services received questions from committee members in relation to the report of the meeting held on 5 February 2025.

It had been raised through the Infection Control Committee Chair's Assurance Report, Occupational Health's concerns for TB screening currently within Orkney. This was echoed by the Area Clinical Forum chair and there was agreement that clarity on progress made would be shared with Clinical Governance groups, led by Joint Clinical Care Governance Committee Exec Lead.

The Chief Executive escalated some compliance concerns regarding the new hospital contract, including some relating to water maintenance, which were being explored. A paper setting out proposed strengthened arrangements for governance and performance management arrangements would go to the 22 May 2025 Finance and Performance Committee, with any quality/safety concerns being escalated to Joint Clinical and Care Governance Committee, to ensure cross Committee working and assurance.

Members requested that there were no acronyms in future reporting and to be mindful to be clear on where things were happening and led by who.

Decision/Conclusion
Members received escalated items and took assurance on performance

8.3. Social Work and Social Care Governance Board (SWSCGB) Chairs Assurance Report JCCGC25256-03 (Presenter: Chief Social Work Officer)

The Chief Social Work Officer received questions from committee members in relation to the report of the meeting held on 4 March 2025.

The Chief Executive requested clarity in relation to the out-of-hour social work rota. Members were advised that due to vacancies, the rota resulted in a small number of staff taking place which caused unhappiness, and they were not satisfied with the remuneration whilst on shift. Agency staff had been explored as an opportunity to support the permanent workforce and conversations with HR were on-going in relation to renewing financial remuneration, to be in line with other out-of-hour rotas within the service.

Decision/Conclusion
Members received escalated items and took assurance on performance and noted the excellent outcome from the Care Inspectorate review of Adult Support and Protection Services undertaken with significant progress achieved in all areas inspected.

8.4. Clinical Governance Group Chair's Assurance Report JCCGC25256-04 - Paper not received (Presenter: Medical Director)

No paper was received from the Clinical Governance Group meeting.

8.5. Chairs Assurance Report - Risk Management (RMG) (Presenters: Medical Director)

The Medical Director received questions from committee members in relation to the report from the meeting held on 12 February 2025.

L Hall requested and received a description of risk jotters.

The Chief Executive questioned whether a meeting had taken place in relation to the concern around lack of capacity to complete Significant Adverse Event Reviews (SAER), with expected timeframes not being completed and therefore learning not being shared in a timely manner. Members were advised a meeting had taken place and the next steps would be provided at the next Risk Management Group.

Decision/Conclusion
Members received escalated items and took assurance on performance

9. JCCGC Annual Report - JCCGC25/26-05 (Presenter: Chair)

The Chair presented the Committee Annual Report noting that the Joint Clinical and Care Governance Committee held a development session on the 25 March 2025 to discuss committee effectiveness during the year including any concerns, successes and areas for focus moving forward. These areas of discussion formed part of the Annual Report that was provided for approval by

the Committee before submission to the Audit and Risk Committee and ultimately Board.

Decision / Conclusion
The Committee reviewed the report and approved for submission to the Audit and Risk Committee and Board with minor amendments to be made to the attendance record.

10. PATIENT SAFETY, QUALITY & EXPERIENCE

10.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee - JCCGC25/26-06 (Presenter: Executive Director of Nursing Midwifery, AHP and Chief Officer Acute Services)

The Head of Patient Safety, Quality and Risk presented the Corporate Risks aligned to the Joint Clinical and Care Governance Committee.

The Committee noted the report which provided an update and overview of the management of risks related to the committee. The top five risks were detailed within the report.

Decision/conclusion
Members took assurance on progress on the latest Corporate Risk Register.

10.2. Mental Health Peer Review - JCCGC25/26-07 (Presenter: Head of Health and Community Care)

The Head of Health and Community Care received questions in relation to the Mental Health Peer Review paper, the review which was commissioned by the Chief Officer IJB, Orkney Health and Social Care Partnership, and the Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services. Barry Muirhead, Associate Director of Nursing for Mental Health and Learning Disability in NHS Highland, carried out the review.

J Stevenson asked whether there had been discussion in relation to the suggestion of any patient with a stay beyond 12 hours in the transfer room should be transferred to a standard care area with the need for mental health trained staff to be based on individual risk assessment and need. Members were advised that this was potentially the most debate worthy suggestion as the mental transfer room could be regarded as being deliberately separate and isolated to provide seclusion. Another issue was the availability of streamline patient beds.

Dr K Cole referenced what seemed to be a discrepancy in regard to a lack of understanding from the community mental health team around what was reasonable to be managed in general practice and primary care and vice versa or if there was a language problem where primary care was actually referring to

primary care, mental health services and not general practice. Members were reminded that there were no primary care mental health services at present, therefore the reason why presentations had been referred to the community mental health team. It was concluded that the Associate Director of Nursing for Mental Health and Learning Disability in NHS Highland recognised within the framework there was a gap.

Dr K Cole emphasised that GPs were indeed having to manage situations beyond their expertise and encounter uncomfortable positions and manage highly complex patients without support from psychiatric colleagues therefore creating an unsafe environment. It was asked if there was potential for that to be recognised in terms of prioritising how psychiatric consultant sessions were looked at as per the report. The Chief Officer, IJB stated that this was an absolute priority in terms of mental health provision and primary care. It was featured through the primary care improvement planning and through suicide prevention task force and the prevention action plan.

The Chief Executive questioned whether the report had been shared with staff and the teams involved. Members were advised the report would be provided to staff following oversite of the committee.

It was agreed to have in future JCCGC, one report on the combined actions within the Mental Health Peer Review report and the Mental Health Assurance report, alongside previous actions already underway on mental health.

Decision/conclusion
Members received the review and took assurance of the actions required.

10.3. Fostering, Adoption and Permanence Panel - JCCGC25/26-08 - Item defered to July Committee (Presenter: Head of Children, Families and Justice Services and Chief Social Work Officer)

No paper received.

Decision/conclusion
Members agreed the item would be deferred to July Committee

10.4. Quality, Safety and Experience Report - JCCGC25/26 - 09 (Presenter: Medical Director)

The Medical Director received questions in relation to the Quality. Safety and Experience Report.

Members were advised that whilst the training was not able to be mandatory, Senior Charge Nurses had been encouraged to complete the training.

Minutes generated by OnBoard.

The report highlighted work underway to address reviewing and closing incidents, and serious and adverse events (SAEs), this includes regular meetings and training for those in management and leadership positions.

Decision / Conclusion
Members agreed on the content and layout and took assurance.

10.5. Centre for Sustainable Delivery Endoscopy review - outcomes and improvement plan -JCCGC25/26 -11 (Presenter: Medical Director)

The Medical Director presented the report summarising the findings and recommendations from the Centre for Sustainable Delivery (CfSD) and the National Endoscopy Training Programme (NETP) regarding NHS Orkney's endoscopy services.

Members welcomed the report including the steps taken steps to address risks through a bid submitted to the Scottish Government for backlog clearance, workforce transformation, and integration with the Clinical Services Review (CSR) to establish long-term service model. More detail and actions from the recommendations would go as a further update to the July meeting of JCCGC.

J Stevenson questioned what standards and guidelines were being used if there were no national standards or guidelines to follow. Members were advised that the peer review was undertaken by the exemplary service lead for Scotland and that there were targets in terms of the number of polyps that are removed in terms of lower endoscopy. Guidance was available in terms of the amount of sedation used. There was clinical guidance, however, it was not used to report national quality measures.

Dr K Cole queried whether the report findings put forward a need to identify other systems or clinical processes where the organisation relied on itinerant staff or where there had been challenges or familiarities with local policies, procedures, guidelines and equipment.

The Chief Executive sought clarity around what had been achieved since July 2024, what was yet required in terms of achieving recommendations and requested a timeline for future reporting. It was also requested that the committee received the full Centre for Sustainable Delivery (CfSD) report to ensure good governance.

Decision / Conclusion
Members noted the report.

10.6. Process for undertaking peer reviews (internal and external) - JCCGC25/26 - 12 (Presenters: Medical Director, Director of Public Health, Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services , Chief Officer Integration Joint Board)

The Committee were advised that the lack of a standardised process for peer reviews in NHS Orkney had resulted in significant gaps in executive awareness and oversight. Notably, the peer review of colonoscopy services was only brought to the attention of the Medical Director and Chief Executive on the day of the visit. Therefore, a standard approach to peer reviews was required to ensure there was approval at an executive level, communicated to relevant teams in advance, and appropriately resourced to maximise their value.

The Chief Executive welcomed the report and formal and standard approach to peer reviews, commissioning, sign off, oversight and governance. A discussion with the executive team had taken place with regards to oversight of external reviews, peer reviews both clinical and corporate that were already in the system.

Decision/conclusion

Members took assurance on the agreed process for undertaking future Peer Reviews, ensuring standardisation and involvement of key stakeholders in the planning and approval, which will improve quality and effectiveness of recommendations.

10.7. Children's Health Assurance Update - JCCGC25/26 -13 (Presenter: Service Manager (Children's Health Services)

The Service Manager (Children's Health Services) received questions in relation to the update provided on the Health Visitors and School Nurses teams.

Following a concern around finances in relation to the Band 6 School Nurse attending a Trauma Informed Developmental Care Conference in Boston, it was confirmed that this was fully funded externally.

Decision/conclusion
Members welcomed the update and received positive assurance from the comprehensive update on Children's Health Services in Orkney, covering work of Health Visitors and School Nurses.

10.8. Primary Care - Dental Services Update JCCGC25/26 -13 (Presenter: Director of Dentistry)

The Director of Dentistry provided an update highlighting access to dental services in Orkney has been strained for some time and dentistry had been previously highlighted by both the Integration Joint board and Board of NHS Orkney as a fragile service. The problems included routine dental care and specialist services.

The Director of Nursing, Midwifery, APH's and Chief Officer Acute welcomed the comprehensive paper and questioned whether there had been any actions

taken in relation to the aspiration to 'grow your own'. Members were advised nothing had yet taken place in conjunction with any other department or formal process. Members were made aware that there was a need to recruit dental nurses which may require innovative ideas.

The Chair emphasised the brilliant report and the links between independent and public health space.

The Director of Dentistry advised there had not been an Area Dental Committee for some time therefore there was a gap in providing the Board with information. Work remained in progress around re-establishing the advisory committee and it was agreed that the Medical Director and Chief Officer IJB would follow up on the progress status.

There had, however, been a meeting that brought everyone together both from independent and public dental services which enabled open and honest discussions, including challenges faced.

It was agreed that an update to the action plan within the Dentistry paper should be considered at the October JCCGC meeting.

Director of Dentistry left the meeting

Decision/conclusion
Members welcomed the update and received assurance.

11. PEOPLE

No papers received.

12. PERFORMANCE

12.1. Integrated Performance Report - April 2025 JCCGC25/26 -15 (Presenter: Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services)

The Chair invited questions to each relevant director in terms of the Integrated Performance Report.

Dr K Cole queried why cervical screening did not have a Red, Amber, Green (RAG) status. Members were advised that data from cervical screening was received from national data which required to be validated, however there had been a delay.

The Chief Executive advised that each chapter of the report should be scrutinised by the committee, in detail and challenge areas that were off track. It was agreed that the item would feature at the top of agendas moving forward.

Decision / Conclusion
The Committee reviewed the report and took assurance of information provided.

12.2. Mental Health Assurance Update - JCCGC25/26 -16 (Presenters: Head of Health & Community Care)

The Head of Health and Community Care presented the report and received questions in relation to the activity within Mental Health Services during the period of 1 September 2024 to 28 February 2025 including recent service delivery progress and challenges.

Members discussed the high number of Freedom of Information requests (FOI) and whilst it was good the information was available; it was time-consuming within a small team.

Dr K Cole expressed that GPs were provided with mixed information around adult ADHD referrals and access to treatment for patients diagnosed with ADHD. The Chief Officer IJB advised that work would be carried out to ensure GPs were clearly cited.

Decision/conclusion
Members welcomed the update and received assurance.

12.3. Public Health Report - Burden of Disease - JCCGC25/26 -17 (Presenter: Public Health Manager)

The Public Health Manager received questions in relation to the update on trends in respiratory ill-health in Orkney and key public health activities in relation to respiratory health.

I Grieve welcomed the reflective reports and data sharing, however, raised a question about the public health information provided in relation to the impact from the additional 250 workforce that would be brought to the island over the next 5 years through work provided by an energy company. Members were advised a discussion would be held at the next Orkney Sexual Health and Blood Borne Viruses Network meeting. It was agreed that a further discussion would be held at an executive level to include precautions that could take place locally and learning from similar events in Shetland.

J Stevenson raised concern around the slight increase in Chronic Obstructive

Pulmonary Diseased (COPD). The Medical Director advised that the effects of COPD were a long-term effect therefore any effect in terms of reductions of

Minutes generated by OnBoard.

smoking would have to apply to the populations moving to Orkney and would need to refer to what had been happening over the last 20-30 years.

The Chair queried how people living within areas with high radon levels were engaged with and whether there was data that identified how many people had lung cancer as an effect of living in the area. The Medical Director advised that there was an annual indicative atlas of radon produced by the Scottish Government.

Decision/conclusion
Members welcomed the update and received assurance.

12.4. Public Health Report - Sexual Health and Blood Borne Viruses Report - JCCGC25/26 -18 (Presenter: Locum Consultant in Public Health)

Members were provided with the opportunity to ask any questions in relation to the Sexual Health and Blood Borne Viruses Report. No questions were received.

Decision/conclusion
Members welcomed the update and received assurance.

12.5. Primary Care Improvement Programme Update - JCCGC25/26 -19 - Item defered (Presenters: Head Primary Care Services)
Item deferred to July meeting.

13. POTENTIAL

No papers received.

14. PLACE

No papers received.

15. Emerging issues and Key National Updates (Presenter: Chair)

The Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services advised members that the peer review into the emergency departments in Greater Glasgow and Clyde was published on 27 March 2025. This has been discussed within the executive team and at SLT in relation to next steps. A self-assessment would be made against the 41 recommendations that were applicable. The report would be presented to JCCGC and to Board in August 2025.

16. Agree items to be included in Chair's Assurance Report to Board (Presenters: Chair)

Members discussed areas to be included within the Chair's Assurance Report.

17. AOCB (Presenter: Chair)

18. Items for Information and Noting Only

18.1. Complaints Policy - JCCGC25/26-0 (Presenter: Head of Patient, Safety and Quality)

Members noted updated Complaints Policy. Dr K Cole observed that an area missing from the report was the support provided to staff in receipt of a complaint. Members were advised the report was based on processes and how they were followed and that there were standing operating in place that were under review to include a staff and well-being programme which would help support staff in terms of complaints. It was agreed that the Director of People and Culture and the Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services would have further discussion and report back to the committee.

18.2. Documentation for noting

Members noted the following

18.2 -Sexual Health and BBV - NHS Board Visits - Invitation letters - November 2024 - NHS Orkney

18.3. Schedule of Meetings 2025/26 (Presenter: Chair)

Members noted dates of future meetings

19. Implementation of the Effective Cancer management Framework - Cancer Improvement Plan JCCGC25/26 - 010 - Paper not received (Presenter: Medical Director)

No paper received,

Finance and Performance Committee
22 May 2025 Minutes

Attendance

Members

Melanie Barnes (Interim Director of Finance), Stephen Brown –(Chief Officer – IJB), Davie Campbell (Chair Non-Executive Director), Debs Crohn (Head of Improvement), Kirsty Francis (Procurement Manager), Jarrard O'Brien (Director of People and Culture), Tammy Sharp (Director of Performance, Transformation and Deputy Chief Executive), Carrie Somerville (Head of Planning, Performance and Information), Keren Somerville (Head of Finance), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services, Alan Scott (Head of Estates), Jean Stevenson (Non-Executive Director),

Guests

David Miller – (Resilliance Manager), Lynda Bradford (Head of Health and Community Care), Joanna Kenny (Non-Executive Director), Deborah Langdon (Chief Finance Officer – IJB), Sarah Walker (Head of Infection, Prevention and Control), Elvira Garcia (Consultant in Public Health)

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Finance and Performance Committee's Purpose

To review the financial and non-financial targets of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively.

Quorum:
Three members present including at least two non-executive Board Members, one of whom must be Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Davie Campbell) opened the meeting at 09.30 am and welcomed Tammy Sharp to the meeting.

Apologies received from Laura Skaife-Knight (CEO).

David Miller (Resilience Manager) attended for agenda items 10.1 - Integrated Emergency Planning Cover Paper and 10.2 - Business Continuity (Azets) Audit Update.

Kirsty Francis (Procurement Manager) attended for agenda item 13.6 - Procurement Strategy 2025-203

Joanna Kenny (Non-Executive Director) and Ryan McLaughlin (Employee Director) attended for agenda items.

- 14.2 - Deep Dive Agenda for Change implications for the Board

- 14.3 - Vacancy Control Panel Annual Report 2024/25

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 27 March 2025 (Presenter: Chair)

Page 8 - Board Chair raised concerns around savings for the IJB and asked that the minutes are amended to provide clarity that the comment was in relation to the language being used.
Decision/conclusion

The Minutes of the meetings held on 27 March 2025 were accepted as an accurate record of the meeting and approved.

5. Action Log

The Board Chair asked for confirmation that a review of the Vacancy Control Panel (VCP) had been undertaken. The Director of People and Culture confirmed that the review has taken place and will be presented to the Senior Leadership Team (SLT) in June 2025 for onward assurance to Committee.

Decision/conclusion
The action log was reviewed, no outstanding issues (see action log for details).

6. Matters Arising (Presenter: Chair)

No matters arising were raised.

7. CHAIRS ASSURANCE REPORTS

7.1. Finance and Performance Committee Chair's Assurance Report - 27 March 2025 FPC25/26 -17 (Presenter: Chair)

The Committee Chair presented the Chairs Assurance report of the Finance and Performance Committee meeting held on 27 March 2025.

Decision/Conclusion
The committee noted the update.

7.2. Capital and Strategic Estates Group Chair's Assurance Report FPC25/26-19 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chairs Assurance report from the Capital and Strategic Estates Group meeting 12 May 2025.

The Board Chair asked for assurance in terms of short-term accommodation and asked that the Capital and Strategic Estates Group provide assurance to the Board in terms of

short, medium, and long-term needs and conversations in relation to the Old Balfour and King Street.

Interim Director of Finance confirmed this is on the agenda for the next meeting, a joint meeting has been arranged with Orkney Island Council (OIC) to look at opportunities - this is a standing agenda item for the Capital and Strategic Estates Group.

J Stevenson asked for an update on issues within the Maternity Department - Head of Estates confirmed the issue has now been resolved and the room is being used by patients. Further remedial work is being undertaken to mitigate any risk in the future.

Decision/Conclusion
The committee discussed and noted the report.

7.3. Sustainability Steering Group Chair's Assurance Report FPC25/26-20 (Presenter: Interim Director of Finance)

Interim Director of Finance presented the Chairs Assurance report from the Sustainability Steering Group meeting 12 May 2025.

Currently awaiting removal of Nitrous Oxide equipment

Board Chair acknowledged the incredible work taking place on Sustainability and asked that the de-carbonisation project be shared with our patients and Community. A poster is being presented at an upcoming NHS Scotland event - there is a need to celebrate our work and include Key Performance Indicators for Sustainability in our Integrated Performance Report (IPR).

Decision/conclusion
The committee discussed and noted the report.

7.4. Improving Together Programme Board Chair's Assurance Report FPC25/26-21 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report from the Improving Together Programme Board meeting held on the 9 May 2025.
The Board has delivered its savings target for 2024/25, and good progress is being made in 2025/26.

There is a risk in terms of delivering the savings attached to the Workforce Workstream, the risk has increased as a result of accepting Scottish Government transitional funding.

The Board Chair asked for clarity on the plan for pay and non-pay investments and asked that the business case process but brought to a committee.

Interim Director of Finance advised that a business case template has been agreed by the Senior Leadership Team.
Medical Director confirmed that all Business Case are subject to a Quality Impact Assessment (QIA) and Risk Assessment - Scottish Government have asked the Board for the QIA to be shared with other Health Boards.

The Director of People and Culture confirmed that the advertisements for substantive Director of Finance and Director of People and Culture will be live on Friday 23 May 2025.

Decision/Conclusion
Committee discussed and noted the update.

7.5. Planned Care Programme Board Chair's Assurance Report FPC25/26-22 (Presenter: Head of Planning, Performance and Information)

The Head of Planning, Performance and Information presented the Chair's Assurance Report from the Planned Care Programme Board meeting held on the 16 April 2025.

The Board has challenged the response from Scottish Government for planned care support - 3 additional clinics have been scheduled (at-risk)

The Committee Chair asked for further clarity on urgent and suspected cancer referrals. The Head of Planning, Performance and Information advised that a review is taking place to understand the volume of urgent and suspected cancer referrals being received to ascertain if referrals being received are appropriate. The Medical Director confirmed that we are a positive outlier in terms of meeting the 31- and 62-day performance measures. The Board Chair raised concerns and asked for assurance in relation to patient care being impacted if demand is outstripping capacity. Medical Director advised that the reason the issues is being escalated is due to the ask from Scottish Government.

The Board Chair asked how success is being defined in relation to the use of the Phio app. Chief Officer IJB advised that the measure of success is the number of patients accessing/engaging with the app online and reduction in the waiting lists.

Post meeting note to be issued by the Head of Planning, Performance, and Information in relation to the volume of urgent and suspected cancer referrals being received.

Decision/Conclusion
Committee discussed and noted the update.

7.6. Digital Information Operations Group (DIOG) Chair's Assurance Reports FPC25/26-23 (Presenter: Head of Improvement)

The Head of Improvement presented the Chair's Assurance Report from the Digital Information Operations Group meetings on the 24 March and 28 April 2025.Points of escalation discussed:

- National Services Scotland have gone out to the market to procure a new system to replace One Trust. There is a risk costs may increase, or another supplier may be awarded the contract this may result in cost pressure on the Board. The contract has now been extended for a further 12 months at no cost to the Board.

- There is a risk that the lack of project management support for several National Digital Projects is impacting on our ability to deploy solutions in a timely manner - this will be reviewed as part of the Improving Together (efficiency) programme as this is not just a risk for Digital Projects.

Board Chair asked for clarity on project management and Child Health Programme to delivery digital dictation and the vulnerability this may cause - Head of Improvement confirmed the Child Health Programme is a national programme and the Board have no control over its delivery. Whilst project management support is in place for Phase 1, this is in addition to the day job for current staff, this will need to be reviewed.

Decision/Conclusion
Committee discussed and noted the update.

8. Update from National Directors of Finance Meeting FPC2526 -01 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented an update from the National Directors of Finance.

Business Systems - Directors of Finance have raised concerns regarding the programme. The Director of Finance and Chief Executives have agreed to go out to procurement for Business Systems.

The Interim Director of Finance has set up a Short Life Working Group (SLWG) to oversee the requirements for the Board to implement new Business Systems.

Decision/Conclusion
Members noted the update.

9. Corporate Risks aligned to the Finance and Performance Committee FPC2526 -02 (Presenter: Interim Director of Finance)

Lynda Bradford and Stephen Brown left the meeting. entered the meeting at 10.01 am.
The Interim Director of Finance presented the Corporate Risks aligned to the Finance and Performance Committee.

A new risk has been raised in relation to the closure of the Central Decontamination Unit, Island Games risk will be closed in July 2025.

Safety of the Old Balfour risks remains on the Corporate Risk Register.

The Corporate Risk in relation to financial sustainability has been reviewed and lowered due to acceptance of transitional funding.
Board Chair asked that a risk be raised in relation to project management support for delivery of digital transformation. Interim Director of Finance to raise a risk in relation to lack of project management capacity and capability with the Risk Management Group.

Decision/Conclusion
Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register

10. PLACE

10.1. Integrated Emergency Planning Update FPC2526 -03 (Presenter: Resilience Manager - David Miller)

The Boards Resilience Manager presented an update on the Boards Integrated Emergency Planning. A live test was planned for April 2025 which was cancelled due to operational staffing issues.

A desktop and live exercises has been planned for June 2025.

The Committee Chair asked for confirmation that the live exercise will not be cancelled due to staffing resources.

DoNMAHP advised that the previous live play exercise did not go ahead as desktop exercises had not been carried out before the live exercises. Team Leads have are aware of the live play and desktop exercises and staffing are in place to ensure the event is not cancelled.

Board Chair raised concerns about the timing of planning for the exercise and asked that SLT check delivery ability of the exercises.

The DoNMAHP advised that planning is in place, key observers are aware of their roles, and actors are being confirmed. The principle of the live exercise is to test emergency planning, full information would not be shared prior to the events. Assurance was provided in relation to staffing being in place to run the event and achieve the right lessons learned for the Organisation.

Decision/conclusion
Members welcomed the update.

10.2. Business Continuity (Azets) Audit Update FPC2526 -04 (Presenter: Director of Public Health, Guests: Resilience Manager)

The Boards Resilience Manager presented an update on the Azets Business Continuity Audit. The Audit is now nearing the event.

Objective 3 - Equality Impact Assessment was approved by SLT 5 February 2025. Business Continuity Planning (PCB) training has taken place with all managers. NHS Grampian have shared their BCP training with the Board, this will be modified for staff and included in the RESPECT training.

Objective 5 -Recovery time work has now been completed - full access will be provided to incident managers should this be required due to sensitive data of information being shared.

The Board Chair asked if a Key Performance Indicator (KPI) could be added to the Integrated Performance Report (IPR) in relation to the number of managers who have attended BCP training and asked if BCP could be discussed at Performance Review Meetings (PRM's).

Director of Performance, Transformation and Deputy Chief Executive advised that conversations have taken place regarding the IPR and PRM's - minimal changes will be included in the short term but a full review will take place this year.

Decision/conclusion
Members welcomed the update and took assurance on progress.

10.3. NHS Orkney Preparedness Plan – Island Games 2025 FPC2526 -05 (Presenter: DoNMAPH)

The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (DoNMAHP) presented the final NHS Orkney Preparedness Plan – Island Games 2025.

Concerns raised previously by the Committee in relation to Polyclinics and Medical Director for the games and road closures have now been included in the plan - private prescriptions will be issued removing the need for the Board to prescribe medication.

Assurance as provided in relation to there being no staffing issues across the Organisation.

The DoNMAHP confirmed that robust plans are in place to address road closures - issues in relation to getting patients and staff to and from The Balfour. Services have been mapped to mitigate any risks; collection points have been identified for patients to reduce the number of vehicles being used. Road closures have been shared with all staff and rotas in place.

Island Games preparedness meetings have been reduced in the run up to the games,

J Stevenson asked for clarity about accommodation at Orkney College. DoNMAHP advised that the accommodation is not the responsibility of NHS Orkney, if accommodation is required for staff this is in place.

J Stevenson asked if the NHS24 Inform leaflet had been update - DoNMAHP confirmed this has been updated.

J Stevenson asked for confirmation of where the Resilience Manger would be based during the games - DoNMAHP confirmed the Resilience Manager will be based on Mainland Orkney.

The Medical Director commended the report and the work that has gone into it and asked what the plan would be if translation services are required.

The DoNMAHP advised that the Board has access to language line, information will be provided to competitors in relation to use of language line and the need to bring translators if required.

The Committee Chair asked how the plan with be evaluated and monitored. DoNMAHP confirmed a de-brief will take place 7 days after the event with a full de-brief 4 - 6 weeks later. Lessons learned will come through governance channels and shared with the Committee.

The Board Chair felt very comfortable that the necessary work has been undertaken by NHS Orkney but asked for assurance in relation to ambulance services noting the number of St Johns Ambulance attendance at the Guernsey Island Games. DoNMAHP advised that Scottish Ambulance Service (SAS) are providing 2 additional vehicles and staff throughout the Island Games. Those working at the policy clinic are clinicians and first aid trained.

Decision/conclusion
Members received and approved the final NHS Orkney Preparedness Plan – Island Games 2025 for onward submission to the Board in June 2025.

11. PATIENT SAFETY, QUALITY AND EXPERIENCE

12. High level plan for reporting Patient Safety, Quality and Experience to Committee FPC2526 - Verbal update (Presenter: Medical Director, DoNMAHP)

The DoNMAHP provided a verbal update on the high-level plan for reporting Patient Safety, Quality and Experience (PSQE) data to the Committee and asked members to confirm what additional data is required and how cross Committee working could be implemented.

The Head of Planning, Performance and Information is currently reviewing all metrics in the IPR - PSQE metrics could be brought into the Finance and Performance Chapter of the IPR including Serious Adverse Event Reviews and Complaints.

The Medical Director advised that a weekly report is already produced for PSQE, and this could be shared with the Committee as part of the IPR.

The Board Chair made it clear that no additional papers should be presented to Committee –data presented to Committee for assurance should be included in the IPR including theme trends and data analysis.

Decision/conclusion
Members discussed the proposal and agreed tha**t** PSQE metrics (Serious Adverse Event Reviews and Complaints) will be included in the IPR.

13. PERFORMANCE

13.1. Integrated Performance Report - FPC25/26-06 (Presenter: Interim Director of Finance)

The Head of Planning, Performance and Information presented the finance and operational standards chapters of the Integrated Performance Report.

Points to note are as follows:

What's going well?

- Collaborative approach to primary care service delivery
- Financial performance shows positive assurance against all metrics for finance.
- Cancer standards are 100% for the national target.

Areas for Improvement

- Vacancies with primary care, community nursing and dentistry remain challenging.
- Planned care performance remains off track in several areas.

The Committee Chair asked for confirmation on the diagnostics and ED target scores and asked that the amber RAG status rating be re-introduced into the IPR.

The Committee and Board Chair asked for narrative to be reviewed to ensure it states what actions are being taken so it's clearer on what work is underway to recover performance where off track.

Director of Performance, Transformation and Deputy Chief Executive confirmed that there is a need for the amber status to be included in the IPR and actions and impacts need to be much clearer. The Board Chair welcomed this change and asked that workforce challenges and any impacts be included in one section and not in each metric.

The Board Chair asked for assurance on Delayed Transfers of Care (DToC) noting the lack of progress to address this asking what actions are being taken as it is clear the current Resource Management Meeting is not addressing the issue.

The DoNMAPH advised that there has been a slight increase in the number of DToC's recently due to issues at St Rognvolds and SmiddyBrae. A joint paper will be presented to IJB in July 2025, once confirmation has been received for unscheduled care this will be used to look at our frailty model and front door. A workshop is taking place shortly to look at Hamnavoe house and future demographic needs of our population. Board Chair asked if the Strategic Planning Partnership is looking at different models of care as this situation cannot continue. DoNMAPH and Chief Officer to bring an update to the next Committee meeting.

Board Chair took the opportunity to note that our financial performance is rated green and thanked the Interim Director of Finance and team for excellent progress in this area.

Decision/conclusion
Members took assurance on performance.

13.2. Annual Accounts and External Audit 2024/25 - Verbal update (Presenter: Interim Director of Finance)

The Interim Director of Finance provided a verbal update on the Annual Accounts and External Audit 2024/25.

External auditors are halfway through the Annual Accounts and External Audit 2024/25 audit - no significant issues have been raised to date.

Weekly meetings are taking place with Auditors, Auditors will be on site first week in June 2025.

Decision/conclusion

Members took assurance on performance.

13.3. Feedback from 3-Year Financial Plan, Transitional Funding and Annual Delivery Plan (2025/26) FPC2526 -07 (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on feedback from 3-Year Financial Plan, Transitional Funding and Annual Delivery Plan (2025/26).

No feedback has been received from Scottish Government on the Annual Delivery Plan 2025/26 - this is not unique to NHS Orkney - feedback expected in June 2025. Committee agreed that the Board Chair, CEO, and Interim Director of Finance will raise concerns with Scottish Government regarding feedback on the ADP not being received until the end of Quarter 1.

The Board Chair asked that the Committee reflect in correspondence engagement from senior leaders in the development of the transitional funding response.

Decision/conclusion
Members welcomed and noted the update.

13.4. Strengthening performance management and governance of the Robertsons Contract FPC25/26-08 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented a proposal to strengthen performance management and governance of the Robertsons Contract and is providing additional leadership and scrutiny.

To strengthen performance management and governance of the Robertsons Contract, the monthly review meeting membership will be extended to include finance, performance, and infection prevention. Formal reporting or the Robertson contract will be through the Capital and Strategic Estates Group for onward assurance to the Finance and Performance Committee. Governance arrangements will be reviewed in 6 months.

The Board Chair welcomed the refreshed approach, lessons learned have been implemented. There is a need for metrics for Robertson's contract to be included in the IPR to ensure the contractor is being held to account and performance shared with the Committee.

The Head of Estates advised that NHS Assure are in the process of undertaking a full review of the Robertson's contract.

Decision/conclusion
Members discussed and took assurance on the proposal to strengthen performance management and governance of the Robertsons contract (The Balfour).

13.5. Improving Together (efficiency) Programme Plan 2025/26 FPC2526 -23 (Presenter: Interim Director of Finance, Head of Finance)

The Head of Finance presented the Improving Together (efficiency) Programme Plan 2025/26 for approval.

A challenge in closing the financial gap is the need to implement clinical and non-clinical transformation.

Interim Director of Finance advised that there is a need to ensure delivery of the programme if we are to achieve the requirements set out in accepting transitional funding from Scottish Government.

Decision/conclusion
Members discussed and approved the Improving Together (efficiency) Programme Plan 2025/26.

Kirsty Francis (Procurement Manager) attended the meeting at 11.15 am.

13.6. NHS Orkney Procurement strategy 2025-2030 FPC2526 -10 (Presenter: Interim Director of Finance, Guests: Procurement Manager)

The Procurement Manager presented the NHS Orkney Procurement Strategy 2025-2030 which replaces the last strategy which expired in March 2025.

NHS Orkney Procurement strategy 2025-2030 focuses on the following areas:

- Governance
- Compliance
- Investing in our staff
- Collaborative procurement

The Committee Chair thanked the Procurement Manager noting how easy the strategy is to read.

The Board Chair welcomed how easy the strategy is to read and asked for clarity on the audience for the strategy and engagement in its development. There is a need to ensure community wealth building, our anchor strategy, and the procurement strategy is built into the implementation plan for the Population Health Framework which is to be released shortly.

The Procurement Manager advised that the Procurement Strategy has been aligned to our Corporate Strategy and our Anchor Strategy - the strategy is our baseline document which requires organisational wide delivery.

The Interim Director of Finance advised that the strategy will be reviewed on an annual basis, this will ensure that the population health framework can be included.

Decision/conclusion
Members approved the NHS Orkney Procurement strategy 2025-2030.

13.7. Contract Register/Service Level Agreement (SLA) Update FPC25/26-11 - (Presenter: Procurement Manager)

The Procurement Manager presented the Contract Register/Service Level Agreement (SLA) Update, which was brought to Committee following the lessons learned from the Laboratory Contract.

The Procurement Manager advised that the new Laboratory Contract will be implemented from September 2025.

The Direct Engagement Contract is due to expire in 6 months, a market development event will take place in June 2025 with procurement in July 2025.

Board Service Level Agreement work continues overseen by the Director of Performance, Transformation and Deputy CEO and Procurement Manager.

The Interim Director of Finance asked the Committee if they were content with the information presented - further improvements are welcome.

The Board Chair asked for digital licenses to be included in the Contract Register and asked for confirmation of the Loganair expenditure and trends over time.

The Procurement Manager advised that the costs presented in the report are the full amount for 2024/25 including patients and staff travel.

The Medical Director advised that a paper will be presented to the Board in relation to spending on Loganair as part of the Travel and Escort Policy. The use of Near Me is being overseen as part of the Outpatients improvement workstream. Further discussion to take place ahead of Travel Policy coming to Board.

Decision/conclusion
Members welcomed and noted the update.

13.8. Finance Improvement Implementation plan (Response to Viridian Report) FPC25/26 -12 (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on the Finance Improvement Implementation plan (Response to Viridian Report).

Budgets have been finalised, staff appraisals completed, and reporting training has now been completed.

2 actions remain outstanding in relation to external audit.

Delayed actions in relation to reporting will commence from Month 2.

Decision/conclusion
Members received the Finance Improvement Implementation plan (Response to Viridian Report) update on took assurance on progress.

13.9. Quarter 4 financial review meeting with Scottish Government (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an overview of the Quarter 4 financial review meeting with Scottish Government. The meeting was positive, and the Board are on a good trajectory back to financial balance by 2028/29.

Board Chair recognised the excellent relationships which have been built with Scottish Government and would like this to be shared with Non-Executive Directors.

J Stevenson asked for clarity on the action in relation to the review of the Integration Joint Board. The Interim Director of Finance advised that this is a national act as some Health and Social Care Partnerships (HSCP's) have been impacted by financial challenges - this is not the case for Orkney. The review will be presented to IJB in June 2025 and advised that the risk for Orkney is low. The Board Chair added that there is huge variation in how services are commissioned, this is the first step of building a consistent commissioning landscape.

Decision/conclusion
Members noted the update.

14. PEOPLE

14.1. Deep Dive Agenda for Change implications for the Board FPC25/26-13 - (Presenter: Director of People and Culture)

Joanna Kenny (Non-Executive Director) and Ryan McLaughlin (Executive Director) entered the meeting at 11.45 am.

The Director of People and Culture presented a Deep Dive on the Agenda for Change implications for the Board. Implementing the Agenda for Change reform actions will be overseen by the Operational Workforce Group. The first operational workforce meeting will take place on 27 May 2025

DoNMAHP advised that all 3 elements of the Agenda for Change reforms will be worked through to ensure any actions for recruitment are assessed and impacts noted. Back dated pay for some staff is to April 2023 but not everyone will be entitled to this as part of the Band 5 to Band 6 review.

The Board Chair recognised the amount of information presented to the Committee but asked for clarity on how the changes would impact on our mandatory requirements in the Health and Safety Staffing Act to ensure this work is not viewed in isolation.

The Employee Director raised concerns in relation to bank hours and excess hours being used in teams where the reduction in the working week has not been implemented recognising the need for a full Board discussion given the impact the reduction in the working week could have.

The Interim Director of Finance confirmed that overall workforce planning is required to ensure staff reduce their working week, removing the reliance on bank and excess hours.

J Stevenson asked for clarity on the duration of staff handover periods - DoNMAHP advised that this depends on the teams but approximately 30 minutes.

The Director of People and Culture acknowledged that further work is required in relation to rostering changes, core, and mandatory training for nursing staff, recognising that training for part-time staff is the same as full-time staff.

The Interim Director of Finance confirmed that the Agenda for Change pay award has been agreed for 2025/26 and 2026/27 this will create a cost pressure.

The Board Chair asked that Staff Governance Committee are given their place in overseeing this piece of work.

Committee Chair welcomed cross Committee working.

Decision/conclusion
Members took assurance on the work underway to implement the Agenda for Change implications for the Board.

14.2. Deep Dive - Improving Together Workforce Workstream FPC25/26 -14 (Presenter: Director of People and Culture)

The Director of People and Culture presented a Deep Dive on the Improving Together Workforce Workstream which has been approved by the Improving Together Programme Board.

The presentation has also been shared with the Area Partnership Forum and will be presented to the Extended Senior Leadership Team 27 May 2025. The Workstream focuses on 7 key areas.

1. Band 7 and above review
Executive Directors have reviewed all Band 7 and above posts in the context of current vacancies, and what opportunities there may be if posts became vacant.

2. Non-clinical band 6 and below review
The review will focus on what Whole Time Equivalent (WTE) roles we have, what roles we do not have which are being supplemented by bank/excess hours.

3. Sickness management, appraisals, and mandatory training
Areas with high levels of sickness have been receiving additional support from the People and Culture team with the aim of savings being achieved by having people back to work following a period of sickness recognising culture changes are required.

4. Vacancy Control Panel (VCP) review
The VCP review is now complete. Communications will be provided to staff on the outcome of the review, including on how staff feedback on the VCP has been incorporated.

5. Agenda For Change (AFC)
Discussed earlier in the meeting.

6. Pay Investments
The outcome of the review was 6 additional posts have been requested in 2025/26 which will require a business case and will be assessed based on consistent criteria agreed by SLT in November 2024.

7. Other Workforce Opportunities

Reducing the number of agency and locum staff. Recruitment is underway for substantive consultants, with grounds for optimism based on applications received.

The Clinical Services Review (CSR) will provide opportunities for further workforce re-design - this will conclude in June 2025

The Committee Chair asked for clarity on how the non-clinical review of services will progress, noting this will not progress at the same pace as the CSR. The Director of People and Culture recognised the position, this is a starting point.

Committee Chair asked for assurance on communication with staff. The Director of People and Culture confirmed that the messaging will be communicated to staff following the presentation at the Extended Senior Leadership Team Meeting 27 May 2025, this will include engagement with staff side and face to face drop ins.

DoNMAHP confirmed the CSR recommendations will be available by the end of June 2025 recognising the need for engagement with clinical advisory groups - this work is still to be mapped out.

The Director of Performance, Transformation and Deputy CEO advised that digital capability and capacity will need to be assessed in relation to service re-design.

The Interim Director of Finance advised that communications have already been issued to staff through the transitional funding messages.

The Employee Director asked what level of detail will be provided to the ESLT on 27 May 2025 and to make it clear that we are at the planning phase and that what is being presented are proposals. at this stage. The Director of People and Culture advised that the slides presented to the Committee will be presented to the ESLT to ensure we are open and transparent with our staff.

The Board Chair commended the information provided and asked that this work be shared with Non-Executive Directors.

The Board Chair asked for assurance that the recommendations from CSR will have the appropriate infrastructure to deliver and realise the benefits and confirm that we are ready to deliver from June 2025 at pace.

The Director of Performance, Transformation and Deputy CEO confirmed that pace is going to be key, and a plan is now required before the report is published noting the efficiency targets set by Scottish Government.

J Stevenson noted the sickness absence rates within Dentistry service. The Director of People and Culture advised that additional support is being provided to the service including opportunities for further service re-design/

Decision/conclusion

Members took assurance on the Improving Together Workforce Workstream

14.3. Vacancy Control Panel Annual Report 2024/25 FPC25/26 -15 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Vacancy Control Panel Annual Report 2024/25.

Decision/conclusion
Members took assurance on the Vacancy Control Panel Annual Report 2024/25.

15. POTENTIAL

15.1. Digital Delivery Plan 2025/26 FPC25/26 -16 (Presenter: Head of Improvement)

The Head of Improvement presented the Digital Delivery Plan 2025/26.
As set out in NHS Orkney's Year 2 (2025/26) Corporate Strategy a key priority under the Potential Strategic Objective is to accelerate digital transformation.

The Board Chair asked for confirmation of digital capacity to deliver the priorities set out in the Delivery Plan and the need to realise the benefits of the Boards investment in Microsoft 365. The Head of Improvement advised that the priorities have been agreed by the Digital Operations Information Group – regular status reports will be provided to Committee on a quarterly basis.

Decision/conclusion
Members welcomed and noted the Digital Delivery Plan 2025/26.

16. Items agreed for Chairs Assurance Report to Board (Presenter: Chair)

Members agreed on the following items for inclusion in the Chairs Assurance Report to the Board

- Performance of Delayed Transfers of Care
- Lack of capacity and capability to undertake change management
- Not delivering the savings attached to the Workforce Workstream of the Improving Together (efficiency) programme.
- Integrated Performance Report
- Final NHS Orkney Preparedness Plan – Island Games 2025 approved.
- Improving Together (efficiency) Programme Plan 2025/26 approved.
- NHS Orkney Procurement strategy 2025-2030 approved.
- Cross Committee Working

17. AOCB (Presenter: Chair)

No AOCB raised.

18. Key Items for Noting (Presenter: chair)

Members noted the following.

- National Submissions Tracker
- NHS Orkney 2024-25 Quarter 4 Letter and 2025/26 update.
- NHS Orkney - Confirmation of additional Planned Care funding 2025-26 - 13 May 2025

18.1. Meeting Schedule 2025/26 (Presenter: Chair)

Committee noted the Finance and Performance Committee Timetable for Papers 2025/26.

18.2. Evaluation of meeting (Presenter: Chair)

Board Chair noted how the Committee is demonstrating its commitment to Openness.

The Chair closed the meeting at 12.30pm

Timetable for Submitting Agenda Items and Papers 2025/26

Initial Agenda Planning Meeting[1]	Final Agenda Planning Meeting	Papers in final form[2]	Agenda & Papers	Meeting
With Chair, Chief Executive and Corporate Services Manager[3]	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) **at**
12:00 noon	**12:00 noon**	**17:00**	**16:00**	**09:30**
< 1 week after previous meeting >	*< 4 weeks before Date of Meeting >*	***< 9 days** before Date of Meeting >*	*< 1 week before Date of Meeting >*	*< Day of Meeting >*
	27 March 2025	15 April 2025	17 April 2025	**24 April 2025**
1 May 2025	29 May 2025	17 June 2025	19 June 2025	**26 June 2025 (Annual Accounts)**
3 July 2025	31 July 2025	19 August 2025	21 August 2025	**28 August 2025**
4 September 2025	2 October 2025	21 October 2025	23 October 2025	**30 October 2025**
6 November 2025	13 November 2025	2 December 2025	4 December 2025	**11 December 2025**
18 December 2025	29 January 2026	17 February 2026	19 February 2026	**26 February 2026**

1 *Draft minute of previous meeting, action log and business programme to be available*

2 *Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent*

3 *Draft agenda, minute and action log issued to Directors following meeting*