

# NHS Orkney Board

## 14 December 2023

### Purpose of Meeting

NHS Orkney Board's **purpose** is simple, as a Board we aim to **optimise health, care and cost**

Our **vision** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

### **Quorum:**

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

## Orkney NHS Board

There will be an online meeting of **Orkney NHS Board** on **Thursday 14 December 2023** at **10:00am**

Meghan McEwen  
Chair

### Patient Story

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 26 October 2023	Chair		To check for accuracy and <u>approve</u>
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions
6	Board Chair and Chief Executive Report to Board	Chief Executive/ Chair	OHB2324-80	To <u>reflect</u> on progress and <u>share</u> key messaging
6.1	Making continuous improvements and preparing for 2024/25	Chief Executive/ Chair	OHB2324-81	To <u>review</u> and <u>discuss</u> the proposed improvements and preparing for 2024/25
7	Integrated Performance Report	Chief Executive	OHB2324-82	To <u>scrutinise</u> the report and <u>seek assurance</u> on delivery
8	Board Risk and Assurance Report	Chief Executive	OHB2324-83	To <u>review</u> the refreshed corporate risk register as presented to the Audit and

Item	Topic	Lead Person	Paper Number	Purpose
				Risk Committee
9	Formal Escalation for Finance	Chief Executive	OHB2324-84	To <u>discuss</u> and receive an <u>update</u> on formal correspondence and next steps
<b>10</b>	<b>Governance</b>			
10.1	Senior Leadership Team Chair's Assurance reports	Chief Executive	OHB2324-85	To <u>seek assurance</u> from the report
10.2	Operational Governance Review	Chief Executive	OHB2324-86	To <u>approve</u> refreshed Governance Structure and future proposals
10.3	NHS Orkney Improvement and action plans – key priorities and oversight arrangements	Chief Executive	OHB2324-87 Paper not received	To <u>receive</u> the key priority areas as agreed by the Chairs of the Governance Committees and <u>approve</u> oversight arrangements
10.4	Schedule of meeting dates 2024/25	Corporate Governance Lead	OHB2324-88	To <u>approve</u> the schedule of dates for 2024/25
10.5	Board and Committee appointments	Chair	OHB2324-89	To <u>approve</u> the reviewed and updated Governance Committee Membership
<b>11</b>	<b>Strategy</b>			
11.1	Corporate Strategy engagement plan	Chief Executive	OHB2324-90	To <u>update</u> the Board on development and timescales
11.2	CEO's 100 day report – progress update	Chief Executive	OHB2324-91	To <u>update</u> the Board on progress since publication
<b>12</b>	<b>Clinical Quality and Safety</b>			
12.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2324-92	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting

Item	Topic	Lead Person	Paper Number	Purpose
12.2	Data Quality Review outcomes and improvement plan	Chief Executive / Public Health Scotland	OHB2324-93	To <u>accept</u> the recommendations and <u>approve</u> the improvement plan
12.3	Joint Clinical and Care Governance Committee Chair's assurance report	Joint Clinical and Care Governance Committee Chair	OHB2324-94	To <u>seek assurance</u> from the report
12.4	Area Clinical Forum Chair's assurance report	Area Clinical Forum Chair	OHB2324-95	To <u>seek assurance</u> from the report
<b>13</b>	<b>Person Centred</b>			
13.1	Patient Experience Report	Interim Medical Director	OHB2324-96	To <u>seek assurance</u> from the report
<b>14</b>	<b>Workforce</b>			
14.1	iMatter – National Health and Social Care Experience Report 2023	Chief Executive	OHB2324-97	To <u>update</u> the Board on the national benchmarking and to discuss next steps
14.2	Staff Governance Committee Chair's assurance report	Staff Governance Committee Chair	OHB2324-98	To <u>seek assurance</u> from the report
<b>15</b>	<b>Organisational Performance</b>			
15.1	Financial Performance Report	Director of Finance	OHB2324-99	To <u>review</u> the in year financial position
15.2	Financial Recovery Plan Update Report	Director of Finance	OHB2324-100	To take <u>assurance</u> on mitigations and improvements

Item	Topic	Lead Person	Paper Number	Purpose
15.3	Finance and Performance Committee Chair's assurance report	Finance and Performance Committee Chair	OHB2324-101	To <u>seek assurance</u> from the report
<b>16</b>	<b>Risk and Assurance</b>			
16.1	Annual Accounts learning exercise	Chair	OHB2324-102	To <u>accept</u> the recommendations, <u>approve</u> the improvement plan
16.2	Audit and Risk Committee Chair's assurance report	Audit and Risk Committee Chair	OHB2324-103	To <u>seek assurance</u> from the report
<b>17</b>	<b>Any other competent business</b>	Chai	Verbal	
<b>18</b>	<b>Minutes</b>			
	<ul style="list-style-type: none"> <li>• Senior Leadership Team</li> <li>• Joint Clinical and Care Governance</li> <li>• Area Clinical Forum</li> <li>• Finance and Performance</li> <li>• Audit and Risk</li> <li>• Staff Governance</li> </ul>	Chair		To <u>adopt</u> the approved minutes
<b>19</b>	<b>Items for Information</b>			
19.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
19.2	Board Reporting Schedule 2023/24 and 2024/25			To <u>note</u> the timetables
19.4	Record of Attendance*			To <u>note</u> attendance record

Item	Topic	Lead Person	Paper Number	Purpose
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**Open Forum** – Public and Press Questions and Answers session

*\* items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Corporate Services Manager, Chair or Lead Director'*

## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 26 October 2023** at **10:00am**

**Present**

Meghan McEwen, Chair  
 Davie Campbell, Vice Chair  
 Laura Skaife-Knight, Chief Executive  
 Des Creasey, Non-Executive Board Member  
 Mark Doyle, Director of Finance  
 Rona Gold, Non-Executive Board Member  
 Issy Grieve, Non-Executive Board Member  
 Joanna Kenny, Non-Executive Board Member  
 Ryan McLaughlin, Employee Director  
 Jason Taylor, Non-Executive Board Member  
 Sam Thomas, Director of Nursing, Midwifery, AHP and Acute  
 Louise Wilson, Director of Public Health

**In Attendance**

Steven Brown, Chief Officer, Integration Joint Board  
 Linda McGovern, Interim Director of People and Culture  
 Malcolm Metcalfe, Interim Medical Director  
 Rachel Ratter, Senior Corporate Services Officer (minute taker)  
 Carrie Somerville, Planning, Performance and Risk Manager  
 Emma West, Corporate Services Manager

### **Patient Story – Ageing Well**

A video was presented to the Board highlighting the excellent service provided by Ageing Well, an open referral service.

To help support patients maintain and continue to progress, individuals attend a community group (Picky Chair exercise class or West patients Active Movers group) that offers exercise as well as a social component. The Active Movers group was established following funding from an endowment bid submitted in 2018 to train individuals in the community to deliver suitable programs for older adults to support them to keep active in the community. Shauna Stockan, Physiotherapist works closely with Emma Ratter, who is the Picky class instructor and Donna Cuthbertson who is the Active Movers Group instructor.

The two patients shared their stories of how their referral to the Ageing well service had improved their mobility and allowed them to attend the chair-based exercise classes held at Picky.

#### **B91 Welcome and Apologies**

Apologies were received from S Johnston.

#### **B92 Declarations of interests**

No declarations of interest on agenda items or in general were made.

#### **B93 Minutes of previous meetings held on 24 August 2023**

The minute of the meeting held on 24 August 2023 were accepted as an accurate record of the meeting and was approved subject to an expansion around locum and agency spend.

*J Taylor requested clarity with regards to why the agreed reduction in covid agency spend had not been implemented. The Director of Finance informed the Board that a paper was presented to EMT to outline the position of covid agency spend and money was provided for PPE and the covid vaccination programme. He highlighted that costs were in the system where there was no allocation or budget to cover.*

*The Director of Nursing, Midwifery, AHP and Acute emphasised that whilst the agency and locum spend remained high for hospital services, robust mechanisms had been implemented with regards to approval of agency and locum shifts, sign off via 3 tier approach and extension to agency staff contracts. The on-going requirement and the demand for additional staff across Acute Services and Isles services was due to vacancies, inability to recruit and sickness absence. There had been a reduction in the number of nurse agency staff employed from 23 to 18 with a reduction in those under an off-framework contract from 10 to 3 and this would further reduce once substantive posts recruited.*

**B94 Matters Arising**

No matters arising were raised.

**B95 Board Action Log**

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

**B96 Board Chair and Chief Executive Report to Board – OHB2324-56**

The Chief Executive presented the report providing an update on key events and activities from July to August 2023.

The report detailed the strong progress made against the five new organisational priorities in response to feedback from Team Orkney.

The Chief Executive and Board Chair were delighted that Midwife Olivia Jones had been named a finalist in the Midwife category for the Scottish Health Awards and congratulated Olivia on the fabulous achievement.

There had been a strong response to the recruitment exercise for the substantive Medical Director and Director of People of Culture. Following successful interviews, Dr Anna Lamont would join NHS Orkney in January 2024 as Executive Medical Director followed by Jay O'Brien, Director of People and Culture in March 2024.

The Chair thanked the Chief Executive and J Taylor, Whistleblowing Champion for the success of Speak Up Week and promoting channels in which staff could share concerns and speak up at NHS Orkney.

D Campbell queried whether there had been any common themes identified within the community. The Chief Executive highlighted that there had been rich feedback provided from staff and local communities following visits to the Isles along with the Chief Officer. Staff out with the Balfour felt disengaged and forgotten about therefore there was the need to be much more visible and connected. Themes such as



discharge arrangements and the need to be more flexible around appointments and waiting times were examples of themes identified. A fantastic listening session with the Clinical Administration team had taken place and highlighted the requirement to ensure services were further aligned with one another.

### **Decision / Conclusion**

The Board thanked the Chief Executive and Chair for the report.

## **Governance**

### **B97 Corporate Risk Register – OHB2324-57**

The Chief Executive presented the report which highlighted that there were 14 active risks on the corporate risk register.

Three steps were identified to improve risk management which included a full review and refresh to the existing register, which would be presented to SLT in November and onward to Board in December, decide on the appropriate committees and adopt the new approach to risk in developing an Assurance Framework.

### **Decision / Conclusion**

The Board thanked all involved, noted the update provided and the current mitigation of risks highlighted.

Members were assured that the true and full extent of risks would be provided at the December Board meeting.

### **B98 Senior Leadership Team – Chair’s reports – OHB2324-58**

The Chief Executive presented the report highlighting the following items had been discussed at their meeting on the 1 and 22 August 2023 and the 4 and 18 September 2023:

- The Board's financial position remained cause for concern, with SLT committed to leading recovery and agree further actions that will be taken for decision by SLT to slow NHS Orkney spend and change the forecast run rate
- Leadership fragility recognising Executive level changes and gaps in key areas, including paediatrics, clinical governance, and primary care, with plans in place in each area to mitigate the risk via substantive recruitment
- Concerns raised regarding significant adverse events (SAER) and complaints, with SLT to have monthly updates on themes and SAER action plans and progress with an increased focus for SLT on quality, safety, and experience

Members were informed that the committee continued to evolve and mature and were a key decision-making forum with two meetings held per month. There had recently been an extended SLT session which was energising and fantastic.

Two peer reviews had been commissioned, one in relation to Children’s Model of Care and the Medical Model in the Emergency department.

R Gold queried where the results of the external reviews would be presented. The Director of Nursing, Midwifery, AHPs and Acute informed members that the findings

would be fed into the Joint Clinical Care and Governance Committee and Area Partnership once the correct steps were in place.

There had been progress against a number of key pieces of work being monitored through SLT.

I Grieve thanked the Chief Executive for the assurance reports and queried how financial savings had been reviewed and communicated to staff. The Chief Executive assured members that the delivery of savings would fall under the Grip and Control Board where progress would be monitored. Communication to staff had been provided through staff briefings, the Communications department and blogs had been honest and upfront.

#### **Decision / Conclusion**

The Board welcomed the format of the reports and noted the update provided.

#### **B99 IJB Membership – OHB2324-59**

Paper was not taken.

#### **B100 NHS Orkney Main Improvement Plans and Action Plans – Governance Proposals – OHB2324 – 60**

The Chief Executive provided an overview of the new Main Improvement Plan and Action Plans document, advising that the report was intended to be a holistic view of the various improvement action plans across the organisation, including corporate strategies.

A single register had been created with a full list of Strategies, Improvement Plans and Action Plans that were live across the organisation. This included information which had been gathered through the Annual Delivery Plan and Medium-Term Plan development process.

The register proposed governance routes for each Strategy, Improvement Plan, and Action Plan. On agreement of Senior Leadership Team (17 October 2023), the Planning, Performance and Risk Manager would work with the Corporate Services Manager to ensure these were built into governance cycles for regular reporting so that progress and oversight could be monitored following discussion with the Lead Executive Directors for each Board Committee and the Non-Executive Committee Chairs who will also determine the top priority Strategies, Action Plans and Improvement Plans for each Committee, for SLT and for Board.

A timeframe around prioritisation for Executives and Committee Chairs would be advised at the December Board meeting following robust conversations at CLT and SLT.

#### **Decision / Conclusion**

Members considered the Register and noted the next steps.

### **Strategy**

**B101 Annual Delivery Plan: Quarter 1 and 2 update – OHB2324-61**

The Chief Executive presented the report advising that Executive Leads had reviewed and updated progress in relation to all Quarter 1 and Quarter 2 milestones.

This information had been compiled in the Scottish Government template in preparation for submission and was due for submission to Scottish Government on 27 October 2023. A follow-up review meeting was scheduled with the Scottish Government in November 2023.

The Chair emphasised that the Annual Delivery Plan and, ownership was the responsibility of the Board therefore, it was important in the way in which members were engaging with the template.

**Decision / Conclusion**

The Board reviewed approved the Annual Delivery Plan.

**B102 Quarter 2 - Plan on a Page – OHB2324-62**

The Chief Executive presented the progress against each of the actions aligned to the strategic priorities for the organisation as part of the 2023/24 Plan on a Page and highlighted any risks or issues which could impact on delivery against of the action.

There were two red RAG-rated actions which highlighted that insufficient progress had been made and there was risk that the action would be achieved within the 12-month period. The first action had been reported through Quarter 1 as a risk and reported under Quality and Safety strategic objective and related to ensuring meaningful patient feedback mechanisms were in place which demonstrated that the organisation listens, acts, and learns. The second was in relation to progress reported around the multi-year financial recovery plan and the ownership across the organisation to ensure successful delivery of the action.

Board members discussed the update, noted areas where positive progress had been made and the areas where greater focus was required, and where strengthened actions were needed to further improve performance.

D Campbell queried the actions in place to improve patient feedback mechanisms in relation to Quality and Safety. The Interim Medical Director confirmed Clinical Governance embraced risk and patient experience and proposed providing weekly summaries with regards to patient complaints.

R McLaughlin highlighted that there was a continued organisation issue with DATIX incident reports not being responded to in a timely manner, with colleagues often receiving feedback months after the report, or in many instances no feedback at all. The Director of Nursing, Midwifery, AHP and Acute acknowledged the issues, and informed members work to improve the system had started to ensure DATIX's were reviewed in a timely manner and assurance would be provided to ensure that staff concerns were heard, and any lessons learnt would be implemented across teams.

The Chair acknowledged the great work and delivery around Net Zero and thanked all involved.

**Decision / Conclusion**

The Board discussed the update, noted the progress and areas where greater focus was required, and the actions being taken.

**B103 Clinical Strategy Delivery Plan – OHB2324-63**

The Director of Public Health presented the report providing a summary of progress against the underpinning Clinical Strategy objectives (2022-2027) and shared the delivery plan for the strategy.

I Grieve requested an update around work carried out in terms of addressing alcohol related issues. The Chief Officer advised that there had been pressure on the Alcohol and Drugs Partnership and Support Team however, the Lead Officer had returned from maternity leave bringing a stronger focus to the service, ensuring improved medication assisted treatments and the ongoing challenge around alcohol misuse. There would be a renewed focus to address and provide treatment.

The Chair and the Chief Executive emphasised the importance of NHS Orkney demonstrating the difference that the Clinical Strategy would make and for further iterations to be provided to the Board highlighting services had made a difference. The development of the Corporate Strategy would see a refresh of the Clinical Strategy and, both would be relaunched and brought to life and understood across the organisation.

**Decision / Conclusion**

The Board noted the progress made in Quarters 1 and 2 against the agreed KPIs underpinning delivery of the Clinical Objectives within the Clinical Strategy, including the clear actions which are in place to improve performance in the areas which were not achieved.

**B104 Anchor Strategic Plan - OHB2324-64**

The Director of Public Health presented the plan, advising that this was an exciting concept for NHS Orkney, outlining ways the NHS can influence beyond delivery of health care in terms of improving opportunities for the community.

The plan linked to other strategies including the national performance framework and sustainable development goals. Locally, it dovetailed with community wealth building and the Community Planning Partnership. Undertaking a mapping process and refining the actions was important in terms of the broader actions required. Members were advised that the team were awaiting national clarification of KPIs, which were expected by the end of October.

The Chair welcomed the plan and requested an update around the metrics once received from the Scottish Government.

Members discussed ways to strengthen and influence partnership working, ensuring visibility of one another, informal touch points and for the Board to have further participation within the Community Planning Partnership and third sector and, to ensure all work was coordinated to ensure it had a purpose.

J Taylor observed the need to encourage NHS Orkney to be innovative and bold around recruitment, attracting young people to career pathways to replace retirement demographics to ensure strategic actions in relation to recruitment objectives were

achieved.

R Gold thanked everyone involved for the clear and concise report highlighting that it represented best practice. She also highlighted the need to consider the pace around community wealth and partnership working and that other sectors across Scotland were waiting for legislations for required duties from them and what they were required to do therefore NHS Orkney would need to recognise the ask.

### **Decision / Conclusion**

The Board approved the plan, with an update to be received at the February 2024 meeting.

### **Clinical Quality and Safety**

#### **B105 Healthcare Associated Infection Reporting Template – OHB2324-65**

The Director of Nursing, Midwifery, AHP's and Acute 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 and highlighted the following:

- Escherichia Coli bacteraemia (ECB) cases had increased with the majority being hepatobiliary in nature, no commonalities could be identified within these and all were currently community cases.
- Bare below the elbows (BBE) was an ongoing challenge in clinical areas. The hand hygiene score for the period was 94%. Staff continued to be reminded that the “bare below the elbow” requirement was mandatory for hand hygiene compliance in clinical areas
- Both Domestic teams and Estates had maintained an outstanding level of cleanliness within care settings.
- There had been focus on Nosocomial infections and Norovirus
- The Dress Code Policy had been reviewed, updated, and issued to staff therefore would empower staff to implement the “kind and remind message” for others within their area

The phenomenal level of cleanliness maintained by Domestic teams and Estates was recognised and they were thanked for their outstanding achievement

D Campbell thanked the Director of Nursing, Midwifery, AHP's and Acute for the Quality Assurance section detailed within the report and welcomed the content of the mini audits and extra information provided.

### **Decision / Conclusion**

The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection.

#### **B106 Joint Clinical and Care Governance Committee Chair's Assurance report – OHB2324-66**

The Vice Chair of the Joint Clinical and Care Governance Committee presented the report highlighting the following items which had been discussed at their meeting on

the 3 October 2023:

- Following receipt of the Child Health Surveillance, the JCCGC were concerned about the potential for missed diagnoses or opportunities to intervene in a timely way. This matter was compounded by long waits for S&LT and OT. There had been a decline in uptake visits at certain stages due to the impact of covid and staffing. An action plan had been developed to ensure all children received an age-appropriate review which included catch up opportunities for those who missed visits. The Chief Officer assured members feedback had been provided to children's services who were aware of the challenges and the decline, reiterating that this was inevitable due to the number of vacancies and challenges. Vacancies had been recruited to and an action plan had been implemented. Vigorous monitoring was in place around developmental checks. R Gold stressed the importance of progress to be tracked and celebrated once achieved.
- Members welcomed a new Social Work and Social Care Governance Board, which would feed into JCCGC and provide assurance to the IJB and Board
- The first Care at Home Assurance report was welcomed by JCCGC.

#### **Decision / Conclusion**

The Board noted the update provided

#### **B107 Area Clinical Forum Chair's report – OHB2324-67**

The Area Clinical Forum Chair's report was provided for information.

The Chief Executive agreed to provide an update to the forum regarding the four matters of concern and key risks to be escalated as per the report.

#### **Decision / Conclusion**

The Board noted the update provided.

#### **B108 National Audiology Independent Review – NHS Orkney's response and action plan - OHB2324-68**

The Director of Nursing, Midwifery, AHP's and Acute presented the report informing members that the Independent National Audiology Review was commissioned by the Cabinet Secretary for Health and Social Care in January 2022, after concerns were identified in the standards of care provided by NHS Lothian Paediatric Audiology service. The Review was asked to examine hearing services and make recommendations on how these could be improved across Scotland. The review report was published in August 2023.

The review identified a range of concerns in all the areas scrutinised and set out 51 recommendations. NHS Orkney had reviewed the recommendations considering the fragility of the service and every effort would be made to ensure those applicable within NHS Orkney were met, with support from the Scottish Government and NHS Grampian.

The formation of Orkney's Children's Hearing Services Working Group and its membership was commended by the Chief Scientific Officer for SG.

Recruitment had been the biggest challenge facing Audiology, not just in Orkney, but nationally due to the low number of Audiologists trained and the pull from the private sector. A need to 'grow our own' was raised.

Ongoing workload was increasing by at least 100 patients per year, but that realistically would be over 200 patients per year given the difference in referrals during the pandemic.

J Taylor noted the challenges around recruitment and the national shortage of Audiologists and queried whether an alternative strategy would be identified following three attempts of unsuccessful recruitment. The Director of Nursing, Midwifery, AHP's and Acute assured members that process mapping had been developed and conversations would be held with national colleagues to ensure the model was fit for purpose.

I Grieve queried whether there was risk in relation to children waiting or requiring audiology assessment. The response confirmed that there were strong links with NHS Grampian and children are seen within a timely manner.

The Chief Executive emphasised the importance of short- and long-term actions with specific leads and timeframes and the requirement of an SLA review in relation to governance and clear context around improvement and actions plans.

R Gold raised that it would be beneficial and would provide further assurance to view the full picture of recommendations and their owners to have a whole system oversight. It had been suggested that the information would be provided to the JCCGC prior onward submission to Board.

### **Decision / Conclusion**

The Board noted the review and received assurance from NHS Orkney's action plan.

#### **B109 Lucy Letby - NHS Orkney Response - OHB2324-69**

The Chief Executive presented the report advising that the Board Chair had responded to the Cabinet Secretary's letter sent on 26 August 2023, with an expectation that a formal response was shared with himself by mid-September 2023, to update and provide assurance in relation to the governance and assurance that are in place regarding patient safety, quality and whistleblowing at all Boards, including NHS Orkney.

There were many foundations already in place at NHS Orkney, and further areas where the organisation needed to strengthen their focus in the year to come to create a safety-first, learning and continuously improving culture. A new programme had been introduced to listen and respond to staff feedback, including safety concerns.

NHS Orkney had two confidential contacts in place (two additional Confidential Contacts recruited and training and refresher training being arranged for all four colleagues Autumn 2023). Two new Clinical Nurse Managers joined the organisation, leading improvements to quality, patient experience and professional standards across NHS Orkney.

A new and strengthened investment in staff health and wellbeing would ensure staff felt better supported with more support mechanisms to signpost colleagues to. Board walkabouts introduced in Spring 2023 to remain connected to staff and how it felt 'on the ground', to ensure there was a forum for listening and to ensure visible leadership continued. There was a requirement, with effect from September 2023, that the CEO and Executive Directors work on-island and on-site a minimum of two-weeks per month to ensure visible leadership, consistent with the requirements set out in the NHS Scotland – Blueprint for Good Governance (December 2022).

An experienced Interim Medical Director would continue to oversee the Clinical Governance function and providing Board-level leadership re: Quality, Safety and Experience September 2023-March 2024 until the substantive post holder joined the organisation in January 2024.

Future focus and improvements were discussed recognising that Quality and Safety was a strategic priority for NHS Orkney. Clear priorities for 2023/24 were aligned to the Plan on a Page and Annual Delivery Plan and plans for the future to further strengthen focus in this area.

#### **Decision / Conclusion**

The Board took assurance from the report and approved NHS Orkney's response.

#### **B110 Mental Welfare Commission Report action plan - OHB2324-70**

The Chief Officer presented the report advising that the Mental Welfare Commissioner (MWC) had an announced visit to Orkney earlier in the year and issued a report, containing seven recommendations. NHS Orkney were due to respond to the MWC by 2 November, detailing the action plans for the recommendations as detailed within the report.

Board members were assured that there was full clinical engagement around the action plan with input from an array of services within the sector.

The IJB had considered the elements of a new and improved Mental Health Transfer Bed Model and the funding challenges faced under existing resources. Proposals would be brought forward.

The Board acknowledged the outstanding services provided to the community by the third sector and the value of the contribution of colleagues.

The JCCGC would track and own the outcome of the report and it would be provided to the Board in April 2024 for visibility.

#### **Decision / Conclusion**

Board members reviewed and approved the draft plan for onward submission to the MWC on the basis that acute services were incorporated into the action plan.

#### **Population Health**



**B111 Quarter 2 - Public Health Workplan – OHB2324-71**

The Director of Public Health presented the report which gave an update on key public health activity undertaken in Quarter two of 2023/24 and highlighted the following:

- The national anti-hepatitis B core lookback programme officially began on 24/05/2023. Within the four batches of recipients identified to date none from NHS Orkney had been identified that required testing
- The Autumn Vaccination (Flu and COVID-19) Programme commenced on the 9 September with the bulk of vaccinations to be offered by 11 December 2023. The campaign was to run to 31 March 2024.
- No Cervix Exclusion Audit - within Orkney particularly good progress had been made undertaking the audit
- Work was currently ongoing in a multi-agency group to develop a plan to improve access to smoking cessation services in Orkney
- NHS Orkney had the highest uptake rate of any health board area for the COVID-19 programme for frontline health care workers and for the HCWs influenza programme, adult influenza vaccination programme and above the Scottish average for the COVID-19 programme

**Decision / Conclusion**

The Board noted the information provided and thanked the vaccination team.

**Person Centred**

**B112 Planning with People – OHB2324-72**

The Chief Executive provided an update to the Board on the progress of the implementation of the new Planning with People Guidance.

Orkney had been supported by Health Improvement Scotland's (HIS) Community Engagement and System Redesign which supports the engagement of people and communities in shaping health and care services in Scotland.

The report provided an update on further developments made in recent months to apply system learning by widening the engagement to those with a lived experience of care.

Several positive engagement exercises had commenced which included a listening exercise with the Pride Tribe in Orkney to understand the views of Orkney's young LGBT+ community and a patient engagement and listening session as part of preparations for the 2023 Annual Review meeting.

**Decision / Conclusion**

The Board noted the report and praised the work around culture that had been achieved with strong staff engagement.

**Workforce**

**B113 Equality and Diversity Mainstreaming Report 2023 – OHB2324-73**

The Interim Director of People and Culture presented the report advising that it was the final statutory report required in 2023 which after Health Board approval, by law must be posted on the NHS Orkney website to allow public scrutiny and made widely available to NHS Orkney staff. End of March 2023.

The Chair asked that the Head of People and Culture be thanked for the successful outcomes achieved in this area of work.

The Director of Finance queried the monitoring report dated 2021/22, and whether there was an update following this period. The Chair explained that there had been a gap in reporting following the retirement of the previous Manager at NHS Grampian and the service would now be within NHS Orkney.

**Decision / Conclusion**

The Board approved the report and publication on the recommendation of the Staff Governance Committee.

**B114 Staff Governance Committee Chair's assurance report - OHB2324-74**

The Chair of the Staff Governance Committee presented the report from the meeting held on the 23 August 2023. The report highlighted the following:

- Bringing the Equality and Diversity service back in house created increased opportunity, with a more personalised service
- Members raised concern around the continued high sickness absence rates and the little improvement in appraisal rates
- There were significant improvements to statutory and mandatory training figures due to analysing the available data more efficiently and more detailed
- Workforce report been reformatted following committee feedback which was still on-going to ensure that document is fit for purpose

The Chief Executive advised members that a planned in-depth review into sickness absence would be held at the upcoming Finance and Performance Committee.

**Decision / Conclusion**

The Board took assurance from the report.

**Organisational Performance****B115 Financial Performance Report – OHB2324-75**

The Director of Finance presented the report which provided an analysis of the financial position for the period up to 30 September 2023. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the six months reflected an overspend of £3.334m and there was an anticipated outturn of £6.245m overspend as highlighted in the financial recovery plan and caveated by several assumptions as detailed in the report.

Members were informed that the September 2023 position had not appeared to have

improved, with the organisation remaining significantly adrift from the original deficit projection.

The Director of Finance noted NHS Orkney had sought support from the Scottish Government to help with our challenges in several areas where there were opportunities to improve efficiency and productivity. Difficult and unpalatable decisions would be made to stall the organisations spend to close the gap and minimise the year-end overspend position.

The Board continued through the Financial Sustainability Office and the Grip and Control Board to progress plans to deliver the anticipated savings of £3.7m for 2023/24. To date the organisation is tracking £0.835m of the £1.5m of recurring savings and £1.941m of the £2.2m of non-recurring savings.

J Taylor requested future reports to include a brief narrative and additional improvement mitigation actions around areas of overspend and progress made in terms of the operational areas.

D Creasy informed members that the Finance and Performance committee were committed to analysing figures and undertaking in-depth reviews. Results would be made available to the Board.

#### **Decision / Conclusion**

The Board noted the content of the month six Financial Performance Report, and the expected achievement of the three targets against Revenue Resource Limit, Capital Resource Limit and Cash at yearend.

#### **B116 Integrated Performance Report - OHB2324-76**

The Chief Executive presented the refreshed Integrated Performance Report which had been created to provide more timely updates in relation to Workforce, Safety, Quality and Experience, Finance, Operational Standards and Waiting Times (acute and community).

The Health Intelligence Team in collaboration with the service leads had captured key metrics in relation to each of the agreed reporting sections. It was noted that work to further develop and refine the report continued.

Areas of success included the performance against the 4-hour target for emergency access, consistently one of the top three in Scotland. Strong performance continued in relation to the 31-day Cancer target.

Areas of improvement included financial performance, the number of patient safety incidents open for more than three months, sickness absence, Delayed Transfer of Care, 62-day Cancer challenges, 12 week standard and 12-week TTG.

J Taylor suggested that the appraisal compliance rate should only present data for completed appraisals only and not those in progress. He also welcomed the continued work around theatre utilisation and the introduction of a standby list as well as raising concern around no control over bank/overtime/excess spending across the organisation.

The Director of Nursing, Midwifery, AHPs and Acute assured members that there was control around agency/overtime spend whereby all shifts are required to be signed off

by a Clinical Nurse Manager and permission must be sought for all overtime. Control measures were in place with regards to agency shifts however, there was variance between the establishment and the budget. J Taylor suggested alternative nuance for future reporting.

Members noted the significant workforce challenges and queried the next steps regarding an alternative recruitment format.

R Gold expressed thanks for the excellent and clear report and welcomed the proposed indicators and suggested sharing those with the Royal College of Physicians Edinburgh for oversight. The Chief Executive welcomed the proposal as a next step and requested feedback was sent to the Planning, Performance and Risk Manager.

### **Decision / Conclusion**

Board members discussed and examined and considered the implications of current performance levels.

#### **B117 Finance and Performance Committee Chair's assurance report – OHB2324-77**

The report from the meeting held on the 28 September 2023 highlighted the following:

- Risk management reporting and allocation to committees required a refresh
- Performance figures needed to be more aligned to Orkney and have additional descriptions around ongoing effort to improve them where appropriate
- The Financial position continued to be a concern, but it was recognised that numerous processes were in place to improve on the position
- NHSO were making enormous strides towards its Net Zero emissions goal
- NHSO's Digital Strategy and approach to cybersecurity continued to make a difference to the safety of IT functions
- The CEO and Planning, Performance and Risk manager would be undertaking a complete cleansing of the risk register, and as part of that a review of which committee's open risks would be prioritised accordingly
- FSO continued to push for financial improvement and was being further bolstered by the Grip & Control Committee
- It was agreed that analysis and investigation into sickness rates within NHSO be undertaken, in line with ongoing efforts to understand the drivers behind use of locum and bank staff

### **Decision / Conclusion**

The Board noted the update provided.

## **Risk and Assurance**

#### **B118 Chair's Assurance Report Audit and Risk Committee – OHB2324-78**

The Chair of the Audit and Risk Committee presented the report from the meeting held on the 5 September 2023. The report highlighted the following:

- Members raised concern around the intermittency of attendance at Information Governance meetings
- Risk had been re-prioritised as the first item on the agenda and the committee receive a Chair's Assurance report from the Risk Management Forum

- Work had commenced on the Internal Audit Plan for 2023/24
- The Internal Audit recommendations was provided as an appendix

#### **Decision / Conclusion**

The Board noted the update provided.

#### **B119 Any other competent business**

#### **B120 Minutes**

The Board adopted the approved minutes from the following committees:

- Senior Leadership Team
- Joint Clinical and Care Governance
- Area Clinical Forum
- Staff Governance
- Finance and Performance
- Audit and Risk

#### **Items for noting**

#### **B121 Key Documentation issued**

Members noted the key legislation issued.

#### **B122 Board Reporting timetables 2023/24**

Members noted the dates of future meetings.

#### **B123 Record of attendance**

Members noted the record of attendance.

Meeting closed 13:15

D Creasy left the meeting at 13:00

### NHS Orkney Board Action Log Updated 1 November 2023

**Purpose:** The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

No	Action	Source	Target date	Owner	Status / update
03-2023/24	<u>Planning with People</u> Next steps to be articulated to Board	Board meeting 22 June 2023	<b>October 2023</b>	Chief Executive	Complete
04-2023/24	<u>Audit recommendations</u> Full report to be provided to the Board from the Audit and Risk Committee	Board meeting 22 June 2023	<b>October 2023</b>	Director of Finance/Audit and Risk Committee Chair	Complete
05-2023/24	<u>Clinical Strategy</u> Six monthly reporting	Board meeting 22 June 2023	<b>October 2023</b>	Medical Director	Complete

\*Completed actions deleted after being noted at following meeting

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board Meeting</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Board Chair and Chief Executive Report to Board</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Meghan McEwen, Board Chair and Laura Skaife-Knight</b>
<b>Report Author:</b>	<b>Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive</b>

## 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 September-October, including:

- Operational performance summary
- Formal national escalation for our financial performance
- Our continued focus on improving our organisational culture and staff experience
- Team Orkney Awards launched in partnership with The Orcadian
- Expansion of cancer gene being explored for cancer gene linked with Orkney
- Our ongoing engagement with LoganAir to see the improvements that are necessary for our patients
- CEO and Chair diaries – including meetings with external stakeholders and partners – and visits and speakers
- Looking ahead to 2024 – our focus in Quarter Four

## 2.2 Background

### 2.2.1 Operational performance summary

Our four-hour emergency access standard performance improved at the end of October 2023 at 98% against the national 95% standard (compared to 93.8% for NHS Orkney at the end of August 2023). NHS Orkney is now consistently a top three performing Health Board in Scotland for this national standard, which is an important indicator of quality and patient experience.

Our performance against the 18-week Referral to Treatment standard has decreased in this period to 78.5% (against the 90% national standard) compared to 84% in August 2023. There are a number of specialties, however, where improvements are needed, including Ophthalmology (67.5%), Rheumatology (58.3%) Cardiology (55.6%) and Paediatric Surgery (50%) and as such these are the areas where our attention continues to be focused.

A total of 334 patients were waiting for diagnostic tests/scans at the end of October 2023 (compared to 227 patients in August 2023). 148 patients have been waiting over six weeks, compared to 72 patients in August 2023. Patients waiting for MRI scans has increased from 16 in August 2023 to 55 in October 2023 due to the visiting MRI mobile scanner not being on-island in this period.

Our performance remains consistently strong against the national 31-day cancer standard, remaining at 100% (versus the 95% standard). At the end of September 2023 compliance against the 62-day standard was at 100% (which is one patient for context) (95% standard). Despite this improved performance, this remains an area where improvement is needed for NHS Orkney with a plan in place to do via a 62-day Cancer Improvement Plan which was discussed at our Senior Leadership Team in November 2023.

We continue to focus on addressing our waiting lists and backlogs, including the areas where we have waits which are longer than we would wish for our patients. For context, at NHS Orkney, at the end of October 2023 we had 1,397 outpatients in total on our waiting lists for appointments (1,397 at the end of August 2023). 825 patients have been waiting over 12-weeks for an appointment, an increase compared to the 733 waiting over 12-weeks at the end of August 2023. Our performance against the 12-week standard is disappointingly at 43%, and this is a further deterioration compared to the 47.5% performance at the end of August 2023.

We have seen a slight improvement in our performance against the Treatment Time Guarantee for inpatients (that patients will not wait longer than 12-weeks), with 172 waiting more than 12 weeks out of 340 total patients waiting. The end of August 2023 showed a similar picture with 186 breaching 12-weeks out of 359 on the waiting list.

Early October 2023, NHS Orkney had its six-month sponsorship/performance review meeting with the Scottish Government, where we focused on the full spectrum of performance, described our improvement plans in the areas we are currently underperforming and we sought strengthened national support in a number of areas, including financial improvement, which we are now taking forward (see below). Both the



CEO and Chair were in attendance at this review meeting, and joined by wider members of the Executive Team.

In October 2023 (as we will discuss later on the public agenda), we introduced a new Integrated Performance Report for the organisation, which brings into a single document performance and mitigations/actions and timescales where we are under-performing in, spanning: people and workforce, finance, operational performance (acute and community) and quality, safety and patient experience. This paper will continue to be refined over time as we strive to make continuous improvements in all we do.

### **2.2.2 Formal national escalation for our financial performance**

On 27 November 2023, we were notified by the Scottish Government that we have been moved to the first stage of formal national escalation due to our deteriorating financial position.

The Board has been moved from level one to three of the NHS Scotland Support and Intervention Framework, which is the first stage of formal escalation (here is a link to where you can find more information <https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>). The main reason for our escalation is the significant deviation from our Financial Plan for 2023/24, recognising we are now forecasting a £6.2m overspend by the end of 2023/24 compared to our £3.1m planned position, as we have shared with our local community and staff in recent months.

This is not where we would wish to be, however, we see escalation as a much-needed intervention and an opportunity to ensure we see the improvements that are necessary so that our financial position can be recovered and so that we move to more sustainable solutions and ways of working. We will fully embrace this process and welcome the additional national support NHS Orkney will receive, the details of which remain under discussion and are being worked through.

Being escalated means we will receive enhanced national monitoring and support. We are in the process of finalising a tailored support package with Scottish Government colleagues based on what we consider will be most helpful to NHS Orkney. We have also reflected as a Board on our own processes to ensure we take this opportunity to maximise our learning and making the changes that are needed ourselves to recover this position.

We do want, however, to reassure our local community that as we respond to the financial challenge we face (and the reality that we are not living within our means), we will ensure patient safety, quality of care and staff wellbeing come first in all we do and each decision we make.

### **2.2.3 Our continued focus on improving our organisational culture and staff experience**

W/c 27 November 2023, the national benchmarking was published for the latest round of iMatter (annual staff survey) results in a document called the Health and Social Care Staff Experience Report 2023, which did not make for particular good reading for NHS Orkney.

There were some very small green shoots for us which we should acknowledge, notably a 1% increase in response rate (59%), which was consistent with the national response rate, an Employee Engagement Index score of 74 (versus 72 the previous year) which is below the national average for health and social care of 77 and 58% of action plans agreed in an 8-week window (above the national average 55%).

However, if we look at the wider scores, NHS Orkney performs poorly and is the worst performing Territorial Health Board in Scotland for a number of really important staff engagement and experience indicators, which we must use as an opportunity for improvement. These indicators include:

- I would recommend NHS Orkney as a good place to work (NHS Orkney score 70 – national average 75)
- I would recommend my team as a good one to be part of (NHS Orkney score 81 – national average 85)
- I would be happy for a friend/relative to access our services within my organisation (NHS Orkney score 72 – national average 78)
- I am confident I can safely raise concerns/issues (NHS Orkney score 75 – national average 79)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 65 – national average 74)
- Overall staff experience (NHS Orkney score 6.4 versus the national average of 7)

We have already set five clear organisational priorities in response to staff feedback this year, which is a different approach to that taken previously. We will continue to focus on these areas (detailed below) as well as use this as an opportunity work with Team Orkney and staffside colleagues to ask ourselves what we need to do differently moving forward to further improve the experience of those who work here and make NHS Orkney a better place to work.

1. Staff health and wellbeing
2. Valuing and recognising staff
3. Involving staff in decision-making
4. Listening to and responding on staff feedback
5. Leading with kindness and living our values

#### **2.2.4 Team Orkney Awards launched in partnership with The Orcadian**

We are delighted to be working in partnership with The Orcadian and to have launched the Team Orkney Awards to recognise the vital work, commitment and dedication of health and care staff in our community.

Nominations are open for staff in the following categories: Clinical Team of the Year, Non-Clinical Team of the Year, Outstanding Care Award, Leader of the Year, Learner of the Year, Special Recognition, Innovation Award and the Values Award.

The final category is the People's Choice Award – and this category is open to everyone in our local community.

For more information about the awards and how to nominate, please visit: <https://www.ohb.scot.nhs.uk/team-orkney-awards> or cut out the form below and either post it to The Balfour, pop it in the box at reception in The Orcadian office or alternatively, in the box in The Orcadian bookshop by 4 February 2024.

The awards are possible thanks to support from our sponsors and the Orkney Health Board Endowment Funds - a registered Scottish charity, and Unison.

### **2.2.5 Expansion of cancer gene being explored for cancer gene linked with Orkney**

People with Orcadian heritage are ten times more than likely to have the BRCA1 gene that causes breast and ovarian cancer. Since a test was roll-out in Westray in July 2023, a fifth of residents have been tested for the BRCA1 gene, which causes breast and ovarian cancer.

We both attended a meeting at public Kirkwall Grammar School in November 2023 to hear Professor Zosia Miedzybrodzka from the University of Aberdeen deliver the results to Orkney residents and to discuss our support for the testing to be expanded across Orkney following this successful pilot, with funding options currently being explored.

### **2.2.6 Our ongoing engagement with LoganAir to see the improvements that are necessary for our patients**

Recognising that our patients continue to be adversely affected by flight cancellations and delays, we have written a further letter to the CEO at Loganair to express our ongoing concerns. We remain keen and committed to understanding how we can work together with Loganair to ensure the impact of any cancellations and delays are fully understood, and that the mitigations required to support service delivery are shared with NHS Orkney in an open way so that we can minimise the disruption and distress to both patients, their families, and staff.

### **2.2.7 Chair and CEO diaries – including meetings with external stakeholders and partners – and visits and speakers**

#### **Chair's Diary**

October and November were months where the Chair undertook a great deal of work in preparation for the annual review, including digital visits with the Third Sector Working Group, Isles Well-being Coordinators, which were both kindly facilitated by Voluntary Action Orkney and the Eday Wellbeing coordinators as well. There was also a patient engagement session held at the Pickaquoy Centre which provided some really powerful feedback, and also some delicious baking as well.

Meghan also had a number of conversations with colleagues having conversations as part of the Annual Accounts learning exercise, alongside Claire Sweeny from NES.

Our Board Chair also chaired a meeting of the North of Scotland Transforming Cancer Care Prehabilitation Steering group, and a meeting with North of Scotland Board Chairs. These regional fora are excellent places to learn from others, roll out good practice, and share the great work taking place in Orkney every day.

The Chair is also a member of the TAGRA national group, which is responsible for looking after and refining the funding allocation formula for health boards, commonly known as NRAC.

The Chair also attended a meeting of the National Care Service subgroup on behalf of Board Chairs, to discuss the development of the legislation and seek consensus within NHS Boards in implementation and opportunities for reform.

The Board Chair was asked to speak at the CLAN information event at the Orkney Arts Theatre to discuss and learn about the Westray BRACA 1 gene, and the uptake of the testing offered and the incredible work of Dr. Zosia Miedxybrodska and the NHS Grampian genetics team. This is truly pioneering work, and it was a wonderful session that was very well attended.

Towards the end of the month our Chair participated in a number of conversations and meetings to do with NHS Orkney's escalation by the Scottish Government to level 3 of the Support and Intervention Framework.

### **CEO's Diary**

During October and November 2023, our CEO visited a number of teams and departments to meet staff and listen to staff feedback, including: Speech and Language Therapy Team, Public Health Team, Emergency Department, Theatres, Domestic Team, Clinical Administration Team and a colleague who has recently joined our IT Team and Team Orkney from Sri Lanka to listen to his onboarding and induction experience.

Our CEO also visited and spent a morning with the headteacher, teachers and pupils at Kirkwall Grammar School to discuss leadership challenges and partnership working opportunities.

Our Chair and CEO arranged an informal engagement session with our GPs at The Balfour to listen to feedback and help to further strengthen relationships.

Our CEO attended the Orkney Heart Support Group meeting in Kirkwall to give a talk about her background and priorities for NHS Orkney, as well as discussing the future of Cardiology Services and developments underway.

The CEO continues to meet all new starters at induction on a monthly basis to ensure colleagues receive a warm welcome to Team Orkney and hear about NHS Orkney's priorities, ambitions, values and ways in which we communicate with and listen to our staff.

Our CEO and Chair were delighted to welcome Catherine Ross, Chief Scientific Officer for the Scottish Government to Orkney in November 2023, to share our journey of improvement, areas we are making progress and how we are responding to our challenges. Catherine was impressed with the staff and teams she met when on-site for her two day visit

Our CEO continues to have regular meetings with the Chief Executives at other Island Boards (NHS Shetland and NHS Western Isles), attends the national CEOs meeting on a monthly basis, meets Oliver Reid, the Chief Executive of Orkney Islands Council (OIC) monthly, the CEO of OIC and Scott Robertson, Chief Inspector, Police Scotland (Orkney / South Highlands) on a quarterly basis and with Liam McArthur, MSP (Liberal Democrat, Orkney) on a monthly basis to ensure there are open lines of communication and opportunities to brief on and share issues, challenges and responses to these.

Our CEO and Chief Officer spent a day on Sanday at the end of October 2023, meeting staff at the Sanday Surgery, members of the local community and colleagues from the Sanday Development Trust. Thank you to everyone who made us feel so welcome.

## 2.2.8 Looking ahead to 2024 – our focus in Quarter Four

During Quarter 3 and 4, some key priorities will be taken forward to ensure we are ready to start 2024/25 in different and better shape – notably:

1. Corporate Strategy (including a new vision, refreshed values – we look forward to engaging with and listening to the views of our patients, local community and staff to develop our future strategy)
2. Governance
3. Risk
4. Organisational Culture
5. Improvement
6. Performance

These changes will ensure the right, and strengthened foundations are in place to guide our future and appropriately respond to local, regional and national priorities.

There is a paper later on the agenda which summarises these changes in more detail.

## 2.3 Recommendation

- Awareness – For information only.

# NHS Orkney

<b>Meeting:</b>	<b>Orkney NHS Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Making continuous improvements and preparing for 2024/25</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife- Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Laura Skaife- Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- NHS Board Strategy or Direction

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

- Effective
- Person Centred
- Safe

## 2 Report summary

NHS Orkney is in the very early stages of its journey of improvement. A number of foundations are being laid which will support sustainable improvements, and in quarters three and four of 2023/24, some key pieces of work will take place across six core areas to prepare the organisation to go into 2024/25 in a better place so that these improvements can continue.

## 2.1 Situation / Background

*'The role of Board Members is to provide governance, ie setting the direction for the organisation and overseeing the delivery of services. This primarily involves agreeing strategy and policy and holding the Executive Leadership Team to account for the delivery of the Board's purpose, aims, values, corporate objectives, operational priorities and targets. It includes managing risk, engaging with stakeholders and influencing the organisation's culture.'* (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)

During quarters three and four of 2023/24, some key priorities will be taken forward to ensure we main the pace and momentum required of us as we begin our improvement journey and are ready to start 2024/25 in different and better shape – spanning:

1. Corporate Strategy (including a new vision, refreshed values, strategic objectives and in time a new behavioural framework)
2. Governance
3. Risk
4. Organisational Culture
5. Improvement
6. Performance

These changes will ensure the right, and strengthened foundations are in place to guide our future and appropriately respond to local, regional and national priorities.

### 1. Long-term Corporate Strategy

Following engagement with our patients, local community and staff, we will develop and launch a new long-term Corporate Strategy, along with a new vision, strategic objectives, refreshed values and beyond this, a new supporting behavioural framework that underpins our values.

This will be the guiding light for our governance processes, systems, and assurance and our 'compass' for priorities and decision-making. This will complement the Clinical Strategy (which will also need to be refreshed to align with the new Corporate Strategy) and reinforce our commitment to high-quality services that meet the needs of our community as well as ensure we are a kind, inclusive and supportive place to work.

There will be a number of core underpinning annual workplans, notably:

1. People
2. Digital
3. Financial
4. Estates

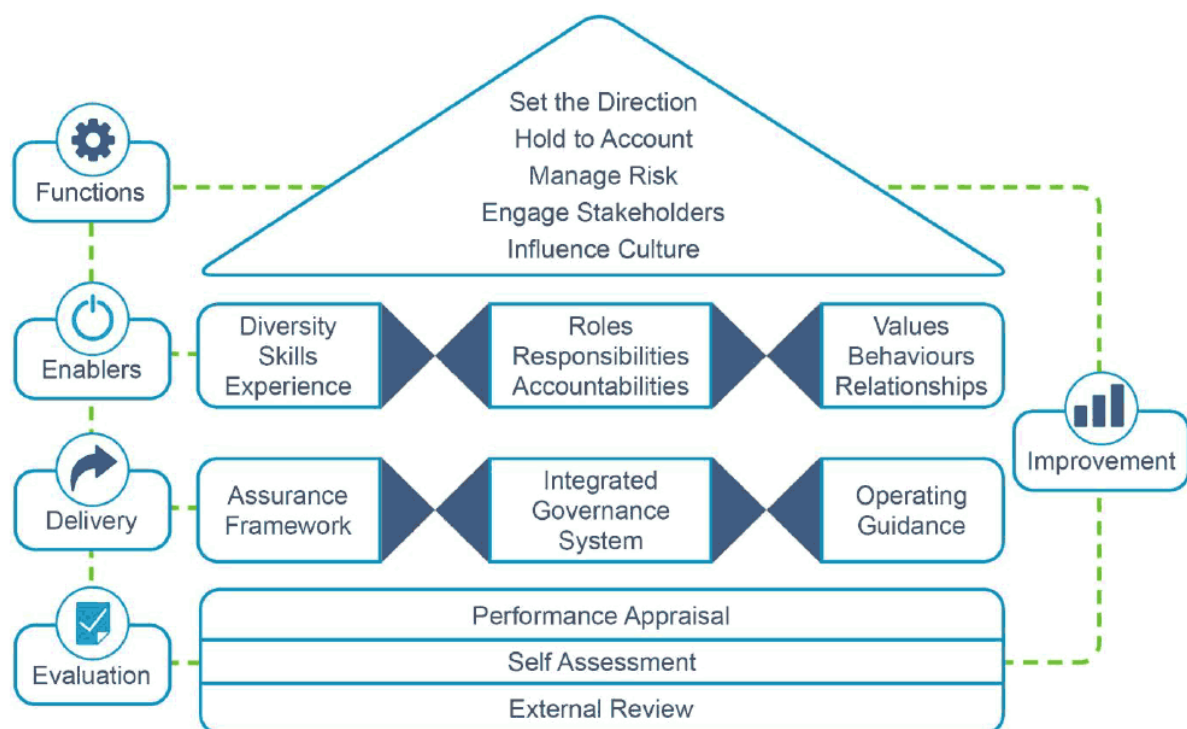
A new approach to strategy:

What will be different?

- NHS Orkney will have two main strategies (Corporate Strategy and Clinical Strategy) with accompanying underpinning workplans to declutter the landscape
- Every decision we make will be determined by our Corporate and Clinical Strategies
- We will have a new vision, strategic objectives and refreshed values which we will bring to life across the organisation
- In our internal communications, we will focus only on two main elements moving forward (1) our strategy (the what and why) and (2) our values (the how)

## 1. Governance

We have reviewed the latest version of the Blueprint for Good Governance (November 2022) to ensure our governance system is fit for purpose and to strengthen it further where needed.



Examples of areas for improvement needed from 1 April 2024 are:

Reports, minutes, and information that come through our governance system – too many are bespoke or one-off events and do not form a wider, inter-connected assurance information system needed to inform and support effective governance.

*'Board Members should aim to be assured rather than reassured about the organisation's performance. This requires Board Members to consider reliable sources of information before being satisfied with the pace and progress in the delivery of outcomes, rather than being advised by others that performance or*



*actions are acceptable.’ (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)*

The Corporate Strategy, acting as our ‘compass’ will form the key areas of work by Strategic Objective, and focus for our Board and Governance Committees, and it will form the structure of the delivery and action plans of an integrated governance system.

### A new approach to governance:

What will be different?

1. Our Corporate Strategy, Annual Plans, Improvement Plans and risk registers should guide our work.
2. We will minimise items for information or awareness on all of our agendas and look to stretch ourselves towards assurance of improvement, service delivery and effective scrutiny and challenge. The opportunity to streamline the number of reports into a greater and more triangulated assurance information system should be explored continuously.
3. We will have a new Board Assurance Framework that is subject to regular review and update, and which forms the backbone of all governance planning. The Assurance Framework will put quality, safety, experience and clinical governance front and centre and will ensure our focus is our community and the care they receive.

*‘Standing Committees are established on a permanent basis. They are responsible for the scrutiny of functions, services and matters delegated to them by the NHS Board, making decisions, recommendations, and escalating issues to the Board, as appropriate. The standing committees make a significant contribution to the monitoring and evaluation of the progress towards achieving the Board’s purpose, aims, values, corporate objectives, operational priorities, and targets by providing the time, space and expertise to effectively scrutinise performance across the healthcare system.’ (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)*

4. Committees are asked to ensure that Chair’s Assurance Reports are part of an inter-connected assurance system that is providing triangulated evidence to support assurance. This will be underpinned by the Integrated Performance Report, which will go to the appropriate Committees in chapters and be overseen and fully scrutinised by the Board.
5. Committees should minimise the items for ‘information’ or ‘noting’ and verbal updates should be accepted only in exceptional circumstances.
6. A significant amount of work is already underway to map the ecosystem of Strategies, Action Plans, and Improvement Plans (Board October 2023). From April 1, any action plan should include regular reporting cycles and Committee ownership. All of this will be guided, and informed by, the Annual Planning Cycle.

7. There will be fixed points in all meeting cycles including immediately following a meeting the Lead Executive and Chair populate the Chair's Assurance Report together, hold a meeting debrief, and further to that when the papers have been submitted the Chair and Lead Executive have a touchpoint where the Lead Executive gives confidence that the full suite of papers is of sufficient detail, quality, and accuracy for the purposes of the meeting
8. All Board and Board Sub Committee agendas will be structured around our new and refreshed Strategic Objectives so that we have consistency of focus back to our Corporate Strategy
9. Following an operational governance review, there will be fewer operational groups and forums, and greater clarity of which forums report into Senior Leadership Team and into the Board Committees
10. Work will begin, as part of our work to upskill Team Orkney, to ensure no Executive Directors attend/Chair any operational forums and to move to Deputy Directors presenting most papers in Board Committees. This will support personal development and succession planning and ensure Executive Directors operate at Board-level more consistently
11. Greater clarity of governance arrangements which straddle NHS Orkney and the Integration Joint Board so that routes are agreed and clear

## 1. Risk

### A new approach to risk:

What will different look like?

1. We will introduce a new risk management approach and system, which will be aligned to and inform the Corporate Strategy
2. Enhancing the understanding of our risk management approach across the organisation and improving ownership at all levels will be a key priority so that we can reach a point where the Risk Management Strategy and wider processes are well-understood and adhered to throughout the organisation
3. The new Corporate Risk Register will reflect the organisations highest risks and mitigations
4. Risk will be first on every Board, Governance Committee and Senior Leadership Team agenda so that this determines the focus of the meeting
5. Each Board Governance Committee will receive the risks relevant to it, from the overarching risk register
6. The Risk Management Forum, under the leadership of the new Head of Safety, Quality and Risk, will be refreshed with a new membership, leadership and focus, with the new Executive Lead being the Medical Director from January 2024 onwards

## 1. Organisational Culture

*'An organisation's culture comprises "its shared values, norms, beliefs, emotions and assumptions about "how things are and should be done round here." These "things" include how decisions are made, how people interact and how work is carried out.'*  
*'NHS Boards have a critical role in shaping and influencing organisational culture in healthcare settings. To do this the Board should determine and promote shared values that underpin policy and behaviours throughout the organisation. Board members must demonstrate the organisation's values and exemplify good governance through their individual behaviours.'* (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)

We will create a new organisational culture programme which ensures we bring our values to life, and provide clarity on what we expect when it comes to values and behaviours at NHS Orkney.

Central to this will be a culture of kindness, respect and compassionate and visible leadership. Our new programme will help us to deliver on our determination to create a culture where staff feel valued, supported and listened to and one which is fair, inclusive and embraces learning and continuous improvement.

*'All the members of the NHS Board should consider what is expected of them individually and collectively in terms of demonstrating the NHS Scotland values and displaying the behaviours expected of a Board Member of a public body. This includes conducting their relationships in a manner that reflects these standards.'* (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)

#### A new approach to organisational culture:

What will be different?

1. Diversity, Equality, and Inclusion work will be a distinct plank of our new organisational culture programme that ensures NHS Orkney is not just fulfilling its statutory obligations but is an inclusive and welcoming place for all patients and staff. We will not tolerate discrimination, we will challenge poor behaviour and will not be afraid to learn from those with lived experience, recognising we aim to treat everyone with kindness and dignity.

*'We will hold ourselves to the highest standards of integrity, probity, and the principle of collective and corporate responsibility for Board decisions'* (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)

2. Poor behaviours will be consistently called out, challenged and dealt with appropriately
3. We will introduce a new behavioural framework (called The Team Orkney Way) which sets out the behaviours we expect in relation to living our values
4. We will ensure leaders across the organisation understand their role in role-modelling these behaviours on a consistent basis

## **1. Improvement**

## A new approach to improvement:

What will be different?

*'Encouraging innovation, driving change and transforming service delivery to better meet the expectations and needs of their key stakeholders.'* (The Blueprint for good Governance in NHS Scotland; Second Edition; November 2022)

1. As an NHS Board we need to bring together the key enablers of change and improvement into one place under a single Improvement Function, with clinical voices at the centre, to feed and inform our assurance system so we are in the best possible place to meet the needs of our community. This function will be shaped largely by operational leadership and delivery mechanisms – but it is for the Board to ensure we are driving forward key changes at the pace needed to sustainably deliver healthcare in Orkney. This function will bring into one place: (1) Quality Improvement (2) Digital Improvement and (3) Financial Improvement
2. There will be a single NHS methodology (way) of doing change and improvement which will be understood across the organisation
3. There will be standardised documentation for reporting progress
4. There will be clearer governance arrangements for key improvement activity
5. Basic Quality Improvement training will be rolled-out for Team Orkney to upskill our workforce
6. We will review the Executive-level lead for Improvement and appoint a new Head of Improvement to lead this vital work
7. We will use the Blueprint self-assessment tool to drive our own improvement, along with the Board's development programme, to develop our Board Assurance Framework and a continuous improvement approach to governance systems and processes

## **2. Performance**

It is clear that what is missing in the governance landscape at NHS Orkney is any performance review mechanism where services and leaders can be held to account for delivery of organisational priorities.

This will change going into 2024/25, so that we have 3 strands of governance in place that are needed in any organisation if it is to function effectively:

1. Assurance
2. Operational
3. Performance reviews

## A new approach to performance management:

What will be different?

1. Clinical Service and Corporate Service performance review sessions will be introduced and Chaired by the CEO where leaders will be held to account for delivery. These review meetings will be held bi-monthly including Deputies and Heads of Service, to create a deeper link between our corporate objectives and our leadership resource. Standardised slide decks will be prepared by all services ahead of these sessions. They will include: achievements, financial performance versus budget and savings requirements, workforce summary, appraisals, mandatory training, operational performance (including waiting times), top risks and mitigation at service level and areas for escalation where support is needed
2. A Chair's Assurance Report from the performance review meetings will go to Senior Leadership Team for visibility, including Board level visibility recognising Senior Leadership Team Chair's Assurance Reports go to each Board meeting
3. Integrated Performance Report aligned to Committees
4. Existing plans to be prioritised, aligned and reported regularly through Committees
5. Regular monitoring of clinical and financial governance of delegated services via Joint Clinical and Care Governance Committee and Finance and Performance

## 2.2 Assessment

The paper is here for discussion following discussion and agreement at November 2023's Senior Leadership Team.

### **Quality / patient care**

It is intended that these improvements in each of the six domains will lead to improvements to the quality of care and services provided.

### **Workforce**

There is work to do across the organisation to raise awareness of the changing landscape, to describe why it is necessary to change and to take people with us.

### **Financial**

There will be a financial consequence in many of these domains with investments needed in a range of areas in order to deliver the necessary improvements. Where additional costs are proposed, appropriate governance will be in place.

### **Equality and Diversity, including health inequalities**

Central to our work to bring our values to life is developing a new culture programme which has fairness and equity at its heart.

**Communication, involvement, engagement and consultation**

Informal discussions at Corporate Leadership Team, circulated to all Board members (via the Chair) and discussed at Senior Leadership Team in November 2023.

**Route to the meeting**

Senior Leadership Team – November 2023

**2.3 Recommendation**

- **Discussion**

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Integrated Performance Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Carrie Somerville – Planning, Performance and Risk Manager and Ian Coghill, Senior Analyst Health Intelligence</b>

## 1 Purpose

**This is presented to The Board for:**

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Integrated Performance Report summarises reporting in relation to delivery and performance in the rounds for NHS Orkney in relation to:

- People, Workforce and Culture
- Patient Safety, Quality and Experience
- Operational Standards and Waiting Times (acute and community)
- Finance

The full Integrated Performance Report is included as Appendix 1 and covers the period October 2023 (with a few exceptions as detailed in the report). The refreshed Integrated Performance Report has been created to provide more timely updates in relation to Workforce, Safety, Quality and Experience, Finance, Operational Standards and Waiting Times (acute and community). It captures the national reporting requirements as well as those indicators which matter to our patients and local community in Orkney. This is the second Board meeting where we have received this updated version of the Report, and ongoing feedback from Board members and staff across the organisation will ensure it is continuously updated and improved.

The Executive Directors responsible for each area have reviewed and signed off the data and supplied supporting narrative. The CEO will give an overview of performance as the lead overall and each Director will field questions relevant to their portfolio at the public Board meeting.

### **An overview of performance at October 2023**

Areas of strong performance include:

- Best performing Board in Scotland for the emergency access standard (98% performance versus 95% standard)
- Achieved the waiting time guarantee for Child and Adolescent Mental Health Services in September and October 2023 (100% compliance)
- Consistently meeting the psychological therapies waiting time guarantee of over 90% performance

Areas of concern where improvements are necessary include:

- Appraisal rates (19%)
- Overdue clinical incidents (Datix), with 165 over a year
- Financial performance, recognising the organisation has been formally escalated by the Scottish Government
- System capacity challenges and high numbers of delayed transfers of care (circa 20% of total bed capacity at The Balfour), impacting adversely on patient safety, experience and flow
- Waiting times for planned care and outpatients, with unacceptably long waits in a number of specialties, as detailed in the Integrated Performance Report



## 2.2 Background

The Health Intelligence Team in collaboration with the service leads have captured key metrics in relation to each of the agreed reporting sections, and this will continue to be refined.

Each section benefits from a summary from the Executive Lead, with further information contained in relation to each of the metrics which highlights a performance summary, planned or mitigating actions and assurance.

## 2.3 Assessment

A list of key performance sections is detailed below:

<b>Agreed Reporting Section</b>	<b>Agreed Strategic Priority</b>	<b>Agreed Governance Committee</b>	<b>Executive Director Lead</b>
Workforce	Workforce and Culture	Staff Governance Committee	Interim Director of People and Culture
Finance	Sustainability	Finance and Performance Committee	Director of Finance
Safety and Quality	Quality and Safety	Joint Clinical Care and Governance Committee	Interim Medical Director
Operational Standards	Systems and Governance	Finance and Performance Committee	Director of Nursing, Midwifery, AHPs, and Chief Officer for Acute
Community	Systems and Governance	Finance and Performance Committee	Chief Officer

### 2.3.1 Quality/ Patient Care

Performance metrics have been proposed for the Safety and Quality section which will look to secure better outcomes for patients, through a structured approach to early resolution to challenges or obstacles to success, with action plans with clear timelines and outcomes which can be measured.

### 2.3.2 Workforce

As with Quality/Patient Care, the Integrated Performance Report will look to enhance and standardise the reporting approach, ensuring that clear plans are established to support the delivery of improvements. The report will look to improve the experience of staff and

address obstacles to success, through the regular presentation of key data relating people and culture.

### **2.3.3 Financial**

The Integrated Performance Report includes key metrics in relation to spend against budget and savings achieved.

### **2.3.4 Risk Assessment/Management**

No risks to highlight in relation to this paper but performance will always be closely linked to Risk Management.

### **2.3.5 Equality and Diversity, including health inequalities.**

NHS Orkney is seeking to address health inequalities through effective performance management.

### **2.3.6 Climate Change Sustainability**

NHS Orkney is a national leader in terms of sustainability and addressing climate change.

### **2.3.7 Other impacts**

No other impacts to report at this stage.

### **2.3.8 Communication, involvement, engagement, and consultation**

Work is ongoing to finalise some elements of the the Integrated Performance Report, in an effort to streamline and reduce duplication, and further strengthen our reporting on a continuous basis through iterative improvements in response to feedback.

From January 2024, the relevant chapters of the Integrated Performance Report will go to each Board Committee with the relevant risks for each Committee.

### **2.3.9 Route to the Meeting**

This paper has been prepared for the purposes of the NHS Orkney Board meeting in December 2023. It has been shared with Senior Leadership Team out with the meeting (on 6 December 2023) as timings of meetings didn't align with report deadlines in-month.

## **2.4 Recommendation**

- **Discussion** – Examine and consider the implications of current performance levels.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: Integrated Performance Report (October 2023)



# Integrated Performance Report

October 2023

Chief Executive: **Laura Skaife-Knight**



**HEALTH** Intelligence

[ORK.healthintelligence@nhs.scot](mailto:ORK.healthintelligence@nhs.scot)

# Executive Summary

Domain	Going Well	Cause for Concern
<b>Workforce</b> Pages 4 to 7	<p>Work continues on overseeing the Employee Assistance programme with the launch of the new App to support staff. Continued roll-out of eRostering across the organisation. Strengthened focus on sickness absence, considering other options to support staff back to work, or indeed, to remain at work.</p>	<p>Ongoing concerns regarding completion of Personal Development Plans and Review and discussions taking place regarding contingencies to put in place. Job Evaluation – participation continues to be challenging however discussions have taken place at Area Partnership Forum to request additional Managers to be trained to support the process.</p> <p>Just 1 in 5 staff have had an appraisal. The CEO has communicated to all staff and reinforced message at Senior Leadership Team to request improvement.</p>
<b>Safety &amp; Quality</b> Pages 8 to 9	<ul style="list-style-type: none"> <li>• Sending out regular updates on patient safety to staff members from output of Quality Forum</li> <li>• Measures of Patient Experience being steadily enhanced, for example, inclusion of Care Opinion to maximise opportunities for patients to share feedback.</li> <li>• Patient safety learning event planned for January 2024 - focused on wound assessment, medicines management, scope service and laboratory specimens.</li> <li>• Interview for the Head of Patient Safety, Quality and Risk on 5 December 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clinical "incidents" at 560 at present with 165 waiting for more than a year. Most are being investigated by a small team of 10 handlers who are managing 74% of this total.</li> </ul>
<b>Finance</b> Pages 10 to 14	<p>We continue to engage and welcome support from the national Financial Delivery Unit to strengthen our Financial Recovery Plan. Scottish Government provided a number of reports which highlighted potential areas for efficiency/ improvement opportunities. Feedback has been sought from Executive and Service leads and shared with the Scottish Government, this will be used to inform future areas of focus.</p>	<p>Financial position continues to be of significant concern despite the work which is being progressed through the Financial Sustainability Office and Grip and Control Board. If the Board is unable to significantly curtail spend the outturn position is forecast to be significantly worse than the position reported in the Financial Plan for 2023/24. Organisation placed in formal escalation for deteriorating financial performance - with tailored support package being agreed with Scottish Government.</p>
<b>Operational (Acute) Standards</b> Pages 15 to 24	<ul style="list-style-type: none"> <li>• Endoscopy – Urgent and Urgent Suspected Cancer referrals appointed, payroll locum appointed to support service, clinical review against guidelines undertaken, request to National Elective Co-Ordination Unit for support to address challenges, training and development underway to support local solution.</li> <li>• Cancer Performance - Standard agenda for Orkney Cancer Care Delivery Group drafted, focussed calls with Scottish Government has taken place, and engagement with North Cancer Alliance to support planning.</li> <li>• 98% against 95% national standard for emergency care access - best in Scotland.</li> </ul>	<p>As reported previously, some areas will require time and effort to identify solutions that are fit for purpose and meet the needs of the population both now and in the future.</p> <p>When challenged the whole system capacity can impact adversely on the patient experience through cancelled operations and longer waits and this is can impact the 4-hour emergency access performance. There are gaps within Medical Staffing teams for some speciality areas, leading to more expensive temporary staffing solutions to ensure adequate cover is in place on-island.</p>
<b>Community</b> Pages 25 to 32	<p>Child and Adolescent Mental Health Services (CAMHS) met the waiting time guarantee for both September and October 2023.</p> <p>Psychological Therapies consistently meet waiting time guarantees over 90% of the time.</p> <p>Successfully recruited 5 out of 6 Advanced Nurse Practitioners on the ferry-linked isles.</p> <p>Appointment of key management posts of Director of Dentistry and Associate Director - Allied Health Professions. Recruitment underway for the Head of Primary Care Services.</p>	<p>Increasing demand and complexity of patient need.</p> <p>Staff working to the very top of their registration.</p> <p>Demand for general adult psychiatry continues to rise.</p> <p>Major shortage of staff in Community Nursing.</p> <p>Accommodation shortages, both in residential and office/clinic space, which impacts the services ability to meet patients as timely as hoped.</p>

# Sections

**1. Workforce**

**2. Safety & Quality**

**3. Finance**

**4. Operational (Acute) Standards**

**5. Community**

# Workforce

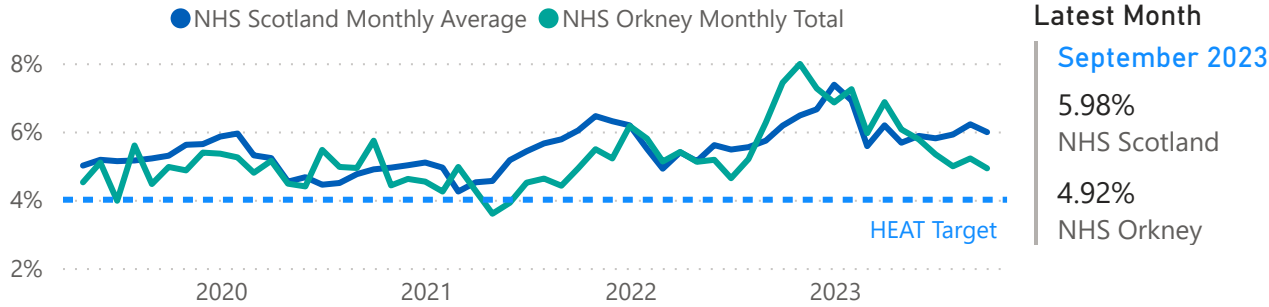
## Section Lead: Interim Director of People and Culture

Comments	Successes	Challenges
<p>The team continued with the roll-out of eRoster across the organisation, with a continued focus on supporting colleagues to use and engage with the system.</p> <p>On 1 November 2023, Once for Scotland Phase 2 policies were launched with all supporting documents made available to colleagues upon launch.</p>	<ul style="list-style-type: none"> <li>· Statutory/Mandatory Training year-to-date 2023/24 is currently 75.9% (in September 2023), which is an increase from 67.3% in May 2023</li> <li>· First Board in NHS Scotland to have fully implemented and trained staff in rosters</li> <li>· National acknowledgement for the work NHS Orkney and managers have undertaken with eRoster.</li> </ul> <p>Focus on :-</p> <ul style="list-style-type: none"> <li>o Reducing sickness absence</li> <li>o Implementation of new work/life balance policies</li> <li>o Workforce report was reviewed and updated in collaboration with the Area Partnership Forum and Staff Governance Committee</li> </ul>	<p>Appraisal rates. (19%)</p> <p>Human Resource Manager resignation and current HR Administrator vacancy. A significant reduction in capacity within the team is expected with team planning starting.</p> <p>Job Evaluation participation continues to be challenging with capacity pressures across the system.</p> <p>Continued use of eRoster across the organisation e.g. updating the system daily and annual leave requests.</p> <p>Data systems to be explored to enhance the ability to present workforce data in a user-friendly and accessible format.</p>

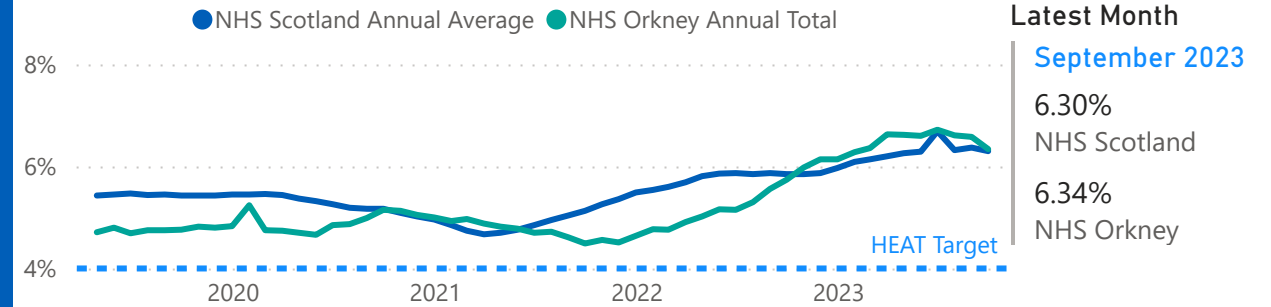
# Sickness Absence (Source: Workforce Dashboard)

Latest Data: September 2023

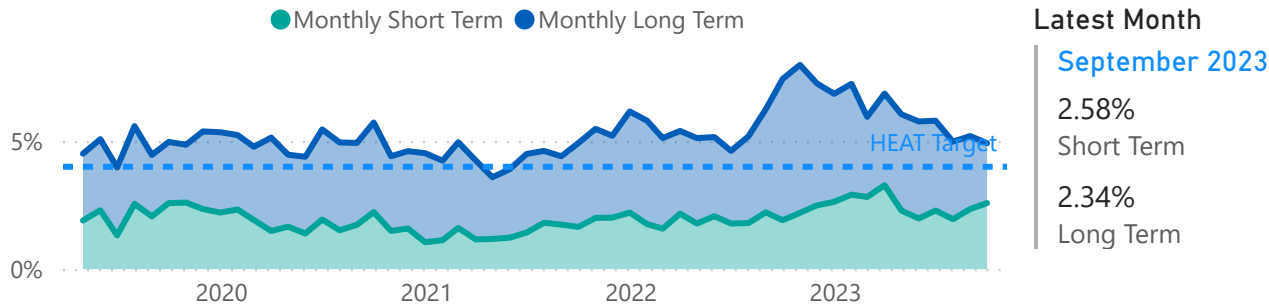
### Monthly Comparison - NHS Scotland & NHS Orkney



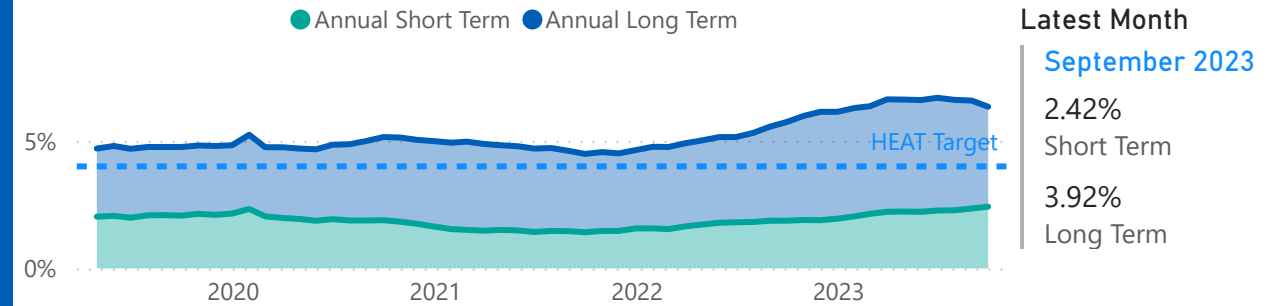
### Annual Comparison - NHS Scotland & NHS Orkney



### Monthly Comparison - NHS Orkney Long & Short Term Absence



### Annual Comparison - NHS Orkney Long & Short Term Absence



## Issues/Performance Summary

NHS Orkney is in the highest quartile for short and long-term sickness absence compared to other Territorial Health Boards.

## Planned/Mitigating Actions

The 5 areas with highest absence rates have an action planning meeting with the HR manager.  
 Progress reviews are conducted weekly – allows for early intervention and escalation with additional support from Occupational Health where required.  
 Sickness Absence Training and more specific manager training has been provided where required to support managers.  
 Employee Assistance Programme awareness sessions are underway – the first usage report will be shared in January 2024. Occupational Health are referring where appropriate.  
 Staff Wellbeing event for staff with strong attendance.  
 Deep dive on sickness absence at Finance & Performance Committee has been undertaken with a number of next steps agreed.

## Assurance/Recovery Trajectory

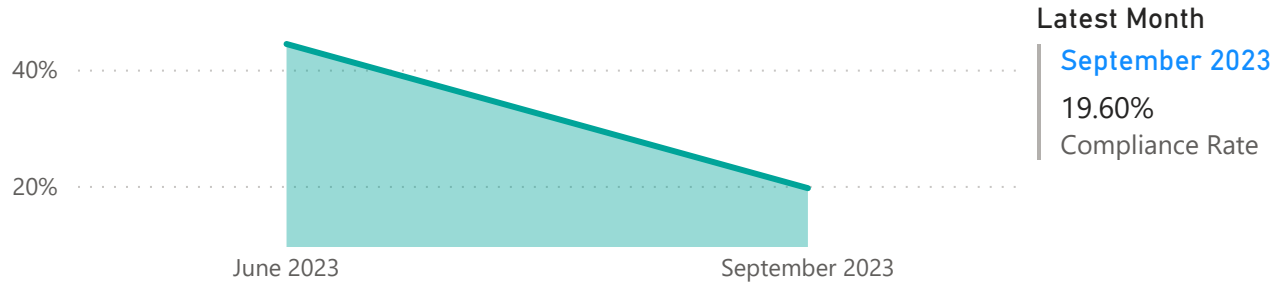
- Confident that all absences are being recorded in SSTS, and that the right training was provided to help managers talk about absence matters.
- Training is available when needed with an additional TURAS module now available.

# Appraisals & Statutory/Mandatory Training (Source: Workforce Dashboard)

Latest Data:

September 2023

## Appraisal Compliance (excludes Medical Staff)



Division	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Director of Finance	28%	27%		
Director of Human Resources	32%	56%		
Director of Nursing & AHP and Acute Services	17%	8%		
Director of Public Health	39%	47%		
Head Children Families and Criminal Justice	36%	37%		
Head of Estates and Facilities	20%	20%		
Head of Health & Community Care	6%	15%		
Head of Primary Care	23%	21%		
Medical Director	25%	0%		

Module	05/23	07/23	09/23
Adult Support and Protection	33.3%	58.1%	67.0%
Breaking the Chain of Infection	81.8%	81.5%	81.5%
Child Protection	31.4%	56.4%	68.7%
Cyber Security	77.8%	80.3%	80.2%
Equality & Diversity	68.8%	76.8%	79.5%
General Fire Safety	42.2%	61.8%	66.1%
Hand Hygiene	78.3%	78.5%	78.7%
Health & Safety	71.3%	73.3%	75.6%
Information Governance	83.8%	83.8%	78.8%
Moving & Handling	84.6%	85.2%	86.1%
Prevent	59.3%	67.9%	71.1%
Respiratory & Cough Hygiene	77.1%	77.7%	77.9%
Violence & Aggression	81.1%	81.4%	82.5%
Why IP&C Matters	71.4%	68.2%	68.8%



### Issues/Performance Summary

Historical low performance for appraisal within NHS Orkney.  
Just 1 in 5 staff have had an appraisal.  
Complexity within the system to provide 100% assurance of statutory/mandatory training (still operation with historical LearnPro training data).

### Planned/Mitigating Actions

Action raised via Staff Governance Committee to the Board, Executives now have appraisal targets contained within personal objectives. Currently reviewing all training available to support managers and colleagues to prepare and undertake yearly appraisals. Direct emails have been sent to increase colleague awareness of training compliance. Managers have been provided with training reporting awareness sessions. Statutory/mandatory training compliance group review data for subject matter expert input. Appraisal compliance reporting is to be shared with SLT, with personalised emails to be scoped, and CEO included in blog. CEO and Employee Director to agree and lead on an improvement plan in quarter four of 2023/24. League tables to be published with appraisal rates by service.

### Assurance/Recovery Trajectory

Improvements expected in quarter four 2023/24.



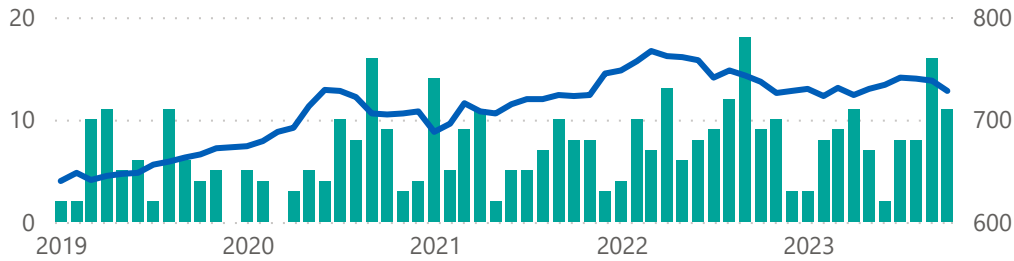
# Staff in Post/Turnover & Breakdown of Hours (Source: Workforce Dashboard)

Latest Data:

September 2023

### NHS Orkney - Headcount & Leavers

Leavers Headcount



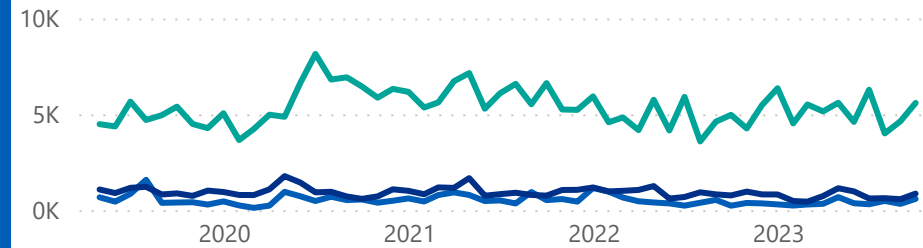
Latest Month

September 2023

728  
Headcount  
11  
Leavers

### NHS Orkney - Hours Utilisation

Bank Overtime Excess



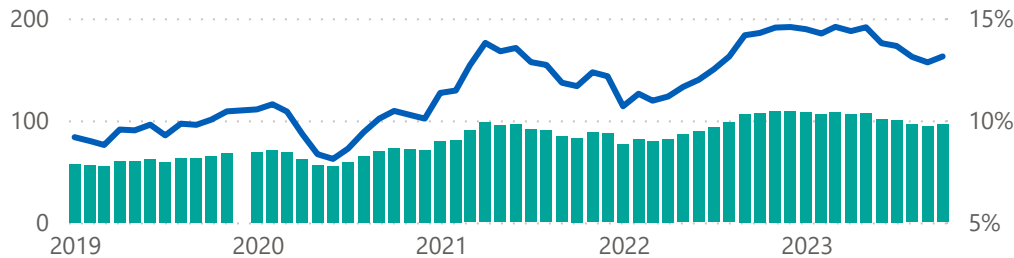
Latest Month

September 2023

5,591.80  
Bank  
586.04  
Overtime  
859.96  
Excess

### NHS Orkney - Headcount & Leavers (Rolling Year)

Rolling Year Leavers Rolling Year Turnover

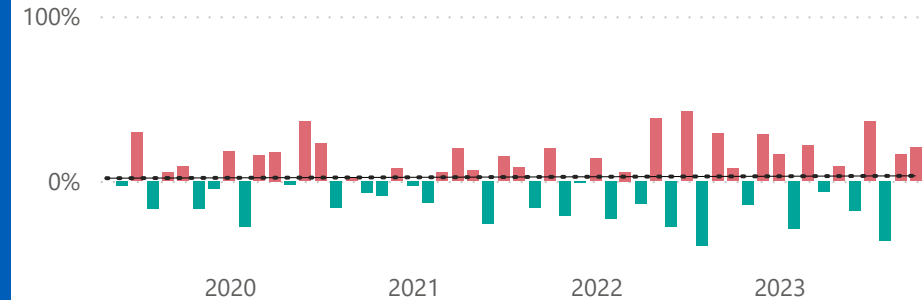


Last 12 Months

September 2023

96  
Leavers  
731.08  
Avg. Headcount

### NHS Orkney - Bank Hours Utilised vs. Previous Month



Latest Month

September 2023

5,591.80  
Hours  
20.61%  
Variance

## Issues/Performance Summary

High cost/use of agency in Pain Management, Endoscopy, Orthopaedic and Trauma areas.

## Planned/Mitigating Actions

Establishment review underway to better understand our starting point of actual contract versus budgeted position to be shared at extended Senior Leadership Team (SLT) in December. Output and recommendations to be discussed at Board - extended Senior Leadership team meeting on 8 December.

Bank, Overtime and Excess hours are to be shared with SLT on a quarterly basis to support directorate reviews.

Annual leave usage reports are to be downloaded to allow for quarter 4 department planning and reduction in annual leave carryover.

## Assurance/Recovery Trajectory

The implementation of eRoster is expected to provide better quality reporting to managers.

Recruitment is underway to key leadership roles where there are current risks.

Exit interview feedback shared with relevant Executive Leads for those leaving.

# Safety & Quality

## Section Lead: Interim Medical Director

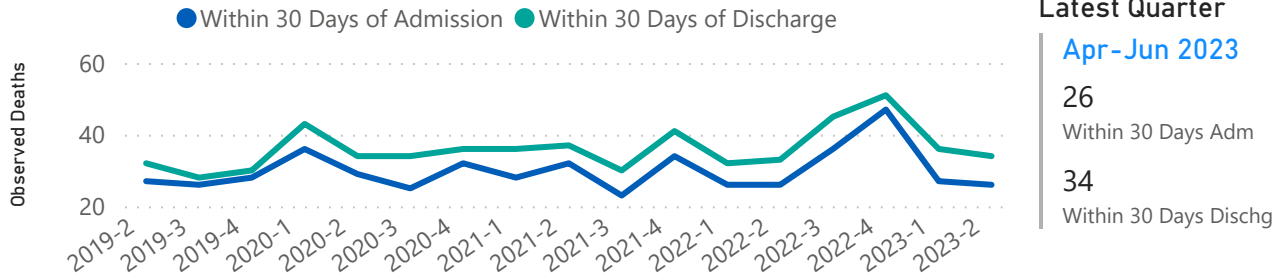
Comments	Successes	Challenges
<ul style="list-style-type: none"> <li>• The current methods of Safety and Quality evaluation require some updating to be fit for purpose in the future</li> <li>• Governance is under review</li> <li>• Improvements/evidence of learning is needed</li> <li>• Incident/complaint reporting and investigation training required</li> <li>• Developing assurance process with draft of medicines incidents in development to consider other areas for improving performance of incident management.</li> <li>• Over 100 overdue incidents (Datix) with plans under development to address</li> </ul>	<ul style="list-style-type: none"> <li>• Progress on implementation of learning from complaints and Significant Adverse Event Reviews to be reviewed monthly</li> <li>• Monthly Patient Safety Newsletter – October 2023</li> <li>• Patient Safety Alert notice in place</li> <li>• Learning Summaries from Significant Adverse Event Review reports</li> <li>• Embedding Significant Adverse Event Review learning through development of Quality Forum and onwards to Joint Clinical Core governance Committee</li> <li>• Improving senior leadership visibility of Significant Adverse Event Reviews by providing sight to Senior Leadership Team</li> <li>• Developing capability in staff to respond to incidents and manage effectively</li> <li>• Complaints continue to be handled effectively</li> <li>• Recruitment to substantive Medical Director post, bringing experience to NHS Orkney</li> <li>• Interviews for new Head of Patient Safety, Quality and Risk on 5 December 2023</li> </ul>	<ul style="list-style-type: none"> <li>• Vacancies within Clinical Governance (CG) are impacting on capacity across the team with recruitment underway</li> <li>• Capacity of team leads / senior charge nurse / senior charge midwife and senior leaders to review clinical incidents</li> <li>• Communication of the learning from incidents, complaints and Significant Adverse Event Review to staff</li> <li>• Delivering effectively with limited CG resource</li> <li>• Continuing effective senior clinical engagement in Q&amp;S with operational challenges</li> <li>• Managing the overdue incidents effectively due to limited resource</li> <li>• Effectively embedding learning in the organisation and closing the loop on incidents and learning</li> </ul>

# Hospital Standardised Mortality Ratio (HSMR) (Source: Discovery)

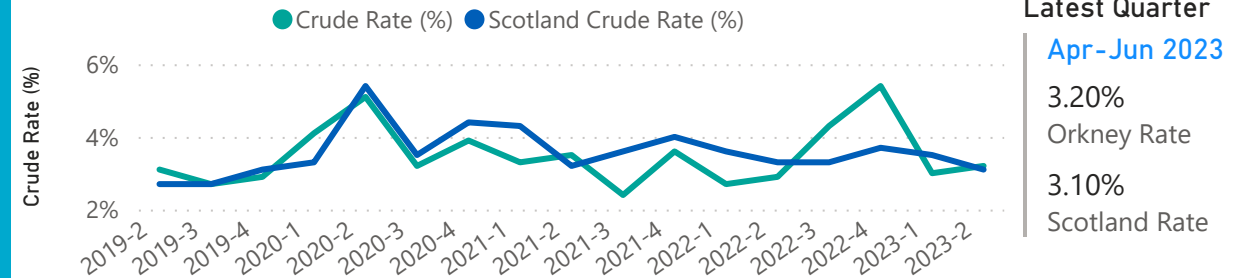
Latest Data:

June 2023

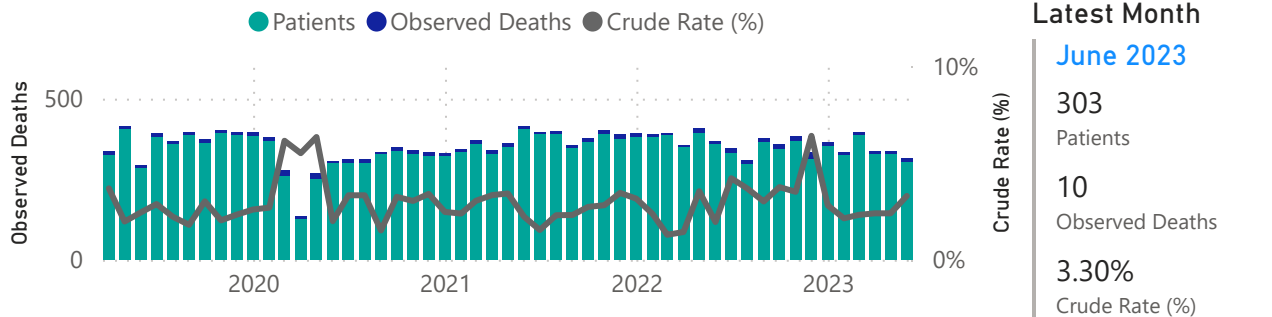
### HSMR - Orkney Observed Deaths



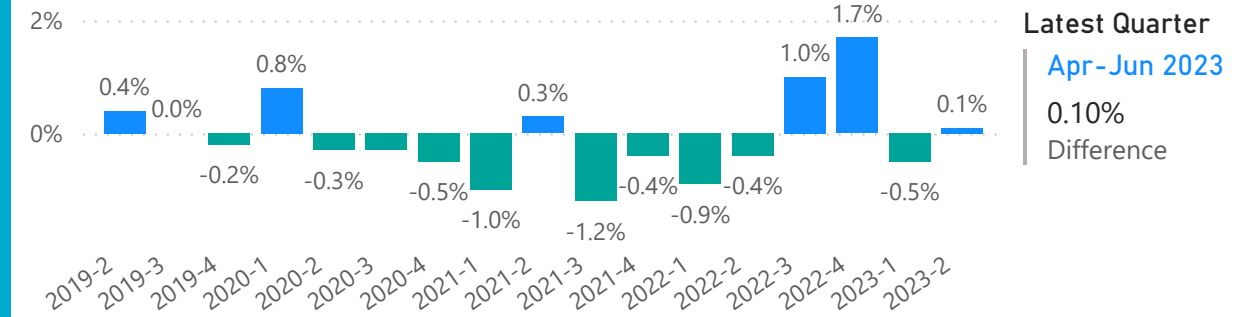
### HSMR Crude Rate - Orkney vs. Scotland



### HSMR - Orkney Observed Deaths (Monthly)



### HSMR Crude Rate - Orkney vs. Scotland



## Issues/Performance Summary

Mortality rate is on the whole lower than the national average, despite our population being of a higher average age than Scotland.

## Planned/Mitigating Actions

N/A - as no performance issues.

## Assurance/Recovery Trajectory

N/A - as no performance issues.

# Finance

## Section Lead: Director of Finance

Comments	Successes	Challenges
<p>The Board is forecasting an overspend at the end of March 2024 of £6.245m compared with the financial plan for 2023/24 that set out an anticipated overspend of £3.1m.</p> <p>On 27 November 2023, the CEO received formal notification from the Scottish Government that NHS Orkney will now move to level three of the NHS Scotland Support and Intervention Framework due to the scale of the forecast deficit within NHS Orkney, variation from original plan, and overall assessment of the financial environment (previously level one). This is the first stage of formal escalation and comes with enhanced monitoring and support. In order to reach a stage de-escalation to be considered, a material movement on the position would be expected. The Finance Team continue to work closely with the national Financial Delivery Unit to review and take forward efficiency saving opportunities and a tailored support package is being developed</p>	<p>The Board continues to make progress towards delivery of the 2023/24 savings target of £3.7m target. At the end of month 7, we are tracking £0.848m recurring savings and £2.056m non-recurring savings. Other areas of success:</p> <ul style="list-style-type: none"> <li>• Grip and Control Board in place for scrutiny of ongoing costs/savings - bi-monthly targeted sessions with Executive leads and input from Scottish Government</li> <li>• Reporting/Engagement through Senior Leadership Team</li> <li>• Financial Sustainability Office facilitated budget holder session to generate savings schemes ideas</li> </ul>	<p>A number of operational budgets continue to overspend at month 7. Areas of overspend of most concern are Nursing and Acute Services and Estates and Facilities. In addition, the Board has brought forward unachieved savings of £3.1m. Whilst some progress has been made against delivery of the 2023/24 savings target of £3.7m it is difficult to see how we can narrow the gap from the £6.2m to the original forecasted position in the Financial Plans submitted to Scottish Government if the organisation does not significantly curtail spend. Strengthened work is underway - with external support in place - to return the best possible results for 2023/24. Additional controls are in place re: vacancies, overtime and travel.</p>

# Summary Financial Position

## Latest Data: October 2023

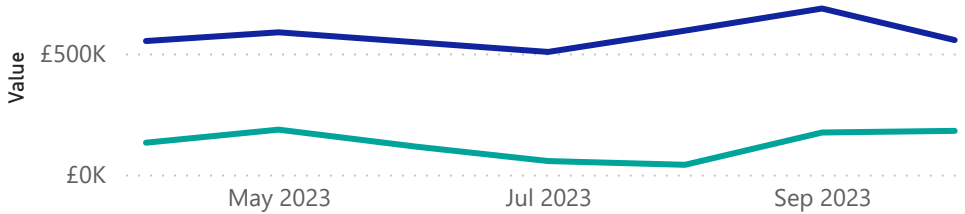
Group	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD%	Forecast Year end Variance
Core RRL	0	0	0	0		0
Nursing & Acute Services	16,833	9,934	12,078	-2,144	-21.59%	-3,231
Medical Director	17,529	10,100	9,991	109	1.08%	69
Integration Joint Board	30,623	17,536	17,409	126	0.72%	217
Finance Directorate	2,688	1,445	1,452	-7	-0.48%	3
Estates, Facilities & NPD Contracts	8,341	4,861	5,204	-343	-7.06%	-607
Chief Executive	1,352	780	760	20	2.61%	50
Public Health	980	576	612	-36	-6.21%	-62
Director of Human Resources	1,671	902	981	-78	-8.69%	-148
Reserves	1,707	337	0	337		579
Savings Targets (Board)	-4,390	-2,345	0	-2,345		-4,390
Additional Savings Target (Board)	-100	-58	0	-58		-100
Savings Achieved (Board)	1,688	1,688	0	1,688		3,265
Savings Targets (IJB)	-2,400	-1,115	0	-1,115		-2,400
Savings Achieved (IJB)	12	12	0	12		510
Total Core RRL	76,534	44,655	48,488	-3,833	-8.58%	-6,245
<hr/>						
Non Cash Limited						
Dental NCL	965	395	395	0	0.02%	0
Ophthalmic Services NCL	256	159	159	0	0.00%	0
Dental and Pharmacy NCL - IJB	791	519	519	0	0.00%	0
Total Non Cash Ltd	2,011	1,073	1,073	0	0.00%	0
<hr/>						
Non-Core						
Capital Grants	0	0	0	0	0.00%	0
Non-cash Del	0	0	0	0	0.00%	0
Annually Managed Expenditure	1	0	1	-1	0.00%	0
Donated Assets Income	0	0	0	0	0.00%	0
Capital Charges	3,318	1,839	1,839	0	0.00%	0
Total Non-Core	3,319	1,839	1,840	-1	-0.03%	0
<hr/>						
Total for Board	81,864	47,567	51,401	-3,834	-8.06%	-6,245

# Key Costs: Pay (Source: Board Financial Performance Return)

Latest Data: **October 2023**

## NHS Orkney - Consultant

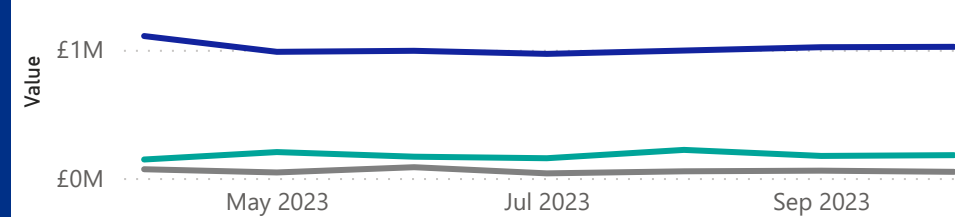
Sub-Group ● Agency ● Permanent



Latest Month  
**October 2023**  
£734,900  
Value

## NHS Orkney - Nursing (Registered & Unregistered)

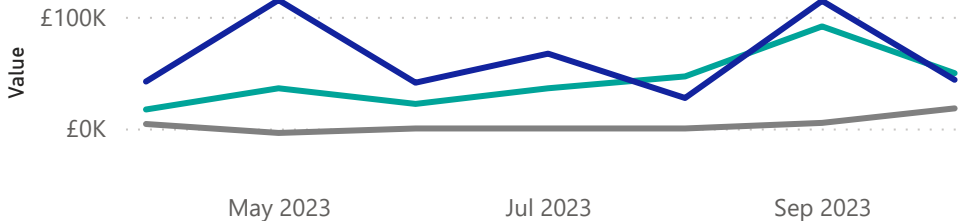
Sub-Group ● Agency ● Bank ● Permanent



Latest Month  
**October 2023**  
£1,249,000  
Value

## NHS Orkney - Junior Doctor

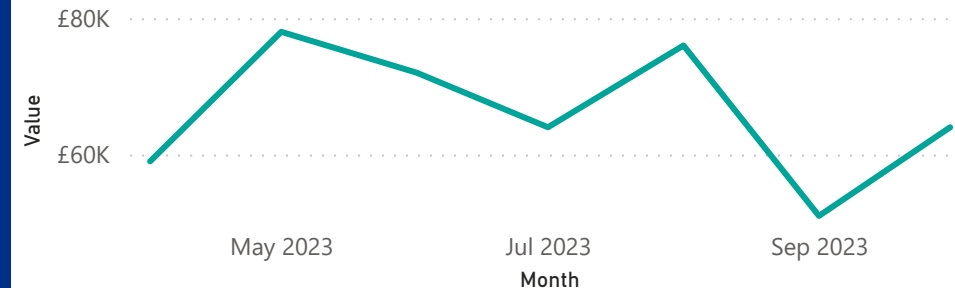
Sub-Group ● Agency ● Bank ● Permanent



Latest Month  
**October 2023**  
£111,100  
Value

## NHS Orkney - AHP

Sub-Group ● Agency



Latest Month  
**October 2023**  
£64,000  
Value

### Issues/Performance Summary

Continued reliance on temporary staffing models across all clinical specialities, which is currently creating a financial pressure to the forecasted value of £3.2m.

### Planned/Mitigating Actions

Finance and Performance Committee has moved to monthly frequency (to include deep dives and recovery plans for areas of concern). National support requested - Financial Delivery Unit providing support, including to review opportunities to reduce reliance on temporary, high-cost staffing models (agency and overtime). Extended Senior Leadership Team meeting – worked on transformational schemes, which are being prioritised. Director of Nursing, Midwifery, AHPs and Acute is currently reviewing agency requirements with plans to release 7 agency nurses from Inpatient 2 ward and the Emergency Department due to successful recruitment in these areas. New weekly Vacancy Control Panel in place, chaired by CEO, with clinical Executive Director and and Employee Director input.

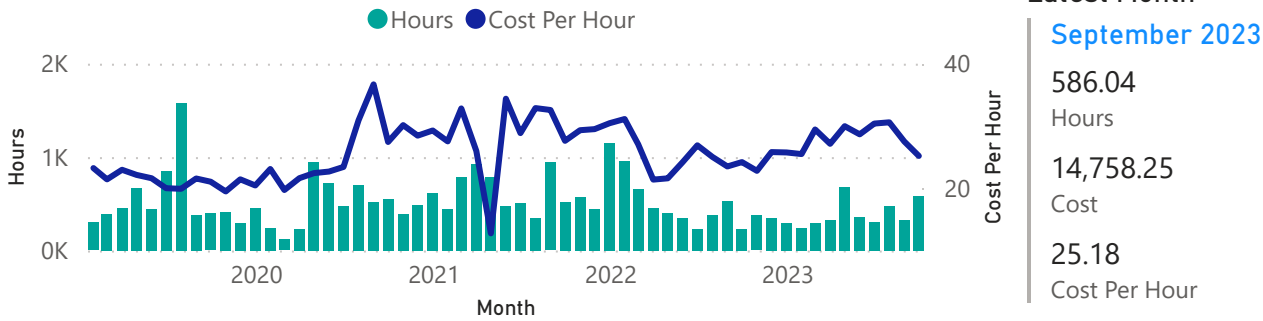
### Assurance/Recovery Trajectory

Reduction in agency reliance for nursing posts will continue to be impacted through successful appointment of substantive post-holders through international and other recruitment to vacant posts. Strengthened Financial Sustainability Office (Senior and Clinical Leadership). Strengthened Grip and Control Board arrangement from November 2023 - including performance review meetings with CEO and Director of Finance with workstream leads.

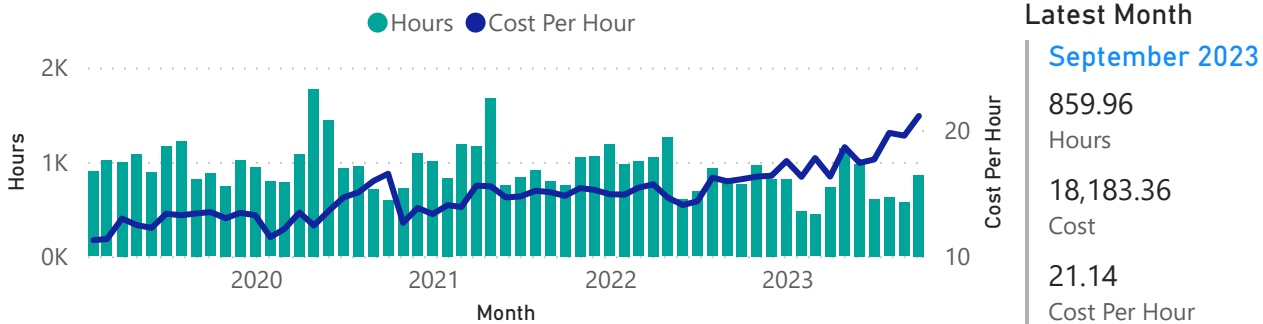
# Key Costs: Other Hours (Source: Workforce Dashboard)

Latest Data: September 2023

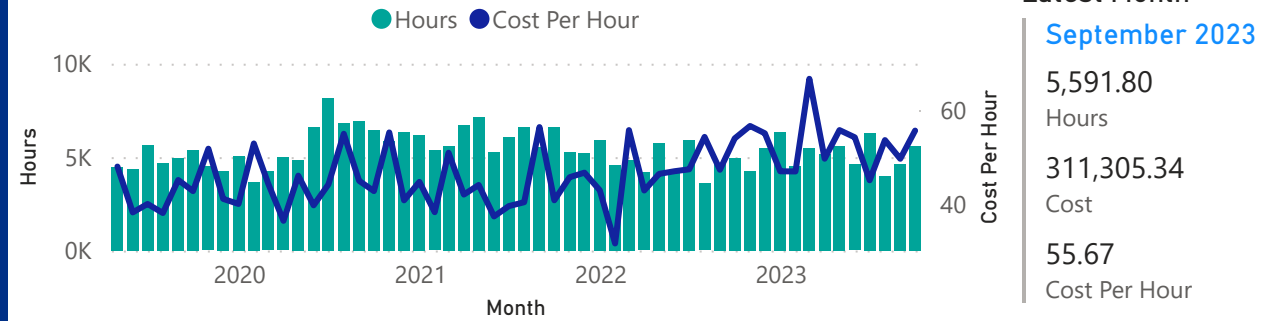
### NHS Orkney - Overtime Hours & Cost



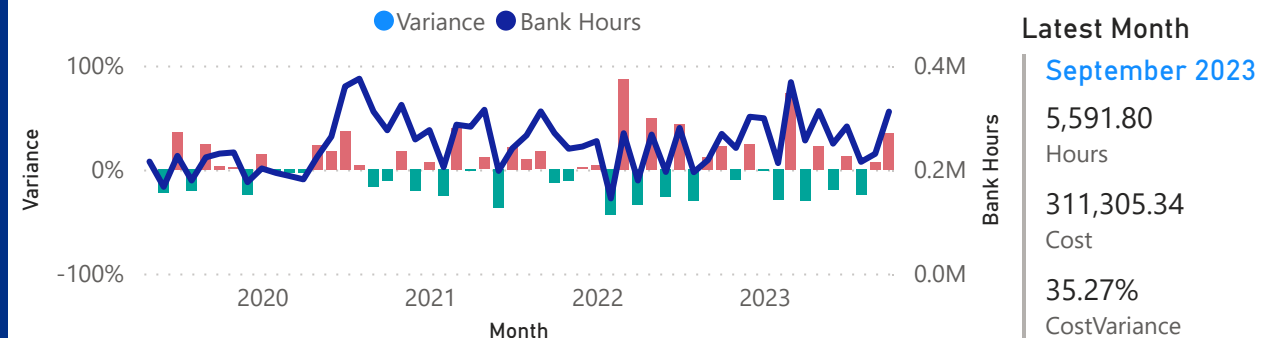
### NHS Orkney - Excess Hours & Cost



### NHS Orkney - Overtime Hours & Cost



### NHS Orkney - Bank Hours Variance



## Issues/Performance Summary

Continued reliance on substantive post holders to cover gaps in service provision, potentially creating additional pressure through sickness of those colleagues who have worked additional hours.

## Planned/Mitigating Actions

Recruitment to fill vacant posts is ongoing with increased focus on areas which are currently reliant on temporary staffing models (agency and overtime).  
 Corporate service areas requiring overtime cover must now seek approval from the Chief Executive and Director of Finance.  
 Framework for filling service gaps to be applied to ensure most cost effective options are exhausted first.

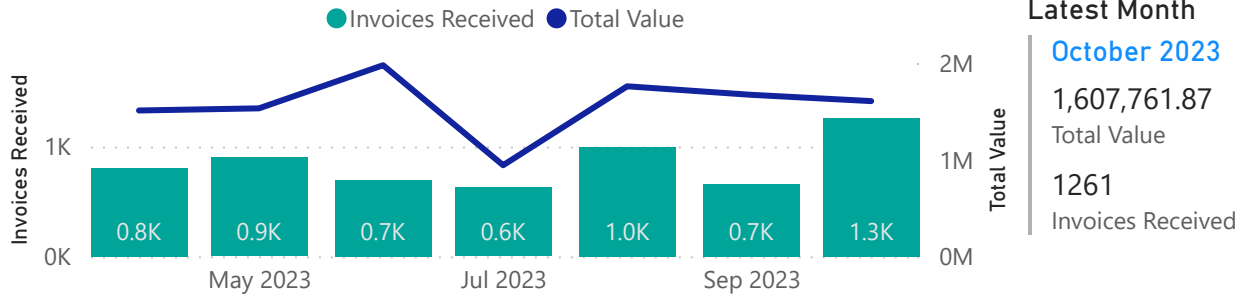
## Assurance/Recovery Trajectory

Establishment review is underway which is a collaborative approach with Finance and Workforce colleagues to support service workforce needs. The output of this will be presented in December and next steps agreed.

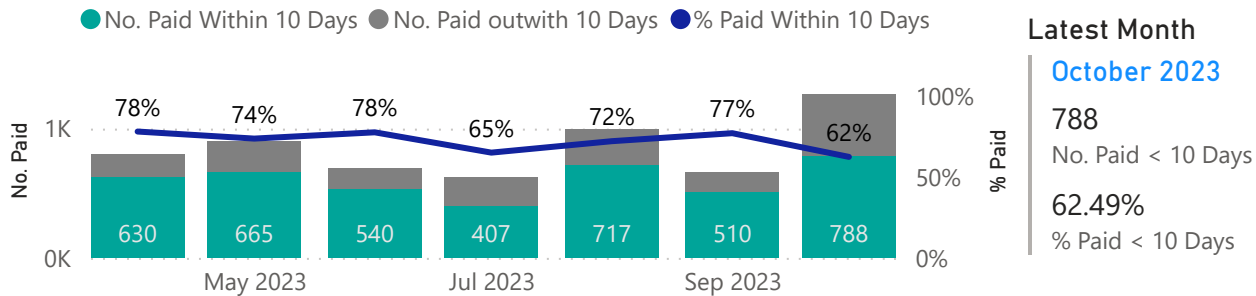
# Accounts Payable (Source: AP Performance Report)

Latest Data: **October 2023**

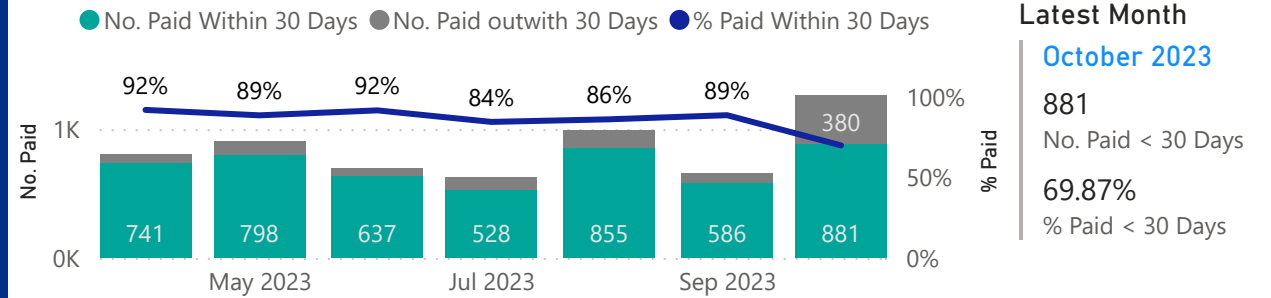
## NHS Orkney - Invoices Received & Value



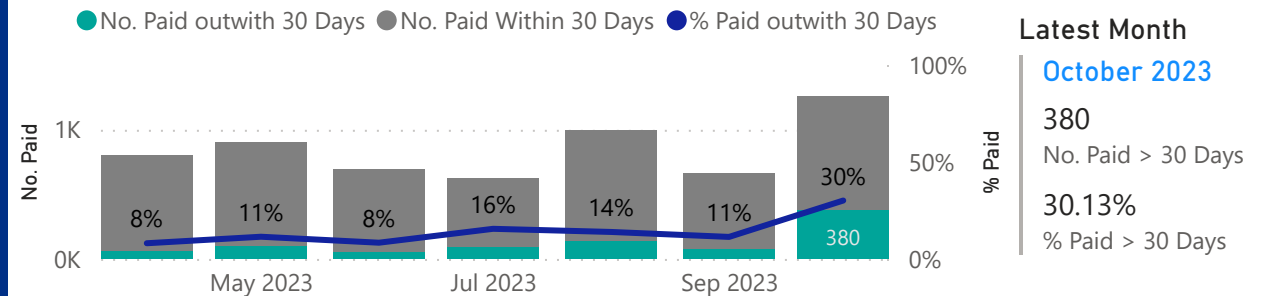
## NHS Orkney - Aspirational 10 Day Target



## NHS Orkney - Paid Within 30 Days



## NHS Orkney - Paid Outwith 30 days



### Issues/Performance Summary

Performance in October shows an improvement, with an increased number of invoices received (1261) of which 881 were paid within 30 days. 788 of those 881 were paid within 10 days.

### Planned/Mitigating Actions

The Finance Team continue to communicate to colleagues across the organisation with a view to improving first time matches for all invoices being received (for example goods being receipted at delivery point, no PO/no payment).

### Assurance/Recovery Trajectory

Increased capacity has resulted in a more proactive approach, with colleagues acting to clear/resolve invoice queries in a timelier manner.



# Operational Standards

**Section Lead(s): Interim Medical Director**  
**Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services**  
**Director of Public Health**

Comments	Successes	Challenges
<p>The Fragile Service and Service Level Agreement reviews continue with first update planned for Board and extended Senior Leadership Team Development Session on 8 December, looking to agree and identify the next steps to ensure services are fit for purpose now and in the future.</p> <p>There is positive collaboration between clinical and non-clinical teams to address challenges and ensure the best patient experience and outcomes. This includes work to address waiting lists for General Surgery, Endoscopy and the Pain Management.</p>	<p>Discharge planning focuses on this happening before noon both during the week and also over the weekend - compliance for discharges before noon is currently at 26%, an improving picture. Additional to the consistently strong performance in relation to emergency access 4-hour waits, work continues to support unscheduled care to support NHS Orkney achieving above 95% for both minors and admitted performance.</p> <p>No 8 or 12-hour breaches recorded against the National Performance Standards.</p> <p>For the reporting period the Board have seen 100% compliance against both 31-day and 62-day Cancer targets.</p> <p>Incident Management Team established to progress Endoscopy challenges, and chaired by Interim Deputy Medical Director.</p>	<p>Delayed Transfers of Care creating challenge with ongoing bed occupancy. Deep dive with NHS Orkney, local authority and Scottish Government took place on 1 December.</p> <p>Lack of social care and residential beds availability.</p> <p>Despite compliant performance, ongoing challenge in terms of consistently achieving the 62-day cancer target with particular issues in terms of Urology pathway and timely diagnosis.</p> <p>Review of Outpatient capacity required to address increasing waits for patients.</p>

## Peer Benchmarking - KPI National Comparison

Latest Report: 30 October 2023

### Board Level KPI Summary - National

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Ayrshire & Arran	66%	8	-1	83%	11	1	88%	12	2	63%	12	0	66%	10	0
Borders	63%	9	0	81%	12	-1	86%	14	-2	64%	13	0	65%	8	0
Dumfries & Galloway	78%	6	0	92%	6	0	95%	7	0	45%	3	0	61%	6	-1
Fife	66%	7	3	90%	7	3	98%	5	3	57%	8	1	59%	5	0
Forth Valley	46%	14	0	73%	14	0	87%	13	-2	46%	4	0	51%	2	1
Grampian	60%	12	-1	85%	10	-1	95%	8	2	56%	7	1	77%	14	0
Greater Glasgow & Clyde	61%	10	-2	85%	9	-2	94%	9	-4	57%	8	1	72%	12	0
Highland	79%	5	0	94%	5	0	97%	6	0	58%	10	1	62%	7	0
Lanarkshire	53%	13	0	80%	13	0	90%	11	2	64%	13	1	68%	11	-1
Lothian	60%	11	1	86%	8	0	93%	10	-1	53%	5	0	72%	12	1
Orkney	98%	1	2	100%	1	0	100%	1	0	58%	10	-3	51%	2	0
Shetland	85%	4	0	99%	4	0	100%	1	0	36%	2	0	53%	4	0
Tayside	90%	3	-1	100%	3	0	100%	1	0	54%	6	0	65%	8	0
Western Isles	94%	2	-1	100%	1	0	100%	1	0	30%	1	0	36%	1	0

### Board Level KPI Summary - Island Boards

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Shetland	85%	4	0	99%	4	0	100%	1	0	36%	2	0	53%	4	0
Western Isles	94%	2	-1	100%	1	0	100%	1	0	30%	1	0	36%	1	0
Orkney	98%	1	2	100%	1	0	100%	1	0	58%	10	-3	51%	2	0

KPI Red, Amber, Green (RAG) values shown above represent the relative change in position for each board when comparing the same metric from the previous edition of this report.

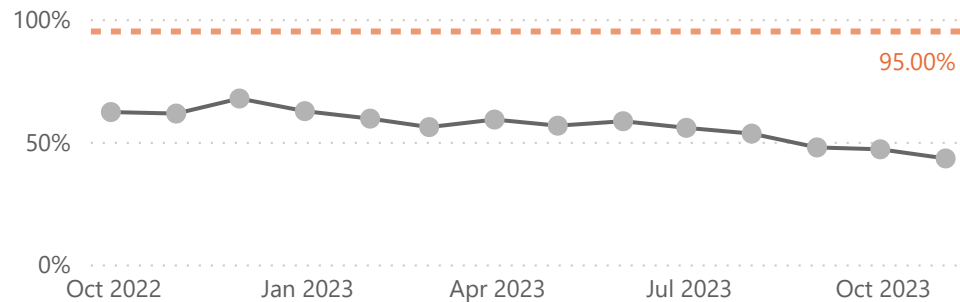
### Peer Benchmarking Summary

We continue to be reported as one of the top performing Boards in Scotland, we have seen an improvement in performance from 93% to 98% compared to the previous reported period, meaning that 98% of our patients have been seen in less than 4-hours. We compare well to other island Boards.

# New Outpatients (Source: TrakCare)

Latest Data: October 2023

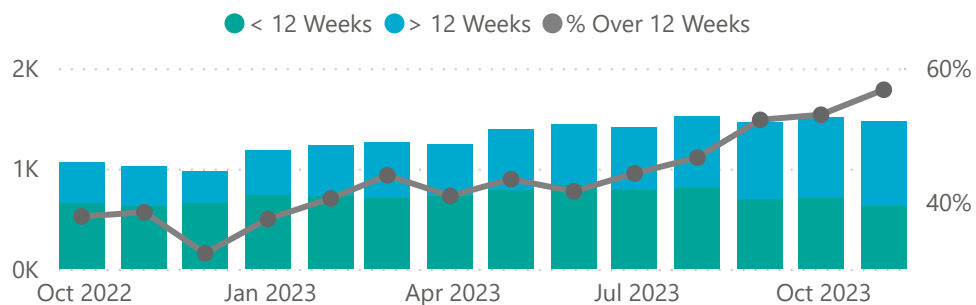
## New Outpatients Compliance



Latest Month  
October 2023

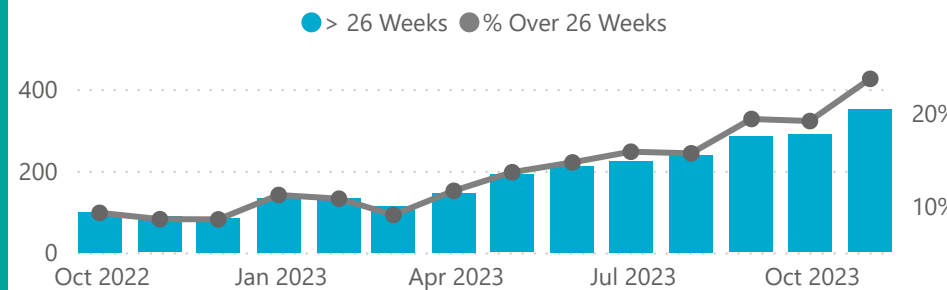
1474  
No. Waiting  
43.22%  
Compliance

## New Outpatients Waiting > 12 Weeks



837  
> 12 Wks.  
56.78%  
% Over 12 Weeks

## New Outpatients Waiting > 26 Weeks

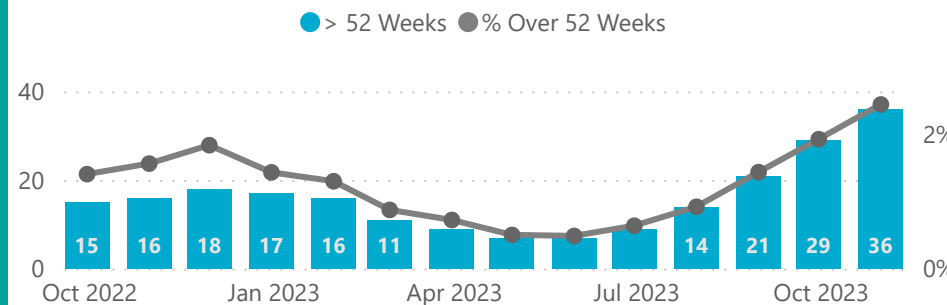


Latest Month

October 2023

350  
> 26 Weeks  
23.74%  
% Over 26 Weeks

## New Outpatients Waiting > 52 Weeks



Latest Month

October 2023

36  
> 52 Weeks  
2.44%  
% Over 52 Weeks

## Issues/Performance Summary

As reported previously, those Outpatient services with the longest are Trauma and Orthopaedics, Cardiology, Ophthalmology and Dentistry. Some additional services also have waits over 26-weeks. These include Pain, Ear Nose and Throat, Oral Surgery, Oral and Maxillofacial Surgery and General Surgery

At the end of October 2023, 1,397 new patients are waiting to be seen in Outpatient Clinics, of this 35 patients have waited over 52-weeks for new Outpatient appointments. 12 of those patients have been allocated appointments and 1 unavailable.

## Planned/Mitigating Actions

Additional outpatient clinics continue to be scheduled to address long waits within Gynaecology, General Surgery and Ophthalmology.

Discussions continue to take place in relation to those Service Level Agreements which support activity around Trauma and Orthopaedics, Ophthalmology, Ear Nose and Throat, to ensure that they are fit for purpose and sufficient to meet the long waits and also the ongoing demand.

## Assurance/Recovery Trajectory

It was forecast that at the end of December 2023 there would be 4 patients who had waited over 104-weeks, with a further 12 waiting over 52 weeks. The total list size is forecast to be 1,224.

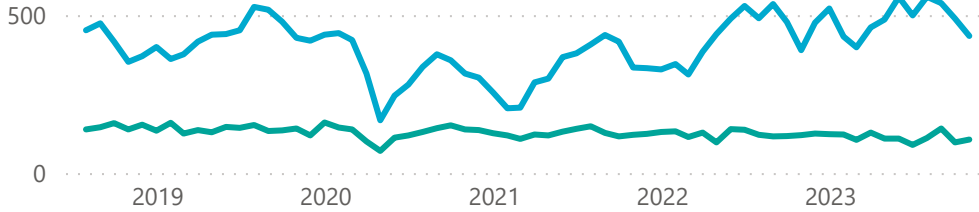
There are currently 5 restorative Dentistry patients who have waited over 104-weeks. We are working with NHS Grampian and expect that all patients will be seen early in Quarter 1 of 2024/2025.

# Accident & Emergency (Source: TrakCare)

Latest Data: October 2023

### Monthly Attendances

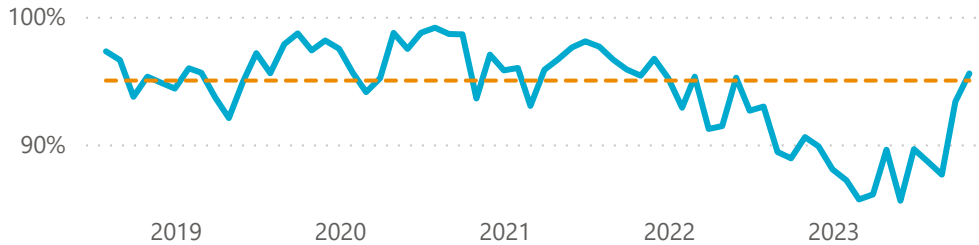
Dischg. Type ● Admitted ● Non-Admitted



Latest Month  
**October 2023**  
 540  
 Attended  
 106  
 Admitted

### Monthly Compliance

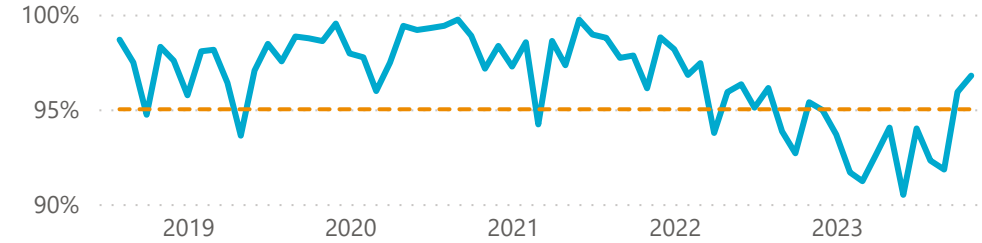
● Compliance ● Target



Latest Month  
**October 2023**  
 540  
 Attended  
 24  
 Breach  
 95.56%  
 Compliance

### Monthly Compliance (Non-Admitted)

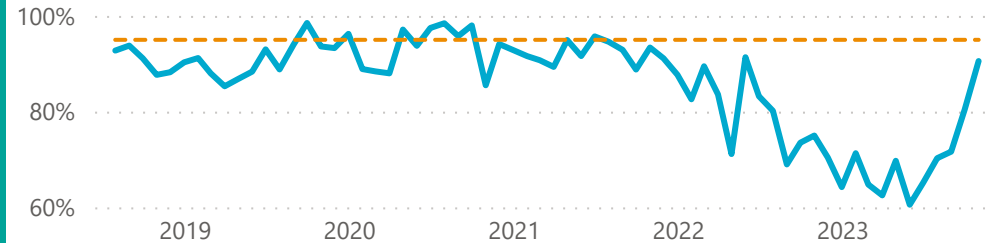
● Compliance ● Target



Latest Month  
**October 2023**  
 434  
 Attended  
 14  
 Breach  
 96.77%  
 Compliance

### Monthly Compliance (Admitted)

● Compliance ● Target



Latest Month  
**October 2023**  
 106  
 Attended  
 10  
 Breach  
 90.57%  
 Compliance

## Issues/Performance Summary

Emergency access performance remains strong. Some of the highlights, include:

- Performance against core performance measures remains > 95% for both admitted and minors
- No 12-hour breaches reported within the last period
- Scottish Ambulance Services (SAS) turnaround time remains <15mins

## Planned/Mitigating Actions

Continued focus on 4-hour standard to ensure best outcome for patients.

Active attendance and participation in National Workstream - Flow Navigation operational delivery group to bring best practice to NHS Orkney.

Peer review of Emergency Department service provision and staffing being scheduled.

## Assurance/Recovery Trajectory

Site escalation plan agreed for The Balfour.

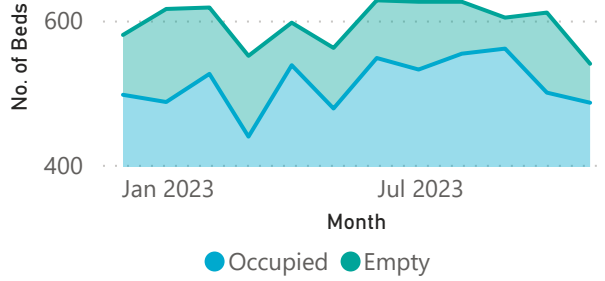
Winter Plan being embedded with focus on understanding best practice models including flow navigation utilisation and scheduling unscheduled care, and how they can positively impact performance locally.

# Bed Occupancy & Availability (Source: TrakCare)

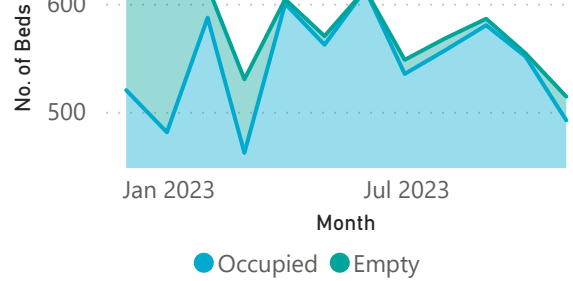
Latest Data:

October 2023

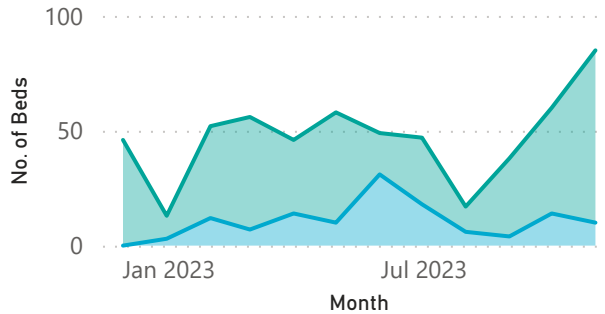
Inpatients 1



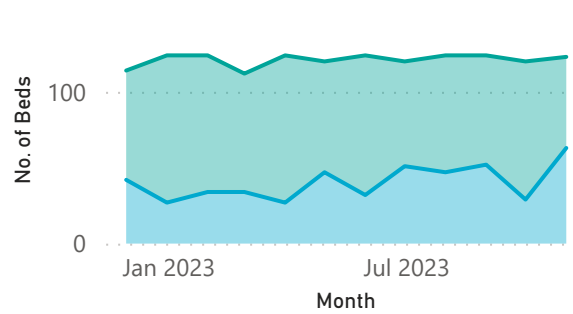
Inpatients 2



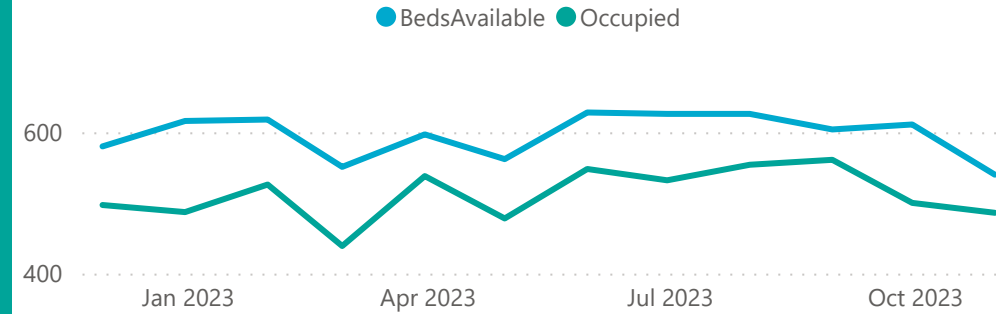
HDU



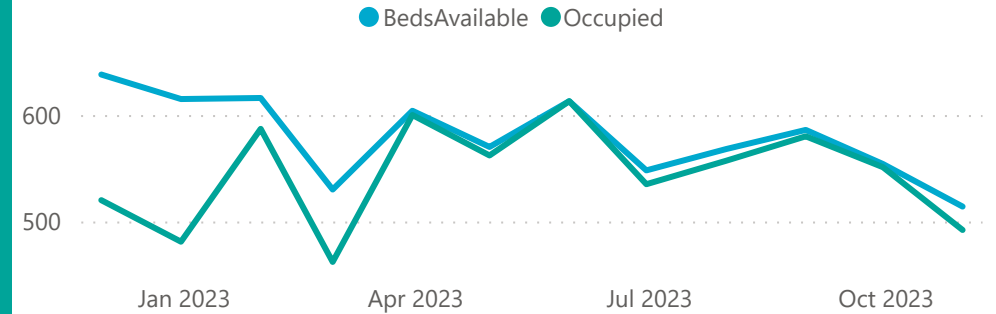
Maternity



Inpatients 1 Availability & Occupancy



Inpatients 2 Availability & Occupancy



Latest Month

October 2023

806  
BedsAssigned  
266  
BedsUnavail  
486  
Occupied  
54  
Empty

Latest Month

October 2023

713  
BedsAssigned  
199  
BedsUnavail  
492  
Occupied  
22  
Empty

## Issues/Performance Summary

Current occupancy in Inpatient 1 ward continues at to operate at > 90%. This is in part due to unscheduled admissions, however, there were a number of social admissions.

Macmillan occupancy remains static with 75% the majority of the time.

Inpatient 2 ward occupancy currently held at 14 beds due to staffing and acuity concerns. They remain at 100% occupancy for available capacity.

## Planned/Mitigating Actions

Focus on discharge planning with early facilitated discharge and criteria-led discharge.

Weekend discharges increased. Weekday and weekend discharges prior to noon = 26%.

Review and opening of Collection Lounge to free capacity earlier in the day.

Winter Plan – Outpatient Parenteral Antimicrobial Therapy and 7-day Occupational Therapy/Physiotherapy input for rehabilitation and discharge planning.

## Assurance/Recovery Trajectory

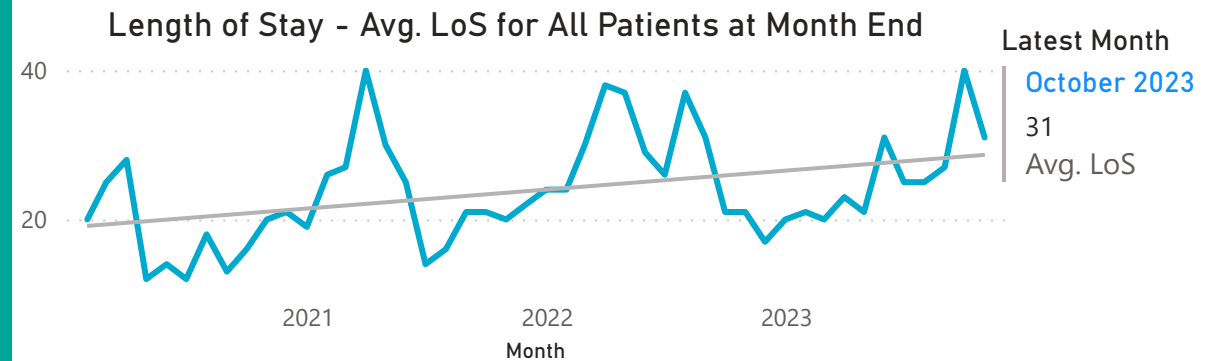
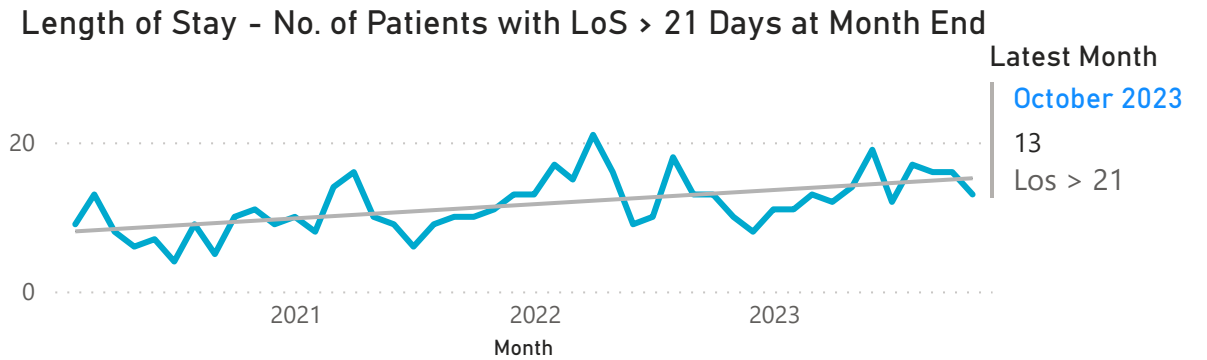
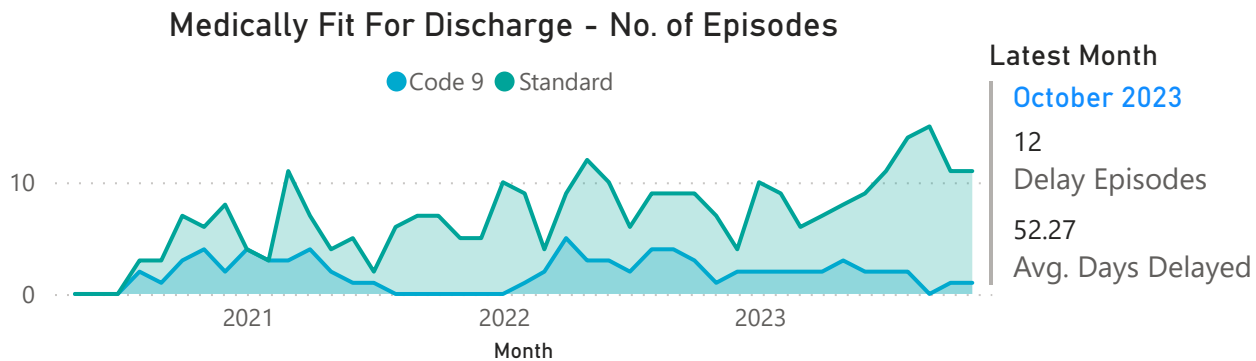
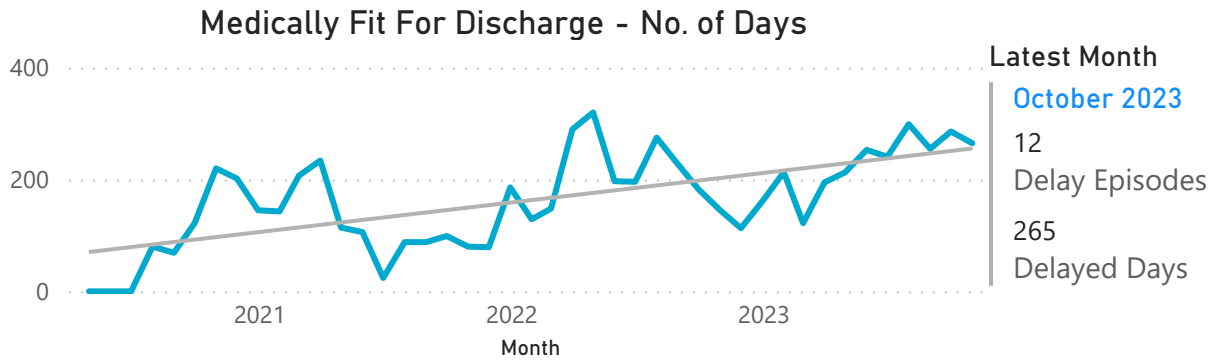
Site escalation plan agreed.

Winter Plan agreed.

Weekend site and capacity team to be put in place with unscheduled care winter monies.

# Delayed Discharges & Length of Stay (Source: Bed Manager, TrakCare)

Latest Data: **October 2023**



## Issues/Performance Summary

Continue to face capacity challenges through delayed transfers of care in acute. This equates to 12-20% of total capacity at any one time.

The average length of stay increased from 27 days in August to 31 in October.

The number of patients with a length of stay greater than 21 days reduced to 13 in October compared to 16 for August.

## Planned/Mitigating Actions

Weekly performance and oversight report continues to be submitted to CEOs at NHS Orkney and Orkney Islands Council.

Weekly health attendance at Remote Monitoring and Management.

Briefing session including CEO Orkney Islands Council, CEO NHS Orkney with both Chief Officers, with Scottish Government in attendance on 2 December.

## Assurance/Recovery Trajectory

Agreement via national Target Operating Model to achieve no more than 4 Delayed Transfers of Care on site, which will help to address challenges throughout the whole system.

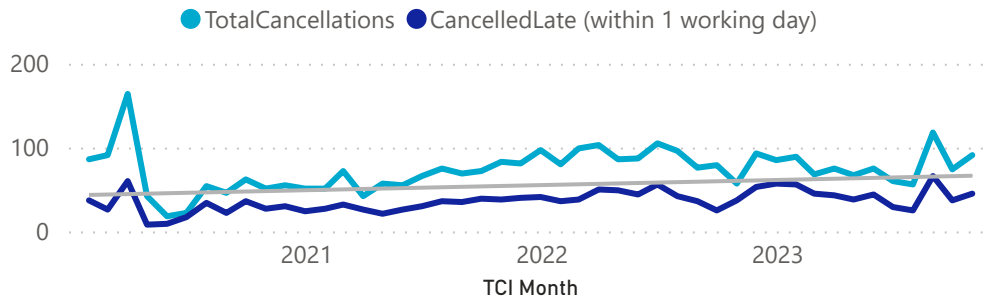
Winter Plan to be launched across outpatient function, including additional capacity from Occupational Therapy/Physiotherapy to support Acute areas over weekend to aid rehabilitation and discharge planning.

# Cancelled Operations (Source: TrakCare)

Latest Data:

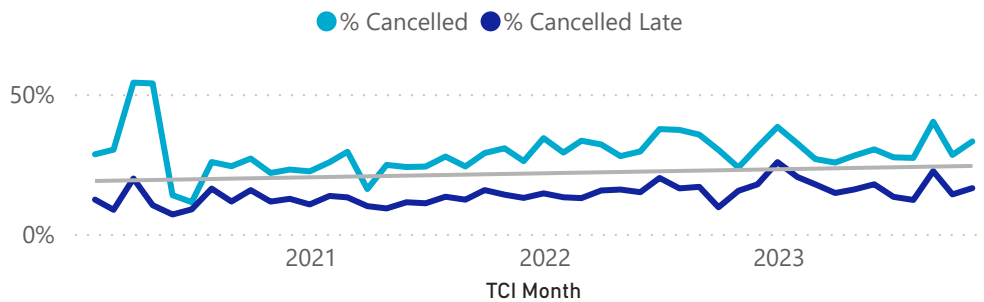
October 2023

Cancelled Operations - Total No. of Cancellations



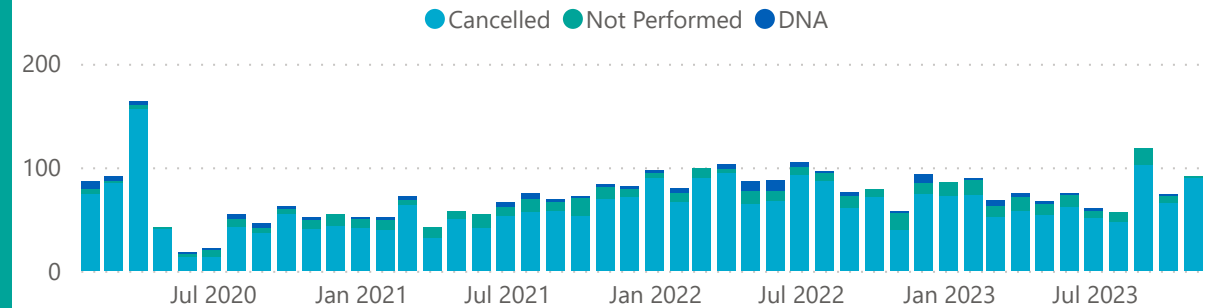
Latest Month  
**October 2023**  
 90 Cancelled  
 45 CancelledLate  
 0 DNA  
 1 Not Performed

Cancelled Operations - Cancellations as % of Scheduled Ops.

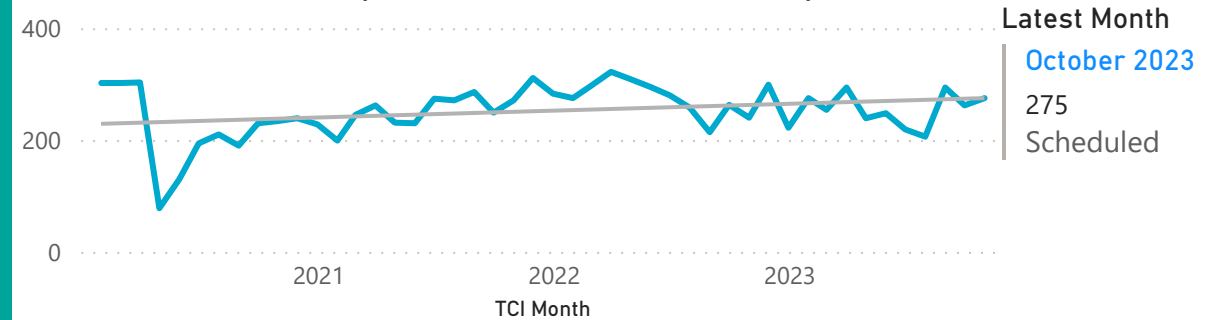


Latest Month  
**October 2023**  
 275 Scheduled  
 33.09% % Cancelled  
 16.36% % Cancelled Late

Cancelled Operations - Reason for Cancellation



Cancelled Operations - Total Scheduled Ops.



Latest Month  
**October 2023**  
 275 Scheduled

## Issues/Performance Summary

As previously reported, we will always have issues with bed capacity for elective surgery within the hospital. This will only be low numbers, however, in October 41 of 290 scheduled elective operations in Theatres were cancelled. 20% of those cancellations were by the patient and 15% by the hospital for clinical reasons.

## Planned/Mitigating Actions

A deep dive is being undertaken to understand all opportunities to increase theatre utilisation. This will include thorough review of all cancelled operations to understand if any action can be taken to prevent recurrence.

## Assurance/Recovery Trajectory

Work continues to ensure most effective utilisation of theatre capacity. A good example is the increase in numbers seen in the Ophthalmology in-patients. The theatre team work extremely hard with the medical team to achieve the optimum number of procedures for all sessions.

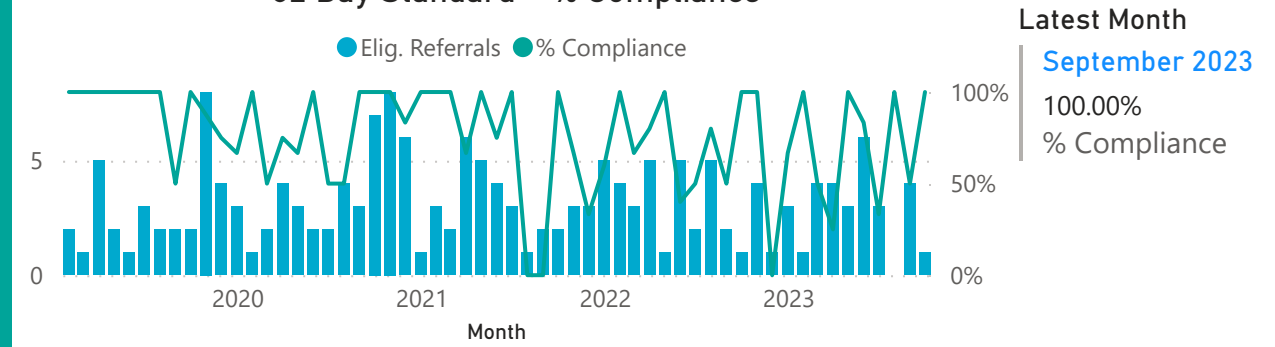
# Cancer Waiting Times (Source: Discovery)

Latest Data: September 2023

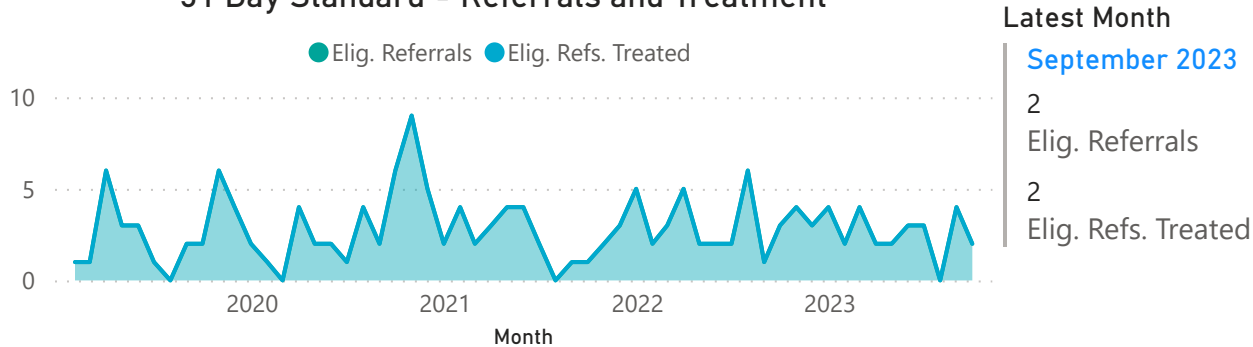
### 31 Day Standard - % Compliance



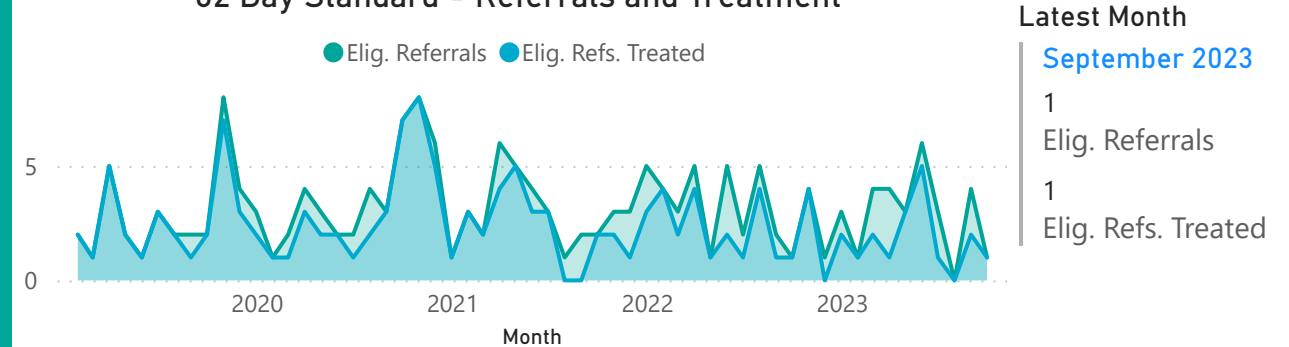
### 62 Day Standard - % Compliance



### 31 Day Standard - Referrals and Treatment



### 62 Day Standard - Referrals and Treatment



## Issues/Performance Summary

Performance against 62-Day Standard based on 1 eligible referral and 31-Day Standard based on 2 eligible referrals. The small numbers involved can result in large swings in performance. With the last reporting period reporting 100% compliance against both standards.

Given the pathways of care delivering the targets can often be impacted by NHS Grampian which is facing significant pressures.

## Planned/Mitigating Actions

Work continues to improve communications and reporting both for those patients being supported locally and through NHS Grampian. This will include the introduction of formal review meetings with supporting performance reporting.

Discussions with Scottish Government and the North Cancer Alliance continue, to help to understand any opportunities which might improve the outcomes for patients and also the experience for colleagues.

Effective Cancer Management Framework action plan is currently being reviewed, prior to submission to Scottish Government for Quarter 3.

## Assurance/Recovery Trajectory

As reported previously opportunities to increase the waiting time for those on the Urgent Suspected Cancer pathway for diagnostics are being actively explored, some of the activity to address this includes the establishment of an incident Management Team to address long waits for patients awaiting Colonoscopy. Additional support has been requested through the National Elective Co-Ordination Unit at the Golden Jubilee.

Rapid Cancer Review which has been completed, has been shared with members of the Orkney Cancer Care Delivery Group and will be presented to Senior Leadership Team.

62-Day Cancer Improvement Plan in place and discussed at Senior Leadership Team in November.

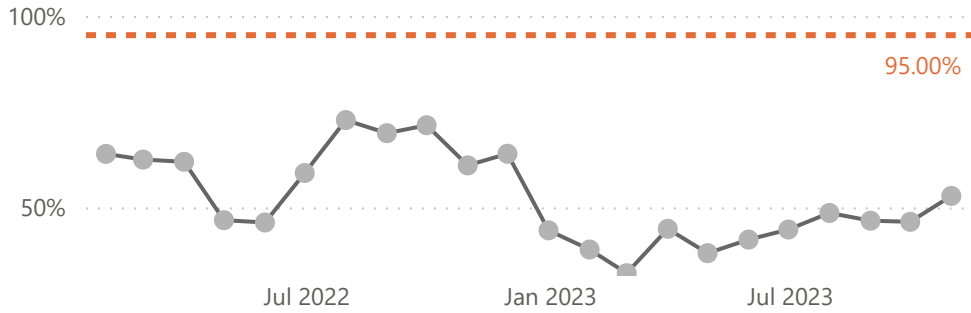


# Treatment Time Guarantee (Source: TrakCare)

Latest Data:

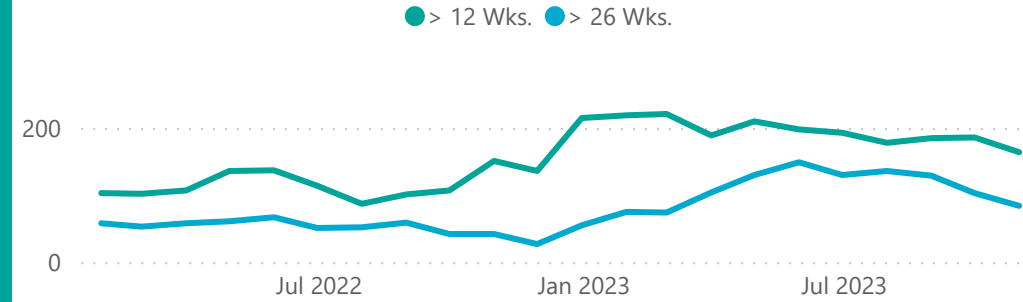
October 2023

### TTG - % of Patients Waiting < 12 Weeks



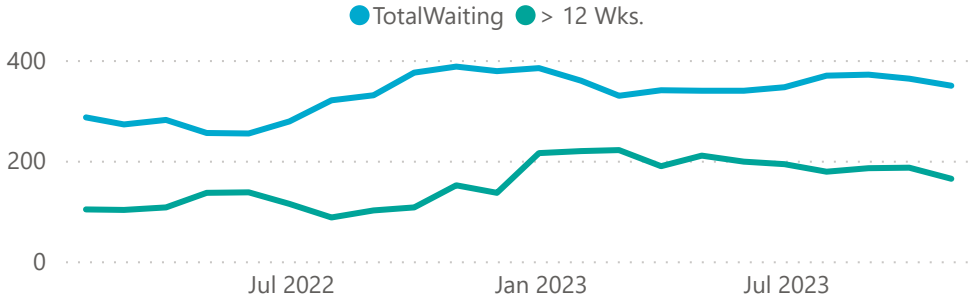
Latest Month  
**October 2023**  
 349  
 TotalWaiting  
 164  
 > 12 Wks.

### TTG - Patients Waiting > 12 & 26 Weeks



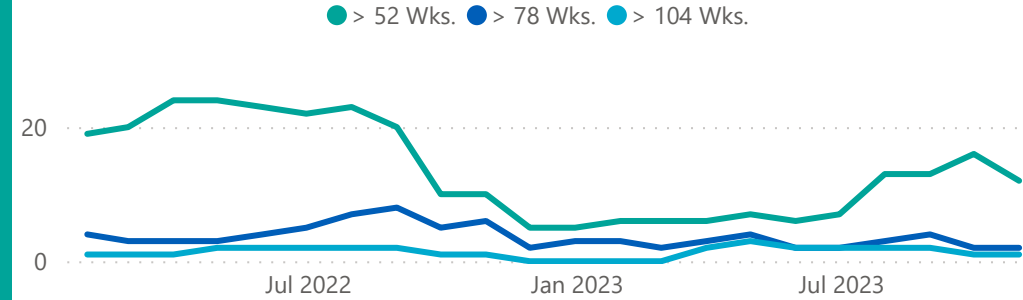
Latest Month  
**October 2023**  
 164  
 > 12 Wks.  
 84  
 > 26 Wks.

### TTG - Total Waiting & > 12 Weeks



Latest Month  
**October 2023**  
 349  
 TotalWaiting  
 164  
 > 12 Wks.

### TTG - Patients Waiting > 52, 78 & 104 Weeks



Latest Month  
**October 2023**  
 12  
 > 52 Wks.  
 2  
 > 78 Wks.  
 1  
 > 104 Wks.

## Issues/Performance Summary

There are long waits for Inpatient treatment/procedures, with 16 patients waiting over 52 weeks in the following specialities Ophthalmology (14), General Surgery (1) and Trauma and Orthopaedic (1).

There are further waits over 12-weeks for ENT, Gynaecology, Oral Surgery and Pain Management.

The total list size for October is 340 compared to 359 at the end of September.

## Planned/Mitigating Actions

Additional sessions have been scheduled for Ophthalmology in November and December to help reduce the longest waits.

## Assurance/Recovery Trajectory

A reduction in those waiting is expected through increased theatre slots and additional planned sessions within Ophthalmology.

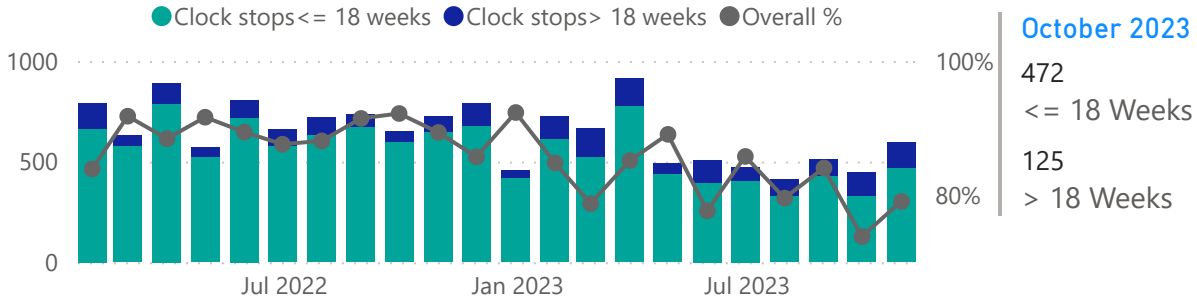
The number of patients waiting for Ophthalmology over 26 weeks has reduced from 119 at the end of August to 71 at the end of October. The list size has also reduced from 163 to 132.

# 18 Week Referral to Treatment (Source: TrakCare)

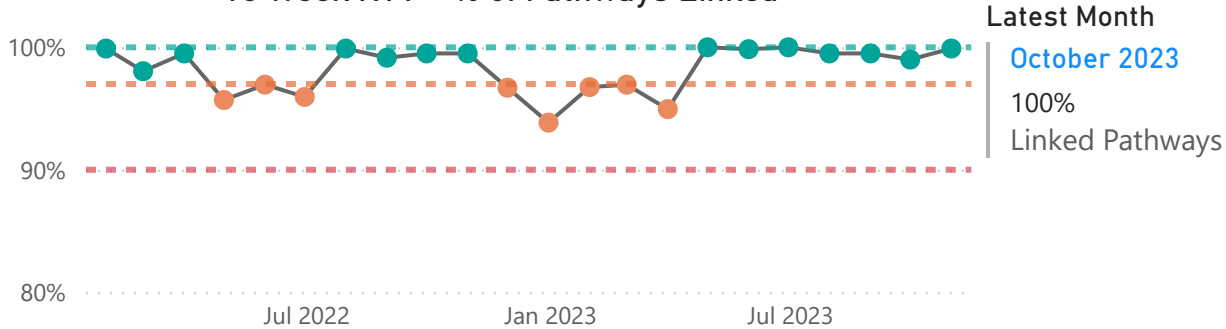
Latest Data:

October 2023

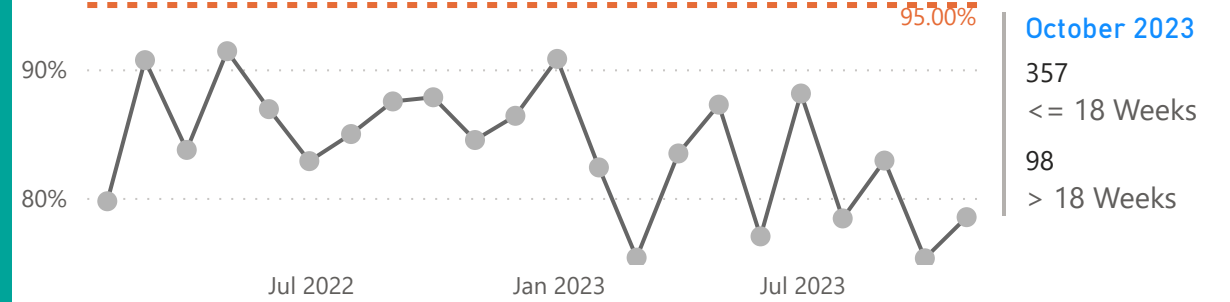
### 18 Week RTT - Overall Compliance



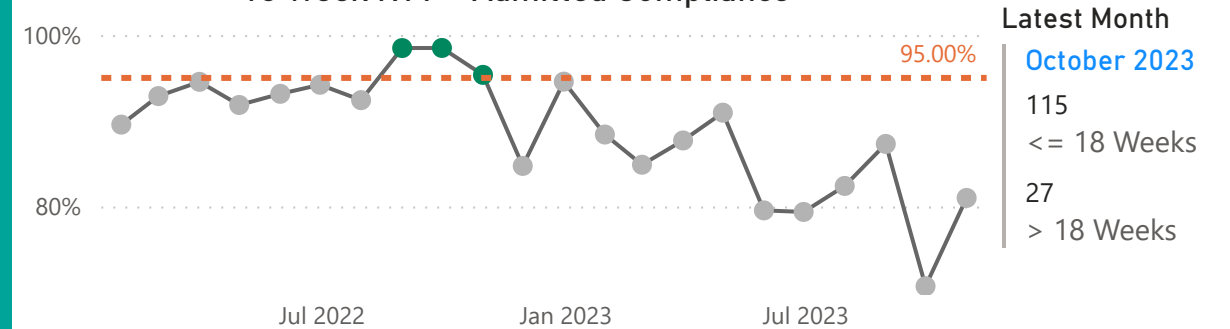
### 18 Week RTT - % of Pathways Linked



### 18 Week RTT - Non-Admitted Compliance



### 18 Week RTT - Admitted Compliance



## Issues/Performance Summary

Those services which reported 100% patients seen within 18-weeks of referral at the end of October include Gynaecology and Cardiology.

Those services underperforming against the standard include:

- Rheumatology 57%
- Pain Management 25%
- Ophthalmology 40%

## Planned/Mitigating Actions

Continue to share audit reports to improve data quality particularly in relation to missing outcomes. The actions taken in relation to the audit will support increasing the accuracy of reporting and support identification of key areas for improvement.

Improvement Plan in relation to Public Health Scotland Review will be used to progress key actions, with a view to improving data quality across the organisation.

## Assurance/Recovery Trajectory

A review of membership and also the agenda for the weekly Waiting Times performance meeting is underway to incorporate representation from medical colleagues, to support timely action against obstacles to success and renewed ownership.

The Interim Deputy Medical Director chairs the meeting which has helped create better links between clinical and non-clinical teams, with a view to improving performance.

# Community

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

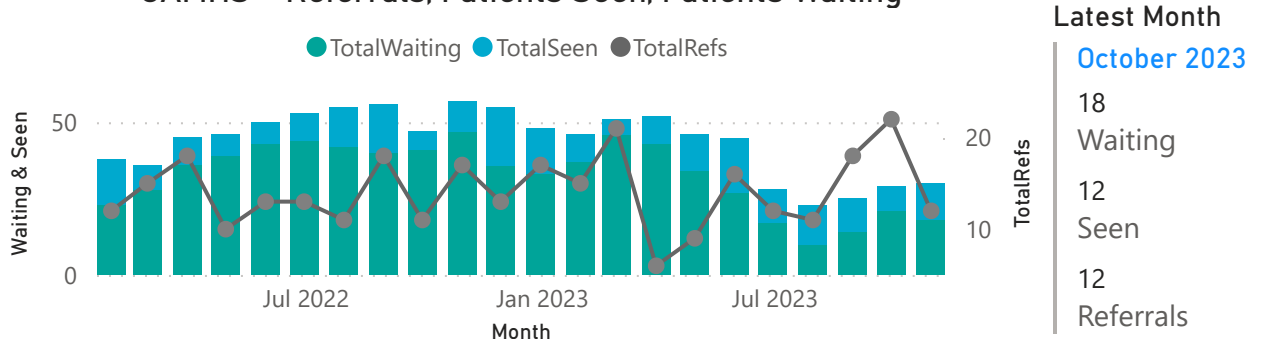
Comments	Successes	Challenges
<p>All community services remain stretched with continued increase in demand and complexity. Added to this are shortages arising from vacancies and other absences.</p>	<p>Child and Adolescent Mental Health Services (CAMHS) met the waiting time guarantee for both September and October. Psychological Therapies consistently meet waiting time guarantees over 90% of the time. Successfully recruited 5 out of 6 Advanced Nurse Practitioners on the ferry-linked isles.</p> <ul style="list-style-type: none"><li>• Appointment of key management posts of Director of Dentistry and Associate Director - Allied Health Professions. Recruitment underway for the Head of Primary Care Services.</li></ul>	<p>Increasing demand and complexity of patient need. Staff working to the very top of their registration. Demand for general adult psychiatry continues to rise. Major shortage of staff in Community Nursing. Accommodation shortages, both in residential and office/clinic space, which impacts the services ability to meet patients as timely as hoped.</p>

# CAMHS & PT (Source: TrakCare)

Latest Data:

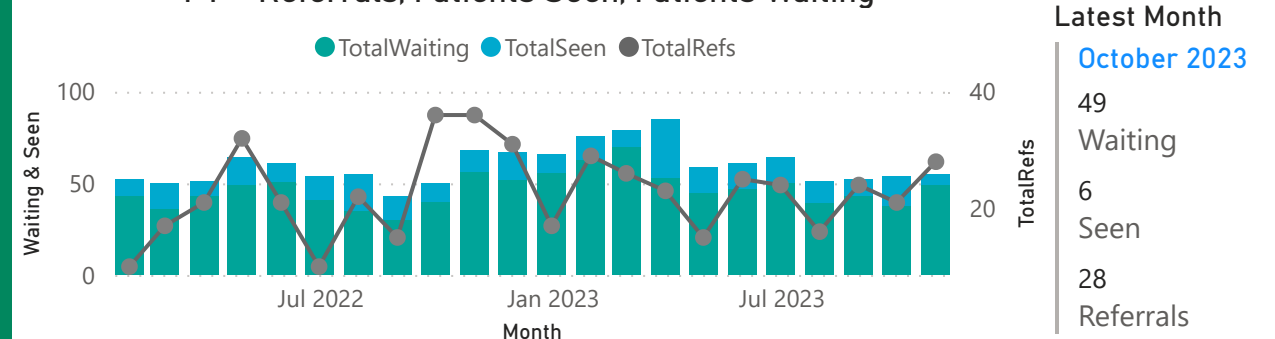
October 2023

### CAMHS - Referrals, Patients Seen, Patients Waiting



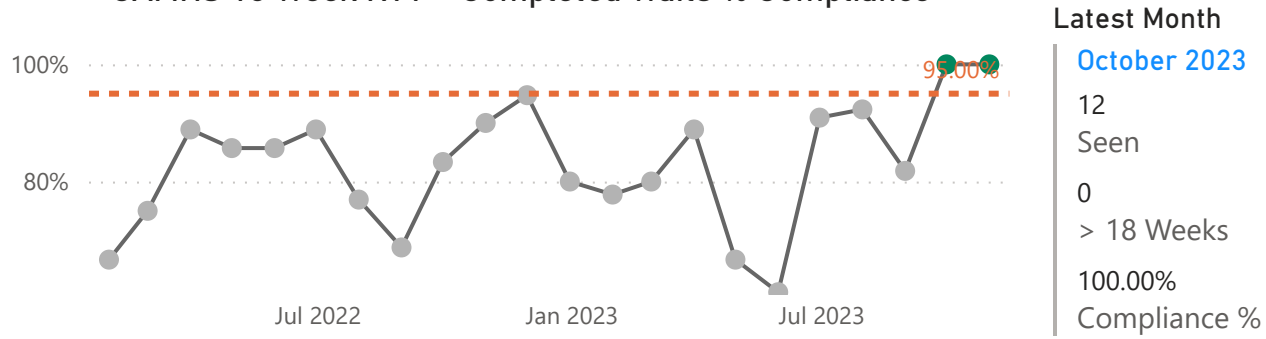
Latest Month  
October 2023  
18 Waiting  
12 Seen  
12 Referrals

### PT - Referrals, Patients Seen, Patients Waiting



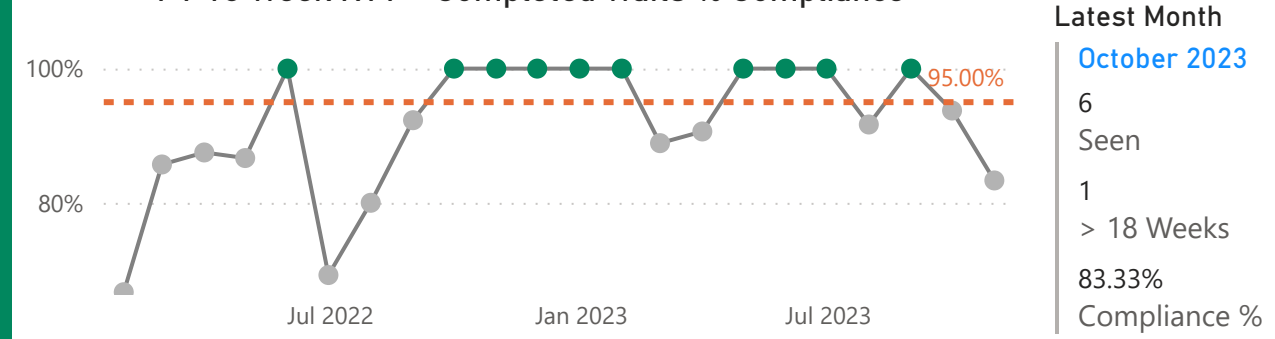
Latest Month  
October 2023  
49 Waiting  
6 Seen  
28 Referrals

### CAMHS 18 Week RTT - Completed Waits % Compliance



Latest Month  
October 2023  
12 Seen  
> 18 Weeks  
100.00% Compliance %

### PT 18 Week RTT - Completed Waits % Compliance



Latest Month  
October 2023  
6 Seen  
> 18 Weeks  
83.33% Compliance %

## Issues/Performance Summary

- Aggregate data issues now resolved in Child and Adolescent Mental Health Services
- Child, Adolescent and Psychological Therapies National Dataset (CAPTND) core data collection underway also for Child and Adolescent Mental Health Services
- Child and Adolescent Mental Health Services September and October waiting times are at 100% compliance.
- Psychological Therapies services unadjusted waiting time guarantees are at 83.33%, with adjusted data this remains at 90-100% each month

## Planned/Mitigating Actions

- Continue to embed and emphasise the need for all clinical outcomes to be timeously recorded in Child and Adolescent Mental Health Services
- Maternity leave within Psychological Therapies covered using locum to ensure waiting times continue to be met

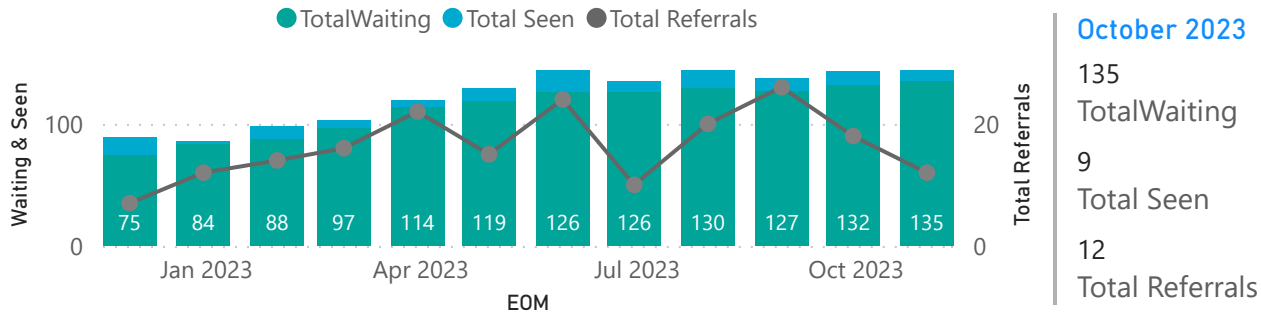
## Assurance/Recovery Trajectory

- Longer-term work is planned to develop Child and Adolescent Mental Health Services trajectory modelling
- Psychological Therapies have trajectory modelling in place

# MSK (Podiatry & Physiotherapy) (Source: TrakCare)

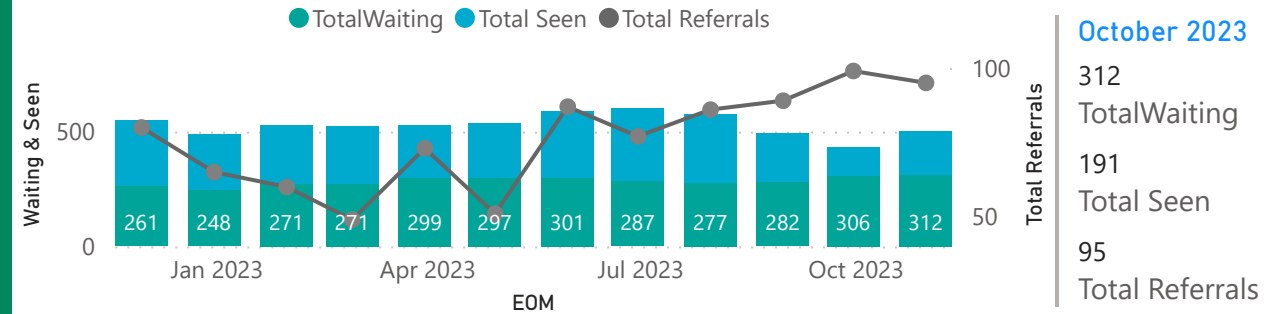
Latest Data: **October 2023**

Podiatry - Referrals, Patients Seen, Patients Waiting



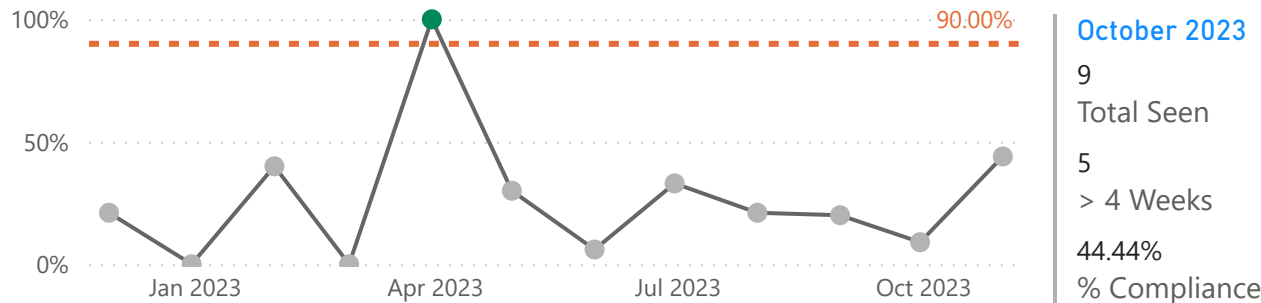
Latest Month  
**October 2023**  
135  
Total Waiting  
9  
Total Seen  
12  
Total Referrals

Physiotherapy - Referrals, Patients Seen, Patients Waiting



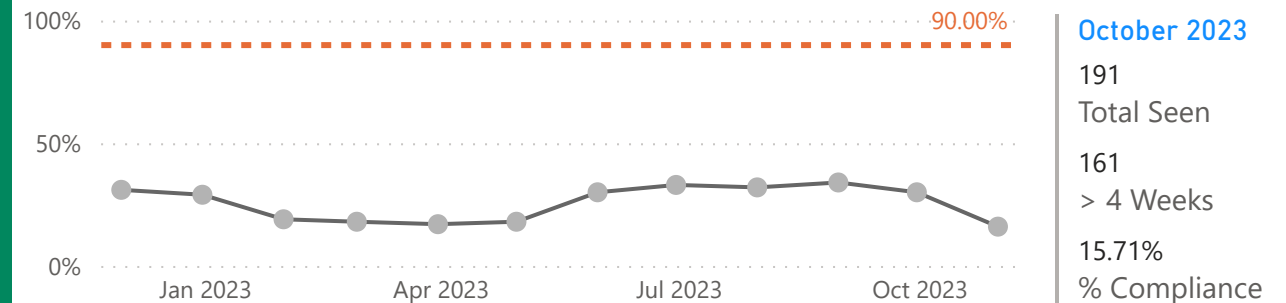
Latest Month  
**October 2023**  
312  
Total Waiting  
191  
Total Seen  
95  
Total Referrals

Podiatry 4 Week MSK - Completed Waits Compliance



Latest Month  
**October 2023**  
9  
Total Seen  
5  
> 4 Weeks  
44.44%  
% Compliance

Physiotherapy 4 Week MSK - Completed Waits Compliance



Latest Month  
**October 2023**  
191  
Total Seen  
161  
> 4 Weeks  
15.71%  
% Compliance

## Issues/Performance Summary

Physio - MSK demand new referrals have increased by 50% possibly linked to vacant primary care FCP role. DNA rates have remained static and cause significant productivity losses. This is an average of 70 appointment slots per month. Longest waits are on an improving trajectory.

Podiatry - MSK referrals are clinically triaged as lower priority compared to patients with high risk diabetes, active foot diseases. These patients are significant risk or increased morbidity and mortality. The current podiatry resource for MSK is 0.4WTE clinical time per week. In October there was 17 clinical days lost to planned leave. In these situations all activity is redirected to patients at high risk with active foot disease.

## Planned/Mitigating Actions

FCP post - proposal for an Annex 21 option to attract and retain specialist clinician. SOP developed to address DNA patient levels. Service Access policy being applied. Electronic patient booking and text alert system for all OP would reduce DNA and cancellations. New to review ratios benchmark as best performing across Scotland.

Peripatetic Isles service proposal to address longest waits across Isles as a statistical outlier.

Podiatry - increase in the numbers of DNA's and legacy of COVID-19 build up. All MSK patients waiting have received a telephone triage in line with NECU. Workforce plan identifies the need for additional clinical capacity for patients requiring podiatric intervention. Personal foot care pathway has redirected approximately 400 people to appropriate independent and third sector providers.

## Assurance/Recovery Trajectory

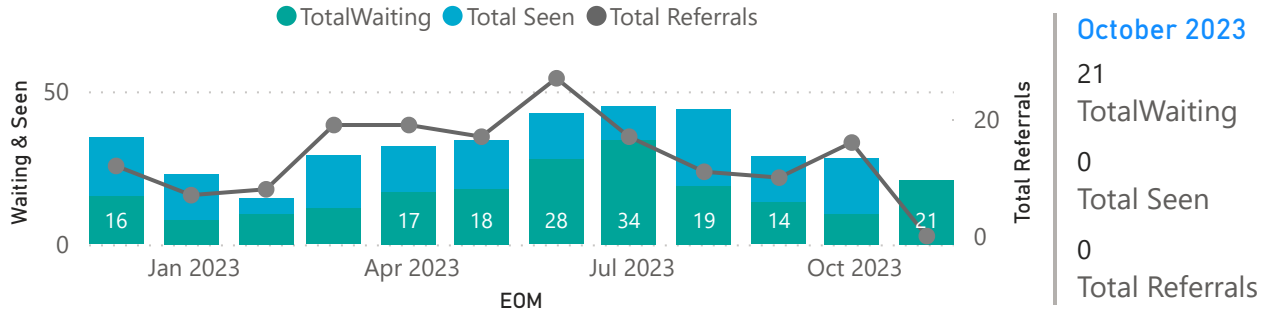
Short-term waiting list initiative is required to address COVID-19 demand and vacancy impacts in both Physio and Podiatric MSK service.

# MSK (Orthotics & All Specialties Summary) (Source: TrakCare)

Latest Data:

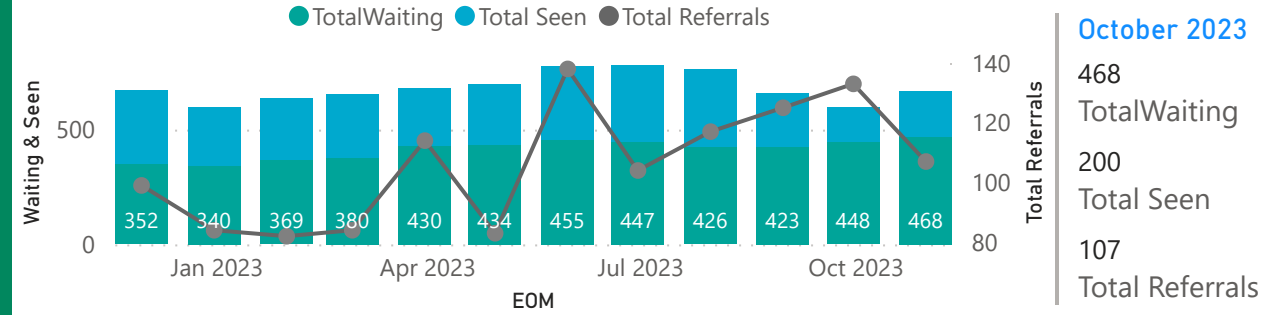
October 2023

### Prosthetics/Orthotics - Referrals, Patients Seen, Patients Waiting



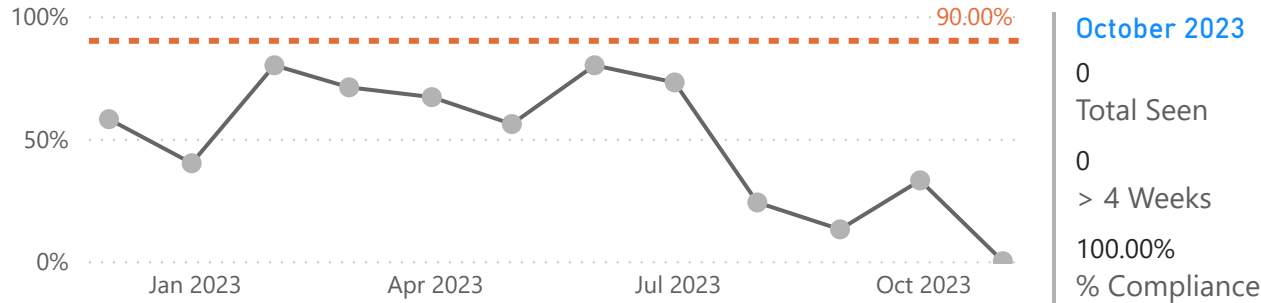
Latest Month  
**October 2023**  
21  
Total Waiting  
0  
Total Seen  
0  
Total Referrals

### All Specialties - Referrals, Patients Seen, Patients Waiting



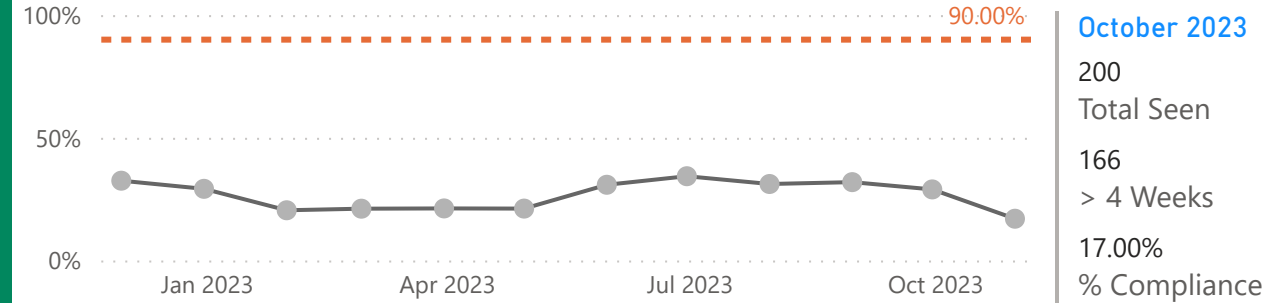
Latest Month  
**October 2023**  
468  
Total Waiting  
200  
Total Seen  
107  
Total Referrals

### Prosthetics/Orthotics 4 Week MSK - Completed Waits Compliance



Latest Month  
**October 2023**  
0  
Total Seen  
0  
> 4 Weeks  
100.00%  
% Compliance

### All Specialties 4 Week MSK - Completed Waits Compliance



Latest Month  
**October 2023**  
200  
Total Seen  
166  
> 4 Weeks  
17.00%  
% Compliance

## Issues/Performance Summary

No adverse waits for Orthotic Services.

## Planned/Mitigating Actions

Service Level Agreement under review and option appraisal of sustainable model planned.

## Assurance/Recovery Trajectory

No significant concerns at present.

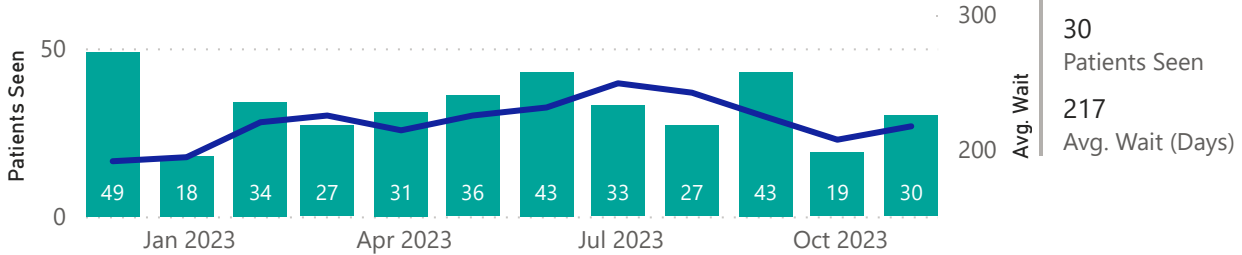
# Podiatry (Source: TrakCare)

Latest Data:

October 2023

Podiatry - Activity & Avg. Wait (Days)

● Patients Seen ● Avg. Wait (Patients Waiting - Days)



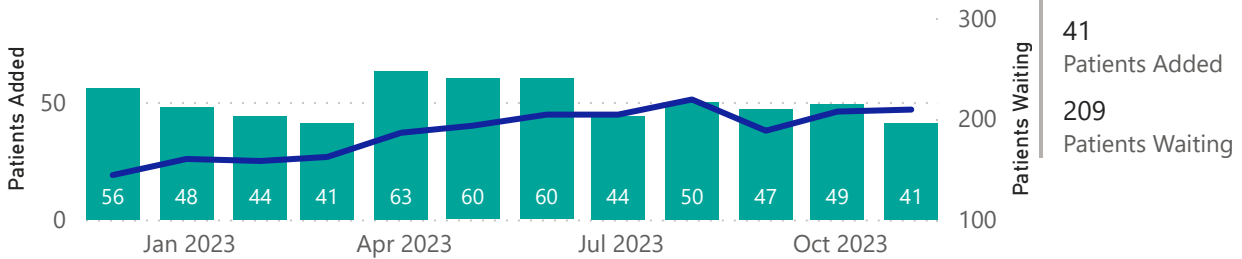
Latest Month

October 2023

30  
Patients Seen  
217  
Avg. Wait (Days)

Podiatry - Waiting List Additions

● Patients Added ● Patients Waiting



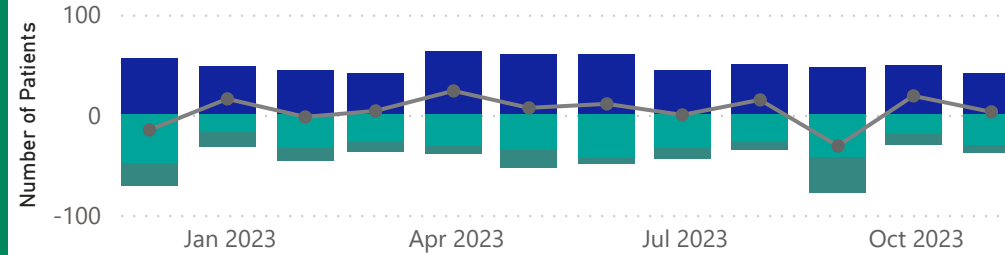
Latest Month

October 2023

41  
Patients Added  
209  
Patients Waiting

Podiatry - Demand & Activity Summary

● Patients Added ● Patients Seen ● Patients Removed ● WaitlistChange



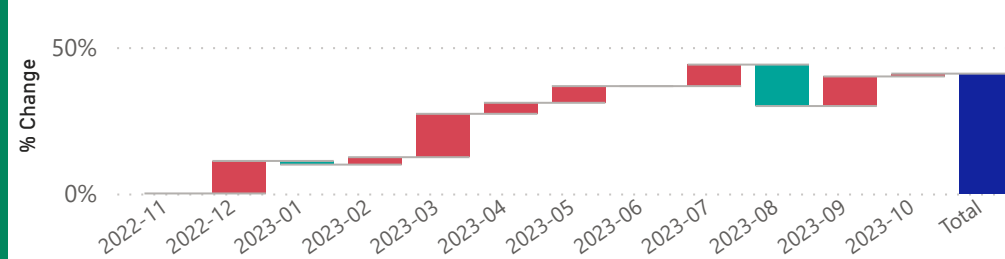
Latest Month

October 2023

30  
Patients Seen  
41  
TotalAdded  
8  
TotalRemoved  
3  
WaitlistChange

Podiatry - Waiting List % Change

● Increase ● Decrease ● Total



Latest Month

October 2023

0.97%  
% Change

## Issues/Performance Summary

Clinical workforce establishment has not kept pace with population and epidemiological needs. Patient care needs are exceptionally high circa 360 new and return appointments per month. Clinical accommodation remains a significant challenge.

## Planned/Mitigating Actions

Review of DCAQ, actions to address DNA's such as access policy and patient electronic alerts. Continue/refresh education and footcare training with stakeholders. Short term MSK wait list initiative (if approved).

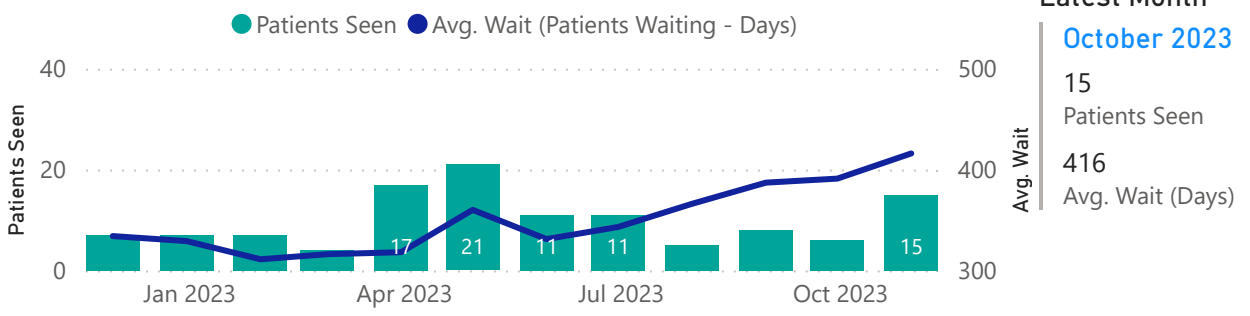
## Assurance/Recovery Trajectory

High risk patients treated on time and in line with evidence, MSK targets will not be met and a national discussion on the relevance with this target is required through Associate Director for Allied Health Professionals. The more and most significant work is footcare protection, prevention of active foot disease and the management of active foot disease.

# Speech and Language Therapy (Source: TrakCare)

# Latest Data: October 2023

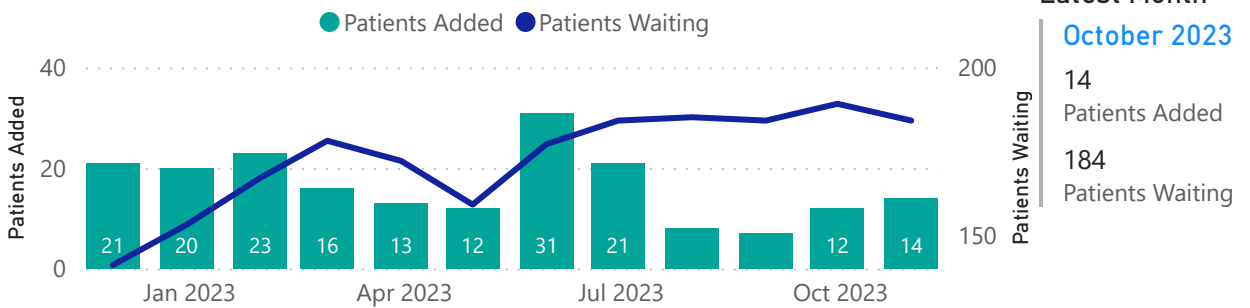
### SaLT - Activity & Avg. Wait (Days)



Latest Month

**October 2023**  
 15 Patients Seen  
 416 Avg. Wait (Days)

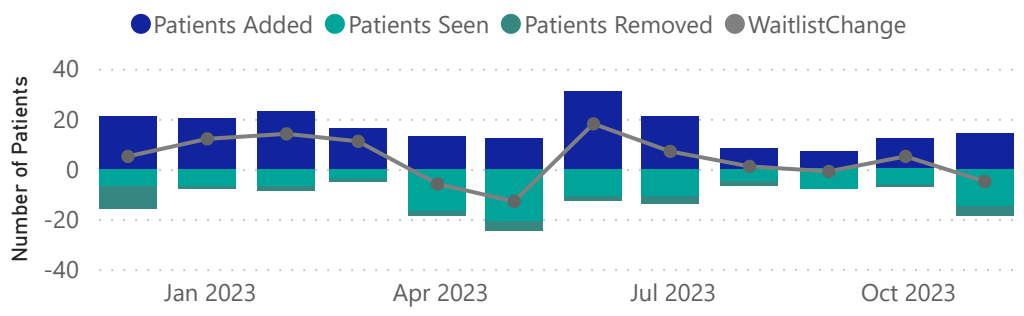
### SaLT - Waiting List Additions



Latest Month

**October 2023**  
 14 Patients Added  
 184 Patients Waiting

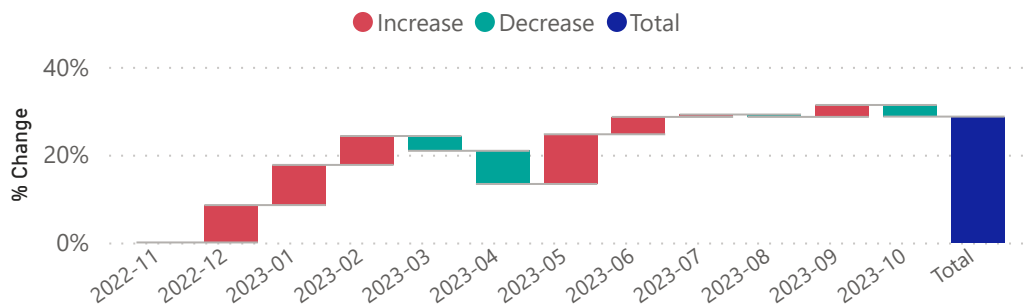
### SaLT - Demand & Activity Summary



Latest Month

**October 2023**  
 15 Patients Seen  
 14 Total Added  
 4 Total Removed  
 -5 Waitlist Change

### SaLT - Waiting List % Change



Latest Month

**October 2023**  
 -2.65% % Change

## Issues/Performance Summary

Children's Service waits remain unfavourably high. Adult Service is at high risk - unable to recruit since January 2023.

## Planned/Mitigating Actions

Additional investment will bring the children's service WTE to 3.25. Work is underway with the Royal College of Speech and Language Therapy to undertake a supportive service review. Adult remote only service being trialled with on Island support from Rehab Support Workers. All Age Learning Disability Service currently being covered by Specialist locum.

## Assurance/Recovery Trajectory

Additional post will support service recovery for children's services, however detailed forecasting and service need against capacity requires to be prioritised in line with Health and Care Staffing, Safe Staffing legislation.



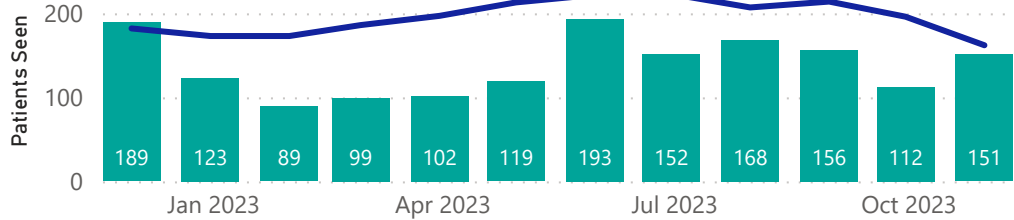
# Physiotherapy (Source: TrakCare)

Latest Data:

October 2023

### Physiotherapy - Activity & Avg. Wait (Days)

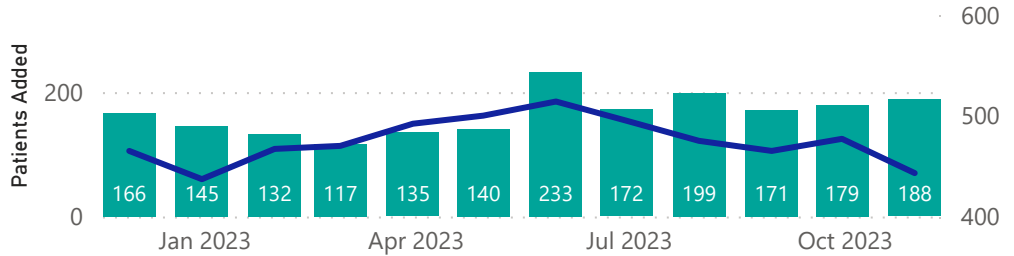
● Patients Seen ● Avg. Wait (Patients Waiting - Days)



Latest Month  
**October 2023**  
 151 Patients Seen  
 162 Avg. Wait (Days)

### Physiotherapy - Waiting List Additions

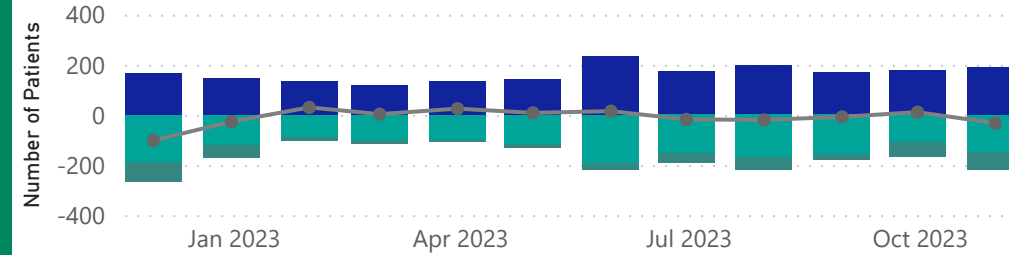
● Patients Added ● Patients Waiting



Latest Month  
**October 2023**  
 188 Patients Added  
 443 Patients Waiting

### Physiotherapy - Demand & Activity Summary

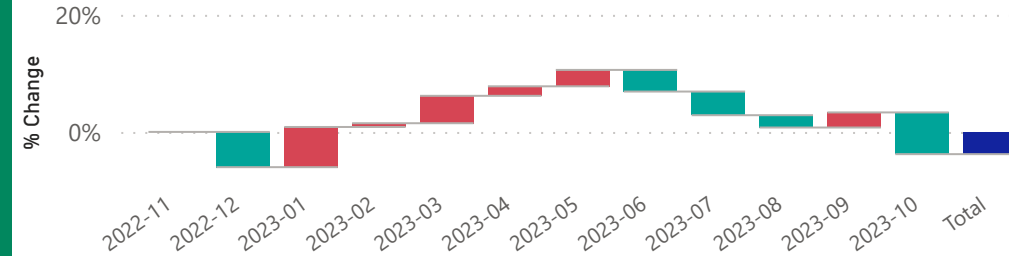
● Patients Added ● Patients Seen ● Patients Removed ● WaitlistChange



Latest Month  
**October 2023**  
 151 Patients Seen  
 188 TotalAdded  
 70 TotalRemoved  
 -33 WaitlistChange

### Physiotherapy - Waiting List % Change

● Increase ● Decrease ● Total



Latest Month  
**October 2023**  
 -7.13% % Change

## Issues/Performance Summary

Whole of service improvement project underway , this is looking at three key workstreams of People and Team, Data and Performance, Professional and Quality.

## Planned/Mitigating Actions

Dashboard for at a glance performance in development , service standards being reviewed in line with best practice. Recruitment for key posts active. Supervision training completed and sessions rolled out. Appraisal completion rates reviewed and actively managed. Documentation audits commenced.

## Assurance/Recovery Trajectory

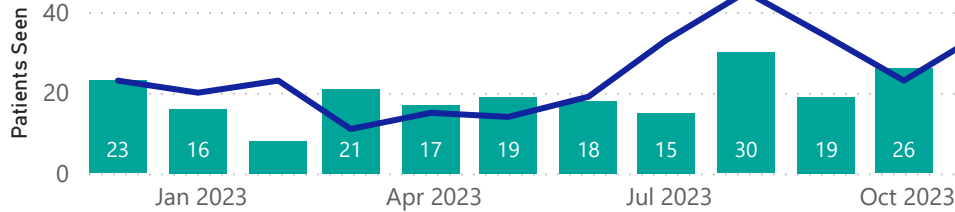
New clinical lead in post 2024, continue improvement work and option appraisal for most efficient and effective models of person centred delivery.

# Prosthetics/Orthotics (Source: TrakCare)

Latest Data: **October 2023**

### Prosthetics/Orthotics - Activity & Avg. Wait (Days)

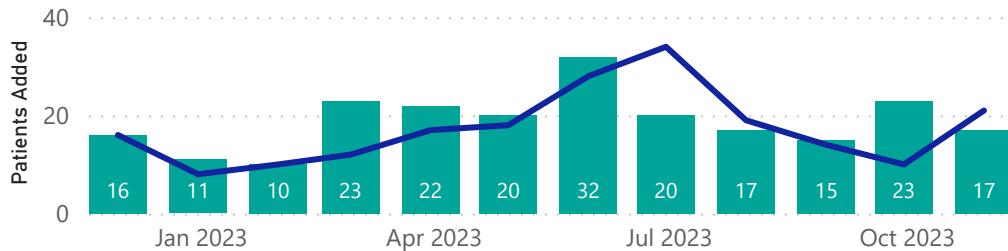
● Patients Seen ● Avg. Wait (Patients Waiting - Days)



Latest Month  
**October 2023**  
0 Patients Seen  
35 Avg. Wait (Days)

### Prosthetics/Orthotics - Waiting List Additions

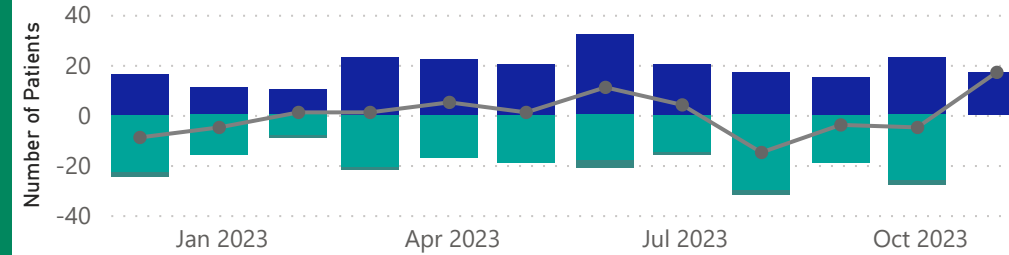
● Patients Added ● Patients Waiting



Latest Month  
**October 2023**  
17 Patients Added  
21 Patients Waiting

### Prosthetics/Orthotics - Demand & Activity Summary

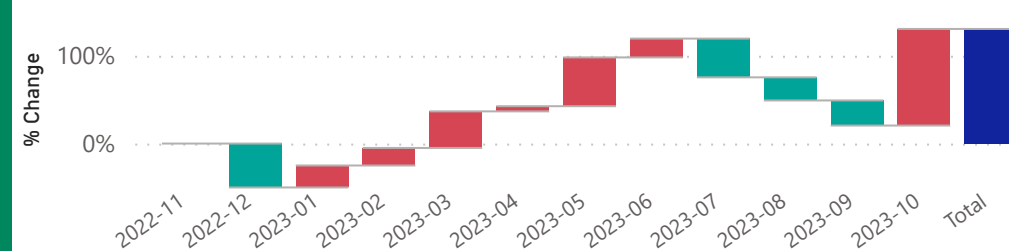
● Patients Added ● Patients Seen ● Patients Removed ● WaitlistChange



Latest Month  
**October 2023**  
0 Patients Seen  
17 TotalAdded  
0 TotalRemoved  
17 WaitlistChange

### Prosthetics/Orthotics - Waiting List % Change

● Increase ● Decrease ● Total



Latest Month  
**October 2023**  
110.00% % Change

## Issues/Performance Summary

Orthotics SLA progressing well, no adverse waits for service. Prosthetics are provided through one of the 5 mainland centres in Scotland. The Mobility and Rehabilitation Service, Woodend, Aberdeen provides support to NHS Orkney. No Service requirements/provision issues have been flagged.

## Planned/Mitigating Actions

N/A

## Assurance/Recovery Trajectory

N/A

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Corporate Risk and Assurance Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Carrie Somerville, Planning, Performance &amp; Risk Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**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

The purpose of this paper is to provide an update on the full review which has been undertaken for all Tier 1 and Tier 2 risks and to share with the Board an overview of the proposed changes to the Corporate Risk Register.

## 2.2 Background

A complete refresh of the Corporate Risk Registers (Tier 1 and Tier 2) has been completed since the October 2023 Board meeting, led by the CEO and Planning, Performance and Risk Manager. This process included discussions with the Executive Director Leads through the Corporate Leadership Team and also meetings have also been held with each of the Executive Directors to review the risks held in Tier 1 and Tier 2 risks. The outcomes of these discussions have been captured within the Proposed Corporate Risk Register (Appendix 1). The proposal was presented to Senior Leadership Team on 4 December 2023, Audit and Risk Committee on 5 December 2023 and the Risk Management Forum on 6 December 2023 for discussion and approval.

Phase two of this exercise will be for the incoming substantive Medical Director to review and produce a new approach to risk management at NHS Orkney, alongside the development of a new Board Assurance Framework and Corporate Strategy (April 2024).

NHS Orkney currently has a 3-tier risk management system to allow for escalation and de-escalation of risk as appropriate, taking account of changes in the operating environment and organisational landscape. It is proposed that until the new approach has been agreed and implemented, whilst the ability to escalate and de-escalate risk is crucial, it is felt that management of risk within NHS Orkney can be more effective with a 2-tier system so that the process is as simple and clear as possible. All risks will be aligned to a Corporate (Tier 1) or Operational (Tier 2) Risk Registers. It is also intended that where appropriate that Operational and Corporate Risks are linked and also mapped to Strategic Priorities.

Through this process, alongside the Risk Management Forum and Audit and Risk Committee, the Senior Leadership Team have been asked to provide oversight for all Corporate Risks and the Risk Management process, ensuring that there is a visible and robust process of Risk Management within NHS Orkney which provides assurance, to both Committees and Board, staff, patients and public that management, clinicians, and staff are working together to deliver improved outcomes. From 2024, Joint Clinical and Care Committee, Staff Governance Committee and Finance and Performance Committee will receive the risks relevant to these Committees, with Committee Chairs reporting back into Audit and Risk Committee as appropriate on risk. The Audit and Risk Committee, Senior Leadership Team and Board will retain oversight of the full Risk Register. Audit and Risk Committee will review the full Risk Register ahead of the Board meeting, along with the Risk Management Forum minutes and Chair's Assurance Report.

## 2.3 Assessment

Prior to the review there were 45 Corporate Risks held on Tier 1 and Tier 2 registers, as follows:

- 14 - Tier 1 (Corporate Risk Register)
- 11 – Tier 2 (Business and Support Risk Register)
- 17 – Tier 2 (Hospital Risk Register)
- 3 – Tier 2 (Orkney Health and Care Risk Register)

The proposed Risk Register has Corporate 16 risks.

- 6 risks to remain on Tier 1.
- 5 risks moving from Tier 2 (2 from Business and Support, 2 from Orkney Health and Care, 1 from Hospital) to Tier 1.
- 5 new risks added to Tier 1.

There are 23 risks moving to Operational Risk Registers.

- 7 from Business and Support
- 1 from Orkney Health and Care
- 10 from Hospital
- 5 from Corporate

There are 11 risks which have been reviewed and will be made inactive (2 Business and Support, 6 Hospital and 3 Corporate).

The refreshed Corporate Risk Register has 3 very high and 8 high risks. This highest risk relates to Corporate Finance. All very high and high risks will be reviewed within 3 months.

ID	Risk Title	Executive Lead	Risk Handler	Risk - Governance Committees	Review date	Risk level (current)
510	Corporate Finance Risk - Risk that lack of long term financial sustainable solution and national escalation status impacts adversely on patient safety, quality and experience, as well as organisational culture improvements that are underway.	Director of Finance	Director of Finance	Finance and Performance	20/12/2023	25
New	Fragile Services - Lack of some sustainable clinical services leading to fragility long waits for patients and potential adverse outcomes and harm (for example Pain, Ophthalmology, Dentistry, Rheumatology)	Interim Medical Director	Interim Deputy Medical Director	Joint Clinical Care and Governance	28/12/2023	20
New	Overdue Surveillance - There is a risk that patient care will be compromised and that outcome could be transformation from curable to incurable disease through considerable backlog of surveillance colonoscopies.	Interim Medical Director	Interim Deputy Medical Director	Joint Clinical Care and Governance	28/12/2023	20
New	Staff turnover Rates - There is a risk that the Board will be unable to deliver the Organisation's Strategy. This can be through the loss of experienced workforce. Patient care may be impacted- both in terms of loss of specific services or indeed increases to waiting times. Turnover rates can also impact team dynamics and those colleagues who need to recruit to fill the vacancy.	Interim Director of People and Culture	Head of People and Culture	Staff Governance	30/01/2024	16
New	System Capacity - There is a risk that through lack of availability of Residential Care Home beds, that the patient journey is a poor experience with lengthy delays of transfers of care. This system wide pressure on Acute Capacity equates to a risk that elective procedures are cancelled meaning delays in treatment and staffing pressures are experienced with an increased nurse to patient ration. Lack of system capacity also risks longer waits for patients presenting acutely at the Emergency Department with a risk that we are unable to offload SAS.	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Joint Clinical Care and Governance	28/12/2023	16
349	Digital Records - There is a risk that Health Visitors and School Nurses fail to meet Nursing and Midwifery Council record keeping requirements.  The inability for community staff to currently input into Trak creates an information governance risk as there is a potential that information may be inputted into two electronic systems.	Head of Strategic Planning	Head of Strategic Planning	Finance and Performance	26/01/2024	15
New	Capacity challenges within Mental Health Services risking timely delivery of care to patients, impacting on quality and experience	Chief Officer IJB	Head of Health and Community Care	Joint Clinical Care and Governance	30/01/2024	15
655	Fragility of Senior Leadership - Risk that instability, gaps and the lack of continuity of Executive Team and Senior Leadership positions will impact adversely on the delivery of organisational change, strategic priorities and culture change.	Chief Executive	Chief Executive	Staff Governance	20/01/2024	15
509	Medical Workforce Model - There is a risk that care and financial sustainability may be compromised should the current medical workforce model continue	Interim Medical Director	Interim Medical Director	Joint Clinical Care and Governance	25/01/2024	12
365	There is a risk that if the general principles & duties set out in the Health & Care (Staffing) (Scotland) Act 2019 are not met as a result of incomplete systems, processes & clinical structure(s) which leads to non-compliance with legislation and may impact on patient safety, quality and experience. In context of such a range of professional disciplines as necessary to meet the general principles & duties as set out in the HCSA.	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Health Care Staffing Lead	Staff Governance	26/01/2024	12
1211	Management of Waiting Times Data - There is a risk that waiting times aren't appropriately managed and therefore patients do not receive timely care and treatment due to the disconnect between waiting list management and clinical teams.	Chief Executive	Planning, Performance and Risk Manager	Finance and Performance	30/01/2024	12

### 2.3.1 Workforce

There are 4 Corporate Risks identified (3 high and 1 medium), which may have an impact on staff capacity, capability, and training and development. These risks will be reported through Staff Governance Committee.

ID	Risk Title	Executive Lead	Risk Handler	Risk - Governance Committees	Review date	Risk level (current)
New	Staff turnover Rates - There is a risk that the Board will be unable to deliver the Organisation's Strategy. This can be through the loss of experienced workforce. Patient care may be impacted- both in terms of loss of specific services or indeed increases to waiting times. Turnover rates can also impact team dynamics and those colleagues who need to recruit to fill the vacancy.	Interim Director of People and Culture	Head of People and Culture	Staff Governance	30/01/2024	15
655	Fragility of Senior Leadership - Risk that instability, gaps and the lack of continuity of Executive Team and Senior Leadership positions will impact adversely on the delivery of organisational change, strategic priorities and culture change.	Chief Executive	Chief Executive	Staff Governance	20/01/2024	15
365	There is a risk that if the general principles & duties set out in the Health & Care (Staffing) (Scotland) Act 2019 are not met as a result of incomplete systems, processes & clinical structure(s) which leads to non-compliance with legislation and may impact on patient safety, quality and experience. In context of such a range of professional disciplines as necessary to meet the general principles & duties as set out in the HCSA.	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Health Care Staffing Lead	Staff Governance	26/01/2024	12
722	Failure to comply with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH 2002). Failure to comply could lead to staff injury or ill health, possible HSE intervention and /or Civil claims. Access to Sypol via Grampian SLA to be terminated from April 2024 due to lack of financial contribution. No existing budget provision to cover access to Sypol and will cease without continuing financial commitment from the Board.	Interim Director of People and Culture	Health and Safety Officer	Staff Governance	01/04/2024	9

### 2.3.2 Quality/Patient Care

There are 7 Corporate Risks identified (2 very high, 3 high and 2 medium (which may have an impact on patient experience, safety, or quality of care. These risks will be reported through Joint Clinical and Care Governance Committee.

ID	Risk Title	Executive Lead	Risk Handler	Risk - Governance Committees	Review date	Risk level (current)
New	Fragile Services - Lack of some sustainable clinical services leading to fragility long waits for patients and potential adverse outcomes and harm (for example Pain, Ophthalmology, Dentistry, Rheumatology)	Interim Medical Director	Interim Deputy Medical Director	Joint Clinical Care and Governance	28/12/2023	20
New	Overdue Surveillance - There is a risk that patient care will be compromised and that outcome could be transformation from curable to incurable disease through considerable backlog of surveillance colonoscopies.	Interim Medical Director	Interim Deputy Medical Director	Joint Clinical Care and Governance	28/12/2023	20
New	System Capacity - There is a risk that through lack of availability of Residential Care Home beds, that the patient journey is a poor experience with lengthy delays of transfers of care. This system wide pressure on Acute Capacity equates to a risk that elective procedures are cancelled meaning delays in treatment and staffing pressures are experienced with an increased nurse to patient ration. Lack of system capacity also risks longer waits for patients presenting acutely at the Emergency Department with a risk that we are unable to offload SAS.	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Joint Clinical Care and Governance	28/12/2023	15
New	Capacity challenges within Mental Health Services risking timely delivery of care to patients, impacting on quality and experience	Chief Officer IJB	Head of Health and Community Care	Joint Clinical Care and Governance	30/01/2024	15
509	Medical Workforce Model - There is a risk that care and financial sustainability may be compromised should the current medical workforce model continue	Interim Medical Director	Interim Medical Director	Joint Clinical Care and Governance	25/01/2024	12
1212	The Board is not prepared for a presentation of a patient with a High Consequence Infectious Disease (HCID).	Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute	Infection Prevention and Control Manager	Joint Clinical Care and Governance	28/02/2024	9
350	Risk that cancer service standards are not in line with guidance and thus not adequately meeting patient need - There is a risk that cancer care is not being carried out in a timely way risking outcomes for patients who need treatment.	Director of Public Health	Planning, Performance and Risk Manager	Joint Clinical Care and Governance	16/01/2024	6

### 2.3.3 Financial

There are 5 Corporate Risks identified (1 very high, 2 high and 2 medium), which may have an impact on Digital, Performance Management or Spend. These risks will be reported through Finance and Performance Committee.

ID	Risk Title	Executive Lead	Risk Handler	Risk - Governance Committees	Review date	Risk level (current)
510	Corporate Finance Risk - Risk that lack of long term financial sustainable solution and national escalation status impacts adversely on patient safety, quality and experience, as well as organisational culture improvements that are underway.	Director of Finance	Director of Finance	Finance and Performance	20/12/2023	25
349	Digital Records - There is a risk that Health Visitors and School Nurses fail to meet Nursing and Midwifery Council record keeping requirements. The inability for community staff to currently input into Trak creates an information governance risk as there is a potential that information may be inputted into two electronic systems.	Head of Strategic Planning	Head of Strategic Planning	Finance and Performance	26/01/2024	15
1211	Management of Waiting Times Data - There is a risk that waiting times aren't appropriately managed and therefore patients do not receive timely care and treatment due to the disconnect between waiting list management and clinical teams.	Chief Executive	Planning, Performance and Risk Manager	Finance and Performance	30/01/2024	12
312	Mental Health Digital Nursing Records - During the period of transition from a fully paper based recording system to a digital recording system has caused the following: -Limitations of up to date records of patients care and treatment. -Lack of up to date Risk assessments that can be shared -Limitations to information sharing of crisis management plans -Current recording systems not meeting NMC standards / Data Protection Act / Clinical Governance -Current notes possible located in up to 5 separate locations ( including with Clinician, in filing cabinet, with Admin support, with scanning team, on CCube)	Chief Officer IJB	Head of Health and Community Care	Finance and Performance	30/05/2024	9
233	NHSO does not have adequate systems, safeguards or process which could lead to poor outcomes in the event of a major incidents - Risk of impaired response to major emergency due to lack of understanding of staff of roles and responsibilities	Director of Public Health	Resilience Officer	Finance and Performance	30/01/2024	6

### 2.3.4 Risk Assessment/Management

Effective risk management processes are required to underpin the Board’s corporate objectives. Risk identification, assessment and management is embedded in organisational process, in line with the Risk Management Strategy.

### 2.3.5 Equality and Diversity, including health inequalities

NHS Orkney’s Risk Management Strategy and Policy provides a documented process for identifying and managing risks across all services to ensure the safety of patients, staff, visitors, and the public.

### 2.3.6 Climate Change Sustainability

There is a risk in relation to climate change and sustainability.

### 2.3.7 Other impacts

Planning processes that are being reviewed and are at an initial stage of development may potentially highlight opportunities to support NHS Orkney’s risk management strategy.

### 2.3.8 Communication, involvement, engagement and consultation

Engagement in risk management is supported by the Risk Management Forum and where operationally we look to:

- Bring together risk handlers and owners to share best practice and learning.



- Embed the Board's Risk Management Strategy throughout NHS Orkney.
- Developing and implementing Risk Management strategy, supporting framework and procedures.
- Supporting the strategic objectives of NHS Orkney.

### 2.3.9 Route to the Meeting

The paper has been prepared for the purposes of this meeting only.

## 2.4 Recommendation

- **Discussion** – For Members to discuss and consider the proposed changes to the Corporate Risk Register.

## 3 List of appendices

The following appendices are included with this report:

Appendix 1: Proposed Corporate Risk Register November 2023

# NHS Orkney

<b>Meeting:</b>	<b>Orkney NHS Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Formal escalation for Finance</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Laura Skaife-Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Health Board for:**

- Discussion

**This report relates to a:**

- Government policy/directive
- Annual Operational Plan
- Legal requirement

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

- Effective

## 2 Report summary

### 2.1 Situation

On Monday 27 November 2023, we were notified by the Scottish Government that NHS Orkney was being moved to the first stage of formal national escalation due to our deteriorating financial position.

The purpose of this paper is to update the Board on the reasons for escalation, the organisation's response to the Scottish Government and to summarise the next steps, including the development of a tailored support package for NHS Orkney.

## 2.2 Background

On 27 November 2023, NHS Orkney was informed that the Board was being moved from level one to three of the NHS Scotland Support and Intervention Framework, which is the first stage of formal escalation (<https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>). The letter from Scottish Government is available in Appendix 1.

The main reason for escalation is the significant deviation from the organisation's Financial Plan for 2023/24.

Being escalated means NHS Orkney will receive enhanced national monitoring and support. We are in the process of discussing with Scottish Government colleagues what will be most helpful to NHS Orkney and what this support package needs to look and feel like for us.

As a Board, we are reflecting on our own processes to ensure we take this opportunity to maximise our learning and adapt as needed. Our Board had a discussion on 30 November 2023 to share reflections and to discuss next steps and what different needs to look like moving forward and this work is now being taken forward. The Senior Leadership Team met on 4 December 2023 to discuss also and to agree how we will work differently in this next period to ensure the response to escalation is of sufficient magnitude to see the improvements that are necessary and how we maximise clinical and organisational-wide engagement in this next period.

As we respond to escalation status and the challenge we face proportionately, we will continue to ensure patient safety, quality of care and staff wellbeing come first.

## 2.3 Assessment

### Why NHS Orkney has been escalated

- NHS Orkney are forecasting a full year deficit in 2023/24 of £6.245 million in 2023/24. This variance is £3.334 million at month 7 (end of October 2023)
- This compares to a financial plan submitted to Scottish Government in March 2023 with a full year expected deficit of £3.106 million
- The budget to deficit ratio is currently the highest of any NHS Board in Scotland
- A large portion of savings relate to underspend or changes in set aside, and the Scottish Government target for 3% recurring savings of £2.2 million is unlikely to be met

### NHS Scotland Support and Intervention Framework

- NHS Orkney have been at level one of the NHS Scotland Support and Intervention Framework for finance since it was established
- Scottish Government have a National Planning and Performance Oversight Group (NPPOG) which meets regularly to discuss Boards escalation status for a range of issues, including finance
- A discussion took place on 15 November 2023 to review all Boards performance for finance and to reset where Boards are on this framework
- The current level of deficit and variation from original plan for NHS Orkney now meets level 3 of this framework
- Formal notification of this was received by NHS Orkney on 27 November 2023

<b>Stage 1</b>  Steady state	Boards are delivering in line with agreed plans. Normal reporting arrangements in place and no additional or tailored support is required.
<b>INFORMAL SUPPORT AND INTERVENTION</b>	
<b>Stage 2</b>  Enhanced monitoring	There is some variation from agreed plan(s) and a possible delivery risk if no remedial action is taken. At this stage, a Board-led support package or recovery programme should be agreed and implemented. This is the pre-formal escalation stage and risks and/or issues should be raised, either by the Board or by the relevant SG policy lead/s; if necessary, taken to NPPOG for consideration.
<b>FORMAL ESCALATION</b>	
<b>Stage 3</b>  Enhanced monitoring and support	There is significant variation from agreed plan(s). The level of risk is likely to have increased, with performance stagnating or deteriorating below agreed levels, and the Stage 2 Recovery Plan having proved ineffective or insufficient. At this stage, an SG commissioned tailored support package is required and there will be enhanced monitoring of implementation and progress. NPPOG will be informed of progress on a regular basis.
<b>Stage 4</b>  Senior external support and monitoring	There are significant risks to delivery and the Recovery Plan or Tailored Support is not producing the required improvements. At this stage, senior level external support is required, and will report to an Assurance Board chaired by SG. The onus remains on the NHS Board to deliver the required improvements. The Assurance Board will report direct to the Chief Operating Officer for NHS Scotland and DG Health and Social Care. NPPOG will be informed of progress on a regular basis.
<b>Stage 5</b>  Statutory Intervention	At Stage 5, the level of risk and organisational dysfunction is so significant that the NHS Board requires direct intervention using statutory powers of direction.

### A tailored support package for NHS Orkney

NHS Orkney is in the process of agreeing a bespoke support package based on what the organisation needs to improve. Key areas where NHS Orkney have requested support includes:

1. External Financial Improvement resource to work alongside the in-house team to kickstart new ways of working and to bring a fresh perspective (this work starts has been commissioned and starts w/c 11 December 2023)
2. Support for Executive Director development and teambuilding recognising this is critical to our success and delivery
3. Support setting up a new Improvement Function – which will ensure quality, safety and financial improvement are better connected
4. Support and scrutiny of papers and financial governance/function
5. Efficiency and productivity opportunities via the NHS Scotland Finance Delivery Unit
6. Support with the budget planning process for 2024/25

### **Other immediate actions taken by NHS Orkney**

A set of internal actions have been agreed internally to ensure our response to escalation is proportionate and these include:

- Setting up a financial improvement and planning hub at The Balfour so that teams are visible and co-located
- Reviewing Finance and Performance Committee membership, Terms of Reference and reporting structures
- Weekly Financial Sustainability Office meetings
- Clinical leadership to drive project delivery
- Formal communication to the Chair of the Integration Joint Board to request that the IJB Chief Finance Officer supports the FSO and that there is strengthened scrutiny and engagement here
- Weekly touchpoint meetings: CEO, Chair and Director of Finance
- All Corporate Service overtime requests to be approved by the CEO
- CEO chairing the weekly Vacancy Control Panel

### **Priority areas now to year-end**

1. Establishment Review (December 2023)
2. Service Level Agreement Review (December 2023)
3. Alignment of budget setting and Annual Planning for 2024/25
4. Clear plan to reduce locum and agency spend
5. IJB contribution/engagement
6. Continue to drive down spend re: vacancies, overtime, travel

### **Next steps**

- Monthly Finance and Performance Committees, to be attended by all Executive Directors – from December 2023
- Scottish Government to attend Board briefing on 14 December 2023
- W/c 11 December 2023 is the start of a 2-week rapid review to be led by the external Recovery Team so that January 2024 is the start of delivery and implementation
- 11 January 2024 – kick off meeting with Scottish Government and NHS Orkney on-site at The Balfour to review rapid review findings and be clear on quarter 4 2023/24 focus
- Executive Team development to commence early 2024

### 2.3.2 Financial

SG financial allocation agreed and external support package agreed.

### 2.3.3 Risk Assessment/Management

The Corporate Risk Register has been updated to reflect escalation status.

### 2.3.4 Route to the Meeting

- Finance and Performance Committee, 29 November 2023
- Senior Leadership Team, 4 December 2023

## 2.4 Recommendation

**For discussion** - to update the Board on correspondence with Scottish Government and to detail the next steps.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, letter from Scottish Government (27 November 2023)



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Laura Skaife-Knight  
Chief Executive Officer  
NHS Orkney

cc:  
Chair, NHS Orkney  
Director of Finance, NHS Orkney

27th November, 2023

Dear Laura

## NHS Orkney – Financial Position

At the Board Chief Executives meeting on 14 November, I highlighted the scale of financial challenge facing NHS Scotland in 2023-24, with the combined current forecast outturn deficit of £396 million needing to materially improve in the remainder of the year. Improvement in the financial position of NHS Orkney is a key part of this, and following the recent meeting between my team and your Director of Finance and senior finance team, I set out below a summary of our assessment of your Quarter 2 financial position. This includes key risks discussed, progress made from Quarter 1 and the further actions that must be taken.

### Quarter 2 Assessment

At the end of Quarter 2 the Board reported an overspend of £3.3 million and expected to deliver a financial deficit of £6.2 million at the year-end. This is a significant deterioration from the position set out in the original financial plan.

I am concerned about this adverse movement, particularly after receipt of additional NRAC, sustainability and new medicine funding. I understand the Board is planning to deliver £3.8 million of savings in-year, of which £1.6 million of savings have been achieved at Quarter 2. Based on the original financial plan, and taking into account the additional funding received, I would expect the Board to be achieving an outturn position of £1.9 million as a worst case scenario.

NHS Orkney	£m
Financial Plan Deficit	(3.0)
Sustainability Funding	0.6
New Medicines Funding	0.5
Expected Deficit	(1.9)

As you are aware I have asked NHS Boards to aim to deliver recurring savings equalling 3% of baseline in 2023/24 in line with the ongoing Sustainability & Value Programme ('S&V'). I

note NHS Orkney's recurring savings falls short of 3% and would encourage focus to be on recurring savings as much as possible.

## Risks

The following key risks were discussed during the review meeting:

- Supplementary staffing due to high vacancies and staffing models
- Prescribing costs based on increased volume and price; and
- Inflation driving non pay pressures

## Actions

A number of actions were set out at the Quarter 1 review stage. These included:

- **Detailed In-Year Position Monitoring** – to monitor the Board's in-year position through the Financial Sustainability Office (FSO) to help mitigate against risk of further deterioration in its outturn forecast.
- **Grip and Control** – to produce and share reports on Grip and Control procedures to ensure improvements across systems are applied.
- **Savings Delivery** – to seek and progress delivery efficiencies to ensure that the savings target of £3.8 million is achieved in-year.

I understand work is ongoing to deliver on these actions, but in addition, further actions were discussed as part of the Quarter 2 meeting:

- Developing the ongoing financial support work with the Finance Delivery Unit
- Enhancing FSO capacity to increase focus on financial recovery

Furthermore, we would ask that thought is given to these areas:

- Proactive and visible senior financial leadership, including consideration of having an experienced Financial Recovery Director to support the organisation;
- What resource and structure is needed in your Improvement Function in 2024/25 in order to see the step change that is required (so that finance is not seen as separate to safety and quality and wider organisational improvements);
- Whether strengthened financial governance is necessary, including in the FSO;
- Any strengthened Board-level support required; and
- Scrutiny of Integration Joint Board engagement to ensure delivery of the required savings and contribution to improvement are understood.

## NHS Scotland Support and Intervention Framework

A meeting took place of the National Planning and Performance Oversight Group (NPPOG) on 15 November to discuss NHS Boards' position on the recently published NHS Scotland Support and Intervention Framework. NHS Orkney were previously at level one of this framework for finance.

Due to the scale of the forecast deficit within NHS Orkney, variation from original plan, and overall assessment of the financial environment, the Board will now move to level three of the framework. This is the first stage of formal escalation and comes with enhanced monitoring and support. NPPOG will be informed of progress on a regular basis. In order to reach a stage de-escalation could be considered, a material movement on the position would



have to be evidenced, with a credible medium term recovery plan to ensure a return to financial balance.

I must reiterate the importance of the Accountable Officer statutory responsibilities to make the best use of public funds and to deliver services within the set annual resource limits. Spending outside available resource is not permitted under the Scottish Public Finance Manual and any brokerage required would be as a repayable loan.

### **Finance Delivery Unit and additional support**

I am encouraged by the Board's engagement with the FDU and note the following areas of work which will support the tailored support package offered under level 3 of the framework;

- Providing feedback on the priority areas provided by the FDU, and how these will be targeted by the Board - which the organisation has already responded to so that we can narrow down targeted interventions and to agree key areas of support.
- How the FDU can perform deep dives into the areas underpinning NHS Orkney's deficit (prioritising supplementary staffing (locum/agency spend) as a main driver of the organisation's overspend and theatre use and productivity ).
- Attendance at an NHS Orkney Board meeting in December 2023.
- A deep dive Discovery report to outline priority areas.
- Attendance at system meetings and NHS Orkney meetings as appropriate eg, Grip and Control meetings, FSO meetings and wider meetings with local authority senior leaders to discuss how delayed transfers of care can be reduced

### **Summary**

I believe the above summarises the outcome of the Quarter 2 review. I look forward to seeing a co-ordinated attempt to improve the forecast across NHS Orkney's Executive Leadership Team. Colleagues from the FDU will continue to work closely with NHS Orkney with the expectation that the Board will continue to identify further actions to improve the financial position.

Yours sincerely



Richard McCallum  
Director of Health and Social Care Finance, Digital and Governance

## Extended Senior Leadership Team Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Extended Senior Leadership Team	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	Extended SLT	
<b>Presented By:</b>	Laura Skaife-Knight	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 4 October 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<ol style="list-style-type: none"> <li>1. Following a workshop about transformational schemes re: Financial Improvement, a number of schemes over the value of £50K are being scoped and prioritised</li> <li>2. An expression of interest re: clinical leadership will be issued in the weeks to come to lead these transformation projects and those colleagues who have Quality Improvement/related skills to lead projects will be shared by each member of extended SLT so there is a central record on which we can draw on</li> </ol>
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> <li>1. Winter Plan and The Balfour Escalation Plan agreed by extended SLT with minor additions following strong engagement and discussion – the plan will be launched across the organisation in the next 4-6 weeks</li> <li>2. Urgent and Unscheduled Care Improvement Plan discussed in detail ahead of a wider launch across the organisation. Key areas of focus will be: <ul style="list-style-type: none"> <li>- Assess to admit</li> <li>- Outpatient Antibiotic Therapy – to save bed days</li> <li>- Better discharge planning (Planned Discharge Dates)</li> <li>- More work to do with public messages re: 111 and alternative services – to manage expectations</li> </ul> </li> </ol>	<p>No major decisions as this was a discussion forum/workshop session.</p> <p>There was a decision to hold two further extended SLT meetings in 2023 – as follows:</p> <p>6 November – Annual Planning meeting  December (date TBC) – joint Board/extended SLT re: culture</p>
Comments on Effectiveness of the Meeting	

1. A really engaging session and a great start to extended SLT
2. Build in more breaks for the 3 hour session next time

## Senior Leadership Team Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	SLT	
<b>Presented By:</b>	Laura Skaife-Knight	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 17 October 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> <li>Digital Maturity Assessment results presented to SLT and shows NHS Orkney to be an outlier in a number of areas and to have a low digital maturity index, which presents an opportunity for improvement. Results and action plan to be added to the next Finance and Performance Committee agenda</li> <li>The absence of senior and clinical leadership buy-in remains a cause for concern given our deteriorating financial position. Plans to return to transformation schemes and clinical leadership at next SLT in addition to a range of additional measures now in place to recognise the risks associated with our financial position</li> <li>Colonoscopy surveillance - there is a concern about failure to timeously undertake surveillance colonoscopies. Concerns have been escalated internally and externally given the potential impact on patient outcomes and cancer diagnosis. The Medical Director is leading this response. An action plan is in place which includes plans to prioritise patients waiting over 1 year for surveillance ahead of looking at the backlog of patients waiting up to 1 year. SG and Cabinet Secretary briefed and paper to come to In Committee Board (October) and back to SLT with progress update (November).</li> </ol>	<ol style="list-style-type: none"> <li>The current Risk Register is being refreshed and cleansed to ensure it is up-to-date and reflects current risks to the delivery of our strategic objectives. Between October and December 2023 the risk register will be reviewed and agreed ahead of coming to the December Board for approval</li> <li>Business Case: Bladder and Bowel Health Service Provision and proposal to create a local service – business case was not agreed at SLT, however, it was agreed that whilst this appeared a clear clinical strategy fit, that work would be done to include updates on impact on patient outcomes, access and waiting times for each of the options to help with decision-making. It was also agreed that this business case needed to be considered in the context of the Annual Planning process for 2024/25 recognising the financial challenges the organisation faces which means that strategic choices need to be made</li> </ol>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>

<ol style="list-style-type: none"> <li>1. Second Extended Senior Leadership Team planned for 6 November 2023 – with a focus on annual planning for 2024/25</li> <li>2. Clinical and Non-Clinical Policies are being reviewed to that policies can be brought back in date ASAP</li> <li>3. New planning hub has been put in place bringing planning and performance, finance, HR and other teams together to support better MDT working re: strategic planning, which is a welcome step forward</li> <li>4. New annual Awareness Calendar to share key staff briefing and listening dates and key awareness days NHS Orkney wishes to support throughout the year</li> </ol>	<ol style="list-style-type: none"> <li>1. Anchor Strategic Plan approved ahead of coming to Board on 26 October 2023</li> <li>2. Annual Delivery Plan – Quarter 1 and 2 progress update – approved ahead of coming to Board on 26 October 2023</li> <li>3. Main Improvement Plans, Action Plans and Strategies - Governance and oversight arrangements – approved ahead of coming to Board on 26 October 2023</li> <li>4. Mental Welfare Commission visit action plan – approved – ahead of coming to Board on 26 October 2023 for approval</li> <li>5. 3 policies approved: <ul style="list-style-type: none"> <li>- Access Policy (minor amends)</li> <li>- Escalation for Potential Cancellation on Day of Surgery (minor amends)</li> <li>- Responding to a missing person (new policy)</li> </ul> </li> </ol>
<p><b>Comments on Effectiveness of the Meeting</b></p>	
<ol style="list-style-type: none"> <li>1. Need to be mindful of the volume of papers and people's time</li> <li>2. Late papers cannot continue (Friday the week before cut off point will be implemented and if papers not received they will be pulled from agenda)</li> <li>3. The quality of cover papers is key given size of agenda and number of papers</li> <li>4. Much better discussions with each meeting and wider contribution from all in the meeting which is a positive development, as well as more people feeling able to challenge and disagree</li> <li>5. Need to be clear what level of information we need to make a decision at SLT (ie do we need this volume of information and papers) – however it was recognised that until operational governance arm is functioning well and more mature that this is more challenging.</li> </ol>	

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

<b>Title of Report:</b>	Chair’s Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	SLT	
<b>Presented By:</b>	Laura Skaife-Knight	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 21 November 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> <li>1. Colonoscopy – SLT received a further update on the concerns about overdue surveillance and potential adverse impact on patient outcomes. Significant progress has been made since the last meeting, with lists planned and under control by the end of December 2023 for urgent and suspected cancer patients. Plans being worked through for patients under surveillance as are plans to enact Duty of Cancer by writing to overdue patients for apologise. IMT in place to oversee progress.</li> <li>2. Financial performance and national escalation – SLT were updated by the CEO that the Board will enter the first stage of formal escalation and the collective response that is necessary from the senior leadership community, including reflections needed on the changes and different ways of working that are needed due to the deviation from the Board’s agreed financial plan (Month 7 financial results showed insufficient progress, with a £6.2m year-end deficit position still forecast</li> <li>3. Data Quality/waiting times Public Health Scotland review completed and report findings presented to SLT – assurance that NHS Orkney is not publishing incorrect waiting times, however, improvements are necessary in order to connect waiting times management to clinical teams when it comes to ownership.</li> </ol>	<ol style="list-style-type: none"> <li>1. Work is underway in six key areas to make improvements so that we go into 2024/25 in a better place, including: <ul style="list-style-type: none"> <li>- Corporate Strategy development</li> <li>- Risk</li> <li>- Culture</li> <li>- Governance</li> <li>- Performance</li> <li>- Improvement</li> </ul> </li> <li>2. Improvement Plan is under development in response to Data Quality/Waiting Times review by PHS and will return to the 4 December 2023 SLT.</li> </ol>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>

<ol style="list-style-type: none"> <li>1. Island Games 2025 – the Games Director attended SLT to update members on the planning for Orkney hosting the Island Games in 2025</li> <li>2. IT migration: structured debrief – important learning captured which will now be taken forward and assurance provided via Finance and Performance Committee, with clear action owners and timelines added to each recommendation for improvement that will enhance organisational resilience.</li> <li>3. Procurement Annual Report 2022/23 – an excellent document and example of progress</li> </ol>	<ol style="list-style-type: none"> <li>1. Sleep Apnoea Service - current waiting times for sleep studies in Grampian is 2-3 years and currently 88 patients from Orkney are on the waiting list. Most hospitals in Scotland will be in a similar position. Providing a local service is likely to be cheaper and vastly more efficient. Agreed to invest in the apparatus for undertaking sleep studies (circa £3-5,000) to enable a local service to be introduced, which will be more convenient for patients and will rapidly reduce our waiting lists as well as be a cheaper service.</li> <li>2. Infection Prevention and Control Workforce Strategic Plan – agreed that a Short Life Working Group would be set up to take this forward and that this should feature in the annual planning process for 2024/25</li> <li>3. Team Orkney Awards categories and process agreed</li> <li>4. Policies: <ul style="list-style-type: none"> <li>- Health and Safety Policies – Stress Management Policy – approved</li> <li>- Clinical Policies – Person-centred visiting, bedrails, verification of death and infant feeding policies - approved</li> <li>- Estates Policies – Confined space, Control of asbestos, Medical Gas, PAT testing and Construction, Design and Management and PUWER policies - approved</li> </ul> </li> </ol>
<p>Feedback about meeting:</p> <ul style="list-style-type: none"> <li>- Big agenda which required 2 hours rather than 1.5 hours</li> <li>- Good to have update on Island Games</li> <li>- Need to agree the governance route for policies so that SLT spends its time wisely and on the right agenda items</li> </ul>	



# 10.1.3

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

<b>Title of Report:</b>	Chair’s Assurance report from the Senior Leadership Team	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Laura Skaife-Knight, Chief Executive	
<b>Approved By:</b>	SLT	
<b>Presented By:</b>	Laura Skaife-Knight	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 4 December 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> <li>1. Annual appraisals – only 1 in 5 of staff have had appraisals</li> <li>2. Staff Experience and iMatter benchmarking with other Boards showing as worst territorial board in 7 key areas such as speaking up and confidence that things will change as a result of speaking up and whether staff would recommend NHS Orkney as a place to work and receive care</li> <li>3. Financial escalation due to deteriorating performance</li> <li>4. High number of incidents not being resolved in DATIX, 1/3 over a year old</li> <li>5. Limited assurance re: patient safety, quality and experience reporting in the absence of a rounded report</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Plan in response to Data Quality Review of Waiting times by Public Health Scotland</li> <li>2. Endoscopy Incident Management Team data review complete reducing the waiting list</li> <li>3. Integrated Performance Report to be shared out with the meeting</li> </ol>
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> <li>1. Revised and refreshed risk register, reduced from 45 Tier 1 and 2 risks to 21 Tier 1 risks</li> <li>2. Corporate Risk and Assurance report and ongoing work to align organisational risks with governance Committees</li> <li>3. Death Certification Review Service Annual Report received</li> </ol>	<ol style="list-style-type: none"> <li>1. Approved the Pharmacy Recruitment Strategy</li> <li>2. Approved the GP salary scales to correct a discrepancy that has been identified</li> <li>3. Echocardiology Business Case – to be considered as part of the annual planning process in January 2024</li> <li>4. North Imaging Alliance 2024/25 proposal approved</li> <li>5. Data Quality Review Improvement Plan approved</li> <li>6. GPIT provisions and Business Case to be considered as part of annual planning process in January 2024</li> <li>7. Operational governance review progress was recognised and approved</li> </ol>



<p>Feedback about meeting:</p> <ul style="list-style-type: none"><li>- Run over time – but a large agenda so time was needed</li><li>- Could have been smarter in sifting papers that don't need to come to this meeting moving forward (when operational governance system begins to</li><li>- Breadth of papers and areas covered welcomed</li><li>- Good conversations and strong engagement</li></ul>	

# NHS Orkney

<b>Meeting:</b>	<b>Orkney NHS Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Operational Governance Review</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Emma West, Corporate Services Manager</b>

## 1 Purpose

**This is presented to the Health Board for:**

- Decision
- Discussion

**This report relates to a:**

- Legal requirement
- Government policy/directive
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The Board are asked to approve the refreshed operational Governance Committee reporting structure for implementation and dissemination across the organisation and note the current and future proposals for strengthening and streamlining operational governance.

## 2.2 Background

The Board establishes Governance Committees as required by statute, guidance, regulation, and Ministerial direction and as are necessary for the economical efficient and effective governance of its business.

Except for the Matters Reserved for the Board, as set out in the Model Standing Orders, the Board delegates to the Governance Committees those matters it considers appropriate and these are detailed in individual Committee Terms of Reference.

To support the work of the NHS Orkney Board a framework of appropriate standing committees has been established, reporting directly to the NHS Orkney Board. These are set out on the first page of the Governance Structure, including a brief purpose of the Committee and delegated responsibilities to support the delivery of good governance.

A review has been carried out to consider operational Committees and groups directly reporting to the assurance Governance Committees of the Board and these are set out in the document as attached.

This Operational Governance review needs to be considered in the context of wider improvements that are underway to further strengthen our governance systems.

This includes (1) assurance Committees (2) operational governance forums and (3) soon to be introduced performance review meetings.

The first step in the operational governance improvements was introducing a Senior Leadership Team (SLT) meeting, which reports directly to the Board. A review of SLT will take place in January 2024, as agreed, so we can continue to improve its effectiveness.

## 2.3 Assessment

The review has considered current reporting arrangements and best practice, linking to the remits outlined in the Governance Committee Terms of Reference as approved by the Board.

A further review of the operational groups below those listed should be considered by the responsible lead Executive Director. This work will begin in quarter 4 of 2023/24 in parallel with a review of the Corporate Governance function.

A review of the Quality Forum and supporting structure will be taken forward by the substantive Medical Director as a priority when they commence in post in quarter four of 2023/24.

Actions already taken

1. Strengthened governance arrangements have been implemented by removing Executive Directors from Governance Committee voting membership from 1 April 2024, to allow for a clearer distinction of roles. With Executive leads providing the expert advice and Non-Executives to provide effective scrutiny and challenge.
2. The deadline for receiving governance committee papers has been reduced from 14 days to 9 days, to allow for the most up-to-date information and data to be used. This change will be reflected in the next amendment to the Code of Corporate Governance. In addition, the Corporate Governance Team will improve in the turnaround of all committee minutes and will embed a new approach to agenda setting to support improvement in assurance to the governance committees.
3. The turnaround time for draft minutes for Board and Board Committees for review will be 5 working days after the meeting to allow timely checking and approvals by relevant Board members.
4. There has been a refreshed focus and increased visibility on risk management, with risk moved higher on Governance Committee agendas to allow this to set the focus for the meeting and for all agenda items to be scrutinised from a risk perspective. In addition, there has been a full review of the current risk register to ensure it is refreshed and represents current risks, with appropriate risks coming to each Board Committee and risk being a standing agenda item on a monthly basis at SLT.
5. Agendas at SLT and the Health Board are now aligned to the strategic objectives to strengthened alignment to strategy.
6. Governance Committee workplans have been refreshed to ensure less reliance on annual reporting and more real-time data, which will allow greater scrutiny, challenge, and assurance. This includes the introduction of a more focused and streamlined Chair's Assurance Report which is now being used across the organisation to ensure consistency.
7. The pathway for approval of policies has been reviewed, with assurance on policy approvals going to the relevant Governance Committees via the Chairs Assurance Report as set out below:
  - a. Health and Safety and Estates Policies will be approved by the Occupational Health and Safety Committee with assurance to Staff Governance Committee
  - b. Workforce policies will be approved by the Area Partnership Forum with assurance to the Staff Governance Committee
  - c. All clinical policies will be approved by the Quality Forum with assurance to Joint Clinical and Care Governance Committee
  - d. IT and Information Governance-related policies will be approved by the information Governance Committee with assurance to the Finance and Performance Committee

## **A summary of the changes**

An evaluation of the governance structure is important to ensure the structure is reflective of the needs of the organisation, a summary of the changes are as follows:

1. A new active governance approach with the clarity in the role of the Executive Director and Non-Executive on Governance Committees, enabling Board Members to focus on the right things
2. Introduction of a Senior Leadership Team, the first step towards the implementation of a performance review structure
3. Revised timelines for papers submission provides the governance committee with up-to-date reporting and assurance through the Chairs Assurance Report, supported by an improved turnaround of minutes and new approach to agenda setting
4. Revised structure for the approval of policies, will reduce the amount of papers, ensuring that the issues on agendas are appropriate and allows time for scrutiny and challenge

## **Gaps in the Governance Structure**

The following areas are noticeable gaps in the current governance structure as presented and the Board should consider the formation of groups to support information and assurance to Governance Committees in the following areas:

- Capital Planning (Finance and Performance Committee is proposed assurance route)
- Education Governance, including Medical Education (in the interim period will report into SLT, moving forward Staff Governance Committee is proposed)
- Equality, Diversity and Inclusion (Staff Governance Committee is proposed assurance route)

## **Financial Scheme of Delegation**

There is a requirement to articulate the financial delegated authority limits more clearly through the Committee structure, to enable an informed and transparent decision-making processes.

The Head of Finance is carrying out a review of the current Scheme of Delegation to include further information around Committee remits and delegated limits, to be implemented from the 1 April 2024 and in turn clearly communicated across the organisation.

## **Business Cases**

There needs to be clarity regarding the route for Business Cases to be approved, of various financial limits so that again, this can be clearly communicated across the organisation.

### **Future plans**

It is the intention that we aim for a position within 12-months (ie by the start of 2025) that as the organisation matures that no Executive Directors attend/Chair any operational forums and to move to Deputy Directors presenting most papers in Board Committees, supported by Executive Directors as appropriate. This will support personal development and succession planning and ensure Executive Directors operate at Board-level more consistently.

The Corporate Governance Lead will carry out a full review of those groups and Committees that report into the governance committees, to review Terms of Reference, workplans in line with the principles of good governance, ensuring an integrated governance system with assurance flows up and down through the structure. The outputs of this work will return to the February 2024 Board.

#### **2.3.1 Workforce**

The refreshed governance structure provides staff with clear information around remit and responsibilities within the organisation and an understanding of how the business of the Board is transacted.

#### **2.3.2 Financial**

There is no direct financial impact of the amendments as proposed. The proposed amendments to the scheme of delegation around committee delegated financial authority will strengthen and streamline decision making.

#### **2.3.3 Risk Assessment/Management**

There has been a reinforcement of risks aligned to committees, with a report at each meeting of the Governance Committees articulating the current risks aligned with the remit of the committee.

#### **2.3.4 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.

- Governance Committee Chairs, Leads and members as part of annual committee review documentation October/November 2023
- Corporate Leadership Team, 17 November 2023
- Senior Leadership Team, 4 December 2023

## 2.4 Recommendation

**Decision** – To approve the refreshed Governance Committee reporting structure for implementation and dissemination

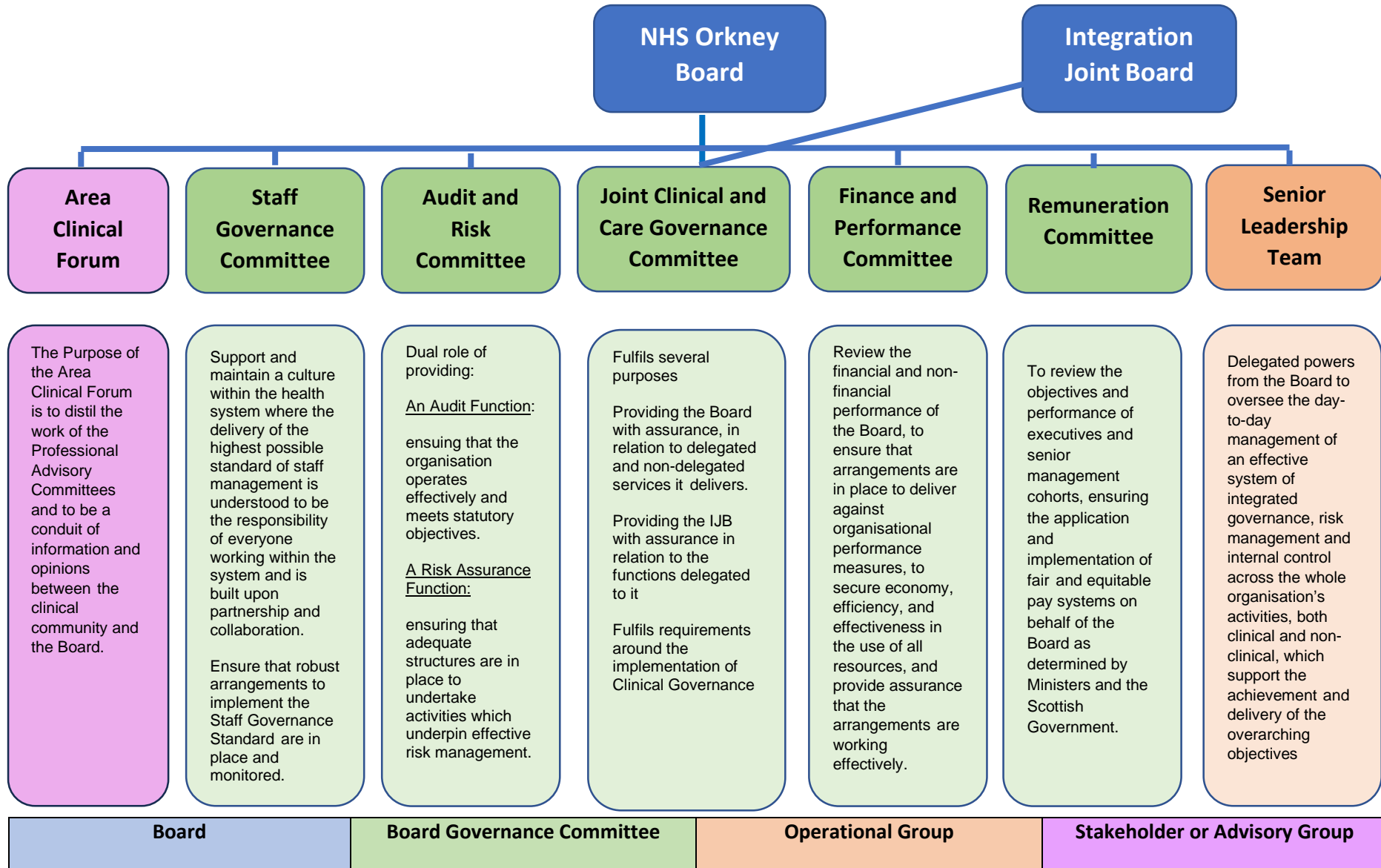
**Discussion** - To note the future proposals for further strengthening and streamlining operational governance and provide comment

## 3 List of appendices

The following appendices are included with this report:

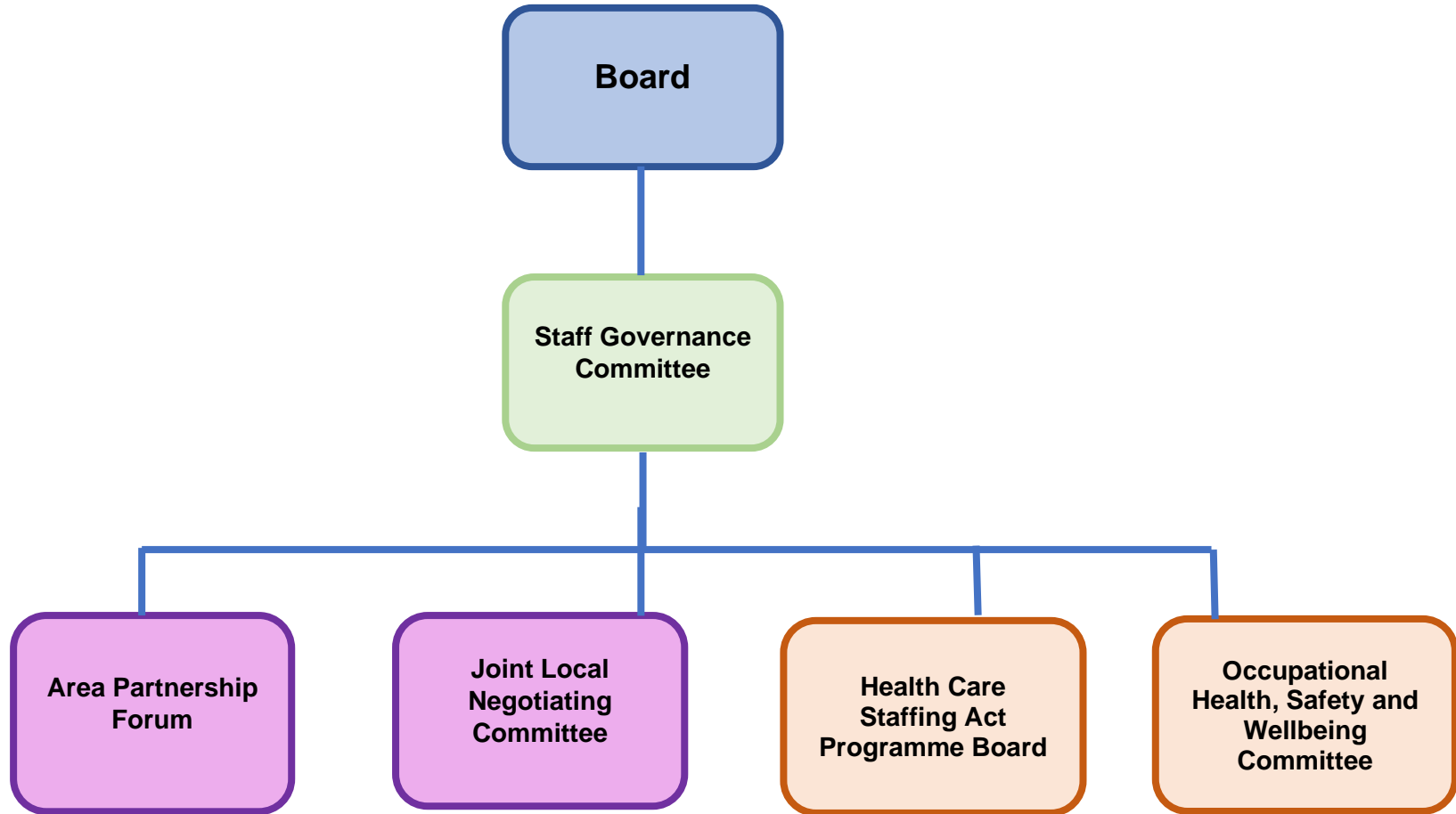
- Appendix 1, Refreshed Governance Structure December 2023

## Board Governance Structure



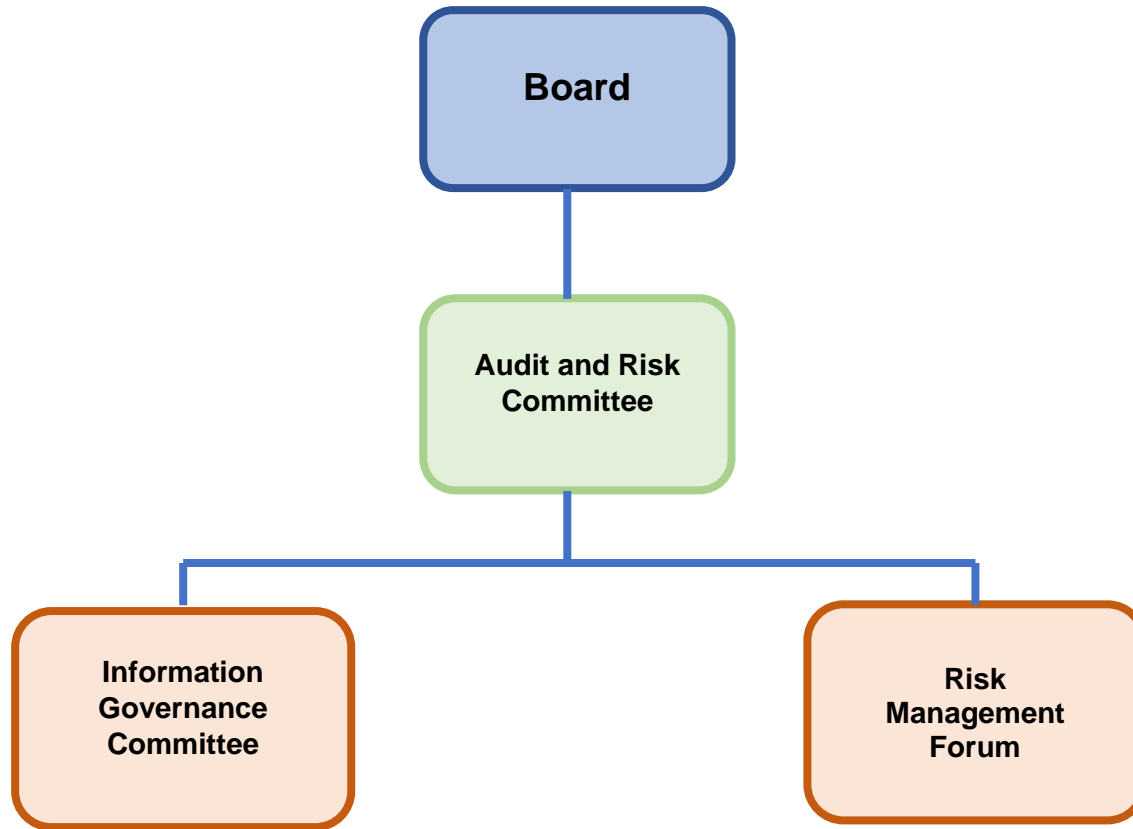


Staff Governance Committee



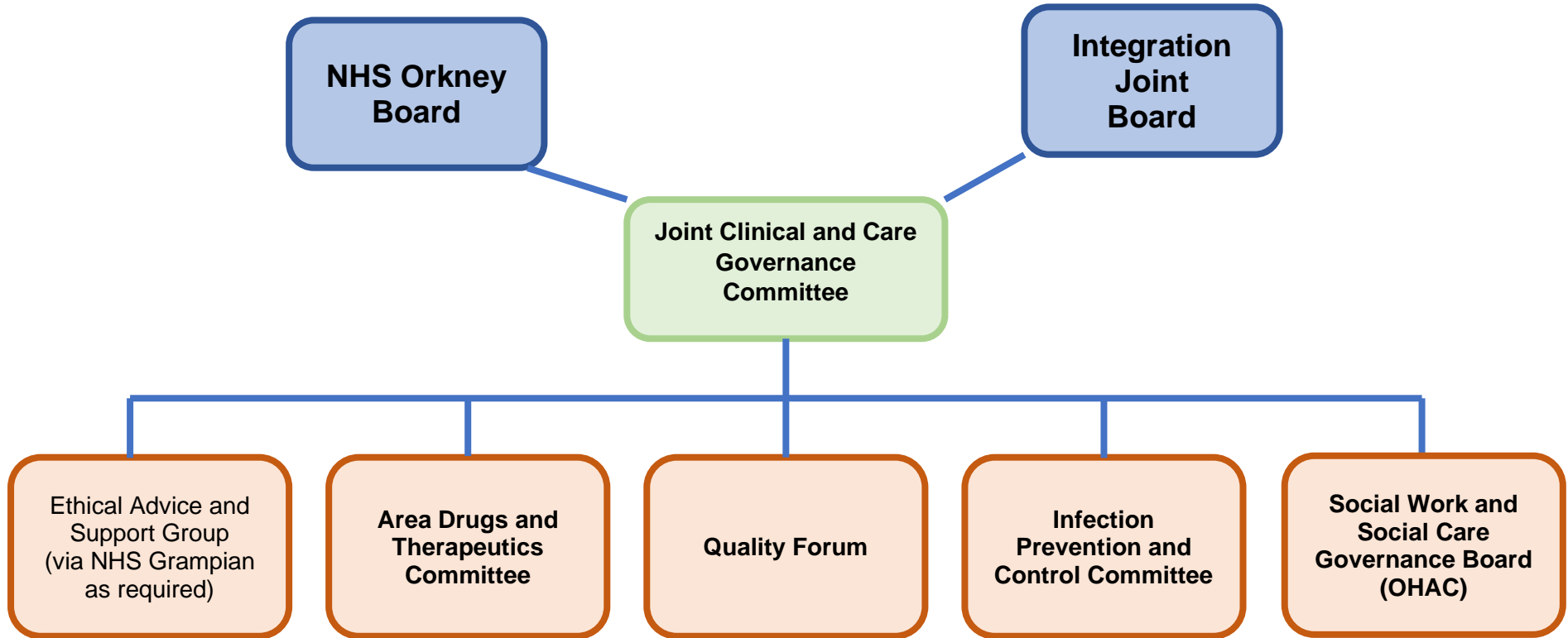
Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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### Audit and Risk Committee



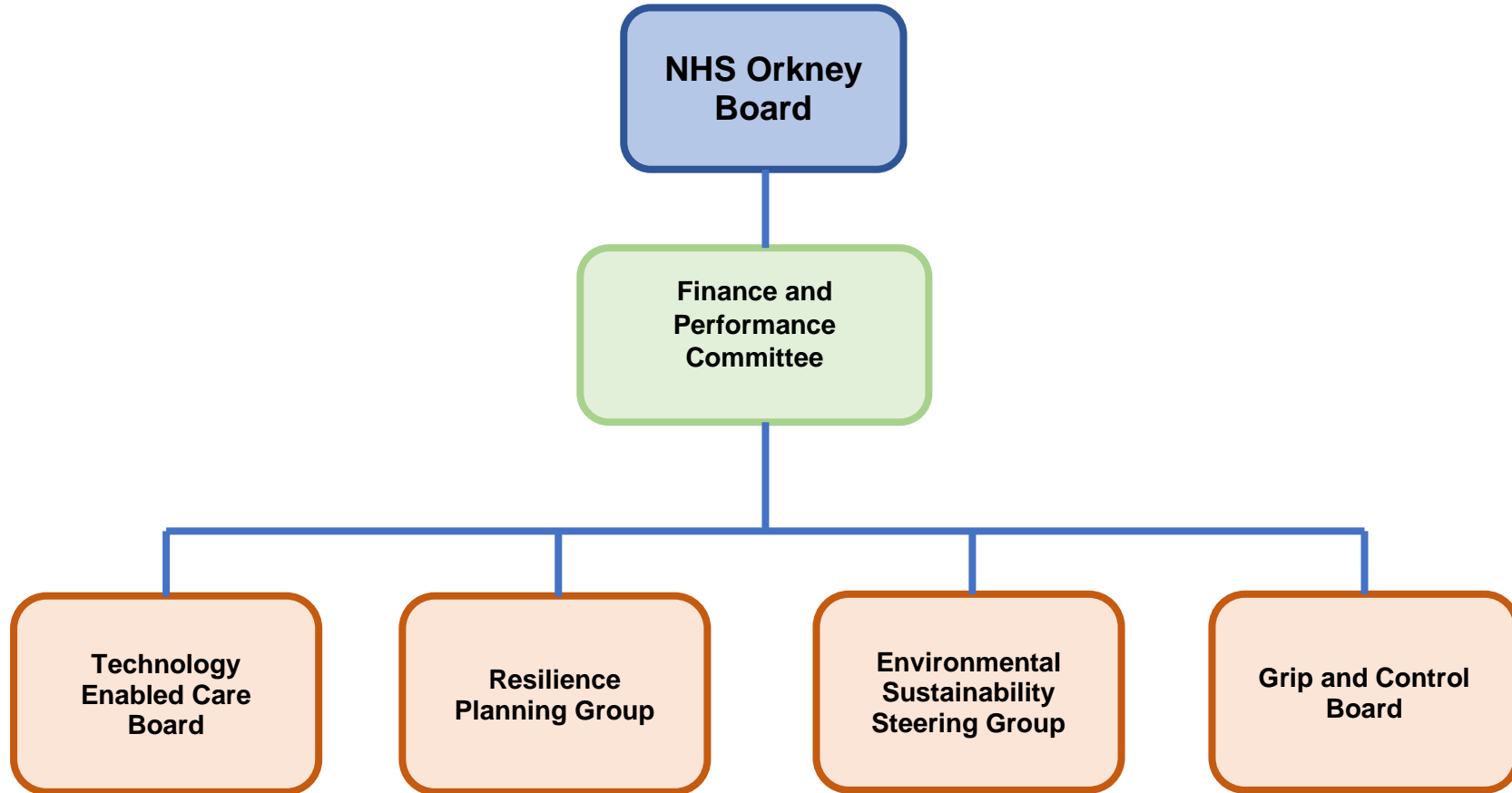
Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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**Joint Clinical and Care Governance Committee**



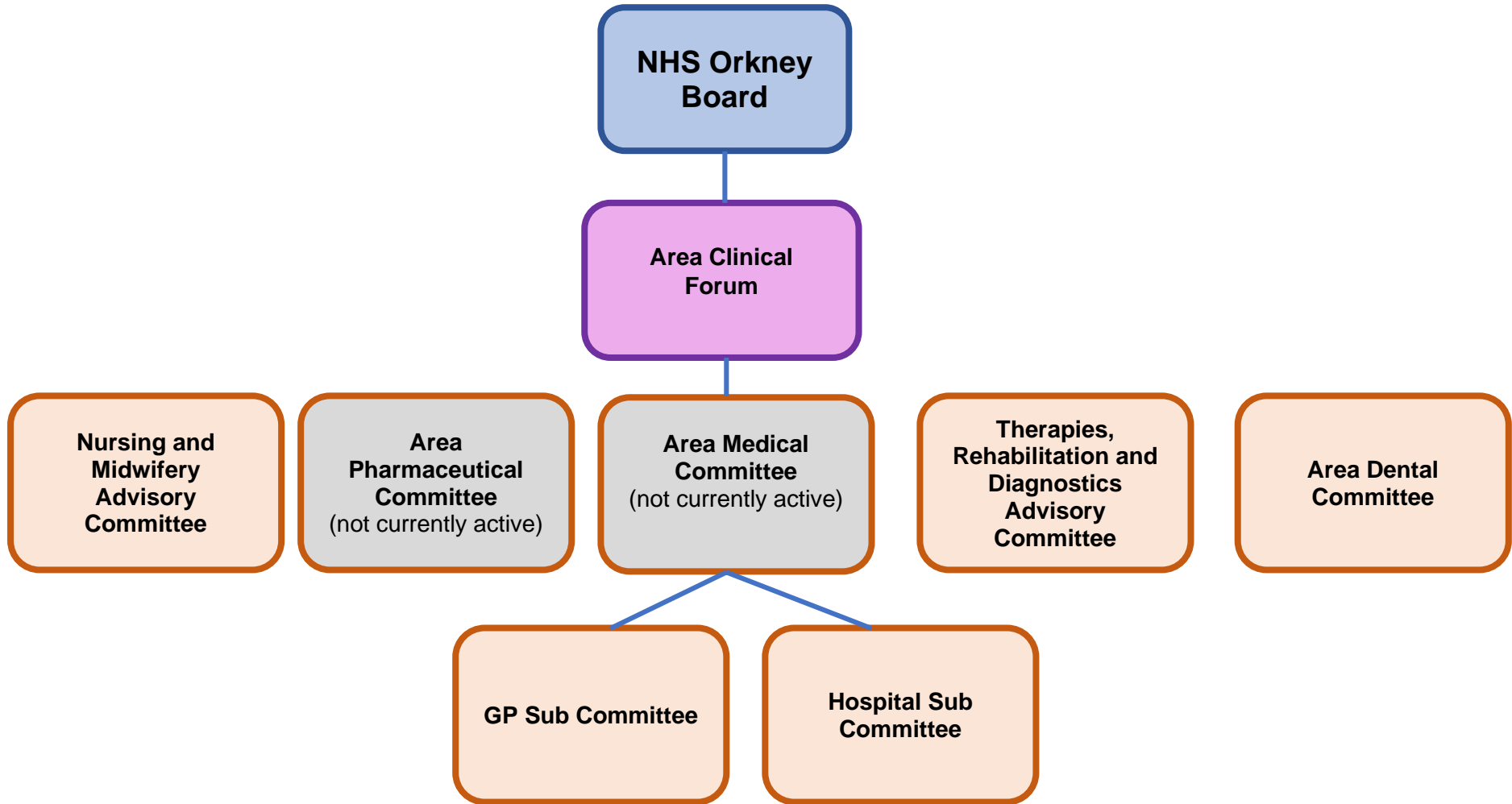
Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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### Finance and Performance Committee



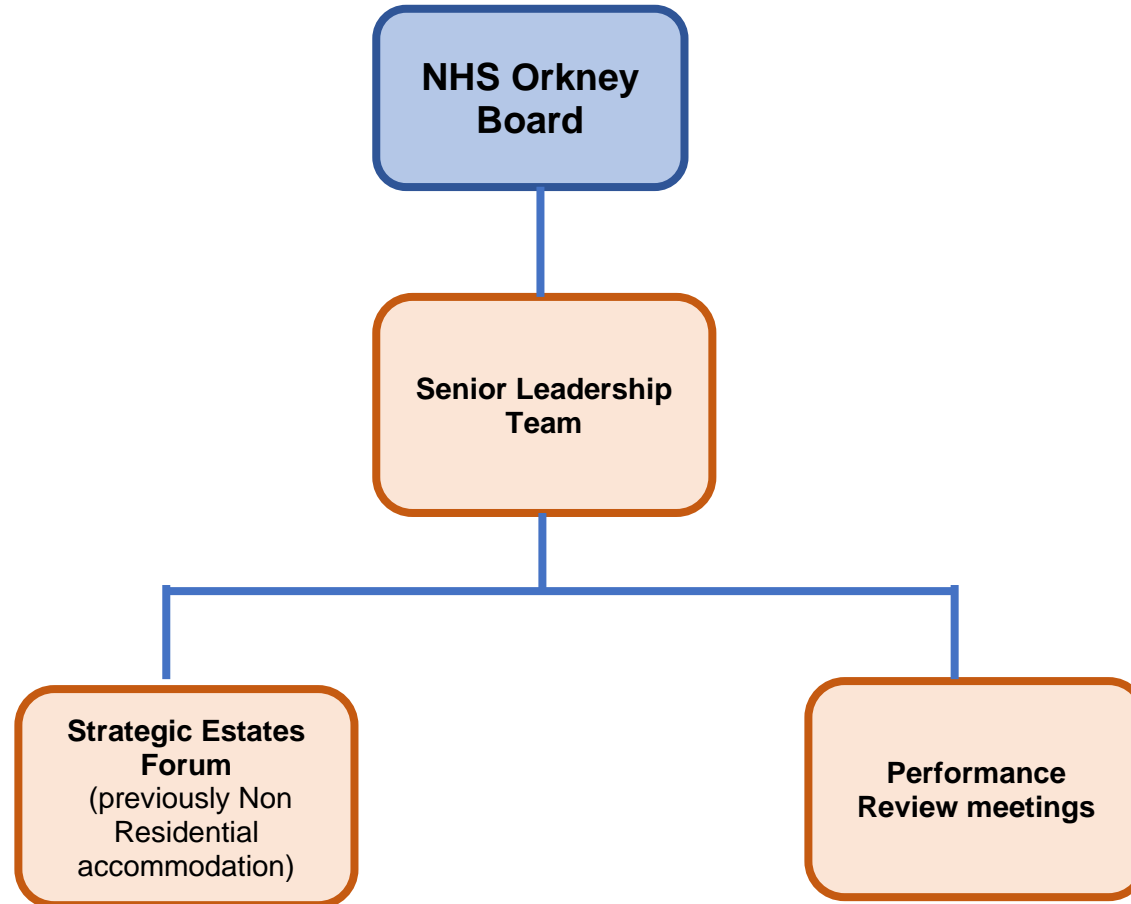
Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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Area Clinical Forum




Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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Senior Leadership Team



Board	Board Governance Committee	Operational Group	Stakeholder or Advisory Group
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## Future Dates for Meetings 2024/25


<b>Board</b>	 <b>10:00am</b>
25 April 2024	
27 June 2024 (Annual Accounts)	
22 August 2024	
24 October 2024	
19 December 2024	
27 February 2025	


<b>Remuneration Committee</b>	 <b>11:00am</b>
20 June 2024	
10 October 2024 (Annual Review)	
18 December 2024	
12 March 2025 (Development Session)	
<i>(Ad hoc as required)</i>	

<b>Audit and Risk Committee</b>	 <b>09:30am</b>
7 May 2024	
28 May 2024	
27 June 2024 (Annual Accounts)	
3 September 2024	
15 October 2024 (Annual Review)	
10 December 2024	
4 March 2025	
11 March 2025 (Development Session)	


<b>Board Development Sessions</b>	 <b>9:30am</b>
23 May 2024	
18 July 2024	
12 September 2024	
21 November 2024	
23 January 2025	
13 March 2025	

<b>Finance and Performance Committee</b>	 <b>9:30am</b>
30 May 2024	
25 July 2024	
26 September 2024	
17 October 2024 (Annual Review)	
28 November 2024	
30 January 2025	
6 March 2025 (Development Session)	
27 March 2025	


<b>Endowment Fund Subcommittee</b>	 <b>9:30am</b>
1 May 2024	
7 August 2024	
7 November 2024	
5 February 2025	

<b>Endowment Trustees</b>	 <b>9:30am</b>
6 June 2024	
5 December 2025	

<b>Joint Clinical and Care Governance Committee</b>	 <b>1:00pm</b>
2 April 2024	
3 June 2024	
6 August 2024	
1 October 2024	
5 November 2024 (Annual Review)	
3 December 2024	
4 February 2025	
25 March 2025 (Development Session)	

<b>Integration Joint Board</b>	 <b>9:30am</b>
24 April 2024	
19 June 2024	
4 September 2024	
6 November 2024	
11 December 2024	

<b>Staff Governance Committee</b>	 <b>10:30am</b>
8 May 2024	
14 August 2024	
16 October 2024 (Annual Review)	
13 November 2024	
12 February 2025	
19 March 2025 (Development Session)	

<b>Integration Joint Board Performance and Audit Committee</b>	 <b>9:30am</b>
13 March 2024	
26 June 2024	
25 September 2024	
11 December 2024	

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 14 December 2023
Title:	Governance Committee Membership
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Meghan McEwen, Board Chair

## 1 Purpose

This is presented to the Health Board for:

- Approval

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Board is asked to:

- **Note** the appointment to the Board of Cllr Jean Stevenson, nominated Local Authority Councillor for Orkney Islands Council, as a Non-Executive Board Member, from the 1 December, 2023.
- **Approve** the reviewed and updated Governance Committee Membership as detailed



## 2.2 Background

As stated in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements.

Each Committee will have a minimum number of Non-Executive Members which includes those Non-Executive Members who are members due to the office they hold.

## 2.3 Assessment

Following the appointment of the nominated local authority councillor and a further review to allow all Non-Executives time to carry out their duties within their current time commitment the membership of the NHS Orkney Board has been amended to reflect this and is provided for approval.

This committee membership change has been determined in light of demands of the various committees, the need to address the current risk of escalation, and also provide succession planning in a safe way to key roles including the Integration Joint Board.

The attached membership document details the membership requirements as stated in the Terms of Reference and the specific requirements and exclusions where these are mandatory.

### 2.3.1 Financial

There is no additional financial impact to the recommendations.

## 2.4 Recommendation

- **Decision**
- **Approve** the reviewed and updated Governance Committee Membership as detailed

## ORKNEY NHS BOARD

**Chair:** Meghan McEwen

**Vice-Chairperson:** Davie Campbell

### STANDING COMMITTEES: Jan 2024 - March 2025

<p><b>Audit and Risk Committee:</b></p> <p>Four non executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees</p> <p><b><u>Lead Officer – Director of Finance</u></b></p>	
<p><b>Current Members:</b></p> <p>Jason Taylor, Chair Issy Grieve, Vice-Chair Rona Gold Ryan McLaughlin</p>	<p><b>Updated Members:</b></p> <p>Jason Taylor, Chair Des Creasy Ryan McLaughlin Jean Stevenson</p>
<p><b>Finance and Performance Committee:</b></p> <p>Four non executive members including the Local Authority member</p> <p><b><u>Lead Officer – Director of Finance</u></b></p>	
<p><b>Current Members:</b></p> <p>Des Creasy- Chair Steven Johnston Meghan McEwen Local Authority Rep - VACANT</p>	<p><b>Updated Members:</b></p> <p>Des Creasey- Chair Davie Campbell Meghan McEwen Jean Stevenson – Local Authority Rep</p>
<p><b>Integration Joint Board:</b></p> <p>Three non executive members</p>	
<p><b>Current Members:</b></p> <p>Issy Grieve, chair Davie Campbell Meghan McEwen</p>	<p><b>Updated Members:</b></p> <p>Issy Grieve – Vice Chair Meghan McEwen Joanna Kenny</p>

<p><b>Deputies:</b> Rona Gold Joanna Kenny</p>	<p><b>Deputies:</b> Rona Gold Davie Campbell</p>
<p><b>Joint Clinical and Care Governance Committee:</b></p> <p>Three non executive members including the Area Clinical Forum Chair and a voting member of the Integration Joint Board.</p> <p><b><u>Lead Director – Medical Director (Clinical)/ Chief Officer (Care)</u></b></p>	
<p><b>Current Members:</b></p> <p>Steven Johnston, Chair Davie Campbell Rona Gold</p>	<p><b>Updated Members:</b></p> <p>Rona Gold – Chair Issy Grieve ACF Chair – To be confirmed Feb 2024</p>
<p><b>Staff Governance Committee:</b></p> <p>Four non executive members including the Employee Director</p> <p><b><u>Lead Director – Interim Director of Human Resources</u></b></p>	
<p><b>Current Members:</b></p> <p>Joanna Kenny, Chair Ryan McLaughlin Des Creasy Jason Taylor</p>	<p><b>Updated Members:</b></p> <p>Joanna Kenny, Chair Ryan McLaughlin Jason Taylor ACF Chair – to be confirmed Feb 2024</p>
<p><b>Remuneration Committee:</b></p> <p>Four non executive members including the Chair of the Board and the Employee Director</p> <p><b><u>Lead Director – Interim Director of Human Resources</u></b></p>	
<p><b>Current Members:</b></p> <p>Davie Campbell – chair Meghan McEwen Ryan McLaughlin Joanna Kenny</p>	<p><b>Updated Members:</b></p> <p>No change</p>
<p><b><u>OTHER COMMITTEES:</u></b></p>	
<p><b>Endowment Fund Sub Committee:</b></p> <p>Five trustees, one of whom will be the Director of Finance</p>	

<b><u>Lead Director – Director of Finance</u></b>	
<b>Current Members:</b> Davie Campbell, Chair Issy Grieve, Vice Chair Meghan McEwen Steven Johnston Mark Doyle, Director of Finance	<b>Updated members:</b> Davie Campbell, Chair Issy Grieve, Vice Chair Jean Stevenson – Local Authority Rep Mark Doyle All other Trustees to attend in rotation
<b>Orkney Alcohol and Drugs Partnership:</b>	
Joanna Kenny Des Creasey – Deputy	No change required
<b>Pharmacy Practices Committee:</b>	
Chair to be appointed as and when required	Chair to be appointed as and when required
<b>Partnership Forum:</b>	
Ryan McLaughlin	No change required
<b>Area Clinical Forum:</b>	
Steven Johnston – until Feb 2024	Election due Feb 2024
<b>Orkney Partnership Board:</b>	
Meghan McEwen	No change required
<b>Ethical Advice Group:</b>	
Jason Taylor	Currently in abeyance

## Breakdown of Workload

<b>Member</b>	<b>Current Committee membership</b>	<b>Committees as proposed</b>
Meghan Mcewen	NHS Board – Chair Endowments Committee – Chair Finance and Performance Orkney Partnership Board Integration Joint Board – voting member Remuneration Committee	NHS Board – Chair Endowments Committee – Chair Finance and Performance Orkney Partnership Board Integration Joint Board – voting member Remuneration Committee
Jean Stevenson		Finance and Performance Audit and Risk Endowments Fund subcommittee
ACF Chair (Steven Johnston until Feb 2024)	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee Endowments Fund subcommittee	Area Clinical Forum Chair – (TBC) Joint Clinical and Care Governance Committee – member Staff Governance Committee
Ryan McLaughlin	Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member	Area Partnership Forum – co-chair Audit and Risk Committee Staff Governance Committee Remuneration Committee Integration Joint Board – non-voting member
Davie Campbell	NHS Board – vice chair Remuneration Committee – chair Endowments Fund subcommittee – chair Integration Joint Board – voting member Joint Clinical and Care Governance Committee	NHS Board – Vice Chair Remuneration Committee – chair Endowments Fund subcommittee – Chair Finance and Performance Committee – Vice Chair Integration Joint Board - Deputy
Joanna Kenny	Staff Governance Committee - Chair Alcohol and Drugs Partnership Remuneration Committee	Staff Governance Committee - Chair Alcohol and Drugs Partnership Remuneration Committee

Member	Current Committee membership	Committees as proposed
	Integration Joint Board – Deputy	Integration Joint Board – Voting Member
Issy Grieve	Integration Joint Board, Vice Chair Audit and Risk Committee, Vice Chair Endowment Fund Sub Committee, Vice Chair	Integration Joint Board, Vice Chair Joint Clinical and Care Governance Committee Endowment Fund Sub Committee, Vice Chair
Jason Taylor	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group (in abeyance)
Rona Gold	Joint Clinical and Care Governance Committee – Vice Chair Audit and Risk Committee Integration Joint Board - deputy	Joint Clinical and Care Governance Committee- Chair Audit and Risk Committee
Des Creasey	Finance and Performance Committee, Chair Staff Governance Committee ADP Deputy	Finance and Performance Committee – Chair Audit and Risk Committee ADP deputy

# NHS Orkney

<b>Meeting:</b>	<b>Orkney NHS Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Corporate Strategy engagement plan</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Laura Skaife-Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Health Board for:**

- Awareness

**This report relates to a:**

- Emerging issue
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction
- Annual Operation Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper has been produced to inform the Board on the plan and timescale for engagement and producing the organisation's new long-term Corporate Strategy.

## 2.2 Background

NHS Orkney has a number of documents which set and frame the strategic intent of the organisation and priorities for the organisation, including the Plan on a Page for 2023/24 (with strategic objectives), the Annual Delivery Plan, the Medium-Term Plan and the Clinical Strategy.

However, it is a crowded landscape presently, and it is clear that an overarching guiding light and 'compass' is missing for the organisation, which is why a long-term Corporate Strategy is needed.

As such, we will start an engagement period with our patients, carers, local community and staff, we will develop and launch a new long-term Corporate Strategy, along with a new vision, strategic objectives and refreshed values so that we are ready to start 2024/25 with a clearer framework and with a 'compass' that will guide all of our decision-making moving forward.

Our new Corporate Strategy will guide all of our governance processes, systems, and assurance and will determine our priorities.

It will complement the Clinical Strategy (which will also need to be refreshed to align with the new Corporate Strategy) and reinforce our commitment to high-quality services that meet the needs of our community as well as ensure we are a kind, inclusive and supportive place to work.

There will be a number of core underpinning annual workplans, notably:

1. People
2. Digital
3. Financial
4. Estates

## 2.3 Assessment

### Approach to engagement

We will build in this engagement to all existing opportunities which are already in the diary and planned, and add some additional engagement sessions into the diary for our patients, carers, local community and staff.

The Chair and CEO will lead this engagement, and will be asking all Board members to get involved, with a planner being developed to maximise opportunities.

The second phase of engagement will be a questionnaire which will be shared internally and externally to maximise input at the end of January 2024.

The main question we will be posing as we commence our engagement period is: "What matters to you?"



### **Wider methods of feedback**

We will use existing methods and sources of feedback to inform the new Corporate Strategy also, including:

- Patient complaints/feedback
- iMatter/staff feedback
- Feedback received from patients as part of the Annual Review process
- Feedback received from staff which featured in the CEO's 100-Day Report
- Feedback received from staff listening and drop-in sessions
- Engaging with the third sector
- Engaging with young people
- Engaging with community support groups such as the Men's Shed
- Wider listening themes from patients/local community eg isles feedback.

All engagement opportunities are being mapped out to maximise coverage and opportunities.

### **Timescales for engagement**

The engagement activity and listening events will take place in December 2023 and January 2024.

### **Timescales for producing the Strategy**

February and March 2024 – draft the strategy, ready for April 2024 approval and launch.

### **Project Team**

A project team is in place which includes:

- CEO (lead)
- Chair
- Corporate Governance
- Communications
- Performance and Planning

## **2.4 Recommendation**

To update the Board on the plans to engage on and develop the new Corporate Strategy and timescales.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>CEO's 100-Day Report – progress update</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife- Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Laura Skaife- Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Health Board for:**

- A progress update since the Report's publication in August 2023

**This report relates to a:**

- NHS Board Strategy or Direction

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

- Effective
- Person Centred
- Safe

## 2 Report summary

In August 2023, following Board approval, the CEO launched her 100-Day report.

This paper summarises the progress that has been since its launch against the priorities set out in the Report so there is oversight, and evidence that the actions that are being taken forward are joined up and co-ordinated to ensure read across of various workplans for the year, including the Plan on a Page and Annual Delivery Plan.

## 2.1 Situation/Background

The incoming substantive CEO published her 100-Day Plan to all staff, patients, the local community and our partners on her first day in post (3 April 2023).

The document set out how in her first 100-days in post she would prioritise listening to patients, our local community, partners and staff to understand what it's like to work at NHS Orkney, what it's like to work with us and what it's like to receive care and treatment here and use our services. This feedback allowed the CEO to form a view on our starting point as an organisation and what we need to focus on and prioritise.

The final 100-Day Report (full and summary versions) were published at the end of August 2023, following Board approval and endorsement.

As a reminder, the Report made three broad recommendations – and at the heart of this was **the need to prioritise people and find ways to meaningfully reconnect with our patients, local community and our staff.**

The three recommendations were:

1. To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.
2. Recognising this Report must have synergy with other workplans, to ensure there is alignment between our Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, as well as the Board's Clinical Strategy and wider supporting workplans.
3. To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working at NHS Orkney is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture.

## 2.2 Progress update against each of the key recommendations

Good progress is being made and there remains a strong focus on the core recommendation in the report which is to reconnect in a meaningful way with patients, the local community and staff and this will remain a priority for the Board going into 2024/25. Evidence of progress includes:

- Patient/carer engagement and listening exercise as part of Annual Review meeting
- Attendance at Westray Conference

- Strengthened relationships with the Wellbeing Co-ordinators on the isles
- Listening session with young LGBT+ community
- Attendance and listening at a range of community events – including the Orkney Heart Support Group
- Staff listening sessions and drop-in sessions
- Engagement work that is commencing with the development of our new Corporate Strategy

With regard to the three wider recommendations, progress is as follows in each area.

1. To agree that culture, leadership, recruitment and retention, getting back to basics and having a clear direction and ambition for the future are the highest priorities.

### **Work underway/completed:**

#### **- Culture**

- Board development session led by Scottish Government (16 November 2023) focused on culture, and equality diversity and inclusion
- Staff Wellbeing Co-ordinator recruited to lead Staff Health and Wellbeing agenda, new Employee Assistance programme for staff launched and successful staff health and wellbeing event
- Staff Awards (Team Orkney Awards) launched 30 November (event in March 2024)
- Listening and engagement programme in place for staff
- Strengthened internal communications programme in place
- Four Confidential Contacts in place spanning all staff groups to ensure strengthened support for staff who have concerns or wish to speak up

#### **- Leadership**

- Focus on leadership stability – commencing with the Executive Team (substantive Director of People and Culture and Medical Directors commencing in post early 2024)
- Three extended Senior Leadership Meetings held (focused on finance and transformational schemes, Annual Planning and the outputs of the Establishment Review and Service Level Agreements)
- Joint leadership forum for senior and service managers with NHS Orkney and Orkney Islands Council
- Plans for Executive Team development underway and to commence early 2024
- Expectations for visible, compassionate and on-island and on-site leadership communicated with Executive Directors and in place with effect from December 2023

#### **- Recruitment and retention**

- Exit interview feedback focus – to draw out themes and learning

- Focus on addressing key gaps to reduce leadership fragility – including: Head of Patient Safety, Quality and Risk and Head of Primary Care Services, Associate Director for Allied Health Professions, Director of Dentistry and Director of Pharmacy
- **Back to basics**
  - Establishment review nearing completion (December 2023)
  - Operational Governance review (December 2023)
  - Service Level Agreement review nearing completion (December 2023)
  - Ensuring strengthened and understood on-call arrangements are in place (by March 2024)
  - Major Incident Plan under review (engagement underway and new plan to be launched by March 2024)
  - Data quality review (completed)
- **Ambitions for the future**
  - Corporate Strategy engagement (commenced November 2023)
  - Annual Review meeting (9 November 2023)

### Next quarter:

- Review of Senior Leadership Team meeting – 6 months on (January 2024)
- Operational Governance Review outputs to be put into place to streamline and declutter the landscape and make it clearer to staff where and how decisions are made across NHS Orkney
- Leadership development programme to be scoped and prioritised in 2024/25
- Implementing the outputs of the establishment review and Service Level Agreement review
- Developing a Recruitment and Retention plan, so there is a strengthened organisational and joined-up approach
- Behavioural framework to be developed following engagement with staff to underpin our values
- Develop a managers' induction – to be clear on expectations of all colleagues with line management responsibilities
- Strategic estates group to be set up to discuss strategic options for a number of Orkney challenges – including: system capacity, housing and accommodation, Old Balfour site
- Clinical strategy to be reviewed and refreshed alongside the development of new Corporate Strategy to ensure alignment

2. Recognising this Report must have synergy with other workplans, we must ensure there is alignment between our Plan on a Page for 2023/24, Annual Delivery Plan, Medium-Term Plan, the emerging long-term Corporate Strategy, as well as the Board's Clinical Strategy and wider supporting workplans.

**Work underway/completed:**

- Quarterly reporting in place for Plan on a Page 2023/24 and Annual Delivery Plan
- Six-monthly reporting in place for the Clinical Strategy
- Reporting rhythm in place for all core workplans via Senior Leadership Team and Board
- Annual Planning for 2024/25 commenced November 2023

**Next quarter:**

- Corporate Strategy development following engagement, leading to a single strategy and key underpinning annual workplans being in place spanning: people, digital, estates, finance.
  - In January 2024, Annual Planning and Budget Setting will be aligned and progressed.
3. To (1) invest in the development and upskilling of Team Orkney as a priority so we can ensure working here is a fulfilling and rewarding experience, so we can grow our own and so people who choose NHS Orkney feel able to reach their true potential and (2) put in place the building blocks that will support the creation of a safety-first, learning and continuous improvement culture.

**Work underway/completed:**

- Head of Patient Safety, Quality and Risk – recruitment underway to new post
- Learning in place for: Data Quality review and Annual Accounts review
- Patient safety newsletter in which learning is shared launched

**Next quarter:**

- Patient Safety learning event (January 2024)
- Develop job description for Head of Improvement post
- Develop proposal for integrated Improvement Function bringing together: digital, quality improvement and financial improvement
- Invest in upskilling staff with quality improvement training
- Leadership Development Programme to be scoped

This report was discussed at Staff Governance Committee (November 2023) ahead of it coming onward to Board.

## 2.3 Recommendation

- Note the update and continued progress being made
- Note that this work will continue to be delivered via the new organisational culture programme and Annual Plan for 2024/25, to streamline the number of plans, as we go into the next financial year.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Infection Prevention &amp; Control HAIRT</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Acute Services</b>
<b>Report Author:</b>	<b>Sarah Walker</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

This report provides an update of Infection Prevention & Control and wider team activity and progress for October and November. The data is set at real time and includes all fully investigated cases and findings.



## 2.2 Background

The Healthcare Associated Infection Reporting Template has been devised as a national guide for reporting to Boards on Infection Prevention & Control activities and surveillance of infection and nationally driven targets and infection prevention activities.

## 2.3 Assessment

- Both the SAB and CDI local delivery targets are on track to meet the set LDP target of three or less, cases per annum.
- Training on CDI has been given to the clinicians from the Infection prevention & Control Doctor, as some areas for improvement around appropriate testing and treatment have been identified.
- The LDP reduction target of 25% for E. Coli bacteraemia (ECB) may potentially be missed by the end of December, if additional cases are isolated.
- World Antimicrobial Awareness Week and IP&C week promoting the Fundamentals of Infection Prevention, have been celebrated in November.
- Training has been delivered with residential care homes following a training needs analysis undertaken earlier this year.
- Training delivered to teams on Standard infection Prevention & Control Precautions peer level audits.
- There have been two SARS-CoV-2 clusters within inpatients that have declared and managed in October and November.

### 2.3.1 Quality/ Patient Care

The team aim to provide any learning from investigations or incidents that would impact/improve patient care.

### 2.3.2 Risk Assessment/Management

As described in 2.3.1

### 2.3.3 Route to the Meeting

HAI Executive Lead for IP&C

## 2.4 Recommendation

The Board is asked to note the report against targets and IP&C continued strive for improvement through their day-to-day work and by ensuring staff are fully sighted on areas for improvement and the rationale supporting the recommendations.

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



# **NHS Orkney**

## **Infection Prevention & Control HAIRT Report**

### **December 2023**

**Created By:**

Sarah Walker

Infection Control Manager

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## 2 Report Summary

### 2.1 Situation

This report provides an update of Infection Prevention & Control and wider team activity and progress for October and November. The data is set at real time and includes all fully investigated cases and findings.

### 2.2 Background

It is a requirement of the Infection Prevention & Control Manager to present a bi-monthly report to the Board on the surveillance of infection, incidents and learning and any emerging issues.

## 2.3 Assessment

Both the SAB and CDI local delivery targets are on track to meet the three or less, cases per annum, that is requested of the Board. Training on CDI has been given to the clinicians from the Infection prevention & Control Doctor, as some areas for improvement around appropriate testing and treatment have been identified, such as assessing patient symptoms cannot be attributed to other causes and fitting the case definition for CDI.

The LDP reduction target of 25% for HCAI, E. Coli bacteraemia (ECB) may not be achievable by the end of the year. It is important to note that only two of the cases are assigned to hospital, and this could be due to a number of reasons, including the timeline for blood sampling/blood culture aspiration. Three cases are considered healthcare associated, this could be because there has been some form of interaction in the previous 30 days with a clinician, a recent admission, or there is an indwelling device. Within these areas there are no commonalities that require intervention or action and therefore problematic to try and reduce.

Training has been delivered with residential care homes following a training needs analysis undertaken earlier this year. The training and presentation consisted of: Hand Hygiene – frequently missed areas, when it is appropriate to use/not use ABHR, PPE – appropriate use of gloves, donning and doffing correct/incorrect PPE use and transmission-based precautions (TBPs), depending on infection being managed. Outbreak management - Investigation, management, and communication update, from a Public Health perspective.

There have been two SARS-CoV-2 clusters within inpatients that have declared and managed in October and November

## 2.4 Recommendations

The Board is asked to note the report against targets and IP&C continued strive for improvement through their day-to-day work and by ensuring staff are fully sighted on areas for improvement and the rationale supporting the recommendations.

## Staphylococcus aureus bacteraemia (SAB)

Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP Standard is set for Orkney at 3 per year, with the expectation that the aim is to achieve **zero** where possible.

Currently, there is one SAB confirmed case, which was considered a community case. There are no cases to date for Quarter 3 or to date in Quarter 4.

## Dashboard

LDP Standard 1st Jan 2023 to 31<sup>st</sup> Dec 2023 for *Staphylococcus aureus* bacteraemia (SAB) – Standard target 3

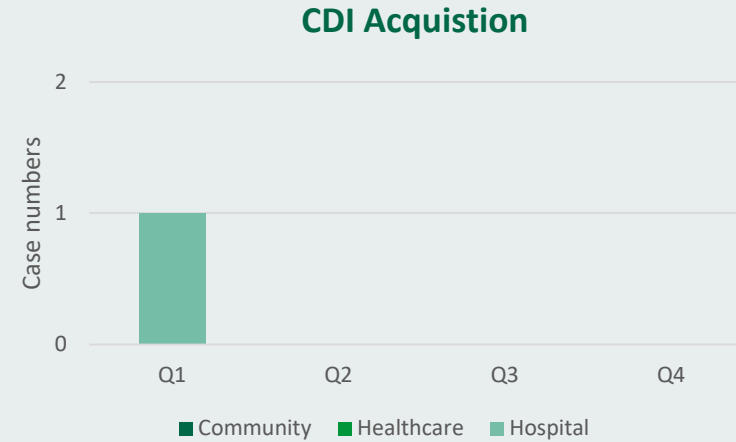


## Clostridioides difficile Infection

Clostridioides difficile Infection Surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The LDP Standard is set at 3 per year.

Educational session provided by Infection Prevention & Control Doctor to the medical team, on CDI cases, diagnosis and treatment, as there have been some areas where CDI educational needs had been identified.

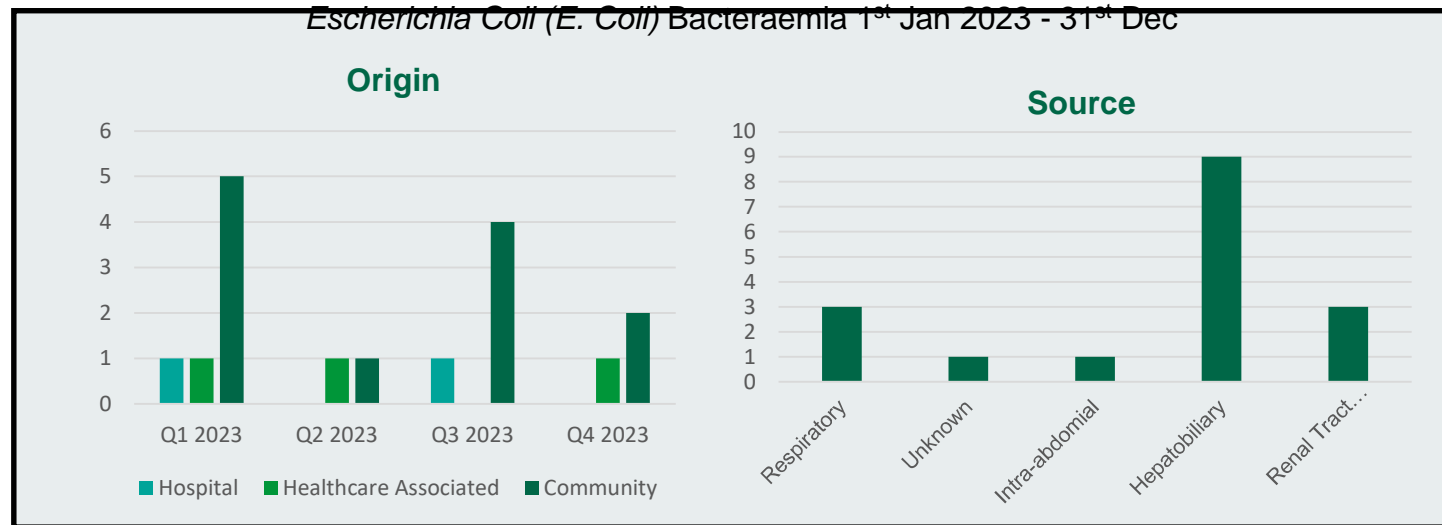
LDP Standard 1<sup>st</sup> Jan 2023 - 31<sup>st</sup> Dec 2023 for *Clostridioides difficile* Infection – LDP Standard target 3



## E. Coli Bacteraemia

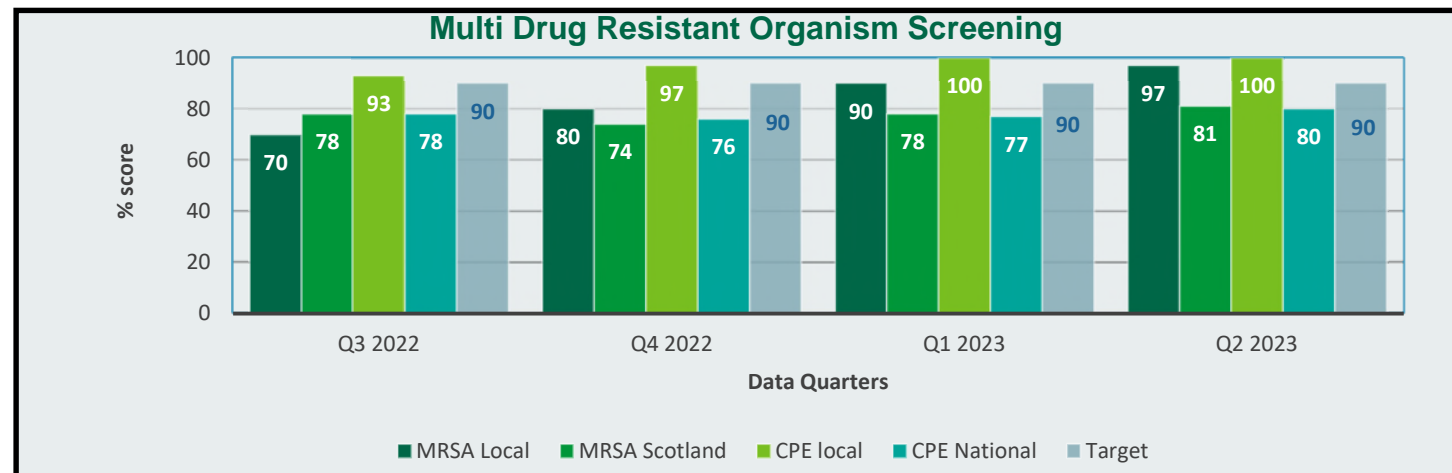
National surveillance of *E. Coli* bacteraemia has a target reduction in place of 25%.

To date the last two quarters has seen a slight increase particularly hepatobiliary cases, but no commonalities can be identified. There is a significant rise in these cases since last year. One case was a recurrence within 3 months of previous ECB and two cases have undergone procedures unsuccessfully and one was on the waiting list for procedure prior to presentation.



## Multi Drug Resistant Organism (MDRO) National Screening

No further update received.





## Hand Hygiene

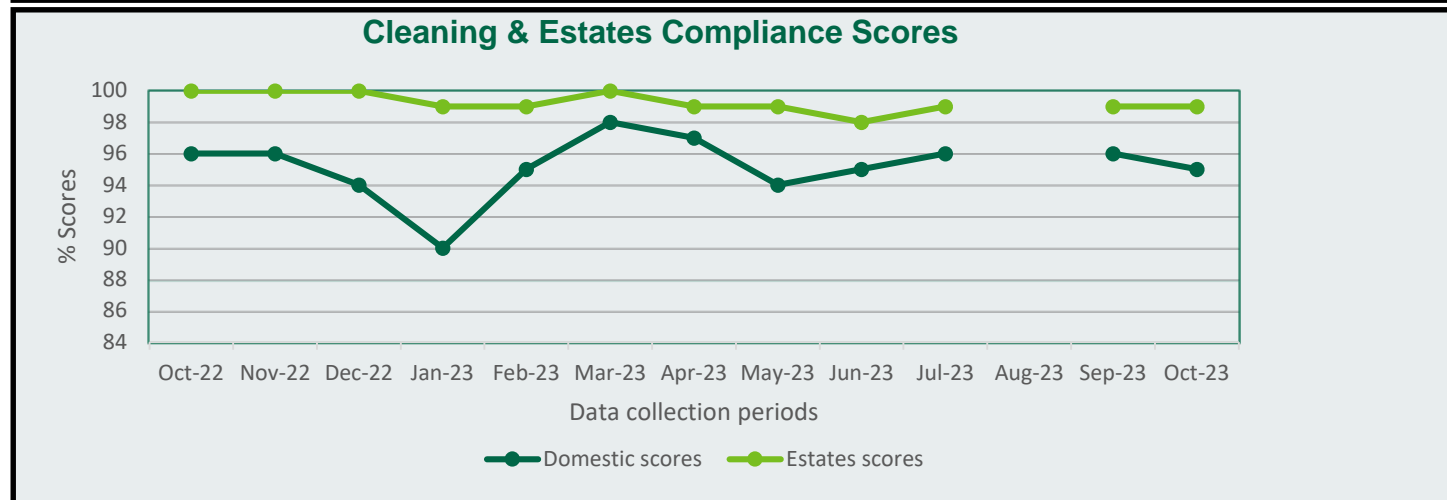
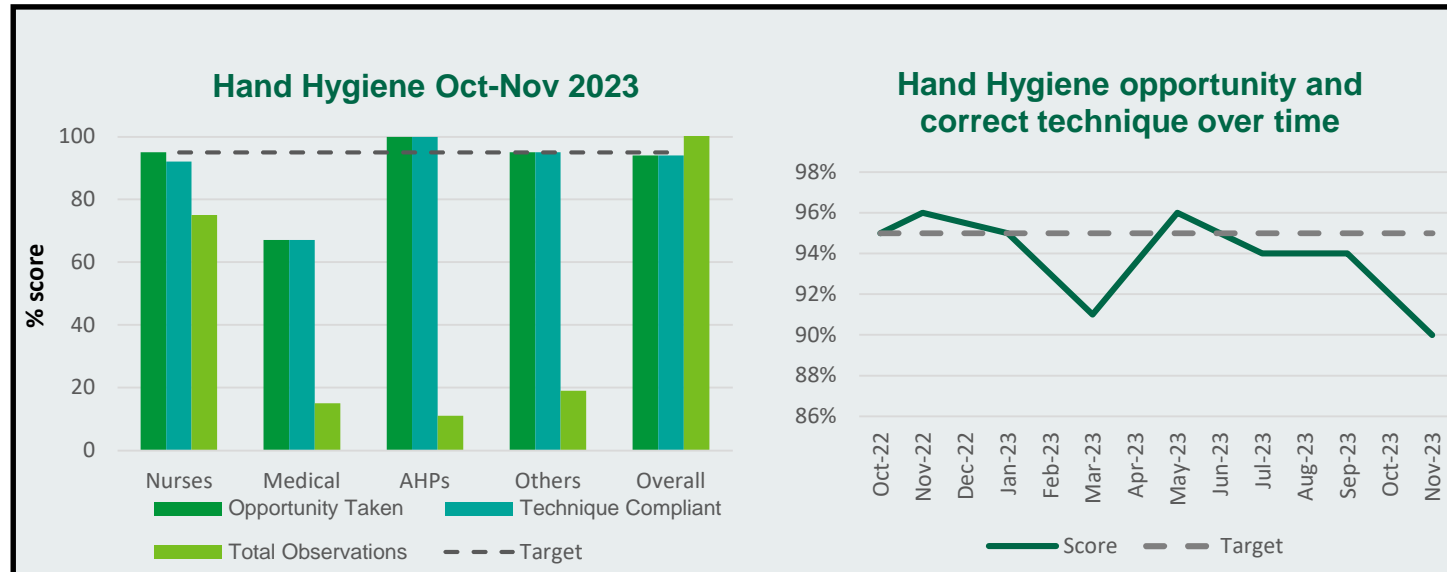
Currently the hand hygiene score is 90% this is for compliance with both opportunity and technique. A total of 120 observations were undertaken. A cautionary approach is required when viewing the results groups where small numbers of observations have been captured.

Non-compliance includes missed opportunities prior to donning of PPE, three observations of being not bare below elbows, and a failed technique where soap was applied to dry hands. This increases the risk of occupational dermatitis and is collated to ensure staff are looking after their own skin health.

## Environmental Scores

The environment is crucial to prevention/transmission of infection and both Domestic Teams and Estates/RFM have maintained an outstanding level of cleanliness within care settings. Locally reported scores attached.

N.B national tool not available in August



## National Domestic and Estates Environmental Scores

National data is now available for HFS Quarter 2 (July -September 2023).

The data presents on compliance with the requirements set out in the NHS Scotland National Cleaning Services Specification (NCSS). The NCSS set out the requirements for the minimum frequency and methods of cleaning carried out by Domestic staff. It also sets out the same requirements for Estates staff when cleaning the Estates fabric.

The data provides evidence that NHSO are meeting the current national standards, benchmarked against other Health Boards

## NHS Scotland Cleaning Compliance Quarter 2 2023-24 - Domestic and Estates Services

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Scottish Ambulance Service</b>	95.9	93.7
East Central Region	95.4	92.1
North Region	97.1	93.9
South East Region	98.6	96.2
West Region North	95.7	94.0
West Region South	93.9	93.1
<b>NHS State Hospital</b>	94.9	99.3
<b>NHS Golden Jubilee</b>	98.3	97.7
<b>NHS N55 – SNBTS</b>	95.2	97.3

**Non-Territorial Boards**

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Shetland</b>	94.7	99.6

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Highland</b>	95.3	98.1
ABB CHP	95.3	97.2
New Craigs	97.3	98.3
North and West Highland	95.7	95.7
Raigmore	94.9	99.3
South & Mid Highland	97.5	99.2

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Orkney</b>	95.3	99.4

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Western Isles</b>	95.2	99.0

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Grampian</b>	92.9	92.8
Aberdeen Maternity Hospital, RACH & Outlying Areas	93.5	94.5
Aberdeen Royal Infirmary	92.6	94.0
Aberdeenshire North & Moray Community	95.0	89.5
Aberdeenshire South & Aberdeen City	92.2	91.8
Dr Gray's Hospital	94.1	92.8
Foresterhill Campus	92.0	91.5
Royal Cornhill Hospital	92.9	92.1
Woodend Hospital	91.2	90.8

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Forth Valley</b>	95.1	92.7
Bells Busk	94.9	85.3
Bo'ness	95.4	95.0
COHC	95.7	94.6

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Tayside</b>	95.4	99.1
Brechin-Monrozie-Links	97.2	100.0
Kings Cross Community	97.5	97.5
Kingsway Care Centre	92.9	99.4

# 12.1

Falkirk Community Hospital	94.2	86.7
FV North Sector	94.7	93.2
FV South Sector	94.4	91.3
FVRH	95.5	94.7
SCH	94.8	95.5

Health Board & Zones	Domestic Result	Estates Result
<b>NHS GGC</b>	<b>94.7</b>	<b>94.9</b>
Admin Bases	96.4	94.5
Hospitals	94.6	94.4
East Dunbartonshire HSCP	96.6	97.0
East Renfrewshire HSCP	97.0	100.0
Glasgow City HSCP - North East Sector	94.8	98.2
Glasgow City HSCP - North West Sector	94.7	98.7
Glasgow City HSCP - South Sector	95.4	99.5
Inverclyde HSCP	94.2	91.8
Renfrewshire HSCP	96.6	99.5
West Dunbartonshire HSCP - Lomond	95.8	96.1
PfIs and SPS Services	92.3	99.0

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Lanarkshire</b>	<b>96.2</b>	<b>96.2</b>
Haemyles	95.7	98.2
Monklands	95.3	91.7
North	97.0	97.9
South	97.4	98.5
Westlaw	96.0	97.4

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Ayr and Arran</b>	<b>95.7</b>	<b>96.9</b>
East	95.9	97.0
North	95.0	97.7
South	95.8	96.2

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Dumfries and Galloway</b>	<b>95.8</b>	<b>99.5</b>
CRH	97.6	97.7
DGRI	95.4	99.7
POCD East	98.1	97.0
POCD West	97.7	99.7

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Borders</b>	<b>95.6</b>	<b>97.5</b>
Borden General Hospital	95.4	97.3
Community	96.1	98.2
Mental Health	96.4	97.8
Non-Clinical	94.9	97.6



Ninewells Hospital	94.1	99.7
Perth Royal Infirmary	96.2	100.0
Perthshire Community Hospitals & H.C.	97.7	100.0
Royal Victoria Hospital	97.1	99.4
Strathcree	96.1	98.4
Strathmarine-Duthope	95.5	97.4
Whitehills-Arbroath-Kinross-Carnoustie	95.1	93.4

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Fife</b>	<b>95.6</b>	<b>96.0</b>
Central Fife	95.9	94.8
Lynebank Hospital	96.9	93.9
North East Fife	93.8	97.7
Queen Margaret Hospital	96.3	94.6
Stratheden	94.2	95.4
Victoria Hospital	95.6	97.0

Health Board & Zones	Domestic Result	Estates Result
<b>NHS Lothian</b>	<b>95.6</b>	<b>96.7</b>
East & Mid Lothian	95.7	97.7
Edinburgh Acute	95.6	95.5
Edinburgh Community	95.1	98.1
Edinburgh Royal Infirmary	96.0	97.5
External Contractors Sites	92.0	99.1
West Lothian	94.9	95.9

<b>Compliance Key</b>	less than 70%	between 70% - 90%	90% or higher
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### **IP&C Quality Assurance Audits**

The IPCM and IP&C Practitioner met with OPD A Allied Health professional with the aim of ensuring that OPD A quality assurance audit are actioned in the future. All participants were fully engaged in improvement and keen to move forwards. Therefore, in the near future the IP&C team are really pleased that this area will now be resolved, and all stakeholders will take forward actions relevant to the rooms they utilise in OPD A. The remaining audits have been completed as per procedure and have been expanded to include, Vaenta, Mental Health Transfer room, and the vaccination area within the Hub.

### **Department SICPs**

The team have been working closely with all departments to promote the monitoring and recording of departmental Standard Infection Prevention & Control Precautions (SICPs). SICPs were a requirement of the launching of the National Infection Prevention & Control manual in 2012 and supported with the CNO letter (2012)1. Within the letter was a requirement for monitoring of SICPs to support implementation. These audits had previously been embedded in practice, although latterly and since changes within departments and as a layover from the pandemic, there were a few departments requiring update training. Training and access to the SICPs e-monitoring tools have been supported now by IP&C.

### **Patient Safety Improvements**

Work has been completed to support ward staff with aspects of device related safety. A visual aid of a catheter associated urinary tract infection (CAUTI) safety cross has been reintroduced into both inpatient wards, for monitoring of urinary catheter infections with the emphasis being on a risk-based approach to catheter insertions, early removal of urinary catheters, and recording of catheter infections.

With the introduction of safety cross the IPC team has seen a marked improvement in the catheter management data, over the past 2 months.

## IP&C and World Antimicrobial Awareness Week

To celebrate World Antimicrobial Awareness Week (WAAW), which ran from 18<sup>th</sup> – 24<sup>th</sup> November. All NHSO desktops had information on the WAAW. Schools were asked to promote antimicrobial awareness by completing colouring in posters which can be accessed through the E-Bug website, with book vouchers going to the winners, so we look forward to seeing those in the future. In collaboration with WAAW the IP&C team promoted the “Fundamentals of Infection Prevention”, setting up an information stand in The Balfour Hub on 23<sup>rd</sup> and 24<sup>th</sup> of November, the team networked with professional NHS colleagues, patients and the public highlighting the importance of infection prevention.

The fundamentals included information on hand hygiene and breaking the chain of infection, cleaning and disinfection, vaccination, PPE (Protective Personal Equipment), respiratory etiquette, and needlestick safety. The team created a video on how easily bacteria can be spread with incorrect hand hygiene, and a fun PPE pal game, where staff were asked to select the correct PPE and precautions for different infections.

The days were a great success, with individuals being particularly interested and commenting on our local video, which highlighted how easily it is to spread “bugs” through touch surfaces and the staff enjoyed testing their knowledge on doing the PPE Pal game.

Our thanks go out to all that participated.



## **IP&C Covid (SARS-CoV-2) Update**

October and November have seen an increase in SARS-CoV-2 cases in secondary care. This has been the case for both new patient admissions and some cases also seen within current admissions. All hospital cases have been investigated to identify if they had symptomatic visitors, visitors in general or if there have been symptomatic staff working within the area. With the “pause” on staff testing and a message of stay at home if you are unwell or have a temperature, and stepping down of enhanced mask wearing, there is an anticipation that cases and sporadic “clusters” will occur. Two clusters have been reported to Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) in recent weeks. All patients are now fully recovered and both clusters have since been closed with ARHAI.

Moving forward and with the Board’s agreement, this item will be closed with exception reporting only. As guidance is unlikely to change vastly going forward. Reporting will follow the pre-pandemic formula for all respiratory and other pathogens, as is normal IP&C practice.

## **Care Home Support**

The team have commenced Training Needs Analysis (TNA) training across the three residential care homes. A survey questionnaire was created covering aspects of infection prevention and control which was sent to all the staff to complete. The return rate was excellent with good participation across all staff groups, which enabled the IPC Team to create a tailor-made training presentation. The training had been delivered over the past few months, to ensure the capture of as many staff and especially the link IPC staff, as possible; without disrupting resident care. The presentation received good feedback from the staff who attended, the IPC team have seen actions implemented from the training and an increase in staff engagement and communication while visiting the care homes.

## **Exception Reporting to Scottish Government**

As per IP&C Covid (SARS-CoV-2) Update.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Data Quality Review outcomes and Improvement Plan</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Skaife-Knight, Chief Executive</b>
<b>Report Author:</b>	<b>Laura Skaife-Knight, Chief Executive</b>

## 1 Purpose

**This is presented to the Board for:**

- To accept the recommendations in the report from Public Health Scotland (PHS)
- To approve the Improvement Plan

**This report relates to a:**

- Emerging issue

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

In July 2023, NHS Orkney commissioned Public Health Scotland (PHS) to look into concerns about data quality, and specifically, to undertake an independent review of their National Waiting Times data collection, adherence to national guidance and subsequent local and national reporting.



Terms of Reference were agreed for the external review and the final report was completed on 31 October 2023 with a clear set of recommendations.

## 2.2 Background

As part of a listening exercise with staff, and some wider observations about approving national data returns, NHS Orkney's Chief Executive raised concerns over potential data quality and accuracy issues of reported waiting times information alongside a perceived lack of ownership of processes and data across NHS Orkney.

PHS undertook this independent review to ensure that NHS Orkney are accurately reporting National Waiting Times figures for patients being referred to and seen by the Board, if national guidance is being followed and whether there is any variance in the numbers reported nationally by PHS compared to the number reported locally.

PHS held interviews with some NHS Orkney colleagues over a short period of time from July 2023 to September 2023. Representatives from work areas within the scope of the review were approached to gather intelligence and findings.

In addition to this, other sources were also used within the review and these included reviewing data held within PHS, as well as PHS Quality Assurance Logs, previous NHS Orkney audits and national guidance policies.

The following actions that were in scope included:

- Reviewing how National Waiting Times guidance and definitions have been applied overall by NHS Orkney. A particular focus was given to the application of patients reported under the 18-weeks Referral to Treatment target
- Considering whether NHS Orkney's local access policy aligns with national waiting times definitions and guidance
- Establishing what audits have been undertaken in NHS Orkney and exploring methodology and sample techniques used and report any anomalies
- Reviewing the structures, processes and digital systems in place within NHS Orkney for collecting, analysing and publishing data on all aspects of waiting times information
- Reviewing monthly snapshot performance reports produced by NHS Orkney and any other relevant information reported to ensure that local information aligns with national waiting times data
- Utilising any information held centrally by PHS for comparative purposes or any other relevant data sources, including best practice that PHS would expect to see in place for national reporting returns by Health Boards and to ensure data quality
- Exploring data collection processes for Child and Adolescent Mental Health Service (CAMHS) waiting times information to understand any issues and potential solutions
- Where appropriate, making a proposal, based on good practice and size of the organisation, regarding whether the current team structure within Health

Intelligence is fit for purpose, identifying areas for development, training needs and what support should be provided

## 2.3 Assessment

The overarching finding is that PHS did not find any evidence to suggest that the published waiting times figures for NHS Orkney are incorrect, however, there may be a time lag on when a patient is being removed from the waiting list due to the delay in entering the outcome of appointment in the system. At a point in time, the figures may show a patient waiting longer than they did, although this would be rectified once the record had been updated. Improved electronic processes to update clinical outcome codes in a timelier manner would help rectify this issue and will form part of NHS Orkney's improvement plan.

Based on the findings from this investigation, PHS have proposed the following recommendations (in order of importance) to NHS Orkney to support their staff and to ensure the robustness of their waiting times data:

1. The department would benefit from having a senior position (Band 7/8) with a data and intelligence background to provide that strategic and technical leadership and direction, join up with other internal departments and externally with colleagues in other Boards.
2. Ensure NHS Orkney's TrakCare application has appropriate additional functionality made available to support timely data capture. This is especially relevant to the Clinic Outcomes screen to support the timely closure of waiting times records and the new CAPTN questionnaire.
3. Ensure clinical teams are engaged with the Waiting Times process and take ownership and responsibility for their waiting lists and data at a speciality level.
4. Ensure all processes are documented in Standard Operating Procedures. This should include a new process for tracking all off-island referrals.
5. Explore best practice examples that exist in other Boards with regards to auditing records, waiting times training and guidance for staff and whether these could be adopted across NHS Orkney.
6. Develop clear data governance structure and escalation routes and communicate to all staff.
7. Undertake a review of job descriptions, roles and responsibilities across Health Intelligence (HI)/Waiting Times with prospect of allocating additional resource to support the Waiting Times Co-ordinator.
8. Health Intelligence and Waiting Times teams to engage with clinical teams to review and develop reports to ensure they are relevant to the service.

9. Establish ongoing audit of data to ensure quality and adherence to national definitions and guidance. Ideally this should be conducted by another department independent of the Waiting Times team.
10. Review processes for publishing data on NHS Orkney website to ensure transparency and that the Executive Director sign-off process is understood and communicated well.
11. Ensure NHS Orkney has appropriate representation at relevant National Groups.
12. Explore if other NHS organisations can provide support to NHS Orkney to implement any recommendations if expertise or knowledge does not exist within NHS Orkney.

The final PHS report was presented to the Senior Leadership Team for discussion on 21 November 2023. The draft Improvement Plan (Appendix 1) was presented for discussion and approval at SLT on 4 December 2023, ahead of going to Audit and Risk Committee on 5 December 2023 for approval. The Audit and Risk Committee has recommended to the Board that it accepts the recommendations in the PHS report and approves the Improvement Plan. Subject to Board approval, it is proposed that NHS Orkney publishes the report, its response and the Improvement Plan in full in the spirit of openness and transparency on 14 December 2023.

Those who took part in interviews as part of this external review have been updated and fully briefed by PHS, and the report has been shared with these colleagues. Scottish Government has been briefed and updated and the above next steps are supported by the national team.

The Health Intelligence and Waiting Time teams have inputted into the development of the Improvement Plan, as have PHS.

The Audit and Risk Committee will oversee progress against the Improvement Plan which has been themed and aligns to the recommendations made by PHS notably:

1. Leadership
2. Governance
3. Digital

Each of the proposed actions has a clear owner and timescale for the completion of the action.

### **2.3.1 Quality/ Patient Care**

Patients currently on Waiting Lists could be impacted.

### **2.3.2 Workforce**

Potential impact on morale of clinical staff and managers who are responsible for ensuring effective policies and procedures are in place.

### **2.3.3 Financial**

Impact on pay spend as additional resource is recommended by PHS as part of the Improvement Plan that is necessary.

### **2.3.4 Risk Assessment/Management**

This is a risk on the Corporate Risk Register that has been reviewed and downgraded in light of these findings (see Board agenda item 8).

## **2.4 Recommendation**

- To accept the recommendations in the report from Public Health Scotland (PHS)
- To approve the Improvement Plan

## **3 Appendices**

Appendix 1 - the final PHS Report

Appendix 2 – NHS Orkney's Improvement Plan

**Adherence to National Waiting  
Times Guidance in NHS Orkney  
v1.1 - Final**

Report date: 31/10/2023



Translations



Easy read



BSL



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## Background

Public Health Scotland (PHS) were approached by the Chief Executive of NHS Orkney in July 2023 to undertake an independent review of their National Waiting Times data collection, adherence to national guidance and subsequent local and national reporting.

As part of a listening exercise with staff, and some wider observations about approving national data returns, the new Chief Executive raised concerns over potential data quality and accuracy issues of reported waiting times information alongside a perceived lack of ownership of processes and data in NHS Orkney. This could be subsequently explored as part of any future improvement exercise.

## Methodology

PHS undertook this independent review to ensure that NHS Orkney are accurately reporting National Waiting Times figures for patients being referred to and seen by the Board, if national guidance is being followed and whether there is any variance in the numbers reported nationally by PHS compared to the number reported locally.

PHS held interviews with some NHS Orkney colleagues over a short period of time from July 2023 to September 2023. Representatives from work areas within the scope of the review were approached to gather intelligence and findings.

In addition to this, other sources were also used within the review and these included reviewing data held within PHS, PHS Quality Assurance Logs, previous NHS Orkney audits and national guidance policies.

## Scope

The review focussed on the application of National Waiting Times definitions, guidance and figures published for those who are being treated in NHS Orkney. The



look back exercise covered the last 2-year period (up to March 2023) and included patients who were referred to NHS Orkney and those subsequently transferred off-island to other centres to ensure the review was as comprehensive as possible.

The following actions that were in scope included:

- Reviewing how National Waiting Times guidance and definitions have been applied overall by NHS Orkney. A particular focus was given to the application of patients reported under the 18 weeks referral to treatment target
- Considering whether NHS Orkney's local access policy aligns with National waiting times definitions and guidance
- Establishing what audits have been undertaken in NHS Orkney and exploring methodology and sample techniques used and report any anomalies
- Reviewing the structures, processes and digital systems in place within NHS Orkney for collecting, analysing and publishing data on all aspects of waiting times information
- Reviewing monthly snapshot performance reports produced by NHS Orkney and any other relevant information reported to ensure that local information aligns with national waiting times data
- Utilising any information held centrally by PHS for comparative purposes or any other relevant data sources, including best practice that PHS would expect to see in place for national reporting returns by Health Boards and to ensure data quality
- Exploring data collection processes for Child and Adolescent Mental Health Service (CAMHS) waiting times information to understand any issues and potential solutions
- Where appropriate, making a proposal, based on good practice and size of the organisation, regarding whether the current team structure within Health Intelligence is fit for purpose, identifying areas for development, training needs and what support should be provided

## Recent Organisational Changes

We can see through discussions and from the **NHS Orkney Chief Executive 100-day Report - Reconnecting with People** (published August 2023) that there are already significant changes that have taken place since July 2023 and these include the refreshed Executive Team portfolios and a new approach for the Executive Management Team (EMT) and Senior Management Team (SMT). These changes are designed to ensure that faster decisions can be made, that decisions are clinically-led, there is ownership, there is accountability and that everyone knows key leads and where to go for support and how and where decisions are made in the organisation.

EMT no longer exists in its previous form and ceased being a formal decision-making forum at the end of June 2023. Instead, an informal weekly meeting with the CEO and Executive Team, called the Corporate Leadership Team now takes place. SMT has been renamed Senior Leadership Team (SLT) with a new core membership which ensures clinically-led decisions in the organisation, meeting every two weeks with this core membership so that timely decisions can be made. SLT reports directly to the Board and its purpose is to oversee the day-to-day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, which support the achievement and delivery of overarching objectives. It is a key forum for holding teams and colleagues to account for the delivery of plans and operational performance.

These changes have been made and implemented recently (i.e. within weeks of this review commencing) and therefore will inevitably not have become embedded or fully understood across the organisation in this time. Further, and ongoing, communication sessions with staff to explain changes and rationale would therefore be advised if this is not already happening. In due course further clarity may be required to understand how issues identified in this exercise are addressed by these new reporting arrangements.

# Findings

## Finding 1

- **Action:** Reviewing how National Waiting Times guidance and definitions have been applied overall by NHS Orkney. A particular focus was given to the application of patients reported under the 18 weeks referral to treatment target.

The Waiting Times Co-ordinator is the main person for NHS Orkney with in-depth knowledge on waiting times guidance, definitions, and data. The investigation team recognised their dedication to the role, and this should be commended. Whilst their line manager can support in some areas, having sole responsibility on one person, in a high-profile area, is a risk to the organisation. PHS were only made aware of one specialty, Obstetrics & Gynaecology, that took responsibility and ownership for their waiting list and associated data which also increases the risk to the organisation. PHS recommend that responsibility for waiting times and its data should span across all relevant stakeholders who deal with waiting times including Admin, Health Intelligence and Clinical Teams (at specialty level) with clear roles and responsibilities and ownership laid out and suitable training provided. This is particularly relevant for the clinical teams who should be reviewing and managing their waiting lists on an ongoing basis.

### **Standard Operating Procedures (SOPs)**

PHS have been unable to determine if the application of National Waiting Times guidance and definitions are being applied correctly and consistently in NHS Orkney as there was no evidence of any SOPs, processes or training that span the range of departments, namely Health Intelligence, Admin and Clinical, who were within the scope of this review. PHS would expect to see SOPs in place to explain clearly how certain aspects of the job are carried out, for example,

- how to extract Waiting Times data from TrakCare
- processes on data quality tasks

- how to run reports, circulation lists and frequency
- processes and responsibility for sign off
- escalation processes where issues arise.

Having clear and concise SOPs in place provides the department with a level of resilience should a member of staff leave or is absent for a period of time. These SOPs should be kept up to date and provide detailed steps that are clear enough to allow another member of staff to follow if required.

PHS would like to highlight a recent report that was prepared for NHS Lothian on their adherence to National Waiting Times guidance which may offer scope for shared learning. In particular with regards to training made available to all staff involved in waiting times. This report was published in September 2023 and can be found on the [PHS](#) website. This was an independent review to ensure NHS Lothian was complying with National Waiting Times guidance for patients referred to and seen by the paediatric Scottish National Spinal Service (SNSS).

NHS Lothian were able to provide robust details and evidence of their staff training on National Waiting Times guidance. Detailed SOPs were available to all staff via their intranet and were developed to ensure they had a consistent approach to the management of referrals and waiting lists across NHS Lothian. It also defined the accountabilities and responsibilities of all those involved in waiting list management processes. In addition, several courses are available providing staff with training for waiting times guidance and how it applied to their daily work. These courses are face-to-face and LearnPro modules are required to be completed annually. Records for this were also held on file to ensure completion.

**Finding 3** is also relevant to this section as no audits are undertaken to check if the data collected meets national guidance and definitions.

### **PHS Data Checks**

The 18 weeks Referral to Treatment (RTT) publication reports on completed patient pathways covered by the 18 weeks RTT standard. This covers the entire patient's wait from referral to the start of their treatment, applies to non-emergency consultant-

led activity and waits are adjusted to account for periods of unavailability. The Board who initially receives the referral are responsible for delivering this standard and data is submitted monthly to PHS. The format and completeness of the submissions are checked by PHS as the files are received monthly and any discrepancies are highlighted to the Board concerned. This process is carried out before the data is uploaded to the warehouse and Monthly Management Information reports are sent to both Scottish Government and the submitting Health Board.

A more in-depth Data Quality (DQ) check is completed on a quarterly basis. PHS conduct an interrogation of the data to look at changes in trends, unusual activity, the number of patients under each specialty and patient pathways. Additionally, there are checks on the % performance, % linkage and unknown pathways to see how the changes in the numbers are affecting the overall trends. Normally there are three or four DQ questions to be asked of each Board and NHS Orkney are no exception.

Looking at the issues of Data Quality from the logs maintained by PHS, it is clear that historically there has been some confusion from NHS Orkney about the data to be included in the 18 Weeks RTT return. Again, NHS Orkney are not exceptional in this regard and the inclusion/exclusion of data has been a topic of discussion on a national level as part of the ongoing National Waiting Times Guidance Review overseen by Scottish Government. NHS Orkney have however made significant changes to their submissions for 18 weeks RTT over the course of the last six months and there is now a greater alignment in their submissions with the expected reportable activity, in particular the recent exclusion of non-consultant led waits across Cardiac Rehab, Physiotherapy, Audiology and Diabetes. PHS and NHS Orkney were already working closely on this prior to the current review and, being mutually beneficial, will continue to do so.

### **Off Island Patients**

PHS discussed off-island patients in terms of their appointments, data recording and reporting. Despite no formal documented standard operating procedures (SOPs) or processes in place, both the clinical admin team and WT Co-ordinator had similar means to track these patients who had been referred to NHS Golden Jubilee. PHS found that the process in place is what would be expected and is similar to that in

place within other NHS Boards. It should be noted that patients that are referred to other NHS Boards are not tracked by NHS Orkney.

[See Recommendations [3](#), [5](#) and [9](#)]

## Finding 2

- **Action:** Considering whether NHS Orkney's local access policy aligns with National waiting times definitions and guidance.

NHS Orkney Local Access Policy is available on the [NHS Orkney website](#), dated March 2022 and was due to be reviewed in March 2023.

The NHS Orkney Local Access Policy details how the principles set out in the [NHS Scotland National Access Policy](#) apply to NHS Orkney services. The principles and responsibilities in the policy help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

The NHS Orkney Access Policy includes all, except travel cost information, of what is recommended from the NHS National Access Policy whereby it states that the items below should be included:

- Communication processes
- Reasonable offers
- Suitable alternative providers
- Possible and reasonable service locations
- Travel costs
- Referral to a service or clinical team
- Patient booking systems
- Clock adjustments for unavailability, "CNAs" and "DNAs"

- The recording process which should be clear and transparent.

PHS recognise that the National Access Policy is due to be updated and it is recommended that NHS Orkney take account of any changes when reviewing their own policy.

### Finding 3

- **Action:** Establishing what audits have been undertaken in NHS Orkney and exploring methodology and sample techniques used and report any anomalies.

There seems to be confusion around the term audits within NHS Orkney. Some staff reported that they were not aware of any audits that were undertaken, however, some staff noted that many audits took place and used the term audit to describe a number of performance and data quality reports. PHS would regard an audit to be a sample of records assessed against the nationally agreed standards and definitions.

In discussion with the admin and Health Intelligence teams it was noted that there had been no audits undertaken regarding Waiting Times and none planned for the future. Through further discussion with senior staff, it was noted that an external organisation, **Azets** does facilitate an annual internal audit for waiting times which is commissioned by the Finance Department. The focus for the 2023/24 audit is on reporting of waiting times across the organisation and is linked to corporate risk 509.

PHS were provided with the scope and objectives for this audit, **Appendix 1**, which on review appears very similar to that requested of PHS for this investigation. Staff that were aware of the Azets request were unable to explain why there were two requests with similarities.

PHS reviewed four previous audit reports from 2019/20 to 2022/23. Overall, these reports displayed positive conclusions and provided assurance for NHS Orkney in a number of areas, with some caveats in relation to areas of improvements. These being waiting times performance (2022/23), patient communication for TTG (2021/22), out-of-date Patient Access Policy (2020/21) and data accuracy within

TrakCare (2019/20). PHS have been unable to confirm if these improvements have been actioned. PHS were unable to corroborate with the findings relating to:

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systems and controls that are in place to support effective monitoring and reporting of patient waiting times

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This seems to be at odds with the findings from this investigation, as PHS found no evidence of SOPs, processes or audits in place that would support effective monitoring and reporting of patient waiting times.

NHS Orkney would benefit from implementing an internal audit process for Waiting Times (and other areas within NHS Orkney and National Data Returns that require monitoring) to ensure that data can be monitored, investigated, and if required, action plans put in place. An audit process would ensure that NHS Orkney can assess their practice and performance against the national definitions and standards. PHS would recommend that any such audits are undertaken by a different team to the one that routinely report on the data to provide a level of independence and transparency.

These audits could then be reported through a governance committee or group to ensure responsibility and accountability is being met and that any actions are completed. To ensure awareness across the organisation results of any audits and subsequent action plans need to be shared with relevant staff from all disciplines.

Audits could be added to the refreshed Patient Access Policy to supplement the NHS Orkney commitment to:

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Effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.

The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored by the Health Intelligence Team, and management action will be taken in sufficient time to ensure waiting time standards are maintained.



New to return and DNA ratios will be reviewed regularly, and necessary actions will be taken to address any issues

There will be effective monitoring of efficiency and productivity to ensure quality treatment in a timely fashion.

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The previously mentioned report on NHS Lothian describes an area of best practice regarding their audit timetable, processes and action plans. This provided PHS with a high level of confidence in NHS Lothian's adherence with the national guidance. Other Boards may also have something similar set up and NHS Orkney may benefit in having discussions with other Board colleagues to determine if they could adopt an existing best practice model that is already in operation.

[See Recommendation [10](#)]

## Finding 4

- **Action:** Reviewing the structures, processes and digital systems in place within NHS Orkney for collecting, analysing and publishing data on all aspects of waiting times information.

### Collaboration and Reporting

Many data quality reports are produced by the Health Intelligence (HI) department and by the Waiting Times (WT) Co-ordinator. Details of these types of reports can be found in [Appendix 2](#).

PHS understand that these reports were developed some time ago and are still being sent out, or shared, routinely with Clinical, admin and management teams. The HI team and WT Co-ordinator receive very little feedback from recipients as to the usefulness of these reports. This could suggest that these reports are either not being read, not being used, or provide no purpose to the recipient. This was backed up through discussions with Clinical staff who received a monthly report from the team but didn't look at it as it didn't include the information they required. There is no follow up/collaboration with recipients of the reports to seek what information and

intelligence they would need and find useful to help in the running of their services. PHS recognise the dedication from staff and the time and effort that they put into preparing these outputs.

Both the HI team and the WT Co-ordinator agreed that they would like to have the ability to plan ahead and provide more collaborative reports however the capacity to do this is not available and results in them doing the same reports they have always done with the same results. Clinical and admin staff with a responsibility for waiting times could be involved in the development of targeted reports to use the capacity and time of the HI team and WT Co-ordinator more effectively.

Clarity between the HI Team/WT Co-ordinator and Clinical staff of their respective roles and responsibilities for recording and reporting waiting times data via increased collaboration would be beneficial. PHS would like to note the good practice of the Obstetrics & Gynaecology staff where Clinical and administrative/secretarial staff work together to achieve the common goal of ownership, good quality and timely data. To achieve this, they have regular meetings and ensure that all patient data is recorded accurately, up-to-date, and complete within TrakCare. The most important aspect is that the Clinical Team have taken ownership of the waiting list and the data.

Other specialties and clinical teams across NHS Orkney would benefit from adopting a similar model of best practice. This would ensure that all the data held within TrakCare is accurate and up-to-date and that the Health Intelligence Team and Waiting Times Co-ordinator could be confident in the data extracted and submitted for national reporting, so their time and resource is not being used chasing up missing information and fixing data errors.

Through the listening sessions with the Chief Executive, staff in one specialty raised concerns that waiting times published did not reflect what they were seeing in the service and through returns the Chief Executive personally approved, this prompted some further questions about accuracy. Though our interviews this appears to have been directed at data published on the NHS Orkney public website, [Appendix 3](#). PHS discovered that this data is supplied by the Waiting Times Co-ordinator and that incomplete records, for example awaiting outcomes, are excluded. This is not made clear on the website and could account for the apparent discrepancy. For the

purposes of transparency NHS Orkney would benefit from including a clear explanation on the inclusion/exclusion criteria for these data. PHS were also unable to determine if these data were approved by a senior lead before being published, however it has since been confirmed by the Chief Executive that there are Executive-level approvals in place for all national data returns to ensure ownership as part of the wider set of changes that have been implemented since April of 2023.

The NHS Orkney Patient Access Policy states that:

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There is a need for NHS Orkney to manage their waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

Systems, processes and resources are in place to ensure that all staff are adequately trained to use local systems to help manage access to services using standard operating procedures.

There are systems and procedures in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.

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PHS have not been able to confirm whether these processes noted above are being followed or are in place and it is recommended that work progresses with all relevant staff to ensure that these are documented, put in place, training and guidance is provided and that these are reviewed and updated at regular intervals. NHS Orkney were only able to provide PHS with one SOP in relation to Outcomes. The absence of clear documentation and processes could be contributing to the frustration and lack of action to resolve issues between colleagues and departments.

### **Data Recording**

Through conversations with staff PHS have been made aware that the recording of outcomes is an area of concern; whereby patient pathways are not being closed off on time due to staff not completing the clinic outcomes in a timely manner. This is exacerbated due to the number of locum Clinicians working in NHS Orkney and not

having agreed protocols in place with regards to completion of paperwork in an agreed timeframe. Not completing clinic outcomes in a timely manner means that data submitted to PHS may show a patient wait being longer than it actually is. If the record was closed off in a timelier fashion the data would show the correct wait at the point of submission to PHS. Several staff members are spending time trying to obtain the information from clinicians or waiting until letters are typed. This results in a lot of wasted staff time, resource, and delayed data entry. Again, the WT Co-ordinator, HI Team and Clinical Admin Team should be praised for the amount of extra work undertaken in order to address the need to improve the data quality and data completeness.

Collaboration between all relevant departments is required to discuss and ascertain who is responsible for the completion of the outcome data, the timeliness the data entry and the purpose of outcoming patient pathways. All parties should be involved in the creation of this process to ensure that the responsibilities of recording outcomes are clear and documented.

The delayed recording of outcome data has resulted in a reduced confidence in the data quality amongst some NHS Orkney staff. Those involved in this review do have confidence that local and PHS published data are correct, however the effort required to ensure data quality requires a significant amount of extra work.

It was noted that Clinical Staff do not have access to the clinical outcomes screen within TrakCare to enter their outcomes directly which would automatically close a patient's wait once the data was entered. Clinicians are therefore required to manually record outcomes on paper or dictate for their secretary. NHS Orkney may be able to arrange through their eHealth team or NHS Grampian to have this functionality switched on to assist with, and speed up, this vital part of the process and ensure the data reported represents an accurate picture.

- **National Elective Co-ordination Unit (NECU)**

NHS Orkney have recently engaged with the **National Elective Co-ordination Unit (NECU)** through the **Centre for Sustainable Delivery (CFSD)** in relation to the NHS

Scotland Waiting List Validation service. This service looks at all NHS Orkney waiting lists and ensures that they are up-to-date and whether patients still need their appointments or operations. This would have been a substantial exercise for NHS Orkney to carry out on their own and it would be beneficial to continue and use the services of NECU to ensure that their waiting lists are monitored and up to date.

The work of NECU and their involvement with NHS Orkney is visible to patients, staff and visitors via the [NHS Orkney website](#).

[See Recommendations [1](#), [2](#), [3](#), [4](#), [6](#), and [8](#)]

## Finding 5

- **Action:** Reviewing monthly snapshot performance reports produced by NHS Orkney and any other relevant information reported to ensure that local information aligns with national waiting times data.

As noted in [Finding 4](#), NHS Orkney publish data on their website showing the number of weeks that patients on an NHS Orkney Outpatient Waiting List have waited for an urgent or routine appointment or treatment over the last month. PHS is unable to provide a comparison for this data. Data could not be matched to data held within the national warehouse as no detail on any exclusions or dates of extraction is noted. Data available on a public facing website should be clear and transparent and describe the full cohort of patients included and excluded in the report.

[See Recommendation [2](#)]

## Finding 6

- **Action:** Utilising any information held centrally by PHS for comparative purposes or any other relevant data sources, including best practice that PHS would expect to see in place for national reporting returns by Health Boards and to ensure data quality.

For this investigation PHS have not obtained any patient level data from NHS Orkney for comparative purposes as it was felt that there is no evidence to suggest that the data submitted to PHS is inaccurate. **Finding 1** has explained the steps currently being undertaken by NHS Orkney to improve their submissions for 18 weeks RTT and this is to be commended.

The Waiting Times Co-ordinator is in regular contact with the PHS data management team to ask relevant questions or resolve any data quality issues that arise. PHS will continue to work with NHS Orkney colleagues to ensure their submitted data continues to meet quality standards.

[See Recommendation **11**]

## **Finding 7**

- **Action:** Exploring data collection processes for **Child and Adolescent Mental Health Service** (CAMHS) waiting times information to understand any issues and potential solutions.

Over the past couple of years there have been issues over the data collected for CAMHS. The main issues seem to have arisen due to lack of staff resources and staff turnover to maintain the data thus resulting in data quality issues. This was for a period of around 2-3 years, involving part-time staff coming into and out of the position.

This resulted in the CAMHS aggregate data not being up to date, some locally held data was not transferred on to the system and records were not suitable to be submitted for national reporting.

Over the last couple of months there has been a dedicated full-time member of secretarial staff and part-time admin staff employed within CAMHS to take over this role and it was noted that there had been significant improvement in the data. These members of staff also have an in-depth working knowledge of TrakCare.

CAMHS data is now being submitted to PHS for national reporting purposes.

**Child, Adolescent & Psychological Therapies National Data** (CAPTND) has started to be submitted from late September 2023 covering the backlog data from October 2021. Issues with this data are the same as CAMHS. Staff have mentioned the challenges with recording mental health data in TrakCare. PHS would like to draw NHS Orkney's attention to the fact that there have been conversations at a national level through the PMS Consortium Operational Reporting Group whereby some Boards have developed a questionnaire to record CAPTN data in TrakCare. NHS Orkney are represented on this group through a staff member in the eHealth department. NHS Grampian have also developed a questionnaire and NHS Orkney may be able to adopt this through their current SLA arrangements.

CAMHS, Psychological Therapies (PT) and CAPTND are specifically mentioned within the NHS Orkney Annual Delivery Plan 2023/2024, which sets out their key operational priorities and key actions. The Scottish Government (SG) has approved these plans in August 2023, however CAMHS and PT sit within an area that requires further discussions. This can be seen in **Appendix 4**.

[See Recommendation 4]

## Finding 8

- **Action:** Where appropriate, making a proposal, based on good practice and size of the organisation, regarding whether the current team structure within health intelligence is fit for purpose, identifying areas for development, training needs and what support should be provided.

### Organisational Structure

PHS were provided with an organisational structure of NHS Orkney and departments that have a direct responsibility for waiting times. Some NHS Orkney staff reported that the line of escalation seemed unclear, and that the Chief Executive had therefore been actively involved in discussions and issues that ordinarily would be resolved at a lower level. The HI and WT teams do not have a Director role that sits between them and the Chief Executive. It may be helpful to consider where Planning, Performance and Risk functions best sit moving forward and the best lines of

reporting into Executive Directors. PHS recognise that NHS Orkney is a small Board and 'traditional' reporting lines may not be appropriate. The current changes to the Executive Team present an ideal opportunity for this to be considered over the coming months. In the meantime, the Chief Executive is leading on Strategy, Planning and Performance and Risk at Board-level, until such time as substantive Executive Directors are appointed. Two new adjusted Head of Service positions are being created: Head of Planning, Performance and Information (currently reporting to Chief Executive and transferring to Executive Director lead moving forward) and Head of Patient Safety, Quality and Risk (direct report to Medical Director).

The current structure within HI requires to be split into clear and distinct roles for the WT Co-ordinator and Cancer Audit Assistants. The resources appear to be unbalanced with almost double the resource allocated to cancer audit as opposed to that for waiting times. These roles are line managed by the Senior Analyst in the HI team, which we understand was not part of their job description, and who also has line management responsibilities for a number of Health Intelligence Analysts and Health Intelligence Officers. Current job descriptions and the team structure would benefit from being reviewed to provide greater clarity of roles and responsibilities for the application of national waiting times data reporting. The HI, WT and Clinical Administration teams would benefit greatly by having someone at a senior level (B7/8) such as a Principal Analyst or Information Lead to provide an advanced level of knowledge and technical expertise to support to the team and provide leadership and develop a clear strategy for NHS Orkney in relation to data collection and reporting. This role would be able to provide hands-on experience and support staff with detailed knowledge of the work area. This role could also be used to forge relationships across NHS Orkney relating to data and information, including Clinical & eHealth (digital) teams as well as NHS Grampian e-health department to support admin, clinical and HI teams.

It is not clear who has overall responsibility for risk management in the organisation, likely due to changes to Executive Directors and a number of interim arrangements in place to ensure there are no gaps, and therefore clarity on the division of roles and responsibilities is required or evidence of joined ventures documented. Waiting Times audits are instigated by the Director of Finance; however Waiting Times sits



within Planning, Performance and Risk. It may be beneficial if Waiting Times audits are instigated from within Planning, Performance and Risk (or moving forward the new Head of Service roles as described above). With regard to Executive portfolios, Risk sits under the Medical Director, however, the Chief Executive is currently overseeing this until the substantive Medical Director commences in post early 2024.

### **Governance & Escalation**

At times, there is not a clear escalation process. Staff expressed their frustration when raising issues and concerns with line management both within their own teams and up to Medical Director level, sometimes several times, with no resolution. The feeling amongst staff is that there is no clear ownership, guidance or processes in place to show the roles and responsibilities for individuals or operational teams that would highlight the correct escalation routes.

### **Service Level Agreements (SLAs)**

As NHS Orkney is a small island Board, they rely on Service Level Agreements (SLA) with other Boards to deliver certain aspects of their services. Discussions have indicated that details such as how many SLAs are in place, for how long and who with, as well as the overall responsibility and management of SLAs can be unclear. The SLAs are now under review, for example the visiting clinicians SLA being reviewed by the interim Deputy Medical Director which should help to ensure there is consistency in the roles and responsibilities for data recording by visiting services/clinicians, which in turn supports administrative and WT staff ensure the completeness of data. The SLA review exercise is due to be concluded in December 2023.

### **Digital Systems & Training**

PHS acknowledged that there are challenges in the recording of data within TrakCare which is not unique to NHS Orkney. In discussions with NHS Orkney staff, it was noted that the training provided for the use of TrakCare is provided through the e-Health department. There seems to be no records held on what training has been undertaken, which is also provided on a one-off basis. Despite this, most of the NHS

Orkney staff that were involved in this review felt confident in how they use the system.

During investigations it was noted that TrakCare training was raised at the NHS Orkney Board - Finance and Performance Committee held on Thursday, 25 May 2023, in direct relation to CAMHS reports. No action or owner was noted in the minute of the meeting or actions.

Within the Minute of meeting of it states:

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Training for administrative staff was necessary to ensure prompt and accurate updates in TrakCare

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Minutes for the July Finance and Performance and Committee were not available online at the time of preparing this report and staff were not aware of any available training for TrakCare, other than the one-off training previously noted.

It is important that all staff have access to appropriate training and that regular refresher courses are made available. A record of training for all staff should be held and dates for refresher training should be put in place.

NHS Orkney noted that they can use staff resources within NHS Grampian as part of the SLA, however this seems to be on an ad hoc basis and not routinely accessed. Regular use of this resource could help NHS Orkney to gain knowledge and expertise to maintain good housekeeping of their data. NHS Orkney should reach out to NHS Grampian and other larger boards to incorporate good practice within their own board. An example of this would be in NHS Lothian, whereby they have an excellent staff intranet that is dedicated to Waiting Times. They have used this area to provide staff with information such as waiting times guidance, SOPs, national standards, datasets, and training. This information is held all in the one area and is easily accessible.

We are aware that discussions have taken place at Chief Executive level, and are due to continue on a regular basis, with other island boards so that they can learn

from each other. PHS would encourage these discussions and NHS Orkney seem receptive to the possibility of shared functions that would seek to benefit all.

NHS Orkney staff report that the current digital systems and data reporting solutions in use are often not fit for purpose. This is apparent with the NHS Orkney version of TrakCare which does not have the full functionality that exists within NHS Grampian, for example, availability of the clinic outcome screen. Also, the HI team rely on the use of Microsoft Excel for a lot of their analysis and reporting, whereas other tools could be more efficient and effective.

In NHS Orkney Annual Delivery Plan 2023/2024, approved by the Scottish Government in August 2023, improvements in their digital estate were acknowledged and required further discussion. The outcomes of this are still to reach operational teams. These improvement areas are shown in [Appendix 5](#).

CfSD could support training and development of NHS Orkney staff by offering professional expertise in new innovations and support collaborations with other NHS Boards, Scottish Government, health and social care partners, third sector, academia and industry.

There are a number of national groups that exist to support data and intelligence activities in NHS Boards:

- Waiting Times Information Group
- National Information Leads
- PMS Consortium Operational Reporting Group
- PMS Application Group

PHS understand that NHS Orkney do have representation at some of these groups but may be of a more junior position whereas other NHS Boards have representation at a B8 level on these national groups. NHS Orkney would benefit from identifying a suitable lead with the appropriate seniority and expertise to actively participate, and make decisions, to represent the Board in each of these groups, forge relationships with other Boards and actively share information back to colleagues.

## Staff Turnover

It has been noted that there have been challenges associated with staff turnover across all staff groups in NHS Orkney. This has often led to large gaps before recruitment of new staff and therefore no opportunity for handovers of work. Over time this has resulted in loss of expertise and unclear roles and responsibilities.

We acknowledge that being an island board can be difficult to attract and recruit staff with the appropriate skills. As with many other island boards, staff do have wider remits and at time have to wear multiple hats. This is accepted across the organisation and is, in some cases, enjoyed by staff although not part of their job description. However, it is acknowledged that this can result in areas working to maximum capacity at all times, leaves no room for future planning and development, and may put departments at risk of burnout with no staff resilience or continuity of resources planned.

Investment in staff education, training, and communication skills along with other areas noted in this report relating to roles & responsibilities for waiting times data may support staff so that they that feel valued and supported to do their job.

[See Recommendations [1](#), [6](#) and [7](#)]

## Conclusion

With the information gathered through discussions with NHS Orkney staff, and in relation to the scope of this investigation, PHS can conclude that:

- Due to lack of SOPs and audits PHS have been unable to confirm if the National Waiting Times guidance is being adhered to.
- NHS Orkney have a transparent Local Access Policy available on their website which does align with the National Policy.

- PHS did not find any evidence to suggest that the published waiting times figures for NHS Orkney are incorrect, however, there may be a time lag on when a patient is being removed from the waiting list due to the delay in entering the outcome of appointment in the system. At a point in time the figures may show a patient waiting longer than they did, although this would be rectified once the record had been updated. Improved electronic processes to update clinical outcome codes in a timelier manner would help rectify this issue.
- Measures have been put in place to address issues with CAMHS data which is now being submitted to PHS. Work is now underway to address the issues affecting CAPTN data.
- Waiting Times, Admin and HI staff are committed to doing a good job but are presented with a number of ongoing challenges that are impacting on their objectives.
  - High staff turnover, in areas such as clinical and admin, is having a knock-on effect on the completeness and quality of the data.
  - Inability to influence other (clinical) departments due to unclear roles and responsibilities and lack of ownership of the waiting times data by clinical teams.
  - Lack of awareness of the importance of timely and good quality data out with the HI/WT team.
  - Staff have wide remits, with critical responsibilities being placed on staff with relatively junior positions.
  - Clinical IT systems not fully utilising existing functionality that would support effective data capture.
  - Lack of a robust governance process for monitoring and reporting data with appropriate escalation route for raising issues.

- Lack of a senior role (Principal Analyst / Information Lead) to drive change and lead data intelligence strategy.

It is recognised that this review only involved a small number of staff but a number of common themes, noted above, were evident which impact on other areas across the organisation and would be worth further investigation with a wider group of staff.

All staff involved were positive about embracing any changes that may be proposed which would improve the way that they work and PHS would like to thank those that participated in this review for their openness and honesty.

## Recommendations

Based on the findings from this investigation PHS propose the following recommendations (in order of importance) to NHS Orkney to support their staff and ensure the robustness of their waiting times data:

1. The department would benefit from having a senior position (B7/8) with a data and intelligence background to provide that strategic and technical leadership and direction, join up with other internal departments and externally with colleagues in other Boards.
2. Ensure NHS Orkney's TrakCare application has appropriate additional functionality made available to support timely data capture. This is especially relevant to the Clinic Outcomes screen to support the timely closure of waiting times records and the new CAPTN questionnaire.
3. Ensure clinical teams are engaged with the WTs process and take ownership and responsibility for their waiting lists and data at a speciality level.
4. Ensure all processes are documented in SOPs. This should include a new process for tracking all off-island referrals.
5. Explore best practice examples that exist in other Boards with regards to auditing records, WTs training and guidance for staff and whether these could be adopted across NHS Orkney.

6. Develop clear data governance structure and escalation routes and communicate to all staff.
7. Undertake a review of job descriptions, roles and responsibilities across HI/WTs with prospect of allocating additional resource to support the WT's Co-ordinator.
8. HI/WTs Team to engage with clinical teams to review and develop reports to ensure they are relevant to the service.
9. Establish on-going audit of data to ensure quality and adherence to national definitions and guidance. Ideally this should be conducted by another department independent of the Waiting Times team.
10. Review processes for publishing data on NHS Orkney website to ensure transparency and that the Executive Director sign-off process is understood and communicated well.
11. Ensure NHS Orkney has appropriate representation at relevant National Groups.
12. Explore if other NHS organisations can provide support to NHS Orkney to implement any recommendations if expertise or knowledge does not exist within NHS Orkney.

Appendix 1:



Internal Audit Assignment Plan

Client:	NHS Orkney
Assignment:	C.1 Waiting Times
Background:	<p>The Scottish Government has set health boards in Scotland a number of waiting times standards that set the maximum time a patient should wait at each stage in the referral to treatment process. The standards include, for example, that 90% of patients will wait no longer than 18 weeks from referral to treatment, and that all patients will wait no longer than six weeks if they have to undergo one of eight key diagnostic tests. In addition, the Patient Rights (Scotland) Act 2011 sets out that all eligible patients should wait no longer than 12 weeks once treatment has been agreed. This is known as the 12-week Treatment Time Guarantee.</p> <p>The Covid-19 pandemic placed unprecedented demand across the NHS as a whole and continues to have repercussions for health services. This resulted in certain elements of scheduled patient care being postponed or rescheduled. As NHS Orkney faces up to this challenge, it is essential that it has robust systems and processes in place to monitor, manage and report performance against waiting times standards. It is also essential that underlying data is accurate, consistent</p>



	<p>across sectors and free-from error to support effective prioritisation of patient care.</p>
Scope:	<p>In accordance with the 2023/24 Internal Audit Plan, we will perform an annual review of waiting times. This review will focus on reporting of waiting times across the organisation.</p>
Control objectives:	<p>To ensure that:</p> <p>NHS Orkney has policies and procedures in place for the management of patient waiting lists which include clear reporting requirements and those with responsibilities for reporting and monitoring.</p> <p>The responsibilities for reporting and monitoring have been clearly communicated and are known by management.</p> <p>Reporting of waiting times performance is done at a range of levels for scrutiny operationally and strategically.</p> <p>Reporting is efficient and effective, reporting against KPIs and explaining variances using narrative.</p>
Risk register link:	<p>This review is linked to the following risks from the Corporate Risk Register (as at September 2022):</p> <p>Risk 509: Care and financial sustainability may be compromised should the current medical workforce model continue (Score: 12)</p>

## Appendix 2:

### Health Intelligence Routine Submissions

	HI	Return	Submitted to	Due by
Daily	Yes	A&E Breach Check	Internal	12 noon
	Yes	A&E Performance	Internal	12 noon
	Yes	Covid-19 Hospital management	SG	10am
	Yes	Covid 19 Daily Delayed Discharges	SG	10am
	Yes	RUC Data Collection	SG	1pm
	Yes	Daily Pressures Report	Internal	11am
	Yes	CWT - Urgent referrals	Internal	1pm
Weekly	Yes	ED Sitrep Return	Internal	Monday 9:30am
	Yes	A&E Compliance Check	Internal	Monday 11am
	Yes	A&E Weekly Ward Performance Report	Internal	Monday 11am
	Yes	A&E Missing Disease Codes	Internal	Monday
	Yes	A&E Submission Data Audit	Internal	Monday
	Yes	(A&E) Weekly Submission	Swift	Tuesday 5pm
	Yes	System Watch	PHS	Tuesday 11am
	Yes	Integrated Report	OIC	Tuesday
	Yes	IRF/ DWD Return		
	Yes	Covid -19 Government sitrep Return	SG	Tuesday 12 noon

	Yes	Registrar Deaths	Local Authority	Weds 12 noon
	Yes	Flu Vaccination Reports	Internal	Weds
	Yes	Covid-19 delayed discharges	SG	Wednesday 10am
	Yes	Council Delayed Discharge Data	OIC	Thursday 12 noon
	Yes	Children Attending A&E	Internal	Wednesday
	Yes	Community Capacity Report	SG	Friday 2pm
	Yes	Vaccination Pro-Forma	NSS	Friday 10am
	Yes	GROS (now NRS) Deaths	Internal	Friday
	Yes	Blood Spot Testing	Internal	Monday
	Yes	Over 70's testing	SG	Friday
Fortnightly	N/A			
Monthly (note, submission date may change, please keep an eye on reminder emails)	Yes	PRISMS	Internal	End of month
	Yes	Hip Fracture Report	Internal	End of month
	Yes	Cancer Diagnosis report	Internal	last day of month
	Yes	Card Class 1 - IP Occupied Bed Days	PHS	Last Friday of month
	Yes	Card Class 2 - Daycase Activity	PHS	Last Friday of month
	Yes	Card Class 9 - Nurse Led Activity	PHS	Last Friday of month
	Yes	Planned v Actual Activity Return	PHS	4th of Every Month

	Yes	NTIG Submission	PHS	21st
	Yes	Radiology Report	Internal	17th of month
	Yes	Upload Radiology Data RIS	N/A	17th of month
	Yes	Upload SMR data	N/A	15th of month
	Yes	Theatre Utilisation report	Internal	
	Yes	DwD return	SG	15th of month
	Yes	Delayed Discharges Occupied bed days Return	PHS	Second week of month
	Yes	Clinical Governance Occupied Bed Days	Internal	10th of Every Month
	Yes	Pharmacy Occupied Bed Days	Internal	Last day of Every Month
	Yes	Non-Orkney Patients Monthly Report	Internal	Second week of month
	Yes	Ork C1 Activity Report		
	Yes	ED Performance Toolkit	Local	Second Wednesday of month
	Yes	Acute Ward Activity Report	Internal	5th working day of month
Bi-Monthly	Yes	Deaths and Discharges from Balfour Hospital		15th bimonthly

Quarterly	Yes	Card Class 3 - Day Hospital Activity	PHS	Last Friday of month following reporting quarter
		Delayed Discharges code 9 Return	PHS	
	Yes	Card Class 4 - Consultant Led Activity	PHS	Last Friday of month following reporting quarter
	Yes	Card Class 5 - Maternity/MacMillan Activity	PHS	Last Friday of month following reporting quarter
	Yes	Card Class 6 - Renal Activity	PHS	Last Friday of month following reporting quarter
	Yes	Card Class 7	PHS	Last Friday of month following reporting quarter
	Yes	Independent Sector Return	SG	Last Friday of month following reporting quarter
	Yes	PRISMS	Internal	Last Friday of month following reporting quarter
	Yes	Finance/Catering Occupied Bed Days	Internal	Mid-month following quarter
	Yes	Mental Health IP Report	Internal	As requested
	Yes	Morbidity & Mortality Report	Internal	

	Yes	Pharmacy Occupied Bed Days	Internal	Quarter End
	Yes	Quarterly Card Class Requests	Internal	1st week of month following quarter
Yearly	Yes	Mental Health & Learning Disability Inpatient Bed Census	SG	

## Appendix 3:

### Waiting Times Report

Specialty	Average waiting time for a routine appointment (weeks)	Average waiting time for an Urgent appointment (weeks)	Number of weeks we expect 90% of patients waiting for a routine appointment to be seen within	Number of weeks we expect 90% of patients waiting for an urgent appointment to be seen within
Adolescent Psychiatry	<1	<1	<1	<1
Audiological Science	4	<1	8	<1
Cardiology	23	1	43	1
Dermatology	7	3	15	4
Diabetes	12	<1	21	<1
Dietetics	32	<1	69	<1
Ear, Nose & Throat	17	3	29	5
General Medicine	5	4	9	4

General Psychiatry	22	18	40	33
General Surgery	8	1	18	2
Gynaecology	4	1	7	1
Ophthalmology	23	3	45	6
Oral and Maxillofacial Surgery	12	<1	19	<1
Oral Surgery	15	8	27	8
Paediatric	7	<1	14	<1
Paediatric Surgery	13	<1	22	<1
Pain Management	18	<1	31	<1
Physiotherapy	20	8	45	12
Rheumatology	20	2	42	3
Speech and Language Therapy	55	<1	133	<1



Trauma and Orthopaedic	14	<1	28	<1
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Data ran on 27.7.2023

Script date 25.7.2023

**\*\*Please note these waiting times are indicative only\*\***

## Appendix 4:

Note: This text has been extracted from the Mental Health Section within Annex 1:  
NHS Orkney 2023/24 ADP Review Feedback and Responses.

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
3.1	Outline plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18-week referral to treatment waiting times standard	The Board do not have any current long waits, despite anomalies in their published data suggesting they do. No detail on what NHS Orkney will do to maintain performance – although there are details on steps being taken to remedy reporting accuracy. There is no performance trajectory contained within. Current performance for Psychological Therapies is compliant with 18-week referral to treatment standard. No detail on what NHS Orkney will do to maintain	Health and Community Care update	Content As part of progress reporting, we would wish to see how NHS Orkney plan on maintaining performance/standard and trajectories required for both CAMHS and PT and how waits will be reflected accurately through data submission.

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
		performance. There is no performance trajectory contained within.		
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	Positive to see a milestone in the ADP around improving the provision of CAMHS data. CAMHS aggregate data has been a significant challenge for NHS Orkney, however, the plan does not detail how the challenges will be addressed, and how once CAMHS aggregate issues have been resolved, the Board will look to enact reporting against CAPTND. Work has been undertaken to increase robustness and timeliness of CAMHS workforce data in	Health and Community Care update	Content

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
		line with 'Plan' pillar. Risks are still moderate as both funding and capacity cannot be guaranteed still.		

## Appendix 5:

Note: This text has been extracted from the Digital section within Annex 1: NHS Orkney 2023/24 ADP Review Feedback and Responses.

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
9.2	National digital programmes Boards to provide high level plans for the adoption/implementation of the national digital programmes*. This should include: • Position Statement – including work undertaken to date and areas outstanding • Highlighting any issues/challenges with adoption/implementation and what plans are in place to mitigate any issues should they arise • High level milestones in 23/24 • An outline of the resources identified to support business change for national programmes Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example,	NHS Orkney have highlighted all National Digital programmes except Endoscopy Reporting Systems are having issues in terms of capacity for eHealth support and for the clinical or technical service lead – Which can result in longer timelines of priorities of workplan.	An update on the eHealth workplan will be shared with the Tech Enabled Board to support prioritisation of the digital programmes and to monitor progress against milestones	Content As part of progress reporting, would be good to have more information on the workplan once available

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
	<p>use of Health Share, developments to Trakcare, Care Portal. Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.</p> <p>*National digital programmes: CHI, Child Health, GP IT, eRoosting, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)</p>			
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority/Authorities	NHS Orkney will complete an Organisational Digital Maturity Exercise in 2023. This process will be reported through the Senior Leadership Team and Governance Structure (initially to Tech Enabled Board) and at Finance and	Digital Maturity Exercise has been completed and the outputs reviewed. An action plan will be prepared with clear outcomes and timelines, which align to the Digital Strategy. These will	Content

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
		Performance Committee.	initially be shared with Tech Enabled Board for feedback before being shared with Senior Leadership Team and Finance and Performance Committee	
9.4	<p>Leadership in digital Boards should outline:</p> <ul style="list-style-type: none"> <li>• Executive support and commitment to how you are optimising use of digital &amp; data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce</li> <li>• How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation</li> </ul>	The Tech Enabled Board is in place to provide oversight. The meeting is chaired by the Director of Finance and has membership from both NHS and IJB to ensure full integration of technology and benefits realisation. The Tech Enabled Board reports to the NHS Orkney Finance and Performance Committee. It is also responsible for delivery of	Colleagues have been invited to apply for a place either individually or as a team on the Leadership in Digital programme. At this time, it is known that there are multiple teams considering their projects to support applications.	Content

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
		<p>Electronic Patients Records system across the board.</p> <p>The OD&amp; Learning department are carrying out a Training Needs Assessment which will help to understand the requirements locally to support learning across the organisation.</p>		



## IMPROVEMENT PLAN – DATA QUALITY

Recommendation	Action	Lead	Timescale for completion	Progress
<p><b>LEADERSHIP</b> Recruiting a senior position (Band 7 or 8) with data intelligence background to provide strategic and technical leadership and direction and join-up with other internal and external colleagues on other Boards.</p>	<p>Research other Island Board posts and capacity – including exploring where a shared post is an option.</p> <p>Develop a JD and business case (as this will be a cost pressure)</p> <p>Out to advert</p>	<p>Head of Planning, Performance, and Information</p>	<p>May 2024</p>	<p>Partial review undertaken for current B6 Senior Analyst. Job Description currently undergoing review. When the outcome has been determined – consider next steps.</p>
<p>Consider allocating additional resource to support the Waiting Times Co-ordinator</p>	<p>Exploring what additional resource may be needed and the benefit it could bring to overall improvement.</p> <p>Get additional resource quantified and costed.</p>	<p>Head of Planning, Performance, and Information / Interim Deputy Medical Director</p>	<p>May 2024</p>	
<p>Ensure NHS Orkney has appropriate representation at relevant National Groups</p>	<p>Interim arrangement to be determined and once Analyst Lead appointed be clear on leadership in the national space</p>	<p>Head of Planning, Performance and Information</p>	<p>March 2023</p>	

<p><b>DIGITAL</b> Ensure Trakcare application has appropriate additional functionality to support timely data capture – in turn supporting the timely closure of waiting records</p>	<p>Explore what needs to happen to activate additional functionality.</p> <p>Identify whether there is an additional cost for this extra functionality.</p> <p>Be clear on roles and responsibilities of clinical colleagues and relaunch expectations moving forward.</p>	<p>Senior Analyst Health Intelligence / eHealth Facilitator</p> <p>Head of Finance</p> <p>Medical Director</p>	<p>May 2024</p>	
<p><b>CLINICAL ENGAGEMENT</b> Ensure clinical teams are engaged with the waiting times process and take ownership and responsibility for their waiting lists and data at a specialty level</p>	<p>Meet with clinical leaders and Heads of Service to restate expectations.</p> <p>Put in place the necessary training and education for clinicians to enable this ownership to transfer.</p> <p>Waiting list meetings to take place weekly in each specialty.</p> <p>Performance review meetings to commence, which will include</p>	<p>Interim Deputy Medical Director and Head of Planning, Performance and Information</p> <p>Interim Deputy Medical Director and Head of Planning, Performance and Information</p> <p>Waiting List Co-ordinator</p> <p>CEO</p>	<p>March 2024</p>	

	performance and waiting times oversight by speciality.			
Engage with clinical teams to review and develop current reports to ensure they are relevant to the service	<p>Arrange listening sessions for each specialty to discuss what information / reports are currently used and what could be most helpful moving forward re: waiting list management.</p> <p>Source some best practice from other Boards re: specialty reports</p> <p>Understand capacity required to create and embed new reports across a broader scope of services.</p>	Senior Analyst Waiting Times Co-ordinator	April 2024	
<b>GOVERNANCE</b> Ensure all processes are documented in SOPs – including a new process for tracking all off-island referrals	<p>Work with other Boards to ensure best practice is shared re: SOPs and processes (including Lothian) and get clarity for what should be in place versus what we have in place.</p> <p>Developing a new suite of processes and SOPs based on what we should have in place.</p>	Waiting List Co-ordinator (all)	May 2024	Health Intelligence and Waiting Times currently have 150+ active SOPs. These include processes for version control and formal review processes.

	<p>Develop review dates for all documentation and leads for doing so.</p> <p>Peer review to take place to understand how other Boards structure and review SoPs.</p> <p>Ensure Waiting List related policy/s are brought in date.</p> <p>Develop new process for tracking off-island patient referrals.</p> <p>Ensure there is a mechanism for ensuring all new processes, SOPs and off-island tracking are shared and fully understood and owned across the organisation</p>			
<p>Explore best practice examples that exist in other Boards with regards to auditing records, waiting times training and guidance for staff and whether these could be adopted by NHS Orkney</p>	<p>Arrange a learning session with Lothian.</p> <p>Ask Lothian to share good practice and the suite of training and guidance they use</p>	<p>Senior Analyst Waiting List Co-ordinator</p>	<p>March 2024</p>	

<p>Develop clear data governance structure and escalation routes and communicate to all staff</p>	<p>Review governance structures for data based on best practice from other Boards</p> <p>Develop clear escalation processes based on good practice</p> <p>Communicate escalate processes to all staff</p>	<p>Senior Analyst and Head of Planning, Performance and Information</p> <p>Senior Analyst and Head of Planning, Performance and Information</p> <p>Senior Analyst and Head of Planning, Performance and Information</p>	<p>March 2024</p>	
<p>Undertake a review of job descriptions, roles and responsibilities across Health Intelligence and Waiting Times</p>	<p>Review every individuals' JD who works in Health Intelligence and Waiting Times Teams to ensure they are fit for purpose and in date</p>	<p>Head of Planning, Performance and Information</p>	<p>April 2024</p>	
<p>Establish ongoing audit of data to ensure quality and adherence to national definitions and guidance</p>	<p>Determine who will carry out and lead on the audits</p>	<p>Head of Planning, Performance and Information</p>	<p>March 2024</p>	
<p>Review processes for publishing data on NHS Orkney website to ensure transparency and that the Executive Director sign-off process is understood and communicated well</p>	<p>Ensure process for sign-off of information that is being added to public website is clear and communicated to all staff in all specialties</p>	<p>Waiting Times Co-Ordinator</p>	<p>January 2023</p>	

<p>Explore if other NHS organisations can provide support to NHS Orkney to implement any recommendations if expertise or knowledge does not exist within NHS Orkney</p>	<p>Reach out to Health Intelligence and Waiting Times Co-ordinators in all Territorial Health Boards to learn from best practice</p>	<p>Head of Planning, Performance and Information</p>	<p>March 2024</p>	
<p>Consider findings from independent review undertaken by PHS in NHS Lothian</p>	<p>Consider recommendations from report to establish if any best practice guidance can be deployed to support NHS Orkney</p>	<p>Head of Planning, Performance and Information / Senior Analyst</p>	<p>February 2024</p>	
<p>Consider scope for reporting and how the information being presented can be used to improve patient outcomes</p>	<p>Consider commitments made through Patient Access Policy to inform performance and identify areas for improvement.</p> <p>Ensure adequate systems and controls are in place to support effective monitor and reporting of patient waiting times.</p>	<p>Head of Planning, Performance and Information</p>	<p>May 2024</p>	

## Joint Clinical & Care Governance Committee Chair’s Assurance Report to Board

<b>Title of Report:</b>	Chair’s Assurance report from the JCCGC	<b>Date of NHSO Board Meeting: 14 December 2023</b>
<b>Prepared By:</b>	Steven Johnston	<b>Date of IJB meeting:</b>
<b>Approved By:</b>	Steven Johnston	
<b>Presented By:</b>	Vice-Chair of JCCGC, Rona Gold	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the JCCGC at its meeting on <b>27 November 2023</b> .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Through a recent report on Child Health Surveillance and steps being taken to address new born and child review appointments with Health Visitors, a discussion followed around the gaps in assurance being provided to JCCGC (and therefore onto NHSO Board and the IJB), specifically, children’s services, women’s health and maternity services. For example, maternity services have internal mechanisms in place to monitor quality and safety but the route to escalate to JCCGC is not in place. This requires further consideration at the committee development session where the workplan for 2024/25 will be formulated.</li> <li>The issue of the Mental health transfer bed has been reported previously along with the adverse impact that the use of the facility has on routine clinics. The establishment of a nurse-led psychiatric liaison service was agreed in principle by the IJB but progress with this has been challenging and limited.</li> <li>Limited bed capacity within the Balfour was highlighted with particular pressure during November which has had a subsequent adverse effect on ED performance. Work was planned to work with the community to improve a prompt discharge time, early in the day, to ease pressure. Residential care capacity was highlighting as a contributing factor with 9 patients experiencing a delayed transfer of care. It was also flagged that requests for respite were having to be denied at times due to the need to offer the respite spaces to people requiring a permanent place. This subsequently places additional pressure on Carers.</li> </ul>	<ul style="list-style-type: none"> <li>A focused piece of work has been carried out to address the backlog of patients awaiting Colonoscopy. Delaying these investigations carries a risk that cancer diagnosis could be delayed and therefore additional resource has been secured to firstly appoint the patients with suspicion of cancer (around half already seen and of the other half, 50% have a booking). Then the priority will be patients under surveillance with an expectation that it will take 2-3 months to address the backlog. A weekly meeting is in place to monitor progress and keep the work on track.</li> <li>Clinical Policies update: 7 signed off, 14 in progress and 3 to commence. JCCGC noted the positive progress in bringing our clinical policies up to date and highlighted the importance of staff being informed and effective dissemination of the key updates.</li> </ul>

Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>The reformation of the Area Drugs &amp; Therapeutics Committee has been successful with a fulsome report being presented to JCCGC. One specific aspect highlighted was the Safe Storage and Use of Medicines Policy which will be a focussed piece of work with further reporting to JCCGC in the future.</li> <li>Work to improve the governance around Blood Transfusion has progressed well with support from a Transfusion Practitioner from the national team. Work to adopt a national transfusion record in Orkney is underway. A written report outlining all of the new arrangements will be presented to JCCGC in due course.</li> </ul>	<ul style="list-style-type: none"> <li>JCCGC agreed that a piece of work should take place to review the work of the Quality Forum (QF) and in particular, reviewing all matters escalated from QF to JCCGC since April 2023 to ensure these matters have been picked up in the absence of a Chairs Assurance Report. Members noted a disconnect between the two committees which needs to be addressed.</li> <li>With regards to patient experience, it was agreed to ensure that the next report to the committee would have more information on the direct experiences from patients, as agreed at August NHSO Board, whilst ensuring that the frequency of these reports was proportionate. Further discussion was held around the outstanding DATIX reports and targeted work to bring the number down, particularly those which had been open for more than one year.</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li>A number of papers were not provided on time and some were verbal reports only, leading to difficult in the ability of the committee to gain assurance. This was down to a number of factors including capacity (Chair, executives, paper authors &amp; support staff) and lack of awareness of the requirements and timescales. An emphasis has been placed on the importance of the agenda setting process to improve the situation for the February meeting.</li> <li>Presenters of papers should take the paper as read and avoid lengthy presentations, which would allow more time for questions and discussion.</li> </ul>	



## Area Clinical Forum Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Area Clinical Forum	<b>Date of Board Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Steven Johnston	
<b>Approved By:</b>	Steven Johnston	
<b>Presented By:</b>	Steven Johnston	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the ACF at its meeting on 01 December 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> <li>1. The withdrawal of administrative support for the Advisory Committees has had a noticeable adverse effect on our work with meetings cancelled, papers not received and additional strain on clinicians who are office bearers. In addition, the situation has made the position of ACF Chair less appealing.</li> <li>2. It was highlighted that the Financial Recovery Unit will require clinical engagement and the ACF have expressed a willingness to provide some of that clinical advice, as a structure already in place within NHSO. This will require clinical staff being freed up to attend advisory committee meetings.</li> <li>3. It was highlighted that private online clinics for a range of conditions (e.g. ADHD, weight loss, long covid etc) were increasing in popularity. These have implications for prescribing and monitoring of drugs, particularly for GPs. ACF recommended that the issue is raised at Area Drug and Therapeutics Committee and also that information is sought nationally. NHSO will need to adopt a supportive, clear stance on the matter.</li> <li>4. Following a change in process the ACF have been alerted that Women receiving post miscarriage or post-termination of pregnancy care who require Ultrasound are being invited to the Maternity Unit for this, rather than the Radiology Dept. This might cause some distress for these patients and the matter has been raised with the Lead Midwife, seeking a change in process.</li> <li>5. Clinical accommodation continues to be a concern and on this occasion examples were provided from primary care involving physiotherapy and pharmacy in GP practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. The ACF welcomed the decision to invest in the Sleep Apnoea assessment although acknowledged that further work is required to ensure that processes are in place for the next steps after assessment, working with Respiratory colleagues in Grampian.</li> <li>2. The ACF noted progress with re-establishing a Pain service and patient information being signposted. The formation of a multidisciplinary team including an external anaesthetist lead, pharmacy, psychology and AHPs, would take some time to recruit.</li> <li>3. A plan is in place to increase awareness of the advisory committees and to attract a new ACF Chair in post. There are concerns about the limited clinical engagement and low attendance at meetings resulting in a small pool of candidates and therefore plans included casting a wider net.</li> </ol>
	Decisions Made
	<ol style="list-style-type: none"> <li>1. The ACF have agreed to host a development session on Major Incident/Major Emergency Planning.</li> </ol>
	Positive Assurances to Provide
	<ol style="list-style-type: none"> <li>1. With regards to the Vacancy panel it was highlighted that for IJB/SG commissioned ringfenced services vacant posts don't need to undertake re-approval.</li> <li>2. Psychiatry provision has increased from 0.5WTE to 0.75WTE with further work being done to fill the remaining gap. Other areas of successful recruitment we also contributing to an improved position.</li> </ol>
Comments on Effectiveness of the Meeting	

- Good attendance at ACF today which was very welcome but generally, across other committees numbers have been low.
- The preparation not ideal due to lack of administrative support and a number of papers from office bearers were not received as a result.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Patient Safety, Quality &amp; Experience Quarterly Report – 1–31 October 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Malcolm Metcalfe, Interim Medical Director</b>
<b>Report Author:</b>	<b>Lynn Adam, Healthcare Staffing Implementation</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**This report relates to a:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Board has a responsibility to assure patient safety, care quality, and effectiveness of the services it provides to the population of Orkney. This is achieved through the application of a clinical governance framework which monitors and improves the care and services delivered by NHS Orkney (NHSO) through a programme of lessons learned from incidents, near misses, complaints and other events, continuous quality improvement projects underpinned by a positive governance and assurance culture.

This report provides information for the period 1 – 31 October 2023.

### 2.2 Background

In the ever-evolving landscape of healthcare, ensuring the highest standards of patient safety, quality of care, and overall patient experience is paramount. At the heart of this commitment lies the concept of clinical governance; a comprehensive framework that transcends traditional healthcare management approaches. Clinical governance represents a strategic and systematic approach to maintaining and improving the quality of healthcare services, encompassing not only clinical aspects but also organisational, managerial, and ethical dimensions.

NHSO clinical governance framework assures the Board and supports its teams and staff to commit to continuously improving the quality of our services, and safeguard high standards of care by creating the environment in which excellence in clinical care flourishes and endures.

Healthcare Improvement Scotland (HIS) work with Boards to ensure a clear and consistent approach to clinical governance is in place in healthcare across Scotland, including making their findings public.

### 2.3 Assessment

Delivery and oversight of NHSO clinical governance system and process has been a challenge due to capacity constraints formed by vacancies within the team.

- funded establishment 4.73 WTE, substantive in post 1.73 WTE

An evaluation of the clinical governance establishment is an essential component of the ongoing clinical governance framework review.

## Governance Meetings

- **Quality Forum:** The Quality forum meets monthly to consider emerging issues, clinical policies and procedures, At a Glance Report (reported incidents, trends, emerging issues; significant adverse event reviews (SAER), share learning from improvement work and SAER learning summaries, patient experience, celebrate outstanding care/work and is chaired by the Medical Director, reporting to the Joint Clinical Care and Governance Committee.
- **Weekly Incident Review Group:** The Weekly Incident Review Group meets weekly to review incidents recorded during the previous 7 days, track updates on incidents of interest, identify emerging issues and themes from incidents, SAER and complaints. Attendee numbers vary with quoracy becoming an issue. Since June 2023 the Board support for Healthcare Staffing Implementation has chaired the meeting.

## Patient Safety Newsletter

October 2023 saw the first edition of NHSO monthly Patient Safety Newsletter published which is designed to keep staff informed about the latest developments and initiatives in NHSO commitment to patient safety. Topics covered include:

- **Themes from Complaints, Incidents and Significant Adverse Event Reviews (SAER):** From 1-31 October 2023 there were 107 incidents reported, 9 complaints received, and 0 SAER completed. The top 4 themes were:
  - **Incidents:**
    - Slips, trips and falls = 22%
    - Staff shortage or unavailability = 6.5%
    - Medication/drug shortage, error or misuse = 5.5%
    - Failure to follow procedure/protocol = 5.5%

Further detail can be found at Appendix 1.

- **Complaints:** 7 - Stage 1; 2 - Stage 2
  - Care and Treatment = 33%
  - Staff related complaints = 22%
  - Communication = 11%
  - Access to Service = 11%
    - Closed Complaints Fully Upheld = 75%
    - Closed Complaints Partially Upheld = 12.5%
    - Closed Complaints Not Upheld = 12.5%
- **SAER:** There was no SAER completed during October 2023. 7 SAER are currently in progress.
- **Learning from Incidents and Complaints**

How NHS Orkney tracks investigation recommendations, action plans, until all actions are completed, including the writing of a final report, and the sharing of learning is being improved. Recommendation outcomes will be presented at Quality Forum and Senior Leadership Team, including the triangulate of themes from complaints, whistleblowing (WB), patient safety incidents, SAER and other investigations.

- **Good Practice / Improvement**  
The first patient story presented to at the October Board meeting involved individuals who access the Aging Well service, previously known as the Day Hospital and Falls Prevention Service. In this story, individuals who had utilized the Aging Well service shared their experiences, challenges, and successes with the board members. These personal accounts were likely intended to provide valuable insights and feedback to the board regarding the effectiveness and impact of the service on the lives of those it serves. Patient stories can be powerful tools for informing and influencing healthcare decisions and strategies.
- **Learning Event(s)**  
NHS Orkney Patient Safety Learning event will be a held-on Monday 15 January 2024 from 11:00 to 13:00 hours as a hybrid event (Brodgar room / via Teams). (See Appendix 3)

## Continuous Improvement Work Strands

- **Incident management:** A ‘deep dive’ of open and overdue incidents logged on Datix from 1 January 2019 – 31 October 2023 was undertaken (see table below and Appendix 2).
  - 560 incidents were under review and/or outstanding; 165 (29%) are over a year outstanding.
  - 48 handlers were associated with the 560 incidents; top ten handlers have a total of 415 (74%) incidents under review; top 3 service areas
    - Senior Management Acute Services
    - Senior Management Information Management
    - Senior Management Primary Care

Deep Dive – Datix Incidents Under Review – Reported from 01/01/2019-31/10/2023			
<b>Total Number of Incidents Under Review and/or Overdue:</b>	560	There were 661 incidents Under Review and/or Overdue in August 2023. This has reduced by 101 by October 2023.  <b>Top 5 service areas of the 560 incidents currently under review:</b> <ul style="list-style-type: none"> <li>• Inpatients 1 – 99 incidents (18%)</li> <li>• Inpatients 2 – 46 incidents (8%)</li> <li>• Emergency Department – 37 incidents (7%)</li> <li>• Laboratory – 35 incidents (6%)</li> <li>• Primary Care – 30 incidents (5%)</li> </ul>	<b>Handlers of the 560 incidents currently under review:</b> <ul style="list-style-type: none"> <li>• 48 individual handlers</li> <li>• Top 10 handlers have a total of 415 (74%) incidents currently under review.</li> <li>• Top 3 areas:               <ul style="list-style-type: none"> <li>○ Senior Management Acute Services</li> <li>○ Senior Management Information Technology</li> <li>○ Senior Management Primary Care</li> </ul> </li> </ul>
<b>Total Number of Incidents Under Review over a year outstanding:</b>	165		
<b>Outstanding 2019:</b>	1		
<b>Outstanding 2020:</b>	0		
<b>Outstanding 2021:</b>	29		
<b>Outstanding 2022:</b>	135		

- **Learning from Incidents:**

- A review of systems and processes to triangulate themes from complaints, whistleblowing (WB), patient safety incidents and SAER reports
- Tracking of WB, SAER and complaint investigation recommendations and action plans until all actions are complete, implement a final written report, with recommendations presented to NHSO care governance committee(s)

## **2.3.1 Quality/ Patient Care**

For an organisation to achieve high performance and delivery quality care any opportunity for learning must be vigorously pursued. Learning from incidents, SAER, complaints and WB is essential to shape our services and uphold the values of being caring, safe and respectful.

## **2.3.2 Workforce**

Anyone who delivers an NHS service has a responsibility to highlight where standards of care, equipment, training, or staffing are impacting on patient safety and safe working practices.

## **2.3.3 Financial**

There are no financial impacts from this report.

## **2.3.4 Risk Assessment/Management**

The risk in relation to the 3 WTE vacant posts has been mitigated to an extent through 0.5 WTE interim Medical Director and 0.6 WTE support from the Board support for Healthcare Staffing Implementation.

## **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed as underpinned by the National Health Service (Scotland) Act 1978.

## **2.3.6 Climate Change Sustainability**

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

## **2.3.7 Other impacts**

## **2.3.8 Communication, involvement, engagement and consultation**

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

- Weekly Incident Review Group
- Quality Forum - monthly

## **2.3.9 Route to the Meeting**

As 2.3.8

## 2.4 Recommendation

- Awareness
- Discussion

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, Incidents and Data Themes: October 2023
- Appendix 2, Incidents and Data Themes: 1 January – 31 October 2023
- Appendix 3, Patient Safety Learning Event Flier – 15 January 2023

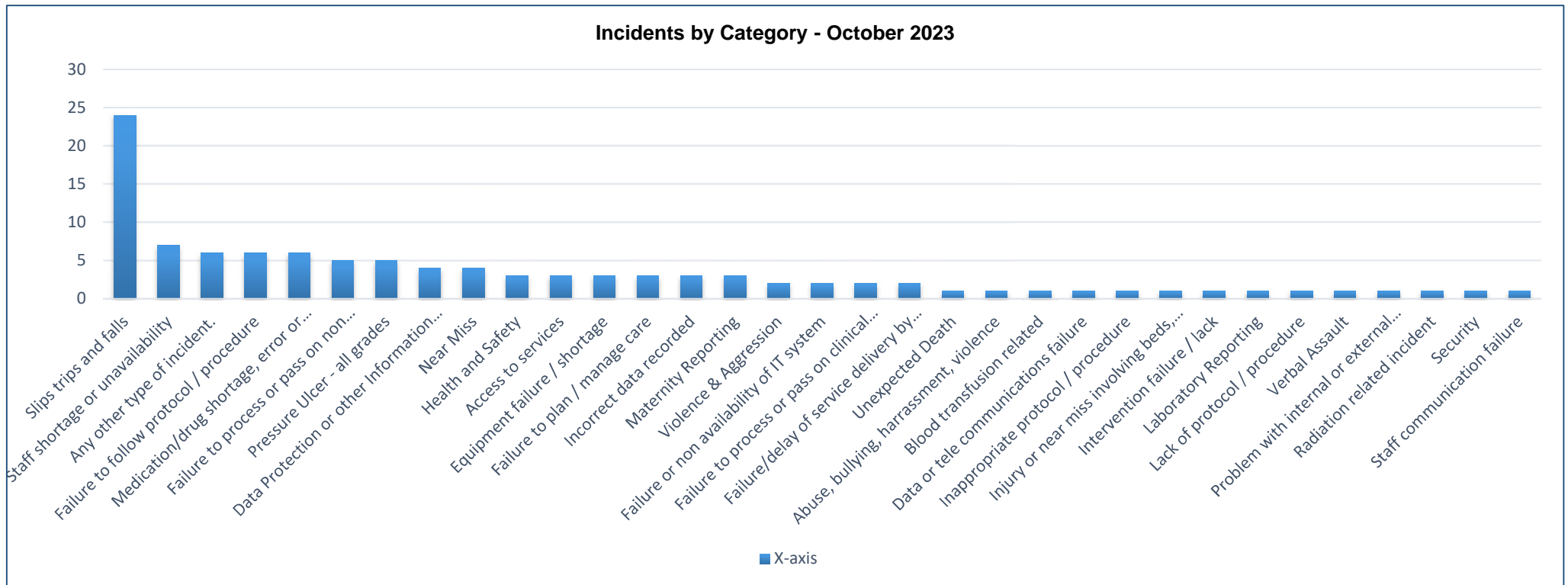


# 13.1

## NHS ORKNEY – AT A GLANCE REPORT QUALITY FORUM - NOVEMBER 2023

Incidents and Data Themes: October 2023 / Source: Datix

#1



# 13.1

October 2023					
<b>Total Number of Incidents Recorded:</b>	107	<b>Number of Open Incidents:</b>	67	<b>Number of Closed Incidents:</b>	40
<p><b>Key Points on Incidents Reported:</b>            There were 107 new incidents reported within the last month which is an increase of 11 from the previous month, September 2023. From the total number of incidents recorded, a total of 37% were closed and 63% remain open.</p> <p><b>Categories:</b>            The highest category for the month of October was 'Slips, trips and falls' with 24 (22%) incidents. This category has remained the highest category since May 2023. 'Staff shortage or unavailability accounted for 7 (6.5%) incidents followed by 'Failure to follow protocol/procedure'; 'Medication/drug shortage, error or misuse' and 'any other type of incidents' each accounting for 6 (5.5%) of incidents.</p>					

## NHS ORKNEY – AT A GLANCE REPORT QUALITY FORUM - NOVEMBER 2023

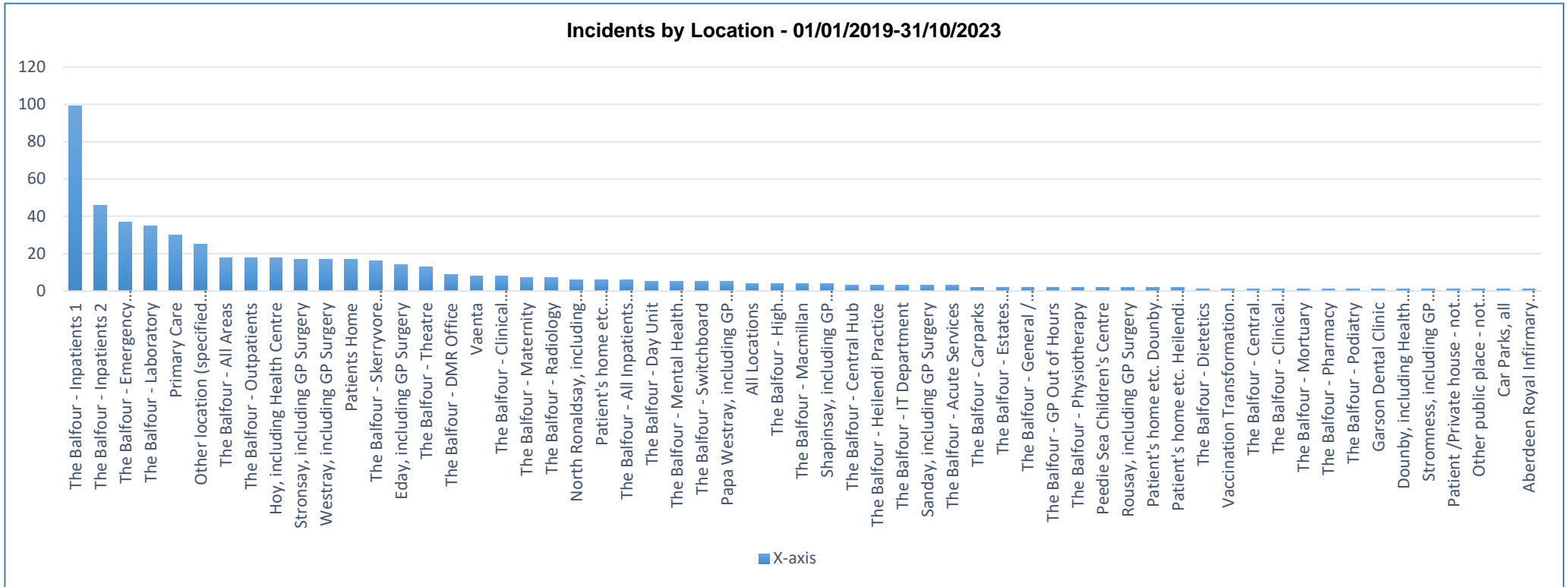
# 2

Incidents and Data Themes: 1 January 2019 - 31 October 2023 / Source: Datix

Deep Dive – Datix Incidents Under Review – Reported from 01/01/2019-31/10/2023		
<b>Total Number of Incidents Under Review and/or Overdue:</b>	560	<p>There were 661 incidents Under Review and/or Overdue in August 2023. This has reduced by 101 by October 2023.</p> <p><b>Top 5 service areas of the 560 incidents currently under review:</b></p> <ul style="list-style-type: none"> <li>• Inpatients 1 – 99 incidents (18%)</li> <li>• Inpatients 2 – 46 incidents (8%)</li> <li>• Emergency Department – 37 incidents (7%)</li> <li>• Laboratory – 35 incidents (6%)</li> <li>• Primary Care – 30 incidents (5%)</li> </ul>
<b>Total Number of Incidents Under Review over a year outstanding:</b>	165	
<b>Outstanding 2019:</b>	1	
<b>Outstanding 2020:</b>	0	
<b>Outstanding 2021:</b>	29	
<b>Outstanding 2022:</b>	135	<p><b>Handlers of the 560 incidents currently under review:</b></p> <ul style="list-style-type: none"> <li>• 48 individual handlers</li> <li>• Top 10 handlers have a total of 415 (74%) incidents currently under review.</li> <li>• Top 3 areas:             <ul style="list-style-type: none"> <li>○ Senior Management Acute Services</li> <li>○ Senior Management Information Technology</li> <li>○ Senior Management Primary Care</li> </ul> </li> </ul>

# 13.1

Incidents by Location - 01/01/2019-31/10/2023



# Hybrid Patient Safety Learning Event

**Hosted by:**  
Malcolm Metcalfe Interim  
Medical Director  
Samantha Thomas  
Director of Nursing,  
Midwifery, AHPs and  
Acute Services

**Date:** 15 January 2024  
**Time:** 11:00-13:00  
**Location:** Microsoft  
Teams / Brodgar Room,  
the Balfour

**Session Content:**  
Wound Assessment (Nursing)  
Medicines Management (Pharmacy)  
Laboratory Specimens (Laboratory)  
Scope Service (Surgery)

**For further  
information:**  
Contact:  
[ork.clinicalgovernance@  
nhs.scot](mailto:ork.clinicalgovernance@nhs.scot)

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board Meeting</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>iMatter – National Health &amp; Social Care Experience Report 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Linda McGovern, Interim Director of People &amp; Culture</b>
<b>Report Author:</b>	<b>Linda McGovern, Interim Director of People &amp; Culture</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**This report relates to a:**

- National iMatter Staff Experience Reporting and Actions 2023 – which includes benchmarking data
- Scottish Government Updates

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

iMatter is the main staff engagement tool for NHS Scotland. It has been delivered annually since 2015 with a short hiatus during the pandemic. NHS Orkney received its individual annual report for 2023 which was presented at the Board meeting in August 2023.

On 27 November 2023, each Health Board / Integration Joint Board received a early version of the National Health and Social Care Experience Report which was embargoed until 10am on 28 November 2023 (Appendix 1). This report outlined the national picture, providing comparisons across Scotland and highlighting trends, positive improvements, key areas of challenge and recommendations.

This benchmarking is helpful in understanding how NHS Orkney compares to other Territorial Health Boards for iMatter scores and in turn, to understand our starting point when it comes to staff experience and engagement.

It is clear when comparing NHS Orkney's scores with other Territorial Health Boards, that our scores are poor. We will take this opportunity to assess work already underway in this area, to ask ourselves and our staff what different needs to look like if we are to make the improvements that are necessary and to learn from others who have seen improvements.

### 2.2 Background

The National Health and Social Care Experience Report provides detailed information and analysis of the iMatter responses for 2023. It also contains comparisons to previous years where appropriate.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Workforce and Staff Governance Committee (SWAG), and the Scottish Partnership Forum (SPF)

## 2.3 Assessment

### 2.3.1 Board Updates

The iMatter survey was circulated to NHS Orkney staff throughout May and June 2023. The overarching Board report was presented to the Board meeting in August 2023. Whilst the response rate for 2023 has increased overall by 1%, the participation of colleagues within Orkney Island Council reduced by 1%.

The previous paper provided the positives of the local report which included:

- The employee engagement score had, for the second year in a row, increased by 2%, 72% (2022) → 74% (2023)
- Across all the strand scores, aligned to the five pillars of Staff Governance, the weighted index value increased by 1 to 2% points
- Out of the 28 questions asked of staff, there continues to see 24 of the responses are within the “Strive and Celebrate” category.
- The overall experience score remained at 6.4 out of 10.

In response to staff feedback, in 2023 NHS Orkney has for the first time agreed 5 key areas of organisational focus, which are:

- Staff health and wellbeing
- Valuing and recognising staff
- Involving staff in decision-making
- Listening to and acting on staff feedback
- Leading with kindness and living our values

Central to the CEO’s 100-Day report is a focus on culture, improving staff experience and making NHS Orkney a better place work, which work being taken forward in various ways, with appropriate governance and monitoring in place (see agenda item 10.2).

There is also a Staff Governance Action Plan for 2023/24, which has 4 clear priorities, notably:

- Wellbeing
- Health and safety
- Workforce
- Knowledge and skills

This Action Plan also links to NHS Orkney’s Plan on a Page and is updated and discussed at the quarterly Staff Governance Committee meetings.

### 2.3.2 National Report

The National iMatter Report, published on 28 November 2023, provides an oversight and analysis across Health and Social Care throughout Scotland. It also contains comparisons to previous years where appropriate.

Whilst there are some small green shoots to celebrate as detailed above re: response rate and improvements, it is clear that a different approach and focus is needed moving forward in order to see the improvements that are necessary at NHS Orkney, with NHS Orkney the poorest performing Territorial Health Board in a number of areas which needs to be recognised, understood and seen as an opportunity to think about what different needs to look like moving forward.

Notably, in terms of the overall responses from a territorial board perspective saw NHS Orkney as follows:

- My Experience as an individual – lowest score in 7 out of 12 areas
- My Team / Line Manager – lowest score for all 7 areas
- My organisation – lowest score for 6 out of 9 areas

In particular, there are 7 core areas where NHS Orkney has the lowest scores among Territorial Health Boards. These are:

- Employee Engagement Index (74 for NHS Orkney versus 77 national average)
- Overall Staff Engagement Score (6.4 for NHS Orkney versus 7 national average)
- I would recommend NHS Orkney as a good place to work (NHS Orkney score 70 – national average 75)
- I would recommend my team as a good one to be part of (NHS Orkney score 81 – national average 85)
- I would be happy for a friend/relative to access our services within my organisation (NHS Orkney score 72 – national average 78)
- I am confident I can safely raise concerns/issues (NHS Orkney score 75 – national average 79)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 65 – national average 74)

### **2.3.3 Moving forward and thinking differently**

Whilst there are some areas we have seen modest progress, there need to be sufficient focus on the national benchmarking so that we understand what this data is telling the Board.

While iMatter is just one method of capturing staff feedback and understanding how Team Orkney feels, it is an important one which allows benchmarking and year-on-year comparisons. Although not everything is about a statistic and improving “figures”,

Being the poorest performing Territorial Health Board for so many areas needs to provoke a somewhat different response, building on the steps that have been taken in recent months recognising the direct impact of the experience of our staff on patient experience indicators.



## 2.4 Recommendation and next steps

1. We continue our focus on the 5 organisational priorities – as these require ongoing work to see the impact of ongoing work in each of these spaces
2. We continue to feed back to staff (you said, we did style) and link all of our internal communications to the 5 areas of organisational focus so that staff more obviously know why we are making changes and that these are in direct response to staff feedback
3. For 2024 iMatter returns we have taken the decision to focus on NHS Orkney response rates and feedback, recognising where we start from and the focus that is needed internally (and Orkney Islands Council staff will not be included at this stage)
4. We will review and engage staff on what different needs to look like recognising our starting point, and thought will be given to:
5. Consider replacing our Staff Governance Action Plan with a new and more targeted approach to improvement spanning:
  - Culture (including creating a speak up culture)
  - Leadership development programme
  - Recruitment and retention
  - Upskilling Team Orkney
  - Appraisals
  - Succession Planning
6. What we pose a number of questions to ourselves as a Board and restate our commitment to improving in these areas, notably:
  - What matters most to our staff?
  - How do we more regularly measure how staff are feeling?
  - What do we need to do commit to doing differently as Board members to get different results?
  - How might Staff Governance Committee and Area Partnership Forum need to change?
7. We will reach out to other Health Boards who have seen improvements to scores to learn from good and best practice



# Health & Social Care Staff Experience Report 2023



**‘Positive Staff Experience Supports Improved Care’**

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## Ministerial Foreword for Staff Experience Report 2023

The results of the 2023 iMatter Staff Experience survey have arrived, with fresh insights into the experiences of Health and Social Care staff across Scotland. In my role as Cabinet Secretary, I am pleased to share with you a set of encouraging results. I would like to thank everyone who took part and helped shape our understanding of your experience at work.

The iMatter Staff Experience survey is in its sixth year, and with a burgeoning data-set we can begin to track trends in our performance. With results dipping during the pandemic, I am pleased to see them rebounding to new heights. The results show that employee engagement (a measure of overall satisfaction) is at a new high and many Health Boards are reporting their highest scores this year.

The survey is structured around key enablers of staff engagement, allowing teams across Health and Social care to reflect on their progress, supporting staff to feel well informed; appropriately trained; involved in decisions; treated fairly; and working in an environment that promotes their health and wellbeing.

I want to acknowledge the efforts of the Health Boards and Health and Social Care Partnerships towards improving workplace cultures. However, we must continue in our efforts to ensure staff feel valued, listened to and treated with respect.

Part of my portfolio as Cabinet Secretary, is 'NHS Recovery', and it is satisfying to see evidence that the £1 billion invested in our NHS Recovery Plan is leading to significant improvement to the working lives of staff, through direct workforce investments and measures to support health boards' capacity,

These results are a strong platform from which to deliver the refreshed set of national Supporting Work-Life Balance policies, published in November 2023, work underway to support our largest job family through the Nursing and Midwifery Taskforce, and the Agenda for Change Review.

I believe that there is still room for staff experience to improve. I will continue to encourage Health and Social Care employers to prioritise the culture within their organisations, to help staff enjoy their work, to protect their work-life balance, and to continue to deliver high quality services across Health and Care in Scotland.

**Michael Matheson, Cabinet Secretary for NHS Recovery, Health and Social Care**



## Introduction

Employers in Health and Social Care are committed to improving patient and public services through enhancing staff experience.

The National Workforce Strategy for Health and Social Care, issued in 2022, sets out a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The NHS Recovery Plan 2021-2026, which seeks to drive long term recovery and sustainability in the system, also reinforces the importance of positive staff experience in delivering positive patient outcomes.

It is therefore essential that staff at all levels are empowered to have their voices heard and valued, and staff views and actions contribute to continuous improvement in their teams and organisations.

The iMatter Continuous Improvement Model was developed by NHSScotland staff with the aim of engaging all staff in a way that feels right for them. The focus is on team-based understanding of experience, but it also offers information at various levels within organisations to evidence and help improve staff experience. As such, it can provide clarity on where to focus efforts for maximum impact, which in turn leads to better care, better health, and better value.

iMatter was initially rolled out over a three-year period from 2015 to 2017 to all staff across NHSScotland and the wider Health and Social Care Partnership community who chose to participate. Since then, it has run each year, except for 2020, when a shorter pulse survey was run instead due to the pandemic. The implementation of iMatter has enabled us to obtain a comprehensive picture of staff experience, indicating areas of success and improvement, and helping to inform delivery on the commitments of our Staff Governance Standard.

The work to measure and report staff experience within Health and Social Care for 2023 was commissioned by the Scottish Government and carried out by Webropol Ltd, an independent company.

## iMatter Process

The iMatter questionnaire gives staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at all levels throughout an organisation. Once team results are delivered, teams are invited to collectively share responsibility for developing an action plan within an 8-week period and to review actions and progress made throughout the year. As an integral part of the iMatter process, teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. See [Appendix 1](#) for further details.

## Data Collection

The iMatter process uses Webropol to distribute electronic and paper questionnaires to NHSScotland employees, as well as those employed by the Local Authority who work in a Health & Social Care Partnership who choose to participate. In 2023, all 22 Health Boards and 29 H & SCPs took part (see [Appendix 2](#) for details). Access to the survey is provided via three alternatives:

1. An email invitation with a link to the online survey (Email)
2. A paper survey printed and distributed to those without online access (Paper)
3. An invitation sent via SMS with a link to the online survey (SMS)

For 2023 all fieldwork was carried out from 15 May to 17<sup>th</sup> July 2023.

## Questionnaire

The 2023 questionnaire has some changes from 2022:

- The questions relating to changes staff had experienced have been removed. These questions were first introduced to the pulse survey in 2020 in response to the impact of the Covid pandemic and are therefore no longer appropriate to ask.
- Two additional questions are included in the 2023 questionnaire covering how staff feel about raising concerns:
  - I am confident that I can safely raise concerns about issues in my workplace
  - I am confident that my concerns will be followed up and responded to

The full questionnaire is included in [Appendix 3](#).

## Classifying Boards

Boards can be broadly allocated to one of three groups:

- Geographic Boards: those that provide regional healthcare services
- National Boards: those that provide support services to the organisation at a national level e.g., Public Health Scotland
- National Boards: those that provide specialist patient-facing services such as those provided by The State Hospital

Colour-coding as illustrated is used throughout the report to highlight the different types of Boards. An overview of each Board and a link to its website is included in [Appendix 4](#).

<b>Geographic Boards (Patient-facing)</b>	<b>National Boards (Patient-facing)</b>	<b>National Boards (Support)</b>
NHS Ayrshire & Arran NHS Borders NHS Dumfries & Galloway NHS Fife NHS Forth Valley NHS Grampian NHS Greater Glasgow and Clyde NHS Highland NHS Lanarkshire NHS Lothian NHS Orkney NHS Shetland NHS Tayside NHS Western Isles	NHS 24 NHS Golden Jubilee Scottish Ambulance Service The State Hospital	Healthcare Improvement Scotland NHS Education for Scotland National Services Scotland Public Health Scotland

## Response Rate Threshold

The previous response rate requirement of 60% for teams of 5 or more to receive an EEI report was removed in 2021. The 100% response rate for teams of 4 or less to generate a report remains a requirement for 2023. This is to ensure anonymity and the higher the response rate, the more realistic the feedback of how staff feel about working in their team.

## iMatter Report 2023

This report provides detailed information and analysis of the iMatter responses for 2023. It also contains comparisons to previous years where appropriate. The Everyone Matters Pulse Survey (EMPS) carried out in 2020 focused on well-being and included only a small number of iMatter metrics. As the different questionnaire content may influence the way in which staff answered individual questions, the data is not included within the main historic iMatter comparisons in this report.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Workforce and Staff Governance Committee (SWAG), and the Scottish Partnership Forum (SPF)

This report is supported by the Health and Social Care Staff Experience Survey 2023: iMatter Data File (iMatter 2023 Data File) in which contains more detailed data.

## Team Stories

The iMatter process is supported by Team Stories, that provide best practice examples of how to address challenges and provide inspiration and ideas for other teams and for the organisation as a whole. Illustrations from Team Stories are included through the report. [Appendix 5](#) has a full list of Team Stories submitted this year.

## Statistical Analysis

Significance testing has been carried out on the data, to explore the extent to which differences in scores between different groups (e.g. Boards, Staff Groupings etc.) are statistically significant. Correlation analysis has also been carried out, to understand the relationship between the individual measures included within iMatter. An overview of the analysis done is in [Appendix 6](#) and summaries of the data are included in the iMatter 2023 Data file.

## Whole Number Reporting

As with previous years, all iMatter 2023 results are reported to the nearest whole numbers i.e. without any decimal places shown. This is the case for both Board level and national reporting and applies to the presentation of the various scores and index values calculated from the individual survey responses. Whilst this approach does potentially hide some significant movements in the total Health and Social Care dataset and within some of the larger Boards, reporting whole numbers only ensures focus is on those movements that are most statistically significant. The only exception to this is the Overall Experience question which is scored on an 11 point scale (from zero to ten) and is reported to one decimal place. This approach has been agreed, in partnership, by Scottish Workforce and Staff Governance Secretariat.

## Profile of Staff Completing the iMatter Survey

The demographic profile of staff completing the iMatter survey in 2023 is similar to that of previous years.

Staff are asked to confirm if they are NHSScotland or Local Authority staff and within that the staff grouping they are in.

Further details of demographics and staff groupings are included within the iMatter 2023 Data file<sup>1</sup>.

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<sup>1</sup> iMatter 2023 Data File Tabs: 'Staff Groupings' and 'Demographic Profile'

# iMatter 2023 Key Performance Indicators

## Response Rate

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**Overall Response Rate** **59%**  
**Questionnaires Issued:** 201,745  
**Responses Received:** 118,376

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The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time.

In total 201,745 questionnaires were issued, 1,973 more than in 2022. A total of 118,376 usable responses were received, up by 8,126 on 2022.

**The 2023 response rate is 59%, an increase of 4 percentage points (pps) from last year.**

## Employee Engagement Index Score (EEI)

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**Employee Engagement Index (EEI) Score** **77**

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The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale for component questions<sup>2</sup> (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

**The 2023 EEI Score for Health and Social Care is 77, an increase of one point from 2022.**

## Action Plans Agreed

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**Action Plans Agreed: 55% within the 8-week window**

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Each team is invited to complete a continuous improvement Action Plan. 55% of teams had an agreed Action Plan in place within 8 weeks of receiving iMatter results.

**This is an improvement of 8 pps from 2022 when 47% of teams had an agreed action plan.**

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<sup>2</sup> Components included are My Experience as an Individual, My Team/My Direct Line Manager, My Organisation in the questionnaire. See [Appendix 3](#) for details.



## iMatter 2023 KPIs Over Time

The table following summarises the iMatter KPIs for each individual Board.

- The 2023 response rate is 4 pps above 2022 and has now returned to the level achieved in 2018.
- The overall EEI score of 77 for Health and Social Care is 1 point above the 2022 EEI and is the highest ever recorded.
- 55% of teams completed Action Plans in 2023, an increase of 8 pps over 2022

Year	Response Rate	Movement from Previous Year	EEI	Movement from Previous Year	Action Plan Completion	Movement from Previous Year
2023	59%	+4	77	+1	55%	+8
2022	55%	-1	76	+1	47%	+5
2021	56%	-6	75	-1	42% <sup>3</sup>	-16
2019	62%	+3	76	+1	58%	+2
2018	59%	-4	No Report	N/A	56%	+13
2017	63%		75		43%	

## iMatter 2023 KPIs for Individual Boards

The table following summarises the iMatter KPIs for each individual Board.

Nine of the Boards have achieved increases in all 3 KPIs in 2023. They are:

- NHS Golden Jubilee
- NHS Ayrshire & Arran
- NHS Borders
- NHS Fife
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Lothian
- NHS Orkney
- NHS Western Isles

Further details of the improvements achieved in each KPI are included within the relevant sections of this report.

<sup>3</sup> Timing for Action Plan completion reduced from 12 weeks to 8 weeks.

<b>EEl Score</b>	<b>Response Rate</b>	<b>EEl</b>	<b>Action Plans Agreed</b>
<b>Health and Social Care</b>	<b>59%</b>	<b>77</b>	<b>55%</b>
<b>National Boards (Patient-facing)</b>			
NHS Golden Jubilee	65%	76	72%
NHS 24	70%	74	62%
Scottish Ambulance Service	56%	67	71%
The State Hospital	72%	75	53%
<b>National Boards (Support)</b>			
Healthcare Improvement Scotland	92%	80	53%
NHS Education for Scotland	88%	85	83%
NHS National Services Scotland	78%	78	94%
Public Health Scotland	79%	76	63%
<b>Geographic Boards</b>			
NHS Ayrshire & Arran	58%	78	59%
NHS Borders	55%	77	53%
NHS Dumfries & Galloway	65%	75	44%
NHS Fife	66%	77	67%
NHS Forth Valley	61%	76	61%
NHS Grampian	62%	78	46%
NHS Greater Glasgow and Clyde	54%	76	55%
NHS Highland	50%	76	28%
NHS Lanarkshire	58%	78	66%
NHS Lothian	58%	77	50%
NHS Orkney	59%	74	58%
NHS Shetland	60%	79	41%
NHS Tayside	58%	77	47%
NHS Western Isles	64%	77	59%

## Response Rates

### Introduction

The response rate shows the number of staff issued with the questionnaire (Recipients) and the number of staff who responded (Respondents) as an overall percentage.

In total 201,745 questionnaires were issued, and 118,376 usable responses were received. This equates to an overall response rate of 59%.

### Board Response Rates

Response rates across individual Boards range from 92% for Healthcare Improvement Scotland to 50% for NHS Highland.

Board	2017	2018	2019	2021	2022	2023	Response Rate Movement 2023-2022 (pp)
<b>Health and Social Care</b>	<b>63%</b>	<b>59%</b>	<b>62%</b>	<b>56%</b>	<b>55%</b>	<b>59%</b>	<b>+4</b>
<b>National Boards (Patient-facing)</b>							
NHS Golden Jubilee	68%	63%	67%	67%	61%	65%	+4
NHS 24	67%	70%	65%	57%	65%	70%	+5
Scottish Ambulance Service	64%	64%	59%	60%	52%	56%	+4
The State Hospital	78%	77%	79%	69%	72%	72%	0
<b>National Boards (Support)</b>							
Healthcare Improvement Scotland	80%	86%	90%	91%	91%	92%	+1
National Services Scotland	76%	77%	82%	74%	75%	78%	+3
NHS Education for Scotland	81%	84%	87%	92%	88%	88%	0
Public Health Scotland				86%	75%	79%	+4
<b>Geographic Boards (Patient-facing)</b>							
NHS Ayrshire & Arran	64%	59%	60%	53%	53%	58%	+5
NHS Borders	61%	53%	53%	52%	52%	55%	+3
NHS Dumfries & Galloway	63%	59%	66%	55%	60%	65%	+5
NHS Fife	62%	53%	62%	59%	60%	66%	+6
NHS Forth Valley	65%	62%	68%	54%	56%	61%	+5
NHS Grampian	64%	60%	62%	57%	57%	62%	+5
NHS Greater Glasgow and Clyde	58%	54%	59%	51%	52%	54%	+2
NHS Highland	58%	51%	60%	51%	47%	50%	+3
NHS Lanarkshire	65%	62%	65%	56%	55%	58%	+3
NHS Lothian	65%	63%	63%	53%	54%	58%	+4
NHS Orkney	73%	83%	66%	65%	58%	59%	+1
NHS Shetland	61%	56%	63%	60%	55%	60%	+5
NHS Tayside	65%	58%	61%	60%	58%	58%	0
NHS Western Isles	52%	52%	56%	58%	62%	64%	+2

All Boards achieved the same or higher response rates than in 2022.

Many Boards have achieved considerable increases in their response rates from 2022. The largest increases are for the following Boards:

- NHS Fife response rate up 6 pps to 66%. This is the highest the Board has ever achieved, up 4 pps from 62% in 2017.
- NHS 24, NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Grampian and NHS Shetland have all increased their response rates by 5pps.

Feedback from several of these Boards, demonstrate a renewed commitment to staff engagement, manager support and proactive encouragement to take part in iMatter.

In addition to NHS Fife, two other Boards have achieved their highest ever response rates:

- Healthcare Improvement Scotland: 92% in 2023 up 12 pps from 80% in 2017.
- NHS Western Isles: 64% in 2023 up 12 pps from 52% in 2017.

Whilst a 1pp increase in response rate was achieved by NHS Orkney to 59%, it remains considerably below the 2017 response rate of 2017 (73%) and 24pps below the peak response rate in 2018 (83%).

Further details of response volume and response rates by method are contained in [Appendix 7](#).

The increase in response rate has typically been driven by Boards taking positive steps to support increased participation with the survey. Some examples follow:

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“Ongoing improvements in staff engagement within NHS Forth Valley, our focus on iMatter at Board level, Staff Governance and Area Partnership Forum. The collaborative working relationships and development between FV iMatter team, Directorate iMatter Local administrators and Managers across the organisation to support the process and encourage staff engagement.

Board and CEO refreshed commitment supported by Human Resources and Organisational Development to our compassionate leadership and culture change programme post Covid.

Recommitment by Employee Director and CEO to working in partnership and actively encouraging staff to ‘speak up’ with increasing messaging to use iMatter to find their voice and have their say in shaping the organisation.”

**NHS Forth Valley, iMatter Team**

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“Following the end of the 2022 cycle we met with a number of teams and individuals to understand their experience of iMatter. Taking into account our own review and this feedback for 2023 we:

1. Developed a Communication plan which identified key messages
2. Planned regular short pieces for Board's weekly comms email which focused on tasks and FAQs
3. Had longer pieces in the corporate monthly newsletter
4. Circulated a clear action timeline to all managers which was advertised on the homepage of the Board's intranet.
5. Promoted the NHS Fife eLearning module in every communication and interaction to broaden knowledge and understanding around iMatter
6. Attended existing multi-team / service meetings in order to promote iMatter and answer any questions. These we prioritised by looking at last years response rate”

**NHS Shetland, iMatter Team**

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“Actions taken include:

- Engaging on a higher level with HSCP colleagues by appointing 2 Directorate Admins.
- Distributing awareness raising and progress updates through every stage via organisation-wide communications and direct communications to team managers
- Service-specific communications to encourage areas where paper-based questionnaires have been used in the past to move to SMS or email.
- ‘Things you didn’t know about iMatter’ – a weekly communication via Weekly Brief, Stafflink and HSCP forums to highlight key facts that may support increased engagement e.g., a move to SMS/email or engagement in Team Action Planning
- Distributing short videos from our Director of Workforce and Director of HSCP encouraging engagement in iMatter and emphasising the benefits of this to teams.
- Providing a Manager Pack with resources applicable to all stages of the process
- Providing the iMatter eLearning course to HSCP colleagues (with the language changed to reflect their references - eg 'patients' to 'service users', etc) for hosting on their Council eLearning platform (Oracle)
- Providing online Q&A drop-in sessions during the Manager Team Confirmation stage
- Attending individual team meetings to discuss iMatter and the benefits of it (where possible)
- 3-week roadshow over the entire questionnaire period over multiple NHS and HSCP sites to support survey participants, answer questions and provide an opportunity for support in accessing questionnaire (we carried laptops so participants could complete their survey). Coffee, tea and biscuits were provided on all roadshows.”

**NHS Fife, iMatter Team**

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“Launch of NHS 24 Management Essential Programme and Corporate Induction Programmes which include sections on iMatter and stresses its importance to those attending.

iMatter comms plan put in place ahead of iMatter cycle starting.

Manual revision of the Organisational Hierarchy spreadsheet, to try minimising errors such as wrong email addresses.

Weekly tracking of response rates with appropriate actions put in place, including direct reminders to managers where team response was 0 or where team report was not going to be generated

Weekly notification to PA's of teams in their directorates where response rate was low, to encourage completion.

Resending of questionnaire link to outstanding staff members in the last week.”

**NHS 24, iMatter Team**

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NHS Ayrshire & Arran have provided additional support to new and existing managers, along with consistency in Board Administrators who are therefore now more experienced in the iMatter process. It is noted also that the iMatter lead has within their email signature links to iMatter information.

# Employee Engagement Index (EEI)

## Introduction

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale for component questions (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

## Board EEI Scores

EEI scores for individual Boards range from 85 for NHS Education for Scotland to 67 for the Scottish Ambulance Service, neither having changed from 2022.

Only two Boards have 2023 EEI scores that are lower than in 2022. They are:

- NHS 24 down 2 points to 74 in 2023.
- Healthcare Improvement Scotland down 2 points to 80 in 2023

Both these movements are significant (Further details of significance testing is included in [Appendix 6](#) and in the iMatter 2023 Data file<sup>4</sup>).

EEI Score	2017	2018	2019	2021	2022	2023	Movement from 2022
<b>Health and Social Care</b>	<b>75</b>	<b>NR<sup>5</sup></b>	<b>76</b>	<b>75</b>	<b>76</b>	<b>77</b>	<b>+1</b>
<b>National Boards (Patient-facing)</b>							
NHS Golden Jubilee	78	78	77	72	74	76	+2
NHS 24	75	77	78	75	76	74	-2
Scottish Ambulance Service	67	67	NR	65	67	67	0
The State Hospital	76	77	77	74	75	75	0
<b>National Boards (Support)</b>							
Healthcare Improvement Scotland	80	80	78	81	82	80	-2
NHS Education for Scotland	80	81	82	84	85	85	0
NHS National Services Scotland	77	76	76	78	78	78	0
Public Health Scotland				77	75	76	+1
<b>Geographic Boards</b>							
NHS Ayrshire & Arran	76	NR	76	75	77	78	+1
NHS Borders	74	NR	NR	74	75	77	+2
NHS Dumfries & Galloway	75	NR	74	72	75	75	0
NHS Fife	75	NR	76	75	75	77	+2
NHS Forth Valley	75	75	75	73	76	76	0
NHS Grampian	76	77	77	76	76	78	+2
NHS Greater Glasgow and Clyde	NR	NR	NR	74	75	76	+1
NHS Highland	NR	NR	74	73	75	76	+1
NHS Lanarkshire	77	78	79	77	78	78	0
NHS Lothian	76	77	77	76	76	77	+1
NHS Orkney	75	76	75	70	72	74	+2
NHS Shetland	78	NR	78	78	79	79	0
NHS Tayside	74	NR	75	74	76	77	+1
NHS Western Isles	NR	NR	NR	76	74	77	+3

<sup>4</sup> iMatter 2023 Data File 'Significance Testing' tabs: 'EEI Score', 'Testing Components' and 'Boards'

<sup>5</sup> Boards not achieving a response rate of 60% or more in 2017, 2018 or 2019 did not receive an EEI score

NHS 24 has experienced considerable organisational change, an increased workforce volume and a greatly increased response rate to iMatter, all of which may impact the EEI score.

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iMatter response rate has increased 13% over the past two years [57% in 2021 to 70% in 2023], which is a result of efforts to strengthen our employee voice. Our headcount has significantly increased over the past twelve months to a record high for NHS 24<sup>6</sup>. As such a decline in EEI and Overall Experience score was expected as staff now have multi-channel opportunities to express the challenges they experience as well as provide us their insights for opportunities for improvement.

Over the past 12 months significant organisational change has been undertaken which has seen our frontline staff undergo two phases of shift and rota reviews to better meet and align with patient call demands.

NHS 24 staff demographic is 68.4% part time and predominantly out of hours. Our lowest scoring questions related to Board visibility, and it is likely our significant increase in new staff as detailed above coupled with the fact our staff work predominantly part time and out of hours, they have not yet had the chance to meet directly with Board members.

#### **NHS 24, iMatter Team**

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Healthcare Improvement Scotland note that organisational changes in two directorates may have impacted scores, though the decline is more widespread across the Board. Some focus group discussions are being planned to try and gain a better understanding for the overall drop in experience within the Board. (Source: iMatter Team, Healthcare Improvement Scotland).

NHS Western Isles increased their EEI score by 3 points from 74 in 2022 to 77 in 2023. This reflects a range of activities undertaken in the Board to improve employee engagement and wellbeing.

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“In the 2023 iMatter cycle, NHS Western Isles put significant effort into:

**Employee Engagement** - Actively engaging around attempts to secure local childcare provisions for the Western Isles. Increased manager support, particularly around iMatter from the Op Lead, HR Drop-in Sessions as well as our Exec team enthusiastically encouraging managers and staff to value the importance of iMatter.

**Wellbeing** - There was an increased focus on Mental Health provisions including training of Mental Health Contacts, introducing an Employee Assistance Programme as well as increased comms and training to support staff both in work, and at home.”

#### **NHS Western Isles, iMatter Team**

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NHS Education for Scotland (85) and NHS Shetland (79) achieved the same scores as 2022, higher than the scores recorded in previous years. Eight Boards have recorded their highest ever reported<sup>7</sup> EEI Score in 2023

- NHS Ayrshire & Arran (78)
- NHS Grampian (78)
- NHS Borders (77)
- NHS Fife (77)
- NHS Tayside (77)
- NHS Western Isles (77)
- NHS Greater Glasgow and Clyde (76)
- NHS Highland (76)

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<sup>6</sup> 1,309 staff responded to iMatter in 2023, 1,159 in 2022 and 1,068 in 2021.

<sup>7</sup> From 2017 to 2019 there was a response rate threshold of 60%. An EEI score and report were only published if that threshold was achieved. NR within the table indicates no report was issued.

## EEI Score Distribution across Teams

Across the whole of Health and Social Care the distribution of teams across each of the score bands is as shown following. 79% of teams that received a report score in Strive to Celebrate (67-100), up 4 pps from 2022. Across the whole of Health and Social Care there are only 23 teams that have an EEI score of 33 or less (less than 1% of all teams).

EEI Score	Number of Teams	Percentage of Teams
Strive & Celebrate (67-100)	12,303	79%
Monitor to Further Improve (51-66)	1,539	10%
Improve to Monitor (34-50)	146	1%
Focus to Improve (0-33)	23	<1%
No Report	1,643	10%
Total Health and Social Care	15,654	100%

Note: Teams with 4 or less staff and a response rate of below 100% did not receive a report.

The distribution of scores varies across Boards. Those with higher EEI scores overall have more teams scoring in Strive & Celebrate. The varying levels of No Report across Boards is a reflection of both the response rate achieved and the proportion of small teams within each Board.



<b>EI Score Percentage of Teams</b>	<b>Strive &amp; Celebrate (67-100)</b>	<b>Monitor to Further Improve (51-66)</b>	<b>Improve to Monitor (34-50)</b>	<b>Focus to Improve (0-33)</b>	<b>No Report</b>
<b>Health and Social Care</b>	79%	10%	1%	<1%	10%
<b>National Boards (Patient-facing)</b>					
NHS Golden Jubilee	80%	11%	1%	0%	8%
NHS 24	68%	17%	2%	<1%	13%
Scottish Ambulance Service	56%	33%	3%	0%	8%
The State Hospital	73%	9%	0%	0%	18%
<b>National Boards (Support)</b>					
Healthcare Improvement Scotland	94%	0%	0%	0%	6%
NHS Education for Scotland	92%	2%	0%	0%	6%
NHS National Services Scotland	88%	8%	<1%	0%	4%
Public Health Scotland	89%	9%	0%	0%	2%
<b>Geographic Boards</b>					
NHS Ayrshire & Arran	83%	7%	1%	<1%	9%
NHS Borders	80%	8%	1%	0%	11%
NHS Dumfries & Galloway	78%	12%	1%	<1%	9%
NHS Fife	80%	9%	1%	<1%	10%
NHS Forth Valley	80%	11%	2%	<1%	7%
NHS Grampian	82%	8%	<1%	<1%	10%
NHS Greater Glasgow and Clyde	80%	10%	1%	<1%	9%
NHS Highland	73%	11%	1%	<1%	15%
NHS Lanarkshire	81%	9%	<1%	<1%	10%
NHS Lothian	77%	8%	1%	<1%	14%
NHS Orkney	76%	15%	2%	0%	7%
NHS Shetland	80%	9%	0%	0%	11%
NHS Tayside	75%	11%	1%	0%	13%
NHS Western Isles	85%	11%	0%	0%	4%

### **No Report**

1,643 Teams (10%) did not receive a report. These are all teams with less than 5 members, where the required response rate of 100% has not been reached.

## Survey Questions – Summary

	iMatter 2023
<b>My Experience as an Individual</b>	
I am clear about my duties and responsibilities	88
I get the information I need to do my job well	82
I am given the time and resources to support my learning growth	74
I have sufficient support to do my job well	80
I am confident my ideas and suggestions are listened to	77
I am confident my ideas and suggestion are acted upon	73
I feel involved in decisions relating to my job	73
I am treated with dignity and respect as an individual	85
I am treated fairly and consistently	83
I get enough helpful feedback on how well I do my work	76
I feel appreciated for the work I do	77
My work gives me a sense of achievement	82
<b>My Team/My Line Manager</b>	
I feel my direct line manager cares about my health and well-being	87
My direct line manager is sufficiently approachable	88
I have confidence and trust in my direct line manager	86
I feel involved in decisions relating to my team	77
I am confident performance is managed well within my team	79
My team works well together	84
I would recommend my team as a good one to be a part of	85
<b>My Organisation</b>	
I understand how my role contributes to the goals of my organisation	83
I feel my organisation cares about my health and wellbeing	72
I feel that board members who are responsible for my organisation are sufficiently visible	56
I have confidence and trust in Board members who are responsible for my organisation	61
I feel sufficiently involved in decisions relating to my organisation	56
I am confident performance is managed well within my organisation	63
I get the help and support I need from other teams and services within the organisation to do my job	71
I would recommend my organisation as a good place to work	75
I would be happy for a friend or relative to access services within my organisation	78
<b>Raising Concerns<sup>8</sup></b>	
I am confident that I can safely raise concerns about issues in my workplace	79
I am confident that my concerns will be followed up and responded to	74

The table following shows all the components ranked in order of score, high to low. The highest scoring areas are those that relate to the relationship staff have with their line manager and the clarity staff have about their role. The lowest scoring components are those that relate to the Board, to involvement in decisions and how performance is managed.

<sup>8</sup> New questions added in 2023

	<b>iMatter 2023</b>
I am clear about my duties and responsibilities	88
My direct line manager is sufficiently approachable	88
I feel my direct line manager cares about my health and well-being	87
I have confidence and trust in my direct line manager	86
I am treated with dignity and respect as an individual	85
I would recommend my team as a good one to be a part of	85
My team works well together	84
I am treated fairly and consistently	83
I understand how my role contributes to the goals of my organisation	83
I get the information I need to do my job well	82
My work gives me a sense of achievement	82
I have sufficient support to do my job well	80
I am confident performance is managed well within my team	79
I am confident that my concerns will be followed up and responded to	79
I would be happy for a friend or relative to access services within my organisation	78
I am confident my ideas and suggestions are listened to	77
I feel appreciated for the work I do	77
I feel involved in decisions relating to my team	77
I get enough helpful feedback on how well I do my work	76
I would recommend my organisation as a good place to work	75
I am given the time and resources to support my learning growth	74
I am confident that I can safely raise concerns about issues in my workplace	74
I am confident my ideas and suggestion are acted upon	73
I feel involved in decisions relating to my job	73
I feel my organisation cares about my health and wellbeing	72
I get the help and support I need from other teams and services within the organisation to do my job	71
I am confident performance is managed well within my organisation	63
I have confidence and trust in Board members who are responsible for my organisation	61
I feel that board members who are responsible for my organisation are sufficiently visible	56
I feel sufficiently involved in decisions relating to my organisation	56

## Experience as an Individual

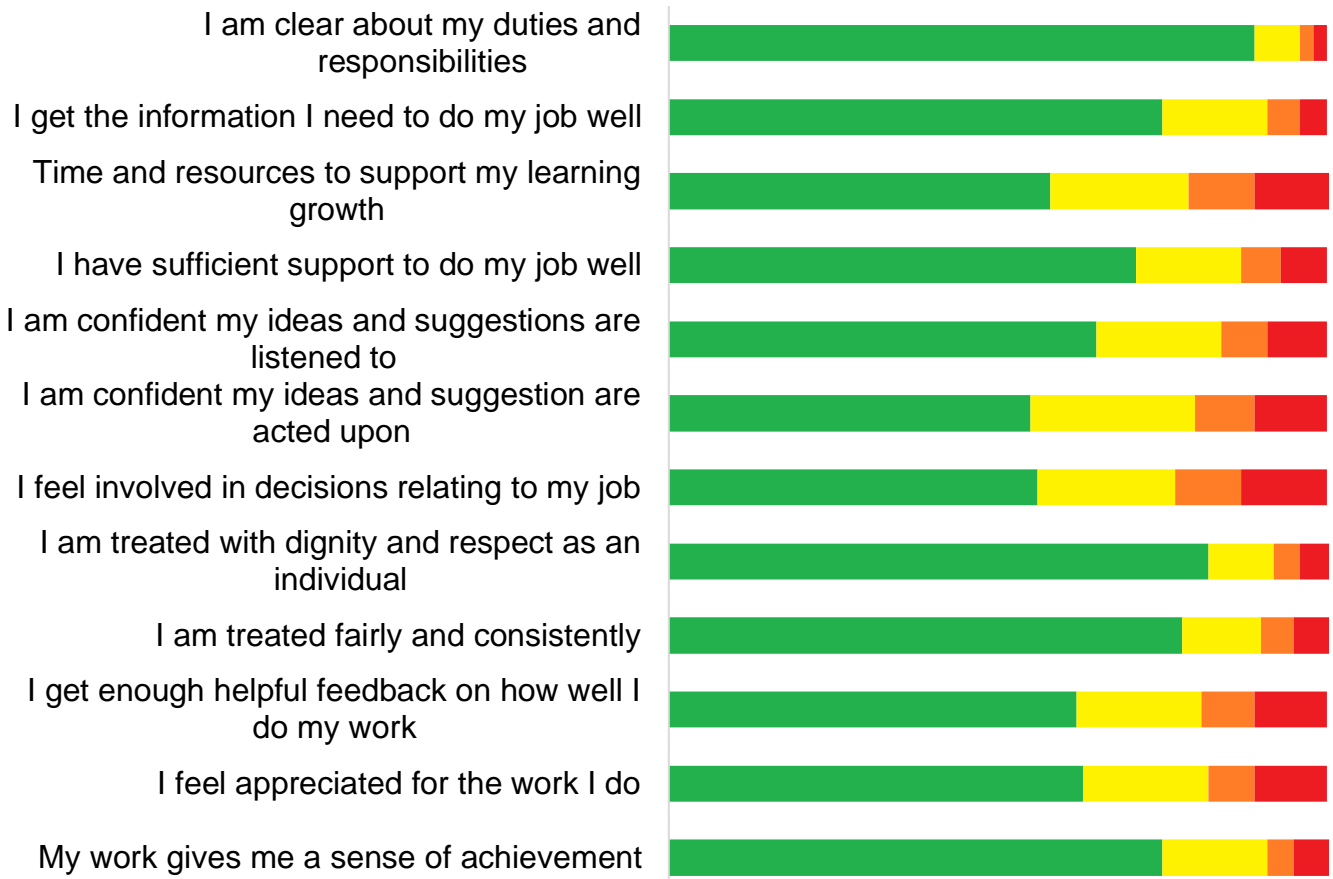
Results are aggregated for each question presented under the heading 'As an Individual'.

All components within Experience as an Individual have increased from 2022 by either 1 or 2 points, as they did from 2021 to 2022. All scores are now at or above those seen in 2019, before the COVID-19 pandemic.

Highest scores are given for clarity of role and being treated with dignity and respect. There is greatest room for improvement in staff feeling involved in decisions and that their ideas will be acted on.

<b>Experience as an Individual</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Movement 2023 - 2022</b>
I am clear about my duties and responsibilities	88	88	87	86	87	88	+1
I am treated with dignity and respect as an individual	82	83	83	83	84	85	+1
I am treated fairly and consistently	81	81	81	81	82	83	+1
My work gives me a sense of achievement	81	81	81	79	81	82	+1
I get the information I need to do my job well	81	81	81	79	81	82	+1
I have sufficient support to do my job well	77	78	78	76	78	80	+2
I am confident my ideas and suggestions are listened to	75	75	75	74	76	77	+1
I feel appreciated for the work I do	73	74	74	73	75	77	+2
I get enough helpful feedback on how well I do my work	73	73	73	73	74	76	+2
I am given the time and resources to support my learning growth	71	72	72	70	72	74	+2
I am confident my ideas and suggestion are acted upon	71	71	71	70	72	73	+1
I feel involved in decisions relating to my job	71	71	70	70	71	73	+2

Almost nine out of ten staff agree or strongly agree that they are clear about their duties and responsibilities. Other components with very high scores are being treated with dignity and respect and being treated fairly and consistently.



	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I am clear about my duties and responsibilities	89%	7%	2%	2%
I get the information I need to do my job well	75%	16%	5%	4%
Time and resources to support my learning growth	58%	21%	10%	12%
I have sufficient support to do my job well	71%	16%	6%	7%
I am confident my ideas and suggestions are listened to	65%	19%	7%	9%
I am confident my ideas and suggestion are acted upon	55%	25%	9%	11%
I feel involved in decisions relating to my job	56%	21%	10%	13%
I am treated with dignity and respect as an individual	82%	10%	4%	5%
I am treated fairly and consistently	78%	12%	5%	6%
I get enough helpful feedback on how well I do my work	62%	19%	8%	11%
I feel appreciated for the work I do	63%	19%	7%	11%
My work gives me a sense of achievement	75%	16%	4%	6%

## Boards

Full Board data is included in the iMatter 2023 Data file<sup>9</sup>. The range of scores across Boards for each component varies from 27 points for 'I am given time and resources to support my learning growth' to 9 points for 'I am clear about my duties and responsibilities'

- 'I am given time and resources to support my learning growth', highest score is 83 in NHS Education for Scotland and the lowest score is 56 in Scottish Ambulance Service.
- 'I am clear about my duties and responsibilities' highest score is 89 in NHS Ayrshire & Arran and NHS 24, while the lowest score is 80 in Public Health Scotland.

Most Boards have seen increases in most or all measures within Experience as an Individual. NHS Western Isles has achieved improvement in all measures within Experience as an Individual, with the largest increases in:

- I get the information I need to do my job well, up 6 points to 84 this year
- I am given time and resources to support my learning growth, up 5 points to 75
- I have sufficient support to do my job well, up 5 points to 81

NHS Orkney have increased five of the twelve components within Experience as an Individual, by 3 points, 4 by two points and three by 1 point. This reflects the top organisational priorities launched recently within the Board:

- 
- **“Staff health and wellbeing** - we are investing in a new Employee Assistance Service, including mental health first aid and psychological support for staff, as well as legal and financial support.
  - **Valuing and recognising staff** - we are bringing back Long Service Awards, recognising retirements and staff awards.
  - **Involving staff in decision-making** - starting with more clinical input in decisions via our new Senior Leadership Team (SLT) which is now in place. This will follow with quarterly extended SLT meetings followed by review of operational governance which will put staff voices front and centre.
  - **Listening to and acting on staff feedback** - a 12-month programme of how we listen to and act on staff feedback is under development so that we can act on more real-time feedback, with improved communications and forums for listening in place with the CEO and Executive Team.
  - **Leading with kindness and living our values** – we will have a real focus on values and behaviours and the ‘how’ we do things, including how we treat each other, recognising we have more to do here and need to be much more consistent. And we will have much more focus on leading with kindness and demonstrating visible and authentic leadership. Kindness and respect start with how we treat one another as colleagues.”

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### NHS Orkney, Chief Executive

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<sup>9</sup> iMatter 2023 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

NHS 24 has seen decline in several measures, in particular:

- I am treated fairly and consistently, down 3 points to 78
- I am confident my ideas and suggestions are listened to and acted on, both down 3 points to 67 and 63 respectively

Team Stories can highlight how individual, focused actions, can improve the environment in which staff work:

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“We didn’t have a space to call our own for storing equipment, or dedicated desk space, as we’re fully agile. This means that equipment is often stored in our cars as we go back and forth to homes and clinics, which is not ideal for staff as we’re already taking other things, such as our laptops, out and about, so it’s a lot to consider for each trip.

Amazingly, we’ve secured a large double cupboard at the Centre, which is solely for our team, and we can easily access it to pick up just the bits and pieces we need, and store the rest. This is only a small thing but has gone a long way to making the team feel that they are valued, visible and that their needs are being met by the HSCP.”

### **NHS Greater Glasgow and Clyde Advance Nurse Practitioner Team, East Dunbartonshire HSCP**

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Following a wish-list suggestion to have George Clooney making coffee.

“On Monday morning George arrived (albeit it is a cardboard cut-out, as he’s a very busy man) and a Nespresso coffee machine and coffee pods. It made us all laugh and as a Nurse in The NHS for almost 40 years I still find laughter the best medicine I know. It still makes us all smile every morning when we go in to the kitchen and see George he has been a very welcome addition to an already very positive workplace.”

### **South Ayrshire HSCP, NHS Ayrshire & Arran**

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In Healthcare Improvement Scotland, ‘I am given the time and resources to support my learning growth’ and ‘I feel involved in decisions relating to my job, have both declined 4 points to 72 and 74 respectively.

NHS Golden Jubilee has achieved a 4 point increase in ‘I feel appreciated for the work I do’ and ‘I am given time and resources to support my learning growth’ to 75 and 74 respectively in 2023.

Many iMatter teams are developing and sharing learning resources to support teams and activity within their Board and across organisations to share best practice. For example, the iMatter eLearning developed by NHS Fife has been adapted and is offered at a national level for all boards to access via Turas Learn. A Team Story from NHS Forth Valley illustrates how different solutions can be introduced to support staff in their roles and to develop their skills further:

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“We have fortnightly staff meetings to discuss all matters within the team. The staff are excellent at sharing their learning and stories at these meetings.

We decided to introduce peer learning – the staff all picked another member of staff within the team to shadow during face to face health assessments. They chose staff members with different skill sets to learn from. This improved knowledge and understanding in many aspects of the assessment from clinical skills, mental wellbeing skills, social interaction, communication skills,

employability and admin skills, to working with individuals with learning disabilities, young people, asylum seekers, justice service users and refugees.

This has worked well, the service continues to build and go from strength to strength with help from our HSCP colleagues and other partners throughout Forth Valley.”

### **NHS Forth Valley Keep Well Team**

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NHS Forth Valley Audiology Team has taken a pro-active approach to ensuring staff are confident in their roles, that their ideas are listened to, and that they feel involved in decisions:

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“Since December 2022 the team has closed its doors on the last Tuesday afternoon of each month and dedicated the afternoon to training.

TURAS forms the first part of the afternoon, allowing staff to catch up on mandatory training. The staff meeting follows this session, allowing staff to have more regular input into decisions and share ideas. The day also has a training need, so far this year we have had training from many of our Hearing Aid companies coming to visit, as well as our Health and Wellbeing team where we all joined in with some mindfulness (this resulted in our Wellbeing Wall in Stirling!)

This has vastly increased our capacity to meet and learn, and the team has come on miles as a result.

We recently were announced as the British Academy of Audiology (BAA) Team of the Year 2023 because of the work we have achieved.”

### **NHS Forth Valley Audiology Team**

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## Staff Groupings

For seven of the components Local Authority staff score 1 point higher than NHSScotland staff. NHSScotland Staff score higher than Local Authority staff by 1 point on two components:

- I am clear about my duties and responsibilities (NHSScotland 88, Local Authority 87)
- I get the information I need to do my job well (NHSScotland 82, Local Authority 81)

Experience as an Individual	NHSScotland	Local Authority	Difference
I am clear about my duties and responsibilities	88	87	1
I get the information I need to do my job well	82	81	1
I am given the time and resources to support my learning growth	74	75	1
I have sufficient support to do my job well	80	80	0
I am confident my ideas and suggestions are listened to	77	77	0
I am confident my ideas and suggestion are acted upon	73	74	1
I feel involved in decisions relating to my job	73	72	1
I am treated with dignity and respect as an individual	85	85	0
I am treated fairly and consistently	83	84	1
I get enough helpful feedback on how well I do my work	76	77	1
I feel appreciated for the work I do	76	77	1
My work gives me a sense of achievement	82	83	1

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included in the iMatter 2023 Data file<sup>10</sup>.

- Within NHSScotland staff it is typically Ambulance Services staff who rate lowest and Senior Managers who rate highest.
- Within Local Authority staff Older People Services tend to rate the lowest and Senior Managers the highest.

The range of scores across all staff groupings is greatest for 'I feel involved in decisions relating to my job' at 28 points, from 58 among NHSScotland Ambulance Services to 86 among Local Authority Senior Managers. The smallest range is 6 points for 'I am clear about my duties and responsibilities', where the lowest score is 85 for Health Science Services and the highest score is 91 for Local Authority Senior Managers.

<sup>10</sup> iMatter 2023 Data File 'Staff Groupings Scores' tab  
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## My Team / My Direct Line Manager

Results are aggregated for each question presented under the heading 'My Team / My Direct Line Manager'.

All but one of the components in My Team/My Direct Line Manager have increased by one point since 2022. The score for 'My line manager is sufficiently approachable' has remained unchanged.

All of the components are at, or above, levels ever previously achieved in iMatter.

<b>My Team/My Direct Line Manager</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Movement 2023 - 2022</b>
My direct line manager is sufficiently approachable	86	87	87	87	88	88	0
I feel my direct line manager cares about my health and well-being	84	84	84	84	86	87	+1
I have confidence and trust in my direct line manager	83	84	84	84	85	86	+1
I would recommend my team as a good one to be a part of	82	83	83	83	84	85	+1
My team works well together	81	82	82	82	83	84	+1
I am confident performance is managed well within my team	77	77	77	77	78	79	+1
I feel involved in decisions relating to my team	75	76	76	75	76	77	+1

Staff are very positive about their line manager and their relationship with their manager. Not all staff feel involved in team decisions and some are not confident about how performance is managed.



	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I feel my direct line manager cares about my health and wellbeing	83%	10%	3%	5%
My direct line manager is sufficiently approachable	86%	8%	3%	4%
I have confidence and trust in my direct line manager	81%	10%	4%	5%
I feel involved in decisions relating to my team	64%	19%	8%	9%
I am confident performance is managed well within my team	68%	17%	7%	8%
My team works well together	77%	14%	5%	5%
I would recommend my team as a good one to be a part of	80%	12%	4%	5%

## Boards

Full Board data is included in the iMatter 2023 Data file<sup>11</sup>.

The range of scores across Boards is largest for “I feel involved in decisions relating to my team’ at 20 points, with Scottish Ambulance Service scoring 67 and NHS Education for Scotland scoring 87. The smallest range (10 points) is for ‘My team works well together’, with Scottish Ambulance Service scoring 79 and NHS Education for Scotland scoring 89.

Several Team Stories demonstrate the effort made to improve team dynamics, through a variety of actions:

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“With a return to a more ‘normal’ service post covid, the L&OD team are out and about working across a range of sites and the organisation. However, the team noted that they were sometimes missing the connections they had with colleagues and were less likely to see each other as often as before. Keen to stay in touch, and as part of the team action plan – a monthly lunchtime catch up meeting was agreed when the whole team are ‘on-site’.

The informal catch up gives the team a chance to share anything new face to face in an informal setting helping to stay connected and enhancing our relationships”

### **Learning and Organisational Development Team, NHS Lanarkshire**

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A Digital Champion, within NHS Ayrshire & Arran, successfully introduced MS Teams (on phones) to staff who did not normally have access to computers. This had a positive impact on connectivity across the team.

Building a good environment within a new team can be a challenge. The newly established Quality Improvement Team in NHS Ayrshire & Arran took a series of actions to achieve positive working relationships across the team and beyond:

- 
- “Regular 1:1s with team members.
  - Team building day to identify the vision and mission of the new team to develop a sense of shared responsibility.
  - Open and transparent working relationships to build psychological safety within the work place.
  - Encouragement of distributed working to facilitate autonomy and ideal working environments for each team member.
  - Regular weekly ‘catch-ups’ to ensure we can share worries/concerns and use each other’s experiences to enrich pieces of ongoing work.
  - Dynamic and efficient use of a work planner. This is completed during the ‘catch up’ to ensure everyone is up to date and sharing progress with projects.
  - Utilisation of QI tools to provide a road map for our journey. This was composed by the team at our team building day. This allowed both shared ownership and purpose within the team.”

### **Quality Improvement Team, NHS Ayrshire & Arran**

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<sup>11</sup> iMatter 2023 Data File tabs: ‘SGS Components’ and ‘Significance Testing Boards’

Overall there is typically a 1 point increase in most scores for the majority of Boards. The largest improvements are in NHS Western Isles where all scores within My Team have increased by 3 or 4 points. National Services Scotland has seen a 3 point improvement in 'my direct line manager cares about my health and wellbeing'. The score for 'I feel involved in decisions relating to my team' has declined 3 points to 81 in Healthcare Improvement Scotland.

The Team Story from the Ground Department Bothy, reflects on the importance of a team space, particularly when the team spends most of their time outdoors:

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"The rest and team space hadn't been upgraded or decorated for over 20 years. It is the place where the team meet, where they start and end their day, take their well-earned breaks and have a comfort break. It is meant to provide a warm, safe area to change out wet clothes and get a hot drink on the coldest and dreariest days. It is where they store their clothes, wash up or have a shower.

With funding through endowments, and support and work from departments across the organisation it is now being upgraded. The space has been painted inside and out, new flooring has been put down and new furniture is on its way. The toilet and shower have been up-graded and it is transforming into a welcoming, warm and safe space for the team to rest and take a well-earned break. The team can also get access to a PC in the Bothy to check emails, get up to date with TURAS training, print work orders and other documents they need. It has notice boards with the information they need on health and safety etc."

**Ground Department Bothy Refurbishment, NHS Grampian**

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## Staff Groupings

NHSScotland staff scores overall are similar to those of Local Authority staff. The largest difference is in confidence that performance is managed well, with Local Authority staff scoring two points higher (81) than NHSScotland staff (79).

<b>My Team/My Direct Line Manager</b>	<b>NHSScotland</b>	<b>Local Authority</b>	<b>Difference</b>
My direct line manager is sufficiently approachable	88	89	1
I feel my direct line manager cares about my health and well-being	87	87	0
I have confidence and trust in my direct line manager	86	87	1
I would recommend my team as a good one to be a part of	85	85	0
My team works well together	84	84	0
I am confident performance is managed well within my team	79	81	2
I feel involved in decisions relating to my team	77	78	1

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included within the iMatter 2023 Data file<sup>12</sup>. The largest range of scores is for 'I feel involved in decisions relating to my team' where a difference of 22 points is seen between Ambulance Services (67) and Local Authority Senior Managers (89). The smallest range (8 points) is in 'My team works well together' with Ambulance Services at 78 and several Staff Groupings at 86 (Business Services, Criminal Justice and Senior Managers in both NHSScotland and Local Authority).

## My Organisation

Results are aggregated for each question presented under the heading 'My Organisation', where Organisation refers to and includes both the relevant NHS Board and Health & Social Care Partnership(s).

Staff generally feel they understand how their role contributes to the organisational goals. The areas of greatest concern are around involvement in decisions and the visibility of Board members. All components within 'My Organisation' have either increased by one point or stayed the same.

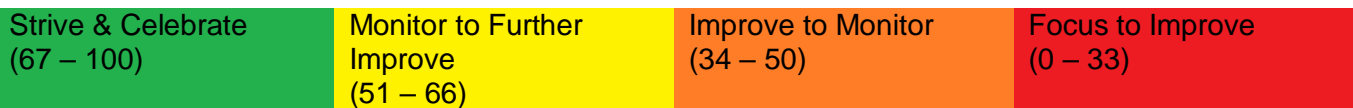
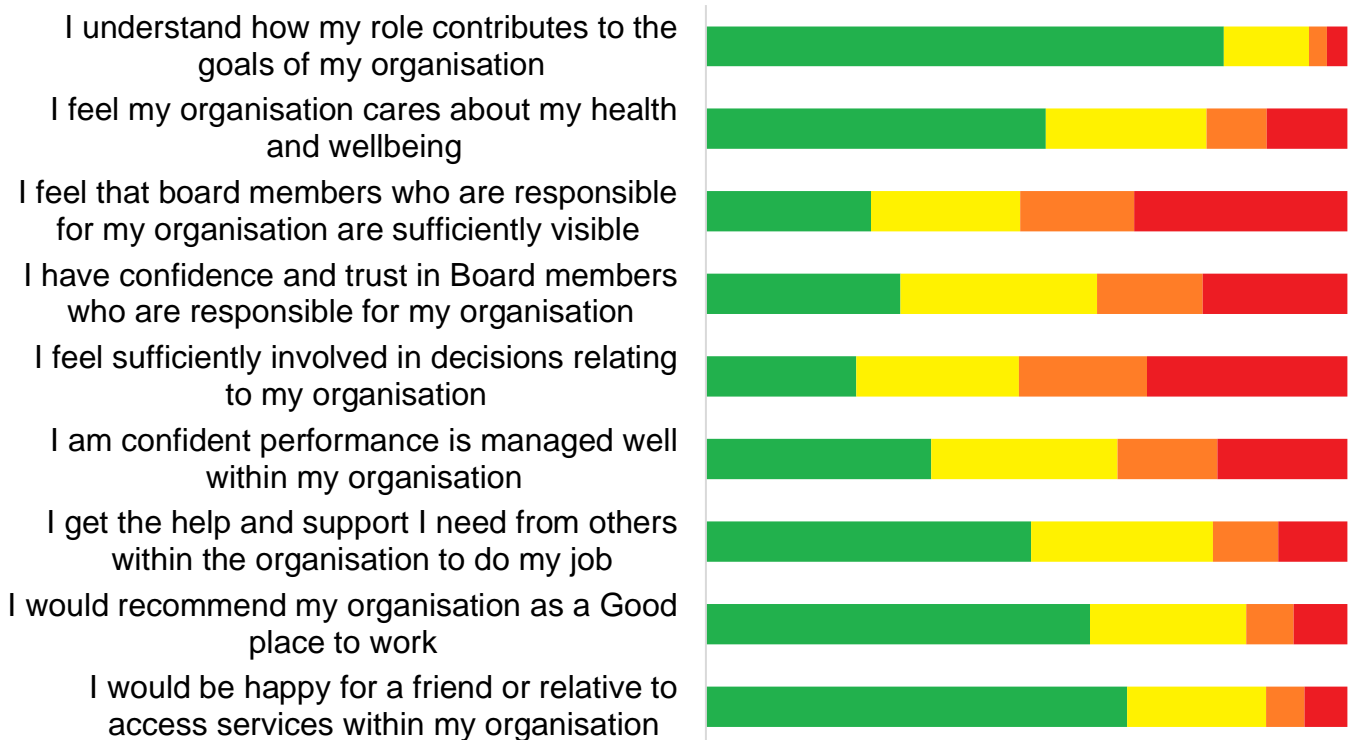
The lowest scores across all components, are in 'I feel Board Members responsible for the wider organisation are sufficiently visible'<sup>13</sup> (56) and 'I feel involved in decisions relating to my organisation' (56), though both have improved by 1 point from 2022.

My Organisation	2017	2018	2019	2021	2022	2023	Movement 2023 – 2022
I understand how my role contributes to the goals of my organisation	82	83	82	82	83	83	0
I would be happy for a friend or relative to access services within my organisation	78	78	78	77	77	78	+1
I would recommend my organisation as a good place to work	74	74	74	73	74	75	+1
I get the help and support I need from other teams and services within the organisation to do my job	71	72	71	70	70	71	+1
I feel my organisation cares about my health and wellbeing	70	71	70	70	71	72	+1
I am confident performance is managed well within my organisation	64	64	64	62	63	63	0
I have confidence and trust in senior managers/Board Members responsible for the wider organisation <sup>13</sup>	64	65	64	61	61	61	0
I feel senior managers/Board Members responsible for the wider organisation are sufficiently visible <sup>13</sup>	62	62	62	55	55	56	+1
I feel involved in decisions relating to my organisation	57	57	57	55	55	56	+1

### <sup>13</sup> Question Wording Changes

In 2021 the wording changed for two components within 'My Organisation':

- 'I have confidence and trust in **senior managers** responsible **for the wider organisation**' changed to 'I have confidence and trust in **Board members** who are responsible **for my organisation**'
- 'I feel **senior managers** responsible **for the wider organisation** are sufficiently visible' changed to 'I feel that **Board members** who are responsible **for my organisation** are sufficiently visible'



	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I understand how my role contributes to the goals of my organisation	81%	13%	3%	3%
I feel my organisation cares about my health and wellbeing	53%	25%	9%	13%
I feel that board members who are responsible for my organisation are sufficiently visible	26%	23%	18%	33%
I have confidence and trust in Board members who are responsible for my organisation	30%	31%	17%	23%
I feel sufficiently involved in decisions relating to my organisation	23%	25%	20%	31%
I am confident performance is managed well within my organisation	35%	29%	16%	20%
I get the help and support I need from others within the organisation to do my job	51%	28%	10%	11%
I would recommend my organisation as a good place to work	60%	24%	7%	8%
I would be happy for a friend or relative to access services within my organisation	66%	22%	6%	7%



## Boards

Full Board data is included in the iMatter 2023 Data file<sup>14</sup>.

There are a wide range of scores across the Boards for many of the components within My Organisation. The broadest range of scores is for 'I feel that board members who are responsible for my organisation are sufficiently visible' with a range of 28 from the lowest score of 44 (Scottish Ambulance Service) to the highest score of 72 (Healthcare Improvement Scotland). A range of 27 points is seen for 'I feel my organisation cares about my health and wellbeing' with a low score of 57 (Scottish Ambulance Service) and a high score of 84 (NHS Education for Scotland).

The range of scores is least, at 11 points, for 'I understand how my role contributes to the goals of my organisation' with the lowest at 75 (Public Health Scotland) and a high of 86 (NHS Education for Scotland).

NHS Western Isles has considerably improved several ratings within My Organisation:

- I would recommend my organisation as a good place to work, up 5 points to 76
- I would be happy for a friend or relative to access services within my organisation, up 4 points to 80
- I feel my organisation cares about my health and wellbeing, up 4 points to 71

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"NHS Western Isles has seen good performance across the organisation in respect of planned care and in ensuring a safe environment for all patients and staff.

As part of our focus on Employee Wellbeing, our dedicated Wellbeing Group meet regularly to discuss and promote various initiatives and resources to support staff and their families.

Through our desire to embed as an Anchor Institution that sees our long-term sustainability linked to the wellbeing of our wider population, we have a number of Employability initiatives to help create ambition and inspire the next generation of NHS Employees. These include our Apprenticeship Programme, Recruitment of Summer Students and actively engaging with Careers Fairs and other programmes to promote NHS Western Isles as an employer of choice."

**NHS Western Isles, iMatter Team**

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Other Boards showing large improvements in individual components are:

- NHS Golden Jubilee, 'I feel my organisation cares about my health and wellbeing', up 4 points to 70
- Public Health Scotland, 'I feel that board members who are responsible for my organisation are sufficiently visible' up 6 points to 64 and 'I have confidence and trust in Board members who are responsible for my organisation' is up 4 points to 64
- NHS Golden Jubilee has increased their score from 50 to 54 for 'I feel sufficiently involved in decisions relating to my organisation'

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<sup>14</sup> iMatter 2023 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

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“Since 2022, a Board engagement plan has been implemented from both internal and external perspectives. Board members have been invited to take part and support internal staff initiatives including team meetings, the PHS Speaker Series and PHS Conversations series. Coupled with this staff have been encouraged to attend meetings of the full Board to understand our governance processes in action. As we have moved to more in-person ways of working this has meant that Board members are more accessible and visible.”

**Public Health Scotland, iMatter Team**

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There are some decreases in scores within individual Boards, in particular:

- In Healthcare Improvement Scotland, ‘I feel sufficiently involved in decisions relating to my organisation’ has declined 6 points to 64 and I am confident performance is managed well within my organisation has declined 5 points to 64
- NHS 24 has seen a drop of 5 points to 65 for ‘I feel my organisation cares about my health and wellbeing’ and a drop of 4 points to 71 for ‘I would recommend my organisation as a good place to work’

The Team Story following illustrates how several teams work effectively together to provide an enhanced service:

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“Here in NHS Ayrshire & Arran the Public Protection Health Team has responsibility for three distinct areas of practice. Child and adult protection along with Multi-agency Risk Assessment Conference (MARAC). Once practicing independently of each other the last year has seen the teams join under strong strategic clinical leadership and follow other Scottish health boards in a public protection health service model.

As a new team we have developed a training schedule for staff across the organisation which compliments the existing online NES modules. The vision of the ASP team is to continue to strengthen our visibility within the organisation, working collaboratively with our partners to meet the needs of the adults in need of support & protection and ensure staff feel confident and competent in recognising and reporting harm.”

**Public Protection Health Service, NHS Ayrshire & Arran**

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## Staff Groupings

Local Authority staff score higher for all components of My Organisation. The biggest difference is in confidence in managing performance with Local Authority staff scoring 4 points higher (67) than NHSScotland staff (63)

Details of scores for each of the individual Staff Groupings within NHSScotland and Local Authority are included within the iMatter 2023 Data files<sup>15</sup>. There is considerable variation in scores across Staff Groupings across the My Organisation components. The largest is a range of 34 points in 'I feel sufficiently involved in decisions relating to my organisation' where the lowest score is 44 among Ambulance Services and the highest is 78 among Local Authority Senior Managers. The smallest range (13 points) is in 'I understand how my role contributes to the goals of the organisation. Two Staff Groupings have the lowest score of 79 (Ambulance Services and Medical and Dental). The highest score of 92 is among Local Authority Senior Managers.

<b>My Organisation</b>	<b>NHSScotland</b>	<b>Local Authority</b>	<b>Difference</b>
I understand how my role contributes to the goals of my organisation	83	84	1
I feel my organisation cares about my health and wellbeing	71	74	3
I feel that board members who are responsible for my organisation are sufficiently visible	55	57	2
I have confidence and trust in Board members who are responsible for my organisation	61	62	1
I feel sufficiently involved in decisions relating to my organisation	55	58	3
I am confident performance is managed well within my organisation	63	67	4
I get the help and support I need from other teams and services within the organisation to do my job	71	73	2
I would recommend my organisation as a good place to work	75	77	2
I would be happy for a friend or relative to access services within my organisation	77	78	1

## Staff Governance Standard – Strand Scores

Staff Governance is a key component of the NHSScotland governance framework used to monitor and manage the performance of NHS Scotland organisations. Staff Governance considers both how *effectively* staff are managed and also how staff *feel* they are managed. The standard was underpinned in legislation in 2004 and its component strands as shown below continue to be monitored, both locally and nationally.

### Staff Governance Standard – Scores

The strands of the Staff Governance Standard were mapped against the 20 components forming part of the Staff Experience Framework (see [Appendix 8](#)). The 25 questions were then mapped to the 20 components and Staff Governance Standard to provide a measure of Employee Engagement (see [Appendix 9](#)).

Staff Governance Standard Weighted Index Values	2017	2018	2019	2021	2022	2023	Movement 2023 - 2022
Well informed	80	80	80	78	79	79	0
Appropriately trained and developed	73	74	74	73	75	77	+2
Involved in decisions	71	71	71	70	71	72	+1
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	77	77	77	77	78	79	+1
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	76	77	77	76	77	78	+1

The Staff Governance Standard Strand reported scores for ‘Appropriately trained and developed’ strand has again increased by 2 points from last year, as it did from 2021 to 2022. ‘Involvement in decisions’, ‘A safe working environment’ and ‘Treated fairly and consistently’ have all increased by 1 point over 2022. 4 of the 5 strands are at the highest level they have ever been, with ‘Well Informed’ 1 point below the level achieved in 2017 – 2019.

## Board Scores

Across the individual boards there is variation in the Staff Governance Standard Strand scores. The table below shows the highest and lowest scores achieved across the Boards and the size of the difference.

The largest variation across Boards is the 'Appropriately trained and developed' Strand with a range in Board scores of 22, from 63 in the lowest scoring Board to 85 in the highest scoring Board.

The greatest consistency is seen in the 'Well informed' strand where the range is 12 points from lowest (73) to highest (85).

Staff Governance Standard Weighted Index Values	Highest Board Score Achieved	Lowest Board Score Achieved	Range: Highest to Lowest Score
Well informed	85	73	12
Appropriately trained and developed	85	63	22
Involved in decisions	82	61	21
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	87	69	18
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	86	70	16

Strand scores for each Board for 2023 and movement from 2022 are included in the iMatter 2023 Data file<sup>16</sup>.

NHS Western Isles have improved their score for the 'Well informed' Strand by 4 points from 76 last year to 80 this year.

A Team Story from Low Secure Forensic Ward, NHS Fife demonstrates how staff wellbeing can be supported with a focus on positivity:

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Within the main area of the ward, we have a dedicated board which displays our: iMatters team report; action plan; storyboard; and staff poster with areas we do well and where we can improve.

**Staff health and wellbeing board:** The board provides space for staff to share “moments of joy,” where they can post pictures they have captured which they find positive. The hope is that the positivity will spread to other staff. Also included on the board are: staff discounts; Kingdom Lottery information; upcoming events; information etc.

**Changes to the staff room:** Decorative items and a Hi-Fi system have been a positive introduction to our staff room. This has helped to make the space feel more welcoming for staff, when enjoying their break times.

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<sup>16</sup> iMatter 2023 Data File tabs: 'SGS Components' and 'Significance Testing Boards'

Not only in Daleview but across the service, Health and Wellbeing folders have been introduced. These are updated regularly by the service Health and Wellbeing Reps, and provide staff with key information on services/resources available to them. An electronic version is also accessible via the ward T-Drive.

A folder dedicated to training opportunities has also been compiled, and readily accessible. Staff can look through this at their own leisure, with the hopes this will help boost autonomy and provide professional development satisfaction.

### **Low Secure Forensic Ward, Lynebank Hospital, NHS Fife**

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The East Renfrewshire HSCP (NHS Greater Glasgow and Clyde) and the Mayfield Assessment and Treatment Unit (NHS Fife) focus on wellbeing across the team:

“One way we’ve been showcasing our wellbeing activity is through our regular Staff Wellbeing newsletter with targeted articles on key issues e.g. alcohol awareness, stress at work, financial advice. These kept staff updated on any upcoming classes and sessions, as well as providing access to information and resources which covered a wide range of topics.

During the summer months, we rolled out a programme under our “Summer of Wellness” brand. Creating this brand allowed us to bring together a whole range of opportunities for staff in one place, including yoga, fitness classes, 121 wellbeing conversations etc. The uptake for these was fantastic and feedback from staff was extremely positive. We’re now building on that success and are rolling out a new “Winter of Wellness” programme during November and December.”

### **East Renfrewshire HSCP, NHS Greater Glasgow and Clyde**

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“Our iMatter action plan highlighted the need for improved staff morale, increased motivation and new ideas within the team.

We have implemented a staff wellbeing wall within the ward. This has up to date resources on a range of subjects including tips for positive health and wellbeing, exercise and gym information, financial support and kindness and compassion. The staff team have reported that this is a welcome addition to our ward environment.”

### **Mayfield Assessment and Treatment Unit, NHS Fife**

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Two Boards have increased their score for ‘Appropriately trained and developed’ by 4 points:

- NHS Western Isles with a score in 2023 of 77
- NHS Golden Jubilee with a score of 76

The largest movement in the ‘Involved in decisions’ strand is 3 points:

- NHS Western Isles has improved 3 points from 70 to 73
- Healthcare Improvement Scotland has declined 3 points from 80 to 77

NHS 24 has declined 2 points for the ‘Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued’ strand, with Scottish Ambulance Service and Healthcare Improvement Scotland both declining by 1 point.

NHS Western Isles has increased its score for 'Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community' by 4 points from 75 in 2022 to 79 in 2023. Healthcare Improvement Scotland has declined 3 points from 84 to 81.

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Throughout 2023, NHS Western Isles have continued to harness the power of Social Media and other communication methods with staff. There is a dedicated Staff Facebook page that allows for agile communications to be shared with the workforce. In addition to this there has been an increase in mandatory and statutory training compliance including an increase in the delivery of violence and aggression training. NHS Western Isles have also begun the process of moving to Turas Learn in 2023 to enhance the learning experience for all staff.

The Staff Governance Committee are also actively engaged with the associated Staff Governance Action Plan to ensure the strands are embedded across the organisation, at all levels.

**NHS Western Isles iMatter Team**

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## Staff Groupings

Local Authority staff score one point higher than NHSScotland staff for each of the 5 Staff Governance Standard strands.

Staff Governance Standard Weighted Index Values	NHSScotland	Local Authority
Well informed	79	80
Appropriately trained and developed	76	77
Involved in decisions	72	73
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	79	80
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	78	79

Within Local Authority and NHSScotland staff there is a wide range of scores across the individual staff groupings. 'Involved in decisions' and 'Appropriately trained and developed' have the largest ranges (24 and 22 points respectively). In all instances the highest scoring staff grouping is Local Authority Senior Managers and the lowest scoring are NHSScotland Ambulance Services.

Staff Governance Standard Weighted Index Values	Highest Staff Grouping Score Achieved	Lowest Staff Grouping Score Achieved	Range: Highest to Lowest Score
Well informed	88	73	15
Appropriately trained and developed	84	62	22
Involved in decisions	84	60	24
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	86	69	17
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	86	69	17

Further data is included within the iMatter 2023 Data file<sup>17</sup>.



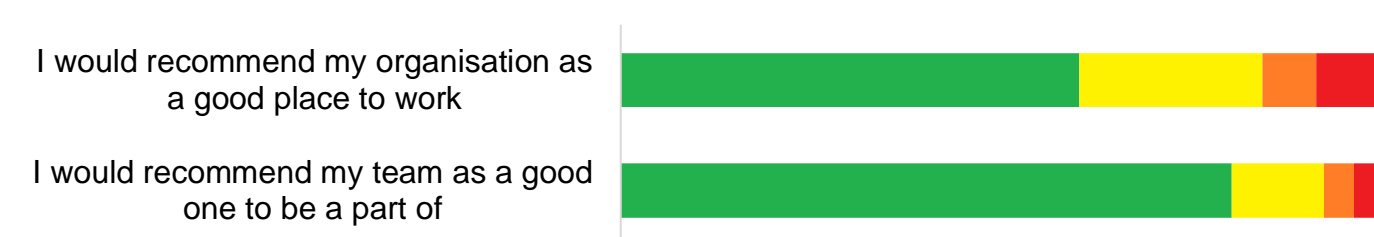
## Recommendation

Within the iMatter questionnaire there are two statements that relate to recommendation:

- I would recommend my organisation as a good place to work
- I would recommend my team as a good one to be a part of

Recommendation	2017	2018	2019	2021	2022	2023	Movement 2023 – 2022
I would recommend my organisation as a good place to work	74	74	74	73	74	75	+1
I would recommend my team as a good one to be a part of	82	83	83	83	84	85	+1

Both measures have improved by one point over 2022. Both measures are now at the highest levels they have ever been. Over half (60%) of staff agree strongly or agree (Strive & Celebrate) that they would recommend their organisation as a good place to work. This is an increase of 3 percentage points over 2022. 79% of staff agree they would recommend their team as a good one to be a part of. This is an increase of 1 percentage point from last year.



Strive & Celebrate (67 – 100)	Monitor to Further Improve (51 – 66)	Improve to Monitor (34 – 50)	Focus to Improve (0 – 33)
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	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I would recommend my team as a good one to be a part of	79%	12%	4%	5%
I would recommend my organisation as a good place to work	60%	24%	7%	9%

## Boards

For recommendation of the organisation as a good place to work there is a broad range of scores across the Boards. For recommendation of their team the range is much smaller. The Board with the highest score for both measures is NHS Education for Scotland (87 and 91) respectively and the Board with the lowest score for both is Scottish Ambulance Service (66 and 80 respectively).

All of the Geographic Boards have improved or stayed the same, both for recommendation of their organisation and their team.

The largest improvement is in NHS Western Isles where recommending the organisation has increased by 5 points from 71 to 76. However, again the score for recommending their team as a good place to work remains unchanged from 2022 at 85.

The largest decline is in NHS 24 where recommendation of the organisation has decreased by 4 points from 75 to 71. Again the score for recommending their team as a good place to work remains unchanged from 2022 at 85.

	I would recommend my organisation as a good place to work			I would recommend my team as a good one to be a part of		
	2022	2023	Movement from 2022	2022	2023	Movement from 2022
<b>Health and Social Care</b>	<b>74</b>	<b>75</b>	<b>+1</b>	<b>84</b>	<b>85</b>	<b>+1</b>
<b>National Boards (Patient-facing)</b>						
NHS Golden Jubilee	73	76	+3	83	84	+1
NHS 24	75	71	-4	85	85	0
Scottish Ambulance Service	66	66	0	81	80	-1
The State Hospital	68	71	+3	85	86	+1
<b>National Boards (Support)</b>						
Healthcare Improvement Scotland	83	81	-2	87	87	0
NHS Education for Scotland	88	87	-1	91	91	0
NHS National Services Scotland	79	78	-1	85	86	+1
Public Health Scotland	74	75	+1	83	83	0
<b>Geographic Boards</b>						
NHS Ayrshire & Arran	75	77	+2	85	86	+1
NHS Borders	72	74	+2	84	84	0
NHS Dumfries & Galloway	74	75	+1	83	83	0
NHS Fife	74	76	+2	84	85	+1
NHS Forth Valley	73	73	0	84	85	+1
NHS Grampian	75	77	+2	84	85	+1
NHS Greater Glasgow and Clyde	73	75	+2	84	85	+1
NHS Highland	73	73	0	83	84	+1
NHS Lanarkshire	76	76	0	86	86	0
NHS Lothian	73	75	+2	84	86	+2
NHS Orkney	69	70	+1	80	81	+1
NHS Shetland	78	78	0	85	86	+1
NHS Tayside	75	75	0	85	85	0
NHS Western Isles	71	76	+5	82	85	+3

## Staff Groupings

Recommendation of the team is quite consistent across staff groupings, while recommendation of the organisation varies more. Ambulance Services are the least likely to recommend their organisation and Senior Managers the most likely.

The smaller variation in scores for team recommendation likely reflects the closer connection that staff may typically feel towards their immediate colleagues, rather than the more remote relationships and variable familiarity they may have with the wider organisation.

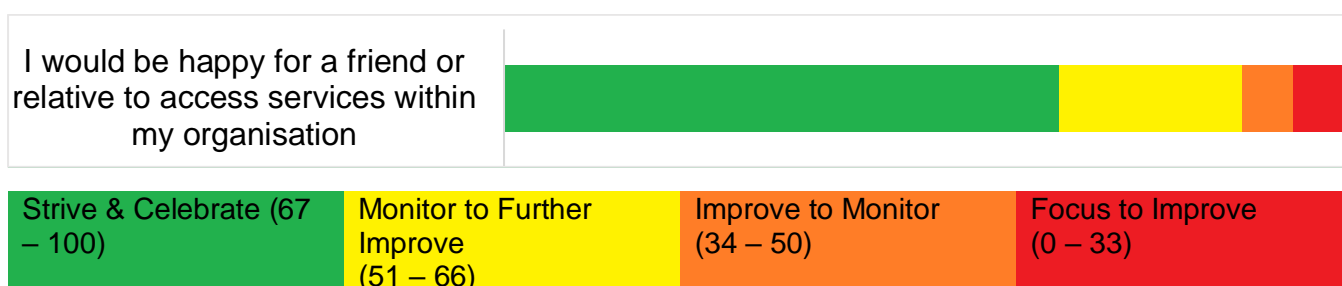
	<b>I would recommend my organisation as a good place to work</b>	<b>I would recommend my team as a good one to be a part of</b>
<b>Health &amp; Social Care</b>	<b>75</b>	<b>85</b>
<b>NHSScotland Employees</b>	<b>75</b>	<b>85</b>
Administrative Services	79	85
Allied Health Profession	75	86
Ambulance Services	66	80
Health Science Services	73	80
Medical & Dental	72	84
Medical & Dental Support	77	84
Nursing & Midwifery	74	86
Other Therapeutic	75	86
Personal & Social Care	77	84
Senior Managers	81	88
Support Services	75	80
<b>Local Authority Employees</b>	<b>77</b>	<b>85</b>
Adult Services	77	85
Business Services	81	87
Children's Services	77	87
Criminal Justice	78	87
Older People Services	75	84
Senior Managers	84	88
Strategic Development	83	89

## Patient Services

Illustrating the link between iMatter and patient care, the survey asks staff to say whether they 'would be happy for a friend or relative to access services within my organisation'. This measure has increased by 1 point from 2022 and has now returned to the pre-pandemic level.

Patient Services	2017	2018	2019	2021	2022	2023	Movement 2023 - 2022
I would be happy for a friend or relative to access services within my organisation	78	78	78	77	77	78	+1

Two-thirds of staff agree or agree strongly (Strive & Celebrate) with the statement and only 7% disagree or disagree strongly (Focus to Improve).



	Strive & Celebrate	Monitor to Further Improve	Improve to Monitor	Focus to Improve
I would be happy for a friend or relative to access services within my organisation	65%	22%	6%	7%

Several Team Stories refer to actions taken that look to improve the patient experience:

“Initially during COVID we were keen to explore the experience of clients using the counselling service, particularly as we moved from face to face to telephone appointments. We did this through a short survey, which we circulated to clients. The feedback was positive, and gave us reassurance that we were still providing a supportive and person-centre service during COVID.

As we moved back to more face to face consultations, our team suggested we expand the survey to allow us to explore ways in which we could celebrate great work, review the service we provide and identify any opportunities for improvement.”

**Counselling Team, NHS Greater Glasgow and Clyde**

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The Macmillan One to One Team provide ongoing support and information to people affected by cancer by completing a Holistic Needs Assessment (HNA). They then signpost or refer on to appropriate services with the main purpose of giving people the right tools and support they need to be able to self manage. The Coffee Drop In events have allowed us to support people in a different way, effectively moving them on to find another meaningful way of being able to 'self manage'. We invite other healthcare professionals to attend the events, such as Macmillan Money Matters, Macmillan Move More, Macmillan Buddy Service, Oral Health, and they all find the experience unique and uplifting.”

### **Macmillan One to One Team, NHS Forth Valley**

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“We offer short term (4-6 sessions) holistic assessments and interventions that are aimed at providing self-management strategies for anyone experiencing physical health difficulties/mental health difficulties, or quite often, both physical and mental health difficulties.

In the first year:

- 100 % of patients reported they would access OT support again
- 96% of patients reported that they felt OT was easy to access and that they were seen in a reasonable timescale.

The team were also fortunate enough to be finalists in two categories at the Ayrshire Achieves Awards 2023, placing in the top three out of 126 nominations”

### **HSCP South NHS Ayrshire & Arran**

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## Boards

Geographic Boards typically see either no change or a movement of +/- 1 point. The exception is NHS Western Isles where there has been a 4 point increase from 76 in 2022 to 80 in 2023. Three of the four Patient-facing National Boards have increased their score, only NHS 24 has declined. In contrast, three of the four Support Boards scores have declined and Public Health Scotland has remained unchanged.

I would be happy for a friend or relative to access services within my organisation	2022	2023	Movement from 2022
<b>Health and Social Care</b>	<b>77</b>	<b>78</b>	<b>+1</b>
<b>National Boards (Patient-facing)</b>			
NHS Golden Jubilee	80	82	+2
NHS 24	81	79	-2
Scottish Ambulance Service	71	72	+1
The State Hospital	67	69	+2
<b>National Boards (Support)</b>			
Healthcare Improvement Scotland	84	82	-2
NHS Education for Scotland	89	88	-1
NHS National Services Scotland	81	80	-1
Public Health Scotland	77	77	0
<b>Geographic Boards</b>			
NHS Ayrshire & Arran	77	78	+1
NHS Borders	75	75	0
NHS Dumfries & Galloway	76	77	+1
NHS Fife	76	77	+1
NHS Forth Valley	75	74	-1
NHS Grampian	78	79	+1
NHS Greater Glasgow and Clyde	76	77	+1
NHS Highland	75	75	0
NHS Lanarkshire	78	78	0
NHS Lothian	77	78	+1
NHS Orkney	73	72	-1
NHS Shetland	82	82	0
NHS Tayside	78	78	0
NHS Western Isles	76	80	+4

## Staff Groupings

Scores across staff groupings range from 71 among Ambulance Services to 85 among Local Authority Senior Managers. Scores have increased from 2022 by one point across many of the patient-facing staff groupings.

<b>I would be happy for a friend or relative to access services within my organisation</b>	<b>2022</b>	<b>2023</b>	<b>Movement from 2022</b>
<b>Health &amp; Social Care</b>	<b>77</b>	<b>78</b>	<b>+1</b>
<b>NHS Scotland Employees</b>	<b>77</b>	<b>77</b>	<b>0</b>
Administrative Services	80	80	0
Allied Health Profession	77	77	0
Ambulance Services	70	71	+1
Health Science Services	78	77	-1
Medical & Dental	76	76	0
Medical & Dental Support	80	81	+1
Nursing & Midwifery	75	76	+1
Other Therapeutic	78	78	0
Personal & Social Care	79	79	0
Senior Managers	84	83	-1
Support Services	76	76	0
<b>Local Authority Employees</b>	<b>77</b>	<b>78</b>	<b>+1</b>
Adult Services	77	78	+1
Business Services	81	82	+1
Children's Services	76	77	+1
Criminal Justice	78	78	0
Older People Services	77	78	+1
Senior Managers	84	85	+1
Strategic Development	81	83	+2

## Raising Concerns

Two additional questions are included in the 2023 questionnaire covering how staff feel about raising concerns. The full question wording can be found in [Appendix 3](#). These questions are not included within the EEI calculation of the Staff Governance Strand Scores.

The questions were not compulsory within the questionnaire, however 98% of staff completing the iMatter questionnaire answered them.

	Number of staff responding	Percentage
Staff completing iMatter survey	118,376	
I am confident that I can safely raise concerns about issues in my workplace	116,317	98%
I am confident that my concerns will be followed up and responded to	116,041	98%

The scores have been calculated using the same method as used for iMatter score calculations.<sup>18</sup>

	2023
I am confident that I can safely raise concerns about issues in my workplace	79
I am confident that my concerns will be followed up and responded to	74

Safely raising concerns with a score of 79 is 2 points above the EEI. It is in line with how staff feel about how performance is managed and is 2 points above the score given for confidence around ideas and suggestions being listened to. Concerns being followed up on with a score of 74 is 5 points below the EEI. It is one point above ideas being acted on and being involved in decisions.

71% of staff agree or agree strongly that they are confident to safely raise any concerns they have. Over half of staff (57%) agree or agree strongly that they are confident their concerns will be responded to.

I am confident that I can safely raise concerns about issues in my workplace

I am confident that my concerns will be followed up and responded to



Strongly Agree/ Agree	Slightly Agree	Slightly Disagree	Disagree/ Disagree Strongly
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	Strongly Agree/ Agree	Slightly Agree	Slightly Disagree	Disagree/ Disagree Strongly
I am confident that I can safely raise concerns about issues in my workplace	71%	16%	5%	8%
I am confident that my concerns will be followed up and responded to	57%	22%	9%	12%

<sup>18</sup> Scores are calculated based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.



## Boards

There is variation in scores across the Boards. NHS Education for Scotland has the highest scores for both measures and Scottish Ambulance Service the lowest.

For most Boards the difference between the two scores is typically 5 or 6 points. The notable exceptions to this are:

- NHS Orkney where confidence that concerns will be followed up is 10 points lower (65) than being confident to raise concerns (75)
- Scottish Ambulance Service where the difference is 8 points (70 and 62)
- NHS Education for Scotland where the difference is only 3 points (86 and 83)

Board	I am confident that I can safely raise concerns about issues in my workplace	I am confident that my concerns will be followed up and responded to	Difference (points)
<b>Health &amp; Social Care</b>	<b>79</b>	<b>74</b>	<b>5</b>
<b>National Boards (Patient-facing)</b>			
Golden Jubilee	77	71	6
Scottish Ambulance Service	70	62	8
NHS 24	74	68	6
The State Hospital	73	67	6
<b>National Boards (Support)</b>			
Healthcare Improvement Scotland	81	75	6
Public Health Scotland	77	70	7
NHS Education for Scotland	86	83	3
National Services Scotland	80	75	5
<b>Geographic Boards</b>			
NHS Ayrshire & Arran	81	76	5
NHS Borders	80	73	7
NHS Dumfries & Galloway	77	71	6
NHS Fife	80	75	5
NHS Forth Valley	79	73	6
NHS Grampian	80	75	5
NHS Greater Glasgow and Clyde	80	74	6
NHS Highland	78	72	6
NHS Lanarkshire	81	76	5
NHS Lothian	80	74	6
NHS Orkney	75	65	10
NHS Shetland	82	76	6
NHS Tayside	80	74	6
NHS Western Isles	77	73	4

NHS Orkney were already aware of challenges in this area and have actions in place to address staff feedback. The recency of their introduction means that the impact has yet to be seen in iMatter:

“The feedback we receive from staff is that they are less confident and indeed in many cases frustrated that we do not consistently listen, act and close the loop when staff do speak up or raise concerns/share ideas and this remains a key area of improvement in the year to come. There are many examples already of things changing in real-time in response to feedback so the loop is closed and recognising that in turn, we will inspire confidence from our staff and teams that their concerns are listened to, taken seriously, and acted upon, resulting in positive change and improvements.”

## NHS Orkney, Chief Executive

### Staff Groupings

Ambulance Services Staff are the least confident that their concerns will be followed up with a score of 61. Local Authority Senior Managers and Strategic Development score highest for the two measures and for both Staff Groupings the gap is only 3 points.

Among staff groupings the biggest difference between the two ratings is seen among Ambulance Services (9 points), followed by Health Science Services and Medical & Dental (both 8 points).

	I am confident that I can safely raise concerns about issues in my workplace	I am confident that my concerns will be followed up and responded to	Difference (points)
<b>Health &amp; Social Care</b>	<b>79</b>	<b>74</b>	<b>5</b>
<b>NHS Scotland Employees</b>	<b>79</b>	<b>73</b>	<b>6</b>
Administrative Services	80	75	5
Allied Health Profession	80	74	6
Ambulance Services	70	61	9
Health Science Services	77	69	8
Medical & Dental	79	71	8
Medical & Dental Support	78	73	5
Nursing & Midwifery	79	73	6
Other Therapeutic	80	75	5
Personal & Social Care	81	76	5
Senior Managers	86	81	5
Support Services	77	71	6
<b>Local Authority Employees</b>	<b>82</b>	<b>77</b>	<b>5</b>
Adult Services	82	76	6
Business Services	83	79	4
Children's Services	81	76	5
Criminal Justice	82	78	6
Older People Services	81	76	5
Senior Managers	87	84	3
Strategic Development	86	83	3

### **Relationship to EEI components**

The way in which staff answer the two questions on raising concerns aligns with the way in which other questions are answered. The questions where the strongest statistical correlation is seen are those that relate to being heard, involved and valued:

- I am confident my ideas and suggestions are listened to
- I am confident my ideas and suggestion are acted upon
- I feel involved in decisions relating to my job
- I am treated fairly and consistently
- I feel involved in decisions relating to my team
- I am confident performance is managed well within my organisation

For example, if Staff 'strongly agree' that they can safely raise concerns they will be very likely to also say they strongly agree that they are confident that their ideas and suggestions will be listened to.

## Overall Experience

The overall experience question has improved by 0.1 points from 2022 to 7.0 this year. This is the highest overall experience score achieved since iMatter started in 2018.

Year	Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 Mean Score	Movement from Previous iMatter Survey (points)
2023	7.0	+0.1
2022	6.9	+0.1
2021	6.8	-0.1
2019	6.9	+0.1
2018	6.8	

Almost a quarter of staff (24%) score their overall experience 9 or 10 out of 10. 10% of staff rate their experience as 4 or less out of 10.



There is a small increase in the percentage of staff scoring 7, 8 and 10 from last year, with a reduction in those scoring 2, 3, 4 or 5

Score	Percentage of staff 2022	Percentage of staff 2023	Movement from 2022
<b>0 Very Poor Experience</b>	1%	1%	0
<b>1</b>	1%	1%	0
<b>2</b>	2%	1%	-1
<b>3</b>	4%	3%	-1
<b>4</b>	5%	4%	-1
<b>5</b>	12%	11%	-1
<b>6</b>	12%	12%	0
<b>7</b>	21%	22%	+1
<b>8</b>	19%	21%	+2
<b>9</b>	11%	11%	0
<b>10 Very Good Experience</b>	12%	13%	+1

## Overall Experience within Boards

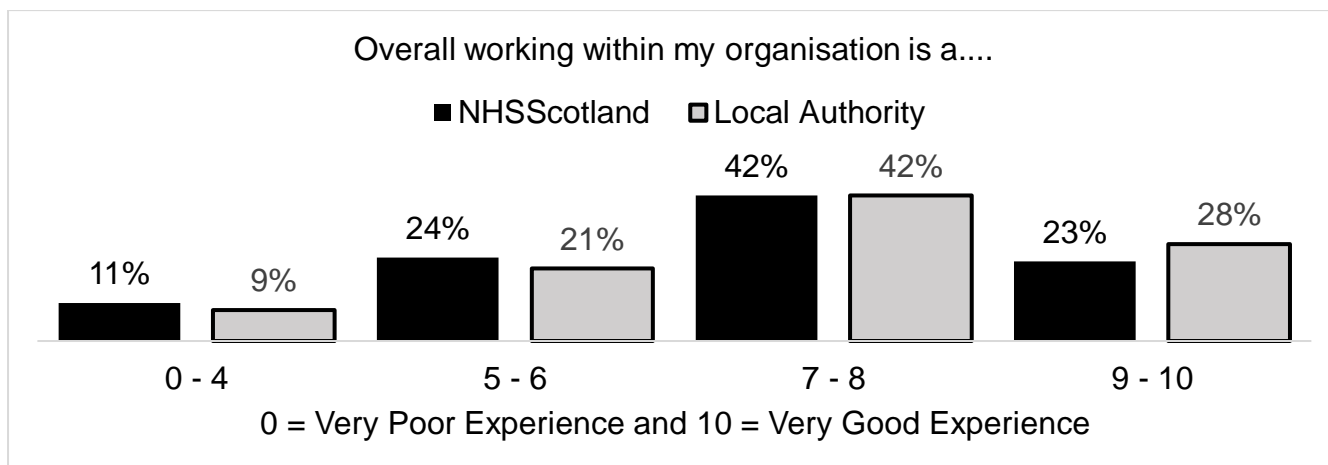
The table following shows the Overall Experience score for each Board and how it has changed from 2022. NHS Education for Scotland has the highest Overall Experience score (8.2) and Scottish Ambulance Service the lowest (6.2). Most Boards have increased their Overall Experience score from 2022. NHS 24, Healthcare Improvement Scotland and NHS Education for Scotland have declined from last year.

The largest increase is NHS Western Isles up 0.4 from 6.7 in 2022 to 7.1 in 2023

Overall Experience	2017	2018	2019	2021	2022	2023	Movement from 2022
<b>Health and Social Care</b>	<b>6.7</b>	<b>6.8</b>	<b>6.9</b>	<b>6.8</b>	<b>6.9</b>	<b>7.0</b>	<b>+0.1</b>
<b>National Boards (Patient-facing)</b>							
NHS Golden Jubilee	7.5	7.4	7.4	6.5	6.8	7.1	+0.3
NHS 24	6.8	6.9	7.2	6.7	6.9	6.6	-0.3
Scottish Ambulance Service	5.9	6.1	NR	5.9	6.1	6.2	+0.1
The State Hospital	6.8	6.9	6.9	6.4	6.6	6.7	+0.1
<b>National Boards (Support)</b>							
Healthcare Improvement Scotland	7.2	7.3	7.1	7.6	7.8	7.5	-0.3
NHS Education for Scotland	7.4	7.5	7.7	8.1	8.3	8.2	-0.1
NHS National Services Scotland	7.0	7.0	7.1	7.4	7.4	7.4	0
Public Health Scotland				7.0	6.8	6.9	+0.1
<b>Geographic Boards</b>							
NHS Ayrshire & Arran	6.9	NR	6.9	6.9	7.0	7.2	+0.2
NHS Borders	6.4	NR	NR	6.5	6.7	6.9	+0.2
NHS Dumfries & Galloway	6.7	NR	6.8	6.5	6.8	6.9	+0.1
NHS Fife	6.7	NR	6.9	6.8	6.8	7.0	+0.2
NHS Forth Valley	6.7	6.7	6.8	6.6	6.8	6.8	0
NHS Grampian	6.9	6.9	7.1	7.0	7.0	7.2	+0.2
NHS Greater Glasgow and Clyde	NR	NR	NR	6.7	6.8	7.0	+0.2
NHS Highland	NR	NR	6.6	6.6	6.8	6.8	0
NHS Lanarkshire	6.9	7.0	7.1	6.9	7.0	7.1	+0.1
NHS Lothian	6.8	6.9	7.0	6.8	6.8	7.0	+0.2
NHS Orkney	6.5	6.7	6.9	6.2	6.4	6.4	0
NHS Shetland	7.0	NR	7.3	7.2	7.3	7.4	+0.1
NHS Tayside	6.5	NR	6.7	6.7	7.0	7.0	0
NHS Western Isles	NR	NR	NR	6.9	6.7	7.1	+0.4

## Overall Experience within Staff Groupings

Local Authority staff score higher for overall experience than NHSScotland staff, with mean scores of 7.2 and 7.0 respectively. 28% of Local Authority staff rate their experience 9 or 10, compared to 23% of NHSScotland staff. In contrast, 30% of Local Authority staff rate their experience 6 or less, compared to 35% of NHSScotland staff.



Among NHSScotland staff Senior Managers score highest (7.5) and Ambulance Services the lowest (6.1). The largest increase is among Nursing and Midwifery up 0.2 from 6.6 to 6.8, a compound increase of 0.4 since 2021.

Within Local Authority staff the Overall Experience Score has increased for all staff groupings. Senior Managers score highest (7.9), up 0.3 from 2022 and a compound increase of 0.6 since 2021. Adult, Children's and Older People Services all have the lowest score (7.2), but for Older People Services this is an increase of 0.3 from 2022.

Overall Experience (Mean Score)	2021	2022	2023	Difference 2023 – 2022
<b>Health &amp; Social Care</b>	<b>6.8</b>	<b>6.9</b>	<b>7.0</b>	<b>+0.1</b>
<b>NHS Scotland Employees</b>	<b>6.8</b>	<b>6.9</b>	<b>7.0</b>	<b>+0.1</b>
Administrative Services	7.2	7.3	7.4	+0.1
Allied Health Profession	6.8	6.9	6.9	0
Ambulance Services	5.8	6.1	6.1	0
Health Science Services	6.8	6.8	6.8	0
Medical & Dental	6.6	6.6	6.7	+0.1
Medical & Dental Support	6.9	7.0	7.1	+0.1
Nursing & Midwifery	6.4	6.6	6.8	+0.2
Other Therapeutic	7.0	7.0	7.0	0
Personal & Social Care	7.3	7.3	7.3	0
Senior Managers	7.4	7.5	7.5	0
Support Services	7.0	7.0	7.1	+0.1
<b>Local Authority Employees</b>	<b>6.9</b>	<b>7.1</b>	<b>7.2</b>	<b>+0.1</b>
Adult Services	6.9	7.0	7.2	+0.2
Business Services	7.4	7.5	7.6	+0.1
Children's Services	7.1	7.0	7.2	+0.2
Criminal Justice	7.1	7.3	7.4	+0.1
Older People Services	6.8	6.9	7.2	+0.3
Senior Managers	7.3	7.6	7.9	+0.3
Strategic Development	7.3	7.5	7.7	+0.2

## Action Plans

Action Plans are a vital part of the iMatter process, where staff feedback is reviewed and actions are agreed to address staff concerns and opportunities for improvement.

Across Health and Social Care there has been an increase of 8 pps in the proportion of teams completing Action Plans. The level of completion of Action Plans varies considerably across Boards. Among the National Boards, the highest percentage of teams completing Action Plans is 72%, achieved by NHS Golden Jubilee, an increase of 13 pps from 2022.

Teams completing an Action Plan	2017	2018	2019	2021	2022	2023	Movement from 2022
<b>Health and Social Care</b>	<b>43%</b>	<b>56%</b>	<b>58%</b>	<b>42%</b>	<b>47%</b>	<b>55%</b>	<b>+8</b>
<b>National Boards (Patient-facing)</b>							
NHS Golden Jubilee	63%	71%	52%	74%	59%	72%	+13
NHS 24	14%	66%	54%	58%	56%	62%	+6
Scottish Ambulance Service	72%	86%	82%	41%	62%	71%	+9
The State Hospital	78%	55%	79%	59%	65%	53%	-12
<b>National Boards (Support)</b>							
Healthcare Improvement Scotland	72%	89%	73%	44%	61%	53%	-8
NHS Education for Scotland	73%	82%	93%	83%	80%	83%	+2
Public Health Scotland				55%	85%	63%	-22
NHS National Services Scotland	78%	76%	88%	90%	90%	94%	+4
<b>Geographic Boards</b>							
NHS Ayrshire & Arran	54%	60%	55%	40%	49%	59%	+10
NHS Borders	26%	75%	70%	48%	44%	53%	+9
NHS Dumfries & Galloway	13%	46%	58%	20%	30%	44%	+14
NHS Fife	40%	42%	42%	52%	49%	67%	+18
NHS Forth Valley	26%	80%	72%	58%	58%	61%	+3
NHS Grampian	54%	49%	52%	37%	41%	46%	+5
NHS Greater Glasgow and Clyde	44%	50%	57%	49%	49%	55%	+6
NHS Highland	29%	48%	49%	10%	30%	28%	-2
NHS Lanarkshire	48%	67%	77%	50%	50%	66%	+16
NHS Lothian	33%	60%	57%	15%	42%	50%	+8
NHS Orkney	81%	81%	70%	55%	39%	58%	+19
NHS Shetland	14%	45%	41%	36%	27%	41%	+14
NHS Tayside	39%	41%	47%	54%	42%	47%	+5
NHS Western Isles	12%	14%	13%	31%	31%	59%	+28

Within the Geographic Boards, the highest Action Plan completion is in NHS Fife (67%). This is an increase of 18 pps over 2022. 66% of teams in NHS Lanarkshire completed an Action Plan in 2023 an increase of 16 pps from 50% in 2022.

NHS Western Isles has nearly doubled the percentage of teams completing Action Plans, from 31% in 2022 to 59% in 2023 (+28 pps).

NHS Fife has improved all three iMatter KPIs (Response Rate, EEI Score and Action Plan completion), with staff supported by an extensive iMatter eLearning programme, covering a wide range of topics across Employee Engagement, the importance of iMatter and the iMatter process.

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“Providing Manager Action Planning information sessions (1 hour - online) to provide information on how to analyse team reports, facilitate the meeting and record the action plan. (we have now exceeded last years action plan recording figure within the 8-week period, with 2 weeks left to go).”

#### **NHS Fife, iMatter Team**

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“Following the end of the 2022 cycle we met with a number of teams and individuals to understand their experience of iMatter and action planning. Taking into account our own review and this feedback for 2023 we:

1. Developed a Manager's Action Planning guide and promoted it and the importance of Action planning to managers regularly.
2. Engaged with Chief executive, Directors and senior leaders around the key messages to generate their support and influence.
3. Worked with managers to review Directorate structures (particularly in our Health and Social Care Partnership). This helped us manage and monitor the Team Confirmation and Action Planning stages more easily.”

#### **NHS Shetland, iMatter Team**

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“We continue to communicate with teams during each stage and provide ongoing support to new and existing managers to guide them through the processes which also resulted in 10% improvement from 2022 in completed team Action Plans within 8-weeks.

Another factor to consider for our Board improvement is that over the last couple of years we have consistency with our Board Administrators and because they have now been in the role for a while they are now more experienced/conversant in iMatter stages/processes.”

#### **NHS Ayrshire & Arran, iMatter Team**

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A Team Story from the Clyde Sector, NHS Greater Glasgow and Clyde, highlights improvement in action planning as part of the overall focus on iMatter:

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“Across the Clyde sector, we have seen real benefits of using feedback from iMatter to improve our staff's experience. The big improvements in iMatter outcomes throughout 2022 demonstrate this, with an increased response to the questionnaire, an improved Employee Engagement score and a 7% increase in action planning.

Once we received our results, we quickly shared the information with staff, managers and partnership colleagues, and ensured two-way communication was at the heart of improvement.”

#### **Clyde Sector, NHS Greater Glasgow and Clyde**

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Three Boards have seen considerable decline in the Action Plan completion in 2023:

- Public Health Scotland has declined 22 pps from 85% to 63%
- The State Hospital has declined 12 pps from 65% to 53%
- Healthcare Improvement Scotland has declined 8 pps from 61% to 53%

NHS Highland acknowledge that percentage of teams preparing action plans is low and that there is still work to be done. At 28% it is the lowest of all geographic Boards by a margin of at least 13 pps. It is also the only Geographical Board to have shown a decline (2 pps) in the proportion of teams completing Action Plans from 2022 to 2023. A plan is in place in NHS Highland to encourage greater levels of staff engagement with iMatter:

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Through the Together We Care Strategy 2022-2027 and associated Annual Delivery Plan(s) we will be increasing our focus on all aspects of engagement and are currently actively inviting colleagues from across the organisation to join our Listening and Learning Panel and to contribute to our Colleague Engagement workstreams.

We will be refreshing our iMatter guidance and support to managers and staff in preparation for iMatter 2024 and will continue to contribute to local and national iMatter Op Leads networks.

**NHS Highland, iMatter Team**

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## Appendix 1: iMatter Survey Method

The process for distributing the iMatter questionnaire begins with a team confirmation period. Managers (at individual team level) were required to confirm their teams to ensure accuracy and that respondent information is updated. This was conducted for a period of 4 weeks where managers are required to remove any staff who have left the team, exclude staff who will not be available during the questionnaire stage and add any new staff that have joined the team.

Once this process was completed, the online questionnaire was issued to all respondents with an email or mobile telephone number entered on the system and remained open for a period of 3 weeks. The paper version was also available to be printed and distributed on the same day, with the deadline to receive paper copies set for 1 week after the questionnaire closing date. All paper responses received within the deadline were also input within 1 week of the receipt deadline. Reminders were issued each week over the 3-week period.

Week Number	Action
1	Managers confirm team details to ensure accurate respondent information:
2	- remove staff who have left
3	- exclude staff who will not be available during fieldwork
4	- add new staff
5	Fieldwork window:
6	- email electronic questionnaire/print & distribute paper version/send SMS
7	invitations - reminders issued each week to non-responders
8	Additional week for Webropol Ltd to receive paper responses
9	All response data input to system

The iMatter questionnaire and data collection process was undertaken by Webropol Ltd, an independent company, to ensure full anonymity for the respondents. All processes have been fully assessed to ensure compliance with General Data Protection Regulation (GDPR) Principles. In order to keep the reports within small teams of 4 or less anonymous, the response rate for team reports to be published must be 100%. The reports are published at team level and available to that team only. The response data contained in team reports informs reports at both Directorate and Organisational level and sub-directorate level where appropriate.

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## Appendix 2: Health & Social Care Partnership Staff Participating in iMatter 2023

Health Board	H & SCP	Number of social care staff	Number of health care staff
NHS Ayrshire & Arran	East Ayrshire	1,522	1,186
NHS Ayrshire & Arran	North Ayrshire	1,687	1,890
NHS Ayrshire & Arran	South Ayrshire	996	795
NHS Borders	Borders	745	1,258
NHS Dumfries & Galloway	Dumfries & Galloway	826	3,572
NHS Fife	Fife	2,316	3,669
NHS Forth Valley	Clackmannanshire & Stirling	43	1,039
NHS Forth Valley	Falkirk	627	699
NHS Grampian	Aberdeen City	193	4,136
NHS Grampian	Aberdeenshire HSCP	2,540	1,738
NHS Grampian	Dr Grays & Moray HSCP	886	1,432
NHS Greater Glasgow and Clyde	Inverclyde HSCP	1039	565
NHS Greater Glasgow and Clyde	Renfrewshire HSCP	1050	1,307
NHS Greater Glasgow and Clyde	West Dunbartonshire HSCP	1,296	835
NHS Greater Glasgow and Clyde	East Dunbartonshire HSCP	551	354
NHS Greater Glasgow and Clyde	East Renfrewshire HSCP	671	470
NHS Greater Glasgow and Clyde	Glasgow City HSCP	5,291	7,149
NHS Highland	Argyll and Bute	835	1,302
NHS Lanarkshire	North Lanarkshire	821	2,983
NHS Lanarkshire	Sourh Lanarkshire	657	1,952
NHS Lothian	East Lothian	564	938
NHS Lothian	Edinburgh	1,274	2,423
NHS Lothian	Midlothian	610	739
NHS Lothian	West Lothian	810	994
NHS Shetland	Shetland	756	292
NHS Orkney	Orkney	869	260
NHS Tayside	Angus	778	979
NHS Tayside	Dundee	914	1,911
NHS Tayside	Perth	565	1,063
<b>Total</b>		<b>29,643</b>	<b>47,365</b>

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## Appendix 3: iMatter 2023 Questionnaire

NHS Scotland is committed to improving the experience of those we provide care for through enhancing our "Staff Experience". The iMatter Staff Experience Continuous Improvement Model aims to deliver ways of engaging staff which feel right for you at every level and introduce new opportunities where you can feedback your experiences, in your teams, in a real-time basis.

The questionnaire should take no longer than 10 minutes to complete. Please answer as fully as possible by clicking the relevant buttons for each option. The "About You" questions are optional, but all others need to be answered in order to submit your response. If you are completing the questionnaire online you must select the submit button at the end of the questionnaire.

This is an anonymous survey, all answers collected will be treated with the utmost confidentiality.

You will receive your team result and will be encouraged to take the opportunity to develop actions plans and solutions for continuous improvement as well as to share your successes through the Staff experience stories.

Thank you for your time and participation.

### **Please answer each question using one tick**

For the purpose of this questionnaire, My/I refers to you and your experience as an individual. Thinking of your experience in the 12 months please tell us if you agree or disagree with the following statements:

Strongly Agree  
Agree  
Slightly Agree  
Slightly Disagree  
Disagree  
Strongly Disagree

I am clear about my duties and responsibilities  
I get the information I need to do my job well  
I am given the time and resources to support my learning growth  
I have sufficient support to do my job well  
I am confident my ideas and suggestions are listened to  
I am confident my ideas and suggestion are acted upon  
I feel involved in decisions relating to my job  
I am treated with dignity & respect as an individual  
I am treated fairly and consistently  
I get enough helpful feedback on how well I do my work  
I feel appreciated for the work I do  
My work gives me a sense of achievement

**My Team/My Direct Line Manager      Please answer each question using one tick**

For the purposes of this questionnaire, Direct Line Manager refers to the person who has overall responsibility for your team, this person has been named in the cover email.

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Strongly Agree  
Agree  
Slightly Agree  
Slightly Disagree  
Disagree  
Strongly Disagree

I feel my direct line manager cares about my health & well-being  
My direct line manager is sufficiently approachable  
I have confidence & trust in my direct line manager  
I feel involved in decisions relating to my team  
I am confident performance is managed well within my team  
My team works well together  
I would recommend my team as a good one to be a part of

**My Organisation      Please answer each question using one tick.**

- My Organisation refers to the NHS Board/Heath & Social Care Partnership you are part of.
- Board/Health & Social Care Partnership members refers to:
  - Directors/Chief Officer, Executives
  - Non-Executives & the Chief Executive of your NHS Board/HSCP (the people who make the high level decisions in your organisation)

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Strongly Agree  
Agree  
Slightly Agree  
Slightly Disagree  
Disagree  
Strongly Disagree

I understand how my role contributes to the goals of my organisation  
I feel my organisation cares about my health & wellbeing  
I feel that board members who are responsible for my organisation are sufficiently visible  
I have confidence & trust in Board members who are responsible for my organisation  
I feel sufficiently involved in decisions relating to my organisation  
I am confident performance is managed well within my organisation  
I get the help & support I need from other teams and services within the organisation to do my job  
I would recommend my organisation as a good place to work  
I would be happy for a friend or relative to access services within my organisation

Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good): \*

Overall working within my organisation is a.....

0 Very Poor Experience

1

2

3

4

5

6

7

8

9

10 Very Good Experience

## Raising Concerns

We are including the following statements in order to understand how staff feel about raising concerns in the workplace. It is **not** mandatory to respond to these statements, but it will help us to improve the experience staff have at work.

These will be reported at Directorate and Board level only, not individual team level and we will not look at any groups with less than 10 people in them. This is to make sure your response cannot be attributed to you.

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

- I am confident that I can safely raise concerns about issues in my workplace.
- I am confident that my concerns will be followed up and responded to.

## About You

We are asking the following questions in order that we can understand more about the profile of staff taking part in iMatter. It is **NOT** mandatory to answer these questions, but it will help us greatly if you do. The answers to these questions will be used in the following ways:

- To profile staff at a National, Board, Staff Grouping level
- To explore the relationship between staff profile and staff experience

Your anonymity is important to us and so we will not look at any groups with less than 10 people in them.

Please refer to Privacy Notice for information on how this data may be used.

## Staff Grouping

Which staff group do you belong to? (please select the group that reflects your main role)

NHSScotland Employees

Local Authority Employees

Which staff group do you belong to? (NHSScotland staff only)

- Administrative Services (Finance, HR, IT, call handler, office and patient services)
- Allied Health Profession
- Ambulance Services
- Health Science Services
- Medical and Dental
- Medical and Dental Support (physicians assistant, theatre services, operating dept, dental technician, hygienist, dental and orthodontist therapist, oral health)
- Nursing and Midwifery
- Other Therapeutic (Optometry, pharmacy, psychology, genetic counselling.)
- Personal and Social Care
- Senior Managers (Executive grades, senior manager pay band)
- Support Services (Catering, domestic, portering, estates and facilities, security, laundry, transport, sterile services.)

Which staff group do you belong to? (local authority staff only)

- Adult Services
- Business Services (Business Improvement, Support Services, Information Systems, Finance and Administration)
- Children's Services
- Criminal Justice
- Older People Services
- Senior Managers
- Strategic Development

As employers we are committed to ensuring all staff are treated fairly. It is important therefore for us to understand how the pandemic has impacted everyone in our organisations. This section helps your employer to look for any trends or patterns which might be cause for concern. Your response will not be tracked back to you. You can choose to answer all of these questions or only some of them.

What was your age at your last birthday?

What is your sex?

Male

Female

Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth

No

Yes, please describe your trans status (for example, non-binary trans man, trans woman)

What is your legal marital or registered civil partnership status?

Never married and never registered in a civil partnership

Married

In a registered civil partnership

Separated, but still legally married

Separated, but still legally in a civil partnership

Divorced

Formerly in a civil partnership which is now legally dissolved

Widowed  
Surviving partner from a civil partnership

Which of the following best describes your sexual orientation?

Straight/Heterosexual  
Gay or Lesbian  
Bisexual  
Prefer to self-describe, please write in:

Disability: The Equality Act 2010 describes a disabled person as: '...anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities'.

Do you consider yourself to be disabled within the definition of the Equality Act 2010?

Yes  
No

Do you have any of the following, which have lasted, or are expected to last, at least 12 months?

Deafness or partial hearing loss  
Blindness or partial sight loss  
Full or partial loss of voice or difficulty speaking (a condition which requires you to use equipment to speak)  
Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)  
Learning difficulty (a specific learning condition that affects the way you learn and process information)  
Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)  
Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)  
Mental health condition (a condition that affects your emotional, physical and mental wellbeing)  
Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)  
Other condition, please write in:  
No condition

Have you been on maternity/parental or shared parental leave in the past 12 months?

Yes  
No

What religion, religious denomination or body do you belong to?

None  
Church of Scotland  
Roman Catholic  
Other Christian, please write in:  
Muslim, write in denomination:  
Hindu  
Buddhist  
Sikh



Jewish  
Pagan  
Another religion or body, please write in:

What is your ethnic group?

White  
Mixed or multiple ethnic group  
Asian, Scottish Asian or British Asian  
African, Scottish African or British African  
Caribbean or Black  
Other ethnic group

White

Scottish  
Other British  
Irish  
Polish  
Gypsy / Traveller  
Roma  
Showman / Showwoman  
Other which ethnic group, please write in:

Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

Asian, Scottish Asian or British Asian  
Pakistani, Scottish Pakistani or British Pakistani  
Indian, Scottish Indian or British Indian  
Bangladeshi, Scottish Bangladeshi or British Bangladeshi  
Chinese, Scottish Chinese or British Chinese  
Other, please write in:

African, Scottish Africa or British African

Please write in (for example, NIGERIAN, SOMALI):

Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

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## Appendix 4: Board Descriptions

National Boards each have very different remits and structures, some are patient-facing while others provide support services. These short descriptions are provided as an overview of each Board along with a link to their website where further information can be found:

### NHS Golden Jubilee

“NHS Golden Jubilee has a national portfolio which includes the Golden Jubilee University National Hospital, NHS Scotland Academy, national Centre for Sustainable Delivery, Golden Jubilee Research Institute and Golden Jubilee Conference Hotel. Set in a modern, purpose-built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice.”

Please click [here](#) to visit the website for NHS Golden Jubilee or visit

<https://www.nhsgoldenjubilee.co.uk/>

### Scottish Ambulance Service

“The Scottish Ambulance Service is on the frontline of the NHS, despatching immediate medical assistance or clinical advice to over 5 million people across Scotland. Our aim is to offer the highest level of care to our patients as we preserve life and promote recovery, with our skilled workforce bringing care and compassion to those who need it most.

We provide ambulance care to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical or clinical needs. We also transfer some of Scotland's most serious patients and support the ongoing response to the COVID 19 pandemic through our Mobile Testing Units.”

Please click [here](#) to visit the website for Scottish Ambulance Service or visit

<https://www.scottishambulance.com/>

### NHS 24

“NHS 24 services include:

- 111 If you need urgent health advice when your GP Practice or Dental Surgery is closed
- NHS inform is Scotland's health information service. It offers quality assured health and care information via a website and phone service
- Breathing Space is a free phone service for anyone in Scotland feeling low, anxious or depressed
- Our self-help guides give guidance on some of the common things people call us about
- Quit Your Way Scotland is an advice and support service for anyone trying to stop smoking in Scotland
- Care Information Scotland provides access to quality-assured information on caring for adults in Scotland
- A free phone service for adults experiencing low mood, mild to moderate depression or anxiety

Please click [here](#) to visit the website for NHS 24 or visit <https://www.nhs24.scot/>

### NHS Education for Scotland

“NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. We are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development.”

Please click [here](#) to visit the website for NHS Education for Scotland or visit <https://www.nes.scot.nhs.uk/>

### **Healthcare Improvement Scotland**

“The purpose of Healthcare Improvement Scotland is to enable the people of Scotland to experience the best quality of health and social care.

These are areas where we believe we can make the most impact and where we focus our efforts and resources.

- Enabling people to make informed decisions about their care and treatment
- Helping health and social care organisations to redesign and continuously improve services
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve
- Provide quality assurance that gives people confidence in the services and supports providers to improve
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive

Please click [here](#) to visit the website for Healthcare Improvement Scotland or visit <https://www.healthcareimprovementscotland.org/>

### **NHS National Services Scotland**

“NSS supports customers to deliver their services more efficiently and effectively. We offer shared services on a national scale using best-in-class systems and standards. Our aim is to help our customers save money and free up resources so they can be re-invested into essential services. We also provide consultancy and support to help public bodies join up health and social care.”

Please click [here](#) to visit the website for NHS National Services Scotland or visit <https://www.nss.nhs.scot/>

### **The State Hospital**

“Although The State Hospital shares the same values, aims and challenges as the rest of the NHS in Scotland, it is unique because it has the dual responsibility of caring for very ill, detained patients as well as protecting them, the public and staff from harm.

The State Hospital is one of four high secure hospitals in the UK. Located in South Lanarkshire in central Scotland, it is a national service for Scotland and Northern Ireland and one part of the pathway of care that should be available for those with secure care needs. The principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security.”

Please click [here](#) to visit the website for The State Hospital or visit <https://www.tsh.scot.nhs.uk/>

### **Public Health Scotland**

“Public Health Scotland is Scotland’s lead national agency for improving and protecting the health and wellbeing of all of Scotland’s people.

Our vision is for a Scotland where everybody thrives. Focusing on prevention and early intervention, we aim to increase healthy life expectancy and reduce premature mortality by responding to the wider determinants that impact on people’s health and wellbeing. To do this, we use data, intelligence and a place-based approach to lead and deliver Scotland’s public health priorities. We are jointly sponsored by COSLA and the Scottish Government and collaborate across the public and third sectors. We provide advice and support to local government and authorities in a professionally independent manner.”

Please click [here](#) to visit the website for Public Health Scotland or visit <https://www.publichealthscotland.scot/>

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## Appendix 5: Team Stories

All team stories can be seen at iMatter Team Stories 2023. <https://www.imatter.scot/imatter-stories-2023/>

Organisation	Team Story
NHS Ayrshire & Arran	<a href="#">Click here to see the story: Working Together OT</a>
NHS Ayrshire & Arran	<a href="#">Click here to see the story: Public Protection Health Service</a>
NHS Ayrshire & Arran	<a href="#">Click here to see the story: I used to have a fear of failure, not anymore</a>
NHS Ayrshire & Arran	<a href="#">Click here to see the story: George Clooney Making Coffee</a>
NHS Ayrshire & Arran	<a href="#">Click here to see the story: Evolving role of Quality Improvement in Health and Care Services</a>
NHS Fife	<a href="#">Click here to see the story: Increasing Positivity!</a>
NHS Fife	<a href="#">Click here to see the story: Creating a tree of knowledge</a>
NHS Forth Valley	<a href="#">Click here to see the story: NHS Forth Valley Audiology</a>
NHS Forth Valley	<a href="#">Click here to see the story: Macmillan One to One Team</a>
NHS Forth Valley	<a href="#">Click here to see the story: Keep Well Team</a>
NHS Grampian	<a href="#">Click here to see the story: Grounds Dept Bothy Refurbishment Team Story 2023</a>
NHS Greater Glasgow and Clyde	<a href="#">Click here to see the story: Advance Nurse Practitioner Team – East Dunbartonshire HSCP</a>
NHS Greater Glasgow and Clyde	<a href="#">Click here to see the story: Clyde Sector</a>
NHS Greater Glasgow and Clyde	<a href="#">Click here to see the story: Wellbeing in East Renfrewshire HSCP</a>
NHS Greater Glasgow and Clyde	<a href="#">Click here to see the story: Counselling team</a>
NHS Lanarkshire	<a href="#">Click here to see the story: Learning &amp; Organisational Development Team - All Together</a>

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## Appendix 6: Statistical Notes

### Significance Testing

Significance testing has been carried out on the iMatter data, to assess whether year to year movements in results are likely to be 'true', rather than 'chance'. Specifically, a series of t-tests have been used to examine the size of change needed to give us a very high level of confidence that a 'true' change has happened. The key element here is the number of responses – the larger the number of responses, the smaller the minimum change that can be deemed statistically significant (meaning that the change is highly likely to be 'true').

### Overall Health and Social Care Level Data

- A change of 0.3, or even 0.2 at times, is significant across Health and Social Care as a whole. This generally means any change reported from 2021 to 2022 is likely to be a 'true' change

### Board Level Data

The number of respondents (the achieved sample size) is key to the level of movement year on year that is significant. Therefore, for individual Boards, significant movements are:

- Boards with less than 800 responses per year: movements of 3 points are significant
- Boards with between 800 and 2,800 responses per year: movements of 2 points are significant
- Boards with over 2,800 responses per year: movements of 1 point are significant

As can be seen with the National data there are incidences where significant movements are not evident in data reported at whole integer level only. Occasionally there appears to be a movement in scores, but this is simply a result of rounding to whole integers and the difference is in fact, not significant. The following tables illustrate where this is the case.

<b>Movements of 3pp are significant</b>	<b>Movements of 2pp are significant</b>	<b>Movements of 1pp are significant</b>
Healthcare Improvement Scotland <sup>19</sup>	NHS Shetland	NHS National Services Scotland
NHS Western Isles	NHS 24	NHS Tayside
The State Hospital	NHS Golden Jubilee	NHS Grampian
	NHS Borders	NHS Lothian
	Public Health Scotland	NHS Greater Glasgow and Clyde
	NHS Orkney	Scottish Ambulance Service
	NHS Education for Scotland	NHS Forth Valley
		NHS Highland
		NHS Fife
		NHS Ayrshire & Arran
		NHS Lanarkshire
		NHS Dumfries & Galloway

The data in the iMatter 2023 Data file<sup>20</sup> shows that all movements in component scores are significant, even those that appear to show no movement when reported as integers.

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<sup>19</sup> It is noted that the movement in Health Improvement Scotland EEI score is rounded to 2 points from 82 to 80 and this is a fairly significant movement.

<sup>20</sup> iMatter 2023 Data File 'Significance Testing' tabs: 'EEI Score', 'Testing Components' and 'Boards'

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## **Correlation Analysis**

Correlation coefficients are used to measure how strong a relationship is between two variables. The Pearson correlation is also known as the “product moment correlation coefficient” (PMCC) or simply “correlation”. The Pearson’s correlation helps in measuring the strength and the existence of a linear relationship between the two variables and if the outcome is significant we conclude that the correlation exists.

Correlation analysis has been carried out on all 28 iMatter variables and the additional ‘raising concerns’ variables.

Generally, correlation is high within My Experience as an Individual, My Team/My Direct Line Manager and My Organisation themes, but is less strong across them. Elements within My Team have relatively low correlation with elements within My Organisation.

Several clusters exist with high levels of correlations across them, meaning that individuals typically score each statement in a similar or identical way:

### **Involvement**

- I am confident my ideas and suggestions are listened to
- I am confident my ideas and suggestion are acted upon
- I feel involved in decisions relating to my job
- I feel involved in decisions relating to my team

### **Treatment**

- I am treated with dignity and respect as an individual
- I am treated fairly and consistently

### **Line Manager**

- My direct line manager is sufficiently approachable
- I have confidence and trust in my direct line manager
- I feel my direct line manager cares about my health and wellbeing

### **Team**

- My team works well together
- I would recommend my team as a good one to be part of

### **Organisation**

- I feel that board members who are responsible for my organisation are sufficiently visible
- I have confidence and trust in Board members who are responsible for my organisation
- I feel involved in decisions relating to my organisation
- I am confident performance is managed well within my organisation

Further details can be found in the iMatter 2023 Data file

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## Appendix 7: Response Volumes by Method

Response Data by Survey Method		2017	2018	2019	2021	2022	2023
<b>Online Surveys</b>	Volume issued	141,990	149,557	153,989	171,801	177,197	183,935
	Usable Responses	96,631	95,693	102,099	102,514	104,216	113,247
	Response Rate	68%	64%	66%	60%	59%	62%
<b>Paper Surveys</b>	Volume issued	30,597	28,062	25,464	18,965	15,516	12,702
	Usable Responses	11,599	8,561	9,413	3,842	3,047	3,060
	Response Rate	38%	31%	37%	20%	20%	24%
<b>SMS Invitations</b>	Volume issued	N/A	N/A	N/A	3,676	7,059	5,108
	Usable Responses	N/A	N/A	N/A	1,810	2,987	2,069
	Response Rate	N/A	N/A	N/A	49%	42%	41%

### Method Effect on Response Rates

In order to ensure all staff have the opportunity to take part in iMatter, paper questionnaires are distributed to those without access to the online survey either by email or SMS.

All Boards sent email invitations. 18 Boards sent SMS invitations and 17 used paper surveys. 3 Boards only sent emails. They were Healthcare Improvement Scotland, NHS Education for Scotland and Public Health Scotland.

In 2023 91% of surveys were issued via email, 2pps higher than in 2022. 6% were issued on paper and 3% via SMS. The share of the responses received is 96% from email, 3% paper and 2% from SMS, reflecting the highest response rate being achieved via the email survey.

Health and Social Care 2022	Volume issued	% of Volume Issued	Usable Response Volume	% of Responses Received	Response Rate by Method
<b>Email</b>	183,935	91%	113,247	96%	62%
<b>Paper</b>	12,702	6%	3,060	3%	24%
<b>SMS</b>	5,108	3%	2,069	2%	41%
<b>Total</b>	201,745		118,376		59%

Full details of response rates by method for each Board are included within the iMatter 2023 Data file<sup>21</sup>.

<sup>21</sup> iMatter 2023 Data File 'Response Rate by Method' tab

The overall proportion of paper surveys issued has continued to drop from its highest level of 18% in 2017. Nine Boards reduced considerably the volume of paper surveys issued. However, two Boards (NHS Borders and NHS Dumfries & Galloway) issued a larger volume of paper surveys in 2023. In NHS Borders it appears this increase has come primarily through the HSCP using more paper surveys.

Overall, the volume of SMS invitations sent has reduced by 31% (1,951) in 2023. There are several Boards that sent far fewer SMS invitations than in 2022:

- NHS Greater Glasgow and Clyde sent 2,377 SMS invitations in 2023, a reduction of 41% from 2022.
- NHS Dumfries & Galloway sent 226 SMS invitations in 2023, a reduction of 31% from 2022.
- NHS Tayside sent 128 SMS invitations in 2023, a reduction of 61% from 2022.

NHS Golden Jubilee noted that they have used SMS previously where there was a lack of access to IT to allow completion of the emailed survey. This has been resolved this year with staff being given access to a computer in their work area.

In contrast several Boards increased the volume of SMS invitations sent considerably:

- NHS Lothian sent 837 SMS invitations in 2023, an increase of 45% over 2022.
- NHS Highland sent 172 SMS invitations in 2023, an increase of 43% over 2022.
- NHS Forth Valley sent 164 SMS invitations in 2023, an increase of 40% over 2022.
- NHS Grampian sent 150 SMS invitations in 2023, an increase of 90% over 2022.

NHS Greater Glasgow and Clyde reduced the volume of paper surveys and SMS invitations this year, through positive action to migrate more staff to the email survey, particularly within the HSCPs.

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NHSGGC has an overall approach of shifting more of our staff onto digital means of completing the survey. In 2023, we particularly focused effort on areas of the organisation with traditionally larger numbers of paper responses and where staff had less access to NHSGGC email accounts, to move those staff onto SMS responses. This led to increases in 7 Directorates & HSCPs of the use of SMS by 966 additional staff overall, in those areas.

The reason we are showing an overall reduction though, is that in our largest HSCP, they were able to transition a large number of staff who traditionally used SMS onto email. This large number of staff previously using SMS migrating to email, reaped positive results in that HSCP with an overall increase in responses of 4% in that one area.

We'll continue to both monitor response levels by response method and engage with service areas and teams to ensure the most appropriate method is used to maintain positive staff engagement.

**NHS Greater Glasgow and Clyde, iMatter Team**

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Scottish Ambulance Service sent very few SMS invitations in 2023, having sent over 400 in 2022. It is noted that most of those sent SMS invitations in 2022 were staff temporarily working in Mobile Testing Units, who at the time did not have regular access to email.



## Unusable Responses

A prerequisite of iMatter is that the core iMatter questions are answered (staff grouping, raising concerns and demographic questions are optional). If there are any errors on the questionnaire, then it is not processed.

On the online survey unusable responses included:

- 2,878 staff who opened the link, started the survey but did not finish it
- 892 staff answered all the mandatory questions, but did not submit their survey

On the paper questionnaire it is not possible to monitor responses as they are being completed, and so it is only when returned questionnaires are processed that incomplete or incorrectly completed responses are identified.

Of the 12,701 paper surveys issued, 3,060 (24%) were input and a total of 980 (7%) were rejected for the reasons shown here.

<b>Health and Social Care 2023</b>	<b>Volume</b>	<b>% of paper surveys sent</b>
Paper Surveys Sent	12,702	
Responses Processed	3,060	24%
Responses Rejected	980	7%
<b>Reasons for Rejection</b>		
Partial Response	779	6%
Completion Errors	156	1%
Duplicate	3	<1%
Past Deadline	45	<1%

Of those with partial responses, 561 had not answered one question, 66 two questions and 117 three or more questions. 35 had not answered any questions.

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## Appendix 8: Staff Experience Framework

Health Care Quality Strategy 2010 3 Quality Ambitions		Person Centred Safe Effective	
MacLeod Enablers/ Healthy Working Lives	Staff Governance Standards	Staff Experience Components	KSF* Core Dimension
Leadership	Well informed	Visible & consistent leadership	C1
		Sense of vision, purpose and values	C1
		Role clarity	C2
		Clear, appropriate and timeously communication	C1
Engaging Managers	Appropriately trained & developed	Learning and growth	C2
		Performance development and review	C2
		Access to time and resources	C2
		Recognition and rewards	C2
Employee Voice	Involved in decisions	Confidence and trust in management	C6
		Listened to and acted upon	C4
		Partnership working	C4
		Empowered to influence	C4
Integrity to the Values and Purpose	Treated fairly & consistently with dignity & respect, in an environment where diversity is valued	Valued as an individual	C6
		Effective team working	C5
		Consistent application of employment policy and procedures	C6
		Performance management	C5
Health and Wellbeing	Provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community	Appropriate behaviours and supportive relationships	C6
		Job satisfaction	C5
		Assessing risk and monitoring work stress and workload	C3
		Health & wellbeing support	C3

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## Appendix 9: Mapping Staff Governance Standard

iMatter Staff Experience Component	iMatter Questions	KSF*
<b>SG1: Well Informed</b>		
Visible & Consistent Leadership	My direct line manager is sufficiently approachable. I feel Board Members who are responsible for the wider organisation and are sufficiently visible.	C1
Sense of Vision, Purpose & Values	I understand how my role contributes to the goals of the organisation.	C1
Role Clarity	I am clear what my duties and responsibilities are.	C2
Clear, Appropriate & Timeously Communication	I get the information I need to do my job well.	C1
<b>SG2: Appropriately Trained and Developed</b>		
Learning & Growth	I am given the time and resources to support my learning and growth.	C2
Performance Development & Review	I get enough helpful feedback on how well I do my work.	C2
Access to Time & Resources	I have sufficient support to do my job well.	C2
Recognition & Rewards	I feel appreciated for the work I do.	C2
<b>SG3: Involved in decisions</b>		
Confidence & Trust in Management	I have confidence and trust in my direct line manager. I have confidence and trust in Board Members responsible for the wider organisation.	C6
Listened to & Acted Upon	I am confident my ideas and suggestions are listened to. I am confident my ideas and suggestions are acted upon.	C4
Partnership Working	I feel involved in decisions relating to my organisation.	C4
Empowered to Influence	I feel involved in decisions relating to my job. I feel involved in decisions relating to my team.	C4

SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued		
Valued as an Individual	I am treated with dignity and respect as an individual.	C8
Effective Team Working	My team works well together.	C5
Consistent Application of Employment Policy & Procedures	I am treated fairly and consistently.	C6
Performance Management	I am confident performance is managed well within my team. I am confident performance is managed well within my organisation.	C5
SG5: Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community		
Appropriate Behaviours & Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job.	C6
Job Satisfaction	My work gives me a sense of achievement.	C5
Assessing Risk & Monitoring Work Stress & Workload	I feel my direct line manager cares about my health & wellbeing.	C3
Health & Wellbeing Support	I feel my organisation cares about my health & wellbeing.	C3

\* KSF – Agenda for Change Knowledge Skills Framework

[Return to Main Report](#)



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## Staff Governance Committee Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Staff Governance Committee	<b>Date of Meeting: 14 December 2023</b>
<b>Prepared By:</b>	Joanna Kenny	
<b>Approved By:</b>	Ryan McLaughlin	
<b>Presented By:</b>	Joanna Kenny	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Staff Governance Committee at its meeting on 22 November 2023.		

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>1 Appraisal process within the Board and urgent need to increase the compliance levels</li> <li>2 Sickness absence and ongoing work to assist with supporting staff and reduce numbers</li> </ul>	<ul style="list-style-type: none"> <li>1 Appraisal process – this will be reviewed by the CEO and Employee Director to develop an improvement plan for implementation by the next quarter</li> <li>2 Sickness Absence – further work being undertaken to understand ongoing systemic issues and concentration on areas of outliers to ascertain additional support</li> </ul>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<ul style="list-style-type: none"> <li>1 Improvements to Statutory / Mandatory Training figures</li> <li>2 Staff Governance Action Plan in line with timescales for completion</li> <li>3 Development of the Workforce Report</li> <li>4 Continued positive progress in matters of health and safety – introduction of the control book system</li> </ul>	<ul style="list-style-type: none"> <li>1 Succession Planning – work will continue to finalise the relevant guidance and approval for implementation in the new financial year</li> <li>2 Staff Governance Monitoring Report 2022-23 has been approved and will be sent to the Scottish Government by deadline</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li>1 Meeting ran over, but this was due to a presentation from the previous students who have qualified via the OU Programme in Nursing which proved very insightful for the Committee</li> <li>2 Committee members fully interacted during the meeting with all being able to contribute</li> </ul>	

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Financial Performance Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>Keren Somerville, Head of Finance</b>

## 1. Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Effective

### 2.1 Situation

The purpose of this report is to inform the Board of the financial position for the period 1 April 2023 to 31 October 2023.

### 2.2 Background

The revenue position for the 7 months to 31 October 2023 reflects an overspend of £3.833m. The Board's financial plan submitted to the Scottish Government in March 2023, outlined a forecast overspend of £3.1m for 2023/24, this has moved significantly in year and we are now forecasting an overspend of £6.245m, the movement is detailed below:

- Unachieved savings – per financial plan for 2023/24  
£3.1m
- Significant operational areas overspending:

○ Agreed reduction in covid agency spend not implemented	£1.5m
○ Agency and locum spend hospital services	£1.7m
○ Estates and Facilities	£0.6m
○ Additional SLA cost pressures	£0.4m
○ Other offsets including reserves	(£1.1m)

It is important to note that the numbers continue to be heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:

- The year-end position is heavily predicated on the delivery of £3.7m of recurring and non-recurring savings as detailed in the financial recovery plan
- The £6.245m forecast overspend also assumes no further savings delivered against the identified savings targets
- As part of the financial plans, it was anticipated that the IJB in conjunction with NHS Orkney would deliver £0.465m of recurring savings in 2023/24. There are currently no recurring savings being tracked.
- Inflation continues to cause a significant challenge for the Board and remains under continuous review
- There are significant assumptions around anticipated allocations
- We continue discussions with other Health Boards to monitor SLA activity
- Prescribing costs – (both unit cost and activity) can fluctuate significantly and remain under review. Due to a national issue with prescribing data, the Board along with all other Health boards are estimating costs for the period July to October, with April-June being the only confirmed charges to date.
- Assuming covid costs for Test and Protect, PPE and vaccinations will be contained within the SG allocated funding for these areas.

We continue to review spend patterns and refine plans to ensure updates are reflected.

We anticipate achievement of £3.7m of the £6.8m financial gap identified in the financial plan for 2023/24. The IJB has a recurring savings target of £2.400m of which £0.465m was anticipated for delivery in 2023/24. There are currently no recurring savings being tracked.

The main areas contributing to the Board's overspent operational performance at month 7 are:

Nursing and Acute Services - £2,144k overspend

Estates and Facilities - £343k overspend



Director of Human Resources - £80k overspend

Under-Achieved Savings - £1,817k overspend

There are also some off-setting underspends:

The Integrated Joint Board (operational areas) - £126k underspend

Medical Director - £126k underspend

Reserves - £337k

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the Senior Leadership Team, Finance and Performance Committee and the Board ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

## 2.3 Assessment

### Capital Programme

The formula-based resources for 2023/24 is £1.027m. The Capital Plan was approved at the Board meeting on 22 June 2023. The approved areas for expenditure are broken down below:

- **Estates and Primary Care - £100k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £250k**

This will be used to support our Digital Strategy.

- **Medical Equipment £150k**

Spending priorities will be decided by the Medical Equipment Group.

- **King Street development £120k**

The Board continues discussions around the development of King Street for residential accommodation. Plans have been submitted to Orkney Islands Council for consideration and discussions continue to take place to progress.

- **Other – £156k**

- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

At the end of March 2023, the Old Balfour Hospital was vacated by the services that were utilising the space during the Covid pandemic. A short life working group (SLWG) has been established, chaired by the CEO to consider options for the Old Balfour hospital. At this time, the property is not actively marketed for sale until further discussions take place.

In August the Board received £141k of Capital funding, which includes £41k for fleet decarbonisation and £100k National Infrastructure funding.

It is anticipated that the Board will deliver against its Capital Resource Limit.

## **Financial Allocations**

### **Revenue Resource Limit (RRL)**

In June 2023, NHS Orkney received confirmation of our core revenue allocation. Our initial baseline recurring core revenue resource limit (RRL) for the year was confirmed at £60.217m.

### **Anticipated Core Revenue Resource Limit**

There are a number of anticipated core revenue resource limit allocations outstanding at month 7, per Appendix 1.

Changes in the month are listed below:

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Digital Health & Care Strategic and Integrated Primary and Community Care			33,600	33,600
Pharmacy £80m tariff transfer		(301,020)		(301,020)
Pharmacy foundation year (formerly PRPS)		(26,803)		(26,803)
Pharmacy £20m tariff increase		79,715		79,715
International Recruitment			12,000	12,000
Correction of GMS primary medical alloc 211		(347,760)		(347,760)
Additional SACT and Acute Oncology		7,993		7,993
Childrens Weight Management			24,058	24,058
Collaborative clinical and care support			120,000	120,000
Specialist Community Perinatal Mental Health, Infant Mental Health and Maternity / Neonatal Psychological Interventions			25,532	25,532
Outcomes Framework	514,128			514,128
	<b>514,128</b>	<b>(587,875)</b>	<b>215,190</b>	<b>141,443</b>

## Summary Position

At the end of October, NHS Orkney reports an in-year overspend of £3.833m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system.

Operational Financial Performance for the year to date includes a number of over and under-spending areas and is broken down as follows:-

Previous Month Variance M6		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
<b>£000</b>	<b>Core RRL</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>	<b>£000</b>
(1,802)	Nursing & Acute Services	16,833	9,934	12,078	(2,144)	(21.59)	(3,231)
51	Medical Director	17,529	10,100	9,991	109	1.08	69
(50)	Integration Joint Board	30,623	17,536	17,409	126	0.72	217
7	Finance Directorate	2,688	1,445	1,452	(7)	(0.48)	3
(314)	Estates, Facilities & NPD Contracts	8,341	4,861	5,204	(343)	(7.06)	(607)
(10)	Chief Executive	1,408	813	791	22	2.69	52
(41)	Public Health	980	576	612	(36)	(6.21)	(62)
(74)	Director of Human Resources	1,615	870	949	(80)	(9.19)	(150)
436	Reserves	1,707	337	0	337	n/a	579
<b>(2,137)</b>	<b>Savings Targets (Board)</b>	<b>(4,390)</b>	<b>(2,345)</b>	<b>0</b>	<b>(2,345)</b>	<b>n/a</b>	<b>(4,390)</b>
<b>(30)</b>	<b>Additional Savings Target (Board)</b>	<b>(100)</b>	<b>(58)</b>	<b>0</b>	<b>(58)</b>	<b>n/a</b>	<b>(100)</b>
1,574	<i>Savings Achieved (Board)</i>	1,688	1,688	0	1,688	n/a	3,265

<b>(957)</b> 12	<b>Savings Targets (IJB)</b> <i>Savings Achieved (IJB)</i>	<b>(2,400)</b> 12	<b>(1,115)</b> 12	<b>0</b>	<b>(1,115)</b> 12	<b>n/a</b> <i>n/a</i>	<b>(2,400)</b> <b>510</b>
<b>(3,334)</b>	<b>Total Core RRL</b>	<b>76,534</b>	<b>44,655</b>	<b>48,488</b>	<b>(3,833)</b>	<b>(8.58)</b>	<b>(6,245)</b>
	<b>Non Cash Limited</b>						
<b>(0)</b>	Dental NCL	965	395	395	0	0.02	0
0	Ophthalmic Services NCL	256	159	159	(0)	(0.00)	(0)
0	Dental and Pharmacy NCL - IJB	791	519	519	(0)	(0.00)	(0)
<b>(0)</b>	<b>Total Non Cash Ltd</b>	<b>2,011</b>	<b>1,073</b>	<b>1,073</b>	<b>0</b>	<b>0.01</b>	<b>0</b>
	<b>Non-Core</b>						
0	Capital Grants	0	0	0	0		0
0	Non-cash Del	0	0	0	0		0
<b>(0)</b>	Annually Managed Expenditure	1	0	1	<b>(0)</b>		0
0	Donated Assets Income	0	0	0	0		0
<b>(0)</b>	Capital Charges	3,318	1,839	1,839	0	0.00	0
<b>(0)</b>	<b>Total Non-Core</b>	<b>3,319</b>	<b>1,839</b>	<b>1,840</b>	<b>(0)</b>	<b>(0.03)</b>	<b>0</b>
<b>(3,334)</b>	<b>Total for Board</b>	<b>81,864</b>	<b>47,567</b>	<b>51,401</b>	<b>(3,833)</b>	<b>(8.06)</b>	<b>(6,245)</b>

### Nursing and Acute Services

- Hospital Medical Staff, £859k overspend

Spend within Hospital Medical Staffing remains high, in the main this is due to locum and agency spend and cost pressures within Junior Doctors establishment.

- Ambulatory Nurse Manager, £112k overspend

Dialysis and Theatres & Day Unit are overspent at month 7 due to reliance on agency and bank staff to cover vacancies and gaps in rotas.

- Clinical Nurse Manager, £732k overspend

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 7 due to continued reliance on agency and bank nursing to cover vacancies and gaps in rotas.

- Laboratories, £409k overspend

Laboratories are reporting a significant overspend at month 7, both staffing due to agency usage and consumables are overspending, reagent spend increased significantly.

- Women's Health, £9k overspend

Maternity ward is overspent by £67k at month 7 mainly due to bank usage within the ward. There are underspending areas within Women's Health reducing the overall overspent position

- Radiology and Audiology, £44k overspend

Radiology is overspent by £47k, this relates to agency spend within this area.

### **Medical Director**

- Pharmacy, £283k underspend

The Acute Pharmacy budgets are currently underspent. Spend in this area remains low and under review.

- External Commissioning, £200k overspend

External Commissioning including SLAs and patient travel has a combination of over and underspending areas. The Grampian Acute Services SLA is the largest single element within the commissioning budget at £6m. Uplifts to be applied against SLAs in 2023/24 are under review nationally and will be agreed in due course.

### **IJB – Delegated Services**

The Delegated Services budgets report a net overspend of £0.976m (including £1.103m of unachieved savings and £0.126m operational underspend).

- Integration Joint Board, £1,328k overspent

This includes the unachieved savings to date.

- Children's Services, £136k underspend

The underspend is related to vacancies in Health Visiting and School Nurses.

- Primary Care, Dental and Specialist Nurses, £117k underspend

Dental is currently underspent whilst Primary Care is overspending due to locum and agency spend within this area.

- Health and Community Care, £147k underspend

There are both over and underspending services in Health and Community Care. The Mental Health position has improved significantly in month due to the

allocation of Mental Health outcomes funding, the reported overspend is currently £74k. The overspend remains in the main due to the unfunded Consultant Psychiatrist post. Community Nursing is currently underspending due to significant vacancies in this area.

- Primary Care Pharmacy, £36k overspend

Pharmacy services are currently overspent within prescribing unified with an overspend forecast by year-end. Invoices are currently 4 months in arrears due to ongoing reporting issues nationally. This volatile cost area will continue to be closely monitored along with the accrual assumptions which would normally be based on payments made 2-months in arrears.

The table below provides a breakdown by area:-

Previous Month Variance M6	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(885)	Integration Joint Board	2,528	1,474	2,802	(1,328)	(2,201)
113	Children's Services & Women's Health	1,571	923	788	136	206
154	Primary Care, Dental & Specialist Nurses	12,845	7,538	7,421	117	195
(286)	Health & Community Care	5,993	3,511	3,364	147	187
(9)	Covid Costs	530	205	216	(11)	(16)
(77)	Pharmacy Services	4,733	2,761	2,797	(36)	(43)
(992)	<b>Total IJB</b>	<b>28,200</b>	<b>16,413</b>	<b>17,388</b>	<b>(976)</b>	<b>(1,672)</b>

## Finance Directorate

The Finance Directorate is currently reporting an overspend of £7k, it is anticipated the Finance Directorate budget will be underspent by year-end.

## Estates and Facilities

This Directorate is reporting an overspend of £343k to date, unit price of electricity has shown a significant increase. The forecast overspend is £607k at year-end.

## Chief Executive

Currently reporting an underspend of £22k and is anticipating an underspend at year-end.

## **Public Health**

Currently reporting an overspend of £36k.

## **Human Resources**

Currently overspent by £80k and anticipating an overspend at year end. Recruitment and relocation costs are impacting on the reported position.

## **Key Actions**

Following the significant deterioration of the financial outlook for 2023/24 forecast overspend, receipt of the Quarter 1 review letter from the Director of Health Finance and Governance, Scottish Government and correspondence received from the Chair of the Finance and Performance Committee, NHS Orkney has continued to implement a number of additional strengthened actions this financial year to tackle the financial challenges faced across the board, these include:

During 2023/24, the following control and reporting mechanisms are now in place to monitor progress:

- Grip and Control Board
- Additional focused financial performance meetings with Executive Directors and their Senior Leadership Team and the CEO and DoF to take place bi-monthly.
- Financial Sustainability Workstreams meetings with workstream leads and the FSO (monthly)
- Monthly financial performance meetings attended by the Board Chair, Chief Executive, Chair of the Finance and Performance Committee, Director of Finance and Head of Finance
- Various engagement sessions with the Senior Leadership Team, Budget Holders and the Board facilitated by the Financial Sustainability Office
- Reporting through the Finance and Performance Committee (bi-monthly)
- Reporting through the Board (bi-monthly)
- Additional scrutiny by the Finance and Performance Committee will commence with monthly meetings taking place from October where focused bi-monthly meetings will allow for 'deep dives' into areas of concern to be carried out by the responsible Executive Directors – initial proposals include Sickness Absence Review in October (Interim Director of Human Resources) and Agency/ Locum Spend and Theatre Utilisation in December (Director of Nursing, Midwifery, AHPs and Acute Services)

The Board continues to take forward the following actions:

- Progress the opportunities issued by the Financial Improvement Group, these will also inform the areas to be reviewed as part of the ‘deep dives’ taken to the Finance and Performance Committee.
- Increased engagement with Discovery through our local Discovery Champion which will allow us to perform benchmarking across NHS Scotland and identify ways to improve financial and operational performance.
- The Director of Nursing and Acute Services is ensuring that we implement where possible, the instructions of the Supplementary Staff Task & Finish Group to reduce reliance and expenditure on nurse agency.
- Work continues on a sustainable medical model through our Interim Deputy Medical Director and Director of Nursing and Acute Services in order to recruit to substantive posts and identify exit strategies for high-cost locums.
- Ensure buyers’ guides issued by National Procurement are implemented to generate non-pay savings where applicable.
- Finance representation on the Area Drugs and Therapeutic Committee to look at medicines reviews and options to promote value from prescribing.

The Board has also requested additional support from the Financial Delivery Unit and will continue to engage to highlight areas for improvement and drive forward efficiencies where possible.

On 10 November 2023, the Chief Executive and Director of Finance met with the Director of Health Finance and Governance, Scottish Government to discuss the 2023/24 financial position and our financial plans for 2024/25. During the conversation, a number of the actions taken were outlined as above, along with the measures that are being taken to address the 2023/24 financial position and delivery of the 3% recurrent savings target (SG ask). This included an update on the strengthened leadership across the FSO and planned improved clinical leadership towards the delivery of our financial recovery plan.

### **Additional Cost Pressures**

A number of additional cost pressures have been identified in the year which amounts to £378k:

Head of Patient Safety, Quality and Risk	8B	£13,068
Associate Medical Director (Acute)	Consultant	£128,841



Remote and Rural GP (Sanday)	Salaried GP	£5,282
Patient Flow Coordinator	6	£62,790
Community Mental Health Nurse (Adult)	6	£12,558
Senior Healthcare Support Worker (IP1)	3	£6,396
Director of People and Culture	9	£79,406
Senior Healthcare Support Worker (IP1)	3	£6,396
Registered Nurse (IP1)	5	£51,385
Registered Nurse (IP1)	5	£12,332

## **Savings**

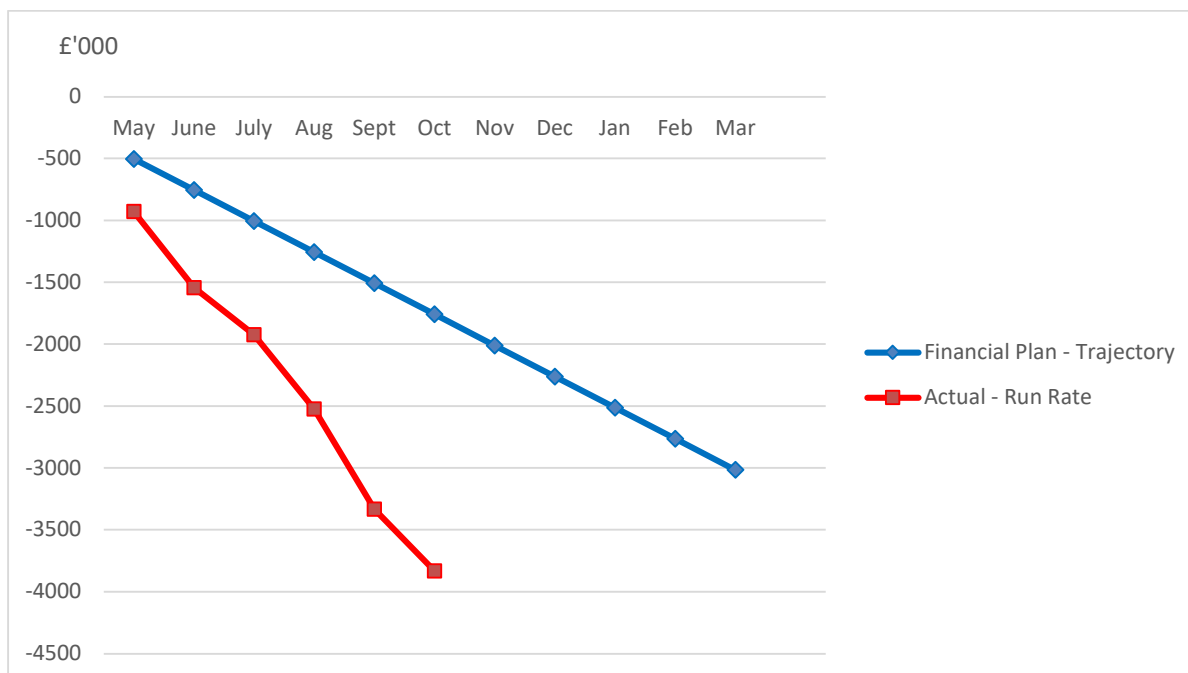
NHS Orkney continues to be represented at the Financial Improvement Network and takes advantage of any potential savings opportunities highlighted, we also share with Executive Directors benchmarking data which is disseminated via the Financial Improvement Group (FIG) and information provided by the Financial Delivery Unit.

The Board continues through the FSO and the Grip and Control Board to progress plans to deliver the anticipated savings of £3.7m for 2023/24. To date the organisation is tracking £0.847m of the £1.5m of recurring savings and £2.056m of the £2.2m of non-recurring savings.

The Financial Sustainability Office continues to progress a number of savings schemes to both deliver against the £3.7m of savings target highlighted in financial plan and also towards the 3% savings required by Scottish Government.

## **Financial Trajectory**

The graph below shows the run rate against the Financial Plan trajectory for 2023/24 and assumes that anticipated allocations will be received.



The following forecast outturn has been prepared for the remainder of the financial year:

	Forecast to M7	Forecast to M8	Forecast to M9	Forecast to M10	Forecast to M11	Forecast to M12
<b>Core RRL</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
Nursing & Acute Services	-2,001	-2,211	-2,421	-2,630	-2,840	-3,050
Medical Director	38	23	8	-7	-22	-37
Integration Joint Board	-42	-49	-56	-63	-70	-101
Finance Directorate	11	16	12	16	20	31
Estates, Facilities & NPD Contracts	-366	-418	-471	-523	-575	-650
Chief Executive	-5	-2	1	3	6	9
Public Health	-47	-54	-61	-68	-75	-82
Director of Human Resources	-89	-103	-117	-132	-146	-160
Reserves	509	581	654	727	799	872
<b>Savings Targets (Board)</b>	<b>-2,512</b>	<b>-2,888</b>	<b>-3,264</b>	<b>-3,639</b>	<b>-4,015</b>	<b>-4,390</b>
<b>Additional Savings Target (Board)</b>	<b>-35</b>	<b>-40</b>	<b>-45</b>	<b>-50</b>	<b>-56</b>	<b>-61</b>
<i>Savings Achieved (Board)</i>	1,856	2,138	2,419	2,701	2,983	3,265
<b>Savings Targets (IJB)</b>	<b>-1,198</b>	<b>-1,438</b>	<b>-1,679</b>	<b>-1,919</b>	<b>-2,160</b>	<b>-2,400</b>
<i>Savings Achieved (IJB)</i>	95	178	261	344	427	510
<b>Total Core RRL</b>	<b>-3,787</b>	<b>-4,269</b>	<b>-4,758</b>	<b>-5,240</b>	<b>-5,722</b>	<b>-6,245</b>
<b>Non Cash Limited</b>						
Dental NCL	0	0	0	0	0	0
Ophthalmic Services NCL	0	0	0	0	0	0
Dental and Pharmacy NCL - IJB	0	0	0	0	0	0

<b>Total Non Cash Ltd</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Core</b>						
Capital Grants	0	0	0	0	0	0
Non-cash Del	0	0	0	0	0	0
Annually Managed Expenditure	0	0	0	0	0	0
Donated Assets Income	0	0	0	0	0	0
Capital Charges	0	0	0	0	0	0
<b>Total Non-Core</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total for Board – Forecast - Trajectory</b>	<b>-3,787</b>	<b>-4,269</b>	<b>-4,759</b>	<b>-5,241</b>	<b>-5,722</b>	<b>-6,245</b>

<b>Total for Board – Actual - Run Rate</b>	<b>-3,833</b>					
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<b>Trajectory v Run Rate variance</b>	<b>-46</b>					
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## Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

## Forecast Position

As outlined above, the Board is forecasting a £6.245m overspend at year end, this includes:

- Unachieved savings – per financial plan for 2023/24 £3.1m
- Significant operational areas overspending:
  - Agreed reduction in covid agency spend not implemented £1.5m
  - Agency and locum spend hospital services £1.7m
  - Estates and Facilities £0.6m
  - Additional SLA cost pressures £0.4m
  - Other offsets including reserves (£1.1m)

The position will be monitored as updated information becomes available.

## Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position.

The premise on which the financial plans were developed was that a breakeven position is achieved across operational budgets in addition and the Board delivers against the savings programme of £3.7m for 2023/24. Given the significant cost pressures that continue to be incurred across a number of areas the forecast position (against the financial plan) has been updated to reflect spending patterns. The Board will continue to work to address the position and wherever possible, deliver against its initial planned overspend of £3.1m for 2023/24 and delivery of 3% recurring savings.

The in-year position is currently being reviewed and monitored through the Financial Sustainability Office where work will be targeted to address those areas of significant overspend (agency/ locum, pharmacy, estates and facilities).

## 2.4 Recommendation

### Awareness –

- **note** the reported overspend of £3.833m to 31 October 2023
- **note** the forecast overspend of £6.245m for 2023/24
- **note** the narrative to the year end assumptions and outturn

## Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations	Included in LDP £	Received in RRL to 30/9/23 £	Variance £	Outstanding £
<b>Allocations Received</b>				
Initial Baseline	59,831,164	60,195,729	364,565	
NRAC Adjustment	749,977	610,000	(139,977)	
3rd & 4th quarter payments for OU students - 2021/22	45,000	50,000	5,000	
Breast Feeding	31,000	26,000	(5,000)	
CAMHS Improvement - LD, Forensic and Secure CAMHS	3,509	3,969	460	
New Medicines Fund	734,091	750,929	16,838	
Primary Care Improvement Fund - Tranche 1	313,520	485,991	172,471	
Funding Uplift for Alcohol and Drug Partnerships	69,000	85,105	16,105	
District Nurse Posts	45,070	38,000	(7,070)	
Realistic Medicine network and projects	30,000	30,000	0	
Unitary Charge	1,121,964	1,123,000	1,036	
Mental Health Outcomes Framework	265,122	777,185	512,063	
Local Development aligned with DHAC Strategy	211,186	211,186	0	
Integration Authorities - Multi-disciplinary teams	135,000	154,558	19,558	
School Nurses Commitment Tranche 1	56,120	64,250	8,130	
PASS Contract	(2,844)	(2,910)	(66)	
NDC top slicing	(40,270)	(43,340)	(3,070)	
NSD Riskshare Mark Doyle	(225,068)	(264,019)	(38,951)	
Primary Medical Services	5,968,445	6,214,000	245,555	
Learning & Disability Health Checks	9,860	6,902	(2,958)	
Outcomes Framework	496,357	514,128	17,771	
Perinatal & Infant Mental Health Services	61,000	25,532	(35,468)	
Foundation Training	(16,600)	(26,803)	(10,203)	
Drug Tariff reduction	(315,673)	(301,020)	14,653	
<b>Allocations Awaited</b>				
GDS element of the Public Dental	1,825,927		(1,825,927)	1,825,927
Primary Care Improvement Tranche 2	388,520		(388,520)	388,520
Mental Health Strategy Action 15 Workforce - First Tranche	80,210		(80,210)	80,210
Mental Health Action 15	75,850		(75,850)	75,850
Open University Nursing Students 1st & 2nd Quarter Patments	55,000		(55,000)	55,000
Mental Health & Wellbeing in Primary Care Services	54,011		(54,011)	54,011
Ventilation Improvement Allowance	25,066		(25,066)	25,066
Integrated Primary and Community Care	21,812		(21,812)	21,812
Increase Provision of Insulin Pumps for Adults and CGMs	17,150		(17,150)	17,150
CAMHS improvement - Neurodevelopmental Professionals	15,340		(15,340)	15,340
Mental Health Pharmacy Technician	12,642		(12,642)	12,642
CAMHS Improvement - Intensive Home Treatment Teams	10,026		(10,026)	10,026
CAMHS improvement - CAMHS Liaison Teams	8,773		(8,773)	8,773
CAMHS Improvement - Intensive Psychiatric Care Units	8,272		(8,272)	8,272
CAMHS improvement - Out of Hours unscheduled care	5,865		(5,865)	5,865
Community Pharmacy Champions	5,000		(5,000)	5,000
Child Death Review	3,969		(3,969)	3,969
Discovery Top Slice	(2,842)		2,842	(2,842)
Pre-Registration Pharmacist Scheme	(12,204)		12,204	(12,204)
Contribution to Pharmacy Global Sum	(23,035)		23,035	(23,035)
Children's Hospices Across Scotland	(34,530)		34,530	(34,530)
Positron Emission Tomography (PET Scans - Adjustment	(46,235)		46,235	(46,235)
Depreciation	(1,228,000)		1,228,000	(1,228,000)

	<u>70,843,517</u>	<u>70,728,372</u>	<u>(115,145)</u>	<u>1,266,587</u>
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# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>Financial Recovery Plan Update Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>Keren Somerville, Head of Finance</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Effective

## 2.1 Situation

The purpose of this report is to provide the Finance and Performance Committee with an update on the delivery of the Financial Recovery Plan for 2023/24.

## 2.2 Background

NHS Orkney's five-year financial recovery plan highlighted a significant funding gap for 2023/24 of £6.8m. In 2023/24, the Financial Sustainability Office (FSO) continue to build on the foundation and structure implemented in 2022/23 to support colleagues across the organisation to deliver against the ongoing

financial recovery plan. The FSO relies heavily on the Executive Directors, senior leaders and other colleagues across the organisation to bring forward savings initiatives and to work closely with the team to drive forward savings schemes and commit to the delivery of financial balance for NHS Orkney.

The financial recovery plan described 2023/24 as a year to stabilise the financial position where it highlighted the need for Executive Leads and budget holders to bring their operational budgets back into financial balance as well as highlighting £3.7m of savings schemes to be delivered in the year (£1.5m of recurring savings and £2.2m of non-recurring savings). The financial recovery plan outlined a forecast outturn of £3.1m overspend (£6.8m – savings of £3.7m). At month 7, the Board is forecasting a financial outturn of £6.2m overspend at year end.

Following the significant deterioration of the financial outlook for 2023/24 forecast overspend, receipt of the Quarter 1 review letter from the Director of Health Finance and Governance, Scottish Government and correspondence received from the Chair of the Finance and Performance Committee, NHS Orkney has continued to implement a number of additional strengthened actions this financial year to tackle the financial challenges faced across the board, these include:

#### 1. Detailed in-year position monitoring

- The Financial Sustainability Office is now exclusively focused on financial recovery schemes.
- Confirm and Challenge sessions have taken place with the CEO, Chair of Finance and Performance Committee, Head of Finance and Director of Finance with all Executive Directors.
- Monthly financial results meetings with the CEO, Chair, Chair of Finance and Performance Committee, Director of Finance and Head of Finance.
- A new Senior Leadership Meeting was introduced in July 2023 to ensure faster decision-making and more clinically-led decisions in response to staff feedback. This meeting has a monthly standing agenda item on Financial Performance and Financial Improvement.
- Financial Performance is standing agenda items at each public Health Board meeting.
- A strengthened focus on Sustainability and Value and the Discovery benchmarking metrics, reporting through the Grip and Control Board and the Finance and Performance Committee to allow for a number of 'deep dives' to be performed and additional scrutiny on areas of concern – first deep dive into Absence Management is due to take place on 14 November 2023.
- A new Integrated Performance Report which will be introduced at Board level, to include financial metrics, from October 2023 - further strengthening reporting and governance.



## 2. Grip and Control

- A new Grip and Control Board (chaired by the CEO), which reports into the Finance and Performance Committee - was introduced in July 2023 and meets monthly. Via this forum clear workstreams and workstream leads are in place, to ensure colleagues can be held to account and appropriately supported. This includes valuable input from our Director of Pharmacy, Director of Dentistry and Head of Estates, Facilities and NPD
- Finance and Performance Committee is an assurance Committee that scrutinises the measures that are being taken to improve the financial position, including those necessary from NHS Orkney and the IJB.
- Senior Leadership Team held a Financial Improvement focussed meeting on 4 September 2023 given the organisation's deteriorating financial position to discuss the additional actions that are now necessary to slow, stop or reduce spend further and ensure strengthened grip and control, 8 further schemes and savings packages were presented to Senior Leadership Team and 6 were approved and are being taken forward.
- The Director of Finance and Head of Finance have led Budget Holder briefings to share the financial position and the actions that are needed to live within our means so that wider engagement and socialisation of good practice and ideas for savings with the wider budget holder community is taking place.
- Ongoing organisation-wide communication is in place - led by the CEO and Executive Team to ensure the required focus and ownership.
- Additional Grip and Control sessions will be held bi-monthly with Executive Directors and their Senior Teams to discuss current performance and future plans for delivery of savings.
- The Finance and Performance Committee will now meet monthly to allow for the additional monitoring and scrutiny of financial performance/ data.

## 3. Savings delivery

- There is strong scrutiny of progress at the Grip and Control Board, Senior Leadership Team and in 1-2-1s between the Executive Directors and the CEO.
- Progress with savings is also scrutinised by Finance and Performance and the Board.
- We have introduced quarterly informal meetings for NHS Orkney with Orkney Islands Council and the IJB and at its 12 September meeting, financial recovery was an area of focus to give leaders the time to discuss the opportunities to further improve the position, including clear line of sight of the IJB's plans to achieve the savings target.

The Board continues to take forward the following actions:

- Progress the opportunities issued by the Financial Improvement Group, these will also inform the areas to be reviewed as part of the 'deep dives' taken to the Finance and Performance Committee.
- Increased engagement with Discovery through our local Discovery Champion which will allow us to perform benchmarking across NHS Scotland and identify ways to improve financial and operational performance.
- The Director of Nursing and Acute Services is ensuring that we implement where possible, the instructions of the Supplementary Staff Task & Finish Group to reduce reliance and expenditure on nurse agency.
- Work continues on a sustainable medical model through our Interim Deputy Medical Director and Director of Nursing and Acute Services in order to recruit to substantive posts and identify exit strategies for high-cost locums.
- Ensure buyers' guides issued by National Procurement are implemented to generate non-pay savings where applicable.
- Finance representation on the Area Drugs and Therapeutic Committee to look at medicines reviews and options to promote value from prescribing.

The Board has also requested additional support from the Financial Delivery Unit and will continue to engage to highlight areas for improvement and drive forward efficiencies where possible.

On 10 November 2023, the Chief Executive and Director of Finance met with the Director of Health Finance and Governance, Scottish Government to discuss the 2023/24 financial position and our financial plans for 2024/25. During the conversation, a number of the actions taken were outlined as above, along with the measures that are being taken to address the 2023/24 financial position and delivery of the 3% recurrent savings target (SG ask). This included an update on the strengthened leadership across the FSO and planned improved clinical leadership towards the delivery of our financial recovery plan.

## 2.3 Assessment

There has been significant work carried out by the Financial Sustainability Office during 2023/24 towards the delivery of the financial recovery plan. In March 2023, the Board approved the delivery of the following savings schemes and to date a number of actions have been taken towards the delivery of the £3.7m savings target. In addition, in order to stabilise the position in 2023/24, the Executive Directors agreed to balance the operational budgets within their respective areas. Updates on these actions are detailed below.

## **Financial Plan 2023/24 – Savings Schemes**

The Board is currently tracking £0.847m of recurring savings against the £1.526m target set in the financial recovery plan and £2.056m of non-recurring savings of the £2.249m detailed in the plan. These are detailed below:

NHS Orkney

Recurring Savings Template

FY 2023/24

Workstreams Name	Recurring Target (£) FY23	Delivered (£) Apr-23	Delivered (£) May-23	Delivered (£) Jun-23	Delivered (£) Jul-23	Delivered (£) Aug-23	Delivered (£) Sep-23	Delivered (£) Oct-24	Forecast (£) Nov-23	Forecast (£) Dec-23	Forecast (£) Jan-24	Forecast (£) Feb-24	Forecast (£) Mar-24	Total Delivered +Forecast (£)
<b>Savings Plan - Board (£1,026k)</b>														
Finance Directorate	66,739					66,739								66,739
Medical Directorate	22,740					22,740								22,740
Nursing Directorate / AHP/ Midwifery/ Acute	19,540					19,540								19,540
Human Resources	60,196					60,196								60,196
Public Health	56,352					56,352								56,352
Chief Executive	25,695					25,695								25,695
Estates and Facilities	170,093					170,093								170,093
Financial Flexibility	389,000						388,970							388,970
Additional non-pay underspend recurring savings	21,000					21,002								21,002
E-Payslip												4,000		4,000
Skill-mix budget re-aligned								12,231						12,231
Schemes to be identified	194,645													0
<b>Savings Plan - IJB (£465k)</b>														
Schemes to be identified	465,000	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Savings Plan - Set Aside (£35k)</b>														
Schemes to be identified	35,000	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>1,526,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>442,357</b>	<b>388,970</b>	<b>12,231</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,000</b>	<b>0</b>	<b>847,558</b>

**NHS Orkney  
Non-Recurring Savings Template  
2023/2024**

Workstreams Name	Non-Recurring Target (£) FY23	Delivered (£) Apr-23	Delivered (£) May-23	Delivered (£) Jun-23	Delivered (£) Jul-23	Delivered (£) Aug-23	Delivered (£) Sep-23	Delivered (£) Oct-23	Forecast (£) Nov-23	Forecast (£) Dec-23	Forecast (£) Jan-24	Forecast (£) Feb-24	Forecast (£) Mar-24	Total Delivered + Forecast (£)
<b>Board Savings Plan (£1,510k)</b>														
Vacancies	950,000	0	182,000	106,000	86,000	79,000	83,000	71,000	68,600	68,600	68,600	68,600	68,600	950,000
Locum Direct Engagement -BOARD	70,000	0	11,667	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,834	5,834	5,834	70,000
Locum/ Agency -BOARD	20,000	0	3,333	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,666	1,666	1,666	20,000
Energy Efficiency	120,000	0	14,631				16,713	8,923	15,947	15,947	15,947	15,946	15,946	120,000
Financial Flexibility	50,000	0	7,835	6,084	3,000	0	10,556	3,659	3,773	3,773	3,773	3,773	3,774	50,000
Income Generation	50,000	0	0	0	0	0		0	10,000	10,000	10,000	10,000	10,000	50,000
Capital To revenue	250,000	0	0	0	0	0		0	0	0	0	0	250,000	250,000
<b>IJB Saving Plan (£45k)</b>					0	0	0	0	0	0	0	0	0	0
Direct Engagement - IJB	35,000	0	5,833	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,916	2,916	2,916	35,000
Locum/ Agency - IJB	10,000	0	1,667	833	833	833	833	833	833	833	834	834	834	10,000
<b>Set Aside Plan (£694k)</b>					0	0	0	0	0	0	0	0	0	0
Direct Engagement - Set Aside	70,000	0	11,667	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,834	5,834	5,834	70,000
Locum/ Agency - Set Aside	20,000	0	3,333	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,666	1,666	1,666	20,000
Off Island Treat Set Aside	604,000	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>New Schemes</b>					0	0	0	0	0	0	0	0	0	0
Procurement Review					0	46,000	0	0	0	0	0	0	0	46,000
Staff travel								0	0	3,750	3,750	3,750	3,750	15,000
Accommodation								0	0	0	13,333	13,333	13,333	40,000
Locum & Agency expenses								0	6,000	6,000	6,000	6,000	6,000	30,000
C/F Annual Leave								0	0	0	0	0	150,000	150,000
Pharmacy Community Cupboard								0	0	3,750	3,750	3,750	3,750	15,000
Grip and Control Add'l Measures									15,000	25,000	25,000	25,000	25,000	115,000
<b>TOTAL</b>	<b>2,249,000</b>	<b>0</b>	<b>241,966</b>	<b>130,834</b>	<b>107,750</b>	<b>143,750</b>	<b>129,019</b>	<b>102,332</b>	<b>138,070</b>	<b>155,570</b>	<b>168,903</b>	<b>168,902</b>	<b>568,904</b>	<b>2,056,000</b>

## Operational Budgets

As previously mentioned a significant assumption of the financial plan for 2023/24 was the requirement for operational budgets to break-even. At month 7, the directorate financial positions were reported as follows:

	Annual Budget	Budget YTD	Spend YTD	Variance YTD
	£000	£000	£000	£000
Nursing & Acute Services	16,833	9,934	12,078	(2,144)
Medical Director	17,529	10,100	9,991	109
Integration Joint Board	30,623	17,536	17,409	126
Finance Directorate	2,688	1,445	1,452	(7)
Estates, Facilities & NPD Contracts	8,341	4,861	5,204	(343)
Chief Executive	1,408	813	791	22
Public Health	980	576	612	(36)
Director of Human Resources	1,615	870	949	(80)
<b>Total</b>	<b>80,017</b>	<b>46,135</b>	<b>48,488</b>	<b>(2,353)</b>

The current spend patterns have had a significant impact on the forecast financial position for 2023/24 with the Board at month 7 forecasting an overspend of £6.245m at year end.

### FSO Workplan

The FSO continue to work with Executive Directors to progress a number of schemes which will support the delivery of the unidentified savings targets highlighted above. The schemes being progressed are detailed in the appendices attached.

The FSO meet with the Executive Directors each month to review and discuss progress on each of their schemes. Updates are then taken through the Grip and Control Board for additional scrutiny and decision making where appropriate.

### Extended Senior Leadership Team Financial Sustainability Session – October 2023

The first extended Senior Leadership Team (SLT) meeting took place on 4<sup>th</sup> October 2023 which focussed on Financial Sustainability and the generation of Transformational Change ideas. The session was well attended (circa 35 senior leaders from across the organisation) and enabled focused workshops to take place where the extended SLT discussed the seriousness of our financial position, the responses and support needed from all. The session generated some exciting transformational ideas/ schemes that have now been collated by the Financial Sustainability Office for prioritisation and will be shared at the next SLT meeting on 21 November for discussion and agreement before being progressed, it will also be discussed at the CLT on 17 November.

### **Financial Sustainability Office Structure**

We are currently looking at options to enhance the structure of the Financial Sustainability Office which will include both dedicated senior management resource and increased clinical leadership (an Expression of Interest to be sent to the wider organisation to get clinical support). We will also be looking to increase engagement with colleagues who are already QI trained and have the ability and skillset to support the work required to drive forward our financial recovery plan.

We have now agreed a strengthened leadership structure to support the FSO through the Head of Finance and Head of Estates, Facilities and NPD and will seek additional clinical leadership support.

### **Scottish Government - Financial Delivery Unit Support**

Following correspondence from the Director of Health Finance and Governance at the Scottish Government following the Q1 review, we have now requested additional support from the NHS Scotland Financial Delivery Unit to review wider opportunities or different ways of working in order to achieve our financial plan. We are currently working through some supplementary information that has been supplied and are reviewing for potential productivity and financial efficiencies that NHS Orkney may be able to benefit from. We continue to have regular dialogue with representatives from the NHS Scotland Financial Delivery Unit to progress all opportunities available. Additionally, we have requested that the Interim Deputy Director – NHS, Integration and Social Care Finance at the Scottish Government attends the Board meeting on 14 December 2023.

## **2.4 Recommendation**

**Discuss –**

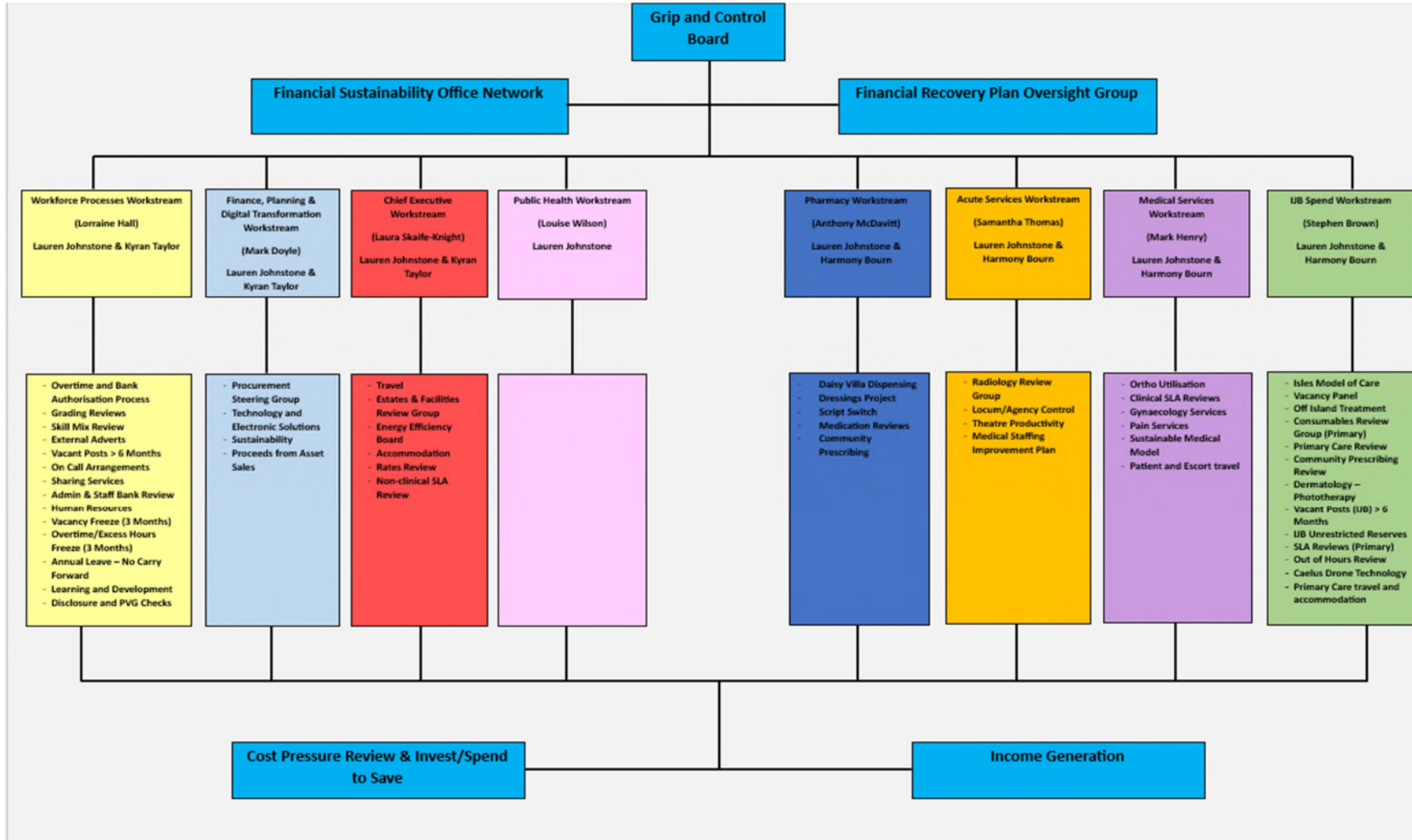
- the update provided

## **3 Appendices**

- Appendix 1 – FSO Workstream Organigram
- Appendix 2 - Workforce Processes Workstream
- Appendix 3 – Finance, Planning and Digital Workstream
- Appendix 4 – CEO, Estates, Facilities and NPD Workstream
- Appendix 5 – Nursing and Acute Services Workstream
- Appendix 5 – Medical Director Workstream
- Appendix 6 – Integrated Joint Board Workstream



## Appendix 1 – FSO Workstream Organigram



## Appendix 2 - Workforce Processes Workstream

Workforce processes				
Project Title	Yearly Spend	Savings Target	FSO Comments	Executive Comments
Overtime/Excess Hours Freeze (3 Months)	Overtime Pay 22/23: £361,346 Excess Payment 22/23: £138,587 Total 22/23: £499,934	Approx £100k	Eliminate the authorisation for overtime and extra hours for a period of 3 months <b>HR Advised Establishment Review to take place first</b>	Please see note from FSO - we need to understand the establishment gaps and vacancy gaps to manage patient safety and delivery of services
Vacancy Freeze (3 Months)		£80k per month	Freeze all non essential vacancy requests to reduce costs over a period of 3 months. Potential use of TOIL could be used to counteract potential impacts <b>HR Advised Establishment Review to take place first</b>	As above - HR have advised that it would be appropriate to hold adverts during December as this is a time when there is relatively low engagement from individuals looking for new jobs and to put this in place
Annual Leave - No Carry Forward	20/21: £270,435 21/22: £279,167 22/23: £317,379	£150k	Approved at Board meeting 15/9/23	Approved at Board meeting 15/9/23
Human Resources: 1. Distant Islands Allowance  2. Relocation Expenses	1. DIA: 107 Employees x £1503.96 per year =£160,923  2. Relocation Expenses: £78,661	c£50k	1. <b>Distant Islands Allowance:</b> 107 employees currently in receipt of DIA who are not eligible for this payment. •Remove Payment for staff who are not eligible •Prevent future staff receiving this payment if no eligible 2. <b>Relocation Expenses:</b> Could this be offered if there's a requirement to go to advert a second time rather than as standard first time a vacancy is advertise?	HR already looking at this work with the FSO - reports being run on addresses of members of staff who will then be written to for Orkney address - APF updated in June that this was taking place With regards to Relocation Policy for eligible colleague is £8k - this conforms to national recruitment policy
Review admin and staff bank			Project currently underway with aim to remove staff members from bank list who have not worked in the previous 6 months. Cost Avoidance rather than saving?	Letters issued - 104 terminations actioned

## Appendix 3 – Finance, Planning and Digital Workstream

Finance, Planning & Digital Transformation				
Project Title	Yearly Spend	Savings Target	FSO Comments	Executive Comments
Procurement		<b>30,000 - 40,000</b>	Procurement Operational Group (POG) taking forward opportunities increased membership to widen opportunities	FSO supporting via POG and reviewing opportunities
Technology & Electronic Solutions		<b>14,500-16,500</b>	Text appointment system Paper free booking service for all inpatient and outpatient activity Voice activated switchboard service - complete capture any savings option to email patient appointments Encourage the use of epayslips Electronic patient records for community Removal of all fax machines Function for Trak to highlight all upcoming patient appointments to enable them to be grouped together	Meet with R Rae, IT Manager and explored other opportunities Swan VPN saving of around £4k to be achieved through switchover to BT line IJB telephony migration project - Project support Wireless access point review in Graham House - £3k p/a saving Look to review and combine phone lines in residential properties Mobile phone allocation review DAISY implementation likely to reduce number of mobiles required Pagers - removal and cancellation of contracts for lost/broken - Cost avoidance
PECOS Accruals		<b>5,000 - 7,500</b>		Procurement review/ PECOS accruals released £46k month 5
Proceeds from asset sales		<b>5,000-7,500</b>		Work underway to sell off excess assets
Sustainability & Waste		<b>4,000- 5,000</b>		Green Theatres Programme being progressed through Sustainability Group

## Appendix 4 – CEO, Estates, Facilities and NPD Workstream

Estates and Facilities			
Project Title	Yearly Spend £	Savings Target	Comments / Status
Travel	£596,046.81 (staff) £1,819,419.00 (patient)	£12,000 - £15,000 - Staff until Oct (CEO, Chair, Execs)	1. Staff Travel Freeze for non-essential travel 2. Creation of Staff travel policy APPROVED BOARD MEETING 15/09/23
Estates Facilities and NPD		11,000-15,000	1. Return of crockery in canteen 2. Implement charges for disposable containers 3. Reduction of 3 courses to 2 to patients 4. Concious effort to offer 1/2 portions 5. Canteen price increase to meet costs 6. Charging for charging - electric car 7. Switchboard / Switch / Travel merge 8. Review synergies in porting and domestic teams 9. Replace fossil fuel vehicals with electric 10. Compaciting plastic initiative 11. Restructuring leadership / management team
Energy Efficiency	£165,477.84 (oil) £735,982.73 (electricity)		This is currently a cost pressure
Accommodation	£175,000.00 (Residential)	20%	1. Review and refresh of Residential Accommodation Policy 2. Review of historical accommodation arrangements 3. Consider charges for utilities 4. Agreement around who pays for accommodation 5. Consider moving Island properties to estates and facilities management APPROVED AT BOARD MEETING 15/09/23
Rates Review	£746,507.11 (non-residential)	10-20%	1. Bring a paper to SLT to propose recharging of vaenta and other buildings to correct departments
Non Clinical SLA Review	£266,554	0 - 5 %	1. Review of all non-clinical SLAs 2. Establish stakeholder groups 3. SLA review groups underway

## Appendix 5 – Nursing and Acute Services Workstream

Nursing and Acute Services				
Project Title	Yearly Spend	Savings Target	FSO Comments	Executive Comments
<b>Medical Staffing Improvement</b>	Medical Staffing Officer Pay Spend 2022/23: <b>£48,559</b> Bank Admin Staff Pay Spend 2022/23: <b>£39,592</b> Total pay spend: <b>£88,151</b>		This project has commenced and was designed to improve the processes and ways of working within the Medical Staffing Office to create efficiencies and reduce the workload for the Medical Staffing Team. Improvement activities include:  - Moving from manual processes to electronic processes (Introduction of electronic timesheets / eExpenses / Plus Us System / SSTS / Locum cover inbox / JIRA system) - Creating/amending the staff travel policy and residential accommodation policy - Reviewing the locum / substantive staff induction and onboarding process - Enabling agency controls - Reviewing documentation and guidance - Reviewing the Nurse Bank - Data cleansing - Reviewing agency contracts	Key focus remains in regard to Nurse Bank and agency spend, including the Safer staffing act. Links with next action...
<b>Locum &amp; Agency Spend Review</b>	Plus Us Agency Spend 2022/23: <b>£3,357,702</b> Locum Spend 2022/23: <b>£6,261,881</b>	500,000 - 2,000,000	The project was designed to provide an in-depth review of NHS Orkney's locum and agency spend to ascertain the level of expenditure and to provide context on the current locum and agency spend provision. The project aims to reduce locum and agency spend across the Nursing, Midwifery, AHP, and Acute Services Directorate. The project activities may include:  - Sourcing and reviewing data on locum and agency spend - Identifying key internal stakeholders and resources required - Identifying and targeting areas with frequent agency and locum usage - Moving away from the 'Off Framework' agencies and recruiting only from the new agency national frameworks from 1 June 2023 - Developing a workforce and recruitment strategy for recruiting substantive staff and reducing agency and locum expenditure - Reviewing the existing locum bank.	Main focus is now on medical locums, moving to NHS Bank, substantive recruitment and review of workforce. Nursing agency is progressing with targets set and requires less input than medical workforce. Key personal to involve - Nick Crohn, Monique Sterrenburg - who have also in conjunction with Julie Colquhoun and Wendy Corstophine have been reviewing junior medical tier, ED middle grade tier and educational support. All medical staffing budgets are currently misaligned for service delivery need and we cannot progress to substantive recruitment without the budget and establishment review.
<b>Theatre Productivity</b>	2022/23: <b>£1,598,197</b>		The project is anticipated to review any under-utilised theatre capacity with the aim of increasing capacity within the theatre. An FCI request revealed that only 72% (maybe less) of theatre capacity is currently utilised. It was agreed that this project is not deemed a priority and will be re-reviewed in 2024.	Although for review 2024 - will be focus of the medical staffing review and CFSD delivery workstreams
<b>Radiology Service Review</b>	2022/23: <b>£877,982</b>		This project is anticipated to review the services provided by Radiology. A scoping exercise of the MRI bus service is required. It was agreed that this project is not deemed a priority and will be re-reviewed in 2024.	Some small scale departmental work is underway, may be option to look at in quarter 3 or 4, look to start prework in Q4.
<b>Sustainable Medical Model</b>			The project is anticipated to review the medical services staffing model to move away from a locum-heavy structure to a more sustainable substantive staff structure. Various sub-elements will be reviewed, such as recruitment, retention, and potential staffing models. M Sterrenburg is currently reviewing the junior staffing model and its clinical leadership.	The project is anticipated to review the medical services staffing model to move away from a locum-heavy structure to a more sustainable substantive staff structure. Various sub-elements will be reviewed, such as recruitment, retention, and potential staffing models. M Sterrenburg is currently reviewing the junior staffing model and its clinical leadership.  A whiteboard mapping session has been set up in the first The Sustainable Medical Model Review will remain under the Medical Services Workstream, although it interlinks with Locum and Agency spend. A whiteboard session has been arranged, and support is required from the FSO.

## Appendix 5 – Medical Director Workstream

Medical Services				
Project Title	Yearly Spend	Savings Target	Comments / Status	Executive Comments
<b>FSO-014 Gynaecology Services (Income Generation)</b>	5 visits to Caithness General Hospital have occurred between November 2022 and April 2023 (No recharges or SLAs have been sorted)		1. Creation of SLA between NHS Orkney and NHS Grampian for services 2. Recharge for services already provided to NHSG	The creation of an SLA for NHS Highland service provision and cost recharging is still outstanding. The FSO Team have been asked to pull together dates and costs associated with HDM and AG providing services to NHS Highland.
<b>FSO-020 Ortho Utilisation</b>	Ortho spend between Jan 2022 - Jan 2023:  <b>£276,469.69</b>		It was agreed that this project will remain on the work plan but is currently not considered a priority. This will be re-reviewed in Quarter 4 2023/24. The orthopaedic substantive staff review and locum expenditure will be reviewed under the Acute Services Locum and Agency Spend Review Project.	Although this is not a priority until Q4, the FSO Team has been asked to pull together:  - Pay expenditure for the two orthopaedic locums - Number of orthopaedic clinic and theatre sessions have been held over a 12-month cycle - Number of patients reviewed or operated on over a 12-month cycle - Number of patients reviewed over the last 4 years
<b>FSO-003 SLA Review (Secondary)</b>	2022/23: <b>£8,323,311</b>		M Henry intends to review the clinical SLAs, starting with the Obstetrics and Gynaecology Service. A review of the SLAs is required to ascertain whether they are fit for purpose and if the costing agreements align with the services provided.	FSO project support would be beneficial. The review has commenced, but an articulated project plan is required.
<b>Patient Travel / Policy</b>			1. Source / review / refresh patient travel policy 2. Consideration to be given to the sustainability elements 3. Further utilisation of Near Me to reduce costs	
<b>Escort Arrangements / policy</b>			1. Source / review / refresh escort arrangements 2. Consideration to be given to the sustainability elements 3. Engagement with employee recommending / approving escort travel	

## Appendix 6 – Integrated Joint Board Workstream

Integrated Joint Board				
Project Title	Yearly Spend	Savings Target	FSO Comments	Executive Comments/ Updates
Off-Island Treatment	£ 205,386		<b>Achieved:</b> •£300,000 Saving - April 22 •£100,000 Saving - July 22 <b>Current:</b> £562.70 per day (Ayr Clinic) costs expected for the full year <b>Future:</b> Finance to highlight any further patients receiving off island treatment to IJB	Finance to continue to review to ensure spend doesn't increase
Community Prescribing Review	£ 446,048	10%	<b>Reduction in Dressing Expenditure achieved in other areas:</b> Application sitting with non-residential accommodation group since March for agreement on re-organising the Community Nursing Cupboard to accommodate	Estimated savings target of 10% Work to be done with Pharmacy on exact savings amount Approved at Board meeting 15/09/23
IJB Unrestricted Reserves		200,000 (non recurring)	Areas are yet to be highlighted to reach savings target	Chief Officer to review with Head of Finance & Chief Finance Officer to highlight potential savings Meeting taken place, reserves to be released identified CFO to provide narrative to support

<p><b>Isles Model of Care</b></p>	<p>£ 3,295,598</p>		<p>Steven indicated no FSO involvement required at present Yearly Spend is information provided by Finance on the costs against each island, pay &amp; non pay</p>	<p>Review actual spends broken down per island, cost per patient per island Chief Officer in communication with island communities working island by island regarding the models SLA funding is within Independent Practices funding rather than the isles. Global sum is attached to Rousay only due to complications when other contracts were set up. Global sum will be retained by HB if contracts are terminated</p>
<p><b>SLA Reviews (Primary)</b></p>	<p>£ 602,776</p>	<p>300,000</p>	<ul style="list-style-type: none"> <li>•Source SLA's (Complete)</li> <li>•Review SLA's to ensure Practices are working to their contracts</li> <li>Make Contact with CLO for advice on terminating contracts</li> <li>•Highlight areas where savings can be made</li> </ul>	<p>potential target 24/25 Consultation work in progress with Island communities</p>
<p><b>INOC Travel Expenses</b></p>	<p>£ 92,951</p>	<p><b>10%</b></p>	<ul style="list-style-type: none"> <li>•Review all INOC Staff in receipt of an Orkney Ferries staff travel Cards</li> <li>Remove all vehicle passes</li> <li>•Remove cards no longer appropriate/Expired</li> <li>•Review Subsistence Allowance Policy and ensure it is enforced across INOC</li> </ul>	<p>Agree with FSO Comments - FSO to progress</p>
<p><b>INOC Accommodation Expenses</b></p>	<p>£ 69,403</p>	<p><b>10%</b></p>	<ul style="list-style-type: none"> <li>•Review INOC Accommodation Expenses (Complete)</li> <li>•Report findings to Maureen/Stephen highlighting areas where savings can be made (in progress)</li> <li>•Implement NHSO Accommodation Policy across the islands: Potential £11,642 - £ 20,527 saving across INOC</li> <li>•Review contracts with current accommodation providers across INOC to identify areas where savings can be made</li> </ul>	<p>Agree with FSO Comments - FSO to progress</p>



<b>INOC Haulier Expenses</b>	£ 26,189	<b>£2,000</b>	<ul style="list-style-type: none"> <li>•Review Haulier Expenses for INOC</li> <li>•Review Current contracts with Hauliers</li> <li>•Work with Procurement to create contracts for tender</li> <li>•no contracts - where is the assurance around confidentiality, correct storage of fridge items etc</li> </ul>	Agree with FSO Comments - FSO to progress
<b>Island Petty Cash Procedure</b>			<p>Review Petty Cash top up Processes across the Islands</p> <p>Review Petty Cash Approval Process across the Islands</p> <p>Review Petty Cash</p>	Agree with FSO Comments - FSO to progress
<b>DV Practice Dispensary</b>			<ul style="list-style-type: none"> <li>•Review of DV Practice Dispensary - Currently the only mainland practice remaining with a dispensary (In Progress)</li> </ul>	Agree with FSO Comments - FSO to make contact with Pharmacy to look at previous review/data around this
<b>Drone Technology</b>	n/a		<p>Early discussions taking place around costs for transporting good to the islands - Steven to include FSO in discussions going forwards. Steven to send agreement to FSO</p>	
<b>Prescribing Budgets - Antidepressants/Analgesics</b>			<ul style="list-style-type: none"> <li>•Review current rates of prescribing/differences between practices - Feedback to Stephen/Maureen (In Progress)</li> </ul>	Agree with FSO Comments - FSO to make contact with Pharmacy to look at previous review/data around this

## F&P Committee Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the F&P Committee	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Des Creasey (F&P Chair)	
<b>Approved By:</b>	Mark Doyle (DoF)	
<b>Presented By:</b>	Des Creasey (F&P Chair)	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the F&P Committee at its meeting on 23 <sup>rd</sup> November 2023.		
<b>Matters of Concern or Key Risks to Escalate</b>		<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>• A number of papers had not been submitted in a timely manner to be included in the meeting. These included the Performance paper and Risk paper, which is completely unacceptable.</li> <li>• There is a significant sum of recurring cost saves sitting with the IJB (c. £465k), which the NHSO Director of Finance feels will not be delivered this financial year. Therefore, this will likely add a further cost pressure into the organisation.</li> <li>• The position to balance a shortfall in recurring savings by delivering additional non-recurring savings seems to have been made without a formal governance process being followed, though it was agreed that any formal proposal would go to Senior Leadership Team and onwards to a future Finance and Performance Committee (see opposite)</li> <li>• There remains concern that the Medical Director's absence (including no deputy in attendance) remains a feature at Finance and Performance Committee, which cannot continue.</li> </ul>		<ul style="list-style-type: none"> <li>• With the escalation of NHS Orkney to Level 3 of the NHS Scotland Support and Intervention Framework (due to a deterioration of our financial position) it was agreed to run the F&amp;P Committee on a monthly basis for the foreseeable future. These extra sessions will focus purely on financial matters and improvement with every member of the Executive Team to be in attendance at each meeting.</li> <li>• Further clarity requested around what and when savings will be delivered this financial year (e.g. what is the actual savings being delivered by reducing agency usage?)</li> </ul>
<b>Positive Assurances to Provide</b>		<b>Decisions Made</b>
<ul style="list-style-type: none"> <li>• Additional non-recurring c. £400k of savings have been identified this financial year, above the £2.2m planned savings.</li> <li>• NHS Orkney continues to delivery on its Sustainability promise and work is maintaining "best practice" across NHS Scotland which should be celebrated</li> <li>• Papers on the Business Continuity and Disaster Recovery highlighted some outstanding work and a very positive outcome using the recently developed <i>Digital Defender</i> process during a simulation and training exercise</li> </ul>		<ul style="list-style-type: none"> <li>• Further review and understanding about the impact of a shortfall in the recurring savings planned for this year.</li> <li>• Requested that SLT provide more transparency in decision making around movement of funds from recurring to non-recurring buckets.</li> <li>• Approvals around Locum annual leave and Management Steering Group (MSG) Medical Bank Workers rates of pay given following legal advice.</li> <li>• Request to consider Emissions savings be included in the medium-term in the Sustainability reports that are shared.</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>		
<ul style="list-style-type: none"> <li>• Given the missing papers, the meeting fell short of the areas it should have covered and reviewed</li> <li>• Some key individuals were unable to attend the session, which meant some question/queries could not be made</li> </ul>		

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 14 December 2023</b>
<b>Title:</b>	<b>2022/2023 Annual Accounts Learning Exercise</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Meghan McEwen, Board Chair</b>
<b>Report Author:</b>	<b>Claire Sweeney Board Governance Lead NES</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision
- Discussion
- Approval

**This report relates to a:**

- Legal requirement
- Government policy/directive
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

NHS Orkney was not able to submit its Annual Report and Accounts to the Scottish Parliament by the statutory deadline of June 30, 2023. There were numerous attempts to reschedule the Audit and Risk Committee meeting and Board to gain approval that were unsuccessful. Following the eventual approval on August 24, 2023 and in discussion with the Scottish Government, the Board Chair undertook an improvement exercise to

understand the issues relating to the non-submission and identify any areas of systemic weakness and recommend improvements.

## 2.2 Background

The review process was undertaken with the support of Scottish Government colleagues and with the support of an external Director of Finance and Governance Lead at NHS NES. The exercise involved an initial submission of timelines from stakeholders, and subsequent individual reflection conversations to elaborate and understand the organisational and system-wide factors that led to the failure to submit accounts by deadline.

The conversations were led by the Board Chair and supported by the Governance Lead from NHS NES, and notes were taken along the thematic lines identified to ensure that the process remained reflective and focused on system-wide opportunities for learning and improvement.

## 2.3 Assessment

The exercise identified key thematic areas of learning, and these are: governance, communication, escalation, and systems and process. The timeline submissions and reflective conversations reinforced the need to strengthen the rigour and attention surrounding governance.

It became clear that during this period there were significant external factors relating to the Annual Accounts process that should have resulted in an escalation of risk to the Board. These included the late appointment of new external auditors, a new audit regime, and the arrival of a new Chief Executive/Accountable Officer.

There were numerous instances of staffing challenges and changes that emerged over the audit period, that should have resulted in the Board being sighted on the risk relating to accounts and audit for this period.

Numerous opportunities to escalate concerns were missed. Informal conversations and updates relating to the Annual Report and Accounts were not captured, and therefore information was not properly escalated when deadlines were missed.

Deadlines for papers were not prioritised, and there was no established process for the approval of late papers at that time. When deadlines were missed, there was no communication or escalation to the Committee Chair or Accountable Officer to make alternative arrangements.

### 2.3.4 Route to the Meeting

This process has been overseen by the Annual Accounts Learning Exercise Review Group.

- Draft approval by external DoF and Board Governance Lead, 24 November
- Learning Review Group

- Focus Group for Stakeholders 1 December

## 2.4 Recommendation

**Decision** – To approve the recommendations in the report and receive an update by March 2024 on implementation

**Discussion** - To note the feedback from stakeholders, and reflections around the report.

## 3 List of appendices

The following appendices are included with this report:

- Annual Accounts learning exercise

## NHS Orkney Annual Accounts Learning Exercise

### Report

#### Introduction

NHS Orkney did not submit their Annual Report including the externally audited Accounts by the Scottish Government deadline of June 30<sup>th</sup>, 2023. The meeting to approve the Accounts was scheduled for the 22<sup>nd</sup> of June, with the deadline for papers being June 8<sup>th</sup>.

Throughout this exercise it was clear that everyone involved was committed to doing a careful and thorough job, and that most people believed that the timeline could be met. There has also been significant reflection and improvement work already undertaken by teams and individuals to implement learning from the experience. This report is not meant to replace the excellent work already undertaken at team level, but rather to offer the reflections on the system wide improvements that are needed to respond effectively and implement learning.

The themes for improvement represent an analysis of the timelines submitted by stakeholders, and the reflections offered during follow-up conversations. Those key areas of learning are governance, communication, escalation, systems and processes.

#### Context

There were several factors which should have raised the levels of risk around the organisation's ability to produce the accounts on time in that year. These include:

- New external auditors
- Delay in external auditors being appointed. (This meant that interim audit work was being done late when final accounts preparation should have been the priority).
- Changes to Senior leadership in Finance Team (Acting up arrangements for the Director of Finance and no backfill for the Head of Finance)
- New auditing standards.
- Capacity and resource issues (including sickness and annual leave).
- Start date and handover of Chief Executive/Accountable Officer

Despite the context, the accounts should have been ready on time and any risks to this should have been made clear to the Board well in advance.

There was no clear and understood process of escalation of concerns, and many conversations taking place informally and therefore unrecorded.

Some of the themes that emerged throughout the process were not within the remit and scope of this learning exercise but have been captured for full visibility within the Board. These relate specifically to culture around speaking up, and the escalation of concerns.

#### Reason for this improvement work

This learning exercise is to understand why this happened and to put in place actions to prevent this happening again. It is also a chance for any wider lessons to be learned.

It is important to note that while ultimately the accounts were produced without significant issues highlighted, there is learning for everyone involved in the process.

The report sets out several issues based on discussions with the people involved and the timeline of events. In carrying out this work we would like to thank the following people for their time and reflections:

- Emma West, Corporate Services Manager
- Jason Taylor, Non-Executive Director, Chair of the Audit & Risk Committee
- Keren Somerville, Head of Finance
- Laura Skaife-Knight, Chief Executive
- Mark Doyle, Director of Finance
- Suzanne Gray, Senior Financial Accountant
- Matthew Moore, KPMG LLP (UK)
- Rachel Ratter, Senior Corporate Services Officer
- Rashpal Khangura, Director, KPMG LLP (UK)

## Governance

1. A major contributory factor to how events unfolded was that various **customs and practice** and 'how we do things round here' had evolved over several years, and more **rigor and due regard to good governance was needed**. This meant that insufficient attention was paid to recognising the inherent risks in year, to managing these risks and to escalating concerns. Not enough attention was paid to the **assurance and governance needed** around the process. The timeline submissions and conversations with individuals highlighted that the 8<sup>th</sup> of June deadline for papers was not properly prioritised.
2. There were various points where **decisions** should have been made that would have meant that either the deadlines could have been met, or that failing this, risks were escalated. Many of these points related to **informal conversations** or catch ups that were not documented and where action was not taken in response to the issues discussed.  
Some of the missed opportunities to highlight the risk of non-submission or escalate concerns include:
  - Absence of robust response to the May 2<sup>nd</sup> Audit and Risk Committee flagging that capacity was impacting on the external audit plan.
  - Handover of new Accountable Officer and subsequent briefings around Annual Report, External Audit, and Accounts.
  - June 6<sup>th</sup> closing meeting where numerous outstanding items relating to the audit opinion were raised.
  - June 8<sup>th</sup> when the papers were not submitted by deadline set out in Code of Corporate Governance
  - 15<sup>th</sup> June when papers were not submitted by informally agreed deadline.
3. The annual accounts process could have been better **planned from the outset**. This is a core part of NHS Board business and needs to be thoroughly scheduled in at the start of each year, so that everyone is clear about the requirements and responsibilities and any risks managed by taking a more robust project management approach to this exercise. This needs to be regularly reviewed throughout the year, with an assessment made of progress and crucially, any risks or issues appropriately escalated. A model schedule is attached at Appendix 1.
4. The governance of the Annual Report and Governance Statement, which includes external audit and annual accounts was not **robust or transparent** to the entire Board. Much of the work took place in isolation within the finance team, with minimal connection to the wider organisation. The Annual Report and Accounts is an organisational obligation and there should be greater transparency and collaboration spanning many teams and internal stakeholders around both its production but also the governance system that provides the necessary assurance it is accurate, timely, and appropriate.
5. There was a lack of escalation and no clear processes to support escalation. Despite the context, **the Board should have been kept informed of the progress and risks relating to the accounts throughout the year**. While there was discussion and papers on progress, these were limited to



the finance and external audit teams. The lack of escalation seems to have been for various reasons, including: not being aware of the significance of the issues or the associated risks to the organisation, not feeling able to share problems (which points to a culture issue), believing that the situation could be handled, until it was too late.

6. **Accountability** was not clear, particularly relating to the Director of Finance role. While this was set out, there seemed to be some variation in practice throughout this time period. In real time this introduced delays and complexity at critical points in the process. Roles and responsibilities need to be noticeably clear to all concerned for the sake of good governance, including when there are Acting Up arrangements in place due to the absence of substantive postholders. Whilst it is hoped that NHS Orkney does not experience such a period of change and flux, plans must be put in place and clearly communicated to mitigate the risks presented by changes in leadership, specifically around key pieces of work in delivering the Board's legal, statutory, and corporate obligations.

**Recommendation:**

An escalation process for governance concerns should be written and approved by the full Board. Whilst this report relates specifically to external audit, escalation processes of key risks within the governance system should be clear and well communicated.

The external auditors should be provided with the escalation process for concerns within the organisation including the Chair of the Audit and Risk Committee and the Accountable Officer.

**Recommendation:**

A project planning approach should be adopted to provide the Audit and Risk Committee with assurance that audit deadlines are being met, and that early indicators of slippage can be addressed or escalated as appropriate. There should be a log of the progress and pace relating to external audit, and the submission of information around the Annual Report. This log should be centrally held and available to CLT, and the ARC regularly.

**Recommendation:**

When a new external auditor is appointed, the role and accountability of NHS Orkney should be clearly set out including the role of the Accountable Officer, Chair of the Audit and Risk Committee, and Board Secretary. An appropriate and proportionate communication plan should be produced. Internal schedules relating to papers and deadlines should be clearly communicated and prioritised.

**Recommendation:**

Ownership of key pieces of work should be clearly communicated, and consistent across the organisation. This should include leadership at committee level, interim and temporary arrangements. **Rigour and discipline within the assurance system** should be strengthened to clarify points of ambiguity and hold the organisation to account for effective delivery.

**Recommendation:**

Acting up and interim arrangements need to be clearly communicated and transparent to the full Board, with due care and consideration shown to the corporate support system.

7. **Greater visibility and transparency are needed so non-executives can conduct their role of holding to account and the team are supported in carrying out their work.** While the work to produce the accounts is the responsibility of the finance team, significant business of the Board is a corporate responsibility. Too much reliance was placed on the finance team and its ability to deliver the work without sufficient checks and balances in place. The relationship between the external audit team and the finance team is paramount, but there is also a significant role for the Accountable Officer, Board Secretary, and the Board. Delivering the accounts, as with other significant business of the Board is not solely reliant on the work of one person or department.

**Recommendation:**

The visibility and understanding of the role of non-executives should be strengthened within the Senior Leadership Team, and the role of a Committee Chair should be understood and respected. There should be clear and universal processes for late papers, along with processes for escalation to Committee Chairs when deadlines are missed.

**Recommendation:**

The role of different stakeholders in producing the Annual Report and Accounts needs to be clear, including ownership for the Report moving outside of the Finance Team.

8. **There was no process relating to late papers.** This meant that, once the deadline for papers was missed, the deadline drifted, with papers being promised for an extended and changing set of dates with no grip or discipline around this.  
The lack of process, communication, and escalation when papers were not submitted was pervasive during this process. There was a 'genuine hope' and 'optimism bias' spoken about during the conversations but no acknowledgement that processes that were in place were not known or followed. This included communication with the Committee Chair and Accountable Officer when the 8<sup>th</sup> of June deadline for papers was missed and alternate plans needed to be made.
9. **The importance and significance of the deadline not being hit was not recognised by all.** We heard that the final position did not change to any great extent therefore there was no real issue. Awareness could be better about the need for good governance and the key business of the Board and the importance of key deadlines and the roles, responsibilities, and accountabilities of all members of the Board. Deadlines and procedures for papers should be clearly communicated and prioritised for all key items of business

**Culture and communication.**

10. While implementing the good governance processes set out above will help, there is undoubtedly a **cultural aspect** that also needs to be considered and addressed by the entire Board.

11. **Relationships and positive working across teams** is paramount and this needs to be fostered and taken seriously. Where there are problems or difficulties with relationships, these need to be addressed and recognised as potentially business limiting.
12. **Communication lines** need to be clear. As noted above there was a multitude of catchups, 1-1 meetings and discussions, but even the limited communication at the point of concern, was confused. Responsibilities for escalation and communication need to be clearly set out. **Briefing for senior leaders needs to be more formal and accurate along with an understanding of what escalation needs to look like in different circumstances.**
13. While all involved hoped that the deadlines would be hit, and **relied on reassurances**, a sense emerges that a more proactive approach was needed. There were many instances where people hoped that deadlines would be hit. For example, we heard examples of people passing on the reassurances they had been given, without these being questioned or evidence sought. **Better questioning, along with tighter processes**, would have addressed this. This is important not only for good governance, but also to keep staff safe and supported.
14. **Staffing issues** were flagged but the offer of assistance and additional support and resource does not seem to have been taken up. Capacity problems were evident in the finance team and in the governance team throughout this process. There was a culture of just getting on with the work and not communicating any problems. An important lesson is that the work is for the organisation and any risks are the organisation's risks. It was clear that responsibilities and workload had developed over time and needed to be reviewed, for example with the finance team responsible for the accounts and pulling together the annual report at that critical time of year. The Annual Report was produced by individuals across the organisation, and the Finance Team was responsible for collating the sections and ensuring the Accounts and Audit sections were complete. The Annual Report needs to be owned more effectively by the entire organisation.
15. There was a **significant amount of change in staffing** during the year, at Chief Executive/Accountable Officer level, external auditor, in the finance and corporate services teams. **This was a real risk that was not well recognised. Handovers and updates** need to be much stronger within the Board. Points of change, be it in staffing or activities are often points of risk and therefore should be handled properly. Backfill also needs to be in place when temporary or acting up arrangements are made, and the support and induction of these interim colleagues needs to be more universal and transparent along with clarity about what these colleagues are accountable for in relation to Board and Committee business.

#### **Focus on improvement:**

16. This exercise is a major step in **embedding a learning culture in the organisation**. This is an essential part of a well-functioning Board.
17. What is clear from the discussions is that **reflection has taken place, improvements already made, and people have thoughts about how further improvements can be introduced.**

Examples of this include:

- Debrief between KPMG and finance team which has identified areas for improvement (\*note the A&R committee might want to request these and use them to help monitor future performance)
- Changed responsibilities so finance team is no longer responsible for annual report during their busiest time.
- Introduction of a new Chair's assurance report across all Board Committees, Senior Leadership Team, and wider organisation.
- Stronger links between committee chair and directors
- Clarity about executive directors updating and engaging with Committee Chairs about papers and readiness.
- Strengthened approach to paper deadlines, with no late papers permitted unless by exception.
- the organisation and the importance of scrutiny and assurance.

#### **Recommendation 1:**

An escalation process for governance concerns should be written and approved by the full Board. Whilst this report relates specifically to external audit, escalation processes of key risks within the governance system should be clear and well communicated.

The external auditors should be provided with the escalation process for concerns within the organisation including the Chair of the Audit and Risk Committee and the Accountable Officer.

#### **Recommendation 2:**

A project planning approach should be adopted to provide the Audit and Risk Committee with assurance that audit deadlines are being met, and that early indicators of slippage can be addressed or escalated as appropriate. There should be a log of the progress and pace relating to external audit, and the submission of information around the Annual Report. This log should be centrally held and available to CLT, and the ARC regularly.

#### **Recommendation 3:**

When a new external auditor is appointed, the role and accountability of NHS Orkney should be clearly set out including the role of the Accountable Officer, Chair of the Audit and Risk Committee, and Board Secretary. An appropriate and proportionate communication plan should be produced. Internal schedules relating to papers and deadlines should be clearly communicated and prioritised.

#### **Recommendation 4:**

Ownership of key pieces of work should be clearly communicated, and consistent across the organisation. This should include leadership at committee level, interim and temporary arrangements. **Rigour and discipline within the assurance system** should be strengthened to clarify points of ambiguity and hold the organisation to account for effective delivery.

#### **Recommendation 5:**

Acting up and interim arrangements need to be clearly communicated and transparent to the full Board, with due care and consideration shown to the corporate support system.

**Recommendation 6:**

The visibility and understanding of the role of non-executives should be strengthened within the Senior Leadership Team, and the role of a Committee Chair should be understood and respected. There should be clear and universal processes for late papers, along with processes for escalation when deadlines are missed.

**Recommendation 7:**

The role of different stakeholders throughout the organisation in producing the Annual Report and Accounts needs to be clear, including the final drafting and overall production of the Report moving outside of the Finance Team.

**Wider themes and next steps:**

This process was focussed on the Annual Audit and Accounts process for the financial year 2022-2023, and the recommendations to the Board reflect the scope and remit of the exercise. It is worth noting, however, some overarching themes that emerged around communication and escalation. It would not be appropriate for this report to make recommendations on organisational culture and behaviour, but it is worth consideration within the wider work of the Board as it seeks to be a continuous learning organisation that embraces a speak-up culture.

## Appendix 1 - Practical annual accounts cycle as it relates to Board Business – an example.

At the start of each year, the Board Secretary should set out a cycle of committee and board meetings along with the relative business that will come to those meetings. This includes the points at which the finances and the accounts will be considered. The whole Board should be aware of this plan in its entirety. The schedule for business should be approved by the Board.

The Board should be clear about how to address any real time and urgent financial issues that might arise. The job of the Audit and Risk Committee should consider the issue and determine whether it needs to come to the full Board. If it does, the Board Secretary will be asked to schedule a private meeting.

As well as professional awareness and training, the Director of Finance will receive annual updated guidance on preparing the accounts.

Set out below is an example of how consideration and approval of the finances is handled in one Board. While the names of the committees may vary, the core cycle should be broadly common across Boards.

Timing	Activities and key actors	Notes
Pre-January	<b>Director of Finance</b> develops the <u>draft budget</u>	
January	<b>Audit and Risk Committee</b> considers the <u>Draft Budget</u>	Given their responsibility for oversight of the annual accounts and financial processes.
February	Quarter 3 financial report considered by the <b>full and public Board –but see note</b>	The Board Secretary and the Director of Finance will form a judgement about whether the Q3 report should go to the full and public Board, it may be too close to the year end to do this.
February	<b>Full private Board meeting</b> considers and approves the <u>Draft Budget</u>	
February	<b>Board Secretary</b> will take the draft <u>Schedule of Business</u> to the <b>Full Board</b> for approval	<ul style="list-style-type: none"> <li>This will typically contain two schedules of business one for private Board meetings and one for public Board meetings. There may be a third showing Board development.</li> <li>100% transparent -all members of the board and the public can see what's coming through and when.</li> <li>From the 1 April onwards, this informs how all Board and Committee agendas are compiled.</li> </ul>
March	<b>Board</b> - final approval of <u>Draft Budget</u>	
<u>Budget</u> changes over this period as needed given developments		
	<b>Executive</b> submits <u>Budget</u> to <b>Scottish Government</b>	Various negotiations to reach final position take place over this period
tbc	<ul style="list-style-type: none"> <li><u>Final budget</u> to <b>full and public Board</b> once Scottish</li> </ul>	Once the budget is in place services can confirm service plans which will have

	<p>Government have confirmed this.</p> <ul style="list-style-type: none"> <li>• <b>The Board Secretary</b> will keep an eye on when the budget is approved by Scottish Government and therefore when this can go to the <b>full public Board</b></li> </ul>	<p>been being developed in parallel to the financial planning.</p>
May	<p><u>Quarter four financial report</u> to private <b>Board</b> meeting. First Board meeting of new financial year.</p>	<p>**This can vary by board - some take this through Audit and Risk Committees (or equivalent) others use the full Board. This depends on the Standing Financial Instructions for the Board.</p>
After above	<p><b>Audit and Risk Committee</b> will consider the <u>accounts</u>.</p>	
Early June	<ul style="list-style-type: none"> <li>• <b>Audit and Risk Committee</b> considers <u>draft annual accounts</u>.</li> </ul>	<p>**nothing in the accounts should be a surprise to the Board members because of the steps above.</p> <p>**important to schedule a good amount of time for a proper detailed discussion of these. Will also consider the Annual report alongside this – they are a package at this point.</p> <ul style="list-style-type: none"> <li>• Auditor is at the Audit and Risk Committee</li> <li>• Any changes made at this point should be well documented in the cover paper when the accounts go to the full and private meeting of the Board which comes next.</li> </ul>
End of June	<p><b>Full and private Board meeting</b> to sign off the <u>accounts</u>.</p>	<p>Statutory deadline for sign off</p>
August	<p>Quarter 1 financial report considered by the <b>full and public Board</b></p>	
November	<p>Quarter 2 financial report considered by the <b>full and public Board</b></p>	
November	<p><b>Board Secretary</b> will take the draft <u>Schedule of Meetings</u> to the <b>Full Board</b> for approval</p>	

**<Committee Name> Chair’s Assurance Report to Board**

<b>Title of Report:</b>	Chair’s Assurance report from the Audit & Risk Committee	<b>Date of Meeting:</b> 14 December 2023
<b>Prepared By:</b>	Jason Taylor	
<b>Approved By:</b>	Jason Taylor	
<b>Presented By:</b>	Jason Taylor	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit & Risk Committee at its meeting on 05/12/2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• Lack of engagement from management in response to specific Internal Audits</li> <li>• Findings of PHS Data Quality Review</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Audit Plan 2023/2024</li> <li>• Internal Audit recommendations</li> <li>• External Audit recommendations</li> <li>• Internal Audit Plan 2024/2025 wider organisation scoping initiated</li> <li>• Refresh of Risk Register and organisational approach to risk</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>• Refreshed Risk Register providing greater clarity on current risks faced by organisation.</li> <li>• Annual Accounts review recommendations accepted and approved by the committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Operational oversight and monitoring of Internal Audit Plan, progress of individual audits and scope of approved audits to become a standing agenda item at SLT.</li> <li>• Operational oversight and monitoring of Internal Audit recommendations to become a standing agenda item at SLT</li> <li>• Service Redesign audit to be paused with resultant time used to enhance remaining audit work.</li> <li>• External Audit recommendations progress to report at greater frequency</li> <li>• Data Quality Review Improvement Plan approved and to be monitored by A&amp;R</li> <li>• A&amp;R to retain oversight of full risk register including Risk Management Forum minutes and Chairs report</li> </ul>
Comments on Effectiveness of the Meeting	
Scrutiny and Challenge of subject matter, and decisions made to improve response, oversight and accountability.	



**Action Note**

**Title of meeting:** Senior Leadership Team

**Date:** 7 November 2023

**Time:** 13:15

**Chair:** Laura Skaife-Knight, Chief Executive

**Committee Support:** Emma West, Corporate Services Manager

Members	Present	Apologies
Lynda Bradford, Head of Community Health and Care	X	
Stephen Brown, Chief Officer	X	
Mark Doyle, Director of Finance	X	
Steven Johnston, Director of Dentistry		X
Sara Lewis, Consultant in Public Health Medicine		X
Linda McGovern, Interim Director of People and Culture	X	
Michelle Mackie, Interim Deputy Director of Nursing		X
Malcolm Metcalfe, Interim Medical Director	X	
Steven Phillips, Head of People and Culture	X	
Carrie Somerville, Planning Performance and Risk Manager	X	
Keren Somerville, Head of Finance	X	
Monique Sterrenburg, Interim Deputy Medical Director	X	
Sam Thomas, Director of Nursing, Midwifery, AHP and Acute	X	
Lousie Wilson, Director of Public Health	X	
Attendees		
Ryan McLaughlin, Employee Director	X	
Harmony Bourn, Project Manager FSO	X	
Elvira Garcia, Consultant in Public Health Medicine	X	
Lynn Adams, Clinical Governance	X	
Amy Gallivan, Corporate Communications		X

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Welcome and Apologies	Chair	<b>Noting</b>	All members were welcomed to the meeting and apologies were noted as above.
2.	Minute of meeting held on 17 October 2023	Chair	<b>Approval</b>	The note of the meeting held on the 17 October were noted as an accurate record of the meeting and were <b>APPROVED</b>
3.	Chairs Assurance Report - 17 October 2023	Chair	<b>Approval</b>	The Chair's Assurance Report from the 17 October was noted as an accurate record and <b>APPROVED</b>
4.	Action Log	Chair	<b>Discussion</b>	The Action log was reviewed and updated.
5.	Matters Arising	Chair	<b>Discussion</b>	No matters arising were raised that were not already on the agenda.
6.	CEO Update	Chair	<b>Noting</b>	<p><u>Quarter3/Quarter 4 2023/24</u></p> <p>Priorities were shared and a paper would be provided to the next meeting of the SLT on the 21 November 2023 with full details.</p> <p><u>Financial position</u></p> <p>There was a strong focus nationally on finance with the November national CEOs meeting focused solely on the financial position and getting the system back into financial balance across Scotland. Locally there was a requirement to</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
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focus on maximising savings and improving productivity and efficiency and both must be done.

The impact of our financial position has caused understandable concern to our patients and local community, keep the impact on patients must be front and centre of open and honest communications.

**Quality and Safety**

7	Colonoscopy	Medical Director	<b>Discussion</b>	<p>MS advised that an Incident Management Team (IMT) had been established and would meet weekly, focusing on improvements and reduction of the backlog, learning taken and the financial position for the current situation and future provision, as well as communications requirements, including duty of candour and ethics considerations. 300 theatre slots had been agreed before February 2024 with a locum consultant, which would make significant improvements in the backlog along with addressing urgent cases.</p> <p>MM raised concerns around accuracy of the data, and the requirement to fully understand this to enable a future strategy to be agreed. Further advice was being sought from the NHS Grampian Ethics Committee including in relation to Duty of Candour.</p> <p>SB questioned the longest current wait and the number of new referrals being received. MM noted that there was disparity in data, with the longest wait over 2 years and 144 overdue patients in total.</p>
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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
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Members **AGREED** that a fuller report and more comprehensive update would be brought to the SLT meeting on 21 November 2023, followed by an improvement and action plan.

**Sustainability**

8.	Strengthened Controls <ul style="list-style-type: none"> <li>• Vacancies</li> <li>• Overtime and Excess Hours</li> <li>• Non Essential Travel</li> <li>• Internal Communications</li> </ul>	Director of Finance	<b>Approval</b>	<p>MD presented the report seeking SLT approval of the 3 schemes as noted to further strengthen financial controls within NHS Orkney.</p> <p><u>Vacancies</u></p> <p>The Vacancy Panel process would be amended with effect from the 13 November 2023 until the end of March 2024. The main changes would include the panel being chaired by the CEO with the Employee Director and one other Clinical Executive Director as members. Vacancies would no longer be approved on the provision of available budget, rather the consequences of not appointing would be considered and scrutinised from a risk perspective. There would be no grounds for appeal.</p> <p>ST clarified that if clinical posts became vacant and recruitment was essential to provide services there needed to be a clear process and progression to advert to avoid unnecessary delays.</p> <p>MM suggested a plan of key individuals and departments to fully understand gaps, and allow consideration of improvements in efficiency and productivity, learning from examples elsewhere. LB added that the eHealth system could be</p>
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No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: <b>Action by and date (if appropriate)</b>
				<p>more effective and should be considered as part of the broader conversation around productivity and efficiency.</p> <p>RM noted that staff being asked to act up following unplanned vacancies gave opportunity to fully consider the needs of services now and in the future.</p> <p>LW noted the need to look after the health and wellbeing of staff that were required to take on additional duties and be explicit in what was stopping to allow for vacancies not to be filled in the short-term. LSK agreed and described that staff wellbeing was front and centre of our considerations and decision-making process, along with patient safety and that this was clear in the accompanying communications in relation to these decisions re: strengthened controls.</p> <p><u>Overtime, Excess Hours and Bank</u></p> <p>Amendments to process would be to firstly prioritise staff potentially moving from other areas before considering bank and excess hours (staff working below 37.5hrs) where these options had been fully exhausted and there remained a critical gap, a request for overtime could be made to the relevant Executive Director (in hours) or the Executive on call (out of hours)</p> <p>ST noted that that this would require further discussion with teams, all requirements for overtime should know by the end of day and any out of hours requests should be minimal.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				<b>Action by and date (if appropriate)</b>
				<p>MM stressed the need to consider a service plan for recruitment to vacant posts and plans to be established for critical vacancies along with consideration of reassignment of staff from other areas as appropriate.</p>
				<p>MS advised that some services were already fragile and unable to secure locum cover, in these situations risk assessments would be required, along with consideration of gaps in non-clinical staffing that were essential in arranging clinical staffing.</p>
				<p>LB advised that staffing requirements around patients detained under the Mental Health Act would need to be considered.</p>
				<p>SP suggested the following actions be implemented, FSO reviews to be weekly rather than monthly, regular excess hours to be understood on an individual basis and consideration of the movement of bank staff to permanent employees where appropriate.</p>
				<p><b>ACTION:</b> Human Resources to report on regular excess hours by directorate to allow individual conversations to take place and assess current bank contracts that would be more suitable as permanent contracts.</p>
				<p><u>Travel</u></p>
				<p>There would be a suspension of all non-essential travel until the end March 2024. Any appeals would be reviewed by the CEO.</p>
				<p><u>Internal communications</u></p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
9.	FSO Transformational Change Schemes	Director of Finance	<b>Approval</b>	<p>All colleagues were content with the communications which would be issued from the Chief Executive that afternoon, with the agreement that communication would be ongoing regarding the impact of the strengthened controls and financial performance through to year-end and beyond.</p> <p>SLT <b>APPROVED</b> the strengthening of controls in all three areas, the decision making framework and the proposed communications.</p> <p>MD presented the report, which captured the suggestions from the Extended SLT workshops, including information regarding owners of schemes, effort, impact and timescales. He sought agreement from members on priority of schemes, confirmed leads and practical timescales for progression.</p> <p>Members reviewed the schemes, focusing on those rated high priority due to time constraints, many of which were already underway.</p> <p>Members <b>AGREED</b> the high priority schemes, and that further discussions would be held at CLT on the 9 November 2023 to refine and ensure descriptions were accurate and current work captured. The final version would be presented to SLT on the 21 November 2023.</p>
10.	NHS Orkney Business Case – Standard Template	Director of Finance	<b>Approval</b>	<p>MD presented the report seeking approval of a standard Business Case template for use across the organisation following consultation and inclusion of feedback.</p> <p>Members fully supported the template and the CEO asked for an amendment – notably that strategic intent, including Plan on a Page, Clinical Strategy and strategic planning from an IJB perspective were higher on the template and</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>before financial impact, to ensure strategic focus and alignment which must be the starting point for all decisions moving forward.</p> <p>Members <b>APPROVED</b> the template subject to the final amendments and agreed that process for Business Case approval would form part of the wider operational governance review.</p>
11.	Vacancy Panel	Chief Officer	<b>Approval</b>	<p>SB advised that this had been discussed earlier on the agenda in more detail.</p> <p>LSK asked that that in future any new posts be considered through the annual planning process. She shared her disappointment that £400k had been spent on new posts/replacement posts not in establishment and not budgeted for adding a further significant and unaffordable cost pressure into the organisation since April 2023. The Board and Finance and Performance Committee needed visibility of these unbudgeted cost pressures in the system, and informed decisions need to be made for the organisation as a whole in 2024/25 and the place to do this is via the Annual Planning process.</p> <p>MD agreed that these additional financial pressures that would need to be considered through the Finance and Performance Committee (November 2023) and Board to align budget, financial and annual planning.</p> <p>Members <b>APPROVED</b> the process</p>
12.	Items to escalate in the Chair's Assurance Report to Board	Chair	<b>Noting</b>	<p>The Chair agreed the items to be included in the Chair's Assurance Report to the Board.</p>



<b>No:</b>	<b>Agenda Item:</b>	<b>Lead person:</b>	<b>Purpose:</b>	<b>Decision/Conclusion/Action: Action by and date (if appropriate)</b>
13.	Any other competent business	Chair	<b>Noting</b>	No other competent business was raised.

**Meeting concluded at 2:30pm**

\* items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Committee Support, Chair or Lead Director

## Action Note

**Title of meeting:** Senior Leadership Team

**Date:** 21 November 2023

**Time:** 11.30

**Chair:** Laura Skaife-Knight, Chief Executive

**Committee Support:** Rachel Ratter, Senior Corporate Services Officer

Members	Present	Apologies
Lynda Bradford, Head of Community Health and Care	X	
Mark Doyle, Director of Finance	X	
Linda McGovern, Interim Head of People and Culture	X	
Steven Phillips, Head of People and Culture	X	
Stephen Brown, Chief Officer	X	
Steven Johnstone, Director of Dentistry	X	
Sara Lewis, Consultant in Public Health Medicine	X	
Michelle Mackie, Interim Deputy Director of Nursing	X	
Monique Sterrenburg, Interim Deputy Medical Director		X
Carrie Somerville, Planning, Performance and Risk Manager	X	
Keren Somerville, Head of Finance	X	
Malcolm Metcalfe, Interim Medical Director	X	
Louise Wilson, Director of Public Health	X	
Samantha Thomas, Director of Nursing, Midwifery, AHP and Acute		X
Attendees		
Amy Gallivan, Corporate Communications	X	
Sarah Walker, Infection Control Manager	X	
Elvira Garcia, Consultant in Public Health Medicine	X	
Lynn Adams, Clinical Governance		X
Julie Colquhoun, Head of Transformation and Engagement	X	

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
1.	Welcome and Apologies	Chair	<b>Noting</b>	All members were welcomed to the meeting and apologies were noted as above. The Chair welcomed Steven Johnston to the meeting in his new role as Director of Dentistry.
2.	Action note of meeting held on 7 <sup>th</sup> November 2023	Chair	<b>Approval</b>	The note of the meeting held on the 7 <sup>th</sup> of November 2023 were noted as an accurate record of the meeting.  The minute was <b>APPROVED</b> .
3.	Chairs Assurance Report	Chair	<b>Approval</b>	The Chairs Assurance Report was <b>APPROVED</b>
4.	Action Log	Chair	<b>Monitor progress</b>	The action log was <b>reviewed</b> and <b>updated</b> .
5.	Matters Arising	Chair	<b>Discussion</b>	There were no matters arising.
6.	CEO Update	Chair	<b>Noting</b>	<b><u>NHS Scotland Support and Intervention Framework</u></b>  The Chair advised members that a formal letter was expected imminently from Scottish Government to advise the Board that NHS Orkney are being moved into first stage of formal escalation for support, from level 1 to level 3 for 2 principal reasons:

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				<p><b>Action by and date (if appropriate)</b></p> <ol style="list-style-type: none"> <li>1. significant deviation from the financial plan, with work to date not having the desired impact</li> <li>2. lack of assurance around grip and control around financial management.</li> </ol> <p>The Chair raised concerns about a disconnect between financial management and quality and safety in the organisation and shared immediate steps and key areas for focus to be discussed at full Board on Thursday:</p> <ul style="list-style-type: none"> <li>• locum and agency spend,</li> <li>• complete SLA review,</li> <li>• complete the establishment review,</li> <li>• budget setting for 24/25 and linked to that financial planning,</li> <li>• IJB contribution and engagement,</li> <li>• travel spend,</li> <li>• vacancy control</li> <li>• overtime and excess hours.</li> </ul> <p>The Chair advised that internal and external communications had been prepared, and will be issued following receipt of letter from SG.</p> <p>There was discussion and reflections from members who had experienced support in previous roles. SJ asked about timelines and the Chair advised that the status was likely to be reviewed in March 2024.</p> <p>SB shared concerns about the locum and medical workforce spend, a real challenge to ensure the delivery of care. MM advised the group of 4</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>colleagues who are wanting to work in Orkney, who have a skill set to match some of the gaps we currently have.</p> <p>Members <b>AGREED</b> that the next SLT meeting needed to set aside time to develop a plan.</p>
7.	2025 Island Games Update	Games Director (Kirsty Talbot)	<b>Information</b>	<p>Members welcomed Kirsty Talbot from the Orkney Island Games Committee who gave a presentation on work this far and plans in preparation for the Games to be held 12<sup>th</sup> – 18<sup>th</sup> July 2025. SLT were advised that the Director of Public Health is the Executive Lead for this work, who updated on concerns around the Medical Lead role for the Island Games, with particular concerns re: indemnity and impact on day-to-day operations. Stephen Brown advised that the OIC have taken a decision not to have Cruise Liners in during the Games in recognition of the impact the Games alone will have on the islands during that time. Members were keen to understand from previous games Committees in particular in relation to impact on day-to-day services during the games period, to enable forward planning.</p> <p><b>ACTION: NHS Orkney to reach out to other Health Service areas who have hosted the games via the Executive Lead.</b></p>
8.	Risk			No items received.
9.1	Making continuous improvements preparing for 2024/25	Chair	<b>Discussion</b>	The Chair presented a paper for information prior to going to the December Boad Meeting.

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				Action by and date (if appropriate)
				<p>6 key areas of focus in Quarter 3 and Quarter 4:–</p> <ul style="list-style-type: none"> <li>• developing new corporate strategy,</li> <li>• further strengthening governance,</li> <li>• review of the risk register to enable a new board and assurance framework,</li> <li>• organisational culture programme,</li> <li>• fresh approach to improvement, a single function to cover quality, finance and digital improvement,</li> <li>• performance – need to address a gap in governance with no performance review structure, from April 2024 all services will be held to account.</li> </ul>
9.2	62 day – Cancer Improvement Plan	Director of Public Health	<b>For information</b>	<p>Performance at Quarter 2 is 69.2%, still below where we want it to be but better than Quarter 1 44%. LW advised that performance depends on the type of cancers that are reported, and depends heavily on the performance of NHS Grampian acknowledging their challenges. The Chair asked if we are on track to meet the trajectory of 90% performance for Quarter 3. CS advised that she will ask the Health Intelligence Team to re-run the numbers to provide assurance on this.</p> <p><b>ACTION</b> – revised Quarter 3 and Quarter 4 numbers to come from CS.</p>
9.3	Escort Peer Review	Head of Transformation and	<b>For Information</b>	<p>Paper presented for information. JC advised that she had presented to the Grip and Control Board and had agreement that NHS Orkney would follow change the process for the approval of patient escorts, in line with the Highlands and Island Travel Scheme. A process is being developed, with clear</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				Action by and date (if appropriate)
		Engagement		<p>communications and engagement planned the escort approval process will move away from GP practices, Consultants and other departments, to the Medical Directors' Office, which it is hoped will reduce spend, in addition to a review of referrals to understand whether there are further opportunities to improve patient experience and further reduce spend in patient travel.</p> <p>LW offered caution in relation to widening inequalities in taking this forward.</p>
10.	Infection, Prevention and Control Workforce Strategic Plan	IP&C Manager	<b>Discussion and Decision</b>	<p>SW presented some challenges to SLT in relation to obstacles across the system which have prevented completion of the plan in a timely manner and as a result, cannot currently give assurance that the Board are receiving the right information and that the correct governance processes are in place.</p> <p>SJ offered to feedback through the Independent Dental Practices.</p> <p>SP offered to discuss further with the Director of Nursing, Midwifery and AHPs to see how his team can support.</p> <p>It was proposed that a short life working group with key stakeholders is convened, to ensure a timely response.</p> <p>The Chair asked that CS includes this item as part of the annual planning cycle with updates to December and January meetings and that an email goes to all key internal stakeholders requesting support and attendance at the short life working group.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				Action by and date (if appropriate)
	Draft NHS Orkney Staff Awards Plan	Head of Talent and Culture	<b>Approval</b>	<p>SP presented a paper with the Staff Awards categories, including a People’s Choice Award in partnership with The Orcadian. SP advised that communications would be issued on the 30<sup>th</sup> of November 2023, with voting to be live from this date until the 5<sup>th</sup> of February 2024 when shortlisted colleagues would be announced, and final winners announced at an event at the Albert Hotel, hosted by the Chair, the Chief Executive and the Editor of The Orcadian.</p> <p>SP advised that the judging panel had been given clear criteria for shortlisting and selection of winners.</p> <p>JC asked if there was an intention to put forward awards winners into the National Awards categories. SP suggested putting this to the judging panel as a suggestion.</p> <p>SLT were supportive of the update and acknowledged the clear plan that was in place.</p>
11.1	Safety Related Policy Updates 2023	Health and Safety Lead	<b>Approval</b>	The Stress Management Policy was approved as a framework for supporting the organisation.
11.2	Clinical Policies	Head of Transformation and Engagement	<b>Approval</b>	<p>JC presented 4 policies for approval at SLT following extensive clinical input and consultation.</p> <p>The Patient Centred Visiting Policy, Use of Bedrails Policy, Verification of Death Policy and the Infant Feeding Policy were approved.</p>



No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>JC advised that a small group is looking at the governance around policy approval which it was suggested is acknowledged as part of the Operational Governance Review which will come to SLT on 4 December 2023 and the Board on 14 December 2023.</p>
11.3	Estates Policies	Head of Transformation and Engagement	<b>Approval</b>	<p>The following policies were approved:</p> <p>Control of Asbestos, Confined Space, Construction Design and Management, Provision and use of work Equipment Regulations, Water Safety Policy, Medical Gas Policy and Portable Appliance Testing Policy.</p>
11.4	Update Endoscopy Capacity	Interim Medical Director	<b>Information</b>	<p>MM advised the meeting that with the work done to date it is anticipated the backlog of endoscopy will be complete prior to Christmas. MM had spoken to the Head of Ethics at NHS Grampian about the patients delayed, and it is advised that the Board writes to all patients affected, with an apology.</p>
11.5	Sleep Apnoea	Interim Medical Director	<b>Decision</b>	<p>88 people waiting from NHS Orkney for interventions, NHS Grampian has a 3 year waiting list. MM advised that having discussed with the Director of Nursing, Midwifery and AHP there is capacity for NHS Orkney to repatriate, with some extra training and support to the staff locally. MM advised that the waiting list could be taken under control leading to a better patient experience and saving money by investing locally. LW asked whether the polysomnography reviews were to be done locally or in NHS Grampian, MM advised that there would be cases that still needed specialist input.</p>
12.1	IT Migration – Structured Debrief	Resilience Officer	<b>Discussion</b>	<p>DM presented the IT debrief following IT server failures, which resulted in issues across Primary Care and GP surgeries. DM presented the report</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action:
				<b>Action by and date (if appropriate)</b>
12.2	Data Quality Review: Final Public Health Scotland Report	Chief Executive/ Public Health Scotland		<p>sharing some highlights in relation to what went well, and summarised some and the learning points for the organisation.</p> <p>SP suggested a review of the learning plan in relation to Crisis Management Training.</p> <p>DM advised that the governance for the action plan was through the Finance and Performance Committee.</p> <p>External review commissioned to review NHS Orkney waiting time data, how it is recorded and how it fits Waiting Times national guidance. Public Health Scotland reported positive engagement with the Health Intelligence (HI) team and wider staff, and highlighted some actions specifically related to HI and some wider NHS Orkney available in the final report.</p> <p>Next steps: Improvement plan in development in collaboration with the HI team</p> <p><b>ACTION:</b> Report and Improvement Plan to go to Audit and Risk Committee on 5<sup>th</sup> December 2023, to Board 14<sup>th</sup> of December 2023 and update to SLT on 19<sup>th</sup> December 2023.</p>
13.1	Financial Performance Report	Director of Finance	<b>Assurance</b>	<p>MD presented highlights from the report:</p> <p>Board overspent by £3.8 million forecasting £6.2 million, continues to overspend in Agency/Locum, Estates and SLA.</p> <p>Despite all interventions the Board are not seeing a slow down in spend.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
				<p>Additional cost pressures identified.</p> <p>Savings projected as £847,000 recurring circa £2million in non-recurring, storing up problems over future years.</p> <p>Capital programme is on target.</p>
13.2	Financial Recovery Update	Director of Finance	<b>Assurance</b>	<p>MD presented focussing on 4 areas:</p> <p>Current position - savings of £3.7 million on target to be achieved by the end of March.</p> <p>Projecting a £6.2 million overspend against the baseline of £3.1 million.</p> <p>Underspends have been removed from budgets.</p> <p>Have not succeeded in getting back into balance across the Executive Director budgets.</p> <p>Members <b>AGREED</b> that the December SLT should dedicate significant time to financial improvement and our response to escalation so as to ensure as a leadership community we are working to the same objectives.</p>
13.3	Procurement Annual Report	Director of Finance	<b>Awareness</b>	<p>MD presented the Annual Procurement Report which provides assurances on areas of spend, the process, and the routes.</p> <p>Members <b>NOTED</b> the report and the work that had gone into preparing it.</p>

No:	Agenda Item:	Lead person:	Purpose:	Decision/Conclusion/Action: Action by and date (if appropriate)
14.	Agree items to escalate in Chairs Assurance Report	Chair	<b>Agreement</b>	It was <b>AGREED</b> that the following items would be brought to the attention of the Board through the Chair's Assurance Report. <ul style="list-style-type: none"> <li>• Update on colonoscopy capacity</li> <li>• Financial performance</li> <li>• Data Quality review – PHS Report</li> </ul>
15.	Any other competent business	Chair	<b>Noting</b>	No other competent business was raised.

**Meeting concluded at 1.30pm**

\* items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Committee Support, Chair or Lead Director

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**  
on **Tuesday 3 October 2023 at 14.00**

**Present** Steven Johnston, Chair  
David Campbell, Non-Executive Board Member  
Rona Gold, Vice Chair (Health), Non-Executive Board Member  
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member  
Ivan Taylor, Integration Joint Board Member

**In Attendance** Malcom Metcalfe, Interim Medical Director  
Sara Lewis, Acting Director of Public Health  
Anthony McDavitt, Director of Pharmacy  
Sharon Ann Paget, Interim Chief Social Work Officer  
Laura Skaife-Knight, Chief Executive  
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute  
Lynda Bradford, Head of Health and Community Care (item 8.3)  
Monique Sterrenburg, Deputy Interim Medical Director

C46 **Welcome and Apologies**

Apologies had been received from S Brown, M Swannie, L Wilson and H Woodbridge

C47 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

C48 **Minute of meeting held on 23 July 2023**

The minute of the Joint Clinical and Care Governance Committee meeting held on 23 July 2023 was accepted as an accurate record of the meeting and approved with the following additions:

*Post meeting note: The Annual Duty of Candour report 2022/23 remains extant; accurate at the time the report was written. Work is in progress to strengthen processes to confirm learning has been shared and implemented. Clarity will be sought on the outcome of the 3 outstanding cases from 2022/23 and information fed back to the committee in due course.*

C49 **Matters Arising**

**Learning from Clinical Incidents Annual Report**

Further to the appointment of two nurse managers, the Chair requested an update around the audit paperwork in clinical record keeping. The Director of Nursing, Midwifery, AHPs and Acute confirmed discussions had taken place around the audit paperwork and an update would be provided to the Quality Forum.

**Duty of Candour Annual Report**

It was agreed that an update on the three outstanding SAER would be provided.

## Speech and Language Pressures Report

The Chair asked when the report would return to the Committee as previously agreed and suggested wider Health Board services could be included, addressing performance pressures. The Chief Executive requested an update at the next JCCGC meeting given the significance of areas that have been raised.

### C50 **Action Log**

The Committee reviewed and updated the action log. (See action log for details)

## Governance

### C51 **Whistleblowing Quarterly report - JCCGC 2324-21**

The Chief Executive presented the quarterly whistleblowing update which was a mandatory report as required by the Independent National Whistleblowing Office and highlighted that she was the Executive Lead for Whistleblowing and continued to work closely with the Whistleblowing Champion.

The risk in relation to NHS Orkney's access to confidential contacts had been mitigated through the recruitment of two new confidential contacts, taking the number from two to four.

No whistleblowing concerns had been raised during the reporting period April to June 2023.

The Chief Executive attended the first national Whistleblowing Conference in September 2023 to ensure NHS Orkney remained in touch with latest developments and learning on a national level.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance.

### C52 **Increased frequency of JCCGC meetings - JCCGC 2324-22**

The Chair presented the report outlining the proposal that the committee change to bimonthly meetings moving forward.

Members discussed the timeliness of the meetings and raised concern that six, three-hour meetings would impact resources. The Chair highlighted that there would likely be an increase in the business covered therefore, would be tentative to reduce meetings to a two-hour period. Fewer agenda setting meetings were anticipated which would balance some of the additional resource required.

The Director of Nursing, Midwifery, AHPs and Acute agreed that an increase in meetings was essential to ensure all items were given due diligence and noted the possibility of the duration of meetings decreasing following a review of governance pathways.

The Chief Executive informed members that Board Secretary support and an operational governance review had commenced and would include committees and sub committees.

### **Decision / Conclusion**

Members agreed to increase the meeting frequency from quarterly to bimonthly for a trial period with a view to bring the meeting time down to two hours. The refreshed Quality Forum would be key.

#### **C53 Social Work and Social Care Governance Board Terms of Reference - JCCGC 2324-23**

The Acting Chief Social Work Officer presented the report informing members that a new Social Work and Social Care Governance Board had been set up with the first meeting in mid-November. This group would feed into JCCGC and from there, provide assurance to the Board and IJB.

The meetings would be held monthly and report to the JCCGC with an update provided at the next meeting on 27 November 2023.

D Campbell queried the absence of Chief Officer within the membership of the Social Work and Social Care Governance Board Terms of Reference.

R Gold queried the measurement of success of the Framework. The Acting Chief Social Work Officer assured members that as this was the first of its kind and measurement would be an on-going process.

The Director of Nursing, Midwifery, AHPs and Acute thanked the team for producing the report however, raised concern that there were no clinical professional leadership detailed within the terms of reference in relation to nurses, midwifery, AHPs or Pharmacy and General Practice.

The Director of Pharmacy suggested that the Medicines Incidents Framework would be beneficial within the Social Work and Social Care Governance Board.

### **Decision / Conclusion**

The Committee noted the Terms of Reference.

### **Strategy**

#### **C54 Clinical Strategy Progress update**

The Interim Deputy Medical Director provided a verbal update around the Clinical Strategy process and highlighted the following:

- Training had been completed for a smoking cessation specialist to support women through pregnancy
- There was a target to assess the need for training in other high risk areas
- Communication planning for smoking communications had been completed with a full plan of communication due for the end of the year
- There had been improvement within the Psychiatric Liaison Service model

which was developed with IJB approval

- There was a new strategy for 2025-30 being planned
- The Children's Service plan 2023-2026 had been developed and would be published online
- Work had started with island communities to co-design models of care and services which would be tailored, effective and sustainable. The first three islands were Papa Westray, Eday and North Ronaldsay, with plans actioned by March 2024
- Trauma informed care was accessible for all, and NHS Orkney had been selected as a pilot for Trauma based care

### **Decision / Conclusion**

The Committee noted the update.

### **Quality and Safety**

#### **C55 Quality Forum Chair's Update**

The Interim Deputy Medical Director provided a verbal update to members around the work of the Quality Forum and presented the minutes from the meeting held on the 14 June 2023.

S Stockan, Physiotherapist had delivered a presentation to the Scottish Patient Safety Program which highlighted that the local aim was to reduce falls by 15% and reduce falls with harm by 20% by the end of August 2023.

The Theatre Improvement Group had commenced following an audit which demonstrated areas of improvement. The improvement cycle would continue on a monthly basis.

### **Decision / Conclusion**

The Committee reviewed the minutes and took assurance from the updates provided.

#### **C56 Mental Welfare Commission Report and Action Plan - JCCGC 2324-24**

The Head of Health and Community Care presented the report, updating members of the findings and recommended actions following the first Mental Welfare Commission visit.

The Mental Welfare Commission recently conducted an inspection and an action plan to address the recommendations was due on 2 November 2023.

### **Decision / Conclusion**

The Committee noted the report and it was agreed that the Mental Welfare Commission Report action plan would be presented to SLT for approval on ahead of Board on 26 October 2023.

#### **C57 Chief Social Work Officer Annual Report JCCGC2324-25**



The Committee had received the Chief Social Work Officers Annual Report 2022/23, providing assurance that social work and social care services were being delivered to an acceptable standard. The following matters were raised:

- The Joint Inspection of Children and Young People in Need of Care and Protection - The findings of the Care Inspectorate's first and second Progress Reviews were covered in previous CSWO Annual Reports, and acknowledged that progress had been made but there was still work to do. Consequently, the Partnership was advised that there were no plans for a further Progress Review and the Care Inspectorate required only a further Position Statement at the end of March 2023
- The Joint Inspection of Adult Support and Protection (ASP) - The inspection did not reveal areas for improvement that the partnership was not already aware of, and considerable work has been supported by external Social Work Consultants and the Independent Chair of the Orkney Public Protection Committee

### **Decision / Conclusion**

The Committee reviewed the report, took assurance from the content, and agreed to retain the focus on learning from Significant Adverse events and other similar areas which align to the Terms of Reference of JCCGC in future reporting.

#### **C58 Care at Home Assurance Report - JCCGC2324-26**

Members welcomed the first six monthly assurance report covering OHAC's Care at Home services which provided an overview of progress and performance within the reporting period January 2022 to August 2023.

Despite significant staffing pressures, the number of hours of unmet need had reduced dramatically in recent months and the service manager and their team should be commended. There were fantastic examples of person-centred care with staff going above and beyond.

The first unannounced visit since October 2019 from the Care Inspectorate was carried out between 31 July and 10 August 2023. A final report would be published on 28 October 2023.

It was agreed that waiting times data would be included in future reporting to capture the length of time someone on the list receives treatment.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance.

### **Policies for Approval**

#### **C59 Clinical Policy Development Update JCCGC-2324-27**

The Director of Nursing, Midwifery, AHP and Acute provided an update on the policy review process.

A review had commenced to ensure all clinical policy documents within the remit of

the Director of Nursing, Midwifery, AHP and Chief Officer for Acute Services were updated, in terms of layout, and in line with current clinical practice and guidelines.

### **Decision / Conclusion**

The Committee noted the update and it was agreed that an updated RAG status would be shared to members.

### **Population Health**

C60 **Child Health Surveillance Programme (pre -school) Performance and delivery 2021/2022 JCCGC2324-29**

The Interim Director of Public Health provided an update on the delivery of the National Child Health Surveillance Programme across Orkney. Whilst there were areas to celebrate, the proportion of children having Child Health reviews carried out had dropped significantly following the outbreak of the Pandemic, with Health Visitor staffing cited as a key reason. Members raised concern around the potential for missed diagnoses or opportunities to intervene in a timely manner.

The Chief Executive praised the excellent report and how it set out where there was assurance, limited and no assurance to the committee and requested clarity on the direction of the work moving forward given the risks identified within the report.

### **Decision / Conclusion**

The committee noted the report.

### **Risk and Assurance**

C61 **Corporate Risks aligned to the Joint Clinical and Care Governance Committee JCCGC2324-30**

The Planning, Performance and Risk Manager presented the report which provided an update and overview of the management of risks related to this committee.

It was noted that no new or escalated risks had been added to the Corporate Risk Register during the reporting period and 1 risk had closed.

There were 3 Corporate risks and 13 Operational risks aligned to the Joint Clinical Care and Governance Committee.

A review and refresh of the Risk Register was in progress with the Chief Executive and the Planning, Performance and Risk Manager.

Members welcomed the conversations around risk and the importance of placing it further up the agenda and agreed to further discuss risk at the committee development session.

Whilst appreciating risks can be stagnant, R Gold emphasised the importance of risks being presented as current as possible in future reports.

### **Decision / Conclusion**

The committee noted the report.

C62 **Emerging Issues**

none

C63 **Any other Competent Business**

There was no other competent business.

C64 **Items to be brought to the attention of the IJB, Board or other Governance Committees**

It was agreed that the following items would be highlighted to the NHS Orkney Board and Integration Joint Board:

**Board**

Change in frequency of committee meetings  
Social Work and Social Care Governance Board  
Mental Welfare commission report  
Care at Home Assurance report  
Child Health Surveillance  
Review of Clinical Policies  
Risk Register update

**Items for Information and noting**

C65 **Schedule of meetings 2023/24**

Members noted the schedule of future meetings.

C66 **Record of attendance**

Members noted the record of attendance.

The meeting closed at 17.14

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on  
**06 October 2023 12:15pm.**

**Present:** Steven Johnston, Chair  
Paul Cooper, Hospital Sub Committee  
Rona Marcus, TRADAC Vice Chair  
Lisa McQueen, Clinical Pharmacist (deputy for Lyndsay Steel)

**In Attendance:** Leona Norquay, Committee Support  
Monique Sterrenburg, Interim Deputy Medical Director

### **1 Apologies and Welcome**

Members introduced themselves to one another. Apologies were received from: Stephen Brown, Laura Skaife-Knight, Penny Martin, Malcolm Metcalfe, Lyndsay Steel, Samantha Thomas, Sylvia Tomison and Louise Wilson.

### **2 Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

### **3 Minute of meeting held on 04 August 2023**

With the below amendments, the minute from the meeting held on the 04 August 2023 was accepted as an accurate record of the meeting and approved.

Corrections: 13.4- mis spelling of 'P Copper'- amend this to read 'P Cooper'.

### **4 Matters Arising**

There were no matters arising.

### **5 Area Clinical Forum Action Log**

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

### **6 Log of Items Escalated**

The Chair highlighted that the log of items escalated items had been updated since the last Board meeting, and members noted the updates. Further updates noted during the meeting were recorded on the logbook.

### **7 Annual Review**

S Johnson highlighted to members that this year's review will be a non-ministerial review. The report will be in full format and both the ACF and the APF committees will be involved in collation. S Johnson raised the concerns he had listed in the draft review in terms of specific challenges. A section on Development sessions has also been included as further concerns were raised around the lack of commitment at these. Members were asked if they had any questions/feedback to give the Chair with regards to the report. Members agreed that the draft S Johnson had presented covered all significant areas and approved the proposed draft.

# 18.1.3

**Decision/Conclusion:** Members approved the Annual Review draft presented by the Chair, S Johnson.

## Outline Agenda

An example agenda which had been proposed by the Scottish Government with the following areas of focus: Workforce planning, Wellbeing, Realistic and value based medicine, Patient safety, Health inequalities, Effective Clinical Governance, Influencing and Informing the core work of the Board, Sustainability, Innovation. ACF Chairs had not received advanced notice that these ought to be the ACF priorities for 2022/23 and the ACF Chair suggested we gain clarity if this is to be the case for 2023/24. Therefore, a simplified agenda was proposed and members agreed to proceed with this.

**Decision/Conclusion:** Invites have been sent out for the joint Annual Review meeting scheduled on 9 November which will involve both ACF and APF members. ACF members agreed to pick up the outline agenda/Scottish Government guidance at this meeting.

8

## Chairs Reports:

8.1

### Board – ACF2324-08

S Johnston, Chair, circulated an update report to all members following the NHS Orkney Board meeting on 24 August 2023 and provided an overview of the areas pertaining to ACF members:

- The Chief Executive 100-day plan has now been approved (see comms)
- Annual Accounts approved with an unqualified (“clean”) audit opinion and NHS met all 3 financial targets for 2022/23 (after additional funding from Scottish Government)
- Our financial position for the year so far is bleak with £1.9M overspend to date and forecasting almost £5M by year end if steps not taken. NHSO will not be bailed out by SG this year and any shortfall will be covered by a loan which will need to be paid back in the year to follow
- Risk was discussed with plans to enhance risk management, starting with governance committees and the risk team
- The new Senior Leadership Team have now met a few times and one are raised at Board on behalf of ACF was clinical accommodation and the following update was given by the CEO:
  - Nick Crohn is writing a report regarding The Balfour to present to SLT soon
  - The Non-Residential Accommodation Committee is being given more decision-making powers to help the group move forward after a lull in activity
  - A review of the non-clinical space has started with a review of the clinical space planned
  - The IJB Chief Officer will then look at accommodation more widely
  - Discussion about shared use of buildings across Orkney with our partners
- NHSOs Annual Delivery Plan for 2023/24 was approved with good feedback from Scottish Government on our intentions for the year ahead
- We received an update on progress with our Plan on a Page (our top priorities) with progress being tracked against each of the commitments
- The staff governance action plan set out our workforce priorities for 2023/24 and was approved

## 18.1.3

- iMatter results were presented which showed an increased engagement score and small improvements across all of the staff governance standards (well informed, appropriately trained & developed etc.).
- The Annual Infection Control report was presented and largely positive. Ongoing work to promote bare below the elbow as non-compliance is adversely affecting hand hygiene scores and further work being done to engage with independent contractors
- The Duty of Candour Annual Report was presented and although there was only one case, further work was being done to ensure learning from DoC and Significant Events is being followed up.

Areas raised during the meeting:

- Concerns about Speech & Language Therapy Services and the implications of long waiting times
- The Ethical Advice Committee (set up for Covid Pandemic) has been stood down, but NHSO still has support via NHS Grampian
- Assurance report regarding care homes with pressure due to 100% occupancy and staffing. Fall and hospital admissions were below national average
- In the Public Health update: the Board were advised of a spike in Covid from wastewater samples in August, but this did not translate into hospital pressure, likely owing to a well vaccinated population
- Work is being done to improve how we learn about patient experience, but the work will be delayed until the new Medical Director is in post
- An updated method of reporting performance was presented and welcomed by the Board

### 8.2

#### **ACF Chairs Group**

S Johnson updated members with the following discussions from the ACF Chairs group:

- Annual Review- previously discussed on agenda
- ACF Survey- S Johnson spoke about a recently circulated survey around territorial Boards and shared the results with members. It was highlighted to members that some ACF groups do not have the same opportunities as NHSO have in place which allow good routes to escalate issues to their Boards. S Johnson spoke about the recent conversations at the Chair's group. He touched base on agenda items/themes which were discussed at other ACF meetings, with most themes being evidently common throughout other Boards, however, there were some variations within each Board. The next ACF chair's group will be held in December.

### 9

#### **Governance**

#### 9.1

Proposal for an ACF Vice Chair

S Johnson, Chair announced to members that he has been appointed to the role of Dental Director, therefore will no longer be able to sit on the ACF Committee as Chair once he steps down from Area Dental Committee, as per the restriction in the Terms of Reference of that committee. He wanted to raise this to members as there will be a few changes upcoming as it will not only be the Vice Chair position vacant but the now Chair as well. He highlighted to members that his position as ACF Chair has contributed greatly and helped his development in leadership as well as his career at NHSO.

# 18.1.3

Members were asked if they knew anyone that would like a career development opportunity going forward. Further discussion was had as members agreed that this needs to be advertised in the correct way as awareness needs to be raised to colleagues listing the benefits as well as career development involved in this position.

**Decision/Conclusion:** S Johnson and M Sterrenburg to look at and collating an advertisement for this for the Comms team to circulate to Advisory Committees.

## 10 Policies and Procedures

10.1 Use of bedrail Policy (Draft)- this Policy was circulated ahead of the ACF meeting.

Comments from ACF:

- It was suggested that when a patient doesn't have capacity and you are required to use bedrails you need to be looking at a pragmatic approach. Until the discussion takes place, use your best judgement for the patient and don't delay making the decision at the time
- Policies seem to be circulated which results in not getting a fair chance to discuss these in the given time- can we look at when policies would be circulated to coincide with the majority of committee meeting dates
- It would be helpful to receive confirmation of all the Advisory Committee meetings dates as this would give us a better idea of knowing when we can approve the policies/provide feedback.

10.2 Employee Dress Code Policy (Draft)

Comments from ACF:

- Discussion regarding lanyards- are these breakable to prevent the risk of being strangled by patients?
- Cross Infection changes throughout COVID-19 Pandemic that may have changed
- Is there information on washing your own clothes? No instructions on how to wash your own clothes as there is for work uniforms.

**Decision/Conclusion:** S Johnson to provide J Colquhoun with the above comments/feedback from ACF members.

## 11 Clinical Engagement

S Johnson confirmed that this will now be a standing item on the agenda. Since the Medical Director left post unfortunately, they have not moved any further forward with this. However, S Johnson plans to carry out some work on this from now until the next meeting as well as monitor the progress.

## 18.1.3

**Decision/Conclusion** S Johnson will provide a progress update to members at the next ACF business meeting.

### 12 Technology Enabled Care Board

S Johnson, Chair, raised the ongoing issues around PARIS, which are being rolled out. At present, there seems to be some push back from NHSO, raising the question whether another system would provide a better solution.

P Cooper spoke about the discussion around digital dictation and reported that a decision has now been made on this and communications have been circulated about this.

### 13 Development Sessions

#### 13.1 Topic for next session: 03 November 2023

S Johnson highlighted to members that he will now be on a period of leave until 31 October, therefore, unfortunately has no capacity to organise the next Development session scheduled for 03 November 2023. Members were asked if anyone would like to take lead on organising this or have alternative suggestions of what else to do with the use of this time.

A suggestion was made to keep the meeting but to have it as a brainstorming session around recruitment for the position of ACF Chair and Vice Chair. The session will also involve wider Clinical Engagement and succession planning. Moving forward members agreed to have a future drop in session at a later date include the wider community to give them an update on the ACF status as well as an opportunity to ask any questions relating to ACF.

**Decision/Conclusion:** L Norquay to circulate the agreed plans for the Succession Planning session in place of the Development session on 03 November.

### 14 Professional Advisory Committees

#### 14.1 ADC Chairs Report - ACF2324-09

S Johnson discussed the Chair's Report provided by S Tulloch from ADC:  
The main matters of concerns that were raised in the report were the following:

- ADC is updating constitution
- ADC would be receptive to act in its capacity as an advisory body to the board during the process of appointing a new Director of Dentistry for NHSO
- Staffing issues have been noted in the GDS and SDS impacting service provision
- Ongoing challenges faced with referral systems- orthodontic, restorative, and oral surgery

#### 14.1.1 ADC Minute: 7 December 2022

**Decision/Conclusion**

Members noted the minutes from meeting held on; 7 December 2022



## 14.2 **APC**

No update given as no meetings have taken place since ACF last met.

## 14.3 **GP Sub Committee Chairs Report**

No Chairs Report submitted for this period.

### 14.3.1 GP Sub Committee Action Note: 19 July 2023

#### **Decision/Conclusion**

Members noted the minutes from meeting held on; 19 July 2023.

## 14.4 **Hospital Sub Committee** Action Note: 10 August 2023

#### **Decision/Conclusion**

Members noted the minutes from meeting held on; 10 August 2023.

Members discussed HDU. Although the area has re-opened which is positive, there still seems to be a bit of a grey area here, as the department require some leadership around this. This is progressing but still requires work around staffing.

**Decision/Conclusion** P Cooper confirmed that HDU was on the next Hospital Sub Committee agenda to discuss and would feedback discussion at a future ACF meeting.

## 14.5 **NAMAC**

No Chair's Report submitted for this period

## 14.6 **TRADAC**

No Chair's Report submitted for this period.

R Harcus planned to submit a Chair's Report but had an understanding that this had to be completed by the Chair. S Johnson assured R Harcus that for future reference, her would be happy to accept a Chair's Report from the Vice Chair.

R Harcus announced to members that P Martin has stepped down from the position of TRADAC Chair with immediate effect.

## 15 **Any Other Competent Business**

There was no AOCB raised.

## 16 **Items to be Brought to the Attention of:**

## 16.1 Board

### **Matters of Concerns or key risks to escalate:**

- Scottish Government ask of ACF
- Short notice on Policies to Advisory Committees
- Short notice on Clinical accommodation
- Position of chair and vice chair

### **Work underway:**

- Children services recruitment
- Annual Review preparation
- ACF aware of work looking at Speech & Language Therapy concern

### **Decisions made:**

- Approved Annual Report
- Succession planning session schedule for 03 November

### **Positive Assurance to Provide:**

- Centre for workforce supply (NES and SG) to assist with recruitment of medical workforce- being proactive for future

## 16.2 Governance Committees

Nothing to raise.

## 17 Items to be Communicated with the Wider Clinical Community

Plans in place to circulate information regarding an ACF recruitment session in place of the Development session on 03 November. Members agreed that a future drop-in session should be arranged at a later date to follow the conversation around recruitment.

## 18 For Information and Noting

### 18.1 \*Key Documentation Issued- ACF2324-10

Members noted the documentation

### 18.2 Correspondence

No correspondence had been received.

### Quality Forum Approved Minutes

#### 18.3

#### **Decision/Conclusion**

Members noted the minutes from the meetings held on; 18 July 2023.

### 18.4 \*Schedule of Meetings 2023/24

Members noted the schedule of meetings for 2023/24

### \*Record of Attendance

18.5 Members noted the record of attendance.

# 18.1.3

**Meeting Closed: 13.55**

## Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 28 September 2023 at 9:30 via MS Teams**

### Present:

Des Creasey, Non-Executive Board Member (Chair)  
Vacant (Vice Chair)  
Mark Doyle, Director of Finance  
Steven Johnston, Non-Executive Board Member  
Malcolm Metcalfe, Interim Medical Director  
Meghan McEwen, Board Chair  
Laura Skaife-Knight, Chief Executive

### In Attendance:

Malcolm Colquhoun, Head of Estates and Facilities  
Freddie Pretorius, Committee Support  
Keren Somerville, Head of Finance (Deputy)  
Richard Rae, Head of IT  
Monique Sterrenburg, Deputy Medical Director (Deputy)  
Sam Thomas, Director of Nursing, AHPS, and Acute Services  
Peter Thomas, Chief Finance Officer

### F37 **Apologies**

Apologies were noted from Carrie Somerville, Malcolm Metcalfe, and Sharon Smith.

### F38 **Declarations of Interests - Agenda Items**

The Board Chair declared that they were a patient of the Westray Practice and a frequent user of the Westray-Kirkwall flight.

### F39 **Minute of the Meeting held on 27 July 2023**

The Minute of the meeting held on 27 July 2023 were accepted as accurate records of the meeting and approved subject to the below amendments.

Page 1 – amend to: ‘Medical Director will lead on Clinical SLA’s’

Page 7 – amend to: ‘KPMG Audit Scotland’

### F40 **Matters Arising**

#### Fragile Services

The Planning Performance and Risk Manager and the Deputy Medical Director continued the review of fragile services and undertaking the data gathering. Whilst the work had begun, there was no agreed timeline yet as the scope was still being discerned. An update would come back to the Finance and Performance Committee in November.

### F41 **Action Log**

The Action Log was reviewed and updated.

## **Governance**

### **F42 Digital Strategy Update - FPC2223-33**

The Head of IT provided an update highlighting the following key areas:

- Remote Working
- Resilience
- Cyber Security
- eHealth

Concerns were raised about the omission of eHealth risks and the alignment of priorities. It was highlighted that the Service Level Agreement (SLA) with Grampian relating to eHealth was under review, and assurance was provided that necessary actions were already in progress to address these issues.

Members expressed the view that the update lacked focus on the clinical voice and patient care aspects. It was strongly urged that future reports give due consideration to these critical elements.

The Chair raised concerns regarding funding and was advised that many of the initiatives currently underway were within existing contracts. While there was an expected additional funding requirement, this was in line with inflation.

The Chief Executive requested the following.

1. Explicit link back to clinical strategy
2. Clear division between local, regional, and national context
3. A paper to be provided to the Senior Leadership Team in October with the Outcome of the Digital Maturity Index survey ahead of submission to the Finance and Performance Committee in November
4. involve clinical colleagues in work around Health priorities to ensure they are the correct focus in the context of improvement

## **Conclusion/Decision**

Members noted the updated and acknowledged the substantial progress in aligning NHS Orkney with the Digital Strategy. It was agreed that the Head of IT would attend the March meeting to give a further update.

## **Risk**

### **F43 Risk Report – FPC2223-34**

The Director of Finance presented the report Seven corporate risks, and eight operational risks were being reviewed during the last reporting period, one new risk emerged. Notably, there were no escalations or closures within the Corporate Risk category, while the Tier 2 operational risks remained unchanged.

The corporate risks currently rated twelve or above, including data loss, corporate finance, data security, and data quality. These issues were being actively managed and monitored to reduce their impact and likelihood. Similarly, the operational risks

## 18.1.4

with a rating of twelve or above, such as delays in accessing ophthalmology services and IT surveillance system reliability, were being addressed with mitigations in place.

The report highlighted the role of the Risk Management Forum in supporting risk management efforts, fostering best practices, and aligning with the strategic objectives of NHS Orkney.

Concerns were acknowledged regarding irrelevant and redundant risks, with a proposal to review the current report and how this was provided to the Governance Committees.

The Board Chair requested a briefing from the Risk Management Forum Meetings. A vacant Risk Manager position added stress to the system as responsibilities were shared between other roles.

There were concerns raised about numerous fragmented risks, with patient waiting times, patient safety, and patient outcomes being notable ones. A report with recommendations will be presented to the CEO in October, reviewed by the Senior Leadership Team (SLT), and then presented to the Board, with external support considered to manage the two workstreams effectively.

### **Decision/Conclusion**

Members noted the overview of risks within NHS Orkney

### **Performance Management**

#### **F44 Performance Report – FPC2324-35**

The Deputy Medical Director presented. There were areas of sustained improvement, such as 18-Week Referral to Treatment, 31-day Cancer Standard, and Psychological Therapies, while areas requiring enhanced focus included 12-Week Outpatient and 62-Day Cancer Standard.

Members expressed concern around the ongoing issue of delayed discharge, which had been unresolved for several previous meetings and required addressing.

It was expected that a paper on Fragile Services would be received through the Senior Leadership Team (SLT) and the Integrated Performance Report would provide greater visibility, however, it was not received by SLT.

### **Decision/Conclusion**

Members noted the update provided

#### **F45 Finance Performance Report - FPC2324-36**

The Head of Finance presented the report informing the committee of the financial position for the period 1 April 2022 to 31 August 2023.

The revenue position for the 5 months to 31 August 2023 reflected an overspend of £2.525m and a forecast over spend outturn of £5.860m for 2023/24.

NHS Orkney's Board is aiming to deliver £3.7m in unachieved savings, as per the financial recovery plan. The IJB, in conjunction with NHS Orkney, is expected to deliver £0.465m of recurring savings in 2023/24.

In response to the financial situation, the Committee discussed various measures, including an establishment review and the establishment of an improvement function within the organisation, to address staffing gaps, assess productivity, and improve financial management practices.

The Committee recognised the historical context provided by a 2015 analysis and the impact of NRAC funding, which offered valuable insights into the financial landscape.

The Director of Finance agreed to share Financial Improvement Group (FIG) papers with the committee moving forward

The Board Chair requested that the Corporate Leadership Team prepares a paper addressing escalated Board matters to ensure a comprehensive understanding of the requirements.

#### **Decision/Conclusion:**

Members reviewed the report and acknowledged the current financial position. The Committee acknowledged the financial challenges and the need for a proactive approach to address these effectively.

#### **F46 Financial Sustainability Office Report and 2023/24 Plan – FPC2324-37**

The Director of Finance presented a report that highlighted a funding gap of £6.8 million for the period and outlined measures taken to stabilise the financial position, including the need for operational budgets to break even and £3.7 million in savings schemes. Various control and reporting mechanisms were established to monitor progress, such as monthly meetings, engagement sessions, and bi-monthly reporting.

Progress was noted in tracking savings, with £0.831 million of recurring and £1.691 million of non-recurring savings achieved, patterns showed a forecasted overspend of £5.860 million by year-end.

The Financial Sustainability Office continued to work on schemes supporting savings targets, and eight savings opportunities were approved during a Special Board Meeting on 15 September 2023.

#### **Decision/Conclusion:**

Members noted the approval of the eight savings schemes by the Board.

#### **Assurance**

#### **F47 Sustainability Steering Group - Chairs Report and Approved Action Note - FPC2223-38**

Members received and reviewed the Chair's report and minutes.

## 18.1.4

- The Board Chair emphasised the importance of spreading awareness and engagement regarding sustainability initiatives.
- A suggestion was made in exploring traditional push bikes as an alternative to e-bikes for further sustainability measures.
- Anchor Institution Strategy:  
The Board Chair stressed the strategic significance of anchor institution work HR and Estates departments were expected to contribute as key stakeholders.
- The progress of estate decarbonisation was on track with a deadline of August 25th. A contractor engaged in September 2023.
- It was emphasised that a further review of Long-Term Sickness Absence took place including accurate numbers.

### **Decision/Conclusion**

Members noted the updates and action notes provided during the meeting.

#### **F48 Performance and Audit Committee Minutes - FPC2223-39**

Members reviewed the minutes.

### **Decision/Conclusion**

Members noted the provided minute.

#### **F49 Chairs Assurance Report – Grip and Control Board – 21 August & 18 September 2023 - FPC2223-40**

### **Decision/Conclusion**

Members noted the provided assurance report.

#### **F50 Grip and Control Minutes - 21 August 2023 - FPC2223-41**

Members had received the minute for review.

### **Decision/Conclusion**

Members noted the provided updates.

#### **F51 Senior Leadership Team – Chairs Assurance Report – August – FPC2223-42**

### **Decision/Conclusion**

Members noted the provided assurance report.

#### **F52 Energy Efficiency Project Board Update – August 2023**



## 18.1.4

The Head of Estates and Facilities presented an update on the organisation's energy efficiency initiatives. There was a focus on reducing carbon footprint and aligning with UK and Scottish Government regulations,

The Board secured a substantial £3,986,750.00 grant from the Heat and Carbon Efficiency fund to progress towards its Net Zero Estate target. The project will involve two phases of works across thirteen owned sites

To ensure assurance around budget control, the following steps were being taken:

- The adviser will present the project's cost to the project board for approval.
- Once approved, the cost will be finalised, and any changes will require board approval.
- Surveys have been conducted to prevent unforeseen charges from contractors related to previously unidentified problems. This suggests a proactive approach to budget control.

Discussions with Scottish Government had resulted in the allocation of capital across the state for equipment and IT

### **Decision/Conclusion**

Members noted the provided assurance report.

#### **F53 Agree key items to be brought to the Board or other Governance Committees' attention**

##### **Board**

- Winter Planning Capacity
- eHealth Issues

##### **Staff Governance Committee**

- Long-Term Sickness Absence Review

#### **F54 Any Other Competent Business**

- The Board Chair noted that many of the papers that come to the committee are being presented for discussion, this should be challenged to ensure efficient use of time and resources.

#### **F55 Items for information and noting only**

#### **F56 Schedule of Meetings**

Members noted the schedule of meetings for 2023/24

***The meeting ended at 12:20***

## Orkney NHS Board

Minute of meeting of the hybrid **Audit and Risk Committee** of **Orkney NHS Board** held on **Thursday 05 September 2023** at **11:30**

**Present:** Jason Taylor, Chair  
Issy Grieve, Vice Chair  
Rona Gold, Non-Executive Board Member  
Ryan McLaughlin, Non-Executive Board Member

**In Attendance** Mark Doyle, Director of Finance  
Rashpal Khangura, Director, KPMG  
Rachel King, Azets  
Rachel Ratter, Senior Corporate Services Officer (Committee Support)  
Carrie Somerville, Planning, Performance and Risk Manager  
Keren Somerville, Head of Finance

### **A82 Apologies**

Apologies were noted from L Skaife-Knight.

### **A83 Declaration of Interests**

No declarations of interests were raised.

### **A84 Minutes of previous meeting held on 24 August 2023**

The minute of the Audit and Risk Committee meeting held on 24 August 2023 were accepted as an accurate record of the meeting.

### **A85 Matters Arising**

There were no matters arising.

### **A86 Action Log**

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

### **Risk**

#### **A87 Risk and Assurance Report – ARC2324-38**

The Planning, Performance and Risk Manager presented the report which provided an overview and update on risk management across NHS Orkney. Members were advised that the report was also viewed by the Executive Management Team and Risk Management Forum to ensure managers were aware and reviews and updates had taken place.

During the last reporting period there were two new risks added to the corporate risk register in relation to Data Quality, and the Board's preparation for a patient presenting with a High Consequence Infectious Disease. One risk was closed in relation to Covid-19 as the World Health Organisation (WHO) stated Covid-19 no longer constituted a public health emergency and NHS Orkney had systems in place to manage Covid-19 and a high vaccination uptake rate.

It was noted that benefits were visible from sharing the reports with governance committees. The Staff Governance Committee provided feedback relating to three risks which were returned to the risk owners and Risk Management Forum for further discussion.

It was agreed that further narrative would be provided in relation to the current medical workforce model.

## **Decision / Conclusion**

The Audit and Risk Committee thanked the Planning, Performance and Risk Manager for the well-written report and noted the information provided.

### **A88 Risk Management Forum Chair's and Assurance report and minutes, 3 May and 7 June 2023 - ARC2324-39**

The Planning, Performance and Risk Manager presented the Chair's report from the recent meetings of the Risk Management Forum, advising members around risk that had been added, deescalated, changed or made inactive during the reporting period.

Members thanked the Planning, Performance and Risk Manager for the report and welcomed the format used throughout.

## **Decision / Conclusion**

The Audit and Risk Committee noted the report and took assurance from this and the approved minutes.

*Carrie Somerville left the meeting*

### **A89 Risks escalated from other Governance Committees**

No risks had been escalated.

## **External Audit**

### **A90 External Audit Update**

R Khangura informed members that KPMG had signed off the audit opinion following the approval of the Annual Accounts by the NHS Orkney Board on 24 August 2023.

KPMG and NHS Orkney were to engage in an externally facilitated debriefing process, the outcomes of which would be shared with the Audit and Risk Committee and Board.

## **Internal Audit**

### **A91 Internal Audit Plan for 2023/24 – ARC2324-40**

R King presented the report advising that the version presented was final following virtual circulation and approval from the Audit and Risk Committee.

The changes to the version previously provided to the committee were as follows:

- The Board Administered Practices review was moved to 2025/26 in order to move forward and prioritise the Workforce Planning and Strategy review
- The review of Consultant Job Planning was moved to 2025/26 to allow Business Continuity to be brought forward as a key priority
- A review on IT Systems for IJB Partners was added
- Further information had been provided with regards to rationales

The Chair thanked all involved in the process for their contributions.

## **Decision / Conclusion**

The Audit and Risk Committee received the Internal Audit Annual Report for 2022/23 and ratified this as a final document.

### **A92 Internal Audit Progress Report – ARC2324-41**

R King presented the report which provided a summary of internal audit activity since the last meeting, confirming the reviews planned for the next quarter and identifying changes to the annual plan.

Members discussed the potential timing realignment of the Service Redesign review due to the recent Medical Director vacant post. It was agreed that this would be monitored closely and the need for the organisation and Azets to remain flexible.

## **Decision / Conclusion**

The Audit and Risk Committee received the progress report and noted the information provided.

## **Internal Audit Reports**

### **No internal audits for scheduled for completion**

## **Internal and External Audit recommendations**

### **A93 Internal Audit recommendations – ARC2324 – 42**

The Head of Finance presented the report advising that there were seven internal audit recommendations brought forward following the previous report and two new recommendations had been added since the last report.

In relation to risk 239, Safeguarding Adult Support and Protection 2022/23, The Chair highlighted that whilst recognising the long-term sickness of the Public Protection Lead, there was still no defined training strategy and strategic plan in place, which posed significant risk to the organisation. Members were reassured that work was underway with NHS Shetland to support and share SOP's and framework, and that the Chair would be

informed if a further extension was required, to enable escalation of the issue, if considered appropriate.

## **Decision / Conclusion**

The Audit and Risk Committee noted the update and approved the extension to the timelines as detailed.

## **Information Governance**

### **A94 Information Governance Committee Annual Report – ARC2324 - 43**

The Director of Finance presented the Information Governance Committee Chair's Report and approved minutes, providing an overview of the business and assurance received at the recent Information Governance Committee meeting. The following points were highlighted:

- The Committee received a positive assurance rating from the Information Commissioner's Office (ICO) audit with no further compliance in terms of data protection
- The Committee had adhered to their business cycle and work plan throughout the year

Members thanked the Director of Finance for the comprehensive, clear and accountable report and the significant level of work and effort from committee members.

## **Decision / Conclusion**

The Audit and Risk Committee took assurance from the report.

### **A95 Information Governance Committee Chair's Report and approved minutes - 25 April and 15 June 2023 - ARC2324 - 44**

The Director of Finance presented the Chair's report from the recent meetings of the Information Governance Committee, highlighting the below:

- The Information Governance Committee Annual Report 2022/23 was approved, subject to minor amendments to job titles
- The Committee received the Caldicott Guardian Annual Report for 2022/23 which included information on activity and key issues. The report proposed that going forward the Medical Director permanently assumed the role of Caldicott guardian. This was supported by the committee and approved by the Board on the 22 June 2023

The Audit and Risk Committee were assured that the Interim Medical Director would cover the Caldicott guardian role in the absence of a substantive Medical Director post holder.

Members discussed the high levels of Freedom of Information requests and the fluctuating attendance of the committee.

## **Decision / Conclusion**

The Audit and Risk Committee noted the update provided and took assurance from this and the approved minutes.

## **Fraud**

### **A96 Patient Exemption Checking – Annual Reporting Package 2022/23 – ARC2324 - 45**

Members had received the reports which detailed the outcomes of the Patient Exemption Checking Programme undertaken by the NHS Scotland Counter Fraud Services Patient Claims Teams during 2022/23.

NHS Orkney had a total of 49 cases across Dental and Ophthalmic services, amounting to a value of £3,154.74, six cases with a value of £362.96 had been written off via exemptions.

Members discussed the possibility of trends caused by Covid – 19 and the Cost of Living Crisis and the mitigation factors put in place to support families.

#### **Decision / Conclusion**

The Audit and Risk noted the summary of case recoveries and write-offs made in 2022/23.

## **Governance**

### **A97 Property Transaction Monitoring Annual Compliance Report – ARC2324 - 46**

The Director of Finance presented the report advising that NHS bodies were required to conduct property transactions in accordance with guidance in the NHS Scotland Property Transactions Handbook. The manual stated that an annual internal audit was to take place and assurance was provided that this review has been carried out and the Scottish Government notified in terms of the requirement.

#### **Decision / Conclusion**

The Audit and Risk noted the information provided.

### **A98 Agree items to be brought to the attention of the Board or other Governance Committees**

- Approval of the Internal Audit Plan 2023/24
- Information Governance Annual Report
- Information Governance attendance record

### **A99 Any Other Competent Business**

I Grieve informed members that the Board was undertaking a whole system assurance framework with the Royal College of Physicians (RCPE) and the Chair and herself were working on a collaborative project based on internal audit providing wider critical assurance and asked members if they would like to monitor their action plan.

## 18.1.5

On seeking member reflections of the meeting, the Chair was reassured that the committee was satisfied with its ability to provide an appropriate level of scrutiny and challenge to the business papers provided, and appreciated the quality of information provided to the committee.

### **Items for Information and Noting only**

**A100      Reporting Timetable for 2023/24**

Members noted the schedule of meetings for 2023/24

**A101      Record of Attendance**

The Committee noted the record of attendance.

**Orkney NHS Board**

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via MS Teams on **Wednesday, 23 August 2023** at **10:30am**

**Present:** Joanna Kenny, Non-Executive Board Member and Chair  
Ryan McLaughlin, Employee Director and Vice Chair  
Lorraine Hall, Interim Director of Human Resources  
Nickie Milne, Staff Side Representative  
Laura Skaife-Knight, Chief Executive  
Jason Taylor, Non-Executive Board Member  
Sam Thomas, Director of Nursing, Midwifery, Allied Health Professionals and Acute (from 10.50am)

**In Attendance:** Lawrence Green, Health and Safety Lead  
Steven Phillips, Head of People and Culture  
Carrie Somerville, Planning, Performance and Risk Manager (for S37)  
  
Christy Drever, Committee Support (Minute Taker)

S22 **Welcome and Apologies**

Apologies for the meeting were noted from Des Creasey.

Members were advised that the meeting would be recorded for the purpose of transcribing a minute only and then deleted.

S23 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

S24 **Minute of meeting held on 24 May 2023**

The minute of the Staff Governance Committee meeting held on 24 May 2023 was accepted as an accurate record of the meeting and approved.

S25 **Matters Arising**

There were no matters arising raised that were not covered on the agenda.

S26 **Action Log**

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

**Staff Governance Action Plan**

S27 **Staff Governance Action Plan Priorities 2023/24– SGC2324-10**

The Interim Director of Human Resources delivered the Staff Governance Action Plan Priorities for 2023/24, highlighting the following key points:



- Following the previous committee, the Action Plan had been constructed to align more smoothly with the Plan on a Page, and to allow the progress to be more easily measurable throughout the year.
- Those actions which had been removed from the action plan would be taken forward as business as usual, which was recorded with a business as usual version of the action plan which contained 34 areas of focus across all five areas of the Staff Governance Standards. This would be brought to the next meeting as an appendix to allow members full oversight of the original plan.
- Engagement and ongoing work had taken place surrounding wellbeing, and a bid had been submitted to the Endowment Committee to increase wellbeing of staff. A wellbeing event would take place within the Balfour, with a number of activities available for remote areas of NHS Orkney.
- An establishment review had begun, starting with a list of all staff with contracts of employment within each team, which was found to differ from the budgeted establishment. This information would allow each director to work with their heads of department to undertake a gap analysis within each department and provide further understanding of the needs of each service. It was also felt that alongside training sessions, this would allow budget managers to more effectively manage their budgets going forward.
- Sickness absence remained a high priority due to high absence rates, with further understanding needed regarding what prevents staff from attending work, including a review of processes and culture.

Members praised the hard work of the team on staff wellbeing and looked forward to seeing the positive effect of this progress. It was asked that more specific timelines and priorities were added to the Action Plan going forward to allow an improved overview for members.

The Employee Director advised that he had the ability to bid for funding for short courses on various non-core delivery topics through Scottish Union Learning which could be utilised to enhance development opportunities for staff in line with point 8 of the Action Plan.

The Head of People and Culture stressed that Job Evaluation should be acknowledged as a whole organisation function, rather than solely a Human Resources function. It was suggested that Job Evaluation Panels should have a variety of staff from across the organisation, and that each directorate should be asked to volunteer a few members to join the panel from each service.

### **Decision / Conclusion**

Members approved the updated Staff Governance Action Plan, with the request for the addition of a column on timelines and prioritisation going forward.

### **Organisational Culture**

The Head of People and Culture presented the Workforce report for Quarter 1, highlighting the following key points:

- Further improvements had been made to the report itself as suggested by the Staff Governance Committee, including adding a comparison to the previous year and in progress appraisal figures.
- In response to the team individually contacting staff members who had not completed their statutory and mandatory training, there had been an increase in the uptake and compliance with these.

The Employee Director highlighted that with the improved management of bank staff, there should be an increase in the figures for appraisals and training, due to those staff who had been terminated being removed from the overall number of NHS Orkney employees.

Members discussed the appraisal rates of the organisation at length, highlighting the following key points:

- It was noted that some areas had higher appraisal rates than others, and highlighted that colleagues should raise to senior managers and executive directors where appraisals were not taking place to allow any support or training to take place to improve rates across the organisation.
- It was acknowledged that while there had been a small increase in percentage appraisal rates, this did not equate to a large number of staff.
- It was highlighted that it was the responsibility of all Executive Directors as part of their shared objectives to cascade the needs and model best practice.
- It was suggested that a section of the Workforce Report should be brought to the November meeting from the Executive Directors to highlight the reason for reduced appraisal numbers within their directorates, and any improvement actions needed.
- The Chief Executive stressed that she would be discussing all shared objectives with Executive Directors in the next month, however appraisal and training needs were the responsibility of all members of the organisation, rather than solely the Executive Directors.
- It was highlighted that all staff should have appraisals and statutory and mandatory training scheduled into their departmental rotas as a priority.
- Members acknowledged that staff should be encouraged to ask their manager for their appraisal to support their own development and wellbeing.
- The Director of Nursing, Midwifery, AHPs and Acute advised that within her directorate she had encouraged the use of the yearly appraisals to bring two reflective accounts, which would allow staff to have all evidence ready and available for their revalidation every three years.
- Members discussed the possibility of the Staff Governance Committee attending the Wellbeing event to highlight the importance of appraisals for staff.

Members highlighted the reduced capacity within the team, especially when dealing with increasing numbers of investigations and acknowledged that the capacity of the team was clearly articulated within the risk register.

The Chief Executive advised that an integrated performance report was in development which would cover various areas include workforce and culture, focusing on where NHS Orkney was and where it would be. She also advised that she had asked the corporate communication team to do a piece of work on the role of various corporate functions, starting with Finance and then Human Resources to make it clear to the whole organisation what each departments' role was and what they do and do not provide as part of their service.

The Chief Executive asked that the Committee be very aware and clear on where the organisation was an outlier across NHS Scotland, to allow improvement to take place.

### **Decision / Conclusion**

Members noted the update and were assured of progress.

#### **S29 NHS Orkney Equality and Diversity Mainstreaming Report 2023 – SGC2324-12**

The Head of People and Culture presented the NHS Orkney Equality and Diversity Mainstreaming Report 2023 highlighting the following key points:

- The report articulates what the organisation had done to meet the Equality and Diversity requirements including any improvements made, training provided and statutory reporting.
- The report would be taken to the Board in October 2023 for final approval, however to ensure compliance, a draft version would be added to the NHS Orkney website, with a clear note advising that it was a draft version pending approval from the NHS Orkney Board in October 2023.

Members noted that the Service Level Agreement with NHS Grampian for the Equality and Diversity service had now ended upon the retirement of N Firth. It was felt that whilst this was additional workload for the team locally, this might present an opportunity for increased oversight and understanding of this area and to allow associated reporting to be more specific to NHS Orkney.

The Employee Director felt that this work would provide additional benefit to educate staff on who might identify as having a disability, and what reasonable adjustments could be made to the workplace, as well as how to access them. He added that he would encourage some staff side representatives to undertake equality representative training to assist with this work, and it was added that there were also regional equality representatives which could be contacted for assistance.

### **Decision / Conclusion**

Members endorsed the NHS Orkney Equality and Diversity Mainstreaming Report 2023 and recommended it for Board Approval in October 2023.

#### **S30 2023 iMatter – Update and Next Steps – SGC2324-13**

The Head of People and Culture presented the 2023 iMatter update, highlighting the following key points:

- The response and results had been really positive and was a reflection on the increased effort from the team to educate managers and staff.
- The response rate and employee engagement score had increased, as well as scores associated with Staff Governance.
- Continued momentum from the team to encourage development of action plans had meant a 58% rate of compliance for action plans, a significant increase from last year.
- There would be continued updates and discussions throughout the year, to keep the momentum surrounding iMatter.
- The team had taken the initiative to develop an overall organisational action plan in conjunction with colleagues, with 5 key areas of organisational focus:
  - Staff health and wellbeing
  - Valuing and recognising staff
  - Involving staff in decision making
  - Listening to and acting on staff feedback
  - Leading with kindness and living our values

Members discussed the inclusion of the Orkney Islands Council within the iMatter process, and felt that perhaps this was not appropriate at present and that they should potentially be excluded next year until better relationships and processes were in place.

### **Decision / Conclusion**

Members noted the update, and praised the hard work of the team for their work on iMatter this year.

### **Well Informed**

No items in addition to those covered in the Staff Governance Action Plan

### **Appropriately Trained**

No items in addition to those covered in the Staff Governance Action Plan

### **Involved in Decisions that Affect them**

#### **S31 Area Partnership Forum Chair's report – SGC2324-15**

The Chief Executive presented the Chair's report from the Area Partnership Forum for noting by members.

### **Decision / Conclusion**

Members noted the update provided from the Area Partnership Forum

#### **S32 Minutes of the Area Partnership Forum meetings in May, June and July – SGC2324-16**

Members noted the approved minutes as submitted.

S33 **Area Partnership Forum Annual Report 2022/23 – SGC2324-17**

The Chief Executive presented the Area Partnership Forum Annual Report 2022/23 for approval by members.

**Decision / Conclusion**

Members approved the Area Partnership Forum Annual Report 2022/23.

**Treated Fairly and Consistently**

S34 **The Health and Care (Staffing) Scotland Act 2019 – SGC2324-18**

The Director of Nursing, Midwifery, Allied Health Professionals and Acute presented the update, highlighting the following key points:

- There had been great improvement from the previous quarter with most areas moving to amber status.
- Re-engagement had taken place across the Board including the Integration Joint Board, to move forwards.
- The Director of Nursing, Midwifery, Allied Health Professionals and Acute and the Healthcare Staffing Lead had met with government colleagues surrounding progression of this work and production of report from April 2024.
- The Healthcare Staffing Programme Board had been reinstated with key colleagues involved.

**Decision / Conclusion**

Members noted the update and were assured of progress.

**Provided with a Safe and Improved Working Environment**

S35 **Occupational Health, Safety and Wellbeing – Chairs Report, approved action notes and constitution – SGC2324-19**

The Interim Director of Human Resources presented the report from the Occupational Health, Safety and Wellbeing Committee for noting by members.

**Decision / Conclusion**

Members noted the update provided from the Occupational Health, Safety and Wellbeing Committee.

S36 **Health & Safety Lead Update April / May 2023 – SGC2324-20**

The Health and Safety Lead presented the update, highlighting the following key points:

- Over the period there had been no RIDDOR reportable incidents, however a few inpatient falls with the potential to be fractures, which did not automatically get reported to the Health and Safety team. A conversation had taken place with the Director of Nursing, Midwifery, and Allied Health Professionals and

Acute, and she had cascaded the importance of this through her teams. The new members of the Health and Safety team had now been included in all Datix reports and they would engage with investigators of incidents to identify if further health and safety involvement was required.

- The two new staff members within the team had begun work from the beginning of August. The Health and Safety Officer would be initially focusing on the Control Book System implementation and engagement with the owners. The Violence and Aggression Trainer would be undertaking his training to provide this beginning in September. Prior to undertaking his own training he had begun the work surrounding safe lone working systems within the organisation.

J Taylor raised concerns surrounding embedding the lessons learned from the reporting of potential RIDDOR incidents. The Health and Safety Lead advised that the Control Book System would provide information to owners regarding investigations and reporting. He also added that part of the role of the Health and Safety Team when engaging with those investigating Datix incidents would be to stress how important lessons learnt were.

It was discussed that going forward Safety Representatives and members of the Health and Safety Team would work more closely together.

### **Decision / Conclusion**

Members noted the update and were assured of progress.

### **Risks**

#### **S37 Risk and Assurance Report – SGC2324-21**

The Planning, Performance and Risk Manager attended to present the Risk and Assurance Report. The following key points were highlighted:

- During last reporting period no new risks were added or escalated in relation to the Staff Governance Committee and no movement to existing risks. One risk had been increased due to national change implemented.
- The Statutory and Mandatory training risk had been added following the report being provided for the meeting. It had been placed within the departmental risk register and would be subject to review with the Statutory Mandatory Steering Group.

Members raised the following observations:

- Risk 365 Healthcare Staffing Act – members noted that scoring was marked as red and members queried whether this reflected the current status correctly
- Risk 1109 Change to Fire Rescue Service Attendance - members queried what mitigations were in place to manage this risk
- Risk 725 and 726 Ability to Comply with Manual Handling and Violence and Aggression requirements – members queried whether these were now business as usual, well embedded and monitored and were perhaps no longer an operational risk.

- Risk 721 Infection Prevention and Control Training – members noted concerns regarding the risk associated to patients and staff, however it was noted that this was managed within the Occupational Health, Safety and Wellbeing Committee and the members of the committee were content with work to manage this at present.

The Chief Executive advised that in response to the deteriorating financial position and associated risks, the Senior Leadership Team would be meeting on 4 September to discuss financial improvement to review difficult decisions which might need to be made. J Taylor highlighted risk 509 and risk 555 fed in to the larger risk of our financial sustainability and should perhaps be folded in to form part of that wider risk in future.

### **Decision / Conclusion**

Members noted the update and were assured of progress. The Planning, Performance and Risk Manager would take members comments back to the Risk Management Forum.

#### **S38 Cross Committee Assurance**

J Taylor raised that during the development session in March 2023, a discussion had been had regarding whether the Audit and Risk Committee could assist with providing assurance. He advised that the Internal Audit Plan had been drafted and would be going to the next Audit and Risk Committee for approval. The Internal Audit Plan includes work around compliance with the working time directive and compensatory rest.

#### **S39 Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to:

##### **Board**

- Current sickness absencerates – Recognising that the figures remain high however work was ongoing to manage this across the organisation
- Updated format of the Workforce Report
- Updated Staff Governance Action Plan Priorities
- Improvement to Statutory and Mandatory Training figures
- NHS Orkney Equality and Diversity Mainstreaming Report 2023

#### **S40 Any Other Competent Business**

There was no other business for discussion.

##### **Items for Information and Noting**

#### **S41 STAC(TCS02)2023 - Band 2 and 3 Nursing Clinical Support Worker Profiles - Bank Workers**

Members received the circular for noting.

**Decision / Conclusion**

S42 Members noted the circular  
**Schedule of meetings**

The schedule of meetings for 2023/2024 was noted.

S43 **Record of Attendance**

The record of attendance was noted.



## Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p><b>Delivering net zero for Scotland's buildings - Heat in Buildings Bill: consultation</b></p> <p><a href="https://www.gov.scot/publications/delivering-net-zero-scotlands-buildings-consultation-proposals-heat-buildings-bill/">https://www.gov.scot/publications/delivering-net-zero-scotlands-buildings-consultation-proposals-heat-buildings-bill/</a></p>	NHS Orkney Improvement and action plans – key priorities and oversight arrangements.
<p><b>Self harm strategy and action plan 2023 to 2027</b></p> <p><a href="https://www.gov.scot/publications/scotlands-self-harm-strategy-action-plan-2023-27/">https://www.gov.scot/publications/scotlands-self-harm-strategy-action-plan-2023-27/</a></p>	Scotland's first dedicated self-harm strategy and action plan aims for anyone affected by self-harm, to receive compassionate support, without fear of stigma or discrimination. It is jointly owned by Scottish Government and Convention of Scottish Local Authorities (COSLA).
<p><b>Sexual health and blood borne virus action plan: 2023 to 2026</b></p> <p><a href="https://www.gov.scot/publications/support-veterans-armed-forces-community-2023/">https://www.gov.scot/publications/support-veterans-armed-forces-community-2023/</a></p>	This action plan outlines the sexual health and blood borne virus (HIV, hepatitis C, hepatitis B) priorities for Scotland for 2023 to 2026.

## Circulars

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
DL (2023) 27	16/10/2023	Forensic Mental Health Definition
DL (2023) 28	31/10/2023	Interim national menopause and menstrual health policy for NHSScotland
CMO (2023) 15	20/09/2023	Winter programme 2023 seasonal flu and COVID-19 vaccination
CMO (2023) 19	30/10/2023	Scottish Palliative Care Guidelines

Reference:	Date of Issue:	Subject:
DL (2023) 29	14/11/23	Guidance on Reimbursement of Out of Pocket Expenses for Volunteers within NHS Scotland
DL (2023) 30	29/11/23	NHS Counter Fraud Strategy

## Timetable for Submitting Agenda Items and Papers 2023/24

Initial Agenda Planning Meeting <sup>1</sup>	Final Agenda Planning Meeting	Papers in final form <sup>2</sup>	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager <sup>3</sup>	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) <b>at</b>
<b>12:00 noon</b>	<b>12:00 noon</b>	<b>17:00</b>	<b>16:00</b>	<b>10:00</b>
< 1 week after previous meeting >	< 4 weeks before Date of Meeting >	< 2 weeks before Date of Meeting >	< 1 week before Date of Meeting >	< Day of Meeting >
2 March 2023	30 March 2023	13 April 2023	20 April 2023	<b>27 April 2023</b>
4 May 2023	25 May 2023	8 June 2023	15 June 2023	<b>22 June 2023 (Annual Accounts)</b>
29 June 2023	27 July 2023	10 August 2023	17 August 2023	<b>24 August 2023</b>
31 August 2023	28 September 2023	12 October 2023	19 October 2023	<b>26 October 2023</b>
2 November 2023	16 November 2023	30 November 2023	7 December 2023	<b>14 December 2023</b>
21 December 2023	25 January 2024	13 February 2024	15 February 2024	<b>22 February 2024</b>

<sup>1</sup> Draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

<sup>3</sup> Draft agenda, minute and action log issued to Directors following meeting

## Timetable for Submitting Agenda Items and Papers 2024/25

Initial Agenda Planning Meeting <sup>1</sup>	Final Agenda Planning Meeting	Papers in final form <sup>2</sup>	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager <sup>3</sup>	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) <b>at</b>
<b>12:00 noon</b>	<b>12:00 noon</b>	<b>17:00</b>	<b>16:00</b>	<b>10:00</b>
< 1 week after previous meeting >	< 4 weeks before Date of Meeting >	< <b>9 days</b> before Date of Meeting >	< 1 week before Date of Meeting >	< Day of Meeting >
29 February 2024	28 March 2024	16 April 2024	18 April 2024	<b>25 April 2024</b>
2 May 2024	30 May 2024	18 June 2024	20 June 2024	<b>27 June 2024 (Annual Accounts)</b>
4 July 2024	25 July 2024	13 August 2024	15 August 2024	<b>22 August 2024</b>
29 August 2024	26 September 2024	15 October 2024	17 October 2024	<b>24 October 2024</b>
31 October 2024	21 November 2024	10 December 2024	12 December 2024	<b>19 December 2024</b>
3 January 2025	30 January 2025	18 February 2025	20 February 2025	<b>27 February 2025</b>

<sup>1</sup> Draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

<sup>3</sup> Draft agenda, minute and action log issued to Directors following meeting

## NHS Orkney - Board - Attendance Record - Year 1 April 2023 to 31 March 2024:

Name:	Position:	27 April 2023	22 June 2023	24 August 2023	26 October 2023	14 December 2023	22 February 2023
<b>Members:</b>							
	<b>Non-Executive Board Members:</b>						
M McEwen	Chair	Attending	Attending	Apologies	Attending		
D Campbell	Vice Chair	Attending	Attending	Attending	Attending		
D Creasey	Non Executive Board member	Attending	Attending	Apologies	Attending		
I Grieve	Non Executive Board Member	Attending	Attending	Apologies	Attending		
R Gold	Non Executive Board Member	Attending	Attending	Attending	Attending		
S Heddle	Non Executive Board Member	Apologies	Attending				
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending	Apologies		
J Kenny	Non Executive Board member	Attending	Attending	Attending	Attending		
R McLaughlin	Employee Director	Attending	Apologies	Attending	Attending		
J Taylor	Non Executive Board member	Attending	Attending	Attending	Attending		
	<b>Executive Board Members:</b>						
M Doyle	Director of Finance	Apologies	Attending	Attending	Attending		
M Henry	Medical Director	Attending	Attending				
L Skaife-Knight	Chief Executive	Attending	Attending	Attending	Attending		
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attending	Attending	Attending	Attending		
L Wilson	Director of Public Health	Apologies	Apologies	Attending	Attending		

<b>Name:</b>	<b>Position:</b>	<b>27 April 2023</b>	<b>22 June 2023</b>	<b>24 August 2023</b>	<b>26 October 2023</b>	<b>14 December 2023</b>
	<b>In Attendance:</b>					
S Brown	Chief Officer – IJB	Attending	Attending	Attending	Attending	
L Hall	Interim Director of HR	Attending	Apologies	Attending		
S Lewis	Acting Director of Public Health	Attending	Attending	Attending		
L McGovern	Head of People and Culture				Attending	
M Metcalfe	Interim Medical Director				Attending	
C Somerville	Planning, Performance and Risk Manager	Attending	-	Attending	Attending	
K Somerville	Head of Finance	Attending	-	-	-	
E West	Corporate Services Manager	Attending	Attending	Attending	Attending	